Tanzanian student nurses' perceptions of their clinical experience

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Abstract: This study explored the views of student nurses at Kilimanjaro Christian Medical Centre School of Nursing in Tanzania, about their clinical experiences. Forty-seven (92.2%) of the 51 students reported a variety of problems including (i) clinical nurses' unwillingness to teach or to mentors; (ii) theory-practice gap; and (iii) misuse of students. Recommendations arising from this study are to plan for more detailed evaluations, review allocation of clinical teaching responsibilities, review the role of tutors in clinical teaching, seek ways to enable student nurses to function as students and to continue in dialogue with all stakeholders. What the nurse students did not report was also significant, and reflects their lack of understanding of important aspects of nursing practice such as the need to use nursing process, patient allocation and reflective practice. Although the findings can not be generalised, they may provide useful pointers for those who are concerned to improve professional education programmes.

Key words: nurses, perception, clinical experience, Tanzania

Introduction

Kilimanjaro Christian Medical Centre (KCMC) in Moshi serves as a referral and teaching hospital for the northern regions of Tanzania. The Centre provides care to a population of 11 million people (KCMC, 2004). The School of Nursing was established in 1971, and offers a four year nursing and midwifery diploma course. There are normally around 120 students in this programme. The school also functions with a small budget and very limited teaching and learning facilities. Much of the clinical experience gained by students is at the KCMC hospital.

As professionals, nurse tutors have a responsibility to undertake evaluations of their educational programmes as part of continuing quality management (Oliver & Endersby, 1994). Student nurses' views are an important factor in the evaluation (Downie & Basford, 1998). The principal tutor of KCMC School of Nursing coordinates student staff meetings where students can express their views. Some students may be shy to express their opinions in the presence of tutors who are also responsible for marking their assignments and examinations. It is envisaged that anonymity in expression of students' opinions might give a clearer picture of the problems they experience. The objective of this study was therefore, to explore and identify problems that student nurses at KCMC School of Nursing experience during their clinical placements.

Materials and Methods

An exploratory approach was used as there was no previously recorded data available (Polit *et al.*, 2001).

Consent from the Principal of the KCMC School of Nursing was obtained, and her advice sought as to which students to approach. Second and third year student nurses were asked to participate in the study. Fourth year students were occupied with final examinations and first year students were not included in the study as they had not had much exposure to the clinical setting by the time the study was conducted. Anonymity of response was ensured by using only numbers to identify each respondent's responses. The purpose of the study and anonymity of response was explained to students. They were informed that their participation was voluntary. Their willingness to write and submit comments was considered to imply their consent to participate. The 30 second year students who were available (3 were unavailable at the time of data collection) and all of the 21 third year students were asked to participate and interviews were conducted in June 2003.

Students were asked to describe problems experienced during clinical placements, and suggest possible solutions. They were encouraged to write freely on these issues. A thematic analysis of the responses was made. A qualitative method was used to find out about the students perceptions and experiences (Gillis & Jackson, 2002).

Results

Two students made no response and two students reported having no problems in the clinical areas. The remaining 47 students described a number of problems and suggested some solutions. A thematic analysis of the data revealed three main themes: (i) clinical nurses' unwillingness to teach or to mentor, (ii) theory-practice gap, and (iii) misuse of student nurses.

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Many students perceived that clinical nurses were unwilling to teach or supervise nursing students. Comments included: *"other sisters don't teach and cooperate with the students. There is a lack of someone to instruct me on practical working since this depends on willingness of the nurse"*

Students suggested that improvements were needed, such as: "nurses in the wards should be cooperative and teach the students, not just plan work for students and leave them alone without supervision". One respondent had this to say: *"Sometimes the things we are taught in class are different from what I see in the ward, e.g. procedures done by sisters". "Nurses are not following procedures in their daily activities which leads to confusion during examinations because you may find procedures are not well arranged as required"* Students suggested that nurses should practise all procedures as they are taught and that adequate teaching materials and equipment are needed.

A third major problem identified by student nurses was that mentors were perceived to be unwilling or not available to teach them. Their comments included: *"the mentor is on a different shift or when the ward is congested the mentor will not get time to teach, so we miss some objectives. In some departments the mentors don't take their responsibility to teach as a clinical instructor"* Students proposed that "mentors should be responsible for students' every day activities and not only during the practical examinations"" *"the student nurse supervisor should arrange the day for teaching different procedures. There should be at least one day set aside for learning and this should be strictly followed. The clinical instructor should stay with students on this day"*

At the time of data collection there were 120 student nurses and there was an establishment quota of 9 tutors. However, there were only 6 tutors in post, including the principal. The services of these tutors were also utilised by other health science schools at KCMC and for in-service training for qualified staff.

Another problem perceived by students was of feeling misused. They were supernumerary, but they commented: *"students are sometimes taking the duty of the nurse assistant. You may be allocated to bring the patient to X-ray, and you may have to wait for a long period of time before the X-ray is taken" "Students don't meet their objectives due to doing the work of a runner". Students are used to cover the shortage of staff so that we can't meet our objectives".* There was a feeling of being misused as student nurses among the interviewees. Suggested solutions to this problem from the students included increasing the number of staff. It was suggested to have good cooperation between the nurses and student nurses. It is wise to make student nurses as runners. However, tutors and nurses should meet to solve the problem of being runners all the time.

Another contributing factor to the perceived misuse of students may have been the under-use of the nursing process. The use of the nursing process was not well established at KCMC clinical areas at the time of data collection, although it was taught in the School of Nursing to first year student nurses and is used in teaching throughout the course. It has been taught at in-service training sessions for nursing staff since July 1999. Its implementation has been hampered by lack of expertise, staff and stationery. Another problem identified by student was that class tutors were not supporting them in the clinical area.

Discussion

Students expressed the need for support in the clinical area, which has been identified by various authors (Jarvis & Gibson, 1997; Downie & Basford, 1998; Morton-Cooper & Palmer, 2000; Oliver & Endersby, 1994). This need for support is a complex mixture of needing to learn, reduce stress levels and ensure safety (Quinn, 1998). The findings of Carlson *et al.* (2003) and Jackson & Mannix (2001) are congruent with the comments made by the student nurses.

There are many possible explanations for the apparent unwillingness of nurses to teach. Students' explanation to this included shortage of nursing staff in many clinical areas and lack of support staff such as ward attendants, which result in nurses performing non-nursing functions. There may also have been a lack of confidence to teach (Bishop, 1998), or perhaps a perceived threat, especially if the nurse qualified some time ago without recent upgrading or updating courses (Downie & Basford, 1998).

A problem identified by several students related to nursing procedures not being performed as they were originally taught. This is part of the phenomenon of "the theory-practice gap" (Downie & Basford 1998). Amongst the possible reasons for this problem were staff shortage and lack of time to perform procedures in an optimal fashion. Other factors may have been the lack of instruments, equipment and resources in the clinical areas which was reported by students. It is likely that a lack of contact with teachers who provided the theory may contribute to "the theory-practice gap". This system of mentors at KCMC had logistical problems, in respect to the difficulty of working with several students at once, and working

different duties. A continuous and positive supportive relationship with a mentor appears to be the most important factor in student satisfaction with clinical placements (Saarikoski, 2003). Whatever the support person's title may be, it appears that "students demonstrably thrive under sustained supervision".

Reasons for this perception may have included the factors discussed above in relation to the perception that clinical nurses were unwilling to teach. The perceived need for tutors to visit students more regularly in the clinical area is similar to the findings reported by Durrheim (1993). Tutors who do not have a regular clinical responsibility may lack confidence in their own skills (Anderson *et al.,* 1988), may have difficulty keeping up-to-date with changes in practice (Severinsson, 1998) or may even have lost their clinical skills (Butterworth *et al.,* 1998).

A difficult encountered in this study was that some students were less able to express themselves in English than others. Since the informants in this study were a convenient sample of second and third year students, the results cannot be generalised to the whole population of student nurses at KCMC, nor can they be generalised to other schools of nursing. This small study points to the need for planned, regular and comprehensive evaluations of clinical experience as part of the total quality management of the educational programme (Reece & Walker, 2000). While a qualitative approach yields valuable data, quantitative approaches could also be employed, using or adapting tools already developed and used in South Africa (van Velden *et al.,* 1998), in the UK (Downie & Basford, 1998) in Norway (Espeland & Indrehus, 2003) and in Finland (Saarikoski, 2003).

Students learn best with continuous support. This requires many qualified staff in each clinical area to be willing and competent, and each has one student attached to them (Quinn, 1998). Considerable support and training would be needed to empower many more qualified nurses to undertake this role. It would probably also require considerable flexibility with student allocations and duties, to allow for smaller numbers of students being allocated to a particular area at one time, as it is important for the student to be able to follow the duties of their registered nurse. It is important that students work the same shifts as their mentors as far as is possible. A backup system of mentoring if the student's mentor is sick, working other shifts or otherwise unavailable should be developed. It is vital to make sure that the student's

role in the clinical area is established clearly and effectively (Burnard & Morrison, 1998).

A suggested model for a mentor's role is described by Burnard & Morrison (1998). The ideal for learning support has already been described by Cope *et al.* (2000). If many more nurses are to be continuously supporting student nurses in the role of mentors or preceptors, they would need training and support from nurse tutors (Oliver & Endersby, 1994). In-service training could include reviewing clinical methods to ensure that underlying principles (such as asepsis and use of the nursing process) are adhered to, to avoid contradictions between what is taught and what is practised. It is ideal if nurse tutors who teach the theoretical component of the course can spend time in the clinical area to help bridge the theory-practice gap (Hinchliff, 2004). This is not just to ensure that procedures are being done "correctly", but also to make sure that care is being given at the required standard. The tutor's role is also to encourage students and qualified staff to critically analyse what they are doing (Morton-Cooper & Palmer, 2000) and link practice to its theoretical basis in subjects such as physiology, psychology, sociology and pharmacology (Downie & Basford, 1998).

It is highly desirable for nurse tutors to maintain clinical skills. This is challenging in Tanzania where there is a shortage of nurse tutors, who already have classroom teaching and other responsibilities to attend to. The appointment of lecturer-practitioners is a solution that has been tried in the UK (Bishop, 1998). The English National Board requires nurse tutors to work in a practice setting for one day per week (Jarvis & Gibson, 1997).

The KCMC hospital matron is advocating increased staff numbers and with the hospital directors, is trying to improve the supply of essential equipment. The appointment of more support staff such as ward secretaries might help to reduce the non-nursing responsibilities of nurses. However, increasing staff and equipment is not easy with a very limited budget. When task allocation is abandoned and patient allocation is fully functional, this should improve the quality of care and the learning experience for students. Since the nursing process is a powerful teaching/learning tool, as well as an aid to the provision of quality care (Alfaro-LeFevre, 2002), it is important to increase its use at KCMC. The development of a simple format with prepared guides for nursing care plans for common nursing diagnoses might facilitate its use.

None of the students mentioned the issue of reflective practice, although this has been recognised as an essential element of clinical competence (Downie & Basford, 1998; Jarvis & Gibson, 1997; Morton-Cooper & Palmer, 2000; Taylor, 2000). Nor did any student mention the need for debriefing with their mentor. If students and mentors are unaware of the need for reflection and debriefing in their practice, this requires attention (Downie & Basford, 1998).

There are currently student staff meetings held in the school of nursing, and also meetings held between clinical nurses and tutors. The hospital directors and matron and the principal of the school of nursing are all committed to improving the standard of educational experience for students. With continuing dialogue, creative problem solving, and recognition of the need for increased resource allocation to improve the quality of education, improvements are likely.

In conclusion, nursing students at KCMC perceived that the nursing training is inadequate. Nurse training needs regular review and evaluation to address quality management. Further similar studies need to be extended to other nursing colleges to make valid conclusions.

References

Alfaro-LeFevre, R. (2002) *Applying Nursing Process. Promoting Collaborative Care.* Philadelphia: Lippincott.

Bishop, V. (1998) *Clinical Supervision in Practice.* Basingstoke, Macmillan/NT Research.

Burnard, P. & Morrison, P. (1998) *Survival Guide for Nursing Students.* Oxford, Butterworth Heinemann.

Carlson, S., Kotze, W.J., & van Rooyen, D. (2003) Accompaniment needs of first year nursing students in the clinical learning environment. *Curationis* **26**, 30-39.

Cope, P., Cuthbertson, P. & Stoddart, B. (2000) Situated learning in the practice placement. *Journal of Advanced Nursing* **31**, 850-856.

Downie, C.M. & Basford, P. (1998) *Teaching and Assessing in Clinical Practice. A Reader.* London, University of Greenwich.

Durrheim, R. (1993) Student nurses' perception of the clinical midwifery experience as a learning environment. *Curationis* **16**, 1-5.

Espeland, V. & Indrehus, O. (2003) Evaluation of students' satisfaction with nursing education in Norway. *Journal of Advanced Nursing* **42**, 226-236.

Gillis, A. & Jackson, W. (2002) *Research for Nurses. Methods and Interpretation.* Philadelphia, F A Davis Company.

Jackson, D. & Mannix, (2001) Clinical nurses as teachers: insights from students of nursing in their first semester of study. *Journal of Clinical Nursing* **10**, 270-277.

Jarvis, P. & Gibson, S. (1997) *The Teacher, Practitioner and Mentor in Nursing, Midwifery, Health visiting and the Social Services.* Cheltenham, Nelson Thornes.

KCMC (2004) Kilimanjaro Christian Medical Centre [Online] Available at: http://www.kcmc.ac.tz

Morton-Cooper, A. & Palmer, A. (2000) *Mentoring, Preceptorship and Clinical Supervision.* Oxford, Blackwell Science.

Oliver, R. & Endersby, C. (1994) *Teaching and Assessing Nurses. A Handbook for Preceptors.* London, Balliere Tindall.

Polit, D.F., Beck, C.T. & Hungler, B.P. (2001) *Essentials of Nursing Research. Methods, Appraisal and Utilization.* Philadelphia, Lippincott.

Quinn, F.M. (1998) *Continuing Professional Development in Nursing. A Guide for Practitioners and Educators.* Cheltenham, Stanley Thornes Publishers Ltd.

Reece, I. & Walker, S. (2000) *Teaching, Training and Learning. A practical Guide.* Sunderland, Tyne and Wear, Business Education Publisher Ltd.

Saarikoski, M. (2003) Mentor relationship as a tool of professional development of student nurses in clinical practice. *The International Journal of Psychiatric Nursing Research* **9**, 1014-1024.

Severinsson, E. (1998) Bridging the gap between theory and practice: a supervision programme for nursing students. *Journal of Advanced Nursing* **27**, 1269-1277.

Taylor, B.J. (2000) *Reflective Practice. A Guide for Nurses and Midwives.* Buckingham, Open University Press.

van Velden, C.E., van Wyk, N.C. & van Niekerk, S.E. (1998) Nursing students' perceptions of the factors in the field of general clinical experience which facilitate learning. *Curationis* **21**, 25-35.