RESEARCH ARTICLE

NURSING STUDENTS' LEVELS OF SATISFACTION ON THEIR CLINICAL EXPERIENCES AT A MAJOR CARIBEAN HOSPITAL.

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Manuscript Info   Abstract

Background: The purpose of this study is to determine the satisfaction levels of the nursing students on their clinical experiences at a Caribbean hospital. This study is as a result of muted concern by nursing students of being used as extra pair of hands in the clinical areas rather than for their mastery of needed skills for their practice. **Method:** A cross-sectional descriptive study was undertaken with 74% of the 103 nursing students using investigators' designed semi-structured but piloted self-administered questionnaire. Data was analyzed using version 22 SPSS programme. **Result:** Satisfaction levels of students varied. Students also expressed their recommendations for improving the clinical learning environments necessary for the experiences. **Discussion:** The findings of the study were discussed in line with pertinent literature. Importantly, the relationships between (a) the school and the clinical areas and (b) the students and their clinical supervisors were discussed. The implications of the findings were also discussed. **Conclusion:**This study has unearthed that satisfaction level of nursing students do not only depend on the clinical areas per se or the achievement of the nursing students' learning objectives, but also on the clinical supervision and the relationships between the students and their supervisors.

Introduction:-

Nurses form an integral part of any healthcare delivery system and play a pivotal role in that countries' national development. The primary, secondary and tertiary healthcare services, that constitute the healthcare delivery system, are delivered by nurses who must be scientifically and clinically prepared to address the healthcare needs of the country. Student nurses enter the clinical area as novices and have little understanding of contextual meaning of theories in textbooks and practical learning (Parks, Longsworth, and Espadas, 2011). In accordance with Benner's theory from 'Novice to Expert', which was first published in 1982, these student nurses need rules to help guide their performance and opportunities to develop skills that can only be acquired in any clinical situations (Parks, Longsworth, and Espadas, 2011). Nursing education has a major role to play in the development of graduates who can deliver high-quality nursing care, and in a manner that harmonises theory and practice (Parks, Longsworth, and Espadas, 2011). However, the gap between theory and practice continues to be a prevailing problem in nursing and midwifery (Parks, Longsworth, and Espadas, 2011). It has been found that within the clinical learning setting clinical instructors' and supervisors' behaviours influences student perceptions, and ultimately, learning of appropriate clinical knowledge and skills (Elisha and Rutledge, 2011). In light of this, the proposed study investigates student nurses' perception of their level of satisfaction during their clinical practiceand whether adequate supervision is provided at the local general hospital.

The main aim of clinical supervision is to assist students to identify solution to problems, increase understanding of professional issues, improve practice and enable the development of professional skills (Nadirshaw & Torry, 2014).

This role of the nurse or educator is pivotal as students enter the clinical learning environment. Clinical education is one vital component of the all undergraduate nursing curriculum where students are provided with the opportunity to develop their knowledge, attitudes, and skills needed to function effectively as registered nurses (Nash, 2007). There have been numerous researches conducted around the globe examining the experiences and perceptions of the clinical learning environment of nursing students enrolled in either undergraduate or associated degree programs. Many of these results have indicated that there is a globe challenge with clinical supervision, support of students in the clinical area and student involvement in clinical practice (Morrell & Ridgeway, 2014; Elliot, 2002; Papathanasiou et al, 2012; Sundler et al, 2013; Carlson & Idvall, 2014; Hathorn, 2009 and Midgley, 2005). Contrary to previous studies Morrell & Ridgeway (2014) indicated that the nursing students were more concern about improving their skill and knowledge in preparation for becoming a registered nurse rather than fitting in to the clinical area. Most of these students felt inadequate in their clinical skills and was concern about their abilities after qualification. It is understood that the learning environment created in the clinical area is vital to learning and practical transition from student to registered nurse. However there are many factors that impact on the effectiveness of this learning environment which can further impact on the future competencies and confidence of the student nurse (Midley, 2005; Morrell & Ridgeway, 2014).

These factors include students being used as 'an extra pair of hands', 'as if they were health assistance', this occurs when there is conflicting interest in the students' personal learning and organization objectives to be met. Due to this conflict of interest many students' clinical objectives were left unmet and ward task fulfilled, staff perceived students as either adding or taking away from their work load (Harthorn, 2009; Morrell & Ridgeway, 2014). The allocation of mentors or adequate supervision for students was another important factor in the effectiveness of their learning environment. Students indicated that there was a need for a greater level of support and encouragement from mentors and/or supervisors which would have assisted in developing confidence and competence in clinical skills (Papp et al, 2003; Harthorn, 2009; Sundler et al, 2013 and Morrell & Ridgeway, 2014). Staff also had high expectations of the students which many student didn't believe they could meet, even when they truly had the capacity, this added to the stress experienced by students (Elliot, 2002). Student nurse also attributed high regard to the attitudes and behaviours of the staff in the clinical area, whether positive or negative it influenced their degree of learning and the extent of incorporation into the care of patients (Papp et al, 2003). Other students had to focus on their final objectives and make the best of all situations and learning from them (Papp et al, 2003). This type of focus can improve their clinical experience and help develop best practice skills and not fall into organizational traditional customs and practice. Clinical experiences during nursing education has a direct impact on the development of the student, it significantly impacts of their self-awareness, professionalism, critical thinking skills and their psychomotor abilities. With clinical guidance and support by clinical instructors and senior practitioners can prepare them to become efficient, effective and safe registered nurses (Elisha & Rutledge, 2011). In providing good clinical guidance and support a transformational style of educating can make learning come alive for students so that they will becoming more aware of their vision, strengthening that vision by connecting it to the learning, and then empowering the student to make his or her dreams happen (Davis, n.d.). Of course this is theoretically based but many studies have indicated the need for greater student supervision in the clinical environment to bridge the theory and practice gap.

The clinical learning experience of students were considered challenging due to the clinical staff not providing enough support for students regarding the planning and implementation of practical nursing situations (Papp et al, 2003). Some clinical environments were deemed inadequate in nurturing creativity and initiative among students (Papathanasiou et al, 2013). It has also been show that when supervision is consistent but gradually provided students develop confidence and independence in regard to their clinical skills (Papathanasiou et al, 2013; Midgley, 2006). Therefore, when there was a successful mentorship relationship students were satisfied with their clinical experience but those with a poor mentorship experiences were unsatisfied with their clinical experience this also reflected how the students view the quality of their nursing care (Saarikoski, Leion-Kilpi & Warne, 2002; Saarikoski, & Leion-Kilpi, 2002 and Papastavrou et al, 2009). It is important that an appropriate learning environment is cultivated instilling confidence during clinical learning this enhances the students' ability to acquire new knowledge, comprehend and integrate information, and apply learned principles to practice. Clinical educators' capacity and willingness to be effective teachers play a vital role in this learning (Elisha and Rutledge, 2011).

The clinical field is an essential and irreplaceable resource in preparing student nurses for their professional placement (Midgley, 2005). The healthcare organization is to provide a learning environment that provides practice-based teaching with the overall aim of creating more opportunities for experienced nurses, who provide student

supervision, to combine teaching and patient care in order for students to acquire and be guided in better practical skills (Midgley, 2005). Unfortunately this is where many health care organisations fall short in their improvement of their professionals' knowledge and practice. In a study by Brown et al (2009) the highest reported consistent barrier to implementing evidence-based practice for nurses was the organization. He stated that the barriers in his sample '...demonstrated a similar response pattern to that in other published research, as indicated (Funk et al. 1991a, 1991b, Carrollet al. 1997, Kajermo et al. 1998, Oranta et al. 2002, McCleary & Brown 2003, Glacken & Chaney 2004, LaPierre et al. 2004, Karkos & Peters 2006)'some of these barriers included time (nursing shortages and nurse not having enough to include new practices), lack of knowledge and understanding of research findings and data, an organization culture that doesn't support change (Brown et al, 2009). This problem seems to start with pre-registration where students are not allowed to fully practice their skills in the clinical area and also the lack of the supervising staff to understand the relevance of the practiced procedures (Morrell & Ridgeway, 2014, Malcolm, 2002). Many of these studies endeavour to investigate the experiences and perceptions of student nurses during their clinical practice. As their experiences are understood measures can be taken to alleviate these challenges to develop and maintain a standard of care that positively impact on the organization growth and patient outcomes.

Theoretical Framework:-
Nursing is predominantly a clinical profession based on theoretical concepts. The Experiential learning theory is a philosophy and methodology in which educators purposefully engage with students in direct experience and focused reflection in order to increase knowledge, develop skills, and clarify values van Zyl, 2014). It is otherwise referred to as learning through action, learning by doing, learning through experience, and learning through discovery and exploration, all which are clearly essential in the learning process of the nursing students (Lisko & O'Dell 2010). This theory forms the theoretical framework of this research, in order for the theory-practice gap to be bridged students have to be afforded the opportunity to take theoretical knowledge and translate it into practice under the competent facilitation of a clinical supervisor/instructor. Within clinical learning there are two vital areas the learning environment and supervision of the student. These two interrelated variables are essential to the satisfaction enjoyed by students throughout learning experience. The first is the learning environment which, within this research, refers to the in-patient wards/units. The clinical learning environment consists of the ward culture (for example, the atmosphere produced by the nursing team), a context of nursing care with the basic ideas and principles of teaching and learning on the ward (Saarikoski, & Leino-Kilpi, 2002). The second area is the supervision of nursing students by registered nurses. This means that all the teaching and supervisory activities are expected to be conducted by the registered or nursing officer presently on the ward/unit. Because of the importance of these two major elements to the clinical development of a knowledgably and competent registered nurse the experiential theory is the merges that connect these two elements involving elements of practical teaching, assessing, supporting and facilitating students' learning (Saarikoski, & Leino-Kilpi, 2002). This research endeavours to examine this clinical relationship and its effectiveness through this framework.

Purpose and Rationale:-
The purpose of this study is to have an understanding of the clinical experiences of nursing student during their clinical practice at the general local hospital. In addition to their experiences, this study also wants to find out the extent to which clinical supervision in the clinical area influences the nursing students' ability to fulfil their clinical learning objectives. In the clinical area at this local general hospital mentors are not assigned to students, students are allocated only to registered nurses to supervise their practice in the absence of a clinical instructor. Brynilden (2014) indicated that clinical supervision was a very important factor in grading the learners experience and they reported negative experiences was partly because students were assigned to inattentive and negative preceptors, and received insufficient supervision (Brynildsen et al, 2014).

The researchers observed a few nursing students during their clinical experiences. They also noted the concerns they had regarding their inability to meet their clinical objectives and felt "cheated" of the opportunity to practise and improve their clinical skills. Similar sentiments were expressed by Morrell and Ridgway (2014) where students expressed feeling like they were an extra pair of hands and didn't receive adequate support from their mentors. The transition from student to qualified nurse is a vital stage in each student's life and starts much before qualification (Duchsner, 2009). Out of concern for their ability nursing students focus more on improving their skills and knowledge in the clinical area rather than being sociable in preparation for their role as registered nurses (Morrell and Ridgeway, 2014). Students are the next generation of professionals and as such they should be valued by providing the best learning experience, promote innovation and develop individualization for these future nurses. There had not been any documented study in this country on nursing education and the nursing students' experience

in their clinical areas, we set out to perhaps begin the process to ascertain the extent to which the nursing students are satisfied with aspects of their clinical rotations. We envisage that this will provide some baseline data for policy makers in both the school and the hospitals with some understanding of the challenges, if any, is experienced by students and what interventions need to be implemented to improve or even maintain an adequate clinical learning environment.

Aim:-
The aim of this study is to determine the satisfaction levels of nursing students' clinical experiences at a local general hospital

Objective:-
At the end of the study, the researcher will be able to:
- Determine the social demographic characteristics of nursing students who are enrolled in a general nursing program attached to the local general hospital.
- Determine the level of satisfaction of nursing students with regard to their clinical learning environment during their clinical experiences at the local general hospital
- Ascertain the students' opinions about their recommendations to improve the clinical learning environments for their clinical practice.

Research Questions:-
1. What are the specific social demographic characteristics of nursing students who are enrolled in a general nursing program attached to the local general hospital?
2. Are nursing students satisfied with their clinical experience?
3. **What are the recommendations of the students to improve to improve the clinical learning environment for yourself and future nursing students?'**

Methodology:-
Research Design
The study is a descriptive, cross-sectional study which gathered information about the experiences of students nurses during their clinical practice attachment at the local general hospital. As illustrated in Diagram 1 the independent variable, nursing studentswere examinedto determine the impact or outcome of the aspects of the dependant variables namely (a) their clinical experiences, (b) satisfaction and (c) level of supervision in practising skills and conveying learning to the same population.
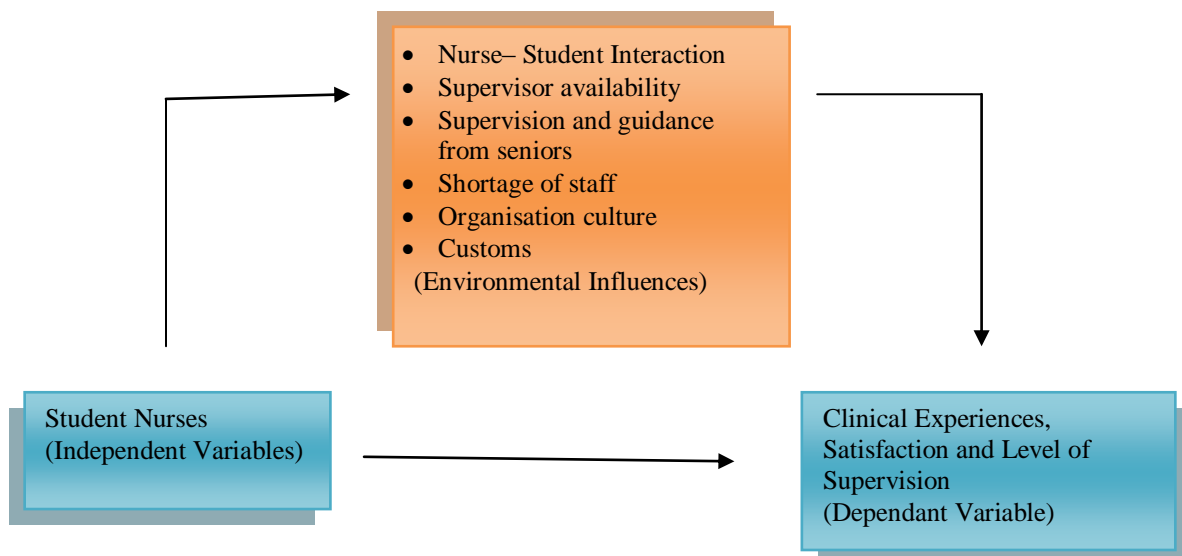

Diagram 1 – Variable Interaction

Instrument:-
Prior to the commencement of the study the research instrument had to be piloted. The initial instrument was developed based on the feedback of broad question presented to focus groups. Focus groups comprising four students each from the three academic year groups was initially conducted. The aim was to generate information and gain insight into the concern of the nursing students in reference to their clinical experiences (Nassar-McMillan & DiAnne, 2002). Four structured questions formulated from the four research objectives were discussed, 'How do you, nursing students, feel about your clinical placement experience? 'Are nursing students satisfied with their clinical experience'? Are you able to fulfil all their learning objectives in the clinical learning environment? And 'Is there adequate supervision and direction from registered nurse and/or clinical instructors in the clinical area for you to adequately practice learnt skills and apply knowledge to practice'? From these discussions relevant issues were identified and common themes isolated. The utilization of this process developed a revised instrument that was appropriate to be piloted and disseminate among the target population (Nassar-McMillan, & DiAnne, 2002).

Pilot Study:-
A pilot study was conducted to examine the feasibility of the intended approach to study the population in this study. Students were allocated to the clinical area, mainly the local general hospital, and since the aim of the research study is to examine students' perception onlevels of satisfaction within this clinical learning environment, this clinical area was selected to conduct the pilot. Fifteen students were selected purposively from the two year groups of students allocated to the clinical area to test the reliability and validity of the questionnaire. These students were distributed among the medical and surgical units at the local general hospital. The selection process and inclusion and exclusion criteria were applied when conducting this pilot. Students were approached by the co-researcher and informed consent was obtained. Each pilot candidate was given a questionnaire individually and instruction to be followed. Firstly, students were informed about the study and that they were taking part in a pilot. Secondly, they were instructed to read through and answer the questionnaire based on their last clinical attachment. Thirdly, they were asked to identify those questions that need reformatting or removing, and also whether questions were relevant. They were also informed that they could highlight any issues as they do the questionnaire or seek clarification on questions. Students were allowed to fill-out the questionnaire and timed. They took between 3 - 5 minutes to answer the 30-item questionnaire and another 2 - 3 minutes to fill out the open-ended questions at the back.

On completion, the questionnaire was discussed with the candidates. All fifteen students identified that the questionnaire was relevant to their current clinical practice. Following the comments and discussions, a number of adjustments were made to the instrument. Nursing students who participated in this pilot, were current second year students who were excluded from the main study as they would not have had enough clinical exposure to quality for the main study.

Before the pilot questionnaires were analyzed the page were scan and read by a Remark Office Optical Mark Recognition 6 (OMR) software, which is used to process surveys and test, to insure accuracy in data recognition. The data was analyzed and a detailed item analysis report was produced. The sample size of 15 students included 8 second year students and 7 third year students, where 87% were female and 13% males. The data was then exported to SPSS version 19 to access the validity and reliability of the questionnaire. The set of 30 items when analyzed for internal consistency reliability produced a Cronbach's Alpha of 0.683. This score has been identified as acceptable and the questionnaire can be administered to the sample population (Gliem & Gliem, 2003).

The main Study:-
First, approval was sought and received from the university of the West Indies Ethics committee. Also, written permissions were received from Principle of the local nursing college seeking approval to conduct a study amongst the nursing students. The questionnaire was self-administered and comprised of a combination of closed and open-ended questions to gather more in-depth information on the students' experience (Midgley, 2005). The instrument is divided into three sections, the first section include demographical information like age, sex, students' academic year, current clinical practice area and whether they have any pervious clinical experience. The second section comprises of a 30 item satisfaction survey and the third section two open ended questions.

These research questions cover four areas of interest to evaluate the students' clinical experience which will be exhibited in the questionnaires; these areas include the clinical learning environment, clinical supervision, supervisory relationship and achievement of clinical objective achievement. There would be approximately 30 statements evaluating these four areas of the students' clinical experience. A Likert scale will be utilized with a five

point rating system ranging from 1(Very Dissatisfied) to 5 (Very Satisfied). Two open-ended questions will be created for students to place any further explanation or information on the topic of research; this will included 'What changes if any would you implement to improve the clinical learning environment for future nursing students? And Additional comments'. This instrument was systematically developed and refined before dissemination among the desired sample population.

Population:-
At the beginning of this research process the college's nursing program was a three year Associate Degree program but has currently been upgraded to a four year Bachelor's Degree program. Despite this upgrade during the study only the second and third year students are allocated into the clinical area for their practical experience. Therefore the student population previously selected will continue to be the target population in this study. Nursing students are attached to the clinical area from their second year of nursing school until the final weeks of the academic school year therefore these students were the prime population to evaluate their clinical experience based on their level of satisfaction. At the time of conducting the research the academic school year had just commenced therefore the intended population to be sample had already advance to the next academic year and others to maturation. This causes the initial targeted population to diminish from 209 students to 103 students. Noting that the student population had significantly reduced and the need for the study to be representative of the entire population the total amount of students to be sampled had to be determined.

A concern for generalization dominates quantitative research. For generalizability and repeatability, identification of sample size is essential (Delice, 2010). To determine the sample size for small populations, we use the normal approximation to the hyper geometric distribution in comparison to a binomial formula for a large population. Noting that to achieve accuracy in ones findings for a small population the entire population should be sampled but for transparency the sample size was calculated. The hyper geometric formula (as shown below) was used to calculate the sample size for this student population.

$$n = \frac{N\,Z^2\,pq}{(E^2\,(N\text{-}1) + Z^2\,pq)}$$

Following this formula, as in accordance with Morris (n.d), where 'n' is the sample size it was calculated to sample 98 students from the population. This being five less students than the targeted population, the entire population, of 103 students, was sampled (Morris, n.d., Sampa & Francia, 2013). This decision was made to improve the degree of precision required and reduce the expected size of the non-response rate. This would allow each student to have an equal opportunity to take part in the study and enable the study to be representative and generalizable to the student population.

Sampling Techniques:-
Non-probability sampling methods are those in which elements are chosen through non-random methods for inclusion into a research study (Kandola et al, 2014). Total population sampling is a type of purposive sampling technique where you choose to examine the**entire population** (i.e., the**total population**) that have a particular set of**characteristics**. The aim is to apply the relationship obtained among variables to the general, i.e. the population. That is why the selection of a sample representative of the population is essential (Delice, 2010).

The inclusive criteria for this study were nursing students enrolled in the local nursing school within the two year groups who would had been allocated to the clinical area prior to sampling. Recognizing that the new academic year had just started simultaneously with the granted approval to conduct this study at the nursing school, some minor adjustments had to be made. Noting that the current second years students would not have been allocated to the clinical area until the end of the current semester the former second and third year students were sampled. These students were asked to select their pervious academic year on the premise that they were evaluating their last clinical attachment which would have been in their former academic year.

Prior to dissemination of questionnaires approval was sought from the principle of the local nursing school to allow us to conduct a study among his student population. On receipt of this approval the Head of The Nursing Department was contacted to schedule an appropriate time to conduct an informative session with the students and then to distribute the questionnaires. Permission was further sought from each tutor who will be interrupted during the conducting of these sessions and that too was granted. During the first sessions the researchers met with the nursing students of the former 2nd and 3rd year groups, there were informed of the current study and its ultimate purpose.

Data Analysis:-

The procedure for collecting data was explained to each student and their right to voluntary participation. There were also informed of the format of the question package with the first sheet being the consent form which must be read and signed prior to participation, once signed the consent form must be keep by the student and submission of the completed questionnaire signifies your consent and participation. The questionnaire comprised three sections, the first section comprises of demographic information, the second section comprised of a 30-item satisfaction survey and the third section two open ended questions. Students were allowed to ask any questions during this session and also prior to participation. On the following two days questionnaire packages were distributed among the students. Questionnaires were collected immediately after completion and stored for analysis.

Out of the 103 questionnaires that were distributed among the students only 76 questionnaires were received completed. These 76 respondents will account for 74% of the target population which would be considered representative and generalizable sample. According to Yount (2006) for a sample to be representative of a small population the sample size should be 20% minimum of the total population. For generalizability and representativeness of the research findings 100% of the target population was sampled.

Subsequent to the collection of all distributed questionnaires the separation process begun for reading and analysis. Questionnaires were divided and sorted; the survey sheet was separated from the open ended question sheet. The survey was compiled and sorted by year groups for scanning and reading by Remark Office Optical Mark Recognition 6 (OMR) software, which is used to process surveys and test to insure accuracy in data recognition. Each survey was scanned individually according to their year group, verified to ensure that all selections read by the machine were accurate and each individual sheet was accepted. Questionnaires were automatically coded according to their scanning position and year group. This allowed the researchers to maintain anonymity and identification in the organization and analysis process as it is matched with the electronically scan page. The data was analyzed and a detailed item analysis report was produced. This report was then imported to SPSS version 22 for further analysis.

The Statistical Package for the Social Sciences version 22 (SPSS – 22V) (Elisha, & Rutledge, 2011; Papastavrou et al, 2009 is analytical software which allowed for interpretation of data collected to determine the relation between the two variables and to what extent one influences the other. For this study data was analyzed in two phases, the first phase was during the pilot study to test the validity and reliability of the data collection instrument and whether it yields the required information. The second phase was data analysis for the final study. As the data is scan and read the questionnaires will be coded to match that of the data scan code in order to match the hard copy with its electronic representation. Questionnaires will be scan according to the students' year groups as a separate analytical option. During data analysis the researcher will be examining the data to determine if common areas of challenges were experiences

Section C of the questionnaire package comprised of an open ended question forming the qualitative portion of the questionnaire. The question "What changes if any would you implement to improve the clinical learning environment for yourself and future nursing students?" was asked so students can reflect on their total clinical experience and freely make suggestions/recommendations based on their experience. This section of the questionnaire was analyzed using Colaizzi's Method of Analysis, this method comprises of seven steps used to guide analysis. The seven consecutive steps are reading and rereading descriptions; extracting significant statements; formulating meanings; categorizing into clusters of themes and validating; describing; returning to participants and incorporating any changes based on the feedback (Papp, Markkanen, & Bonsdorff, 2003; Wojnar, & Swanson, 2007). The resulting data and research interpretation will be discussed in the following chapters.

Ethical Considerations:-
Prior to conducting this research permission was first sought from the University of the West Indies, St. Augustine ethic committee and the ethic committee representing the nursing school.. During the study participants' confidentiality and anonymity were maintained at all times and data collected was carefully stored and only used for the purpose of this research as expressed to participants and would then be destroyed within 2 years after the completion of this study. The participants were asked to give their consent, and they were assured that participation or information provided would not be used against themor have any consequences to their education. They were also assured of their right to confidentiality and anonymity. Anonymity was maintained by not attaching any identification markers on the questionnaire and all consent forms were retained by participants. Confidentiality was ensured by restricting unauthorized access to the data, the data was locked in a cupboard and soft data was stored in a password-protected computer. Participants were informed of their rights to withdraw from the study at any stage.
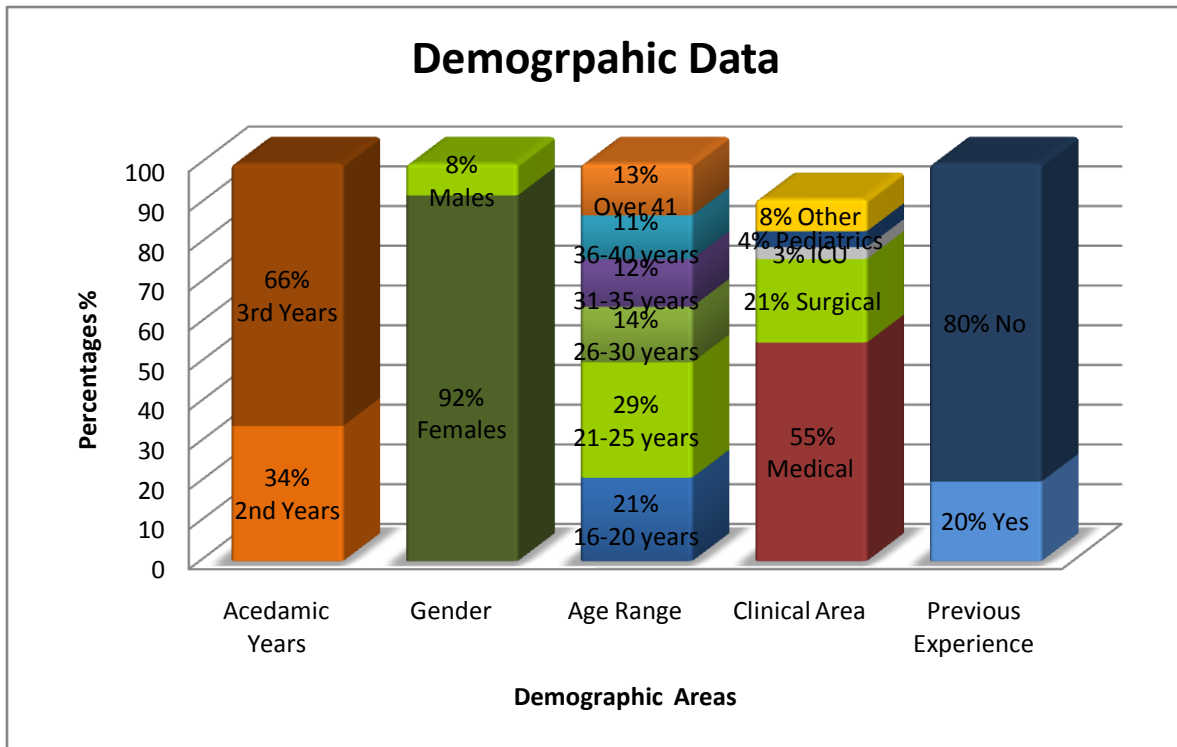

Result:-
The purpose of this research study was to determine the satisfaction levels of nursing students' clinical experiences at a local general hospital. The result was presented according to the research questions.

Research Question 1-
What are the specific social demographic characteristics of nursing students who are enrolled in a general nursing program attached to the local general hospital?

The 76 participants who took part in this study were distributed throughout the two academic years and were simultaneously allocated to the clinical area at the local general hospital. Academic years 2nd year students 26 (34%) and 3rd year students 50 (66%) which cumulatively represented 77% of the total population of 2nd and 3rd year students enrolled by the college. Gender Females accounted for 92% of the respondents (72 students) and males 8% which were 6 students. These statistic represent that gender variation of the population were all the males enrolled in these two year groups were sampled. Age range 16 – 20 age range 21% (16), 21 – 25 age range accounted for 29% (22) of the sampled population, 26 – 30 14% (11), 31 – 35 12% (9), 36 – 40 11% (8), Over 40 years 13% (10). Cumulatively 50% of the sample population comprised of students from the age range 16 – 20 and 21 – 25 years. Current practice area – 55% (42) students were allocated to the medical units in the clinical area, 21% (16) to the surgical units, 3% (2) to the ICU's, 4% (3) to the pediatrics unit, 0% gynecology and 8% of the students selected others. This would include other clinical areas outside of the local general hospital while 9% of the students did not select a current practices area.
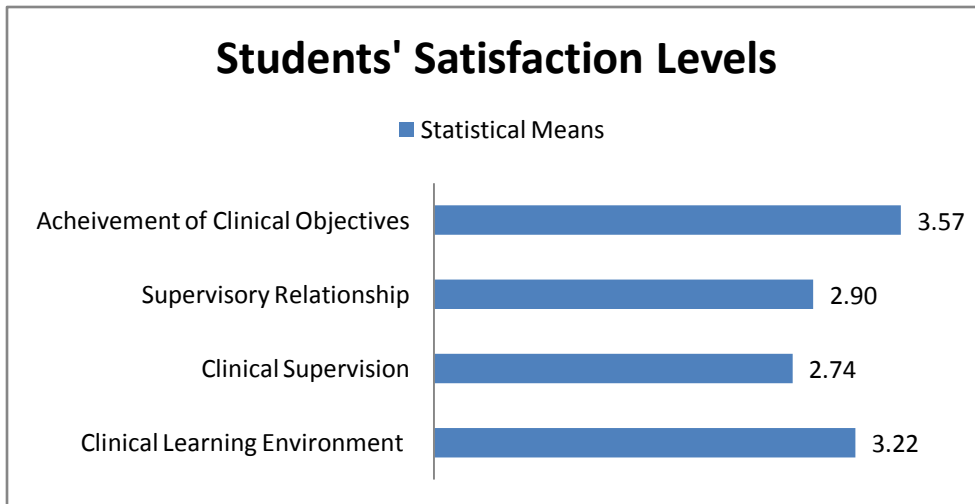
Demogrpahic Data

(Bar chart showing stacked percentages by Demographic Areas)

- Acedamic Years: 66% 3rd Years, 34% 2nd Years
- Gender: 8% Males, 92% Females
- Age Range: 13% Over 41, 11% 36-40 years, 12% 31-35 years, 14% 26-30 years, 29% 21-25 years, 21% 16-20 years
- Clinical Area: 8% Other, 4% Pediatrics, 3% ICU, 21% Surgical, 55% Medical
- Previous Experience: 80% No, 20% Yes

Bar Chart 1 – Demographic Data

Research Question 2:-

Are nursing students satisfied with their clinical experience?

The first research question asked students how satisfied are nursing students with their clinical learning experience. Respondent answered questions specific to the four categories contained within the context of satisfactory clinical experience: clinical learning environment, clinical supervision, supervisory relationship and achievement of clinical objectives. Respondents answered 30 items on a Likert-type scale grading their level of satisfaction on a scale of 1 to 5 where 1 was very dissatisfied and 5 very satisfied.

To examine the research question 2 we will collectively assessed how students responded within these four categories. Each item was weighted based on the respondents and data numerically presented based on the means of categories.

Students' Satisfaction Levels

■ Statistical Means

- Acheivement of Clinical Objectives: 3.57
- Supervisory Relationship: 2.90
- Clinical Supervision: 2.74
- Clinical Learning Environment: 3.22

Bar Chart 1 – Student's Satisfaction Levels

The first subcategory *'Clinical Learning Environment'* consisted of 7 items and scored an average mean of 3.22. The highest scored item was *Item 7 - 'There were sufficient meaningful learning situations on the ward/unit'* with a mean of 3.68 and the lowest scored item was *Item - 5 'The staff were generally interested in student supervision'* with a mean of 2.70.

The second subcategory '*Clinical Supervision*' consisted of 9 items and scored an average mean of 2.74. The highest scored item was *Item 10 – 'I was assigned a clinical supervisor (RN) during my allocation'* with a mean 3.36 and the lowest scored item was *Item 8 - 'My clinical instructor was always available'* with a mean of 2.25.

The third subcategory *'Supervisory Relationship'* consisted of 7 items and scored an average mean of 2.90.The highest scored item was*Item - 22 'I felt comfortable interacting with my clinical supervisor'* with a mean of 3.21 and the lowest scored item was *Item 17 - 'I received individual supervision during practical skills'* with a mean of 2.56.

The fourth subcategory 'Achievement of Clinical Objectives' consisted of 7 items and scored an average mean of 3.57.The highest scored item was*Item 28 - 'I learnt more when my clinical instructor was present on the unit'* with a mean of 4.24 and the lowest scored item was *Item 30 - 'I was able to fulfill all objectives at the end of my allocation'* with a mean of 3.14.

These results identified that students were more satisfied with their atmosphere fostered in their Clinical Learning Environment and Achievement of Clinical Objectives but not that satisfied with their Clinical Supervision and their Supervisory Relationship.

Research Question 3:-
What are the recommendations of the students to improve to improve the clinical learning environment for yourself and future nursing students?'

The third section of the research instrument, Section C, comprised one opened question and a selected area for additional comments. This section was designed to encourage unrestricted expressions of student's knowledge and feelings of their clinical learning experience. Utilising the Colaizzi's Method of Analysis to analyses the third section, Section C, of the questionnaire common themes were first extracted from the respondents' data. Afterwards similar themes were grouped and refined to extract four common topic of concern among the student population. There was an open-ended question and a section for any additional comments. These two parts of sections C were collectively analysed based on the combined responses of students. The question asked was 'What changes if any would you implement to improve the clinical learning environment for yourself and future nursing students?' These are the students responses categorised under the four major topic extracted from their responses.

Presence of Clinical Instructors on the Ward/Unit
Out of the 63 respondents to Section C of the questionnaire 51% students expressed the importance of having a clinical instructor present during their clinical rotation, even during the even shift (1-9 pm). This was the major improvement change that students would implement during this research. One student's comment which was the sentiment of many others stated "more visits from the tutors will be very beneficial since in about a whole rotation on a ward for the semester the tutors were only seen once by some or most groups". It was not a blank recommendation but with reason. Students believed that the increase presents of clinical instructors would be important to "assist the student in carrying out their objectives", provide "extra clarity" and to 'give a better connection between class and clinical [area]". This implementation came with various reasons highlighting the general hospital being "short of staff... [and it being] impossible for one nurse to supervise 5-6 students at a time". This also comes with the perception that the registered nurses are not following what students understand as "the correct protocol" and "using short cuts when doing procedures" and their clinical instructors would "better facilitate students with skills and help correct misinformation.

In addition to these response 2 respondents expressed "them feeling like a burden to their clinical instructor" while 2 other respondents even suggested that there should be trained nurses (preceptors/mentors) to improve teaching and interaction.

RN (Supervisors) interaction with students

37% of respondents were dissatisfied with some aspect of their student-supervisor interaction. Some respondents highlighted the notion that 'RNs not welcoming on the ward and don't want to work with students' also the staff on the wards/units '...... take advantage of students when clinical instructor not present'. Most of the respondents passionately commented that RNs need to be more accommodating to students to complete their objectives and have a better attitude and respect towards students. One student response stated "RNs must remember they started where we are. Stop trying to embarrass and insult us students. Stop using us as an extra pair of hands and give us a chance to complete our objectives." Another student recommendation is "for nursing staff to allow students to practice and learn in a supportive environment and not be of the assumption that nursing student relevant to their year in the program would have mastered expected clinical skills".

To improve the interaction between students and RN one student "would incorporate motivational strategies for persons working on wards such as RNs because they get tired of helping when they have to do other things. Despite the fact that students understand the burden that some staff may experience they "believe even though [the hospital] is a teaching hospital, ward nurses should be given the option of refusing or accepting students, instead of ignoring students when they come on the ward. The attitude of some nurses hinders learning opportunities for students." Students who evaluated their intensive care units (ICU) commented that the units are "great for learning and contains nurses that are willing to help".

Current clinical practice and the nursing program

As participants responses were analysed there were a few comments relating to the shortage of educational and clinical staff observed by students and the perceived disadvantage students have experienced. To improve on their current clinical practice and the nursing program students have made recommendations in three areas communication, price
ptorship and education.

There should be an improvement in the communication between the nursing college and the local hospital in regards to students' access onto the hospital compound and access through the electrical access doors to the individual wards/units. In addition, clinical scheduling and adjustments to their clinical rotation should be communicated to the clinical staff to ensure adequate staff and resource allocation. One student stated "In my opinion I would ensure that all staff are aware of the time and amount of students who should be on the ward before the day of arrival, persons other than first line managers."

To ensure a balance between patient care and clinical teaching and supervision students suggested that preceptors should be introduced into the clinical area, in addition to an increase in nursing staff and clinical instructors. Implementing mentors/preceptors to replace clinical instructors would allow staff to interact with students, maximize learning opportunities and achievement of their clinical objectives. One participant stated "...I would recommend special train nurses to assist clinical instructor in there absents in [order] for students to know who they can rely on".

Students also made recommendations to have smaller groups during clinical skills lab teaching to enable greater opportunities for individual hands on practices. 5% of respondents believed that Clinical Instructors should have continuing education to keep them up to date with current practices and recommended that the nursing school and the clinical area clinical practices should be equivalent.

Preparedness of students for future practice

Students were not satisfied with their clinical rotation and believed that their clinical rotation should coincide with the theoretical information being covered in classroom. Sentiments were also expressed about entering the clinical area during their first academic year instead of waiting to the second academic year to of their three year program. Students commented that "one year after is too late to enter clinical area", 1st year entry into clinical area allow "students to be more comfortable with their techniques and care they provide to patients". They don't believe that when they enter 3rd year that they have mastered their clinical skills and practice confidently, one student stated that "3rd year used to focus more on critical care and management and specialties practicing with more confidence" but now that is not the case.

These factors simply explain why students were basing their satisfaction levels on four major elements: clinical support, appreciation, a greater quality of clinical guidance /mentoring and greater level of involvement in clinical practice.

Discussion:-

Nursing research over the years has identified that the single most important resource in the development of competent nurses is the clinical learning environment (Peters, Halcomb & Mcinnes, 2013). In general practical experience with the clinical setting is an essential component in bridging gap between theory and practice in nursing education (Coyne, & Needham, 2012). Clinical experience has been alluded to one of the major factors that shape students' attitudes to learning, clinical practice and professional development, it has also contributed to students' decisions to discontinue their undergraduate studies. Factors that impact on the quality of the environment include the capacity of the facility to support the student placement and liaison between the health care organisations that provide the clinical experience and the higher education institutions who deliver the baccalaureate programs (Peters, Halcomb & Mcinnes, 2013).

In addition, Chan in his many evaluation of the clinical learning environment has shown that challenges encountered by students during their clinical learning have made them feel vulnerable and incompetent as students and future nurses. The quality of clinical training provided by nursing educators and support received by students from clinical nurses are the most important influencing factors on nursing students' learning. Other supporting studies cited in Baraz et al 2015 have stated that incompetence of instructors, negative attitudes and the weak support of students can cause detrimental effects on learning (Baraz, Memarian & Vanaki, 2015).

Being one of the first research studies examining the clinical satisfaction levels of nursing students in the history of the local nursing school and within the island it is fitting to say that many elements of these global researches are mirrored within this local study. Clinical Supervision and Supervisory Relationship are two areas that showed constant levels of dissatisfaction within this research and have shown to have a significant impacted on students' clinical satisfaction levels. The aim of this study was to determine the satisfaction levels of nursing students' clinical experiences at a local general hospital. In general students considered the clinical area a good learning environment and believed that there were sufficient meaningful learning situations on the ward/unit *(Item 6 & Item 7 depicted in Bar Chart 2)* with participants' satisfaction levels rated at 62% and 60% respectively to these statements.

Many students were satisfied with their ability to fulfil their clinical objectives, actively took part in ward activities, and individual patient care. Contrary to this, students were dissatisfied with feeling as part of the ward/unit team and they were also dissatisfied with the atmosphere, attitudes of the nursing staff and supervision received on the ward/unit.According to Henderson et al (2006) and Hurley & Snowden (2008) (as cited in Stuart, 2013) it was established that supervisors could not attend to students' learning and assessing needs and were marginalised and placed in opposition to client care needs, with students having to fend for themselves (Stuart, 2013). These factors simply explain why students were basing their satisfaction on four elements: clinical support, appreciation, a greater quality of clinical guidance /mentoring and greater level of involvement in clinical practice. Therefore it can be concluded that students' level of satisfaction will be much greater if there were improvement in their clinical supervision and the supervisory relationship fostered.

Students' satisfaction levels have also shown significant relationships with their demographic characteristic. Students' academic year (2nd /3rd years), gender (male/female), age range and their current practice area were related to their clinical satisfaction levels. Although much research have not examined students' clinical satisfaction levels in relation to their demographic characteristics there are a few research that examine their relationship abit differently. According to Warne et al. (2010) (as cited in Brynildsen, Bjork. Berntsen, and Hestetun, 2014) students with longer clinical placement (3rd years) reported a greater satisfaction level with their clinical learning environment and their clinical supervision. Other research study which examined students' satisfaction levels with their educational studies revealed that 'older students, females, and those from health-related programs tend to say they were more satisfied with their educational experience' (CEISS, 2003). Therefore we can conclude that students' satisfaction levels can significantly be impacted upon by their varying demographic characteristics.

A clinical setting rich in learning experiences, but lacking a supportive environment, discourages the learners in seeking experience and results in the loss of learning and growth opportunities (Mabuda, Potgieter & Alberts, 2008). A supportive environment with an adequate support system has been identified as an area of improvement within the

clinical setting of this local general hospital. O'Driscoll et al (2010) (as cited in Emanuel & Pryce-Miller, 2013) highlighted some barriers to an effective supervisory/mentorship relationship that could be fostered between the nurse and RN. She stated that 'although most mentors are aware of their role in working with student nurses, there are several barriers preventing them from giving the required support' (Emanuel & Pryce-Miller, 2013). These barriers include organisational constraints; increased workload; negative experiences; inadequate preparation for the role of mentor; and staff shortages. These barriers form great constraints to the clinical relationship that can be developed between the student and the RN to enhance their clinical learning experience. These events and challenges cause nurses to reprioritize their duties placing the care of their patients over student learning opportunities (Emanuel & Pryce-Miller, 2013).

Although the clinical learning environment can encompass immense learning opportunities and has been considered a satisfactory environment for providing learning there is also evidence of dissatisfaction with students' clinical supervision and the supervisory relationship within the clinical environment. This has to be improved for students to be fully satisfied with their clinical learning environment and the shaping of competent future registered nurses. These efforts must be approached collaboratively where ward manager creates circumstances for a positive ward environment, ward culture and contributes to a positive attitude toward students and their learning needs (Saarikoski &Leino-Kilpi, 2002). In addition, to fostering an environment that nurtures a positive supervisory relationship the presence of a clinical instructors or designated preceptor has the potential to enhance the performance of student nurses on their journey to becoming fit to provide a high-quality of patient care.

Conclusion:-
Nursing students throughout the world highly value their clinical practice and the possibilities it offers in the process of growing to become a nurse and a professional (Papp, Markkanen & Bonsdorff, 2003). The nursing school in collaboration with the local hospital must be able to recognize the importance of all the aspects involved in patient care and their collaborative role in facilitating the development of highly qualified nurses and achieving a high standard of patient care. These two valuable entities should be able to provide a suitable clinical learning environment at the right time, so that theory and practice would complement each other (Papp, Markkanen & Bonsdorff, 2003). This study revealed that student nurses level of satisfaction was not only based on the clinical environment and achievement of their clinical objectives but was also was based on the supervisory relationship and clinical supervision they received. Student nurses depend on supervision from their clinical instructors and/or the registered nurses on their assigned wards/unitswhich provide them with support, guidance, supervision and caring in the clinical learning environment for their development into confident and capable practitioners. These elements of their clinical experience both formessential component of effective clinical teaching and learning(Mabuda, Potgieter & Alberts, 2008). Through strong collaboration between the teaching institutions and the local hospital, students can become knowledgeable, skilled and fit for practice with the ability to provide a high-quality of patient care (Emanuel & Pryce-Miller, 2013).

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