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Challenges faced by upgrading nursing students in clinical placements at Kenya Methodist University

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Abstract:

Nursing training involves a combination of theoretical and clinical training to build professional competence, master fundamental skills, and socialise in the nursing profession. Globally, nursing degree training institutions have increased, following the directive by the World Health Organization (WHO) to increase the proportion of nurses to a degree or higher level of training. Despite the increase in degree-nursing training globally, studies reveal that though graduate nurses had knowledge and adequate clinical psychomotor skills, they lacked clinical reasoning skills to deliver safe, effective care within the first one year, which may be attributed to the negative experiences in clinical training. Thus, the purpose of this study was to explore challenges faced by the Bachelor of Science in-service nursing (RN-BScN) students which has paucity of information regarding their experience as undergraduate nursing students. The study was conducted among RN-BScN students studying at Kenya Methodist University during the September–December trimester of the 2021/2022 academic year. A descriptive cross-sectional survey design was adopted where 67 students who met the eligibility criteria were identified through purposive sampling. Voluntary sampling was done among the senior class to participate in Focus Group Discussion. Data was collected through interview guide and focus group discussion guide. The data was analysed by the use of NVivo, content analysis was used to analyse qualitative data. The challenges experienced by the students during clinical training were: inadequate resources (30%), inadequate supervision (27%), curriculum challenges (18%), lack of support by hospital staff (15%), and personal challenges (10%). This study recommends the need to closely supervise students in clinical area and the identification, recruiting, and training of mentors in clinical sites. For clinical placement sites, this study recommends more collaboration with the institutions and encourages the incorporation of evidence-based practise and critical thinking skills into nursing practise. Furthermore, this study recommends more studies be done among experts with the use of different data collection methods to avoid bias.

Keywords:

Clinical placements, supervision, curriculum challenges, clinical competence, specialist areas

1. Introduction:

Clinical training and theoretical instruction are both components of nursing education. Clinical training is regarded as a crucial part of nursing education and practise because it aids in the development of nursing students' professional competence through the application of their theoretical knowledge to the real world, the mastery of basic clinical skills, and fostering professional relationships (Alshahrani et al., 2018; Rafiee et al., 2014). Additionally, it gives nursing students the chance to learn through experimentation and transform theoretical information into practical abilities that are important for patient care (Gaberson et al., 2014). This training takes place in a dynamic and complex learning environment with an interactive web of factors that affect students' clinical learning (Baraz et al., 2015). It entails practise under supervision in recognised clinical settings, including teaching hospitals, private hospitals, clinics, community health centres, and specialist areas (Health Careers, 2017).

Students' clinical competence is developed through a large volume and variety of clinical experiences in an authentic clinical setting where there is a supportive environment and the students have self-directed learning (Alhaqwi et al., 2015). A good clinical environment is crucial in learning and developing fundamentals and more specialised nursing skills clinical practise training must be enhanced by nursing educators to enable students to relate theory to practice, learn technical and interpersonal skills, and make appropriate clinical judgments to become oriented to the profession in terms of values and ethics (Rafiee et al., 2014). Research done in Ghana among undergraduate students reported that clinical placement provided an opportunity for students to see various clinical cases and also use complex medical devices (Atakro et al., 2019); Whilst other researchers reported that the supportive relationships with nursing staff helped students internalise their nursing roles and the exposure of students to the clinical environment assisted them in developing their clinical competence (Al Haqwi et al., 2015; Brynildsen et al., 2014; Killam et al., 2013). The complexity of learning environments does not always provide a positive learning opportunity (Baraz et al., 2015), but they also pose challenges to nursing students as they are unpredictable, stressful, and constantly changing (Papp et al., 2003). The negative clinical experiences have additional effects on the students' learning, not only in terms of trust and attitude, but they also contribute to a lack of clinical competence, which compromises the patients' care among new graduates (Baraz et al., 2015).

Research has revealed some of the challenges that students go through during training in the clinical area, include the incompetence of clinical instructors, who lack clinical experience and theoretical knowledge, and inadequate monitoring and control of clinical practice, as students complained of clinical supervisory inadequacy and about being abandoned in the clinical wards and inadequate monitoring (Atakro et al., 2019; Baraz et al., 2015; Jonsen et al., 2013). Clinical

instructor incompetence is not the only challenge; the instructors also fail to support students by the bedside, thus leading to their vulnerability and reducing their confidence and motivation to learn, which has led to feelings of powerlessness for the implementation of nursing care (Edwards et al., 2004). There are also reports of a lack of supportive learning environments: negative attitudes among staff, inadequate student support from hospital management, a lack of role models, inadequate application of the nursing process, inadequate application of physical assessments by nurses as they do not systematically utilise the research findings in their daily nursing care (Anbari, 2015; Atakro et al., 2019; Baraz et al., 2015 Curtis et al., 2017). These challenges have led students to develop feelings such as being stranded, insecurity, foolishness, and abandonment, thus causing routine work without receiving theoretical knowledge (Jonsen et al., 2013). A good clinical training programme should meet the needs and expectations of students in clinical settings (Allari, 2017). Thus, to effectively teach clinical teaching, the aims, objectives, and expectations of clinical education should be adequately defined, with data obtained from the clinical area using the basic sciences (Anbari 2015).

The training of nurses with diplomas to attain a degree in nursing differs from that of direct undergraduate entry students due to the challenges they encounter in their multiple responsibilities—including work-life balance and finances—as well as their responsibilities to their families, children, spouses, and caregivers (Anbari, 2015; Gidman et al., 2011). The students' decision-making process is impacted by these obstacles as they attempt to balance education and these challenges while their priorities are ever-changing (Robbins et al., 2013). A study done by Megginson (2008) reported that these students expressed concerns that educators did not value or recognise their vast knowledge gained from their previous nursing course work and experience; thus, they became frustrated as they progressed through the programme (Alonzo, 2009). Despite the stress experienced in school, the students also face challenges at their workplace, as managers may not be flexible enough; therefore, the students may lack time off to study and end up having a double shift or delay in completing their clinical placement (Adorno, 2010). In addition, students also encounter negative comments and feedback from their co-workers about the value of BScN training (Duffy et al., 2014).

Globally, nursing degree training institutions have increased, following the directive by the World Health Organization (WHO) to increase the proportion of nurses to a degree or higher level of training (WHO, 2009). Studies show that they have advanced assessment skills, improve their patients' outcomes, increase their critical thinking skills during problem solving, improve communication skills, and thus become better patient advocates and are able to foresee

patients' needs and take care of the patient holistically (Anbari, 2015; Duffy et al., 2014; Einhellig, 2012; Ma *et al.*, 2018). However, this may not be true for the new undergraduate nurses, studies reveal that though graduate nurses had knowledge and adequate clinical psychomotor skills, they lacked clinical reasoning skills to deliver safe, effective care within the first one year, which may be attributed to the negative experiences in clinical training (Atakro et al., 2019; Cheng-Joo & Hsiang-ChuPai, 2014; Fero et al., 2009; Hunter et al. 2016). Hence, there is a need to enhance and improve nursing training by continuously assessing existing situations and obtaining students' views and experiences to understand the challenges they face, especially among this group of students, which has a dearth of data, in order to improve the training by devising strategies that may help overcome the challenges.

2. Materials and Methods:

The study adopted a descriptive cross-sectional survey seeking to determine the challenges faced by nursing students who were upgrading from diploma to degree at Kenya Methodist University, Nairobi campus (KeMU). The study design was used to provide an overview of the current state of clinical placements in the study population. This research used a qualitative method of data collection. The target population was all nursing upgrading students training at the Kenya Methodist University, Nairobi campus. The accessible population were all RN-BScN students who had registered for the semester during the time of study. Census sampling was done to recruit study participants, and those who met the eligibility criteria were included in the study. All nursing students who were upgrading from diploma to degree in nursing at KeMU, those who had registered for the semester in September–December 2021/2022 academic year, and had completed and been assessed in at least two clinical placement sites, and those who gave consent, were included in the study. Whereas, the study excluded students who had previously differed in their studies for more than one academic year. Data was collected using an interview guide and a Focus Group Discussion (FGD) guide. Two sessions of FGD were conducted among the students in the senior most class; each session had 11 students. FGD was done in order to elucidate more information on clinical placement challenges, whereas interviews were conducted by the principal investigator with the aid of the interview guide. Each session took approximately 30–40 minutes, which were recorded, and the researcher observed and took note of the nonverbal cues present during the session. The research instruments were supported by literature and guided by the research objectives, which were shared with experts for their input to identify the overlooked constraints in the

applicability of the tool. A pre-test was done at Kabarak University among students upgrading from diploma to degree in nursing. Comments and suggestions concerning instructions, clarity of the tool, inconsistencies, and relevance were taken into consideration to improve the tool before the actual study. Views from the pre-test and supervisors were incorporated into the development of the research tool. Furthermore, Cronbach's alpha test was done to determine the reliability of the tool, and a value of 0.935 was obtained. Data was sorted, cleaned, and stored; copies of the raw data obtained from interviews and FGD were made; and the recordings were kept safely. Data was categorised, themes and patterns were identified and created, and clear narratives were developed by using NVivo software. Ethical approval was obtained from the Kenya Methodist University Ethical Review Committee, while the research permit was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI). Permission to conduct the study among students at KeMU was obtained from the vice chancellor of Kenya Methodist University. Participation by the study participants was voluntary for those who met the eligible criteria. The study participants were informed of their right to withdraw from the study at any point in time; the study did not have potential physical, economic, or legal harm to the study participants. They were also informed that there were no benefits to participating in the study, but rather that the study findings would give insights to the nursing training in the institution. Confidentiality and anonymity of the study participants were maintained by coding rather than the use of participants names.

3. Results:

3.1. Socio-demographic data of study respondents:

A total of 67 study participants between the age of 20 – 59, were recruited to participate in the study, among them only 23(34.3%) were male compared to females who were 44 (65.7%). Among all the subjects reviewed, 31 (46.3%) participants were aged (20 – 29), 27 (40.3%) were aged (30 -39), 7 (10.4%) were aged (40 – 49) whilst the least were 2 (3%) who were aged (50 – 59). Majority of the study participants were married, 43 (64.2%) whilst only 1 (1.4%) were divorced or separated. Christianity dominated the religion at 58 (86.6%) compared to other religions. 24 students reported to have had 2 - <5 years experience whereas 40 students (59.8%) reported to have above 5 years experience in the nursing practice as displayed in table-1.

Table. 1: Socio-demographic characteristics of study participants.

Socio-demographic variables		Frequency (N=115)	Percentage (%)
Age of the respondents	20 - 29	31	46.3%
	30 - 39	27	40.3%
	40 - 49	7	10.4%
	50 - 59	2	3%
Gender	Male	23	34.3%
	Female	44	65.7%
Marital status	Single	18	26.9%
	Married	43	64.2%
	Divorced/separated	1	1.4%
	Widowed	5	7.5%
Religion	Christian	58	86.6%
	Muslim	6	9%
	Pagan	3	4.4%
	Hindu	0	0.0%
	others	0	0.0%
Years of experience	0 - <2 years	3	4.4%
	2 - <5 years	24	35.8%
	5 - <10 years	20	29.9%

	Above 10 years	20	29.9%
Additional training	Yes	26	38.9%
	No	41	63.1%

The table.1 indicates the age, marital status, religion, and years of experience in nursing practice and additional training of the study participants

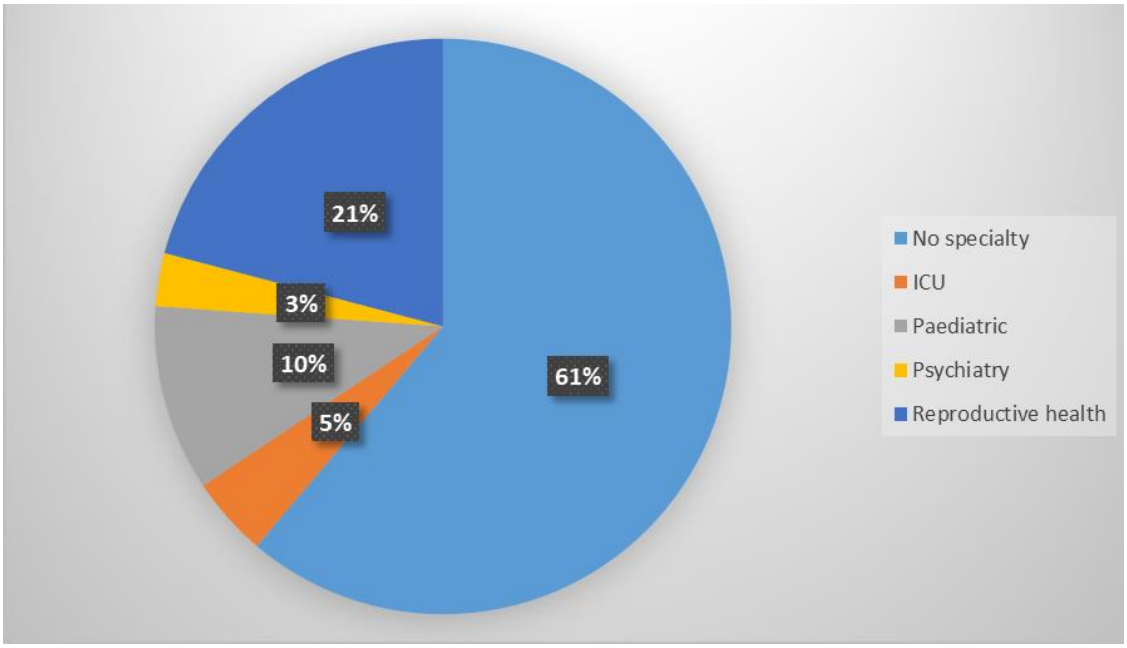

Figure. 1: Types of specialized training of the study participants

Despite the upgrading training students are undergoing at KeMU, 46 (39%) of students reported to have had additional training in different specialities, the specialities mentioned by the study participants include: 3 in Intensive Care Unit (ICU), 23 Reproductive health, 4 Paediatrics and 6 in Psychiatry. 10 students reported to have had additional training in another speciality but did not specify the specialty (Fig.1).

3.2. Challenges faced by in-service nursing students in the clinical learning environment:

The results were collected from focus group discussions and interviews. The sessions were recorded using a phone recorder, and data collection stopped once the saturation of data was achieved. The qualitative data collected from the above tools was organised and sorted into a framework where the following themes were developed: Themes developed based on the

challenges faced by the students while in their clinical placements include: lack of adequate supervision, challenges with the curriculum, reduced quality of nursing care provision, misuse by hospital nursing staff, inadequate resources, and personal and communication challenges as specified in Fig 2.

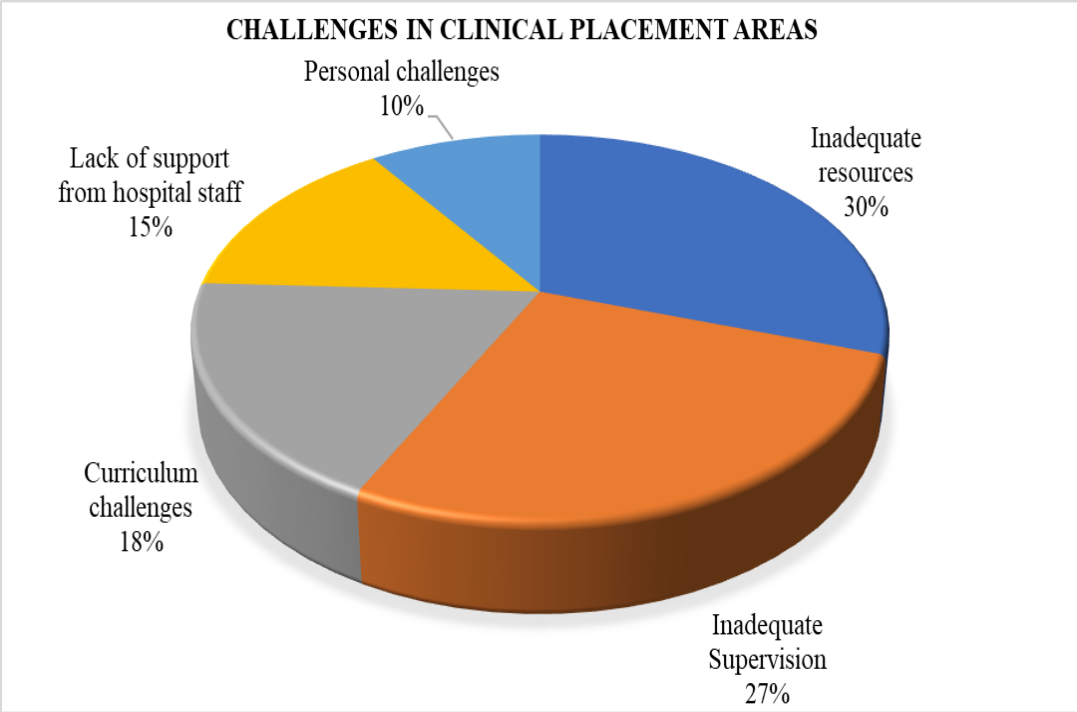

Figure. 2: Challenges faced by RN – BSc Nursing students in clinical learning environment

4. Inadequate Resources:

30% of the total responses collected were on the above theme. Respondents reported that there was a lack of resources in the hospital, which interfered with their learning and the quality of care provided to patients (Figure 2). Some of the comments on this theme from the respondents include:

> *"There were a lot of shortcuts due to the lack of privacy or supplies to provide ideal care."*
>
> *"We had a lot of challenges during assessments as we had no standard packs available during assessment"*
>
> *"There were inadequate ideal procedural packs for practise during our clinical placement."*

5. Inadequate supervision:

Out of the total 136 comments on challenges faced by the respondents' themes, 37 (27%) comments revolved around the theme of inadequate supervision (Figure 2). The sub-themes created on this theme include: lack of student mentors in the hospital; unclear roles on how to supervise students by nurses; limited visits by lecturers and clinical instructors; and lack of demonstration of procedures during clinicals.

5.1. Lack of student mentors in clinical placements and unclear roles on how to supervise students by nurses:

Students reported that there were no mentor nurses at the clinical placement site who could provide guidance. Moreover, the nurses in the hospital regarded them as colleagues and felt they were not in a position to mentor them. Comments on this theme given by respondents include:

> *"We lacked guidance while in the hospital due to the unavailability of mentors and supervisors."*
>
> *"Nurses were adamant to teach us; they felt we were more of colleagues and superior to them because we were furthering our studies."*

5.2. Limited visits by the lecturers and clinical instructors:

Respondents reported that there were few to no visits by the supervisors (lecturers and clinical instructors) from the institution; thus, they worked with no guidance, and the expectations by the supervisors were not demonstrated and communicated, thus affecting their overall clinical assessment performance. One of the students reported that:

> "*There was no visit for guidance by the lectures until assessment time, and the clinical instructors did not avail themselves regularly."*

5.3. Lack of demonstration of procedures during clinical:

Respondents reported that there were no demonstrations of procedures by mentors and supervisors during the clinical visits thus the expectations were not communicated to them prior to assessments. One student stated that:

> *"There was lack of demonstration by lecturers and instructors to show what is expected of us during a procedure"*

6. Curriculum Challenges:

18% of the comments made by respondents were on curriculum challenges that needs to be addressed, (Figure 2). The sub-theme deduced from this theme include: lack of preparation and training in emerging and re-emerging diseases, inadequate preparation prior to placements, repetition of placements, and lack of placements in critical areas.

6.1. Lack of preparation and training in emerging and re-emerging diseases:

Respondents stated that they experienced a lot of challenges adjusting during the COVID-19 pandemic as they were not adequately prepared while in school. Respondents' comments on this sub-theme include:

> "We had *COVID -19 challenges that came along with the disease i.e., lack of proper training on emerging and re-emerging, management and care of patient."*
>
> *"Have practical sessions in downing and gloving PPE and more emphasis in infection prevention"*
>
> *"There was lack of enough preparation on new diseases such as COVID"*

6.2. Inadequate preparation prior to placements:

Respondents reported that they were not prepared well prior to their placements by having demonstration of skills and procedures in the skills laboratory and the provision of procedure manuals that would aid in performance of the procedure. One student stated that:

> "*There is inadequate guidance and preparation by staff in the skills laboratory prior to placement, and there was delay in the provision of provision of manual procedure."*

6.3. Repetition of placements and lack of placements in critical placement areas:

Respondents stated that there was repetition of placements and were not exempted from placements done during their diploma training, moreover, other students reported that the placement site should be reduced. Furthermore, they reported that they did not get the opportunity to rotate in critical areas for exposure. Comments that arose in this sub-theme include:

"Placement of BSN students in other areas like renal unit, palliative care and oncology as the exposure is important for future professional growth"

"Avoid unnecessary repetition of areas already adequately covered during diploma level."

"Clinical rotations should include ICU, renal and GBV centres"

6.4. Lack of support from hospital staff:

Lack of support from hospital staff is one of the themes generated from the comments from the respondents, 15% as depicted in Figure 2. They stated that they lacked support from the fellow nurses, as almost all nurses regarded them as colleagues and failed to teach them whereas, some nurses discriminated them as they were advancing their studies. Moreover, they continue to state that the hospital staff took advantage of their presence and abandoned their responsibilities to them thus the placements were not productive as they were pinned to routine nursing care. Comments from this theme include:

"The other nurses discriminated us because we were BScN students, they took advantage of our presence in clinical areas and nursing staff went on leave, did the roles of nurses"

"Nurses abandoning their responsibilities thus more work and we are unable to meet our objectives, no mentors"

"Some of the nurses felt that we were relievers in job so had less time to learn."

"Hospitals did not provide us with opportunities to learn we are left to fill the shortage"

"There was more working than learning while in clinical area."

6.5. Personal challenges:

Few students reported that they experience some personal challenges, (10%) such as burn-out, challenges in transport to clinical placement site, balancing between work, family and school and lastly financial challenges. Comments from this theme include:

"Difficulty balancing between work, family and hospital rotations"

"No leave hence faced burn-out during rotations"

"Expensive to travel to clinical sites"

"Stress juggling between work and school"

7. Discussion:

7.1. Challenges faced by in-service nursing students in the clinical learning environment:

Individual students have varying interpretations of the clinical setting based on their experiences, resilience, and 'life skills,' with the desire to reduce vulnerability and foster a pleasant learning environment, (Cooper et al., 2020). This study found several challenges that faced the upgrading RN-BScN (in-service) nursing students while in their clinical learning environment. There were not enough resources, not enough supervision, problems with the curriculum, not enough support from the hospital staff, and personal problems (Figure 2).

The necessity to innovate and use subpar nursing techniques results from a shortage of clinical resources and relevant equipment, which interferes with the quality of clinical learning provided. Nursing students study procedures in an ideal simulated environment; thereafter, they are subsequently assigned to a subpar, underfunded clinical facility. This study findings showed that students lacked resources that prompted them to improvise resources, which fostered the use of shortcuts in the performance of the procedures. Similar findings were noted by Mbakaya et al. (2020), where students were compelled to improvise when giving nursing care to patients. In addition, students struggled to integrate theory into practise due to a lack of resources and skilled professionals who did not follow protocols when executing procedures (Muthathi et al., 2017). Because of this, nursing students get confused and lack confidence in their skills.

Even without the added constraints of a pandemic, the COVID-19 epidemic had a significant impact on the experiences of nursing students, from organisational changes to concerns about their abilities to basic uncertainties about their ability to continue their studies due to the effects of the disease, which could be acquired in hospitals and often has chronic depletion of medical supplies (Eweida et al., 2020; Ulenaers et al., 2021). Respondents in this study expressed the need to be adequately prepared and trained on emerging and re-emerging diseases. This finding is similar to that of Ulenaers et al., (2021), whose findings indicated the need for students to be supported and prepared during a pandemic. Several researchers (Eweida et al., 2020; Ghrayeb et al., 2017; Houghton et al., 2020) have also pointed out that hospitals do not have enough personal protective equipment (PPEs).

The lack of student mentors in clinical placements is an alarming issue that needs to be addressed with urgency as learning in a clinical setting is done by doing, thus ward nurses and instructors must provide supervision and guidance (Kamphinda & Chilemba, 2019). The function of the clinical nurse in the development of students' learning is critical (Vuckovic & Landgren, 2020). The lack of effective preceptor training, as well as the need for it, has been mentioned in relation to the quality of students' experiences (King et al., 2020). However, this is not true in most instances. Respondents in this research reported that they lacked mentors in the hospital, and the nurses failed to take up the role of mentorship. The study also found that the nurses didn't think they were ready to supervise the upgrading students because they saw them as co-workers.

Conflicting practises between the ideal nursing practises offered in the classroom and those in the clinical setting can cause confusion, tension, and anxiety in students if they are not properly taught and supervised (Mbakaya et al., 2020). Demonstration of procedures is one of the vital roles that should be done by clinical supervisors, preceptors, and mentors when performing clinical supervision. However, to avoid confusion while integrating the abilities acquired in the clinical skills laboratory into the clinical practicum, there is a need to standardise procedures to foster uniformity in their performance (Muthathi et al., 2017). To achieve this, there is a need to follow the guidelines provided by the Nursing Council of Kenya (NCK) in the procedure manual.

Nursing professors are reminded that RN to BSN students are not typical students and face numerous hurdles. Nursing schools should also be aware that they are viewed as both a challenge and a support system. Students’ challenges identified in this research included financial challenges, transport challenges, burn-out and striking a balance between school,

work and family. This finding is similar to Grant-Smith and De-Zwaan (2019), who stated that the major financial concerns for nursing students during clinical placements were increased transportation costs and income loss, along with work-appropriate attire, additional meals, child care costs, and the purchase of new equipment and materials. Additionally, nurses' capacity to operate safely in a clinical care setting is harmed by fatigue, which not only has an influence on their health but also their quality of life outside of work. Other studies noted that there were high levels of weariness, which hampered patient care, had a detrimental impact on their personal lives, and generated a toxic unit environment, which led to physical, psychological, and financial consequences, with some abandoning the nursing profession (Minton & Birks, 2019; Wolf et al., 2017). Furthermore, financial and familial obligations and a lack of peer support, work environment, lack of managerial and company support, employer pressure, and peer pressure were personal challenges encountered by upgrading RN-BScN students (Iheduru-Anderson, 2020).

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