RESEARCH ARTICLE

FACTORS ASSOCIATED WITH NURSING STUDENTS' LEVEL OF SATISFACTION DURING THEIR CLINICAL EXPERIENCE AT A MAJOR CARIBBEAN HOSPITAL

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ARTICLE INFO	ABSTRACT
	The purpose of this study is to determine if the satisfaction levels of nursing students are associated with their demographic characterises. This is a follow up to Prescott-Carter and Onuoha (2016) had showed varied levels of satisfaction among nursing students in a Caribbean Island state. **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 analysed using version 22 SPSS programme. **Result:** It shows that the nursing students' levels of satisfaction on a number of items on the Clinical learning Environment aspects of Clinical supervisions; supervisory relationship and Students achievement of their objectives were significantly associated with their selected demographic characteristics. **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 in meeting the expectations of all and sundry were discussed. The implications of the findings were also discussed. **Recommendation:** 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. Also, supportive environment with an adequate support system has been identified as an area of improvement within the clinical setting of this local general hospital. These efforts must be approached collaboratively where ward managers to create circumstances for a positive ward environment, ward culture that contributes to a positive attitude toward students and their learning needs. 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.

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).

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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 and 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 (Prescott-Carter and Onuoha, 2016; Morrell and Ridgeway, 2014; Elliot, 2002; Papathanasiou *et al.,* 2012; Sundler *et al.,* 2013; Carlson and Idvall, 2014; Hathorn, 2009 and Midgley, 2005). Contrary to previous studies Morrell and 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 and 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 organisation 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 and 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 and 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 organisational 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 and 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-Kilpiand Warne, 2002; Saarikoski, andLeion-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 organisation 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, Carroll*et al.* 1997, Kajermo *et al.* 1998, Oranta *et al.* 2002, McClearyand Brown 2003, Glackenand Chaney 2004, LaPierre *et al.* 2004, Karkosand 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 organisation 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 and 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 organisation 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 (Liskoand 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, andLeino-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, andLeino-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 individualisation 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 if satisfaction levels of nursing students are associated with their demographic characteristics during their clinical experiences at the local hospitals.

Objective

At the end of the study, the researcher will be able to:

- Identify the social demographic characteristics of nursing students who are enrolled in a general nursing program attached to the local general hospital.
- Determine if there are significant relationship between the nursing students' levels of satisfaction and their selected social-demographic characteristics during their clinical experiences at the local hospitals.

Research Questions

- What are the specific social demographic characteristics of nursing students who are enrolled in a general nursing program attached to the local general hospital?
- Are nursing students levels of satisfaction during their clinical experiences associated with the demographic characteristic?

MATERIALS AND METHODS

This section of the research proposal describes the process in which this quantitative method of study was accomplished. A quantitative method of study was preferred since it is less time consuming, it has the tendency to generate reliable and generalisable population based data that can establish a cause and effect relationship between variables. A descriptive research design was applied to the study utilising the positivist paradigm based on the validity that this descriptive, measurable expression of participants' experiences provides as

a source of experiential knowledge (TCU, n.d.). An in-depth examination of the research design, targeted population, sampling techniques, data collection and analysis has been outline below.

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, student nurses were examine to determine the impact or outcome effects of the dependant variable, their clinical experiences, satisfaction and level of supervision in practising skills and conveying learning to the same population. The relationship between the independant and dependant variable is influence by the clinical environment created by the instititional practices and customs and its impact on the learn ablity of the students and their application of their knowledge. These influencing factors were supported by findings from this research and impacted on the satisfaction levels of the dependant variable.
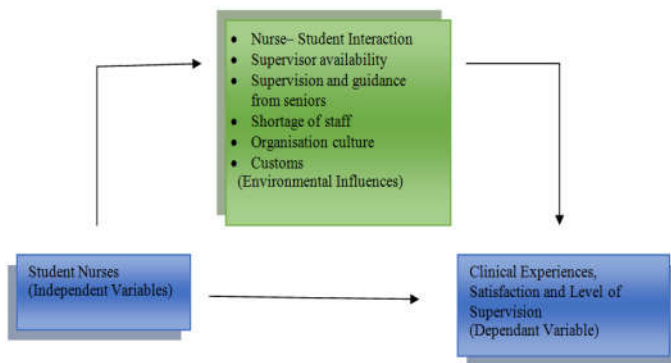
Diagram 1. Variable Interaction

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 of four students each from the three academic year groups was initially conducted. The aim of these focus groups was to generate information and gain insight into the concern of the students nurses about in reference to their clinical experiences (Nassar-McMillan and 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 utilisation of this process developed a revised instrument that was appropriate to be piloted and disseminate among the target population (Nassar-McMillan, and 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 and level of satisfaction within this clinical learning environment this clinical area were 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 approach 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 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 statement questionnaire and another 2 - 3 minutess to fill out the open-ended questions at the back.On completion, the questionnaire was discussed with the candidate.

All fifteen students identified that the questionnaire was relevant to their current clinical practice. Five students commented on question no.8 and no. 22, they stated that theses question great questions and should not be removed but to apply a different scale like an agree/disagree scale or a yes/no option while other then though it worked with the scale. Two students asked for clarification on whether the clinical supervisor is the tutor or the registered nurse, they suggested that it should say RN instead of clinical supervisor since each day the RN they work with changes. Students even commented that the questionnaire should have more room at the back for those additional comments. Taking these comments in to consideration the questionnaire was amended. Before the pilot questionnaires were analysed 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 analysed 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 analysed 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 and Gliem, 2003). There were three items (no. 10, 18, 23) that if deleted would have increased the reliability up to a .763 but those items were significant questions were left in the questionnaire.

Final Study

During the research study data was collected from the primary sources, i.e. student nurses, using a questionnaire to obtain all pertinent information. Before data was collected ethic approval was sought from the university's ethic committee. A written

request will also submitted to the Principle of the local nursing college seeking approval to conduct a study amongst the nursing students. On receipt of the necessary approvals data collections was commenced. One questionnaire was developed for data collection purposes in this study. 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 utilised 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 hypergeometric distribution in comparison to a binomial formula for a large population. Noting that to achieve accuracy in your findings for a small population the entire population should be sampled but for transparency the sample size was calculated. The hypergeometric formula (as shown below) was used to calculate the sample size for this student population.

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

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 and 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 generalisable 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 theentire population (i.e., thetotal population) that have a particular set ofcharacteristics. 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. Recognising 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 researcher met with the nursing students of the former 2nd and 3rd year groups, there were informed of the current study and its ultimate purpose. 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 of 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 73 questionnaires were received completed. These 76 respondents will account for 74% of the sampled population which would be considered representative and generalisable 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 generalisability 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 organisation and analysis process as it is matched with the electronically scan page.

The data was analysed and a detailed item analysis report was produced. This report was them imported to SPSS version 22 for further analysis. The tool which will be used for data analysis will be the Statistical Package for the Social Sciences version 22 (SPSS – 22V) (Elisha, and Rutledge, 2011; Papastavrou *et al.,* 2009). This analytical software 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 analysed 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 analysed 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, andBonsdorff, 2003; Wojnar, and 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 careful stored and only used for the purpose of this research as expressed to participants and will 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. Participants were informed of their rights to withdraw from the study at any stage.

RESULTS

The purpose of this research study was to determine the satisfaction levels of nursing students' clinical experiences at a local general hospital. The following research questions informed this study:

- What are the specific social demographic characteristics of nursing students who are enrolled in a general nursing program attached to the local general hospital?
- Are the satisfaction levels of nursing students associated with their demographic characteristics?

The data collected from this study was scanned and readby Remark Office Optical Mark Recognition 6 (OMR) software,and then the statistical data was then exported to SPSS verse 22 for analysis. This chapter provides results from statistical analysis as well as a description of participant characteristics. Details of data screening are also discussed.

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.

Table 1. Relationship between satisfaction levels on clinical area and the Demographic characteristics: N=76

		Academic Year	Gender	Age Range	Clinical Area
		Sig.	*Sig.*	*Sig.*	*Sig.*
	Clinical Learning Environment				
1.	The staff on the ward were easy to approach.	.041	.033		
2.	I was able to take part in ward rounds and discussions on patient care.	.000			
3.	There was a positive atmosphere on the ward	.018			.038
4.	Nursing staff exhibited positive attitudes toward students.	.015			.036
5.	The staff were generally interested in student supervision.				.011
6.	The ward/unit could be considered a good learning environment.	.030			
7.	There were sufficient meaningful learning situations on the ward/unit.	.018			
	Clinical Supervision				
8	I was assigned a clinical supervisor (RN) during my allocation.			.008	
9.	I had a clinical instructor present during practical skills.	.001			
10.	I was satisfied with the supervision I received on the ward/unit.	.012		.018	
	Supervisory Relationship				
11.	I received individual supervision during practical skills.			.004	
12.	I felt like an extra pair of hands on the ward/unit.			.017	.034
13.	Feedback when received from staff was positive.			.037	
14.	I had a different clinical supervisor each day during my allocation.	.040			
	Achievement of Clinical Objective				
15.	I felt comfortable going to the ward at the start of my clinical allocation.	.000			
16.	Students were actively involved in giving individual nursing care.			.005	
17.	Nursing staff were open to me fulfilling my clinical objective.	.002			
18.	I am able to fulfil all objectives at the end of my allocation.	.004			

Table 2: percentage significant frequency between Clinical Experience area items and the selected demographics of Nursing students (N=76)

	Academic year	Gender	Age ranges	Clinical Area
7-item Clinical Learning Environment	86	14	0	43
3-item Clinical Supervision	67	0	67	0
4-item Supervisory Relationship	25	0	75	25
4-item Achievement of objectives	75	0	25	0
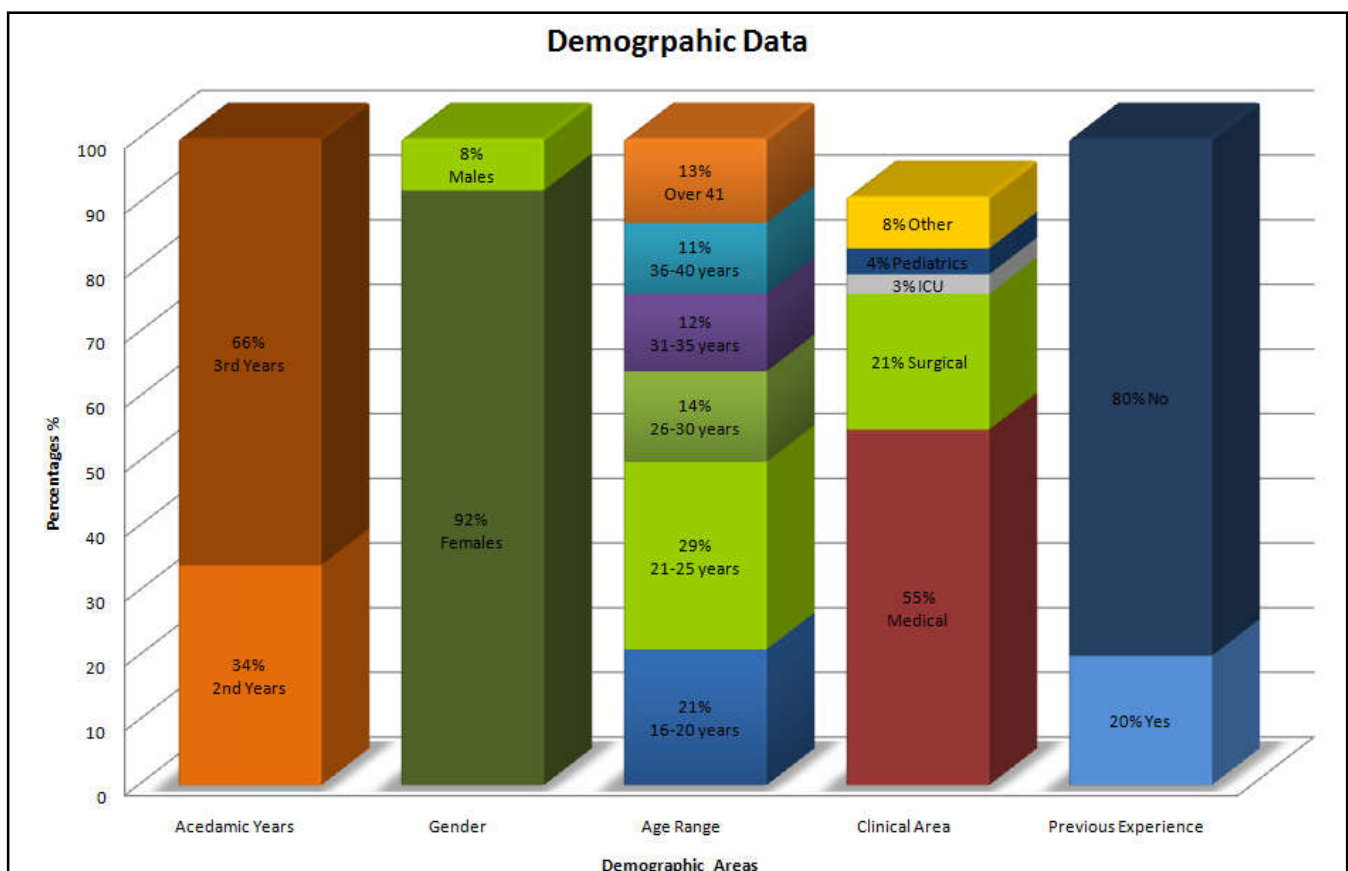
Bar Chart 1. Demographic Data

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 paediatrics unit, 0% gynaecology and 8% of the students selected other this would include other clinical areas outside of the local general hospital while 9% of the students did not select a current practices area.

Research Question 2

Are the satisfaction levels of nursing students associated with their demographic characteristics?

The third research question seeks to identify whether there is any association between the students' level of satisfaction and their various demographic characteristics. This question examined the relationship between the independent variable and the dependant variables and to want significant is their relationship, is any. The research data was correlated to identify those variables that showed strong relation to each other based on the atmosphere fostered in the clinical learning environment, students' clinical supervision and their supervisory relationship that would have contributed to student's satisfaction level with their clinical experience. In the below table is a representation of those variable that shared a significant relation. The Clinical Learning Environment showed associations with students demographic among all 7 of their items: (a) staff on ward being easy to approach is related to academic year and gender of the students p>.041 and .033 respectively; (b) ability to take part in ward round and discussion is significantly associated with academic year of the student (p>.000); (c) there being a positive atmosphere on the ward is related to academic year and clinical area of the students p>.018 and .038 respectively;(d) the nursing staff exhibiting a positive attitudes toward students is related to academic year and gender of the students p>.015 and .036 respectively; (e) the staff's general interested in student supervisionis significantly associated with the clinical area of the students (p>.011); (f) the ward/unit could being considered a good learning environment is related to academic year(p> .030); while (g) the presence of sufficient meaningful learning situations on the ward/unit is related to academic year of students (p> .018).

Students' satisfaction with their Clinical Supervision were significant to two demographic characteristic: (a) being assigned a clinical supervisor (RN) during allocation is significantly associated with age ranges of the students (p>.008); (b) having a clinical instructor present during practical skills is significantly associated with academic year of the student (p>.001); (c) being satisfied with the supervision received on the ward/unit is significantly associated with academic year and age ranges of the students p> 012 and .018 respectively. Students' satisfaction with their Supervisory Relationship was mainly related to students' age range: (a) I received individual supervision during practical skills showed significant association with the age range of students (p> .004); (b) I felt like an extra pair of hands on the ward/unit is

associated with the age range and current practice area of students p> .017 and .034 respectively; and (c) feedback when received from staff was positive is related to the age range of students (p> .037); and (d) I had a different clinical supervisor each day during my allocation is related to academic years of students (p>.040). The Achievement of Clinical Objective showed a more significant relationship with students' academic years: (a) I felt comfortable going to the ward at the start of my clinical allocation is significantly associated with the academic years of students (p>.000); (b) students were actively involved in giving individual nursing care is significantly associated with the age range of students (p>.005); (c) nursing staff were open to me fulfilling my clinical objectiveis significantly associated with the academic years of students (p>.002); being able to fulfil all objectives at the end of my allocation academic years of students p>.004. These results highlight those area where students satisfaction levels were associated with their demographic characteristics; more specifically their academic years, age range and clinical area. Gender only showed a relationship with the approachability of the staff on the ward/unit.

DISCUSSION

Table 2 summarises the significance between the clinical area items and the demographic characteristics of the nursing students. It shows that the nursing students' levels of satisfaction were significantly related to 87% of the items on the Clinical learning Environment for age, 14% for gender and 43 % for clinical area. Only Academic year of the students and their age ranges were significantly related with Clinical supervisions (67% respectively). With regard to supervisory relationship, students' academic year, and clinical arse were related with 25% of the items respectively while there is association between the students' age and their responses to the supervisory relationship for 75%. 75% and 25% of items for Students achievement of their objectives were associated with their (a) academic year, and (b) age ranges.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 and 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, and Needham, 2012). Clinical experience has been alluded to as 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 students' 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 and 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 and Vanaki, 2015).The findings from this study mirrored a number findings from similar studies globally. Many students were satisfied with their ability to fulfill 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 and Snowden (2008) (as cited in Stuart, 2013) it was established that supervisors could not attend to students' learning and assessing needs and were marginalized 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. It is reasonable to argue 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 clinical area were related to their level of their satisfaction. This finding confirmsWarne *et al*. (2010) (as cited in Brynildsen, Bjork. Berntsen, and Hestetun, 2014)and 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 and 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. 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 and 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

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. Student nurses 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 and 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 and Bonsdorff, 2003). This research 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 valued based on the supervisory relationship and clinical supervision their 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 and 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 and Pryce-Miller, 2013).Further studies in the area of student nurses' clinical learning experiences during placement in clinical settings are required. These studies could focus more on those factors that impact on students' clinical learning experiences, incorporating those experiences from the registered nurse, the clinical instructor and the impact that the individual demographic characteristic have on students' satisfaction levels.

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