



KAMUZU COLLEGE OF NURSING

CLINICAL SUPERVISION EXPERIENCES OF THIRD YEAR NURSING
STUDENTS BY STAFF NURSES AT MZUZU CENTRAL HOSPITAL

MASTER OF SCIENCE (NURSING AND MIDWIFERY EDUCATION) THESIS

EVELYN MALIKHA

FEBRUARY, 2017.



CLINICAL SUPERVISION EXPERIENCES OF THIRD YEAR NURSING
STUDENTS BY STAFF NURSES AT MZUZU CENTRAL HOSPITAL

By

Evelyn Malikha

BSc (Health Science Education) - Mzuzu University

A thesis submitted to the Faculty of Nursing in partial fulfilment of the Requirements
of the degree of Master of Science in Nursing and Midwifery Education

FEBRUARY, 2017.

Declaration

I the undersigned hereby declare that this dissertation is my own original work which has not been submitted to any other institution for similar purposes. Where other people's work has been used acknowledgements have been made.

EVELYN MALIKHA

Full Legal Name

Signature

Date

Certificate of approval

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval

Signature..... Date.....

Andrew Simwaka, MSc (Senior Lecturer)

Main Supervisor

Signature..... Date.....

Abigail Kazembe, PhD (Associate Professor)

Second Supervisor

Dedication

To my husband late Samson Malikha for his love and encouragement that I still remember up to now. To my children I salute you, may you make your hay while there is still sunshine.

Acknowledgements

I am grateful to my supervisors, Mr Andrew Simwaka and Dr Abigail Kazembe for their support throughout the proposal development process and write up of this thesis. Indeed, without these people's constructive criticisms, valuable guidance, and encouragement, this thesis would not have materialized. It is my prayers that may the good Lord bless them for their dedication and kindness.

Many thanks go to the research participants for spending their time responding to my exhaustive questions. Without their cooperation this study could not have been feasible. I am indebted to my sponsors, NEPI, for providing funds to pursue this course. I am also grateful to my sister friends Mrs Jane Chisenga and Mrs Dorothy Kamanga, for providing shelter and numerous support to me. May the good Lord bless them abundantly for the sacrifice they made over me!

My appreciation goes to the entire class of Master of Nursing and Midwifery Education 2014 for the love and encouragement that you gave me not forgetting late Patricia Malunga, May her soul rest in peace.

Above all, I am grateful to God Almighty for keeping me healthy and strong throughout the period of my study.

Abstract

Nursing Students require clinical supervision in order to be supported and guided in acquisition of competences and skills for their professional growth. Nursing students at Mzuzu Central Hospital are no exception. Anecdotal report showed that nursing students were not guided by staff nurses during the clinical practice at MCH and this motivated the researcher to do an investigation. Insufficient clinical supervision hampers student professional growth and development, creating clinically incompetent practitioners with harmful percussion for their patient and the profession. The purpose for this study was to explore the experiences of Mzuzu University third year undergraduate nursing students' clinical supervision during their clinical learning at MCH. Clearance to conduct the study was obtained from COMREC, MCH research committee and from participants' consent agreement. A qualitative descriptive study was done among the third year undergraduate nursing students during their clinical practices at MCH. Target population was the entire third year undergraduate nursing student (40) doing clinical practice at MCH. Purposive sampling method was used to recruit 13 participants for the study upon reaching data saturation. A semi- structured interview guide was utilized to collect data and analysis was done using themes. Findings reveal that poor student –supervisor relationship, inadequate resources in the placement area, and the growing numbers of students in the placement area contributed to inadequate clinical supervision of nursing students by clinical staff. It was also evident that clinical staffs at MCH were struggling as they were understaffed and some were not competent enough to supervise the students which made things difficult as it was not easy to support students as expected. Therefore, recommendations such as clinical staff orientation in clinical supervision through in service training and

supervisor –student ratio as NCMCM recommends are made by the researcher to the learning institution as well as the clinical teaching facility.

Table of Contents

Declaration	i
Certificate of approval.....	ii
Dedication	iii
Acknowledgements	iv
Abstract	v
Table of Contents	vii
List of tables	x
Definitions.....	xi
List of abbreviations and acronyms	xiii
CHAPTER 1.....	1
INTRODUCTION AND BACKGROUND.....	1
1.1 Introduction	1
1.2 Background of the study.....	2
1.3 Background of the study site (Mzuzu Central Hospital)	4
1.4 Problem Statement.....	6
1.5 Main Objective	7
1.5.1 Specific Objectives	7
1.6 Significance of the Study.....	7
1.7 Summary.....	7
CHAPTER 2.....	9
LITERATURE REVIEW.....	9
2.0- Introduction	9
2.1 Support of Nursing Students during Clinical Supervision	9
2.2 Challenges during Clinical Supervision Experience	11
2.2.1 Shortage of staff.....	11
2.2.2 Lack of Adequate Equipment and Supplies.....	13
2.2.3 Challenges Related to Professional Behavior	14
2.2.4 Poor Interpersonal- Relationship	16
2.3 Nursing Students Preferences during Clinical Supervision.....	17

2.4 Chapter Summary	18
CHAPTER 3.....	20
METHODOLOGY	20
3.1 Introduction	20
3.2 Research Design	20
3.2.1 Study setting	20
3.3 Population.....	21
3.4 Sample Size and Sampling Method.....	21
3.4.1 Sampling Method.....	21
3.4.2 Sample Size.....	22
3.4.3 Inclusion Criteria	22
3.4.4 Exclusion Criteria	22
3.5 Data collection.....	23
3.5.1 Data Collection Instrument	23
3.6 Pre-Test Interview	23
3.7 Data Collection Procedure.....	24
3.8 Data Management.....	24
3.9 Data Analysis.....	25
3.10 Ethical Consideration	28
3.10.1 Confidentiality	28
3.10.2 Anonymity	29
3.11 Trustworthiness of Data	29
3.11.1 Credibility	29
3.11.2 Dependability	30
3.11.3 Conformability.....	30
3.11.4 Transferability.....	31
2.12 Chapter Summary	31
CHAPTER 4.....	32
PRESENTATION OF STUDY FINDINGS	32
4.0 Introduction	32
4.1 Section a Demographic Data	32
4.2 Section B Themes and Subthemes	33

4.2.1 Student support	34
4.2.2. Clinical environment experiences.....	36
4.2.3 Experiences that relate to behavior.....	39
4.2.5 Student preference regarding supervision.....	42
4.3 Chapter Summary	45
CHAPTER 5.....	47
5.0 DISCUSSION OF STUDY FINDINGS AND RECOMMENDATIONS	47
Thematic Analysis	47
5.1 Support Experienced by Nursing Students during Clinical Supervision.....	48
5.1.1 Support and guidance.....	48
5.2 Challenges nursing students experience during their clinical supervision	52
5.2.2 Experiences that relate to staff behavior and attitude	55
5.3.1 Supervisor competence	58
5.3.2 Sustained availability of the supervisors	59
5.3.4 Act as a Role Model.....	60
5.5 RECOMMENDATIONS	61
5.6 Limitation	62
5.7 Area of Further Study	62
5.8 SUMMARY	63
5.9 CONCLUSION	63
References	65
Appendices	74
Appendix A: Information Sheet for Participant	74
Appendix B: Consent Form.....	76
Appendix C: Interview Guide Questions for third year undergraduate nursing students	77
Appendix D: Certificate of approval from College of Medicine Research and Ethics Committee.	79
Appendix: E Letter for Permission to conduct a study.....	80
Appendix: F Letter of approval from the Institution	81

List of tables

Table 1: Summary of Themes and Subthemes.....	33
---	----

Definitions

Clinical supervision: is a process of professional support and learning in which nursing students are assisted in developing their practice through discussion times with an experienced and knowledgeable senior nurse and the supervisor facilitates the process of growth of a novice (the student) towards becoming a competent professional (Brunero & Stein-Panbury, 2011). For the purpose of the research study clinical supervision refers to the provision of direct guidance on clinical work and the offering of feedback by nurse educators and professional nurses to third year undergraduate nursing students.

A nursing student: according to the Nurses and Midwives Council of Malawi Standards of Nursing Education (2013). For the proposed research study, a nursing student refers to third year undergraduate student

Clinical supervisor: refers to a registered nurse with practical and professional experience and with theoretical knowledge who is employed in a teaching hospital in order to teach student nurses in clinical settings.

Clinical areas: are learning opportunities situated in the practice field / or in the health service which the student utilizes under supervision of a registered nurse and midwife, and/or other experts in the health service.

Professional nurse / Clinical Staff Nurse/ Registered nurse: The above terms are used interchangeably and they refer to a degree qualified nurse/midwife who is registered with the Nurses and Midwives Council of Malawi to practice nursing or midwifery autonomously and is competent to engage in responsibility and accountability for the practice (Nurse and Midwives Council of Malawi, 2013). For the purpose of the study a professional nurse /clinical staff nurse refers to a nurse/midwife

professional who is directly involved in the basic nursing education and training programme for nursing students at the clinical area.

Staff nurse- For the purpose of this study a staff nurse is a Registered Nurse /Midwife who is senior in the unit, is experienced and capable of teaching and supervising nursing students of all levels.

Support: refers to giving assistance (Oxford Dictionary Thesaurus, 2013) Support in this thesis is the assistance given to the student nurse by staff nurses for academic clinical progression

Undergraduate: refers to a student at a university or college who is studying towards a Degree (Oxford Dictionary Thesaurus, 2013).

Experience: refers to involvement, participation or exposure (Oxford Dictionary Thesaurus, 2013)

List of abbreviations and acronyms

BScN	Bachelor of Science in Nursing
COMREC	College of Medicine Research and Ethics Committee
HSE	Health Science Education
KCN	Kamuzu College of Nursing
MCH	Mzuzu Central Hospital
MZUNI	Mzuzu University
NEPI	National Education Partnership Initiative
NMCM	Nurses and Midwives Council of Malawi
NMT	Nurse Midwife Technician
RPC	Research and Publications Committee
RN	Registered Nurse
RNM	Registered Nurse Midwife

CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

Nursing students require clinical supervision in order to be supported and guided in acquisition of competences and skills for their professional growth (Msiska, Smith, & Fawcett, 2014). Unfortunately, there are gaps that exist for registered nurses to effectively supervise and support nursing students during clinical practice (Bvumbwe, Malema, & Chipeta, 2015). Anecdotal reports from nursing students at Mzuzu Central Hospital showed that students were not adequately guided and supervised by clinical staff nurses during their practicum. They were at many times left unaccompanied and usually work unsupervised. If nursing students are not guided and supported during training they graduate with poor nursing skills which can be harmful to patient. Insufficient clinical supervision hampers student professional growth and development, creating clinically incompetent practitioners with harmful percussion for the student themselves, the profession and their patient (Brammer, 2008). Contrary, positive clinical experience is a result of good clinical supervision and is necessary in shaping nursing students to become competent in their professional practice (Bjørk, Berntsen, Brynildsen, & Hestetun, 2014; Hathorn, Machtmes, & Tillman, 2009a; Levett-Jones & Lathlean, 2008). Hence, clinical supervision is essential for nursing students and it embodies teaching and learning experiences. Therefore, this study seeks to explore the experiences of the third year nursing students from Mzuzu University regarding the clinical supervision at Mzuzu Central Hospital.

1.2 Background of the study

Clinical nursing supervision is a core component of the pre-education in Bachelor of Science in nursing programme in all nursing colleges in Malawi (Nurses And Midwifery Council of Malawi, 2013). In Malawi the Bachelor of Science in nursing is a four-year programme and clinical learning is incorporated in each year in various clinical settings such as district and central hospitals. This provides adequate learning opportunities for students to provide care to different patients with different conditions. This also puts classroom learning into a proper perspective and enables students to understand the various health problems and learn how to deal with such conditions (Msiska, 2012). However, good supervision and support from the senior qualified nurses has to be done in order to facilitate learning (Bryanht, 2010).

Furthermore, there is congestion of patients as a consequence of an increased disease burden which Malawi is experiencing (Grigulis, Prost, & Osrin, 2009). This has also increased shortage of nurses in various hospitals. The current nurse-patient ration is at 1:1200 which is against the recommended ration of 1:40. Clinical supervisors are also not enough to cater for all nursing students spread in different hospitals. This puts a lot of strain on supervisors during their supervision. There is also critical shortage of material resources for providing comprehensive care and teaching (Msiska, Smith, & Fawcett, 2014). This implies that the nursing students gain their clinical experiences in a resource poor learning environment which is contrary to the requirement for effective clinical learning (Bjørk, Berntsen, Brynildsen, & Hestetun, 2014). Neshuku and Amukugo (2015) in the study on experiences of Registered Nurses and students regarding clinical supervision revealed that for students to gain positive experience in clinical learning they demand adequate resources. Neshuku and Amukugo (2015) also found that availability of resources is significant in determining the quality of learning and supervision of student and boost the learning process. Therefore,

learning in the clinical practice should effectively be supervised with enough resources in order to adequately prepare nursing students for the work they do after qualifying (Kaphagawani & Useh, 2013).

Availability of supervisor alone is not enough for effective supervision ,but it should be coupled with good relationship between supervisor and student (Waldock, 2010).Kapucu and Bulut (2011) observe that good student-supervisor relationship enhances mutual respect and understanding which are very crucial aspects in clinical interaction encounters.

Frequent interaction creates room for timely feedback during supervision. Positive feedback from clinical nurses increases the level of interaction and promotes positive support (Kapucu & Bulut, 2011). However, some interactions may lead to frustrations in students when clinical staff constantly criticizes the student without positive support which mostly leads to a poor relationship between students and supervisors. Levett-Jones, Lathlean, Haggins, and McMillan (2009) highlight in the study done in Turkey on ‘Turkish nursing students’ view of their clinical learning environment’ that limitation to students learning in clinical setting was due to a poor relationship between students and supervisors. Poor relationship between supervisor and student can be shown through lack of support from clinical staff to guide the students. The qualified staffs lose interest to teach and become unconcerned with students. Msiska (2012) agrees that supervision of students by qualified nurses was a problem because they were not concerned with the students. Some had such a bad attitude towards students as such students had to work without supervision. However, some nurses were good models and students were able to emulate from them. This therefore, reflects that students’ supervision is essential for the acquisition of competences in the clinical area.

1.3 Background of the study site (Mzuzu Central Hospital)

Mzuzu Central Hospital (MCH) is one of the four government tertiary and referral central hospitals in Malawi. Apart from serving as a referral hospital, it also serves as a teaching hospital for nursing students from various nursing colleges and universities in the country. The hospital serves as a referral and tertiary centre for seven districts in the northern part of the country with a population of approximately five million (National Statistics Office, 2013). MCH has three hundred beds and with specialist care in Orthopaedic Rehabilitation, Ophthalmology, Intensive Care Unit and other Diagnostic departments.

A verbal report from the Chief Nursing Officer (CNO) from the hospital (March 16, 2016) say that the existing structure of clinical supervision of nursing students, at Mzuzu Central Hospital has a collaborative approach between the clinical supervisors from the universities, colleges as well as qualified registered nurses in the wards. This teaching hospital works in collaboration with the following universities and nursing colleges; University of Mzuzu, University of Malawi (Kamuzu College of Nursing), St John of God College, Ekwendeni College of Health Sciences and St John's Nursing College. These universities and colleges collaborate and communicate the list of nursing students, the length of clinical placement to the Deputy Director of Nursing (DDN) at the hospital. The DDN communicate the information to the various Nurse Managers (NMs) or Unit Matrons for allocation to the duty roster. The NMs inform the qualified registered nurses of the various wards on the number of nursing students assigned to each ward. However, the unit managers also distribute all information relevant to the Registered Nurses in their departments who are the ward in-charges and capable of supervising the students.

According to the CNO (March 16, 2016), the hospital receives hundred and eighty or more students at a time for placement. The allocations are for 6-8 weeks for the undergraduates and 12-18 weeks for the nurse technicians and with this large numbers of

students, there is congestion as a result, supervision becomes very difficult. This is in agreement with findings from Klerk (2010) which reveals that student nurses were not properly supervised and trained due to the large number of student nurses allocated to one setting.

Clinical supervision at MCH is done by Nurse Educators (lecturers or tutors from different colleges where these students come from) in collaboration with qualified staff nurses especially the Registered Nurses (RN) who hold the managerial positions in the departments. However, tutors and lecturers come seldom once or twice during the allocation but mostly students are supervised by RN. Similarly, in South Africa nurse educators and qualified staff nurses in the clinical area supervise the nurse student (Borrageiro, 2014). In support, Coetzee (2013) study revealed that clinical supervision was the responsibility of both Professional nurse and Nurse Educator. They should jointly do the teaching and supporting of the students in the clinical learning environment. (Magobe, Beules, & Muller, 2010) also concur that for the students to learn and benefit from the clinical setting, the learning environment should be conducive to learning where professional nurses and educators should portray a positive attitude and support the students.

At MCH like any other hospital in Malawi, there are more nurse technicians than RN's for example; at a ward one would find two RNs and may be 6 or 8 Nurse Midwife Technicians (NMT). This means that undergraduate nurse students interact more often with the NMTs than RN's and this may have an implication on the quality of clinical learning and supervision (Msiska, Munkhondya, & Chilemba, 2014). According to Kalawa and Mwale, (2016) NMTs may be good at assisting nursing students to develop psychomotor skills but may lack the ability to promote development of analytic and critical thinking skills. Chilemba and Bruce (2014) indicated that undergraduate programmes should enable student nurses to develop skills in analytical, critical thinking, problem solving and reflection on

practice. This requires that those supervising such students should also operate at higher level of education (Chilemba & Bruce, 2014).

The shortage of RNs at MCH results in providing ineffective supervision. Effective and sufficient supervision from the clinical supervisors in a clinical environment is vital to the students learning and wellbeing (Bjørk, Berntsen, Brynildsen, & Hestetun, 2014) As such shortage of staff together with large numbers of students in the clinical area compromises the teaching and learning of students. Additionally, these staff nurses apart from being few and knowledgeable they need also to be interested in their role of teaching the students in order to be involved fully in the supervision as affirmed in a study done by (Kampagawani & Useh, 2013).

The expectation of student nurses in clinical practice is that staff nurses will provide adequate support and supervision during the clinical experience (Brammer, 2008). However, there are many reasons why the nursing students may not be supervised effectively. These include; poor support and guidance resulting from shortage of resources both materially and human; increased number of students in the clinical area and incompetent supervisors. However, there is scarcity of evidence based information on students' experiences of clinical supervision for Mzuzu Central Hospital.

1.4 Problem Statement

Lack of adequate supervision make it difficult for students to master the competences and skills necessary for future on- the -job effective performance. Provision of adequate student supervision by clinical staff equips them with the necessary clinical skills and competencies for effective future performance. However, an observation from anecdotal reports showed that most of students from Mzuzu University on clinical placement at Mzuzu Central Hospital receive erratic or no supervision at all from clinical nursing staff. This was

also evidenced through poor results from the clinical performance during their clinical evaluation at the hospital. Therefore, to validate the above assumption an investigation was necessary hence this study.

1.5 Main Objective

To explore the experiences of Mzuzu University third year undergraduate nursing students' clinical supervision by staff nurses (RN) during their clinical learning at Mzuzu Central Hospital

1.5.1 Specific Objectives

- Describe the third year nursing students' clinical support by staff nurses during clinical supervision
- Describe the challenges that third year nursing students experience during their clinical supervision
- Assess the needs of third year nursing students during clinical supervision

1.6 Significance of the Study

The findings of this study will contribute to the body of knowledge in nursing education towards improving understanding of clinical supervision in the clinical setting at Mzuzu Central Hospital. Additionally, the results will also provide evidence-based information underpinning future planning of student nursing programmes at the clinical area.

1.7 Summary

This chapter described the introduction and background of clinical supervision of Nursing Students. It also stated the aim of the study, specific objectives problem statement and justification of the study. Literature reveals that clinical supervision is essential in facilitating students' learning in the clinical setting so that the quality of nursing profession

should continue. However, literature regarding clinical supervision by RNs in Malawi has been scarce, therefore, this generated an interest to explore the experiences of the nursing students on clinical supervision because the findings of this study will contribute to the body of knowledge in nursing education towards improving understanding of clinical supervision in the clinical setting. The next chapter will discuss about the literature review with regard to clinical supervision.

CHAPTER 2

LITERATURE REVIEW

2.0- Introduction

This chapter contains literature that relates to the concepts of clinical supervision and nursing students' clinical experiences on clinical supervision. This study undertook a narrative type of review in order to critique, summarize a body of knowledge and draw conclusions pertaining to the study topic (Cronin, Ryan, & Coughlan, 2008). Literature review comprised of findings from studies conducted by different researchers globally, and within Africa in relation to experience of nursing students and clinical supervision.

HINARI, Pub Med, Elsevier Science Direct Google Scholar, EBSCO host and BIO Med Central (Open access) were used with search words like clinical supervision, nursing student experience. Both published and non published studies pertaining to the research topic were reviewed. The review was guided by the specific study objectives of this current study.

2.1 Support of Nursing Students during Clinical Supervision

Clinical nurses have the professional obligation to support nursing students to develop and refine competences needed for safety, ethical and effective practice (Nurses and Midwives Council of Malawi 2013). It is apparent therefore that a nurse supporting the students is responsible for client safety while facilitating a positive learning experience. In agreement, Gopee (2008) states that a clinical nurse who take time to support the students has a greater chance of observing the strengths and weaknesses of nursing students under her/his care. Similarly, McEnroe-Petitte (2013) in the study "impact of faculty caring on student reflection and success" found that clinical supervisors who support the students through care effort and assist with the challenges that students experience simultaneously promote success with education process. However, ineffective support unfortunately results

in missed opportunities for student learning (Waldock, 2010; Henderson & Tyler, 2011) A major concern that is singled out by nurses in practice is the perceived lack of support and interest that exist for students amongst the nursing school, nurse educators, professional nurses and fellow workers (Waldock, 2010).

Lack of support is also perceived when supervisors do not spend much time with student. Nurses and Midwives Council of Malawi standards of education regulations (2012) stipulate that a nurse student should have thirty minutes of supervision in the ward by a trained supervisor. However, due to other duties, supervisors fail to abide to the regulation. It is observed that the actual time spent on supervision is not enough due to shortage of staff and increased number of students in the clinical area (Donough, 2014; Mabuda, Potgieter, & Albert, 2008)). Nevertheless, student's need more time for clinical supervision and bedside teaching. Less time spent on supervision compromises the acquisition of skills and competences.

Provision of feedback is part of the support students would want from their supervisors. Feedback plays an important role in the learning process of students. Particularly, if students can receive feedback at an early stage of their learning process, this helps them identify their own problems and improve their learning (Gaberson & Oermann, 2014). According to Bernard and Goodyear (2014) both summative and formative feedback which is either positive or negative is essential. However, negative feedback has stronger effect on behaviour change and formative feedback should be based on behaviour that supervisee are able to modify (Bernard & Goodyear, 2014). Most students would like to have positive feedback because negative feedback reflect on their failure (Xaba, 2014). However, feedback to the student is important whether positive or negative provided it helps the student to improve on their performance.

2.2 Challenges during Clinical Supervision Experience

Studies reveal that challenges such as environmental related factors and poor professional behaviour were experienced by nursing students in various parts of the globe (Grigulis, 2010; Mabuda Potgieter and Albert, 2008; Magobe Beules and Muller, 2010; Msiska, 2012; Neshuke & Amukugo, 2015). Environmental related factors such as increased number of nursing students per ward, shortage of staff leading to work overload and inadequate clinical equipment are some of the challenging factors which make nursing students have negative experiences towards clinical supervision in the clinical area (Neshuke & Amukugo, 2015). For students to have a positive learning experience, the number of students has to be affordable so as to be well controlled by ward supervisors. This is a pre-requisite by the controlling board of the NCM standards of education which states that student – supervisor ratio should be 10:1 (Nurses and Midwives Council of Malawi, 2013). Neshuku and Amukugo (2015) argue that large number of students require more staff and enough space for supervision to be effective. Notably, when students are allocated in large numbers learning and teaching is affected negatively. Sharon and Stephene (2006) similarly agree that nursing staff experienced difficulties in controlling large number of students which resulted in poor relationships between students and staff. Also Klerk (2010) support the view that large numbers of students at the same unit is the source of negative attitude development by students such that some students just disappear during practicum and most of the time the student's learning objectives are not fulfilled. In addition, increased numbers of students in a ward also increase the workload of the staff and strain them in their work of supervision.

2.2.1 Shortage of staff

Shortage of staff has been noted to have an impact on students experience in clinical learning (Coetzee, 2013). In Pakistan, according to Khowaja, Merchant, and Hirani (2005) concluded that qualified registered nurses experienced workload increase due to inadequate

staffing, resulting in more nurses leaving the profession instead students worked as if they are qualified staff members. Shortage of staff goes hand in hand with increased workload. Where there is shortage of staff, there is increased workload. An increase in workload prevents registered nurses from investing sufficient time for clinical practice with the nursing students, because their main focus is on patient care. The study conducted in Namibia by (Neshuke & Amukugo, 2015) revealed that the workload of nurses affected their availability to supervise and support nursing students in teaching hospitals. However, some students felt that the shortage of clinical nurses allowed them to have more time for practice and hence promote their learning. Nevertheless, students' experienced learning set back due to shortage of staff.

(Magobe, Beules, Muller (2010)in the study, 'reasons for student nurse's poor clinical competences in primary health care and clinical nursing diagnoses and treatment' in South Africa, reported that the shortage of personnel created a crisis health care situation and contributed to the students' poor clinical competence. This shows that shortage of personnel such as clinical supervisors is a contributing factor to poor students learning in the clinical setting.

According to Grigulis (2010)internal and external migration of RNs in Malawi have resulted not only in shortage of nurses, but has aggravated the situation such that the new graduates of RNs lack proper supervisory skills to train nursing students and staff nurses are required to practice out of their job description to manage the patient workload. Msiska, Smith, and Fawcett (2014) state that due to shortage of staff, Malawian nurses in the public sector are experiencing greater levels of high patient load under complex situations. Nevertheless, nurses in public hospitals have pointed out that, while working under so much pressure, the support and showing of appreciation from their nursing students is the core element of team work. Even though, shortage of nurses and heavy workload resulted in

insufficient nursing care delivery and student nurse supervision but still nursing students appreciated the support from some of the clinical staff. According to . Grigulis (2010) argue that due to shortage of staff, nursing students lacked supervision mostly in the public hospitals and the learning that took place was essentially self – initiated and that sometimes students learn through trial and error which is fatal to patients. Despite that many studies review here agree that shortage of staff created problems in supervision of students, experiences of students were not known on how they experienced with regard to clinical supervision and further investigation was necessary to understand the views of the students.

2.2.2 Lack of Adequate Equipment and Supplies

The study in Cameroon conducted by Eta, Atanga, Atashili, & D’Cruz (2011) indicated that lack of equipment prevents clinical nurses from proper supervision of students and patient care. King and McInerney (2006) support that inadequate availability of equipment and supplies affects the ability for nurses to deliver safe quality care and supervise nursing students effectively. (Rikhotso, Williams, & DE Wet, 2014) have pointed out that insufficient or no supplies affect quality patient care because nurses have to spend time searching for alternative methods to solve the problem. Lack of supplies and equipment can make nursing students experience confusion and depression due to failure to put theory into practice and it is a bit difficult for registered nurses as supervisors to deliver adequate nursing care while demonstrating clinical procedures (Rikhotso, William & DE Wet., 2014)

Mabuda, Potgieter and Albert (2008) mentioned that nurses in South-Africa experience lack of equipment in public hospitals and that the lack of equipment and supplies negatively influenced the competency level of nursing students. For example, if nursing students are present in the clinical environment enough equipment and supplies should be available for nursing students to practice and familiarize themselves with how to operate the equipment in a safe manner. However, adequate supervision and guidance regarding the

utilization and how to operate the various functions of equipment is crucial for nursing students' knowledge.

Msiska (2012) stated that in Malawi most of government hospitals lack essential equipment and supplies as such students improvise in order to perform various nursing procedures. Consequently, clinical nurses fail to supervise students on performing ideal procedures due to lack of equipment. Kalawa and Mwale (2016) confirmed that tutors and clinical staff could not adequately support students in acquisition of psychomotor skills due to inadequate equipment and supplies in hospitals. However, experiences of nursing students have to be explored in order to understand how lack of equipment affects their clinical supervision by staff nurses.

2.2.3 Challenges Related to Professional Behavior

Negative clinical supervision experienced by student nurses can happen due to poor professional behaviour and attitudes of nursing staffs and this can also hinder the progression of clinical learning. In Louisiana USA a study conducted by (Hathorn, Machtmes, & Tillman, 2009b) on their study "lived experiences of nurses working with student nurses in clinical environment" reported that negative attitudes of staff nurses toward nursing students in the clinical practice setting had the potential of obstructing student learning and therefore threatened student progression and retention within the nursing program. Negative attitude can be in form of language used such as abusive language or how these staff nurses communicate with students it can also hurt.

A study done in South Africa by Donough (2014) on 'perceptions and experiences of undergraduate students on supervision' reported that participants experienced verbal abuse. The clinical supervisor reprimanded them in front of other staff and patients. Incidences were also revealed about supervisors screaming and shouting at students in the presence of other people. Similarly, (Rikhotso, William & DE Wet (2014) confirm by stating that staff

members make profane remarks and use abusive language which is inappropriate, demeaning and openly hostile to students. Such behaviours make students learning environment to be hostile and fail to progress. However, Mellish, Brink, and Paton (2009) state that should it be required that student's be reprimanded, the reproach should be subtle and in a professional manner. Reprimanding students in front of others in a loud voice could worsen their behaviour, even leading to a low self-esteem (Mellish Brink,& Paton 2009). Nevertheless Bond and Holland (2010) advised on strengthening the authority of supervision while upholding the honour of clinical supervision by providing clinical practices within an ethical framework.

In agreement, Msiska (2012) reported that shame and humiliation occurred to students nurses as a result of lecturers shouting at them or correcting them in an embarrassing manner in the presence of patients. Similarly, Okoronkwo, Onyia-pat, Agbo, Okpala, and Ndu (2013) supports that shaming practices do occur in nursing education and that they seriously slow down effective teaching and learning. Potentially shaming practices in nursing education include: correcting a student in front of patients, staff or peers, ignoring a student, becoming impatient with a student, displaying verbal or non-verbal contempt in response to student's lack of knowledge or skill, or refusing to provide help to a student (Okoronkwo et al., 2013). Students have hard feelings about staff nurse who embarrass them and sometimes they don't come near such nurses when in clinical area so that they are not hurt emotionally. Msiska Smith, and Fawcett (2014) concur with this and state that uncaring staff behaviour make nursing students feel 'hurt' and 'torn down' and diminishes their self-confidence, self-esteem and personal worth. It is such uncaring behaviours and the ensuing negative emotions which cause students employ negative attitudes towards nursing staff. Though studies have been conducted on professional behaviours of supervisors towards

student nurses, most of them were qualitative in nature in which the results could not be generalized.

2.2.4 Poor Interpersonal- Relationship

Studies reveal that unprofessional behaviour and negative attitude by clinical supervisors may result into creating a poor relationship between students and supervisors especially when abusive words are used (Coetzee, 2013). If the students are given respect and regarded as part of the team, they learn with ease and this enhanced a strong interrelationship with the staff. Elçigil and Sari (2011) in Turkey conducted a study on ‘facilitating factors in clinical education in nursing’ on the theme of acceptance of students by staff. Students reported that their relationship with staff of the units and staffs’ attitude towards students were the most two important factors that affected clinical learning. They expressed the view that they were more motivated and eager to attend clinical learning when they felt that they were a part of the health-care team. Nursing students who get along well with nurses feel more self-confident and become more creative while performing nursing care. Students feel more satisfied when they are considered as members of the team. In support, Bjørk, Berntsen, Brynildsen and Hestetun (2014) reported that when students feel welcome, they have a great impact on how they experience the atmosphere in the ward. An unwelcoming environment will not support learning and will make the students focus on being accepted rather than on learning. If the relationship which exists between students and professional nurses does not provide guidance and support for learning due to mutual disrespect and mistrust, it results in offensive behavioural patterns by staff (Neshuke & Amukugo, 2015).

Clinical supervision must be a building block for students in developing and improving their skills that is why it must always be comprehensive in nature. Clinical supervisors must have the heart to listen and be able to communicate effectively with their students. They should not get angry without listening to the students’ explanations (Neshuku

& Amukugo, 2015). Msiska (2012) argues that clinical learning does not occur in clinical learning environment where the psychosocial atmosphere is poor, the students have difficulties in conducting procedures. In addition, good communication skills are very important in building good relationship and acceptance. Elçigil and Sari (2011) concur by stating that communication skills of the team members are important. The results revealed that when nurses demonstrated effective communication skills, students learned more from them and helped them to become part of the team. Clinical teachers need to be supportive and respectful in their relationship with students which leads to greater motivation and makes learning possible (Aghamohammadi-Kalkhoran, Karimollahi, & Abdi, 2011) .Clinical staff should show interest in students and approach them with love and compassion

2.3 Nursing Students Preferences during Clinical Supervision

Negative experiences by student nurses have been reported in literature when students preferences were not met (Webb & Shakespear, 2008). Nursing students prefer having supervisors who are competent, are prepared to supervise and available for them (Webb & Shakespear, 2008). A study done by Dale, Leland, and Dale (2013) in Norway on ‘factors facilitating good learning experience in clinical studies in nursing’ found that Bachelor Student’s perceptions of clinical supervision was frustrating due to incompetent supervisors. For a supervisor to be a good mentor and a good role model has to possess both good professional competence and pedagogical skills. Webb and Shakespear (2008) confirm that a well experienced staff nurse brings a well of knowledge and skills into mentorship which provide students with a lot of learning opportunities. Similarly, Löfmark, Thorkildsen, Råholm, and Natvig (2011) support that a well experienced and trained nurse may demonstrate nursing practice of high quality, be exemplary role model and facilitate student self- confidence when used appropriately. However, Donough (2014) argue that when

students experience supervisor incompetence in the learning process they become frustrated and feel disturbed.

Furthermore, for nursing students to have a good learning experience, supervisors have to be prepared. Dale, Leland and Dale (2013) state that one aspect for mentors motivation for supervising includes preparation for the activity. Supervisors need to prepare, acquire necessary information about the students' curricula before embarking on the activity. In agreement, Neshuku and Amukugo (2015) reported that the supervisor need to be willing to teach students and share their knowledge. Although staff nurses are not adequate and busy but if they have that will to teach, they will allocate time for talk's reflection and guidance (Mabuda, Potgieter & Albert, 2008) Additionally, in a well-planned supervision the supervisor will be friendly, supportive and students will have a good supervisory experience with satisfying relationship with supervisors (Rikhotso, William & DE-Wet, 2014)

Dale Leland and Dale (2013) and Donough (2014) agree that nursing student prefer supervisors who are role models and available to them. Nursing students are more comfortable and safe when staff nurse attends and accompany them during performance of skills and procedures. According to Donough (2014), presence of supervisors encourages student to perform better. Nursing students prefer supervisors who are good role models, supervisors who are competent and those who plan and prepare their supervision sessions very well (Bond & Holland, 2010). Mabuda, Potgieter, and Albert (2008) conclude that nursing is a practice discipline compelling a high level of responsibility and accountability, therefore students' nurses need mentors/preceptors/supervisors who are good role models for their professional growth.

2.4 Chapter Summary

This chapter looked at the studies done in various countries which relates to clinical supervision. However, studies have identified challenges that students encounter during

clinical supervision, such as inadequate clinical supervision of student nurses; lack of learning opportunities due resources, shortage of staff, lack of adequate student support due poor interpersonal relationship between the nursing students and ward staff, unprofessional behaviour that some of the nursing staff display towards the student. The same reasons could apply at MCH and to prove this, an investigation was needed to be conduct in Malawian context. The next chapter that follows will explain about the study methodology.

CHAPTER3

METHODOLOGY

3.1 Introduction

This chapter presents the research design, study setting, sample size and sampling method, instrument used, data collection, and data analysis. An explanation of how ethical issues have been addressed during the study is also presented.

3.2 Research Design

This study utilized a qualitative descriptive design. The design was chosen for this research as it allowed an opportunity to explore the experiences of the participants studied. It also gave the participants an opportunity to share a holistic view of the events which would allow a comprehensive summary of knowledge gathered, written up in everyday terms. The richness and depth of description and exploration gained from qualitative approach, provides a unique appreciation of the reality of the experiences of the participants (Streubert & Carpenter, 2011). Therefore, this design enabled the description of the experiences of the third year undergraduate nursing students regarding clinical supervision by clinical staff at Mzuzu Central Hospital.

3.2.1 Study setting

The study was conducted at Mzuzu Central Hospital which is both a public referral hospital catering for seven districts in the northern region and a teaching hospital. This hospital was selected because observation while working at this hospital as nursing manager came to notice that many students doing clinical practice at this place needed to be supervised, but some nursing staff seemed not to care that students needed their support and this was also reflected in the anecdotal notes of the students. Additionally, the hospital was more convenient for the study due to its proximity to the researcher's home of residents which

made the study possible within the limited available resources. The selected hospital has several departments where students are allowed to practice. The departments include Surgical, Medical, and Paediatric, Maternity, Gynaecology, Isolation, and ambulatory departments. Paediatrics and Gynaecology departments were used as sites for this study during the data collection period, the targeted respondents (third year students) were allocated in these departments.

3.3 Population

The target population for this study was the Mzuzu University undergraduate nursing students (only BScN) in the third year of their academic program, doing their clinical placement at Mzuzu Central Hospital (MCH) (40). The third-years were chosen because they had been in the practical setting for a longer period, so such experience would help them to identify the issues they encounter compared with the first and second years. The fourth years were not included either because they were doing their Preceptorship programme in various districts away from the Mzuzu Central Hospital.

3.4 Sample Size and Sampling Method

3.4.1 Sampling Method

Non probability, purposive sampling, was used. Purposive sampling is a common strategy in which researchers select the cases to be included in the sample based on his/her knowledge of the population and its elements (LoBiondo-Wood & Haber, 2010). The researcher's goal is to understand experiences as they are explained by the participants. Purposive sampling was hence used to pick a sample that had desirable characteristics for the study. According to Creswell (2013), it is essential that all participants have experience of the phenomenon being studied. Therefore, third year undergraduate nursing students who were doing their practicum at MCH were included in the study because they had experience of clinical supervision.

3.4.2 Sample Size

According to Gerrish and Lacey (2010), sample size in qualitative research approach can be estimated depending on data collection method used or research approach. When using in-depth interviews as data collection tool, the sample size can reach up to 30 and one interview can take approximately 30-40 minutes per person (Gerrish & Lacey, 2010). The estimated sample size was 20 nursing students from third year undergraduates. This number decreased depending on data saturation that was reached before the estimated number.

According to Boswell and Cannon (2011) sample size in qualitative research is based on the principle of data saturation. The sample size was determined based on informational needs of the research objectives and data saturation was achieved with thirteen participants (13) when the rest of the respondents their responses did not generate any more new ideas,

3.4.3 Inclusion Criteria

Undergraduate BSc nursing students in their third year of academic nursing studies, and were allocated in the Gynaecology and Paediatrics departments during the time of data collection. There were no undergraduate students in the other departments at the time of data collection as such only the two departments were targeted. In addition, participation in the study was voluntarily.

3.4.4 Exclusion Criteria

The researcher excluded those students who were non-BScN, not in their third year of academic nursing programming, not present at the time of recruiting and those that refused to participate.

3.5 Data collection

After the approval was obtained from the College of Medicine Research and Ethics Committee (COMREC) and all stakeholders, data collection commenced on 14th March, 2016 and completed on 7th of April 2016.

3.5.1 Data Collection Instrument

A semi-structured interview guide was utilised to direct the interviews during data collection. The interview guide contained a list of open-ended questions concerning the perceptions and experiences of the students regarding clinical supervision. The questions were based on the objectives that were set for the study. According to (Liobondo-Wood & Haber, 2010) an interview guide permits the researcher to obtain multiple responses to the set questions and allows for detailed responses. In addition, semi- structured questions are relevant in getting a broad insight into a subject and they also allow the study participants to present their experiences not only in their own expression but also in their own style (Neergaard, Oslesen, Anderson, & Sandegaar, 2009). Face to face in-depth interviews also provide the opportunity for the researcher to ask probing questions where necessary and evaluate the validity of the answers by observing the non-verbal cues of the participants. All the interviews were recorded using a tape recorder and note taking was also done to supplement the recorded responses.

3.6 Pre-Test Interview

A pre-test interview was conducted on the third year students that met the criteria of the study but were placed at Rumphi District Hospital. Six students (BSN) from Mzuzu University who were practicing at Rumphi District Hospital were recruited for the pilot interview. The purpose of the pre-test interview was merely to test the accuracy and clarity of the instrument in order to establish whether the participants will understand the open-ended questions posed to them, to identify possible question vagueness (Brink, Van Der Wall, &

Van Rensburg, 2013) and to determine duration for the interview. The interview guide was proved to be well understood, no any significant revisions were made.

3.7 Data Collection Procedure

Data was collected from participants allocated at Paediatrics and Gynaecology departments at MCH from 14th February to 7th March 2016. The researcher met the Nursing Unit Manager of the Paediatrics who introduced the researcher to the nursing students who were present. The nursing students were provided with information of the study and clear explanation of what the study entails and what is expected from them during the interview. Since the acceptance to participate was voluntarily, those who accepted were also asked to sign a consent form. Individual face to face in-depth interviews, using a semi -structured English interview guide was conducted in a private room which was offered to the researcher by the Unit Matron. The in- depth interviews took about 45-60 minutes per session. The interviews were conducted at date, and time convenient to the participants. The venue at the institution (MCH) was convenient to the participants because it was quiet. All the interviews were audio recorded on a computer and field notes were also taken to supplement the recorded data.

3.8 Data Management

Individual interviews were conducted by the researcher herself. The interviewed information collected was recorded using an audio recorder and then transcribed into narrative transcripts. The researcher also took notes of important incidences observed during interview as field notes that help in understanding the data better during transcribing. Streubert and Carpenter (2011) explain that these notes can be very useful during data collection and analysis. Administrative files for keeping the transcripts were set up. Interview guides containing each participant's transcripts of the narrative data, field notes, and consent

forms were kept together in the files. Transcripts were arranged by participant's identification code numbers. The files and the tape recorder were locked in the drawers of the researcher's study table and were only accessible to the researcher. At the end of data collection, the researcher typed the comprehensive write-ups, including field notes for each participant using personal computer which was only accessible to the researcher. Then the typed transcripts were printed and put in a file for analysis.

After the analysis all data was kept by the researcher in a locked filing cabinet and electronic data was kept in the personal computer of the researcher to maintain confidentiality and avoid data loss until at completion of the study.

3.9 Data Analysis

Data analysis was done manually. All interviews were audio recorded and each interview was verbatim transcribed accordingly at the end of each day. Data analysis was done by the investigator, with support from supervisors and was subjected to thematic analysis. This analysis is a method for identifying, organising, describing and reporting patterns (themes) within data (Braun & Clarke, 2006). The analysis began following each session of data collection. According to (Burn & Grove, 2009) Initial data analysis in qualitative research is done concurrently with data collection. This promotes awareness of emerging themes (Gale, Heath, Cameron, Rashid, & Redwood, 2013). The individual interviews were transcribed verbatim from the recorder and the transcriptions were done on each day so as to become immersed in the data and understand it more clearly. In addition, the researcher read and reread the transcripts over and over so as to familiarize herself with range and diversity of the data. Coding of the data from the notes was done. Coding is the system of organizing data and a code is word, symbol, number or phrase that is assigned to the item of the data in order to answer the research question (Kumar, 2005).

The researcher went through the data to identify similar phrases, patterns and important features to look for what is common and different among the data collected and assign codes to each phrase, sentence or pattern on each line by highlighting with different colour according to similar units. A matrix table was used to help identify the codes properly. For example, responses that were frequently coming out from the respondents were given much attention and they were highlighted such responses like; nurses are lazy, no respect, shout anyhow or nurses don't follow us. The codes were later organised into groups of phrases or words according to meaning they give and subthemes emerged from those groups. Gradually the researcher organised and integrated the subthemes according to emerging themes. The themes and subthemes were reviewed and refined so that data within themes should cohere meaningfully and became quite insightful to the research objectives at hand. The write-up has included data extracts, that provide sufficient evidence within the data analysis (Petty, Thomas, & Stew, 2012). The thematic analysis was done using the following six steps described by Braun and Clarke (2006):

Step 1- Familiarization and Immersion

Data was read and re- read for familiarization. The researcher immersed herself in the data and was able to grasp views and experiences of the nursing students regarding clinical supervision.

Step 2-Coding

During initial coding, the data was broken down into meaningful pieces of the phrases and words and these were coded according to the meanings they give. Thereafter codes were clustered together with the aim of placing the collected data under headings and consequently linking the various components into subthemes and themes.

Step3-Inducing Themes

Braun and Clarke (2006) suggested that themes should preferably arise naturally from the data yet still have a bearing on the research objectives. Consequently, the data derived from the interviews were broken down, examined, coded, and compared to determine patterns, similarities and differences. There after highlighted codes were grouped into words or phrases of similar meaning and specific subthemes emerged. The subthemes were later arranged according to the meaning they give which in the end yielded into one main theme. As advised by Braun and Clark (2006), the relationship between the data and research objectives were considered throughout the analysis.

Step 4- Elaborating and Reviewing Themes

The process of elaboration allow the researcher to explore the themes more closely (Polit & Hungler, 2013). The themes were explored very closely to revise the coding system. Further coding and elaboration of data was done until no significant new insights emerged.

Step5 Defining and Naming Themes

At this stage the themes that were identified and named accordingly depending on the meaning and bearing to the research objectives and the sub-themes were sorted according to their main themes.

Step 6-Producing the Report

This final step is for interpreting and checking the data by means of themes (Braun & Clarke, 2006). The themes were re-examined for possible meanings and relations between themes and also evaluated for possible misinterpretations.

The interpretations derived from the study were presented and discussed with my supervisor with the intention of checking whether the interpretations made were accurate thus ensuring internal validity of the findings.

3.10 Ethical Consideration

Before conducting this research, the proposal was approved by COMREC. In addition, permission to conduct the study was granted by the Director of MCH being the head of the hospital. Respect for human dignity as one of the primary ethical principles demands that prospective participants of the study should have the right to participate in a study voluntarily without being coerced (Polit & Beck, 2010). Therefore, during data collection a written consent was sought from participants to show their willingness to participate in the study. Firstly, participants were asked to read the introductory letter, containing the information and purpose of the study before signing the consent form. The participants were assured that they were free not to participate in the study and decide to discontinue with the interview at any time and no penalty. Upon understanding the information given, the consenting participants were given a code number to write on the consent form as proof of their voluntary participation in the study. This number was indicated on the narrative scripts to maintain anonymity. In this study there were no risks.

3.10.1 Confidentiality

The participants were assured that the information they shared would be held in confidence. Students were also advised not to discuss or mention any names outside the interview room after each interview. They were however informed that the researcher cannot guarantee that students will not discuss details of the interview afterwards. Similarly, the researcher guarded against unauthorized access to the data. The recordings as well as the transcripts were only available to the supervisors and were stored and locked in a safe.

3.10.2 Anonymity

To ensure anonymity, codes and speaker identifiers were used in place of the participant name. The participants were given number codes like P1, P2 P3 and so on. This assignment of number codes also helped the researcher to identify the responses during transcription without necessarily knowing their names.

3.11 Trustworthiness of Data

Trustworthiness is a way of demonstrating plausibility, credibility and integrity of the qualitative research process (Brink, Van De Wall Chrita & Van Rensburg Gisela., 2013);Moule & Goodman, 2012). Trustworthiness refers to the accuracy and truthfulness of scientific findings (Brink Van De Wall Chrita & Van Rensburg Gisela, 2013). Trustworthiness is ensured through the processes advised by (Lincoln and Guba, 1985) namely; credibility, transferability, conformability and, dependability.

3.11.1 Credibility

Credibility of the findings was enhanced by means of member participant checking responses by using probing questions. The researcher demonstrated that a true picture of the phenomenon under scrutiny was presented (Shenton, 2004). The researcher only engaged participants as per inclusion criteria during data collection. Only the willing participants were allowed to participate. This is because unwilling participants may find it difficult to express themselves fully and this can compromise richness of the data. The willing participants were also encouraged to be honest in giving information. In addition, the researcher used probes during the in-depth interview in order to encourage participants to give detailed information regarding clinical supervision. Probes employed to elicit detailed data and uncover deliberate wrong information (lies); i.e. the researcher returned to matters previously raised by the participant and extract related data though a rephrased questions and falsehood were detected if in both cases contradictions emerge and the suspected data was discarded. To enhance

participant understanding of the research question, the researcher ensured that she clearly elaborated each question before the participant gave response.

3.11.2 Dependability

Dependability relates to the establishment of trustworthiness and requires an audit. An enquiry auditor verifies the soundness of the processes and procedures that the researcher applies in the study, and confirms whether these are trustworthy (Brink et al., 2012). In this study, a detailed step by step process in the carrying out the study that is research methods, data collection methods and analysis were included in the report in order to indicate that the findings are consistent and can be repeated. The supervisor of the study verified the relationship between the transcripts of the recordings and the final themes for authentication and accuracy so as to enable future researchers to repeat the study and if possible gain the same results.

3.11.3 Conformability

Conformability relates to whether the findings, conclusions and recommendations are supported by the data (the transcripts and field notes) and not by the biases of the researcher (Brink et al., 2012). In order to achieve conformability, steps were taken to ensure as much as possible that the findings of the study are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher (Shenton, 2004). The methodology and all the data analysis procedures were described in detail to prove to the reader that there is no bias on the researcher's part. In this study, to achieve conformability, the researcher ensured that all the words spoken by the participants during the in depth interview was recorded in order to differentiate participant's views from that of the interviewer's views. The procedures were thoroughly documented for the checking and rechecking of data. The field notes and transcripts are available upon request, as well as the researcher's reflective report which allows the reader to follow the process of the research

study. Furthermore, the similarity between the themes and the transcripts were checked by the supervisor of the study. Where the supervisor disagreed with a theme or sub-theme identified by the researcher, both re-read the transcripts until they reached a consensus

3.11.4 Transferability

Transferability refers to the extent to which the results of qualitative research can be generalized to other contexts or settings (Brink et al., 2012). Therefore, thick descriptions of sample, how data was collected and analyzed was provided. The thick description allows the reader to form a picture of the context of the study and also enabling the reader to compare the results of the study with their own situation. The expectation for determining whether the findings are transferable rests with possible users of the findings and not with the researcher (Polit & Beck, 2012). In this study, in order to ensure transferability, the researcher provided information describing the study background information, the study objectives, the methodology and a clear and detailed report of the findings in order to allow other individuals to assess the extent to which the findings are transferable to their own situation. The study findings will provide some useful insights as regards to Nursing Students experiences regarding clinical supervision at MCH.

2.12 Chapter Summary

This chapter described the research design and method of the study. It included the description of the research design, population and sampling method, data collection method, data analysis method and ethical considerations. A qualitative exploratory descriptive design was employed. Purposive sampling method was used to recruit participants. In-depth interviews were conducted and audio recording was done to obtain accurate data.

The next chapter will focus on the description of the finding.

CHAPTER 4

PRESENTATION OF STUDY FINDINGS

4.0 Introduction

A summary of the themes which emerged from emersion in the data is presented in this chapter. Citations from the interviews have been used to represent the nursing students' experiences regarding clinical supervision. Five themes emerged from the analysis of the data which included: realities of clinical supervision, students' preferences regarding supervision, experiences related to supervisor professional behaviour and environment factors. Demographic data is reviewed to identify the characteristics of the sample. Findings are presented under the following; demographic data, followed by elaboration of the emergent themes

4.1 Section a Demographic Data

Age Group

The ages of the participants ranged between 21 – 51 years with the majority ranging between 22-25 years and the mean age of 27.6 years

Gender

68% (8) were males and 32% (5) were females. Though the number of males is bigger than the female, but the number at each ward is half the males and half females only that the participation was voluntarily and it shows that more males volunteered than females.

Previous Training in Health related course

15% (2) of the participants were trained as Enrolled Nurse Midwives and 8% (1) as Auxiliary nurse in the past all of them opted for upgrading their career status in nursing

profession. The rest 77% (10) were student coming from secondary education with no previous knowledge in nursing.

4.2 Section B Themes and Subthemes

Five themes emerged from the interview as summarized below;

Table 1: Summary of Themes and Subthemes

Specific Objective	Theme	Subtheme
Describe the experiences of third year nursing students regarding the support during clinical supervision.	4.2.1 Support	4.2.1.1 Support and guidance 4.2.1.2 feedback to students 4.2.1.3 Time spent on supervision
Describe the challenges that third year nursing students experience during their clinical supervision.	4.2.2 Clinical environmental related experiences 4.2.3 Experiences related to behaviour. 4.2.4 Experiences related to attitude	4.2.2.1 Shortage of resources 4.2.2.2 Too many students in one unit (Student-supervisor ratio) 4.2.3.1 Interpersonal relationship 4.2.4.1 Ward nurses' attitude
Assess the needs of third year nursing students during clinical supervision	4.2.5 Preference regarding supervision	4.2.4.1 Competence of supervisor 4.2.4.2 Sustained supervision 4.2.4.3 Act as a role model

4.2.1 Student support

Under this theme three sub themes came out and these are support and guidance, feedback and time spent on supervision.

4.2.1.1 Support and guidance

The participants experienced frustration with clinical supervisors who would not support or guide them. They were only interested in completing assessment procedures forms instead of providing regular guidance and support. The participants were of the opinion that the supervisors were concerned with clinical assessment procedures than providing active support. Many students therefore regarded clinical supervisors as assessment focussed.

What they are interested in is assessment plan that is when we see them coming for the student. (P11. M.3).

The other participant reported that;

the staff nurse especially the nurse in- charge who is supposed to evaluate us only see you once at the end of the clinic allocation for assessment together with our lecturer and that is final, there is no continuous assessment to help us if were performing to the given standards or not. (P 04.F. 3)

The response above reflects a need for more clinical guidance and that nursing students are aware of their own shortcomings regarding clinical competence.

Some participants experienced insecurity which was the result of insufficient clinical guidance because the staff could not manage to be available for the students at all the time.

One participant reported;

I felt much neglected at times with patients very sick and feel very incapable and awful not knowing what to do since the clinic nurse was unable to assist all of us simultaneously. (P. 06. F. 3)

Another one said that;

We work without the staff nurses because we are too many and sometimes it is not good. (P 08.M 3)

This shows that lack of support and guidance can also come due to shortage of staff in each unit to give the necessary on spot guidance and emotional support. However, some students appreciated the good support they received from certain staff nurses as this participant said;

Staff nurses help us a lot especially when you want to perform a new procedure, they always assist. (P. 02. M. 3)

When students are supported, they are encourage to working hard and acquiring more skills and gain more competences. Another one had this to say;

I like it when a staff nurse I was working with invited me to watch a new procedure that she was doing.

This showed that the nurse was caring and wanted the student to learn.

4.2.1.2 Feedback to students

Feedback provides insight to the learners about their performance in a collaborative way with the supervisors. Some participants expressed concerns that feedback was always negative with poor communication or no feedback at all and this made them feel unmotivated in their learning. Some participants said that;

Some supervisors would just shout at you without even correcting you or just giving you a clue so that you can be able to reason on your own especially supervisors from the college. They are so mean. (P.13. M. 3)

Still more participants experienced lack of feedback given and this affected them. Students need to know if they are performing to the standards or not. Some participants had these concerns and said;

Staff nurses don't follow us when doing procedures so sometimes you are not sure if you are doing the right thing. (P.05.F. 3)

4.2.1.3 Time spent on supervision

The participant experienced inadequate time spent on individual supervision session as rather short and inadequate. Students expressed a need for more time with clinical supervisors at bedside teaching; a need for guidance in the clinical setting which would have helped them acquire skills and competences faster than they were doing at that time.

What happens is very discouraging. Nurses are there but they don't supervise us. Sometimes for weeks and if they come they don't have time for each one of us. They will only meet us in a group and for only few minutes. (P.09. F. 3)

It is therefore clear that some participants experienced the absence of the supervisor and little time spent on clinical supervision as non supportive.

Staff nurses especially the nurse –In charges has a dual function: in addition to continuously providing clinical supervision to students who are at the clinical placement, they are also required to take care of the patients and attend to other duties in the ward

4.2.2. Clinical environment experiences

The participants were mostly not comfortable with the environment in which the supervision was taking place. It was usually in conducive. This concern was registered by most of the participants. They felt it was impossible for staff nurses to provide effective clinical supervision due to shortage of resources, shortage of staff, and student/supervisor imbalance during the process of clinical supervision.

4.2.2.1.1 Environmental experiences -Shortage of materials

This sub theme was identified as a contributing factor to student' supervision experience which was expressed by most of the participants. There was a concern that shortage of resources hampered the clinical supervision process. It prevented the participants from working effectively and be guided.

The following quotations are evidence that shortage of resources contributed to non favourable environment for the nurse student and affected the clinical supervision for the student.

Lack of resources at the hospital hinders me from mastering skills and doing proper procedures for my patients. Even if supervisors are around, they also fail to do their part because of in availability of resources (P.01. M.3)

Another participant had this to say;

We do not have resources and we cannot afford to work perfectly during our clinical practice. In the clinical area there are no even standard resources like paper or gloves. This makes us to fail to master skills and competences and our supervisors also fail to supervise us because they have nowhere to start from. (P.04,)

Quotes above is clear indication that shortage of resources restricts the opportunities for supervisors to provide proper clinical supervision and also shortage of resources leads to student and staff helplessness and frustration when it comes to providing care for the patients. A conducive environment for providing care and to have perfect learning is when hospital resources are available if not then it becomes frustration.

4.2.2.2 Environmental experiences -Shortage of staff

The participants expressed clear views on shortage of staff both from the collage and clinical which prevented them from providing effective clinical supervision. Shortage of staff results in an increased workload and they rarely find time to conduct supervision. Similarly, shortage of lecturers also caused them to have no time to come for supervision of student.

The participants had this to say regarding the shortage of staff;

Shortage of clinical staff affects supervision because staff nurses are always busy caring for patients and they rarely find time to assist us. (P.06.M.3)

Shortage of staff is really a big issue. For instance, in the ward in which I am allocated, we are mostly provided with a maximum of two supervisors and sometimes

even none as such we learn on our own sometimes you seek guidance from your colleague. (P.07.M.3)

Another participant said that;

Due to shortage of staff, we are not oriented on how to use these new sophisticated equipment and we work as if there are equipments because we cannot use (P.05.F.3).

Participants experienced challenges regarding clinical supervision caused by shortage of staff as noted from the quotations. The wards are overcrowded due to large numbers of patients to care and too many students to supervise. This prevented the staff nurses to provide proper supervision to students. Busy wards and inadequate staff levels contributed to inadequate and irregular supervision of the students. It was also found that students, due to the shortage of staff and too much workload, they were regarded as part of the qualified staff or workforce and not as students who need to practice their practical skills under supervision as expressed by one of the participant who said

Qualified staff nurses take us students as workforce letting us work without guidance and are always task oriented (P.03.F.3).

4.2.2.3 Environmental experiences -Supervisor-student ratio

There is big supervisor/student ratio has negative effects on student learning, because it prohibits some positive health practices and reduce the assistance given to students. In addition to large supervisor/student ratio promotes an inadequacy of student supervision. As Participant #4 said

Ratio of supervisor to student is too big. I mean we have too many students in the clinic against one supervisor and this gives a huge task for the supervisor to do.

And Participant #5 also said

In one ward there can be 20 students all waiting for one staff nurse as a result students learn own their own and they miss a lot (P.05.F.3)

The clinical environment should provide teaching and learning opportunities as well as adequate human resources to provide supervision. When student nurses are allocated to

the same clinical area in large numbers, it affects teaching and learning negatively as staff nurses won't be able to give them the necessary support resulting in student not being competent to some tasks when completing their study. Some participants had suggested that increasing the number of supervisors or reducing the number of students per ward can help to reduce the ratio and increase the effectiveness in learning as some participants had to say;

A good number should be at least 6-8 students per supervisor but 20 we are too much
(P.04.M.3)

Adding to the above, other participants also reported:

One supervisor is found to supervise about 40 students from all levels. For effective supervision ideally there has to be at least 8-10 students so that at least every student should have a chance of being with the supervisor at the clinical area. (P.06.M.3)

One supervisor should be given at least 8 students to make effective follow up very well (P.07.M,3)

Too many students against too few supervisors contribute to student's poor clinical performance.

4.2.3 Experiences that relate to behavior

Current theme relates to experience of abuse such as deliberate failure of student and verbal abuse, for example, screaming and shouting by supervisors. Four sub themes come out and these were verbal abuse, experiences related to attitude of supervisor and student/supervisor relationship.

4.2.3.1 Experiences that relate to behaviour- Verbal Abuse

Most of the participants recalled incidences where the clinical supervisor displayed verbal abuse in front of other people that they found embarrassing.

They shout at students anyhow not even sensing the environment or where the student is, as such students also disrespect them. It pains a lot. (P.08.M.3)

The above comments demonstrated that some supervisors tend to embarrass the students and by doing that portrays a bad picture of clinical supervisors and bad role model.

4.2.3.2 Experience relate to behaviour -Poor Interpersonal Relationship

Some participants experienced interpersonal conflict with clinical staff when they were given challenging task to do. This gave them the feeling that the In -charge was not interested to assist them accordingly. One participant expressed this;

I just feel that the nurse in-charge (RN) does not like to take responsibility to teach us. (P.07.M.3)

However, some were happy when the in-charge allowed them to care for patients who were very sick and developed positive relationship between the student and the RN and they had this to say;

I experienced more trust and was allowed to care for the very sick and the RN trusts me and we get along very well. (P, 11.F.3)

Yet some participants expressed disappointment towards the relationship that sometimes exists between the supervisors and nurse students. They felt this hinders the clinical supervision of the students. It was mentioned by most of the participants that the interpersonal relationship between nurses in the wards and student nurses is not always what it should be and this had a destructive implication when it comes to learning. Poor interpersonal relation leads to poor communication.

The following statements from participants support this;

If members of staffs are not happy there is no way students can approach them and the environment will not be conducive to learning (P.10.F.3)

Lack of interpersonal relationship with staff nurses is a challenge. The staff nurses refuse to assist us and we end up working without any supervision (P.12.M.3).

However, some students were able to establish relationship with the staff in the wards and they were able to learn despite the shortage of staff.

Two participants said that;

Although our teachers do not come regularly but because of good relationship with qualified staff, am always guided and supervised by them. (P.04.M.3).

I establish good relationship with the people I work with like qualified staff, support staff colleagues and patients. So I find my learning so interesting because where ever I don't understand I ask and I always want to do things perfectly (P.05.M.3).

Good interpersonal relationship, communication and support between staff and students create an environment that is conducive which is essential for student learning in the clinical setting. Good interpersonal relationship reduces anxiety and foster socialization process, confidence and self-esteem thus promoting learning.

4.2.4 Experience relate to Attitude

There was an issue of attitude which participants were concerned with. Negative attitude was seen from both the students, and qualified staff nurses. Participant revealed that students showed no interest in practicing nursing or even in their learning and these caused difficulties in supervising them. Similarly, some staff nurses also were not willing to supervise the students.

The following are statements supporting the sub theme;

Some Students show negative attitude towards supervision. They feel supervision is for pointing out mistakes and weaknesses by supervisors as a result during supervision time they disappear (P.03. M.3).

The above quotations show that even students are not serious with their own learning.

Staff nurses too have attitudes that also affect us. Some staff nurses just shout at you in front of the patients and everybody else when you have made a mistake not even correcting you or teaching the right way. This gives fear to the students and any time such a nurse come to your allocated area the students run away. (P.06.F.3)

The quotations above all reveal that all the concerned parties who are key players in the clinical supervision show negative attitudes in executing their work. During supervision,

supervisors must recognise the presence of the supervisee and respect each other so that supervision exercises to be effective.

4.2.5 Student preference regarding supervision

After expressing their concerns regarding clinical supervision, some participants also verbalised their preferences. The participants were responding to the question of ‘what do you think can be done by clinical staff for you to have satisfying clinical supervision experience’. They suggested some ways of addressing problems that they encountered with clinical supervision. These suggestions were; sustained availability of supervisors, proper planning of supervision, supervisor competence and act as role model.

4.2.5.1 Student preference regarding Supervision-Supervisor competence

Lack of knowledge of some nursing staff was a frustration to some participants which they experienced. Some nursing staff was challenged by students in performance of some procedures and skills.

One had this to say;

Some nurses are not up to date; they still do things the way they used to do some years back.

Some participants expressed that some qualified staff nurses had no knowledge on how to supervise students. Some nurses just leave the students to work with no supervision and no follow ups. Some participants reported;

Some clinical staffs do not even assist you even if you ask them to do so. Sometimes they answer that they don’t have time, sometimes they will say that they will assist you later and off they go and some cadres of the staff nurses especially the NMT refuse to supervise us. It is possible that some of them do not have enough knowledge depending on their training they undergo so that they can supervise the undergraduates (P.01.M.3).

Others reported;

The only thing they know is to give us ward tasks like collecting or escorting patients to x-ray, theatre or physiotherapy but not to observe us doing a procedure (P.07.F.3).

This could be because of lack of knowledge on how to supervise students or sometimes due to their own personal problems so they direct their unhappiness towards students. (P.04.M.3).

The quotations above show that some staff nurses did not know how to supervise students.

The approach they were using and the excuses given to students could not assist the students learning. The students feel better when they are supervised by more knowledgeable staff member.

4.2.5.2 Student preference regarding supervision -Sustained availability

Some participants felt that it would be better if the college would employ more preceptors that would be stationed at the clinic and be available all the times to the students. Being with the students most of the times will motivate the students to master a lot of skills and learn more effectively. Participant 03 reported;

If preceptors work under the hospital they become so busy because the hospital is short staffed and fail to supervise or work with students but if they work under the college their concentration will be on students. (P.03.M.3)

Another one said;

Preceptorship is very good and these preceptors should be employed by the college not by the teaching hospitals because they will be very busy caring for their job of patient care rather than thinking of the student (P.06.M.3)

The suggestions came about because the staff nurses were too busy to supervise the students due to other duties assigned to them. The preceptors if given a chance only to be supervising students, the students will have a supervisor at all the time and learning will take place.

4.2.5.3 Student preference regarding supervision -Planning of supervision.

Most of the participants had a feeling that failure of the supervisors to supervise is a result of poor planning of the supervision. Many times the supervisors would fail to come for

supervision or if they come, they would spend a few minutes with the students unable to see each student because of pressure of work in the wards. One of the participants had this to say;

Poor planning most RNs will say that they are busy with other activities at the office failing to supervise students. This shows that they do not plan for supervisions. (P.06.M.3)

Yet some had this suggestion to make as regard to supervision and supervisors

I suggest that supervisors should have supervision schedules or timetable so that they know when they will supervise which group of students I believe that would help them.

In addition, students should be allocated to specific supervisors at the clinic this will allow good relationship between students and supervisors. (P.02.F.3)

4.2.5.4 Student preference regarding supervision -Act as a role model

Some participants regarded clinical supervisors as competent and knowledgeable and also perceived the supervisors as role models. P.09 reported that;

the nurse In-Charge is very good because he takes courage to teach students on skills and procedures which is very encouraging and you become very happy when you are going to this ward” (P.09.M.3)

Also P.12 reported;

I found a very hard working supervisor who always wanted students to learn and be independent. She encourages us to select a patient and care for that patient according to the condition and also do a presentation to your friends and the supervisor. During the presentation you are corrected and also given an assignment if you did not present well. This goes a long way in making us understand (P.12.M.3)

Participants had confidence in some of their supervisors in the way they displayed their competence in supervising and communication skills which was an encouragement to students.

All the same, some participants reflected that emotional support received in the clinical field from clinical supervisor assisted them to remain motivated. They described some supervisors as having a friendly personality which to them was a good role model as one participant stated like this;

I thought of quitting the course because of the way one of the staff nurses talked to me. I was treated like a nonentity. I felt sad and cried. Thanks to my supervisor who comforted me and I felt better and ready to move on (P.05.M.3).

This quotation shows that participants feel good and motivated if clinical supervisors are approachable, understanding, helpful and friendly. The emotional support received from clinical supervisor prevented the student from becoming despondent and overcome the feeling of fear and looked at the supervisor as a good role model.

However, some supervisors displayed acts of unprofessionalism in the way they conduct themselves towards the students in the way they communicated to students. Participant would be happy if they have nurses whom they can emulate their behaviour and hardworking spirit

4.3 Chapter Summary

This chapter contains the presentation of the study findings; this includes the demographic data of the participants and the information obtained. The findings of the study reveal that the third year undergraduates nursing students allocated at MCH had both positive and negative experience regarding clinical supervision by clinical staff. Several participants were of the opinion that they could benefit from longer clinical supervision sessions and commented that clinical supervisors should be based at the clinical setting as preceptors. Most of the participants experienced the negative attitude of some clinical supervisors, when specifically displayed in front of others, as frustrating and humiliating. These negative encounters in the clinical field, experienced by most participants, outweighed the positive

encounters mentioned by some participants. The negative encounters experienced by all the participants have led to negative perceptions of clinical supervision.

The next chapter will be a discussion of the findings of the study and recommendations.

CHAPTER 5

5.0 DISCUSSION OF STUDY FINDINGS AND RECOMMENDATIONS

This chapter will discuss the study findings in line with the purpose and objective of the study problem which was to explore the experiences of Mzuzu University third year undergraduate nursing students' clinical supervision during their clinical learning at Mzuzu Central Hospital. The discussion will mainly focus on the themes which emerged in respect from the specific objectives of the study. Demographic data was not included in the discussion since it did not have much significance with these study findings.

Thematic Analysis

The findings of the current study identified four major common themes to the clinical supervision experiences of nursing students at MCH which will be discussed. Thematic analysis from interviews with the thirteen participants provided the basis for these findings. All themes mentioned play an important role in student learning and nursing education in general. Evidences as based on literature review revealed that nursing students' experiences regarding clinical supervision can either positively or negatively impact their learning. As noted, there were some similarities between the results of this study with other studies reported in the review which confirmed that some of the environmental factors are universal in nursing education. It can be said that integration- of both theory and practice with good clinical supervision can enable student nurses to feel confident with their abilities and competent to take care of the patients.

5.1 Support Experienced by Nursing Students during Clinical Supervision

Supporting the students in clinical area is very important because without support nursing students will not be able to relate theory learnt from classroom into practice. Three subthemes emerged these are support and guidance, feedback to the students and time spent on supervision.

5.1.1 Support and guidance

The study findings revealed that nursing students experienced insecurity and frustration because of lack of support from staff nurses. The participants explained that they were left to work without staff nurses on many occasions. This was because the staff nurse was alone or was not available. This made them insecure and gave them fear to make mistakes as they work with patients. This finding is similar to the findings by Neshuku and Amukugo (2015) on the study ‘experiences of registered and student nurses regarding the clinical supervision’ found that poor guidance of student nurses by registered nurses made students experience frustration with feelings of being abandoned and not regarded as part of the team. Students were left unsure of what they were doing during clinical practice. Similar findings were observed by Carlson (2003) where it was reported that student nurses were left without anybody checking whether what they were doing is right or wrong. The same study reported a lack of support and guidance of the nursing students by nursing personnel in clinical practice which made students make mistakes. Lack of support and guidance make student nurses work independently which can lead to missed opportunities for clinical learning.

Although some students say that when left to work independently ,they learn to organise themselves more accurately (Mabuda ,Potgieter & Albert, 2008). Still more support and guidance help nursing students to be able to master the art of doing as well as knowing the clinical principles (Shari &Masoumi, 2005). According to Nurses and Midwives Council

of Malawi (2013) standards of education stipulates that student nurses have to be guided and supported while in the clinical assignment. The NMCM also affirms that staff nurses have the duty to guide and support student nurses in their wards because without support, students are bound to make many mistakes which can be fatal to the patients and the reputation of the profession can be tarnished. The ultimate outcome for nursing students' clinical supervision is to ensure that students are being supported while practicing under supervision.

Supportive clinical staff nurses act as good role models to nursing students if they constantly support and guide the students. Different aspects of supporting nurse student in clinical area include; teaching practical skills, assessing and facilitating learning, giving constructive feedback, facilitating the integration of theory into practice and engaging in one to one discussion with students as well as role modelling (Shari & Masoumi, 2005)

According to Papstavrou, Lambrinou, Tsangalari, Saarikoski, & Leono-Kippi (2010), regular supervisory discussions and mentorship which focuses on individual supervision can act as a strong supporting element. Individualized supervision facilitates learning in the sense that one on one relationship with the supervisor is promoted. This also allows the students to express their learning experiences and feelings at the clinical environment, thus leading to self-confidence .Furthermore, it promotes socialization and professional development thereby attaining clinical competency (Saarikoski, Marrow, Abreu, Riklikiened, & Ozbicakci, 2007).

Even though the majority of students experienced poor support from staff nurses, some students were well supported by certain staff members. They felt more accepted and valued when staff nurses displayed a sense of caring. Nursing students identified helpfulness, friendliness, and gratefulness for what the nurses were doing to them and this was supportive behaviour and respect for the students as responded by one student *“I liked it when a staff nurse I was working with invited me to watch a new procedure that she was*

doing". This showed that the staff nurse was caring and wanted this student to learn by providing with necessary support. Similar results reported by Sibiya (2012) where staff nurses had mixed reactions towards working with student nurses. Some staff nurses liked working with students and were eager to support them, while other staff nurses did not like students around. They perceived them as a burden and were not willing to provide the support the students needed. Staff nurses who show a caring spirit want students to learn the art of nursing and such nurses promote the existence of the profession.

The respondents in this study also experienced lack of support from clinical staff as indicated by inadequate time spent on individual supervision session. Students expressed a need for more time with clinical supervisors at bedside teaching; a need for guidance in the clinical setting which would have helped them acquire skills and competences faster than they were doing at that time. The findings concur with findings by Donough (2014) who reported that participants requested more supervision time in the clinical setting. They reflected that they (the students) had made mistakes in the clinical setting and ascribed the mistakes to the absence or lack of enough supervision time. Coincidentally, failure of clinical staff to meet the minimum prescribed time of supervision exposes the students to possibilities of making mistakes and contributes to students' unsafe practice. Therefore, the supervisor should ensure that the students are indeed competent and able to provide safe patient care by allocating enough time for supervision (Severinsson & Sand, 2010). Klerk (2010) also agree with the same that time constraints was evident in obstructing the effectiveness of clinical supervision. The study from (Klerk, 2010) looked at registered nurse point of view and found that registered nurses felt uncomfortable attending to clinical supervision session and leaving their patients without adequate staff. In line with these findings, Eta, Atanga, Atashili, and D'Cruz (2011) reported that registered nurses experienced the same challenges in terms of time constraints regarding clinical supervision.

It was not practical to supervise the student with all clinical activities that happened in the clinical area due to time constraints. This had a negative effect on nursing students in the way they worked with the clinical staff because they were not supported such observations are similar to current study. It is therefore, crucial to ensure that enough time is allocated for clinical supervision in order to improve and better the implementation of clinical supervision.

This current study also reveals that students experienced lack of support by not being given feedback. Furthermore, students were concerned with the fact that clinical staffs were unable to give them feedback regarding their performance. Some participants expressed concerns that feedback was always negative with poor communication or no feedback at all and this made them to feel unmotivated in their learning. In support of these findings, Heckman-Stone (2008) found that feedback is sometimes neglected, inadequate or late but without feedback mistakes can go uncorrected. Lack of feedback can be detrimental in nursing profession. Bad habits can develop and learners may drop positive behaviour for negative one. In addition, Clynes and Raftery (2008) also agree that absence of feedback may cause learners make inaccurate assumptions about their performance which are oftentimes misleading. Pleasingly, it is believed that when students know their progress and deficiencies on their practice and improve on the weaknesses, they get motivated and become confidence hence optimizing learning, leading to professional growth (Clynes & Raftery 2008). Additionally, learning in clinical practice takes place if students know what they are doing is right or wrong and this can only be reflected through feedback from clinical nurses, mentors, preceptors and nurse educators during clinical learning (Gaberson & Oermann, 2014). However, some participants reported receiving adequate amount of feedback after performing a procedure. The findings concur with Hulse and Robert (2013) who found that supervisee were provided with frequent feedback both oral and written as well as informal, formal, positive and negative. Although, the supervisee reported receiving more negative

than positive feedback which is similar to the current study but supervisee reported appreciation hearing the word “good job” which to them was timely critical and direct. This indicates that showing an appreciation from the supervisor is more than enough to the supervisee. The current study also shows that students are happy when they receive regular and continuous feedback from their supervisors.

Support rendered by staff nurse is especially important be it in form of giving feedback, guidance or emotional support even though staff nurse could be experiencing excessive work load due to supervising these students. Staff nurses are supposed to create a positive teaching climate for students and act supportively in matters pertaining to educational achievement and performance (Waldock, 2010). In agreement Henderson, Cooke, Creely, and Walker (2012) state that support rendered by staff nurses also help to create a good team work with students which further enables staff nurses and students to spend more time together when engaging in valuable learning experiences. Through the support and guidance from experienced staff nurses, the students develop the ability to transfer knowledge into their own framework of understanding of practice (Jackson & Mannix, 2001). Support in the clinical environment is a substantial involvement not only for student nurses but also for the future of nursing and must therefore be valued.

5.2 Challenges nursing students experience during their clinical supervision

Findings of the current study reveals that nursing students experienced set back in clinical supervision due to clinical environment related factors like shortage of resources in the work place, shortage of staff and increased number of students per allocation in the clinical area.

The results show that nursing students experience dissatisfaction during clinical supervision due to shortage of equipment and supplies in the clinical environment. They reported that such challenges hinder them from acquire necessary skills which becomes very

embarrassing in the end. Even their supervisors were unable to do demonstrations of procedures during clinical demonstrations. The findings concur with (Neshuke & Amukugo, 2015) whose findings revealed that nursing students had negative experience in the clinical due to shortage of resources in the wards and students were demoralized with the supervision. Clinical teaching and learning becomes impossible in the absence of necessary equipment and supplies. Similar findings were reported by Mabuda, Potgieter and Albert (2008); Magobe, Beukes & Muller (2010) that shortage of equipment prevented clinical staff work effectively and guide student nurses properly in order for the students to become competent . Shortage of equipment hampers the clinical supervision process of students in a negative manner and it influences the quality of health care and supervision negatively. Additionally, shortage of resources at the clinical restrict the opportunities for supervisors to provide proper clinical supervision and it leads to staff helplessness and frustration Henderson, Cooke, Creely & Walker, (2012); Klerk (2010) argues that sometimes the equipment can be available but how to use or operate such equipment can be challenging if clinical staffs are not oriented on how to operate the equipment. This was also observed by the participants in the current study when they could not use other equipment in the ward because the equipment was new to them and the staff could not guide them how to operate. This was as if there was no equipment to use because the available equipment nobody knew how to operate. Nursing students' experiences in the clinical learning have a profound impact on their learning. Therefore, lack of materials in the clinical affects them negatively. Students fail to put theory into practice due to lack of equipment and this affects their acquisition of specific skills (Kaphagawani & Useh, 2013).

Similarly, during the interview participants mentioned that they experienced lack of supervision due to shortage of clinical staff especially the registered nurses (RN) Students mentioned that they hardly experienced the presents of the RN due to shortage of staff and

those available were mostly engaged in different roles. Instead of having eight RN and twelve NMTs in the ward as per the ward staff establishment from the Ministry of Health only two RNs and six NMTs were allocated due to shortage. This was a great challenge when it came to supervision because the RN was always engaged with administrative duties rather than supervision. Students were left to work or learn on their own. In supporting to this finding, several studies also reported that RN s were not available for the students due to administrative duties and also due to severe shortage of staff it was difficult for nursing staff to supervise students as such student were left to work unattended (Klek, 2010; Mabuda et al., 2008; Neshuku & Amukugo, 2015).

Literature has also shown that due to shortage of staff, there is also increased work load (Neshuke & Justus Hans, 2015; Rikhotso, William & DE-Wet., 2014). Increased workload prevents staff nurses from providing sufficient supervision leading to student to work just as a pair of other hands not following their objectives (Msiska, Smith & Fawcett, 2014) On registered nurses prospective, a study done by Waldock (2010) reveals that RNs portray that increased workload prevented them from providing sufficient clinical supervision to the nursing students and this was one of the major reasons for incompetent students on carrying out nursing care.

The study also revealed that shortage of staff created supervisor –student imbalance. The results showed that one RN was supervising 20-30 students which was impossible for every student to receive attention when needed. This is contrary to the recommendation of one supervisor for (1:5-8) students by the Nurses and Midwives Council of Malawi standards of education. Similar findings were found by Xaba (2014) one of the problem faced by clinical facilitators was large facilitator- student ratio . Facilitators were accompanying a large number of students in one facility in one day. This had a negative impact on students. Eta et al. (2011); Hlonga (2009) also had similar findings that shortage of staff had a very

negative impact on students support during clinical placement as a result students did not get enough attention and contact leading to the production of students who were incompetent. The higher the number of students the more difficult clinical supervisors faced in supervising the students. Hlonga further said that there was need to apportion the available hours carefully to ensure that each student get enough support which is not possible when there is shortage of staff. From researcher's point of view the clinical working environment at times becomes stressful when there is lack of staff and students do not receive the real nursing competences for their future use.

In the context of large numbers of nursing students and shortage of nursing staff at MCH, the learning needs of nursing students were compromised. In addition, staff nurses had other engagements to do apart from supervising students. So, staff nurse as supervisors were unable to give students adequate engagement time. Bvumbwe, et al. (2015) confirm that RNs experience conflicts between primary demands of providing patient care and performing supervision of students. Heydar, Yoghoubinia, and Roudsari (2013) findings clearly indicate that without proper planning and assignment of tasks within the ward, performing dual roles of both practitioner and supervisor can be stressful usually resulting into ineffective student teaching and supervision. Therefore, staff nurses have to plan properly on how to balance between clinical supervisor's job demand and student learning needs in the ward. Researchers have found that appropriate and staff allocation is necessary so that staff are provided with necessary opportunities to interact with students (Henderson, Cooke, Creely & Walker., 2012; Henderson & Eaton, 2013).

5.2.2 Experiences that relate to staff behavior and attitude

Results for this study reveals that several participants' experience abusive behaviour from clinical staff. The clinical staff supervisors reprimanded them in front of other staff and patients. Incidences of supervisors screaming and shouting at students also came out.

Comments that relate to abusive behaviour were received from various students who participated. Some participants raised concerns about supervisors who deliberately victimize them. The victimization relates to target specific students to fail them in their assessment at the end of the clinical placement. The students regarded the deliberate failure for certain students as abusive behaviour. Similar results were reported by LoFmark, Thorkildsen, Råholm and Natvig (2011) and Mlek (2013). Students were intimidated by authoritarian instructors and felt anxious and fearful which in turn inhibited their ability to be autonomous. They also attributed the sense of powerlessness to a domineering learning environment which in turn led to their passiveness. When in the clinical practice, nursing students' grades during assessment are obtained as they work with supervisors and these are either staff nurses or nurse educators. The relationship of the supervisor and student if not good, the grades may also be affected on a subjective basis. Mlek (2013) argues that sometimes nursing careers are in the hands of the instructor in that the instructor could pass or fail a student in clinical, through a process that is entirely subjective in nature. As a result, nursing students feel therefore that they cannot express their opinions to their instructors because of fear of reprimand. This was what happened in this current study that students could not express themselves because of fear and intimidation from their supervisors. Such behaviour made nursing students to have a negative experience towards clinical supervision.

Similarly, participants from this study also reported that the negative attitude of staff nurses had a negative impact on their learning experience. The results showed that the negative attitude of staff nurses affected the students and made them afraid to approach the nurses when they needed assistance. They fear that they might receive verbal abuse. Students' negative experiences were characterised by emotions such as embarrassment, unhappiness, fear, frustration and anger. In the same way, Mabuda (2007) study findings also show that some Registered nurses do not value the students working with them or

their programme. RNs negative behaviours included rudeness, unprofessional attitude, difficult to deal with annoyance with students, unwilling to teach or making students feel a burden Nursing students identified that the environment impacted their learning in negative way due to the attitude of some nursing staff unfriendliness and unwilling to teach or supervise them. However, those nurses who were knowledgeable and treated the students with respect were happy to work with the student as part of the health care team and this impacted the learning experiences of students in a positive manner. The students' perception of the nurses' attitudes can affect how the student thrives in oftentimes stressful learning environment of a clinical setting (Jones, 2010) When students have a positive perception of the nurses, students are more likely to succeed in understanding necessary nursing skills. Nurses are key members in the hospital, and work directly with students as such their positive attitude is of paramount important to the success of the nursing students.

Apart from abusive behaviour that students encountered in this study, participants also expressed disappointment towards the relationship that sometimes exists between the supervisors and nurse students. They felt that the poor relationship hinders the clinical learning. It was mentioned by most of the participants that the interpersonal relationship between nurses in the wards and student nurses was not as expected and this had a destructive implication when it comes to learning. The students linked their poor learning outcome to poor interpersonal relationship with nursing staff. It is interesting that sometimes the supervisors may act unknowingly that their way of communication or the way the actions towards students can affect the relationship between them and students. Concurring with these findings, Klerk (2010) in her study revealed that interrelationship between RN and nursing students was problematic in the sense that nursing students were not showing respect to the RNs who were their supervisors. Respect in nursing practice is regarded as the

important attitudinal behaviour that governs the profession of nursing (Hathorn, Machtmes.& Tillman 2009). Lack of respect from students will result in mistrust towards the clinical staff promoting poor relationship (Henderson, Cooke, Creely & Walker., 2012). A relationship which is characterized by mutual trust and respect is highly appreciated by both at individual and professional level (Dale, Leland & Dale 2013). In addition, a relationship characterized by open and inviting atmosphere where both parties are encouraged to communicate positive as well as negative should be established. Such relationship makes a difference in how confident students are when it comes to seeking advice and assistance. The relationship between staff and nursing students is one of the most influential factors for student learning (Lawal, Weaver, Bryan, & Lindo, 2015). However, some students do not regard it as important. The supervisor- student relationship promotes the learning process at the clinical site and clinical staff plays the role of counsellor, coach, mentor and more to the nursing student advantage as the transition from novice to experts in the field of nursing (Lawal, Weaver, Bryan, & Lindo, 2015)

5.3.1 Supervisor competence

The current study findings show that nursing students experienced a setback in the acquisition of competences in the clinical placement due to lack of competence of some clinical staff. This was shown by some members of staffs' failure to demonstrate appropriate skills in performing procedures. Some participants also noted that some supervisors were failing to teach or explain to students some of the procedures and the rationale for doing those on patients because they were not adequately prepared for supervision. In line with these findings Pillay and Mshali (2008) reported that some supervisors are not adequately prepared for their role as clinical supervisors. Similar findings were observed by (Baraz, Memarian,&Vanab, 2015) in Iran that nursing instructors were insufficiently qualified which

was a challenge in teaching students in the clinical area. Cheraghi, Salasli, and Ahmad (2008) also mentioned that factors like incompetence of clinical instructors. Lack of experience, lack of theoretical knowledge and inadequate monitoring and control on clinical practice made the clinical supervisor fail to support and teach students at bedside. This made students to become vulnerable and less confidence in their function and motivation to learn.

Essentially, clinical nurses have a key role in developing skilled and accountable nursing students. However, some have no basic education training to accomplish the teaching role. Cheraghi, Salasli and Ahmad (2008) indicated that clinical staff nurses should have access to continuing education to maintain their scientific and practical qualification in order to play an effective role in clinical education. Therefore, continuing education courses are important to that clinical staffs that does not have any formal training in education for them to be competent in clinical supervision and teaching.

5.3.2 Sustained availability of the supervisors

The findings from this current study reveal that students experienced anxiety and made mistakes due to unavailability of supervisors most of the times. The staff nurse (RN) was not available most of the times for students due to other engagements at the ward. Some students admitted that not having the clinical supervisor around resulted in the making many mistakes in the clinical settings. Participants preferred to have preceptors/mentors to supervise them rather than clinical staff who were engaged most of the times. These preceptors/mentors should be employed by the college and be stationed at the clinical facility all the time. In support to these findings Xaba (2014) found that employment of preceptors by the training institutions would assist nursing students since there was minimal support from clinical staff and lecturers as well. The findings from Xaba (2014) further reported that mentors/preceptors based at the placement facility every day help to relieve the clinical staff the burden of following the students because they are also needed for other clinical duties.

Having mentors/preceptors around would also help to monitor student absenteeism since staff nurses cannot monitor absenteeism properly due to shortage of staff (Magobe, Beules, & Muller, 2010) confirm that consistent availability of mentors /preceptors in the placement area increases student – supervisor interaction and contributes to more confident and less anxious students. Similarly, Maginnis, Croxon, and Croxon (2010) support the notion that presence of preceptor at frequent times reduces anxiety of students and gives them confidence. In addition, preceptor model of supervision is good in that there is one to one contact which meets the students’ needs and satisfies their learning opportunities. Therefore, it is important that training facilities employ mentors to support students and to relieve pressure from the clinical facilitators, which will also help nursing students to be well supervised.

5.3.4 Act as a Role Model

The findings of the present study reveal that the majority of students observed that knowledgeable, skilled, well behaving professionally dressed and clinical oriented nurses make good role models and lazy nurses are bad role models. Similar findings were reported by Vati, Wilia, Das, and Chopa (2006) that good role models were supervisors who were knowledgeable, skilled, proficient nurses, with a passion for their job make perfect clinical supervisors. Staff nurses are professional role models and mentors for nursing students. However, some fail to meet these criteria of being role models. A paper presented by Cunze and Van Rensburg (2016) at nursing conference in Cape Town argue that role models are valuable resources in any clinical health setting however, given the sophistication of skills and attributes associated with ideal role models, it is evident that many professional nurses will only provide partial opportunities to imitate their behaviours as role models to student nurses. Nevertheless, student nurses will continue to practice the behaviours imitated by role models they believe to be important. Therefore, it is important that professional nurses are

aware of the key role that their behaviour plays in the process of socialising students into the profession. Forming role models of tomorrow is largely dependent on the present practices of professional nurses in the clinical learning environment (Dale, Leland, & Dale, 2013).

5.5 RECOMMENDATIONS

The findings of the study indicate that shortcomings exist within the clinical supervision process of undergraduate nursing students at the institution under study. Therefore, various recommendations are proposed.

Clinical staff nurses require more guidance in fulfilling their role as a clinical supervisor. Therefore, clinical staff nurses who are appointed as clinical supervisors could benefit from an induction programme designed to prepare them for their role. The induction programme should preferably be designed and implemented by the nursing faculty working hand –in-hand with the coordinator of the staff continuous professional development unit. The inductions should include a peer evaluation and a formal evaluation of the supervisors before they enter the clinical teaching field. Therefore, we recommended that an induction programme for clinical supervisors be implemented at the institution under study.

We also recommended that institution of higher education should create opportunities for in-service training and continuous professional development for nurses for the serving nurses. Continuous professional development for clinical supervisors can be achieved through educative clinical workshops. Workshops serve as an effective method for group learning and in-service training (Mellish, Brink & Paton, 2009)

Considering the elements of verbal abuse which were mentioned by participants, it is recommended that supervisors and students be informed in some sort of awareness raising regarding the rights of individuals as contained in the constitution. These include the right to be treated with dignity and respect (Chirwa, 2011). For that reason professional development

that relates to professional conduct would also be valuable since unprofessional conduct is a punishable offence according to (Nurse and Midwifery Act, 1995).

The large student-supervisor ratio at the institution (> forty students per supervisor) undermine the goal of supervision, which is to promote clinical learning and development, which eventually enhances safe patient care. Therefore, the institution under study is recommended to re-evaluate the applicability of the current student-supervisor ratio and consider ways to improve the work conditions of the clinical supervisor.

We also recommend that the institution under study consider the prescribed supervision time mentioned in Nurses and Midwives Standards of Education regulations regarding clinical supervision, one hour over a two-week period to ensure a manageable student-supervisor ratio that will enable supervisors to fulfil their duties.

For clinical supervision to be effective at MCH, it is crucial that there is enough staff trained for the job. Therefore, it is recommended that the university management should train and employ mentors/preceptors/clinical facilitators who will be based at the clinical facility for continuous support. These mentors will relieve the clinical staff in placement area and students will have someone to refer to whenever there are problems.

5.6 Limitation

The study targeted students of one institution which is a teaching hospital and excluded the wider population of undergraduate nursing students in other teaching hospital institutions.

5.7 Area of Further Study

The personal experiences of the supervisors were not explored. Therefore, future research at the institution under study that explores the opinions of the supervisors could be beneficial

5.8 SUMMARY

The findings indicate that some clinical supervisors are indeed knowledgeable, skilful and supportive. Yet various shortcomings, such as incompetence of supervisors, unprofessional behaviour and too many students in the clinical area made the nursing students to have negative experience about clinical supervision at MCH.

5.9 CONCLUSION

Clinical supervision is a crucial component of undergraduate nurse training. The clinical supervisory process however, requires that structures be established to ensure a motivated and competent supervisory workforce. The findings of this study revealed that clinical supervision of nursing students by clinical staff is vital for the development of student's clinical skills and competences amongst undergraduate nursing students. However, lack of support by clinical staff, shortage of staff, poor student –supervisor relationship, inadequate resources in the placement area, lack of supervision in the clinical facilities, large numbers of students in the placement area, insufficient practice in the clinical and incompetent clinical staff in supervision were identified as challenges that were experienced by nursing students.

It was evident that clinical staffs at MCH were struggling as they were under staffed and some were not competent enough to supervise the students which made things difficult to provide the needed support to the students. We therefore, recommend that clinical staff be oriented in clinical supervision skills through in service training. We also recommend that supervisor-student ratio should be following the NMCM recommendations for proper student support. Another recommendation is that the university management should employ mentors who will be based at the clinical facilities so that the management and staff in the clinical

facilities have someone on the floor to communicate with and if there are problems they are solved the same time.

References

- Aghamohammadi-Kalkhoran, M., Karimollahi, M., & Abdi, R. (2011). Iranian staff nurses' attitudes toward nursing students. *Nurse Education Today*, *31*(5), 477–481.
<https://doi.org/10.1016/j.nedt.2010.09.003>
- Baraz, S., Memarian, R., & Vanab, Z. (2015). Learning challenges of nursing students in clinical environment: A qualitative study in Iran. *Journal of Education Health Promotion*, *52*(4), 182–188.
- Benard, J. ., & Goodyear, R. . (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River NJ: Pearson Education.
- Bjørk, I. T., Berntsen, K., Brynildsen, G., & Hestetun, M. (2014). Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *Journal of Clinical Nursing*, *23*(19-20), 2958–2967. <https://doi.org/10.1111/jocn.12532>
- Bond, M., & Holland, S. (2010). *Skills of clinical supervision for nurses: A practical guide for supervisees, clinical supervisors and managers* (2nd ed.). England: Open University Press.
- Borragero, F. (2014). *Clinical Learning and supervision: Student nurses experiences within private health care setting*. Stellen Bosch University, Western Cape ,South Africa. Retrieved from [stellenboschunivrsity http://scholar.sun.ac.za](http://scholar.sun.ac.za)
- Boswell, C., & Cannon, S. (2012). *Introduction to nursing research: Incorporating evidence-based practice* (2nd ed.). London: Library of Congress Cataloging.
- Brammer, J. (2008). RN as gate keeper: Gate keeping as monitoring and supervision. *Journal of Clinical Nursing*, *17*(1), 1868–1876.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.
- Brink, H., Van Der Wall, C., & Van Rensburg, G. (2013). *Fundamentals of research methodology for health care professionals* (3rd ed.). Johannesburg: Jutta. Retrieved from <http://www.juttaacademics.co.za>

- Bryanht, L. (2010). Clinical supervision. *Practice Nurse*, 39(12), 38–46.
- Burn, K., & Grove, S. (2009). *The practice of nursing research: Conduct, critique & utilization* (5th ed.). St. Louis, Missouri: Saunders.
- Bvumbwe, T., Malema, A., & Chipeta, M. (2015). Registered nurses' experiences with clinical teaching environment in Malawi. *Open Journal of Nursing*, 5, 921–934.
- Cheraghi, M. A., Salasli, M., & Ahmad, F. (2008). Factors influencing the clinical preparation of BS nursing student interns in Iraq. *International Journal of Nursing Practice*, 14, 26–33.
- Chilemba, E., & Bruce, J. (2014). Teaching styles used in Malawian BSN programme: A survey of nurse educator preferences. *Nursing Education Today*, 35(2), 55–60.
- Chirwa, D. . (2011). *Human Rights Under the Malawi Constitution* (1st ed.). Jutta.
- Clynes, M. ., & Raftery, S. E. (2008). Feedback: An essential element of student learning in clinical practice. *Nurse Education in Practice*, 18, 405–411.
- Coetzee, A. (2013). The view of different categories of nurses on clinical supervision in the southern Africa Military Health Service. *Curationis*.
- Creswell, J. . (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). New Delhi: SAGE.
- Cronin, P., Ryan, F., & Coughlan, M. (2008). Understanding literature review: A step by step approach. *British Journal of Nursing*, 17(1), 38–43.
- Cunze, M., & Van Rensburg, G. (2016). The professional nurse as role model in the clinical learning environment (p. 1). Presented at the Sigma Theta Tau International, Cape Town: Nursing Research Congress. Retrieved from <https://stti.confex.com/stti/congrs16/webprogram/Paper79504.html>
- Dale, B., Leland, A., & Dale, J. G. (2013). *What factors facilitate good learning experiences in clinical studies in nursing: Bachelor students' perceptions*. New Delhi: Hindawi Publications.
- Donough, G. (2014). *Perceptions and experiences of undergraduate nursing students of clinical supervision*. Stellenbough, South Africa. Retrieved from <http://scholar.ca.za>

- Elcigil, A., & Sari, H. Y. (2011). Facilitating Factors in Clinical Education in Nursing. *Nursing Clinical Education, 4*(2), 67–71.
- Eta, V., Atanga, M., Atashili, J., & D’Cruz, G. (2011). Nurses and challenges faced as clinical educators: a survey of a group of nurses in Cameroon. *Pan African Medical Journal, 8*(1).
<https://doi.org/10.4314/pamj.v8i1.71085>
- Eta, V. E. A., Atanga, M. B. S., Atashili, J., & D’Cruz, G. (2011). Nurses and challenges faced as clinical educators: a survey of a group of nurses in Cameroon. *Pan African Medical Journal, 8*(28).
 Retrieved from <http://www.panafrican-med-journal.com/content/article/8/28/full/>
- Gaberson, K. B., & Oermann, M. H. (2014). *Clinical Teaching Strategies in Nursing* (4th ed.). NewYork: Springer Publishing Company.
- Gale, N. K., Health, G., Cameron, F., Rashid, S., & Redwood, S. (2013). Using the framework method for analysis of qualitative data. *BMC Medical Research Methods, 13*(47).
- Gerrish, L., & Lacey, M. (2010). *The Research Process in Nursing* (6th ed.). Ames: John Willey& Sons.
- Gopee, N. (2008). *Mentoring and Supervision in Health*. Los Angels CA: SAGE.
- Grigulis, A. (2010). *Lives of Malawian Nurse : Stories behind the statistics*. London, London.
 Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles>
- Grigulis, A. I., Prost, A., & Osrin, D. (2009). The lives of Malawian Nurses: The stories behind the statistics. *Transactions of the Royal Society of Tropical Medicine and Hygiene, 103*(12), 1195–1196. <https://doi.org/10.1016/j.trstmh.2009.03.005>
- Hathorn, D., Machtmes, K., & Tillman, K. (2009a). The lived experience of nurses working with student nurses in the clinical environment. *The Qualitative Report, 14*(2), 227–244.
- Hathorn, D., Machtmes, K., & Tillman, K. (2009b). The Lived experience of nurses working with student nurses in the clinical environment. *Qualitative Report, 14*(2), 227–244.
- Heckman-Stone, C. (2008). Trainee Preferences for Feedback and Evaluation in Clinical Supervision. *The Clinical Supervisor, 22*(1). Retrieved from <http://www.haworthpress.com/web/cs>

- Henderson, A., Cooke, M., Creely, D. K., & Walker, R. (2012). Nursing student perceptions of learning in practice environment: A review. *Nurse Education Today*, 32(1), 299–302.
- Henderson, A., & Eaton, E. (2013). Assisting nurses to facilitate students and new graduate learning in practice setting. What support do nurse at the bedside need? *Nurse Education in Practice*, 13, 197–201.
- Henderson, A., & Tyler, S. (2011). Facilitating learning in clinical practice: Evaluation of a trial of a supervisor of clinical education role. *Nurse Education in Practice*, 11(5), 288–292.
- Heydar, A., Yoghoubinia, F., & Roudsari, R. (2013). Supportive relationship: Experiences of Iranian students and teachers concerning students-teacher relationship in clinical nursing education. *Iranian Journal of Nursing and Midwifery Research*, 18(6), 467–473.
- Hlonga, H. . (2009). *Diplomats Perception of their Psychiatric Nursing component of the four comprehensive programme* (Masters). South Africa.
- Hulse, D., & Robert, T. (2013). Preplanning for feedback in clinical supervision : Enhancing readiness for feedback exchange. *The Journal of Counsellor Preparation and Supervision*, 6(2). Retrieved from <http://dx.doi.org?10.7729/62.1091>
- Jackson, D., & Mannix, J. (2001). Clinical nurses as teachers: insights from students of nursing in their first semester of study. *Journal of Clinical Nursing*, 10(2), 270–277. <https://doi.org/10.1111/j.1365-2702.2001.00471.x>
- Jones, S. H. (2010). *Nursing Students Perceptions of working with Staff Nurses*. Montana State, Montana. Retrieved from <http://scholarworks.montana.edu/xmlui/bitstream/handle/1/1586/JonesS0510.pdf>
- Kalawa, R., & Mwale, G. O. (2016). Factors affecting acquisition of clinical psychomotor skills by student nurses and midwives in CHAM Nursing Colleges in Malawi; A qualitative Exploratory study. *Bio.MedCenter Open Acces*, 15(30), 1–9. <https://doi.org/10.186/512912-016-6153-7>
- Kampagawani, N. ., & Useh, U. (2013). Analysis of Nursing Student learning experience in clinical practice. *Ethno Medical*, 7(3), 181–185.

- Kapucu, S., & Bulut, H. (2011). Turkish nursing students' view of their clinical learning environment: a focus group study. *Pak Journal of Medical Science*, 27(5), 1149–1153.
- Khowaja, K., Merchant, R. J., & Hirani, D. (2005). Registered nurses perception of work satisfaction at Tertiary Care University Hospital. *Journal of Nursing Management*, 13, 32–39.
- King, L., & McInerney, P. (2006). Hospital workplace experience of registered nurses that have contributed to their resignation in the Durban Metropolitan Area. *Curationis*, 29(4), 70–81.
- Klerk, K. (2010). Clinical Supervision in selected hospitals in Cape Town : Reflections on registered nurses lived experiences. *Curationis*.
- Kumar, R. (2005). *Research methodology: A step by step guide for beginners* (2nd ed.). Thousand Oaks CA: SAGE.
- Lawal, J., Weaver, S., Bryan, V., & Lindo, J., L. .. (2015). Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. *Journal of Nursing Education and Practice*, 6(4), 32–39.
- Levett-Jones, T., & Lathlean, J. (2008). Belongingness: A prerequisite for nursing students' clinical learning. *Nurse Education in Practice*, 8(2), 103–111.
<https://doi.org/10.1016/j.nepr.2007.04.003>
- Levett-Jones, T., Lathlean, J., Haggins, I., & McMillan, M. (2009). Staff-student relationship and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing*, 65(2), 316–320.
- Lincoln, Y. ., & Guba, E. . (1985). *Handbook of qualitative research*. Newbury Park CA: SAGE.
- Liobondo-Wood, G., & Haber, J. (2010). *Nursing research: Method and critical approach for evidence based practice* (7th ed.). Mosby: Lippincott Williams and Wilkins.
- LoFmark, A., Thorkildesen, K., RoHolm, M., & Natvig, G. K. (2011). Nursing student satisfaction with supervision from preceptors and teachers during clinical practice. *Nurse Education in Practice*, 12(3), 164–169.

- Mabuda, B. ., Ptgieter, E., & Albert, U. (2008). Student nurses experience durring clinical practice in the Limpopo Province. *Curationis*, 31(1), 19–27.
- Magobe, N. B., Beules, S., & Muller, A. (2010). Reasons for students poor clinical competences in primary health care: Clinical nursing, diagnosis, treatment and care programmes; *Health S.A. Gesondheld*, 15(1).
- McEnroe-Petitte, D. . (2013). Impact of faculty caring on student retention and success. *Teaching and Learning in Nursing*, 6(2), 80–83.
- Mellish, J. M., Brink, H., & Paton, F. (2009). *Teaching and learning the practice of nursing* (4th ed.). Sandton: Heinemann Higher and Further Education.
- Mlek, M. (2013). *Nursing students“ learning experiences in clinical settings: Stress, anxiety and coping* (Masters). Concordia, Canada. Retrieved from <http://www>.
- Moule, P., & Goodman, M. (2012). *Nursing research: An introduction* (2nd ed.). London: SAGE.
- Msiksa, G., Munkhodya, T.-M., & Chilemba, E. (2014). under graduate students perception of the role of the nurses education during clinical placement in Malawi. *Open Journal of Nursing Scientific Research*, 4, 836–847.
- Msiska, G. (2012). *Exploring the clinical learning experiences : Voice of Malawian Undergraduate student nurses*. Edinburgh, London.
- Msiska, G., Smith, P., & Fawcett, T. (2014). The “Lifeworld of Malawi undergraduate student nurse :The challenge of Learning in resource poor clinical setting.” *International Journal of Africa Nursing Science*, 1, 35–42.
- National Statistics Office. (2013). *Malawi Demographic Population Survey*. Zomba: Government Press.
- Neergaard, M. A., Oslesen, F., Anderson, R. S., & Sandegaar, J. (2009). Qualitative description-the poor cousin of health research. *BMC Medical Research Methods*, 9(52).

- Neshuke, H., & Amukugo, H. (2015). Experiences of registered and student nurses regarding the clinical supervision in medical and surgical wards: Develop an educational programme to support registered nurses. *International Journal of Medicine*, 3(2), 87–97.
- Nurse and Midwifery Act. (1995). The Nurses and Midwifery Act No. 16 of 1995. Malawi Government Press.
- Nurses And Midwifery Council of Malawi. (2013). *Standards for Nursing and Midwifery Education*. Nurses and Midwifery Council Of Malawi.
- Okoronkwo, I. L., Onyia-pat, J.-L., Agbo, M.-A. E., Okpala, P. U., & Ndu, A. C. (2013). Students' perception of effective clinical teaching and teacher behaviour. *Open Journal of Nursing*, 03(01), 63–70. <https://doi.org/10.4236/ojn.2013.31008>
- Papstavrou, E., Lambrinou, E., Tsangalari, H., Saarikoski, M., & Leono-Kippi, H. (2010). Student nurse experience of learning in clinical environment. *Finland Nurse Education in Practice*, 10, 176–183.
- Petty, N. J., Thomas, O. ., & Stew, G. (2012). Ready for paradigm shift? Part2: Introducing qualitative research methodologies and methods. *Manual Therapy*, 17(5), 375–784.
- Pillay, M., & Mshali, M. (2008). Clinical supervision and support for bridging programme students in the great Durban area. *Curationis*, 3(4), 46–56.
- Polit, D. F., & Beck, C. T. (2010). *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed.). Philadelphia: Lippincott Williams and Wilkins.
- Polit, D. F., & Beck, C. T. (2012). *Nursing Research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia: Lippincott Williams and Wilkins.
- Polit, D. F., & Hungler, B. P. (2013). *Essentials of nursing research: Methods, appraisal and utilization* (8th ed.). Philadelphia: Lippincott Williams and Wilkins.
- Rikhotso, S., Williams, M. J. S., & DE Wet, G. (2014). Student nurses perception of guidance and support in Rural Hospital. *Curationis*, 37(1), 1–6.

- Saarikoski, M., Marrow, C., Abreu, W., Riklikiened, O., & Ozbicakci, S. (2007). Student nurse experience of supervision and mentorship in clinical practice. *Nurse Education in Practice*, 7, 407–415.
- Severinsson, E., & Sand, A. S. E. (2010). Evaluation of clinical supervision and professional development of student nurses. *Journal of Nursing Management*, 18, 667–677.
- Shari, F., & Masoumi, S. (2005). A qualitative study of nursing students' experiences of clinical practice. *Biomedical Center Open Acces Journal*, (4), 4–6.
- Sharon, V., & Stephene, N. (2006). Teacher student-relationship. *Nursing Praxis in New Zealand*, 22(3), 22–24.
- Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63–75.
- Sibiya, N. E. (2012). *Work integrated learning experiences of primary health care post basic nursing Students in Clinical Setting*. Durban University of Technology, Durban. Retrieved from <https://stti.confex.com/stti/congrs16/webprogram/Paper79504.html>
- Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing Humanistic Imperative* (5th ed.). Philadelphia: Lippincott Williams and Wilkins.
- Vati, J., Wilia, I., Das, K., & Chopa, S. (2006). Nursing students perception regarding the characteristics of clinical supervisor as their role model. *Journal of Nursing and Midwifery*, 2(3). Retrieved from <http://www.http://medind.nic.in/nad/t06/i3/nadt06i3p101.pdf>
- Waldock, J. (2010). Facilitating students learning in clinical practice. *Kai Trak Nursing New Zealand*, 16(1), 14–16.
- Webb, C., & Shakespear, P. (2008). Judgement about mentoring relationship in nursing education. *Nursing Education Today*, 28(5), 563–571.
- Xaba, N. (2014). *Assessment of the facilitation of the clinical training component of an undergraduate nursing programme at a University of Technology*. Durban University of

Technology, Durban. Retrieved from

https://ir.dut.ac.za/xmlui/bitstream/handle/10321/1319/XABA_2015.pdf

Appendices

Appendix A: Information Sheet for Participant

Study title: Clinical supervision experiences of third year undergraduate nursing students by staff nurses at Mzuzu Central Hospital in Malawi

Principal Investigator: Evelyn Malikha,

First supervisor: Mr Andrew K. Simwaka,

Second supervisor: Dr Abigail Kazembe

**Contact details: Kamuzu Collage of Nursing, Private bag 1
Lilongwe, Malawi.**

Cell: 0882002531/0995603754

I am Evelyn Malikha, a student at Kamuzu College of nursing pursuing a master degree in nursing education. I am carrying out a research titled “Clinical supervision experiences of third year undergraduate nursing students during clinical placement: A case for Mzuzu Central Hospital in Malawi”. The study is in partial fulfilment of my Masters in Nursing and Midwifery Education. The study will involve exploring the experiences of third year undergraduate students through an in- depth face to face individual interviews. The study has been approved by the College of Medicine Research Ethics Committee. Before making a decision to participate in the study it is very important that you understand the reason for conducting the study and what will be involved.

What is the purpose of the study?

The purpose of this study is to explore the experiences of third year nursing student’s clinical supervision at Mzuzu Central Hospital. It is hoped that the findings of this study will contribute towards the improvement in the clinical teaching and learning of nursing students during the practicum and their ability to function as nursing and midwifery students.

Do you have to take part?

How will your privacy be maintained?

To ensure confidentiality and anonymity, your name will not appear on the data collection instruments; all the information will be number coded. The interviews will be conducted in a private place. Please be assured that your responses will be used for research purposes only and all the information collected for the study will be kept in strictest confidence. The researcher and her supervisor will be the only persons who involved in the handling of all the collected information in this study. Be assured that you will not be identifiable at all during and after the study or in any reports that may be published.

What are the possible benefits of participating?

There are no direct personal benefits for you as a participant in the study. However, the results may contribute to the improvement of the quality of client care in Malawi.

What are the possible risks of participating?

There are no known risks associated with the study.

Who can you contact if you have any questions about the study?

If you have any questions or you wish to have more information about this study, please feel free to contact;

Evelyn Malikha, Kamuzu College of Nursing, Private Bag 1, Lilongwe. Phone: 0882002531

Mr Andrew K. Simwaka, Kamuzu College of Nursing, Private Bag 1, Lilongwe. Phone: 01 751 622/600 or 0888854683.

Dr. A. Kazembe, Kamuzu College of Nursing Private Bag 1, Lilongwe Cell: 088396530. The Secretariat, COMREC, P.O Box 36, Chichiri Blantyre 3. Tel. 01877245

Appendix B: Consent Form

Study Title: Clinical supervision experiences of third year undergraduate nursing students by staff nurses at Mzuzu Central Hospital in Malawi

Principal Investigator: Evelyn Malikha,
First supervisor: Mr Andrew K. Simwaka
Second supervisor: Dr Abigail Kazembe.
Contact details: Kamuzu Collage of Nursing, Private bag 1

Lilongwe, Malawi.

Cell: 0882002531/0995603754

If you have accepted to participate in this research study, please fill the consent form indicating your code number after reading the information below:

I have read and understood all the information in the researchers’ introductory letter which requests for my participation in the study on the **“Clinical supervision experiences of third year undergraduate nursing students during clinical placement: A case for Mzuzu Central Hospital in Malawi.”**

I have accepted to participate in the interview that is seeking to collect data on the experiences of third year undergraduate nursing students on clinical supervision during clinical placement. And that I realize that my participation in the study is entirely voluntary and that I may withdraw at any time I feel like doing so.

I understand that the study data will be kept confidential and that the findings will be shared among the nursing professionals for the improvement of teaching and learning of student nurses.

I voluntarily agree to take part in the by indicating my signature as below.

Participants **signature**..... Date.....

Signature of researcher.....Date.....

Appendix C: Interview Guide Questions for third year undergraduate nursing students

Study Title: Clinical supervision experiences of third year undergraduate nursing student sat Mzuzu Central Hospital in Malawi

Principal Investigator: Evelyn Malikha,
First supervisor: Mr Andrew K. Simwaka,
Second supervisor: Dr Abigail Kazembe.
Contact details: Kamuzu Collage of Nursing, Private bag 1
Lilongwe, Malawi.
Cell: 0882002531/0995603754

Introduction

As I explained earlier regarding the study on clinical supervision experiences of third year undergraduate students at MCH, may you please answer the following questions as honestly as possible? This interview may take 30-45 minutes or more depending on your answering.

Part A- Demographic Data

1. How old are you?
2. Gender
3. Which college are you from?
4. In which ward are you allocated
5. How long have you been to that ward?
6. Is this your first allocation since you started third year?

Part B- More probing questions.

1. What do you think is clinical supervision in your own understanding?
2. What are some of the factors that affect your clinical supervision?

Probe

Regarding the staff nurses supervisors/ nurse educators

Factors that affect you in a positive way

Factors that affect you in a negative way?

3. What has been your experience regarding clinical supervision during your current clinical placement?

The supervision time- duration per session

How many times are you supervised?

Who supervises you?

Are you satisfied the way you are supervised? If no, why?

4. What challenges do you face with regard to clinical supervision?

Probe

With supervisors

Clinical resources (patients, materials, and time

Students' number versus clinical supervisor

Number of students per ward

5. What do you think are the important things you need in order to have satisfying supervision?

Thank you very much for your participation.

Appendix D: Certificate of approval from College of Medicine Research and Ethics Committee.



Appendix: E Letter for Permission to conduct a study

Kamuzu College of Nursing,

Private Bag 1,

Lilongwe.

31st July, 2015.

To The Director,
Mzuzu Central Hospital,
Private Bag 209,
Luwinga, Mzuzu 2.

Dear Sir/Madam,

Re: Request to conduct a study at your Institution

I am writing to request for your permission to conduct a study at your institution. The study title is "Clinical Supervision Experiences of Third Year Undergraduate Nursing Students during clinical placement: A case for Mzuzu Central Hospital in Malawi"

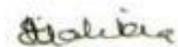
I am a student at Kamuzu College of Nursing pursuing Masters Degree in Nursing and Midwifery Education. The study is in partial fulfilment of my degree. The aim of the study is to investigate the experiences of third year undergraduate nursing student regarding their clinical supervision during clinical placement at Mzuzu Central Hospital.

The results intend to improve the teaching and learning in the clinical area. The study requires collecting data from the third year undergraduate nursing students at the clinical area. The data is expected to be collected from September 2015.

All research ethical requirements to conduct a study will be strictly adhered to for the safety and confidentiality of the participants.

Your assistance will highly be appreciated.

Yours sincerely,


Evelyn Malikhha.

Cc: Dean of Postgraduate,
Programme Coordinator
KCN Registrar.

Appendix: F Letter of approval from the Institution

Telephone: 01 320 916 / 878

Fax: 320223/320973/270

directormch@malawi.net



In reply please quote No.....

The Hospital Director,
Mzuzu Central Hospital,
Private Bag 209
Luwingu,
Mzuzu 2.

4th August, 2015.

Evelyn Malikha
Kamuzu College of Nursing
P/Bag 1,
Lilongwe

Dear Madam,

REQUEST TO CONDUCT A RESEARCH STUDY AT MZUZU CENTRAL HOSPITAL

Reference is hereby made to your letter in which you requested for permission to conduct a research study here at Mzuzu Central Hospital on a topic "*Clinical Supervision: Experience of 3rd year Undergraduate Nursing Students and their Supervisors During Clinical Placement- A case of Mzuzu Central Hospital.*"

I am pleased to inform you that your request has been approved. However you need to submit approval letter from the National Health Sciences Research Committee (NHSRC) or College of Medicine Research and Ethics committee (COMREC) before you can start the data collection at this Hospital.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'B.K. Nyirenda'.

B.K. Nyirenda

Deputy Research Coordinator

For: THE HOSPITAL DIRECTOR