


**EXPERIENCES OF GHANAIAN STUDENT NURSES IN THE
CLINICAL LEARNING ENVIRONMENT: IMPLICATIONS FOR
NURSING EDUCATION AND PRACTICE**

The image shows a large, faint watermark of the University of Ghana crest in the center of the page. The crest is a shield-shaped emblem with a light blue background and gold-colored symbols. At the top, there are three stylized leaves or branches. Below them is a horizontal line, and underneath that is a decorative gold-colored symbol resembling a stylized 'G' or a similar emblem. The name 'ATSWEI ADZO KWASHIE' and the number '(10174239)' are printed in black text across the middle of the shield.

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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE AWARD OF PHD ADULT EDUCATION AND HUMAN
RESOURCE STUDIES DEGREE**

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DECLARATION

I, declare that this thesis is the result of my research work as a PhD candidate of the Department of Adult Education and Human Resource Studies, School of Continuing and Distance Education, University of Ghana, Legon. All references to authors, books and other sources have been duly acknowledged. The thesis has been written under the supervision of Professor Michael Tagoe and Dr. Ellen Osei-Tutu. I certify that this work has never been submitted in whole or in part for any degree elsewhere.

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ABSTRACT

Learning environments are relevant in adult education as they serve to facilitate acquisition of relevant knowledge, skills and attitudes for one to be well educated. The Clinical Learning Environment (CLE) has been identified as a complex network of forces that work together in the learning of clinical skills for student nurses in addition to classroom learning (Flott & Linden, 2016). Student nurses are placed in the Clinical Learning Environment to acquire the requisite skills needed for future professional practice on graduation. The experiences of student nurses during this placement are varied and have implications for nursing education and practice.

This study aimed at exploring the experiences of student nurses in their Clinical Learning Environments and described how these influence and impact on their acquisition of the requisite skills for professional practice which is foundational to nursing science.

Using Heideggerian phenomenology qualitative approach, the study explored the lived experiences of student nurses in the Clinical Learning Environment guided by the Learning Environment and Learning Processes and Learning Outcomes Framework (LEPO Framework) (Phillips, McNaught & Kennedy, 2010) and Quality of the Clinical Learning Environment Conceptual Framework (D'Souza, Karkada, Parahoo & Venkatesaperumal, 2015). A total of six (6) focus group interviews were conducted with seventy-five (75) student nurses from the School of Nursing and Midwifery, University of Ghana. Only student nurses from Levels 200 to 400 were recruited for the study. Data was analysed using Colaizzi's 7-Step strategy of descriptive phenomenological data analysis method to elicit an exhaustive description and interpretation of the phenomenon of experiences in the Clinical Learning Environment. Seven themes and sixteen sub-themes emerged from the data. The themes were description of the Clinical Learning Environment, nature of the ward atmosphere, supervisory relationships on the ward, leadership style of the ward manager,

pedagogical atmosphere on the ward, supervision by clinical teachers, and challenges with clinical learning. Explanations were provided for each theme and sub-theme with relevant supporting quotes presented to offer an in-depth understanding of the phenomenon under study.

The findings showed that the Clinical Learning Environment is a complex one in which stakeholders interact as community of practice. The student nurses indicated that the leadership style of the ward managers impacts on their learning outcomes either positively or negatively. They indicated that the pedagogical atmosphere on the ward contributes to their acquisition of the requisite nursing skills for practice as professional nurses. Clinical supervisors need to be present on the wards engaging the student nurses in nursing procedures to translate theory into practice. Student nurses experiences in the Clinical Learning Environment showed that the efforts of all stakeholders are necessary to ensure that effective teaching and learning takes place for student nurses. It was recommended that there must be collaboration among student nurses, ward managers and staff nurses, and clinical instructors to assist with acquisition of requisite clinical skills in nursing.

DEDICATION

To Austin, Koku and Komla, the men in my life. WE have come a long way and the journey continues... I love you very much!

To Yao Yao Tsahey, my brother. Let us continue to be each other's keeper in this life.

To Dr. (Mrs). Eugenia Tawia Lamptey, Dept. of Anaesthesia, Korle-Bu Teaching Hospital, who prayed daily for me, and urged me on to complete this project. Mummy, thank you and God richly bless you.

To the memory of Mrs. Felicia Naa Kai Tsahey, my mother. For your unfailing love and care in nurturing me to be a woman of worth. You are sorely missed, but you live forever in my heart.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Learning takes place in diverse settings which can be structured or unstructured. Nursing students do not learn only in the classroom but also in clinical settings. These settings in which learning takes place can be termed as learning environments. The learning environment is made up of all the structures and processes within which learning takes place. Thus, it includes the activities that are carried out in the setting (structure) that lead to the individual who is educated acquiring the requisite knowledge, skills and attitudes for that individual to function in his/her environment. In nursing, a learning environment comprises of various elements and it can be divided into academic and/or clinical environment (Papp, Markkanen & von Bonsdorff, 2003). Papp et al., (2003) have explained that the Clinical Learning Environment encompasses “all that surrounds the student nurse, including the clinical settings, the equipment, the staff, the patients, the nurse mentor, and the nurse teacher” (p.265). The academic learning environment on the other hand embodies only the nurse teacher and fellow students and is controlled by the teacher unlike the Clinical Learning Environment, which is hard to control by a single individual. It therefore becomes clear that a learning environment contains various components, which provide a network of forces and factors, which influence the acquisition of knowledge for the student (Papp et al., 2003).

The Clinical Learning Environment (CLE) employs a student centred approach to learning and knowledge acquisition in order to support the learner to meet his/her goals. Nursing students at the tertiary level are classified as adult learners. They are therefore self-directed and tend to take responsibility for their own learning. Self-directed learning is a

central concept in the study and practice of adult education and is applicable in nursing education within the clinical context. According to (Garrison, 1997), self-directed learning is a method where learners are motivated and encouraged to assume personal responsibility and collaborative control of the cognitive and contextual processes in constructing and confirming meaningful and worthwhile learning results. Garrison, (1997) views this from a collaborative constructivist outlook which has the individual taking responsibility for constructing meaning while incorporating the participation of others in confirming meaningful knowledge. Meaningfulness and worthwhileness reflect the cognitive and communal perspectives of an educational experience for learners. For student nurses, their clinical experiences are expected to enable them construct meaning from theory and translate it into worthwhile practice in order for the outcome to be personally meaningful to them and socially worthwhile as they work to meet the needs of their clients.

The Clinical Learning Environment has also been described and explained as an interactive network of forces within the clinical setting that influences learning outcomes (Dunn, 1995). This is further explained to include everything that surrounds students and affects their professional development in the clinical setting (Papastavrou et al., 2016). Also the CLE is the place where the theoretical components of the curriculum can be integrated with the practical and transformed into professional skills and attitudes within an emotionally safe and secure atmosphere or environment which contributes to positive learning outcomes, acquainting students with clinical judgements and decision-making as well as stimulating their critical thinking (Bisholt, Ohlsson, Engström, Johansson & Gustafsson, 2014; D'Souza, Karkada, Parahoo & Venkatesaperumal, 2015).

Arkan, Ordin & Yilmaz (2018) have posited that nursing education incorporates both theory and practice. They further argue that clinical learning is an essential part of nursing education as such nursing students need to practice in an environment that will provide them

with individual and professional development. Clinical training improves students' professional critical thinking and decision-making skills and increases their self-confidence (Elcigil & Sari, 2007). Ultimately, the main aim in a nursing programme is to produce nursing graduates with the necessary knowledge and skills to be able to provide comprehensive care to their clients and the society as a whole. The traditional classroom teaching provides a greater proportion of theoretical knowledge while clinical learning leads to acquisition of the skills. Clinical nursing is an integral part of nursing education and forms the practice component of the nursing education. Clinical nursing is also essential for students who are learning and training to become nurses as it prepares the student nurse to perform nursing skills as well as understand the rationale and principles that underlie their practice.

Clinical practice encourages students to use their critical thinking skills for problem solving since the present healthcare environment requires nurses who can function in an environment that demands innovative problem solving and this can be achieved in the right environment where clinical experience is gained. Dunn & Hansford (1997), have indicated that clinical practice is beyond dispute, is considered to be a very imperative part of a nursing education, and the quality of nursing education is reliant on the quality of a student's clinical experience. Thus, nursing students must be well prepared to integrate a strong theoretical base with clinical competencies in order to provide safe, beginning-level nursing care (Benner, 1984). This is because in professional nursing practice, there is a strong demand for high-quality, cost-effective clinical education experiences that facilitate student learning in the clinical setting. The drive to prepare nurses capable of providing quality nursing care with a strong knowledge base has meant that clinical education has remained a significant component of undergraduate nursing curricula. One important component of the clinical

education is the assignment of nursing students to various wards in the Clinical Learning Environment (CLE).

Globally, nursing education has evolved from the apprenticeship style of learning into highly formal education based in institutions of higher learning such as universities and colleges. This is aimed at producing graduates with the requisite knowledge and skills for the ever-changing healthcare sector. This has also led to specialization in many areas of nursing such as paediatric nursing, gerontology, adult health, maternal and child health, mental health nursing and many more.

Basic nursing education in Ghana is based in both Universities and Nursing Schools. Development of nursing education in Ghana has undergone dynamic growth and change from the colonial days to the post-independence era. Nursing education evolved gradually from instances where male orderlies were trained to offer care to the colonists to the present day where educational institutions have been established to offer both theoretical and practical knowledge in order for one to become a professional nurse (Opare & Mill, 2000). At present the level of education for professional nurses in Ghana starts at the Diploma through Degree to the Masters level where one acquires either an MSc or MPhil degree in Nursing. At the University level, student nurses are awarded a degree in nursing (synonymous to baccalaureate degree) after completing a four-year period of study, which includes theoretical and practical nursing courses. Having been given in-depth theoretical knowledge, the student nurses proceed to the clinical sites for their clinical experience to achieve clinical competency skills required for practice.

Clinical education is an important component of undergraduate nursing education globally with Ghana being no exception. It provides student nurses with the opportunity to participate in nursing work and apply knowledge acquired in the classroom in the complex social context of the clinical setting (Edmond, 2001). Student nurses also have an

opportunity to integrate all forms of knowing (knowing that, knowing how and knowledge of self) to construct meaning from the practice experience (Edmond, 2001). The Clinical Learning Environment with its parameters as well as student parameters determine the extent to which student nurses are able to participate in clinical education for the acquisition of knowledge and skills. The clinical placement experience for nursing students in Ghana is central to the development of their nursing practice skills, as this is where these student nurses integrate knowledge from the theoretical component of the nursing programme. Student nurses often express the need to feel a sense of belongingness in the Clinical Learning Environment in order to adjust as they move from an environment which encourages thinking (i.e. the classroom) to an environment, which encourages doing (Levett-Jones & Lathlean, 2008). If the environment is not supportive of student learning, not only can desired learning be reduced, there will also be decreased application of skills learnt. It is therefore imperative that the experiences of student nurses in the Clinical Learning Environment are explored in addition to the approaches to learning to strengthen clinical learning.

The Clinical Learning Environments are tacitly or explicitly designed to support individual efforts of student nurses to negotiate meaning while engaging in authentic activities (Hannafin, Hill, Land & Lee, 2014). Grounded in a constructivist view of learning where meaning is personally, rather than universally defined and drawing comprehensively from social learning, the Clinical Learning Environment enables student nurses learn in a community of practice. Jonassen and Land, (2012) have indicated that these student-centred Clinical Learning Environments favour rich, authentic learning contexts, which are preferred to externally directed instruction as occurs in the traditional classroom. A good Clinical Learning Environment therefore, is composed of many practical components that offer an opportunity for professional development in nursing. This enables the student nurse to

assume the values, morals, attitudes and skills that pertain to the professional group (Saarikoski & Leino-Kilpi, 2002). These environments are expected to provide the needed learning experience for the nursing students to develop their competencies in the application of knowledge, skills, attitudes and values to clinical situations (Chan, 2004; Saarikoski & Leino-Kilpi, 2002).

However, the Clinical Learning Environment has been associated with challenges. There have been reports of students not getting adequate supervision, not feeling welcome in the Clinical Learning Environment and being used as staff nurses to cover up for shortages in the hospital (Chesser-Smyth, 2005; Msiska, Smith, & Fawcett, 2014). These challenges have contributed to student nurses feeling isolated in an environment where they expect to be welcomed and taught nursing procedures that will facilitate their clinical practice on graduation. Other challenges faced by the student nurses during clinical placement have to do with overcoming anxiety in order to fit into the learning community. This is often an individual problem that must be overcome as one moves through the stages of socialization in the nursing profession. In this process of socialization, Benner, (1982) posits that every nurse who goes through the early stages of socialization which include novice and advanced beginner is likely to experience varying degrees of anxiety thereby affecting his/her work output. In this context, the student nurses are still novices being taken through clinical work. Thus to be engaged on the ward and given responsibilities as qualified staff nurse makes it difficult and challenging for these student nurses. The Clinical Learning Environment therefore evokes a sense of fear and anxiety for persons who must of necessity be placed in the environment for clinical practice as part of their education. In-depth exploration of the experiences of student nurses in the Clinical Learning Environment is imperative to provide a better understanding of these challenges and their impact on student nurses.

Many studies have been conducted to develop tools (scales) that can be used to measure or evaluate the effectiveness of components in the Clinical Learning Environment of nursing students. These are mostly quantitative studies that have come out with scales such as the Clinical Learning Environment Inventory (CLEI) that identifies the major areas to examine when investigating the Clinical Learning Environments (Chan, 2002; Dunn & Burnett, 1995; Hosoda, 2006). Some of these scales are the Clinical Learning Environment and Supervision (CLES), Clinical Learning Environment Inventory (CLEI), Clinical Learning Environment Supervision and Teaching (CLES-T) (Chan, 2002; Dunn, 1995; Saarikoski & Leino-Kilpi, 2002). Other studies have also led to development of Norwegian and Finnish versions of the CLEI to make it applicable in the different contexts and settings. These quantitative studies have sought to identify what constitutes a good Clinical Learning Environment for student nurses to study. The studies also determine the components of the Clinical Learning Environment that impacts on clinical learning for student nurse as well as determine the quality of clinical placement for student nurses (Boor et al., 2007; Chan, 2002; Dunn, 1995; Saarikoski & Leino-Kilpi, 2002) . The focus of these studies has been primarily to develop and validate tools that can be used to determine the effectiveness of the Clinical Learning Environment during clinical placement of student nurses. These studies fail to explore the lived experiences of the student nurses on the nature of the Clinical Learning Environment and how it impacts on the clinical learning experience of student nurses. .

Although the Clinical Learning Environment has been investigated in several countries (Ip & Chan, 2005; Jonsén et al., 2013; Nepal et al., 2016; Serena & Anna, 2009; Yang, 2013) with respect to perceptions and experiences, there is scarcity of studies exploring the nursing students' perception of the Clinical Learning Environment in Ghana. The few studies that have been conducted locally in Ghana and the African continent in relation to clinical learning of student nurses have been on newly qualified graduate nurses sharing their experiences on the

wards (Mongwe, 2009; Msiska, Smith, & Fawcett, 2014; Tiwaken, Caranto, & David, 2015). Other studies have also examined related issues on clinical practice by examining the attitudes of student nurses towards clinical practice and supervision of student nurses during clinical placement with preceptors (Asirifi, Mill, Myrick, & Richardson, 2013; Awuah-Peasah, Sarfo, & Asamoah, 2013). These issues are relevant to nursing education and practice, however there is the need to critically explore and describe into more detail the nature of the learning experiences in the environment in which clinical learning takes place. An appropriate Clinical Learning Environment would serve as a foundation on which student nurses would acquire the relevant nursing skills to offer the requisite experience needed to practice.

Exploring the lived experiences of student nurses in the CLE offers the opportunity for faculty to identify how the complex network of factors such as, ward culture, activities of nursing staff, supervisory relationships, availability of resources, ward type, and any others impact on the outcome of nursing practice of the student nurses. It is essential that research is undertaken to identify how student nurses perceive their clinical education and the kind of environment that they believe will enhance teaching and learning to positively support student nurses in clinical education. An exploratory descriptive study of the Clinical Learning Environment would thus highlight the perceptions and experiences of student nurses within the Clinical Learning Environment. It is also imperative to gain more insights into the Clinical Learning Environment of student nurses to contribute empirical evidence on their perceptions and experiences in order to provide in-depth knowledge towards enhancing creative teaching in the health professions.

1.2 Statement of the Problem

Nursing education involves both classroom teaching and clinical field placement for skill acquisition. The four-year BSc Nursing programme at the School of Nursing and Midwifery, University of Ghana has been structured to provide both theoretical and clinical

nursing. A lot of emphasis is placed on clinical work for student nurses over the four-year period of nursing. This includes three weeks of clinical work during each semester and an additional six weeks at the end of the second semester. This comes up to twelve weeks of clinical practice for the twenty-six weeks of teaching that students have per academic year. The changing global health needs requires professionals with the requisite competence and expertise to provide that care.

The School of Nursing and Midwifery, University of Ghana has prepared student nurses for professional practice over several years. This has not been without challenges especially in relation to clinical placement in hospitals for clinical practice. Currently at the School of Nursing, University of Ghana, student nurses are placed at the major hospitals in Accra such as Korle-Bu Teaching Hospital, Ridge Hospital and 37 Military Hospital for clinical learning for their clinical experience over many years without having taken time to assess whether these clinical environments are adequate for meeting their needs as adult learners. There have been anecdotal reports from the ward managers about the student nurses regarding absenteeism, lack of interest in clinical practice, lateness and excuses not to go to the wards for clinical practice. These reports obviously adversely affect their clinical learning. In all these circumstances, the student nurses also experience challenges in the clinical environment such as interpersonal relationship issues, availability of teaching services and resources to learn with. All these impact on the learning outcomes for the students. Central to the practice of adult learning is the necessity to provide an environment of mutual respect, partnership, support and trust. These student nurses, as adult learners are motivated to study when their contribution towards this learning environment is acknowledged. Many students perceive their Clinical Learning Environment to be anxiety and stress provoking (D'Souza et al., 2015). Student nurses have in addition expressed that they experience hostility, difficulty communicating with staff and dissatisfaction with the

practice setting (Emanuel & Pryce-Miller, 2012) within the environment which makes it difficult for them to achieve their learning outcomes. Based on these perceptions, it is imperative to explore the Clinical Learning Environment through the experiences of student nurses.

In order for student nurses to be adequately educated and trained, there is the need for a well-structured learning environment which provides every resource needed for the requisite acquisition of the needed competencies for practice as professional nurses. The exploration of the student nurses experiences in the Clinical Learning Environment is vital in this regard to identify how the learning processes and learning outcomes impact on their skill acquisition.

Nursing has moved from the apprenticeship model of using orderlies (Glen, 2009; Opare & Mill, 2000) to higher professional education that provides services to meet changing health needs. The transition from apprentice-model of nursing into education in higher institutions of learning comes with much scepticism whether theory would diminish clinical skills and practice (Barton, 1998). According to Ajani & Moez (2011), this has led to the debate about a theory-practice gap in nursing whereby there is a perception suggesting that nurses who are proficient in theory are able to write the best care plans, review and analyse pathophysiology, treatment rationale etc. Nevertheless these same nurses struggle with hands on practice. On the other hand, nurses who demonstrate strong clinical practice skills often find it challenging to rationalize the care in terms of theory. The theory-practice gap therefore continues to question whether through higher nursing education, nurses gained adequate preparation to carry out the required skills in practice (Longley et al., 2007). Such arguments stem from what happens in the Clinical Learning Environment. This is because nurses are always measured by their competence in performing procedures on patients under their care. These studies nonetheless address the quality of nursing care and expectations of

clients but fail to examine the way student nurses are able to acquire the needed competencies to meet the changing global healthcare needs. These studies also fail to assess the experiences of student nurses in the Clinical Learning Environment. The problem of not having adequate information on the experiences that student nurses go through in the quest to acquire clinical skills tends to impact negatively on resourcing the clinical sites accordingly.

The experiences of student nurses in the Clinical Learning Environment provides insight into how the interactions among the key stakeholders influences the translation of theory into practice thereby bridging the gap. Again, the clinical experiences within the Clinical Learning Environment impact on the translation of theory into practice thereby bridging the theory-practice gap. As such it is imperative to ensure that student nurses are exposed to well-structured learning environments that will facilitate the acquisition of the requisite skill for practice. Exploring the experiences within the Clinical Learning Environment therefore allows for a better understanding of how various factors contribute to student nurses' learning to achieve competence for future professional practice.

Clinical learning occurs in a dynamic environment, which students perceive as challenging due to so many factors. Some factors that have been perceived by medical students and nurses to be challenging and adversely affecting their clinical learning have included negative attitudes of staff towards teaching, poor organization, insufficient feedback, supervisory relationship and the pedagogical atmosphere on the ward (Dolmans et al., 2008; Rani et al., 2011; Warne et al., 2010). It implies that there is the need to consider these factors when placing students in the clinical setting for teaching and learning. An unstable Clinical Learning Environment is likely to produce so much tension that effective teaching and learning may not take place. Nurse educators have a major task to promote a positive Clinical Learning Environment by improving these factors and thus it is imperative

to carefully explore the kind of Clinical Learning Environment of student nurses before placement in the sites for learning to take place.

Dunn (1995), recognized five thematic areas namely, supervisory relationship, pedagogical atmosphere on the ward, role of the nurse teacher, leadership style of the ward manager and premises of nursing on the ward which are to be studied when exploring Clinical Learning Environments. Student nurses' perception of the psychosocial characteristics of the Clinical Learning Environment must be of interest to nursing faculty to assist in structuring nursing curricula such that it meets the needs of students and objectives of clinical teaching. Additionally the attributes of the Clinical Learning Environment have been identified to include the physical structure, psychosocial interaction factors, the organizational culture, and teaching and learning components as well as effective instruction and student engagement (Flott & Linden, 2016). The experiences of student nurses in the Clinical Learning Environment offers the opportunity of identifying the impact of these attributes on the learning outcomes for the students.

In view of the issues highlighted, this study seeks to gather in-depth information from the experiences of student nurses in the Clinical Learning Environment to address issues that affect the acquisition of skills towards high standards of nursing practice in Ghana. It is in this light that I seeks to explore the experiences of nursing students in their Clinical Learning Environment.

1.3 Purpose of the Study

The purpose of the phenomenological study was to describe the experiences of student nurses from the University of Ghana who have had their clinical training in three hospitals, namely, Korle-Bu Teaching Hospital, 37 Military Hospital and Ridge Hospital all in the Greater Accra Region. The adoption of the Heideggerian (descriptive and interpretive)

method of phenomenology allowed the examination of the lived experiences of student nurses which was foundational to nursing science.

Using Colaizzi's seven steps to analyse the experiences of student nurses, the study was able to identify factors that impacted students' practical education within the Clinical Learning Environment.

1.4 Objectives

The objectives of the study were to:

1. Describe the nursing students' definitions of the Clinical Learning Environment
2. Describe the ward atmosphere in the Clinical Learning Environment.
3. Explore the supervisory relationship experienced by student nurses in the Clinical Learning Environment
4. Explore student nurses' experiences of the pedagogical atmosphere in the Clinical Learning Environment
5. Describe the influence of leadership style of nurse managers in the Clinical Learning Environment on student learning outcomes
6. Identify nurse-teacher relationships that influence student nurses' learning in the Clinical Learning Environment
7. Identify challenges student nurses face in the Clinical Learning Environment

1.5 Research Questions

The overarching research question was

What are the experiences of nursing students in a Clinical Learning Environment?

Sub-questions for the study included:

1. How do student nurses describe the Clinical Learning Environment?
2. How do student nurses describe the atmosphere for learning on the ward

3. How do nurse managers relate with the student nurses on the ward?
4. What are the nurse-teacher and student teaching interactions like?
5. What are the challenges faced by student nurses in the Clinical Learning Environment?

1.6 Significance of the Study

Tertiary education primarily deals with adult learners who have certain characteristics that promote and enhance learning. Adult learning produces outcomes that impact on students and their society at large. The adult learner in the discipline of nursing engages in cognitive activities and exhibits practical skills, which are key to outcome of patient care. This study on the Clinical Learning Environment (CLE)would describe the experiences of student nurses within the Clinical Learning Environment and how they are able to integrate their clinical work and learning. This is relevant for development and design of appropriate conducive learning environments for the nursing students. In this context it would inform policy development and guidelines for clinical learning in the various nursing schools at both diploma and undergraduate levels.

Nursing is a practice-based profession and has a strong practical focus despite its full integration into higher education (universities) globally and in Ghana. The importance of learning in the clinical area cannot be overlooked as such sharing experiences of learning in the clinical environment would address ways by which the theory-practice gap can be reduced significantly. The significance of this study to nurse educators and clinicians would be to empower them to find new and innovative ways to re-structure and re-organise these clinical experiences to better link the academic and practical components of nursing curricula in nursing education. This would again inform the development of policy guidelines as well as propose a framework for clinical learning experiences within the Ghanaian context for nursing education and practice.

In adult education, learners are self-directed and intrinsically motivated within their learning communities. A learning community is a culture of learning in which everyone is involved in the collective and individual effort to understand. It includes groups of people who share a concern, a set of problems or a passion about a topic, and who deepen their knowledge and expertise in these areas by interacting on an on-going process (Bielaczyc & Collins, 1999; Wenger et al., 2002) . The assessment of the Clinical Learning Environment within the context of a learning community may significantly contribute to the development of guidelines for clinical placement of nursing students in order to offer support to them in effective learning and skill acquisition for practice as professional nurses.

1.7 Operational Definitions

The following terms are operationalized for this study

1. Clinical Learning Environment: This refers to the various settings within the established healthcare institutions where student nurses are placed for clinical practice during the period they are enrolled in the university. These are the wards in which the students work during clinical placement.
2. Student nurses: These are persons admitted into the nursing programme at the University to undergo a period of education and training leading to the award of a BSc Nursing degree. This refers to both students from senior high school and those who entered the university with diploma in nursing
3. Experiences: The knowledge acquired from observing, encountering or undergoing something in the course of time. The things that have happened to you that influence the way you think and behave (Oxford Dictionary, 7th Edition) The knowledge thus acquired as a result of being exposed or involved leads to a deep understanding of the phenomenon in question. In this context, experiences refers to the knowledge

acquired from undergoing clinical as a result of clinical practicum in the Clinical Learning Environment.

In the next chapter, review of related literature is presented. In addition the theoretical framework underpinning the study has also been presented.

CHAPTER TWO

THEORETICAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter presents the theoretical framework and review of related literature. The first part discusses the theoretical and conceptual framework for learning environments in education to provide the context for the study. This is followed by the review of related literature.

2.1 Theoretical and Conceptual Frameworks of Learning Environments

This section presents the theoretical framework guiding the study. It discusses Learning Environments, Situated Learning, Legitimate Peripheral Participation and finally the Community of Practice as applied to Nursing Education. The Conceptual framework is derived from two models which are: The Learning Environment, Learning Process and Learning Outcomes Framework (LEPO) and the Conceptual Model of Clinical Learning Environment.

2.1.1 Learning Environments

Learning Environment refers to the whole range of constituents and activities within which learning happens. They include the structures and processes within which learning takes place (Piccoli et al., 2001; Sandberg, 1994). Therefore, learning environments are defined in relation to time, place and space, which include the timing of instruction, physical location & resources available. The traditional view of learning environment is that of the teacher-centred approach where sole responsibility lies on the teacher to ensure that teaching is effectively carried out. New frameworks for designing learning environments have

emerged in response to constructivist-inspired views of learning which is learner-centred emphasizing the role of the learner in the learning environment (Jonassen & Land, 2012). The learner-centred environment is used synonymously with the term student-centred learning environment in this text. Student-centred learning environments are defined as the kind of environment that provide interactive, complimentary activities that enables persons to address exceptional and unique learning interests and needs, study several levels of complexity, and deepen understanding (Hannafin & Land, 1997) . This same learning environment also fosters methods of thinking about teaching and learning that emphasize student accountability, responsibility and active participation in learning rather than relying only on content or what the teachers are doing using five tangible characteristics namely, tasks, student activities, teacher activities, sources of information and assessment (Smit et al., 2014)

Learning environments have emerged from the constructivist-inspired views of learning and led to the introduction of the term student-centred learning environments (Elen et al., 2007). From this constructivist perspective, learning is presumed to become more meaningful and motivational when students actively design and construct projects to work on. It presupposes that there is the need to actively engage the students in the learning environment such that they are able to interact with experts and/or peers for multiple perspectives to enhance student understanding (Hannafin, 2012). As a result, there is collaborative construction and interaction among all stakeholders within the learning environment that allow students to generate solutions to problems following discussions and or/ research. Student-centred learning environments, tacitly or explicitly are designed to support individual efforts to negotiate meaning while engaging in authentic activities (Jonassen & Land, 2012). The student-centred approach creates a learning environment that has learner responsibility at heart in contrast to the conventional didactic approach, which

focuses on the instructor (Ingleton et al., 2000). This paradigm shift has encouraged the shifting of authority from the teacher to the learner, treating the learner as a co-creator in the teaching and learning process (Barr & Tagg, 1995). Instructors who deliver student-centred instruction involve the learner in decisions about how and what they learn, how that learning is measured and evaluated, and they respect and accommodate individual differences in learners' backgrounds, interests, abilities, and experiences (McCombs & Vakili, 2005). Every student benefits from the student-centred learning as it strives to address their diverse learning needs, and when students have a stake in their learning, their motivation is increased and they actually learn (Brown, 2003; McCombs & Vakili, 2005).

The theoretical framework for student-centred learning environment emerged from the constructivist philosophy of learning. This view shifts from the traditional belief that knowledge is transmitted from teachers to learners. Constructivist philosophy believes that learners must construct knowledge. Within this context, knowledge is understood to be actively created, strongly connected to the individual's intellectual cognitive repertoire and also to the context within which this activity takes place; hence it is situated (Salomon, 1998). Accordingly, the learner is more a maker than a spectator and as such learning activities must be designed to cultivate the individual's knowledge and skills. (Yilmaz, 2008) explains that the constructivist approach to learning has implications for instruction as it embraces experiential learning, self-directed learning, discovery learning, reflective practice and problem-based learning which are all student-centred therefore directly impacting on the kind of learning environment for the acquisition of knowledge and skills. Constructivist teaching allows learners have meaningful, concrete experiences in which they can identify and find patterns, construct their own questions and configure their own models, concepts and strategies. The classroom thus becomes a micro-society in which learners jointly engage in activity, discourse and reflection. In this context, instructors and teachers facilitate and guide

rather than dictate autocratically. Autonomy, mutual reciprocity of social relations and empowerment characterise a constructively conducted classroom (Yilmaz, 2008). This constructivist perspective is focused on collaboration between the learner and the instructor in such a way that the learner takes is accountable for constructing knowledge and meaning while involving the participation of others in the learning environment. This makes it student-centred whereby the student, as an adult learner becomes fully involved in their learning by actively participating in the process and interacting with all the stakeholders in the learning environment.

The student-centred learning environment having evolved from the constructivist perspective of learning, promotes the involvement of the key stakeholders particularly the students, in the construction of the requisite knowledge and skills they need to function effectively within the society. The paradigm shift from objectivism to constructivism reflects the understanding that learning is situated within the experience that one has. There has been a shift from independent learning to that of social learning in which learning takes place through Communities of Practice, within Situated Cognition.

2.1.2 Situated Cognition and Legitimate Peripheral Participation

Situated cognition is a theory of learning that emphasizes that learning is social and not isolated, and that people learn while interacting, networking and cooperating with one another through shared activities and language (Brown, Collins, & Duguid, 1989). Situated cognition (also known as Situated Learning) is a learning theory that has been developed from the work of cognitive scientists and is grounded on the premise that learning is influenced by the situation in which it occurs (Onda, 2012). It assumes that learning takes place in a social situation involving other people rather than the previous belief that learning is done individually and independently. Learning thus becomes an activity that involves participation rather than engaging in independent learning activities. Wenger, (2000) sees

learning as involving participation at three levels among individuals, communities and organizations. A member who participates in the Community of Practice improves his/her learning and at the same time the organization becomes effective as it supports members through interconnectedness and networking. In situated cognition, knowledge is social and based on situated activity as members take active part in learning by doing what the experts in the field do. Situated learning is a viewpoint of learning that takes into consideration the perception, cognition, language, agency, the social world and their interrelations as elements affecting the way an individual learns (Lave, 1991). Social factors are thus instrumental in providing the conditions that affect individual cognition. The Clinical Learning Environment is likened to an organization within which the members (student nurses, nurses, nurse teachers/ clinical supervisors) interact as a Community of Practice for positive learning outcomes for learners who are the student nurses. From this view, the Community of Practice has its own language and social interactions which are negotiated to bring about learning.

The theory of situated cognition brings understanding to how knowledge and skills are acquired in authentic contexts for students or apprentices who may already possess some skills and are yearning to learn new content and skills. The situated cognition theory is applicable to groups of people who show a concern or passion for something they already do and are learning to do it better as they interact regularly with experts in the field. Knowledge sharing takes place through extensive engagement over a prolonged period of time and continuous interaction. This theory has been applied in the Nursing Community (Abigail, 2016; . Andrew, Tolson, & Ferguson, 2008; Berry, 2011; Eckert, 2006) and provides better understanding of the Clinical Learning Environment as a Community of Practice.

Situated cognition requires participation in activities which are authentic through the use of legitimate peripheral participation. The teaching and learning of skills leading to proficiencies is a fundamental aspect of any practice-based profession (Woolley & Jarvis,

2007) including nursing. With the use of legitimate peripheral participation within the Community of Practice, there is modelling, coaching, scaffolding, articulation, reflection, and exploration (Woolley & Jarvis, 2007). Learning as a legitimate peripheral participation in this context using Wooley and Jarvis' (2007) approach offers a two-way bridge between the development of knowledge and skill by granting access to the community. Participants within the community need to be granted 'legitimate' access to its practices through social relations in which persons and practices change, re-produce, and transform each other ((Lave & Wenger, 1991).

In the Clinical Learning Environment, the student nurses who are full participants in the expert-novice relationship are seen as apprentices who gradually gain identity through cognitive apprenticeship to become legitimate members of the Community of Practice. Unlike the traditional apprenticeship model in which apprentice watches the master perform a psychomotor skill and reproduces, the cognitive apprenticeship model requires that the apprentice (student nurses) places emphasis on thinking that precedes a task. In cognitive apprenticeship there is deliberate processing of information which creates meaning for the apprentice to make learning effective.

2.1.3 Community of Practice

The Community of Practice is a model of situated learning that presupposes that learning is social in nature. Lave & Wenger (1991) have indicated that situated learning places emphasis on the processes of learning within a particular context. The authors go on to describe it as the kind of learning that arises when the learner is situated within a particular community. In other words, the learning process cannot be separated from the social context. The learning environment is therefore considered as the situation within which learning takes place. This is likened to a community where the student plays a significant role by engaging with the various elements situated within the community to acquire knowledge and skills.

Wenger (2000) identifies Communities of Practice to be places where there is collective learning. Communities of Practice are basic building blocks of social learning where there is collective learning and competence is defined by combining accountability through joint exercise, mutual engagement and having a shared repertoire of resources (Wenger, 2000). Communities of Practice offer an opportunity to negotiate competence through an experience of direct participation. The student immersed in a Community of Practice is able to learn by active participation and being a member of the community. The Community of Practice is likened to the learning environment for the student and at the same time the practice field when considering the Clinical Learning Environment. This theoretical perspective on situated learning shifts from teaching of concepts to engaging the learner in authentic tasks that require the use of those concepts or skills. The situated activity of the learner, the practices being carried out, the reasons why the particular practices are being carried out, the resources being used and the constraints at hand all constitute the practice field which in turn becomes the Community of Practice (Barab et al., 2012).

Within the Community of Practice, there is collective learning that reflects the pursuit of shared enterprises and attendant social relations. The members of the Community of Practice are brought together by joining in common activities and by what they have learned through their mutual engagement in these activities (Andrew, Tolson, & Ferguson, 2008; Risling & Ferguson, 2013; Wenger, 2000). This description shows that, a Community of Practice is therefore not defined by geographical boundaries or interests. There must be the element of shared practice as Wenger (2000) indicated along three dimensions which are joint enterprise, mutual engagement and shared repertoire of resources such as artefacts, routines, vocabulary, which they have developed over time. The Clinical Learning Environment is likened to a Community of Practice for student nurses as it has these three dimensions that Wenger uses to define the Community of Practice. Within this clinical

learning community, members are involved in relationships over time as they interact with one another. As the students learn through practice, they build social relations with the members working in the Clinical Learning Environment. The staff and student nurses are thus mutually engaged in a social enterprise of providing service for clients and by this the students are able to acquire knowledge and skills. Again, within the Clinical Learning Environment as a Community of Practice, there are shared repertoires of resources. The student nurses and the staff all carry out the same routines using the same resources and materials available in the learning environment and all members within the learning environment understand the language used. The Clinical Learning Environment therefore becomes the Community of Practice in which situated learning takes place.

In the Clinical Learning Environment, the Community of Practice has the potential to shape professional practice to allow for the understanding and deployment of new knowledge. It serves as a versatile and dynamic knowledge resource through the formation and establishment of engaged relationships (Andrew et al., 2008). Student nurses working in the Clinical Learning Environment stand to benefit from the collaboration between academics and practitioners in their pursuit of knowledge. Engaging in community learning also fosters unity and makes the learning environment very vibrant and active for the student nurses. By using the Community of Practice concept in the Clinical Learning Environment, the student nurses have a sense of ownership of the inquiry and feel responsible for their learning (student-centred learning environment), their learning is collaborative and social and the learning context is motivating (Barab et al., 2012). The learning processes that go on within the Clinical Learning Environment leads to learning outcomes that are beneficial to all the stakeholders involved in the education of the student nurses, namely, the teachers, support staff and the students. Communities of Practice in nursing can help foster and promote an environment in which knowledge can be created and shared to improve the effectiveness of

existing practices used in the clinical setting. As student nurses, expert nurses and clinical teachers engage in teaching and learning, there is sharing of knowledge transferred from wards and the classroom which benefits everyone in the learning community. The exchanges in and across wards and units bring innovation related to a common goal of providing quality healthcare services to patients and clients.

The application of Situated Cognition and its related concepts of Legitimate Peripheral Participation and Communities of Practice highlights the complex nature of learning environments. From the constructivist perspective, learning is perceived as consisting of active involvement in processes which leads to learning outcomes for the learner. This requires that the learner has to practice or engage in cognitive apprenticeship in the transactions that occur in the learning community. The Learning Environment, Learning Process and Learning Outcomes Framework (LEPO) provides further insight into who the stakeholders in the learning community (Community of Practice) are and how these stakeholders all work together in a given situation or context in relation to education of student nurses.

2.2 Learning Environment, Learning Process, Learning Outcomes Framework (LEPO Framework)

This framework of learning was developed as a generalised and integrated framework for learning. Phillips, McNaught, & Kennedy (2010) in the LEPO framework identified that learning is a process which involves all the activities that learners go through to develop their understanding. It can also be related to a product or an outcome constructed by the learner and demonstrated to others as evidence of acquired levels of understanding. In the LEPO Framework, three components facilitate learning namely, learning environment, learning process and the learning outcomes. Two general factors namely the students and teachers interact with these three components to bring about learning. This is depicted in the figure 1.

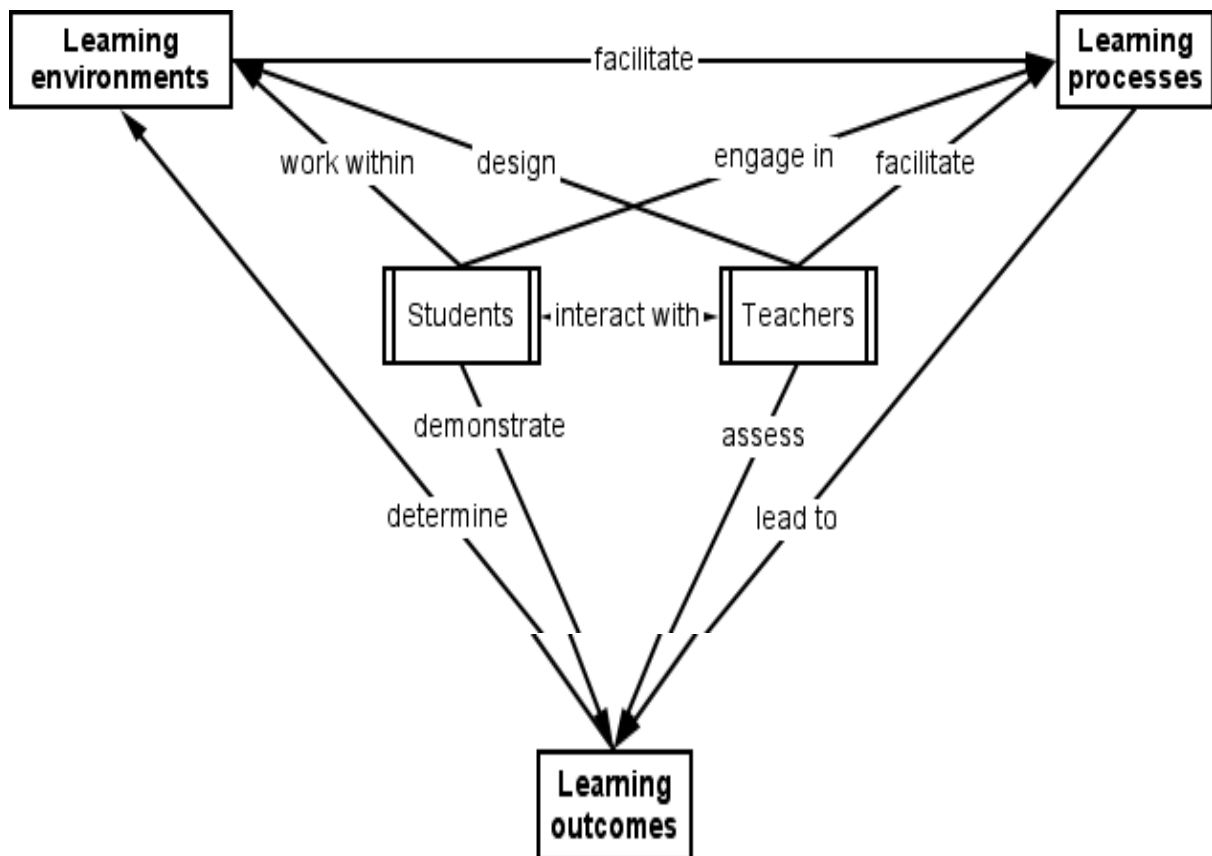


Figure 1: LEPO Framework showing interaction and interrelationships between the components (Phillips et al., 2010)

The learning environment provides the context in which the student works and is informed by the desired learning outcomes and specifies the resources, which support the student to learn. Learning environments are designed and this allows for detailed description of the characteristics. When a learning environment is well defined, it is easier to evaluate it whether it has achieved its desired outcomes. The Clinical Learning Environment with its characteristics is likened to the learning environment in this framework as it also comprises on-going interactions among the student nurses, nurse teachers and ward staff to determine student nurses learning outcomes. Additionally, in the LEPO framework, the authors mention that, students use learning processes in the acquisition of knowledge, attitudes and skills. Learning process refer to all the cognitive activities that contribute to learning as well

as the manner in which these activities are carried out and they could be through individual effort or social engagement with others (Bransford, Brown, & Cocking 2000) This social engagement with others is what happens within the Community of Practice that is established in the Clinical Learning Environment of the student nurses. The learning outcomes become the skills that the students are able to demonstrate as evidence of having acquired knowledge. In this case, the evidence of learning refers to the skills that the student nurses acquire after engagement with the actors in the learning community.

Modification to the LEPO Framework was done to further include an additional actor to the model (Phillips, 2011). The third actor within this framework is the support staff. This was done in recognition of the fact that in addition to students and teachers, there are other persons (support staff) who also contribute to learning in higher education. Within the learning community, learning is undertaken by individuals (students) and this is facilitated by interaction with others (teachers and support staff). In the context of the Clinical Learning Environment the support staff represents all the nurses (nurse manager and staff nurses) that the student nurses interact relate and interact with in their quest to construct new knowledge. The teachers refer to nurse teachers from academic setting who also facilitate this process for the student nurses by using various formal and informal learning processes. The student nurses are part of this learning community which is likened to a Community of Practice (Lave & Wenger, 1991). The modified LEPO Framework is presented in Figure 2.

Figure 2: Interaction between the components and actors of the LEPO Framework to form a Learning Community(Phillips, 2011)

2.2.1 Adaptation of the LEPO Framework for this Study

In line with the LEPO Framework, the three main actors within the learning community have been identified in the literature review to be the nurse teacher, the student and the ward manager and her staff representing the support staff. From the LEPO framework shown in Figure.1, the student nurses interact with the nurse teachers and through demonstrations and other assessment strategies the learning outcomes can be established. The nurse teachers facilitate the learning processes as the student nurses engage in activities within the learning environment. In the meantime the student nurses work within the learning environment and the outcome of the work gives an indicator of the nature of the learning environment for the student nurses. From the LEPO Framework, the learning environment facilitates the learning process, which leads to the learning outcome, which then determines the learning environment. The actors here are the student nurse and the nurse teacher who are interacting. Student factors and the context within which teaching takes place all impact on

the learning processes and therefore the end product, which in this case refers to the skills that are acquired for nursing practice in future.

Phillips, (2011) reviewed the LEPO Framework and included a third actor, the support staff. (See Fig. 2). In the context of the Clinical Learning Environment, the support staff includes the ward manager and other nursing staff in the clinical setting. The learning environment within which these processes take place is very important to determine whether outcomes would be met or not. Several factors have been shown to influence nursing education within the Clinical Learning Environment.

In adapting this LEPO Framework for this study, the various components would remain as indicated. It is recognised that for the student nurses to acquire the needed skills and knowledge for practice, they would engage in learning activities within a learning community. This learning community becomes the community of practice that is represented as the Clinical Learning Environment for the student nurses. The Clinical Learning Environment is usually based in a setting such as a hospital or clinic where the students are placed for practicum to learn clinical skills. Within this learning community, there are various stakeholders who interact and build relationships that enhance the learning process. In the Clinical Learning Environment, these stakeholders have been identified to include the ward manager, other nurses, patients themselves and the student nurses themselves (Chan, 2004) The teacher's place within this learning community is to liaise with clinicians and follow students to the clinical setting to teach. Students' relationship with their instructor, ward manager, other nurses and fellow students are important in clinical experience. As such, the student nurses are represented accordingly in the model and the support staff would therefore include the ward manager, other staff nurses, colleague student nurses and the patients on admission in the wards. From the model, these three actors all are key stakeholders in the

learning community.

The learning community provides a learning environment, which uses certain learning processes to achieve learning outcomes for the student. In the LEPO Framework, learning is conceptualised as having these three components, which are found within the learning community. The learning environment facilitates learning through the various activities (learning processes) that go on within it. These activities then bring out knowledge, behaviours and skills, which can be demonstrated (learning outcomes).

The LEPO Framework is applied as a theoretical framework in this study to examine the experiences of student nurses within the Clinical Learning Environment and to describe ways by which improvements can be made in educational design. All the actors/stakeholders namely the students, teachers and support staff engage in the process of learning, contribute to creating a learning community with a suitable learning environment for positive learning outcomes. A constructivist philosophy recognises that students bring their existing knowledge and abilities to their study (Phillips et al., 2010). Relating this to adult learners (student nurses), they are self-directed in their own learning and can relate with the relevant people in their learning environment to achieve their goals. The student nurses are well able to describe the activities within the learning community and prescribe ways of ensuring that they are able to attain the level of knowledge and skill for future practice as qualified nurses. The exploration and description of the experiences of student nurses within the Clinical Learning Environment is to provide insight into the educational functioning of the clinical settings in order to offer students the opportunities to learn effectively. It would support reform in nursing education by way of designing programmes that enhance acquisition of knowledge and skill.

2.3 Conceptual Model of the Clinical Learning Environment

From the LEPO framework, the quality of the environment in nursing education has been outlined in a conceptual model for the Clinical Learning Environment proposed by D’Souza et al., (2015).In this model, the Clinical Learning Environment is portrayed as having eleven individual items which all combine to form the Clinical Learning Environment. Each of the eleven components can be grouped under three thematic areas which are leadership style of the ward manager, ward atmosphere, and supervisory relationship. This model is depicted in figure 3.

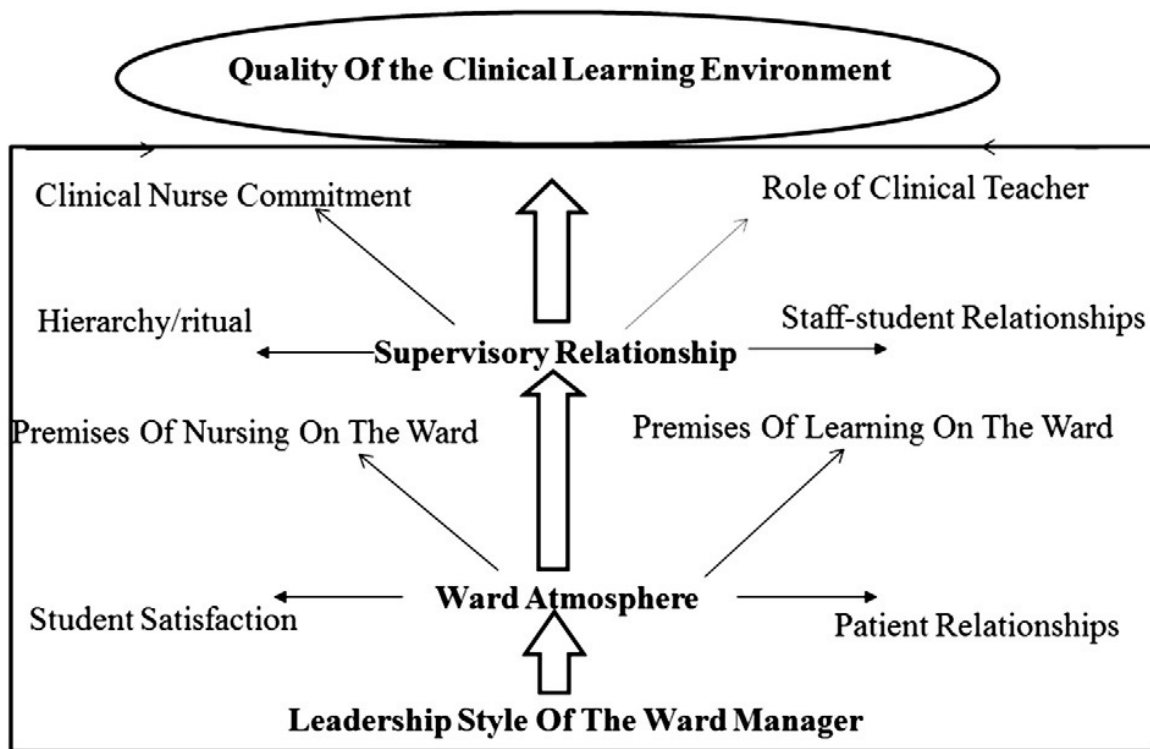


Figure 3: Conceptual Model of Clinical Learning Environment among Nursing Students (D’Souza et al., 2015)

From this conceptual model, the quality of the Clinical Learning Environment is measured based on the leadership style of the ward manager, ward atmosphere, and supervisory relationship coming from both the staff on the ward and clinical teachers. The ward atmosphere determines the level of student satisfaction and the kind of patient

relationship that exists on the ward. The ward atmosphere also provides a pedagogical atmosphere which in turn addresses the premises of learning and nursing on the ward. In this regard, the pedagogical atmosphere translates into learning outcomes for student nurses in that it determines whether students are able to learn as well as perform the requisite nursing skills for patients on the ward. The supervisory relationship also covers the hierarchy and rituals (rules and routines) of work on the ward as well as nature of staff-student relationships. The clinical teacher (nurse-teacher) and the clinical nurse (ward manager and staff) all have roles to play when it comes to establishing a suitable supervisory relationship. The quality of the Clinical Learning Environment can be explored through the experiences of student nurses in the Clinical Learning Environment.

The components of a quality Clinical Learning Environment can be compared to the stakeholders present in the learning community of the LEPO framework namely student nurses, teachers and support staff (nurse managers/ staff nurses). The student in the LEPO framework is represented by the student nurse and the teacher is represented by the nurse teacher (clinical supervisor). The support staff in the LEPO framework are represented by the ward manager and the staff nurses. These constitute the stakeholders in the LEPO Framework that contribute to the Learning Processes and Learning Outcomes within the Learning Community (Community of Practice).

The LEPO Framework and the Quality of the Clinical Learning Environment are used to explore the experiences of the student nurses in the Clinical Learning Environment of student nurses in this study. Each of the variables in the thematic areas of the conceptual model of the Clinical Learning Environment form the network of interactive forces within the environment. In this study, the quality of the Clinical Learning Environment is explored through the experiences of student nurses in the Clinical Learning Environment as they interact with nursing staff and faculty (nurse teachers). The LEPO framework mentions the

key actors in the learning community as the student, the teacher and the support staff. Additionally it also indicates that a learning community is constituted by considering the learning environment, learning processes and learning outcomes. This gives a theoretical framework which shows the interaction between the components. Thus, within the learning community which represents the Clinical Learning Environment, each of the actors namely the student (student nurses), teacher (nurse teacher) and support staff (nurse manager and staff nurses) are present. Within the learning community there are learning processes on-going from the complex interactions among the actors within the learning environment leading to learning outcomes for the student nurses. The study of the lived experiences of the student nurses in the Clinical Learning Environment is meant to provide in-depth understanding of all the activities that go on in that learning environment as well as give an indication of the quality of the Clinical Learning Environment.

REVIEW OF RELATED LITERATURE

2.4. The Clinical Learning Environment

The Clinical Learning Environment (CLE) is a multifaceted, complex social entity that influences and impacts student learning outcomes in the clinical setting (Papastavrou, Lambrinou, Tsangari, Saarikoski, & Leino-Kilpi, 2010). It is described by Papastavrou et al., (2010) as having a dyadic nature. These are the learning environment which include the ward atmosphere, the culture and the complexities of care and the other is the supervisory relationship between students, clinical and school staff (Saarikoski & Leino-Kilpi, 2002). The CLE has also been described as being made up of interactive network of forces within the clinical setting that influence the clinical learning outcomes (Dunn, 1995) and have impact on student behaviours (D'Souza et al., 2015). The Clinical Learning Environment is thus crucial during clinical training establishing the close relationship that exists between

theory and practice in nursing education. Student nurses perception of and experiences in the Clinical Learning Environment is useful to identify the ideal learning environment to ensure positive learning outcomes.

Another definition of the recognizes the Clinical Learning Environment as an environment or setting with actual patients/clients where students in healthcare education fields apply knowledge and skills while caring for patients and preparing students for certified professional practice (Flott & Linden, 2016). This definition does not indicate the multidimensional entity and the interaction of complex forces in the clinical setting. It appears to focus on the physical space and whatever is present in that physical space must be utilised by the student for learning purposes. However, for effective learning to occur, there is the need to stress the fact that within the physical space, there are interactions going on between persons and utilisation of equipment to achieve positive learning outcomes.

Furthermore, the Clinical Learning Environment is described as consisting of the ward culture, context of nursing care, and supervision of student nurses by all teaching staff including staff nurses and nurse teachers (Saarikoski & Leino-Kilpi, 2002). This is clearly indicates the complex nature of the learning environment in which student nurses acquire requisite skills taking into consideration the physical, psychological, spiritual and social elements (holistic approach) required in order to promote and maintain safe, effective learning and patient care outcomes Clearly, within this environment there is an interactive network of forces that influence student nurses' clinical learning outcome (Carlson et al., 2009; Dunn, 1995). Thus, the Clinical Learning Environment includes the physical setting, faculty, availability of clients, nurses and material resources.

The interactive network of forces within the Clinical Learning Environment continues to be highlighted in other definitions. Chuan and Barnett, (2012) have indicated that the Clinical Learning Environment as proposed by Dunn (1995), consists of an interactive

network of forces influencing student learning outcomes in the clinical setting which tends to produce either positive or negative learning outcomes depending on how it is perceived. With this definition, the Clinical Learning Environment is recognised as being highly dependent on perceptions by student nurses in their interactions with the nurses, patients, colleagues and in the use material resources available in the learning environment. Thus, the Clinical Learning Environment is being defined based on perceptions arising from the student nurses' experiences. Even though these perceptual differences may be subjective, they tend to contribute to how the Clinical Learning Environment is defined.

The Statutory Board for the regulation and practice of nursing in Ireland, describes the CLE as one that is influenced by dynamic, democratic structures and processes within a ward/unit that supports students and staff to provide quality patient care to patients. According to the Board, in this environment, there are supportive relationships, good staff morale, team spirit, and good communication between registered nurse/midwife and student nurse to contribute to the delivery of quality patient/client care (Altranais, 2003) . Though the Board does not clearly define the Clinical Learning Environment, it is possible to deduce from their description that there is the recognition of the network of forces which define what the learning environment is. There is acceptance of the student nurse within the CLE, which facilitates the learning of clinical skills. This is in line with the belief that, learning in the clinical environment helps student nurses to acquire competencies that make them capable of providing safe healthcare to clients. Clinical practice experience, whether in the hospital or in the community care setting, constitutes the central focus of the nursing profession and is an integral constituent of the educational programme vital for healthcare delivery on completion of educational preparation (Gaberson & Oermann, 2010; Walker, 2005).

Learning environments can also be considered in two ways as being the academic and clinical environments. Papp, Markkanen, and von Bonsdorff, (2003) have defined the

Clinical Learning Environment as encompassing all that surrounds the student nurse, including the clinical setting, the equipment, the staff, the patients, the nurse mentor and the nurse teacher. This definition highlights the complex nature of the Clinical Learning Environment wherein the interactive forces among all the elements within the environment come into play leading to the acquisition of nursing skills for the student nurse. The authors acknowledge that the presence of multiple stimuli within the Clinical Learning Environment can make it hard for the student to pick up what is essential. However, all these stimuli coming from the all the components within this learning environment are what constitutes the learning community in the LEPO framework (Phillips, 2011).

In other definitions of the Clinical Learning Environment, it is described as a clinical setting's aggregate physical characteristics, organizational processes and social relational, psychological and cultural milieu along with group members' individual characteristics which student nurses work through for learning outcomes (Hegenbarth et al., 2015). It is evident from this description of the Clinical Learning Environment that the components are varied. The physical environment is considered in addition to other components including cultural environment of the setting. Here, the Clinical Learning Environment is equated to a community of clinical practice (Egan & Jaye, 2009) in which student nurses not only learn clinical skills but also how to be health professionals by being socialised from the cultural environment of the entire Clinical Learning Environment.

The Clinical Learning Environment has been defined and described in varied forms. A concept analysis of the Clinical Learning Environment in nursing education by Flott and Linden (2016) identified that there was no standard definition of the term Clinical Learning Environment. The authors however after reviewing the literature expressed the Clinical Learning Environment in terms of an environment where students in healthcare education field apply knowledge and skills while caring for patients. In this current study, the review of

various literature on the definitions and descriptions of the Clinical Learning Environment indicates that the Clinical Learning Environment is made up of organizational structures and processes (Hegenbarth et al., 2015), it is multidimensional in nature (Chan, 2002) and consists of ward culture, nursing care and principles of teaching and learning on the ward (Saarikoski & Leino-Kilpi, 2002). The Clinical Learning Environment is also considered to be a complex socio-cultural environment in which student nurses' learning is impacted by faculty instruction methods, degree of clinical competence, type of interaction/relationships with students and nursing staff (Newton et al., 2010).

2.5 Components of the Clinical Learning Environment

The CLE is a multidimensional entity which has a direct impact on the outcomes of students' clinical placement (Wenger, 2000) and as such a supportive learning climate is crucial to facilitate the development of the individual through improving the quality of his/her educative environment. The CLE has numerous attributes, which most likely predict positive student learning outcomes. Five components have been identified as key attributes of a good CLE for student nurses learning outcomes. These are;

- Pedagogical atmosphere of the ward,
- Supervisory relationship,
- Leadership style of ward manager,
- Premises of nursing on the ward, and
- The role of the nurse teacher in clinical practice (Johansson et al., 2010)

Saarikoski & Leino-Kilpi, (2002) have described the pedagogical atmosphere of the ward as being one, which examines the atmosphere presented by the nursing team. The staff being easy to approach and being generally interested in the student learning and supervision influence the pedagogical atmosphere on the ward. It also consists of a positive atmosphere suitable for learning. A good clinical learning atmosphere is characterised by non-

hierarchical structure, displaying teamwork and good communication (Fretwell, 1983; Orton, 1983) and one in which students received support and supervision to meet their learning objectives .

The supervisory relationship on the ward is considered very important to nursing students during their clinical placements. It examines the psychological relationship and attitude of the supervisor towards the students and the kind of feedback given to students during their clinical placements (Papastavrou et al., 2010). Additionally, the supervisory relationship between the student nurse and staff on the ward must be one of positive attitude, relationship of equality that promotes learning, mutual respect and a sense of trust (Henriksen et al., 2012). The supervisory relationship is a one-on-one relationship that is close between the student and supervisor, which facilitates the student's learning and provide individual support and guidance through clinical study (Saarikoski & Leino-Kilpi, 2002) thus, there must be close co-operation between the student and supervisor involving the elements of equality, mutual interaction, respect and a sense of trust for positive student learning experiences. From the perspective of student nurses, the supervisor must exhibit professionalism to ensure harmony with teaching and learning in the ward (Inkeri Papp et al., 2003). In effect student nurse-supervisor relationship is likened to student-mentor relationship. These mentors facilitate students' entry and integration into the clinical environments (Levett-Jones & Lathlean, 2008).

The role of the ward manager in the Clinical Learning Environment is seen as one that influences student nurses' sense of belongingness. Levett-Jones & Lathlean (2008) identified that ward managers who were accepting, supportive and inclusive, have strengthened students' perception of being welcomed as members of the nursing team as well as transformed the attitude of the staff towards the students. In line with Dunn & Hansford, (1997), this shows that ward managers play a key role in creating positive Clinical Learning

Environments. The leadership style of the ward manager is reflected in the way they regard the staff on the ward as a key resource in providing health care to patients, appreciating the efforts of individual employees while providing prompt feedback to all. All members on the ward are considered as a team working towards a common goal (Henriksen et al., 2012; Saarikoski & Leino-Kilpi, 2002). Student nurses need support during their clinical placement, thus a good ward manager with requisite leadership skills enhances clinical learning for students with positive outcomes. Student nurses have reported a positive clinical experience when they perceive that the ward manager values their contribution towards patient care and was also willing to recognise their efforts. This has resulted in positive learning outcomes in the clinical environment. (Magnani et al., 2014).

Nursing students perceive the practice setting as the most influential context for developing and acquiring the requisite nursing skills and knowledge (Chan, 2002). The clinical setting thus becomes the clinical classroom, which must have a supportive learning climate for human resource development (Knowles, 1996). According to Chan (2002), central to many studies of nursing in the clinical setting is the concept of ward learning climate that places emphasis on the physical, human, interpersonal, and organizational properties that establish an atmosphere conducive to learning. The premises of nursing on the ward identifies the ward's nursing philosophy, information flow among members of the health team also referred to as the ward culture. The ward culture determines the quality of teaching atmosphere in the clinical setting for students' learning (Saarikoski, 2002).

The final thematic area is the role of the nurse teacher in the Clinical Learning Environment. The nurse teacher is expected to be one who is capable of integrating theoretical knowledge and everyday practice of nursing (Vizcaya-Moreno et al., 2015). This nurse teacher should be capable of bridging the theory practice gap and liaise with ward managers to meet the learning needs of student nurses. The nurse teacher's duty serves to

assist the student nurse feel comfortable working with the nurse manager and other staff in the ward assigned to facilitate the acquisition of relevant skills and knowledge for future practice as qualified nurses. The nurse teacher is equated to a clinical educational facilitator whose role is to support and enhance clinical practice as well as to teach student nurses the relevant practical skills within the school setting in recognition of the theory-practice relationship (Lambert & Glacken, 2005). In line with student-centred approach to learning, this role simply guides and teaches the student nurses in the clinical areas based on a collaborative learning relationship between the teacher and the student nurse. Within the CLE, this role of the nurse teacher is important. This role becomes a goal-oriented dynamic process, in which the student nurses work with their teachers in an atmosphere (ward) of mutual respect for learning to take place.

2.6 The Role of the Clinical Learning Environment in Nursing Education

The quality of nursing education depends largely on both the theoretical and clinical aspects as indicated in the nursing curriculum. Clinical learning is essential to nursing education and effective clinical learning is based primarily on the Clinical Learning Environment. Nursing is a practice-based profession that requires engagement of students in a Clinical Learning Environment to facilitate the acquisition of the requisite skills to practice as professional nurses. The Clinical Learning Environment thus plays a significant role in nursing education.

Henderson (2011) indicates that learning in practice settings is invaluable for student nurses, and usually accounts for 50% of the nursing curriculum. Students undertake various clinical placements and have to adjust as they move from one environment to the next. Student nurses learn most effectively in environments that facilitate learning (Henderson et al., 2010) and also when they are able to get support and encouragement from the

environment (D'Souza et al., 2015). The Clinical Learning Environment has been defined by various authors as a complex setting made up of interacting forces made up of the staff, the students, clinical educators, patients that influence and shape the behavior of the students and their learning outcomes (Chan, 2002; Papp et al., 2003; Saarikoski, 2002). These forces all play their respective roles within the Clinical Learning Environment to determine how well students acquire the requisite clinical skills for future practice. Additionally other factors such as cultural and organizational influences also add up to determine the learning outcomes and professional socialization of student nurses (Henderson et al., 2010; Johansson et al., 2010). Since the Clinical Learning Environment is made up of interactive forces, the role that each of the forces play regarding teaching and learning is highlighted in the following review as they relate to nursing education.

2.7 The Role of the Student in the Clinical Learning Environment

The student nurse has been identified as one of the actors within the Clinical Learning Environment. The student nurse must be able to engage with the other actors in this complex environment which is made easy when they have identified and handled their roles well. Clinical learning requires that the student is able to adjust to the environment given their varied socio-economic and cultural backgrounds (D'Souza et al., 2015) , show commitment to studying, (Bisholt et al., 2014), and demonstrate the ability to engage in critical thinking and clinical decision-making skills for problem solving (Aktaş & Karabulut, 2016). This is to allow for the proper learning processes to take place thereby leading to preferred learning outcomes, which indicate that much as the student nurses perceive the environment to be challenging and difficult, they also need to understand that there are roles that they play within this environment to enable learning outcomes be met.

O'Mara, McDonald, Gillespie, Brown, & Miles (2014) , explain that student nurses experiencing challenges with relationships in the clinical setting recognize the need to ensure that there is good interpersonal relationship among all the different groups of persons within the learning environment. This ensures that the student nurses are comfortable in the environment to engage properly and achieve learning. The impact of the challenges they face brings to focus the role they have to play to fit into the Clinical Learning Environment. Student nurses have a role to maintain good communication skills, interpersonal skills, professionalism and learn to work as members of a team (D'Souza, Venkatesaperumal, Radhakrishnan, & Balachandran, 2013). Student nurses value familiarity, acceptance, trust, support, respect and recognition of their contribution to patient care (Emanuel & Pryce-Miller, 2012). Their role in the clinical environment therefore is to build strong relationships and strive to get those values from the personnel with whom they work in the Clinical Learning Environment.

2.8 The Role of the Nurse Educator in the Clinical Learning Environment

The nurse educator also influences student nurses engagement in the Clinical Learning Environment. The nurse educator assists in the transfer of knowledge by facilitating diverse experiences, forming common learning opportunities, maximizing student-faculty interaction and involving students in active learning (D'Souza, Venkatesaperumal, Radhakrishnan, & Balachandran, 2013). There is the need for collaboration among clinicians and educators in order for student clinical learning to be positive. Nurse educators who work collaboratively with staff nurses and the nurse managers are able to assist students to translate theory into practice. D'Souza et al. (2013), have reported that students reported good Clinical Learning Environments with enhanced co-operation between the nurse teacher and staff nurses. The quality of teaching nursing and patient care improved in this kind of atmosphere.

A study to explore clinical learning experiences of nursing students in nine European

countries identifies the nurse teacher's role. In this study, Warne et al., (2010) state that the role of the nurse teacher is explained in three thematic areas which are, the integration of theory to practice, co-operation between the clinical staff and nurse teacher and establishing a relationship between student, mentor and the nurse teacher. The nurse teacher's role in the Clinical Learning Environment is clearly seen as that of teaching and fostering good relationships in the clinical setting. These things make the student comfortable in order to study as well as derive satisfaction from the care provided to patients during placement in the clinical setting. From this study, there is a dual role played by the nurse teacher occurring in the classroom as well as being actively involved with the student nurses in the clinical setting.

For many years, the theory-practice gap has been a problem in nursing students' clinical education as indicated by many studies (Aktaş & Karabulut, 2016; Corlett, 2000; Dadgaran et al., 2012). Nursing students have reported that clinical skills learnt in the skills laboratory were not practiced quite in the same way in the hospital. Aktaş and Karabulut, (2016) indicated that nurse educators are called upon to identify creative means to meaningfully streamline workloads and promote effective learning approaches in the clinical setting. Teaching and learning in the clinical setting thus is not left to the nursing staff and ward managers alone. There is the need to involve the nurse educator as well to play their role well in the Clinical Learning Environment for positive learning outcomes. The role of the nurse educator in the Clinical Learning Environment helps to alleviate anxiety among student nurses (Emanuel & Pryce-Miller, 2012), promote active learning among students (D'Souza et al., 2015) and help reduce the theory-practice gap (Bisholt et al., 2014).

In the development of the Clinical Learning Environment Inventory, Chan, (2002) emphasizes that the role of the nurse teacher within the clinical learning environment is also dependent on the nurse instructor or educator. Accordingly, the role of the nurse teacher

involves enabling the integration of theory and practice by being capable of operationalizing the learning goals of student nurses during the placement on the wards. This is done through clinical teaching on the ward. The authors indicate that the nurse teacher was like a member of the nursing team and should be able to give his or her expertise to the nursing team and should work together in supporting the students' learning (Chan, 2002; Henriksen et al., 2012). This is seen as co-operation between clinical staff and the nurse teacher in the learning processes that go on within the learning community. Lastly these authors also emphasize the role of the nurse teacher as that of establishing a good relationship between themselves and the students. There is the need to have positive learning experiences that make the students feel that meetings between themselves and their nurse teachers were aimed at meeting students' learning needs.

2.9 The Role of the Nursing Staff in the Clinical Learning Environment

One of the interactive forces or actors within the Clinical Learning Environment is the nursing staff. The nursing staff includes both the ward manager and staff nurses working in the Clinical Learning Environment where students are placed for clinical experience. These two categories of nursing staff influence the Clinical Learning Environment through the various roles that they play.

The pedagogical atmosphere on the clinical setting or ward depends largely on the nursing staff on the ward (Bisholt et al., 2014; D'Souza et al., 2015). The nursing staff working in any Clinical Learning Environment are expected to impact the learning environment by being easy to approach, being interested in student supervision, knowing students by their names, engaging students in discussions during staff meetings as well as having multi-dimensional learning situations for the student nurse (Dunn, 1995). The role of the nurses is to create an atmosphere on the ward which is conducive and supportive for learning. In their study on establishing and maintaining the Clinical Learning Environment,

Hegenbarth, Rawe, Murray, Arnaert, and Chambers-Evans, (2015) indicated that when the nursing staff are able to play their roles effectively, learning outcomes for students in the Clinical Learning Environment is positive. Additionally, the premises for learning on the ward, which outlines clearly the philosophy of nursing on the ward, serves as the basis for nursing patients must be adhered to by all nursing staff on the ward. This is usually spearheaded by the nurse manager who ensures that all nursing staff comply and are able to deliver comprehensive care to patients (Henriksen et al., 2012). By so doing, certain values are established regarding patient care on the ward and student nurses are able to learn extensively from the nursing staff. This goes a long way to reduce anxiety in student nurses as they learn in the clinical environment. Warne et al., (2010) have indicated that student nurses who get support from the nursing staff on the ward are able to develop good working relationships with both the staff nurses and the ward manager in the Clinical Learning Environment. Satisfaction with the nursing staff reduces anxiety and supports learning processes with positive learning outcomes for the students.

The ward manager is also very instrumental in the Clinical Learning Environment. As the leader of nursing staff on the ward, he or she is expected to provide leadership for the nursing staff and student nurses, be a team leader, appreciate the effort of all individuals on the ward, provide feedback that is easily considered a learning situation and be able to regard the staff on the ward as a key resource in patient care (Bisholt et al., 2014; D'Souza et al., 2015). These roles tie into the leadership style of the ward manager, which in turn affects the premises of learning on the ward as well as the supervisory relationship on the ward. Student nurses need supervision as they learn and their expectation is that the ward managers would show positive attitude towards supervision that must be individualized (Henriksen et al., 2012). These students also expect mutual respect and approval from their supervisory relationship with the ward manager characterized by a sense of trust.

2.10 Factors Influencing the Clinical Learning Environment

Dale, Leland, & Dale, (2013) studied factors that facilitate good clinical learning experiences in the Clinical Learning Environment for nursing students and identified four factors. The factors were classified as relating to the physical setting, factors relating to the nurse supervisor, student-related factors and factors relating to the student-supervisor relationship. Each of these factors has been reviewed in the paragraphs that follow elaborating on how each influences the Clinical Learning Environment.

2.10.1 The Physical Setting

One of the factors that influence clinical learning in relation to the physical setting or space is the physical condition of the ward and that include equipment to work with, a room that the students can leave their bags, books, study and have clinical meetings (Karabulut, Aktaş, & Alemdar, 2015). In addition, student nurses have indicated that within the Clinical Learning Environment, the availability of competent clinical supervisors is instrumental to their acquisition of the requisite skills for nursing practice (Tiwaken et al., 2015). Focusing on the student nurses' learning needs is not only the individual nurse's and/or lecturer's duty but is also a duty for both the healthcare organization and the educational provider (Vallant & Neville, 2006). The healthcare organization is expected to have adequate infrastructure that is well equipped for learning to take place in the course of delivering care. Scarcity of materials in the hospitals has been reported to make it difficult for student nurses to learn in line with theoretical component of the curriculum. This brings to the fore the realities of clinical practice which is very different from the idealistic content of the curriculum (Tiwaken et al., 2015). The Clinical Learning Environment must have processes in place that ensures the

proper running of the setting in relation to adequate staff, adequate equipment, workload and presence of preceptors (Asirifi et al., 2017; Awuah-Peasah et al., 2013; Dunn & Hansford, 1997). This implies that the condition of the physical space in terms of the Clinical Learning Environment is vital to engagement of student nurses in their knowledge acquisition. In order for clinical learning to be positive, placement of student nurses in the right ward is also very important together with needed resources being available for student nurses when they need to provide patient care (Flott & Linden, 2016). Inadequate physical environment with things such as few or no restrooms and no materials to work with impacted negatively on student nurses in Turkey (Serçekuş & Başkale, 2016). Such unfavourable physical conditions in the support the fact that a major factor influencing the Clinical Learning Environment is the setting itself.

2.10.2 The Nurse Supervisor and Student-Supervisor Relationship

The nurse supervisor in the context of the Clinical Learning Environment refers to the ward manager who has supervisory authority over students that are assigned to the ward for their clinical experience. Aspects of the nurse supervisor that influence learning within the Clinical Learning Environment have been identified as the supervisor's preparedness and expectations (Dunn & Hansford, 1997), the supervisor's motivation and attitude and the supervisor's competence (Serçekuş & Başkale, 2016). Student nurses have talked about difficulties with supervisors who had little information regarding the learning experiences of student nurses and as such have not adequately prepared for these students. The supervisor's ability to be open, friendly and welcoming positively motivates the students and builds their confidence within the learning environment. Likewise the competence of the supervisor is an indicator of whether these students would have positive learning outcomes. According to (Dale et al., 2013) these three aspects have significant influence on the learning outcomes for student nurses and must be carefully considered if there is to be good learning experience for

student nurses in the Clinical Learning Environment.

In like manner, the supervisory relationship must be stable in order for learning to be effective. Problematic supervisory relationships that fail tend to negatively affect the students in their learning (Papastavrou et al., 2010). Student nurses have reported that the supervisors may change during their placements ranging from staff nurses to doctors and even fellow students. Students expect that their supervisors are readily available, helpful and supportive (Tiwaken et al., 2015). The student-supervisor relationship must be characterised by mutual respect and trust, and exhibit open and inviting communication (Dale et al., 2013; Henderson et al., 2010). Building strong relationships fosters understanding and prevents unwanted situations of conflict. Both parties are comfortable working together and they collaborate on patient care issues. Open and inviting communication facilitates an atmosphere, which becomes constructive and supportive to learning. Student nurses thus feel appreciated and are able to share their thoughts and opinions freely. Likewise (Vallant & Neville, 2006), also reported that student nurses expected to have relationships with supervisors that were nurturing and reciprocal. Within the Clinical Learning Environment, the student nurses expect to feel welcomed and waited on instead of the negative attitude that they are sometimes met with by the staff on the wards. The clinical staff must be informed about the arrival of students on the ward so that the necessary preparations are made in advance to welcome these students (Dale et al., 2013). Student nurses indicated that the nurse clinicians (ward managers) who nurtured their learning provided the impetus for the student to be proactive towards their own learning and they (the students) reciprocated by demonstrating enthusiasm in their work on the wards. Kristofferzon, Martensson, Mamhidir, & Löfmark, (2013) in their study on nursing students' perception of clinical supervision indicated that student nurses were highly satisfied with supervision from preceptors (ward staff) than their clinical instructors (nurse teachers) as a result of the good interpersonal relationship on the

ward. The student nurses indicated that the nurse managers and ward staff gave them the opportunity to develop their own responsibility in nursing. The nurse managers also allowed the student nurses to be independent in their learning processes leading to positive learning outcomes for students.

2.10.3 Student-Related Factors

Student nurses consider clinical practice as an essential component of their learning process as it plays a significant role in enriching clinical competencies of students (Tiwaken et al., 2015). Being the field for student nurse to study, there are characteristics about the student nurses themselves, which promote positive learning experiences. The student nurses must be well grounded in theory before they can translate into practice. Tiwaken et al., (2015) identifies this as cognitive academic proficiency whereby the students must be knowledgeable about diverse nursing concepts and updated with the existing technologies in order to deliver care to patients. The way student nurses feel during clinical placements is also important. Certain emotions, such as anxiety and lack of confidence, influence learning within the clinical setting. The student's level of competence as well as degree of self-confidence influences their clinical learning experiences. Failure to balance between competence and self-confidence could easily influence their courage later (Dale et al., 2013; Henderson et al., 2010; Papastavrou et al., 2010). Other aspects related to the student are the expectations of students and their readiness to learn. Students' own readiness and expectations concerning focus and learning outcomes are important for optimal learning (Dale et al., 2013). Student nurses therefore have to approach the clinical learning sites with certain attributes that facilitate and enhance learning as well as being emotionally stable. A study on the attitudes of student nurses towards clinical work carried out among student nurses placed in a missionary hospital highlighted many student-related factors that influence the Clinical Learning Environment (Awuah-Peasah et al., 2013). In this study, the conduct of

student nurses during clinical work shows that student nurses were fond of reporting late to work, absenteeism, use of mobile phones and non-participation in ward rounds affected student learning on the ward. Other factors identified were that student nurses reported high levels of anxiety during clinical placement which in turn led to negative learning outcomes for student nurses in the Clinical Learning Environment (Awuah-Peasah et al., 2013). These student-related factors occur within the Clinical Learning Environment thereby impacting negatively on the learning processes and learning outcomes in the environment. Clinical work is an integral part of nursing education and a positive Clinical Learning Environment is necessary to acquire the practical skills for future professional practice.

2.11 Challenges within the Clinical Learning Environment

A suitable Clinical Learning Environment has been depicted as being one where there is good co-operation and collaboration between the staff members and student nurses. It also has good atmosphere, and is a place where student nurses are regarded as younger colleagues (Inkeri Papp et al., 2003). The authors went on further to state that a good Clinical Learning Environment is established through good co-operation between the school and the clinical staff facilitated by varied learning situations. Clinical learning experiences of undergraduate nursing students however, show that there are some challenges within the Clinical Learning Environment that impact on their clinical teaching and learning.

The clinical learning experience provides nursing students with opportunity to develop confidence and competencies in the skills required to function within the complex settings of healthcare facilities (Courtney-Pratt et al., 2012). This takes place within the Clinical Learning Environment, which is complex as its primary focus is patient care and not student education (Lewin, 2007). Thus, patient needs are addressed first before student learning needs. This is overwhelming for the student nurses and these students describe learning within the clinical setting as challenging (Inkeri Papp et al., 2003). In a study on the

experiences of Malawian undergraduate student nurses in the clinical setting, Msiska, Smith, and Fawcett (2014) uncover the challenges which characterize the 'lifeworld' of the undergraduate nursing students in the Clinical Learning Environment. The 'lifeworld' refers to the Husserlian phenomenological concept of the world as it is lived and experienced by the individual (Finlay, 2008) and therefore this allowed the student nurses to express their views. The student nurses reported challenges of having to cover shortage of nurses, learning the hard way with minimal support and supervision, and feeling like 'lost sheep'. Msiska et al. (2014) explain that the undergraduate nursing students have to cover for the severe nursing shortage as the nursing staff tend to assign them duties for full time staff instead of making time to teach them on the wards. The clinical experience thus is perceived as a working experience and not a learning experience. Further, this leads to students having to learn the hard way as they find that there are no seniors to supervise their work. They are therefore left unsupervised during their clinical placements.

Effective clinical learning entails integration of nursing students into ward activities, staff engagement to address individual student learning needs, and utilisation of innovative learning approaches (Henderson et al., 2012). Within the Clinical Learning Environment, the learners need to be motivated, feel included, cultivate and establish relationships with other team members, and feel safe to ask questions and explore practices (Henderson et al., 2010). However these student nurses report that nursing clinicians are disinterested in teaching or lack of time to teach nursing students and excessive nursing workload due to shortage of nursing staff (Salamonson et al., 2015). Challenges within the Clinical Learning Environment have also been described as barriers experienced within the clinical environment, which may result in unsafe practice (Killam & Heerschap, 2013) Their qualitative study on challenges of students within the clinical setting describes isolation and intimidation due to poor relationships, pressure related to fear and uncertainty, large clinical groups and being pushed

along. Student nurses experienced pressure from numerous sources including the nurse teachers, staff nurses and ward managers who expect high performance from the student nurses. When instructed to go beyond their capabilities, the student nurses feel pressured. This leads to stress and fear, which heightens uncertainty in the clinical setting thereby producing discomfort. Poor relationships among the members of the health team and student nurses in the clinical setting often lead to a feeling of isolation and intimidation. As novice learners, student nurses find the isolation is difficult to overcome and learning within this kind of environment is therefore challenging for the student nurses (Killam & Heerschap, 2013).

Satisfaction with supervision in the learning environment is another challenge that student nurses face. The nurse manager and her staff on the ward are preceptors who support student nurses as they develop their nursing skills. Clinical placements are for brief periods and student nurses often have problems associating with the number of preceptors they have to deal with. Preceptor's attitudes and approaches to students have been challenging for them often giving students a feeling of insecurity (Sundler et al., 2014). Additionally, having to interact with many preceptors can be a barrier to learning because these students have difficulty being accepted in the clinical team. When they begin to 'settle down' into the team, then they have to move on to another placement (Sundler et al., 2014).

In relation to bridging the theory practice gap, student nurses have also expressed that some clinical skills they have acquired in the skills laboratory are not practiced quite in the same way in the clinical setting. The greatest stress for these students in this aspect is that they are confronted with real cases in which they have to fill in the gap between theory and practice sometimes without assistance from the staff (Karabulut et al., 2015b). Learning in the skills laboratory with simulators is helpful however may not come close to the real world scenarios in the clinical setting. This often creates challenges for student nurses in the clinical

setting as they experience some difficulty in transposing the theoretical knowledge they study to the clinical study.

Mentorship is valued by nursing students in that the relationship that is established is conducive to learning. Student experiences are varied in this area. Some have had a positive and welcoming environment to work in while others experience poor working environment (O'Driscoll et al., 2010). Challenges with mentoring relationship highlighted by O'Driscoll et al., (2010) are seen as barriers that prevent the mentors from giving the required support to student nurses in their learning experience. These barriers include increased workloads, organizational constraints, staff shortages and inadequate preparation for the role of the mentor. These barriers present challenges to overcome within the Clinical Learning Environment if students are to acquire the requisite nursing skills for future practice.

Another challenge within the Clinical Learning Environment is the ability of students to fit into the social environment of the clinical setting and be accepted by staff and clients (Chesser-Smyth, 2005; Nolan, 1998). The new setting of the hospital often brings with it feelings of fear and anxiety which in turn affects students responses to their learning environment. Situations that produce anxiety arise when the student nurses do not feel a part of the health team and they struggle to fit into the team. In addition, socialization in the clinical setting can be challenging as the student nurses also struggle to feel a part of the group and be comfortable in the clinical setting. Feeling a part of the team is identified as part of the socialization process and can reduce the anxiety that comes over student nurses when they are first placed in the clinical setting (Chesser-Smyth, 2005). Effective clinical placements are essential for nursing students to becoming competent professional nurses. Anxiety is a barrier to learning, thus belongingness is seen as a prerequisite for nursing students' clinical learning to ensure that novice nurses fit in and are accepted within the clinical setting (Levett-Jones & Lathlean, 2008). According to the Levett-Jones and Lathlean

(2008), alienation results in anxiety, depression and lack of motivation. Overcoming anxiety is thus seen as a challenge in the Clinical Learning Environment and requires belongingness in order for clinical learning to take place.

2.12 Chapter Summary

The Situated Cognition Theory and Community of Practice theories have shown that learning takes place in complex environments where all stakeholders contribute to the learning outcomes of learners. In this study, the stakeholders are student nurses, nursing staff and clinical instructors who work in the learning environment (Community of Practice) using learning processes which leads to learning outcomes (LEPO Framework).

The review of the literature on Clinical Learning Environment defined the Clinical Learning Environment in terms of being an environment with a network of forces that support student nurses to acquire clinical skills. The review of the literature described the complex nature of the Clinical Learning Environment in the showing that that it is not only about the physical space but consists of a network of forces made up of relationships that exist among student nurses, staff nurses and the nurse-teachers. It also explored the perspective of student nurses who described and defined the Clinical Learning Environment, as one in which there is support from clinicians and teachers in addition to other nursing staff in their quest to acquire nursing skills. There are many factors that influence clinical learning and these include factors related to the students, the clinical staff/ ward managers as well as the nurse teachers. Finally, as students interact within the learning community in the Clinical Learning Environment, they face some challenges. Working through these challenges brings about resilience and eventual integration into this complex environment.

The gap in the literature shows there is information on the development of scales to measure the factors that constitute a quality Clinical Learning Environment as well as scales to measure the extent of supervision and monitoring happening in the environment. Studies

have been done to measure the sub-scales of the Clinical Learning Environment in order to identify what constitutes the components of the Clinical Learning Environment (D'Souza et al., 2013; Johansson et al., 2010; Saarikoski, 2002). The gap in the literature stems from the fact that focus has been on ensuring that the Clinical learning Environment is equipped with resources to support student learning. These are done without considering the emotional and psychological wellbeing of the student nurses engaged in clinical learning. Paying attention to only the physical attributes of the learning environment without recognizing the other components such as the stakeholders and culture of the environment does not support positive learning outcomes for student nurses.

There are few studies exploring the in-depth experiences of student nurses within the Clinical Learning Environment. The experiences of the student nurses operating within the community of practice in the Clinical Learning Environment are explored and described in this study. The study provides in-depth information about the experiences within Clinical Learning Environment of the student nurses and to determine the implications for nursing education and practice in Ghana.

In the next chapter, the methodology for the study is presented. The philosophical underpinnings of the study are described as well as the processes involved in carrying out the study are highlighted.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the research design, method and analysis employed in exploring and describing the experiences of student nurses within the Clinical Learning Environment. Specifically, the chapter consists of the research design, setting, target population, sample size, sampling technique, data collection instrument, data analysis, rigor and ethical clearance.

3.1 Research Design

The research utilised a qualitative research approach. Stake, Denzin, & Lincoln, (2003) describe qualitative research as a multi-method approach to studying phenomena in natural settings, or attempting to make sense of, or to interpret, phenomena in terms of the meaning people bring to them. Qualitative research allows for the collection of evidence from people's lived experiences to enable one study a phenomenon(Creswell, 2009) Many studies on the Clinical Learning Environment have been done quantitatively to measure the level of satisfaction and perception about the learning environment (Dimitriadou, Papastavrou, Efstathiou, & Theodorou, 2015; D'Souza et al., 2015; Papp et al., 2003; Pearcey & Elliott, 2004). This research sought to explore and describe into detail the experiences of student nurses within the Clinical Learning Environment using qualitative approach in order to gain insight into the quality of the learning environment. Additionally, it also allowed me gain in-depth understanding of the complexity of the factors that influence the experiences of the students within the Clinical Learning Environment.

This study also adopted an interpretive paradigm using a descriptive design. The Interpretivist paradigm seeks to make sense of one's social environment by interpreting the

context in which human behaviour takes place and the thinking processes that give rise to it (Parahoo, 2014). This is in line with critical social science enquiry by questioning social norms and addressing the forces that empower and disempowers people. The essence is to develop subjective meanings of the lived experiences of individuals and their views of the experiences. In addition it allowed for the development of a pattern of meaning (Creswell, Hanson, Plano, & Morales, 2007) from the interaction between I and the participants. The Interpretivist worldview can be manifest through the use of phenomenology, which this study employed.

Phenomenology as a research approach in the Interpretivist tradition focuses on individuals' interpretation of their lived experiences and the ways in which they express them. Phenomenology provides a qualitative research approach based on Husserl's descriptive and Heidegger's descriptive philosophical traditions (Reiners, 2012). According to Reiners (2012), phenomenology based on these two traditions enables researchers to consider the reality from the perspective of the individuals' subjective reality and not the positivist paradigm which asserts that reality is fixed and ordered. Parahoo (2014) also stresses that only those who experience a phenomenon are capable of communicating them to the outside world. I's task was to observe and interview, gather data and describe the phenomena as experienced and expressed by the participants in this study. In this study the phenomenon studied was the in-depth experiences of student nurses within the Clinical Learning Environment.

This study applied a hermeneutic philosophy of phenomenology adopting Heideggerian interpretive phenomenology. This philosophy of phenomenology focuses on subjective experience of individuals and groups in an effort to unveil the world as experienced by the subject through their life world stories. It focuses on the human experiences as it is lived illuminating details and seemingly trivial aspects within those

experiences (Lavery, 2008). Heidegger, a student of Husserl rejected Husserl's notion of descriptive phenomenology as being composed of everyday conscious experiences described while preconceived opinions were set as or bracketed. (Karin et al., 2007).

Heidegger developed interpretive phenomenology by studying the concept of being in the world rather than knowing it (Reiners, 2012). This allows researchers to describe and interpret human experience based on ontology, the science of being. Unlike Husserl's phenomenology which is solely derived from the theory of knowledge (epistemology), this research set out to provide an understanding of experience of student nurses in the Clinical Learning Environment. I was interested in how the student nurses describe and interpret the meaning of the experience (phenomenon) through patterns that represent the phenomenon (Papp et al., 2003). This informed the decision to adopt the Heideggerian philosophy instead of Husserlian philosophy for this study. Husserl's descriptive phenomenology was used when I set out to describe the phenomenon under study and goes on to bracket their biases (Idczak, 2007). The research questions in this study focused on asking for the meanings of the experiences of the student nurses thus interpretive phenomenology.

In addition, the researcher applies Van Manen's philosophical perspective of phenomenology which is a combination of descriptive and interpretive phenomenology (Van Manen, 1997). This is commonly used in nursing phenomenological research studies to explore and interpret the lived experiences which this study does. Thus in this study, I utilized both the Heideggerian and Van Manen's perspective of hermeneutic phenomenological philosophy to explore and interpret the experiences of student nurses in the Clinical Learning Environment in an attempt to present the in-depth personal meanings from interviews for better understanding. The exploration of the lived experiences of the student nurses in the Clinical Learning Environment is done to understand the 'world' of these student nurses to determine what is real to them and how it influences their acquisition

of skills for future practice. In line with the hermeneutic philosophy, interpretation and understanding of the experiences is key to gaining insight into the phenomenon under study, in this case the Clinical Learning Environment. Interpretation is critical to this understanding hence the descriptive- interpretive paradigm used for this study. I believe that reality is not out there as proposed by Husserlian phenomenology (Lavery, 2008), rather it is something that is specifically constructed (Van Manen, 1997). As such this philosophy supported the exploration of the experiences of the student nurses from their own perspective using the focus group interviews. This philosophical dimension focuses on ontological concerns in order to bring about an understanding of the phenomenon by addressing the ontological question of what it means to experience the Clinical Learning Environment. I align with this hermeneutic philosophy which allows for interpretation of students' experiences in the Clinical Learning Environment in order to arrive at a common understanding of the phenomenon of experiences in the Clinical Learning Environment.

Social science research has ontological and epistemological perspectives, which define the way one sees the world and the way in which the world is investigated respectively. Creswell, (2009) explains ontology to be the nature of things or the nature of reality. In this research, I sought to understand what the reality is for nursing students within the Clinical Learning Environment. Using the qualitative approach, the study explored the major components in the clinical setting and how these components interact to define the reality or what exists in the setting in order for it to be clearly understood. Sprague & Kobrynowicz (2006) explain that social research is carried out to attempt to describe the nature of reality that is constructed through human relationship. I utilised the qualitative approach to describe and understand the Clinical Learning Environment from the perspective of student nurses by examining this social phenomenon and the components that make up the Clinical Learning Environment. This allowed me to also explore the nature of the ward

environment from the perspectives of the student nurses, the pedagogical atmosphere, leadership style of ward manager, premises of nursing care, supervisory relationship and the role of the nurse teacher within the Clinical Learning Environment. These areas specifically highlighted the reality of what exists in the world of the Clinical Learning Environment from the perspective of the student nurse. In line with Creswell's, (2009) position, the ontology for this study clearly looked at the nature of the social world of the Clinical Learning Environment and to understand the entities within it or its characteristics.

The epistemology of this study focused on the assumptions about the nature of knowledge about the phenomenon in question, that is, the Clinical Learning Environment. I sought to identify what principles and assumptions guide student nurses to determine what should exist in the Clinical Learning Environment. This was realised through interaction with those being researched whereby the findings are inferred from the interactive process (Finlay, 2014; Groenewald, 2004; Pilot & Hungler, 1997). In this study, I explored what exists in the Clinical Learning Environment and explained into detail the processes used to differentiate between knowledge and opinion through the interaction with the student nurses. Student nurses were required to clearly explain how they are able to determine what constitutes a suitable Clinical Learning Environment for effective learning to take place. I acknowledge that subjectivity and values are an inevitable result of this inquiry process and which would generate a wealth of new and valuable insights (Dempsey & Dempsey, 2000) , about the Clinical Learning Environment of student nurses. Additionally, exploring the lived experiences of student nurses within the Clinical Learning Environment is based on the premise that human experiences make sense to those who live it (Creswell et al., 2007).

Studies on the CLE of students have mostly been done using surveys to gather quantitative data to identify the factors that impact on the Clinical Learning Environment of nursing students. These studies quantify the factors but do not give an indication of how these

factors influence the acquisition of skills needed for practice. However exploring the meaning of the lived experiences in the clinical setting gives subjective experience, which is not constructed by an outside observer. Applying a hermeneutic phenomenological approach for this study, allowed the exploration of the lived experiences of student nurses during their clinical placement in an environment, which is complex and requires that they deal with diverse human relations. This philosophical underpinning is drawn from the explanations by van Manen, (1997) that hermeneutic phenomenology is based on experience as one lives it and not as one conceptualises it. This study is interested in the lived experiences of the student nurses as they are engaged in the Clinical Learning Environment and not their perspectives of clinical learning. Their experiences from the environment would enable them assess the suitability or otherwise of the place (the environment) for clinical learning. In addition the experiences provided greater insight in developing effective clinical teaching strategies and support for the adult learners immersed in the discipline of nursing.

3.2 Setting

The School of Nursing and Midwifery, University of Ghana, Legon was used for the study. The School is one of the constituent Schools of the College of Health Sciences with its campus located at Legon. It runs a four-year Bachelor of Science in nursing programme for students who qualify to be admitted from the Senior High Schools. The second category of students is those who undergo a three-year programme. These are diploma-holding nurses from the colleges of nursing and midwifery. All the students admitted into the programmes are taken through both lectures and clinical practice at designated hospitals in Accra to acquire the requisite nursing skills for practice as professional nurses on graduation. The faculty include both lecturers and clinical instructors who take students through demonstrations and simulations in the skills laboratory before these students engage in clinical experiences. The School has four departments namely, Adult Health, Community

Health, Maternal and Child Health and Research, Education and Administration. Clinical placements are done in accordance with the various departments, as such students have the opportunity to work in all the units of the designated hospitals which offer adult health nursing, mental health nursing, community health nursing, paediatric nursing and obstetrics and gynaecology nursing.

The School admits an average of one hundred (100) students into level 100 on a yearly basis. An average of forty (40) students with diploma in nursing are also admitted in level 200. This gives a range of one hundred (100) to one hundred and thirty (130) students per class at each level from level 100 to level 400 at any given time in each academic year. At any point, there are over 500 student nurses forming the entire student body of the School of Nursing and Midwifery.

Student nurses in the School engage in clinical practice at hospitals in the country which are recognised by the Nursing and Midwifery Council to train nurses for professional practice. The practicum is delivered in two forms on intra-semester and inter-semester basis. The inter-semester practicum runs for three weeks per semester making a total of six weeks. Student nurses work in the hospitals for six weeks for a period of six hours, five days a week from Monday to Friday. The intra-semester practicum runs for a period of six weeks after the end of second semester. It also runs for six hours a day, for five days from Monday to Friday. Thus in an academic year, students engage in clinical practice for 12 weeks. This is official and based on the curriculum. This is for all students from level 200 to level 400. In the case of students in level 100, they only start their clinical practicum with intra-semester practicum. This is because they have to be given a proper orientation to clinical work through simulation in the skills laboratory for the first two semesters before being allowed to start practicing with patients and clients on the ward.

3.3 Population

All student nurses from levels 200 to 400 admitted into the BSc. Nursing programme are eligible to be in the study. As student nurses, they are expected to undertake clinical work during their period of study in order to acquire the clinical skills for practice as qualified nurses upon graduation. All student nurses who have had the opportunity to be placed in the clinical setting for their practical nursing experience are eligible to share their experiences and offer insight into the ways in which this experience impacts on their education. For the 2016/2017 academic year, the population by levels was:

Level 200 had 98 students; Level 300 had 89 students and Level 400 had 78 students.

3.4 Sampling

Purposeful sampling was used to identify information-rich participants (Schreier, 2018) for the study in the sense that the participants are knowledgeable about the subject because of their involvement and experience in the situation. Suri (2011) indicated that purposive sampling can have different sampling strategies tailored to serve different purposes. This is done to address synthesis purpose and ensure that credibility of the data sufficiently addresses the purpose of the research in terms of feasibility, efficiency and ethical considerations. Purposive sampling is judgemental in the sense that the participants are selected because they are identified as well-informed or knowledgeable regarding the subject-matter under investigation (Dempsey & Dempsey, 2000). A large variety of purposeful sampling methods have been identified and described in literature including snowballing, homogenous, critical, intensity maximum variation and extreme or deviant case sampling (Flick, 2018; Patton, 2015; Schreier, 2018; Suri, 2011). A combination of two or more sampling strategies can be used to select participants who address the purpose of the synthesis (Suri, 2011) and this was used for this study. Seventy-four (74) participants were

recruited for this study made up of forty-eight (48) females and twenty-six (26) males in six focus group interviews.

In this study a Mixed Purposeful Sampling approach was adopted by combining two strategies namely criterion sampling and convenience sampling. These were used purposively to select the participants for the study. For the criterion sampling, individuals who met the specified criteria were selected to participate in the study. Criterion sampling is frequently employed by researchers to construct a comprehensive understanding of the phenomenon under study by using participants who meet a certain pre-determined criteria (Dempsey & Dempsey, 2000; Suri, 2011) I established certain criteria thought to be representative of the target population and deliberately planned to select the information-rich participants according to these criteria. Additionally, qualitative inquiry depends on samples that are selected purposively (Mayan, 2009), therefore I again established the specific criteria to purposively sample in order to be able to learn a great deal about the phenomenon under investigation. This method of purposive sampling process in which the researcher looks for participants with certain traits or qualities and the aims of the research (Koerber & McMichael, 2008) allows I to get the needed information. The criteria in this study was that student nurses who have had at least full year of clinical experience in any of the three main hospitals used by the School of Nursing and Midwifery as clinical sites were recruited for the study. This therefore granted opportunity for level 200 to level 400 students only to be part of the study. Level 100 students were excluded because they would not have had any clinical experience at the time of data collection by the researcher.

The convenience method was also used for this study. The convenience approach in purposive sampling was employed to enable easy access to the participants (Suri, 2011). I used this approach in combination with the criterion sampling since the participants were readily available on the University of Ghana, Legon where I had easy access to the

participants. Even though convenience sampling in qualitative research can be problematic because of familiarity with the participants causing I to generalize beyond the narrow population (Koerber & McMichael, 2008), it allows I a level of access to and familiarity with the participants that guarantees a richness of data that could not be realized if the participants were less familiar, and therefore convenient to I (Koerber & McMichael, 2008). I, being a member of faculty recruited persons who consented to be part of the research after a notice was posted on students' notice board in the School. The student nurses were familiar with me and I made it known to them that the study was purely for research purposes. With this level of familiarity divulged, the student nurses were willing to be part of the study to express their experiences within the Clinical Learning Environment. Representatives of each level were also called to assist by informing their respective colleagues about the study. Once the students expressed interest in the research, they were recruited to be part of the study having met the criteria of a minimum of one year clinical experience. I did not show any particular interest in gender for the study hence both males and females took part in the study. The use of these two purposeful sampling methods by I provided the specific criteria for participants who qualified to be sampled for the study. This ensured that only those with certain traits, qualities and who can be representative of the population they were recruited for the study.

3.5 Inclusion Criteria

In this study, I purposively selected student nurses who have had at least one full year of clinical experience during their period of education. Clinical experience for student nurses begins from the long vacation of the first year of entry into the University and continues through till they graduate after a four-year period of study. However only students in the second year (level 200) through to the final year (level 400) were recruited for the study. These groups of students have had at least one full year of clinical experience after admission into the nursing programme and were able to describe their experiences in-depth. They were

in a position to share their views about the Clinical Learning Environment having experienced the phenomenon under study. The specific traits of interest to me in this study were the experiences of, and within the CLE by the student nurses. Therefore it was important for student nurses to have had a minimum of one year experience in the clinical setting in order to fully describe the phenomenon.

3.6 Exclusion Criteria

Level 100 students who have not had adequate exposure to the CLE were excluded from the study. These are first year students who have just began the BSc nursing programme. Such students begin their clinical experience after one full year of classroom study with practical session in the skills laboratory. Level 100 student nurses only practice using models and simulators and have not had the experience of working in the Clinical Learning Environment.

3.7 Data Collection

Data collection for this study was done by the use of focus group interviews to obtain wider perspectives of the phenomenon under study. Most qualitative researchers pursue interviewing as a one-to-one activity, but group interviews can also be useful because they draw from a synergy between group members (Padgett, 2009). Focus group interview aims at interviewing a group of people who share the same or similar characteristics as determined by the researcher and who bring their different opinions to bear on the research. According to Kitzinger (1994) found in (Mayan, 2009), a group interview can be defined as a focus group only if the interaction among participants is the focal point of both data generation and analysis. Another explanation of the focus group interview is that the interview is conducted with participants in a group form, in which many participants are grouped, and share their experiences on a particular phenomenon or a particular issue of concern (Stuckey et al.,

2013). Essentially, a focus group consists of a small number of individuals who share a common bond. The size of the focus group should be large enough to produce diversity of opinions and viewpoints, but small enough to allow every participant to share in the discussion. Thus a size of about 7 to 10 is optimal (Dempsey & Dempsey, 2000; Padgett, 2009). Other recommendations for effective focus group interview suggest a range of 9 to 12 participants (Onwuegbuzie et al., 2009; Rabiee, 2004; Smithson, 2000).

Focus group interviews were used for this study because I wanted to obtain a greater depth of responses which might not be present in one-to-one interviews. I recognised that gathering data this way was going to allow to explore student nurses experiences as they tend to work within the learning community in groups. Two focus group interviews were conducted for each level that the participants were recruited from. The aim of this research was to elicit opinions about the Clinical Learning Environment from student nurses. Each group had an average of eleven (11) participants, the smallest having nine (9) participants and the largest having thirteen (13) participants. The sizes of the focus groups did not conform strictly to recommendations of 7 to 10 participants. (Dempsey & Dempsey, 2000; Padgett, 2009) because the student nurses were enthusiastic about the research wanting to share their experiences. As such I was flexible to allow for the extra participants to be part of the study in order generate rich data in line with the use of the purposive sampling method especially when two focus group interviews were conducted for each level (Level 200 –level 300). All of the student nurses have had clinical experience at the various hospitals used by the School of Nursing and Midwifery as part of their training programmes towards the award of the BSc degree in nursing. The experiences within the Clinical Learning Environment that were shared were varied as a result of clinical experiences from the three different sites. It offered diverse information and provided adequate data to determine the extent to which the learning

environment supports the acquisition of clinical skills for the student nurses. A total of seventy-four (74) participants from all six focus groups were interviewed for the study.

All the participants that were recruited interacted and responded to questions in a moderated setting (Mayan, 2009). The participants were contacted after expressing interest to be part of the focus group to choose an appropriate date and time at their convenience for the interview. This was done in a way for the students to feel motivated as they were given control as well as establishing a good interpersonal relationship for ease of conversation. The focus group interviews were conducted in the skills laboratory of the School of Nursing and Midwifery. This was done at a time when the place was not in use for nursing practical to ensure privacy and prevent interruptions during the interview process. The skills laboratory is large enough to allow for a round table seating arrangement such that all participants can have direct eye contact with one another. The skills laboratory, being a simulation Clinical Learning Environment gave the student nurses a setting similar to the wards. It made it easier to recall information using reflection. The participants in each focus group interview were able to contribute effectively during the interview as they were comfortable with one other because the selection was done for each level. For each focus group, the participants were all from the same level and therefore could relate very well. This allowed for homogeneity in the group such that the experiences were almost common to the group.

Prior to the focus group interviews, participants were informed that I would be present but not interfere in the process except for clarification. They were informed that interviews would be audiotaped and transcribed later for analysis. Since the participants had similar characteristics and shared a common bond, they were more relaxed and able to express themselves without inhibition. The focus group interviews lasted for between sixty (60) to ninety (90) minutes.

The focus group interviews explored the experiences of the student nurses within the Clinical Learning Environment by asking questions that addressed into detail all the existing networks and relationships among the key stakeholders in the Clinical Learning Environment namely, the student nurses, nurses, and the patients in order for effective and efficient health care delivery. Questions were asked using a semi-structured interview guide (See Appendix A). It was observed that during the interviews the student nurses freely expressed their opinions about the Clinical Learning Environment since the group was made up of fellow students who have had similar experiences. The aim was not to reach a consensus about the Clinical Learning Environment, rather to explore the experiences of the student nurses in the Clinical Learning Environment. This is in line with authors who have said that the purpose of the focus group is to provide data about the topic and not about reaching a consensus (Dempsey & Dempsey, 2000). By engaging the student nurses through the focus group interviews using a moderator, I was able to identify and describe the phenomenon of learning within the clinical context from the experiences shared by the student nurses.

As a researcher conducting focus group interviews, it is helpful to have a moderator, someone who can draw out richness in the discussion while ensuring that everyone is heard so that the researcher can listen carefully and watch closely (Mayan, 2009). I employed the services of a research assistant who was trained to moderate the focus group discussions by asking the relevant questions. The moderator was a professional nurse who had completed the undergraduate programme from the School of Nursing and Midwifery and was working as a teaching assistant while carrying out National Service. Thus, the moderator was familiar with the BSc Nursing programme and could ask the relevant questions. However the moderator was also given a period of training using one-on-one interviews as practice. I sat in the room and only came in to ask probing questions at instances when questions were unclear and answers were ambiguous. The research assistant moderated the discussions by asking

open-ended questions using the semi-structured interview guide. As the discussion went on, I carefully listened and observed while taking down field notes. The moderator assisted by guiding the discussion to ensure that everyone contributed. There was flexibility but then a conscious effort to stay on track and not digress. I occasionally came in to seek clarification and ensure that the interview was on track.

3.8 Use of Hermeneutic Circle

In qualitative research, the researcher is the instrument for data analysis, which often causes the process to be subjective. Hermeneutic phenomenology recognizes this influence of the researcher and thus it is important for the researcher to recognise this and state it. (Whitehead, 2004). It is therefore imperative that the biases of the researcher on the conduct and presentation of the findings are clearly outlined so that these do not influence the outcome of the study. Hermeneutic phenomenology also relies on the self-awareness of the researcher, accordingly, I identified all my biases by subjectively detailing all my values, interests, emotions and theories (collectively referred to as preconceptions), within and across the research project. These influenced how data was gathered, interpreted, and presented.

The Heideggerian philosophy which underpinned this research uses the Hermeneutic Circle to determine the credibility of the researcher. The researcher understands the concept of 'Dasein' as proposed by Heidegger to mean 'being in the world' (Lavery, 2008). This meant that I acknowledged my own worldview on lived experiences of student nurses in the Clinical Learning Environment. My interpretation of the data was shaped by my own experiences as a student nurse and furthermore as a clinical supervisor and faculty to the student nurses of the School of Nursing and Midwifery. I have provided detailed description of my background in order to establish the relationship that exists between her and the student nurses in this study. This allowed me to get into the hermeneutic circle the right way for proper understanding and interpretation (Grondin, 2016). Having presented the detailed

information then, I was able to put aside all preconceptions, attitudes, beliefs and values to aid in the validity of the data collection process in order to accurately describe the lived experiences of the student nurses in the Clinical Learning Environment.

I is a nurse by profession and faculty member at the School of Nursing and Midwifery. There is therefore a probability for personal bias influencing the research findings. I engaged in self-reflection to limit biases. Using the concept of conceptual baggage (Kirby & McKenna, 1989) I stated my personal assumptions and research relationship. As a member of faculty, I realised that there was the possibility of the existence of a power gap between myself and the student nurses, which could be intimidating. To address this, I briefed the students that the information would not be used against any participant rather it is aimed at improving their clinical experiences. The participants were made aware of the fact that I had been through similar experiences and interested in eliciting information from them in order to speak on their behalf to the stakeholders. Participants were made to understand that my position as a faculty member will position me to advocate on their behalf. I also identified that there was the need to maintain a neutral stance and take critique from my own colleague faculty members and student nurses in good faith. That way objective decisions can be taken to address the challenges in the Clinical Learning Environment. In addition, my use of the research assistant also a nurse to moderate the focus group interviews enabled the student nurses open up freely to share their experiences.

Within the Clinical Learning Environment, I recognise the hierarchy in the nursing socialization process. As a nurse, I am aware of the difficulty some nurses have in relating to student nurses to help them attain the level of competency they already have gained. The expectation is that student nurses must learn on their own and experience things the hard way. I can relate to this and thus, made the participants aware that the information being given is not doubted. Rather it will contribute immensely to making the data useful to

advancing nursing in the 21st century. Quality of nursing care is of essence and not personal capabilities, which one tends to dwell on believing that they are indispensable to the profession. Reflecting on these things and making them known to the student nurses who participated in the study ensured that they willingly and freely spoke their mind.

The hermeneutic circle is also reflective in nature suggesting that I is as much a part of the research as the participants (student nurses) and therefore I's ability to interpret the data is dependent on their previous knowledge and understanding of the phenomenon being studied (McConnell-Henry et al., 2009). I was therefore able to provide interpretation of the data based on my fore-knowledge and prior understanding of the experiences of student nurses. This was done free of judgement because I had already stated my personal understandings. Engaging in reflexivity was to ensure validity of data collection and analysis and to maintain objectivity research process.

3.9 Rigor

Rigor of the research was based on using the four criteria framework by which are credibility, dependability, confirmability and transferability (Lincoln et al., 1985). Credibility was ensured through the prolonged engagement and persistent observation of the participants during the interview sessions. I spent time engaging with the participants during which period field notes were taken from observations made during the process of exploring the lived experiences of the student nurses in the Clinical Learning Environment. This gave me an in-depth understanding of the phenomenon. I observed the body language, gestures, and facial expressions of the participants from a distance as the moderator facilitated the focus group interviews.

Dependability was ensured through the use of audit trail and reflexivity. Audit trail rigour was achieved by carefully outlining the processes of the research. I provided a description of the methodological processes with the rationale for decision-making about

every step of the research process. A comprehensive outline of the processes during the focus group interviews as well as during data collection has been clearly spelt out. This audit trail also highlights the processes used in the data analysis. Issues related to reflexivity have been described under the use of hermeneutic circle. Here, I had declared my stance with regards to the Clinical Learning Environment of student nurses. With my background being similar to those of the student nurses, I showed how personal interests and history were brought to bear on the research. This personal bias had the possibility of influencing the data collection and therefore a research assistant was trained to moderate and facilitate the interviews for objectivity.

In ensuring confirmability, I remained almost completely neutral during the data collection process except for situations where there was the need for clarity. This is in line with the audit trail and reflexivity mentioned previously. I carefully sought clarification from the participants to confirm the information provided during the interviews to be a true reflection of what was said.

Finally, I employed the use of ‘thick descriptions’ to address the element of transferability. I had provided detailed descriptions of the specific context within which this research was conducted. An account of the setting, participant characteristics, context of the study and the research methods have been provided. Additionally, verbatim quotes have been provided to support the interpretations coming from the findings of the research.

3.10 Data Analysis

Colaizzi’s (1978) 7-Step Analysis Strategy was used to analyse data in this study which aimed at describing the lived experience of student nurses in the Clinical Learning Environment (Creswell, 2007). This method is commonly used in phenomenological research but can be suitable for Heideggerian phenomenological research (Dowling, 2007). The final step in Colaizzi’s method which requires the researcher to return to the participants

for clarification on how their descriptions fit the experiences brings out the interpretation. This type of data analysis best fits this hermeneutic phenomenology in the quest to explore the experiences of the student nurses in the Clinical Learning Environment using the descriptive-interpretive paradigm. The 7-steps used in this study were familiarisation, identifying significant statements, formulating meanings, clustering themes, developing an exhaustive description, producing the fundamental structure and seeking verification of fundamental structure (Morrow et al., 2015).

Six focus group interviews were conducted using a semi-structured interview guide. At the end of each interview, I informed the participants of the need for a second contact for clarification if necessary. Each interview was transcribed verbatim and typed out manually in Microsoft Word with numbered lines. The focus group interviews were labelled 'FG' with a numerical tag as *FG, 1* to represent focus group interview 1. The transcripts were read through many times to familiarise with the data gathered. By so doing, themes, patterns and concepts began to emerge and become apparent. Doing so enabled me make sense of the data and obtain a general sense of the entire transcript. Next, codes were developed from the data by identifying the significant statements. These were highlighted and extracted manually through a systematic process of sifting, charting and sorting material according to key issues and themes (Ritchie et al., 2013).

In formulating meanings, I identified meanings through careful considerations of the significant statements and developed sub-themes were used to describe the experience (the essence). Adopting the use of hermeneutic circle ensured that my '*dasein*' was employed to carefully describe and interpret the true meaning of the significant statements. All identified meanings were then clustered by grouping together all statements that had common meanings. These were grouped manually in separate Microsoft Word documents with separate headings for easy reference.

Finally, I developed a comprehensive description of the theme and sub-themes. The narrations for each theme and sub-theme were presented with quotes that best fit the description identified. These were condensed into statements that captured the real essence of the phenomenon being researched. The verification process for the data was done by presenting the final data to two representatives of each focus group to ensure that it captures their experience. The inability to seek verification from each member was due to unavailability of all the participants as they were on the wards for clinical experience. The verification was done on the assumption that the representatives would at least remember their own contributions and that of their colleagues to a great extent.

The data analysis was done concurrently with the process of data collection. Qualitative analysis, particularly focus group analysis, occurs concurrently with data collection (Rabiee, 2004) and there is the need to consider a continuum of analysis rather than a linear process. The data analysis therefore had overlapping processes of accumulation of raw data, descriptive statements and interpretations. There were seven (7) themes and sixteen (16) subthemes derived from the focus group interviews conducted. These themes are definition of the Clinical Learning Environment, nature of the ward atmosphere supervisory relationship on the ward, leadership style of the ward manager, pedagogical atmosphere on the ward, supervision by clinical teachers and challenges with clinical learning. The sub-themes have all been presented in chapter 4 where the findings are presented. The summary of implementation of Colaizzi's method for data analysis is presented in Table 2.

Table 2: Application of Colaizzi 7-Step Method in the Data Analysis

No.	Colaizzi's Step	Researcher's Method of Implementation
1.	Familiarisation	I read through the transcripts several times to become familiar with the text. Each interview was transcribed verbatim and typed out using line numbering for easy tracking of content
2.	Identifying Significant Statements	Codes (labelling with a term) were developed from the data by identifying significant statements which were then highlighted. These were extracted manually with ease using the line numbering, systematically sorting the information according to key issues arising from the data
3.	Formulating Meanings	I carefully identified significant statements and made meaning out from them based on my use of self-awareness and also coming from an insider point of view. This enabled me to describe and interpret relevant meanings from the data
4.	Clustering Themes	The codes were now grouped together based on common meanings to generate descriptive meanings which became themes and sub-themes
5.	Developing an Exhaustive Description	The themes identified in step 4 were then described into detail to capture the full meaning of the themes and sub-themes
6.	Producing the Fundamental Structure	I identified short statements that captured the descriptions given to reflect the essential nature of the phenomenon of experiences in the Clinical Learning Environment. These were used as supportive quotes for the themes and sub-themes in chapter 4
7.	Seeking Verification of the Fundamental structure	This step provided the interpretation to the data provided by the student nurses. By verifying the information from the interview with the student, I was able to bring out the true meaning of the data. My use of the hermeneutic circle enabled me to carry out a proper interpretation of the phenomenon.

3.11 Ethical Considerations

Ethical clearance was sought from the Ethics Committee for the Humanities at the University of Ghana. (See Appendix B). Permission and clearance from the School of Nursing and Midwifery were addressed accordingly in writing. Recruitment of participants was done through the use of advertisements on the notice boards of the School for people to voluntarily decide to participate in the focus group interviews. All participants in the focus group interviews gave consent to participate in the study voluntarily. There was no coercion and participants were free to withdraw from the study with no consequences. Issues of privacy were addressed by ensuring that no names or any identification labels were added to the transcribed data and quotes used in the text. All the interviews were conducted on the premises of the School in one of the skills laboratory when it was not in use and thus free from external noises for recording purposes. Questions were asked using a semi-structured interview guide developed in accordance with the objectives of the study (See Appendix A).

In the next chapter , the findings of the study are presented. These findings are the results after conducting the focus group interviews and also implementing all the procedures that were mentioned and described in this chapter on Methodology.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the findings from the focus group interviews conducted with various groups to assess Clinical Learning Environment (CLE) of student nurses, highlighting their perceptions about the CLE, the nature of learning within the CLE as well as some of the challenges these student nurses face within the learning environment. The findings are presented with reference to the guiding conceptual framework and the research questions derived from the objectives of the study. The demographic characteristics of the various focus groups are presented to provide a picture of the diversity existing among the participants of the study. This is followed by the presentation of the themes that emerged from the data gathered.

4.1 Demographic Characteristics of the Participants

The participants of the study were student nurses in the School of Nursing and Midwifery, University of Ghana. Focus group interviews were conducted among the level 200 to 400 student nurses. Two focus group interviews each were conducted for levels 200, 300 and 400 making a total of six focus group interviews. There was an average of 11 participants in each focus group made up of both male and female nurses. In addition the student nurses also comprised of service personnel (qualified registered nurses) as well as generic (secondary school leavers) student nurses.

The classification by gender shows that there are more females (48) than males (26) making a total of seventy-four (74) participants. Nursing still continues to be dominated by females however there are males who still apply themselves to the profession and are admitted into the BSc. Nursing programme at the University of Ghana. Additionally, the

sample consisted of both generic nurses as well as nurses who already hold a Diploma in Nursing and are in the University to upgrade themselves to the degree level. Participants in the study were made up of twenty-one (22) diploma nurses and fifty-three (53) generic nursing students. This can be accounted for as a result of the fact that only few diploma nurses are admitted directly into level 200 and are usually outnumbered by the generic-nursing students who are admitted in level 100 and have progressed to level 200 where participants were sampled from. Details of the participants are presented in Table 1.

Table 1: Demographic Characteristics of Participants

Class	Focus Group One		Focus Group Two		Total by Level
	Male	Female	Males	Females	
Level 200	4	9	5	8	26
Level 300	6	5	4	9	24
Level 400	3	8	4	9	24
Total	13	22	13	26	74

Source: Field Data, 2019.

The demographic characteristics is presented to show that I wanted to have representative views from the student nurses irrespective of their gender, age, qualification or level. This is because the students are all placed in the same Clinical Learning Environment and have to work with staff nurses on the ward. The School of Nursing and Midwifery, University of Ghana does not exempt diploma-entry nurses from clinical practicum despite their previous qualification as nurses. A nursing student is always considered as one who is to be engaged for teaching and learning purposes and so irrespective of a previous qualification and experience.

4.2 Themes

Analysis of data produced seven major themes and sixteen sub-themes. The themes were derived from the content analysis of the data using the Colaizzi 7-Steps Method. In line with the Quality Clinical Learning Environment and the Learning Environment Learning Process, Learning Outcome Framework as the guiding conceptual frameworks, the following themes emerged from the data. These are:

- Description of the Clinical Learning Environment
- Nature of the ward atmosphere
- Supervisory relationships on the ward
- Leadership style of the ward manager
- Pedagogical atmosphere on the ward
- Supervision by clinical teachers
- Challenges with clinical learning

Sub-themes that emerged are also presented under the major themes for the thematic areas. The findings are presented with quotations that best fit the theme being described. Table 3 is a representation of the major themes and sub-themes that emerged from the analysis of the data.

Table 3: Themes and Sub-themes from the data

Item	Themes	Sub-themes
1.	Description of the Clinical Learning Environment	<ul style="list-style-type: none"> • Facility for clinical learning • Place for bridging theory-practice gap • Environment for real-life clinical practice
2.	Nature of the Ward Atmosphere	<ul style="list-style-type: none"> • Friendly and educative atmosphere for learning
3.	Supervisory Relationship on the Ward	<ul style="list-style-type: none"> • Positive supervisory relationship • Negative supervisory relationship
4.	Leadership Style of the Ward Manager	<ul style="list-style-type: none"> • Good leadership style • Poor leadership style
5.	Pedagogical Atmosphere on the Ward	<ul style="list-style-type: none"> • Resourced environment for learning • Unsuitable environment for learning
6	Supervision by Clinical Teachers	<ul style="list-style-type: none"> • Inadequate supervision by clinical teachers • Non-engagement in teaching on the wards
7	Challenges with clinical learning	<ul style="list-style-type: none"> • Post-clinical conference • Transportation to sites • Timing of clinical placement • Collaboration with clinical sites (health institutions)

4.3 Description of the Clinical Learning Environment (CLE)

Describing the nature of the CLE as understood by the student nurses is to elicit how these student nurses understand the Clinical Learning Environment to be. The participants

were asked to express in their own words what they understand the Clinical Learning Environment to be. It also brought out their perceptions about the environment in which they work during clinical placement in order to acquire the clinical skills for future practice. Sub-themes that emerged from the description of the CLE are facility for clinical practice, place for bridging the theory-practice gap, and environment for real-life clinical practice.

4.3.1 Facility for clinical practice

Participants in the focus group indicated that the CLE is a place, usually a health facility that has many resources for student nurses to have the opportunity to learn diverse skills and procedures that will be useful in future practice as professional nurses. They asserted that this kind of facility must have multiple units, equipment and resources to allow the student nurses to learn a lot of nursing procedures in real life situations rather than one in which learning occurs on dummies. Some participants expressed these ideas as follows,

“Clinical Learning Environment in my opinion is a place or, usually a health facility where there are real life situations with patients who have conditions and students have come across with and they can relate to and know how the cases are being managed” (FG, 1)

“In my opinion I think the clinical environment is one that should have all the necessary equipment that will enable the student nurse to be able to learn a lot” (FG, 4)

“Clinical Learning Environment is one that has various facilities that will enable the student nurse to actually come to practice with the real people other than the dummies that we practice in class and then get to experience and learn further things that were not touched on in class.” (FG, 2)

4.3.2 Place for bridging the theory-practice gap

Nursing education has both the theory and practice components. The student nurses defined the CLE as a place where they will be able to bridge the theory-practice gap. These students believed that having been given theoretical knowledge; there is the need to move into a place where they would be able to practically apply the knowledge they have acquired

in the classroom. By so doing, the student nurses believe that it makes nursing more practical rather than just having the theoretical knowledge without applying that knowledge. Some of the participants expressed this belief in the expressions that follow,

“I think it is a place where you get to actually practice what has been taught in class and where you can, bridge that gap between the theory and then the practical.”
(FG, 1)

“Nursing is not only about theory, acquiring knowledge theoretically, it also entails practicing it. So once you acquire the knowledge in class, you have to get to a place where you can practice that or where you can put that into practice and that place is actually what we call the Clinical Learning Environment.” **(FG, 1)**

“I think a good Clinical Learning Environment is where you are able to put your theory into practice...” **(FG, 3)**

“The clinical environment is a place where they (student nurses) are able to apply what we’ve been taught in class to show our skills and the knowledge that we have acquired” **(FG, 3)**

“I think a good Clinical Learning Environment is where you are able to put your theory into practice...” **(FG 5)**

4.3.3 Environment for real-life clinical practice

Building on the sub-theme of bridging the theory practice gap, another description of the CLE as expressed by the participants is that, it is an environment for real-life clinical practice. In order for student nurses to be competent in nursing skills, they are often given the opportunity to practice in the skills laboratories using dummies, models and simulators. However, this kind of practice only comes close to what actually happens in reality. In describing the CLE, participants indicated that it is an environment in which student nurses are given the opportunity to engage in real-life clinical experiences, which serves as a better way to become competent in performing nursing procedures on patients rather than on non-living models, dummies and simulators. Some quotes that express these ideas are given in the following statements;

Clinical Learning Environment is one that has various facilities that will enable the student nurse to actually come to practice with the real people other than the dummies that we practice in class and then get to experience and learn further things that were not touched on in class.” (FG, 2)

“Clinical Learning Environment in my opinion is a place or, usually a health facility where there are real life situations with patients who have conditions that students have been taught in school and they can relate to, and know how the cases are being managed.” (FG, 1)

The participants in the study have described the CLE as a place, which must be a health facility that has many units and which must be well equipped with the needed resources and which offers the opportunity for student nurses to engage with patients in order to practice what has been taught in the classroom. The participants believe that engaging in real-life experiences with patients enables them to perfect their skills as well as translate theory into practice thereby bridging the theory-practice gap that often exists in a profession such as nursing.

4.4 Nature of the Ward Atmosphere

The participants in this study were asked to indicate what their expectations of the nature of the ward atmosphere should be. This expectation is following from what these participants described the CLE to be. Clearly, the CLE is considered to be a health facility for student nurses to learn from. Within this health facility, there are smaller units, which include the wards. The wards are places where patients are admitted to in order to receive the needed care aimed at ensuring recovery. These wards actually constitute a specific CLE for student nurses to learn from. In assessing the CLE, it is imperative to get an understanding of the nature of the ward atmosphere in which these student nurses expect to go to learn. The participants gave their views about how the nature of the ward atmosphere within the CLE should be like to facilitate learning. The participants indicated that the ward atmosphere was expected to be friendly and educative.

From the study, the nature of the ward atmosphere is expected to be a conducive atmosphere for learning, an atmosphere where other nurses are ready to teach, and a warm place in which students feel welcome. The alternative to this conducive atmosphere is one in which the student nurses feel that learning is difficult because of how staff present on those wards treat them to the extent that their learning needs are not met. The nature of the ward environment was, thus, dependent on the particular ward that a student is posted to. Participants indicated that the ward environment could be either very hostile or very friendly and educative which makes it a wonderful atmosphere to learn from.

“the atmosphere depends on the ward, it can be very hostile and it can also be very friendly and educative. It can be a very wonderful atmosphere to learn”. (FG, 2)

“Some wards really facilitate learning but others too create confusion” (FG,3)

the environment, just as my colleagues said is always two ways; its either interesting or boring, boring in the sense that sometimes you go to the ward and you want to perform a procedure but they won't allow you simply because they have this notion about those of us in the degree programme are good with books. When it come to the practical aspect we are incapable. (FG, 1)

These expressions indicate that the nature of the ward atmosphere is either one that is such that student nurses feel happy to work there or would rather be in another ward to work.

4.4.1 Friendly and educative

According to the participants, they expect the ward atmosphere in the CLE to be one in which they are able to acquire the needed skills. From the experiences of the participants, the friendly and educative ward atmosphere is seen as a conducive atmosphere where the staff is friendly and open. This conducive atmosphere must also have professional nurses capable of teaching and assisting student nurses in what they need to know. This kind of atmosphere is one in which the nursing staff are approachable and ready to attend to students' enquiries in terms of learning. It is also one in which all that is needed for learning is available without students having to improvise in order to learn. In the same vein, a spacious

ward is welcome so that student nurses and ward staff are able to freely move about to work.

A few expressions about the nature of the ward atmosphere in which the student nurses expect to learn from are,

“I think a ward environment should be conducive and it should have all the requirements” (FG, 3)

“I will first of all talk about the clinical setting or in the hospital, they have to have professional nurses on the ward, people who are trained who will be able to also impart their knowledge to we the students coming to the ward and also we have to talk about the equipment, things have to be available to efficiently care for our patients.”(FG, 6)

“It should be spacious and then there should be good interpersonal relationship between the staff and the students, so that the students can easily approach the staff to ask questions” (FG, 1)

“I also think there should be enough space for us the students to be able to observe what is going on, when you go to the ward and maybe a procedure is being done on a patient but the space there is so small and the number of students there are a lot when you are at the back, someone like me there is no way I will be able to see what is going on.” (FG,2)

“I also think that first of all, the ward should be a conducive environment for all of us to work” (FG,5)

However, despite these descriptions of the ward atmosphere, some of the participants shared experiences of hostility and discrimination in the wards, which they believed does not support learning of clinical skills. This goes to affirm that a friendly and educative (conducive) ward atmosphere is preferable and needed for student learning in the CLE. Some of the negative sentiments expressed regarding their experience of hostility are,

“During our clinical, we went to three different wards, my first ward that I went to, the atmosphere was very conducive. It was a loving place like I even didn't want to leave that place because they were welcoming but the second one, though they accepted us, we didn't meet nice people so there the atmosphere wasn't that good to communicate with them”. (FG,4)

“ I will also like to talk about two things, the attitude of the nurses on the wards. Most of the time when we go, they perceive us in different ways so when you report to the ward, they don't even have faith in us to perform, and they also think that as

students, we are to observe only. The environment doesn't feel friendly for us to work in.” (FG,5)

*“ I also think there should be no discrimination on the ward because I remember when I went to the ward the nurse wanted someone to perform a procedure and she was like I want the one in the green (**referring to a diploma nurse**) to come and perform and I felt bad because she was like she doesn't think I can do it or something,”(FG, 6)*

These statements give an indication that the student nurses preferred to have a CLE that they find welcoming and friendly enough to make them comfortable to learn. An environment that is tensed with nurses who do not openly welcome and encourage student nurses to come in to practise their skills clearly is one that does not support clinical learning for student nurses and probably students in related disciplines that require clinical experience.

4.5 Supervisory Relationships on the Ward

The ward on which student nurses practise and learn in the clinical setting already has different categories of nurses and other health professionals working there. As a community of practice, there exists various levels of relationships among the members within the community. Student nurses need to be supervised by the nursing staff as they work on the ward. The kind of supervisory relationships that the student nurses experience is diverse in that they expressed positive and negative supervisory relationships between the nursing staff on the ward and the student nurses.

4.5.1 Positive Supervisory Relationship

A positive supervisory relationship is seen as the kind that exists between the nursing staff and student nurses who have been assigned to the ward for clinical practice. In this kind of relationship, the participants expressed that the nursing staff actively involved them in all nursing activities on the ward. They were given the opportunity to have direct access to patients and could be asked to perform nursing procedures on the patients. The staff nurses and ward-in-charge (nurse manager) were readily available to teach and direct them to do the

correct procedures for the patients. Some of the participants expressed these sentiments in the following statements.

“For a leader who is also having good interpersonal relationships, naturally, the staff just get to learn this good behaviour from the in-charge and when students come, it’s not difficult for them to relate in a nice way to students.... I’ve been to a ward where the in-charge, even though she has other administrative staff, every morning, she comes round the ward. Once you’re a student on that ward, if the in charge herself is going round doing these things, you’ll also just follow. At the end of the day, that particular ward, I really enjoyed myself because everybody is everybody’s friend.” (FG, 6)

“So far it’s been interesting. I have not had any problem with any of the ward management. I even have their contact and once a while I call them to say “hi” because I remember I went to a ward and saw this ward manager sergeant X, he was so friendly to me, not me alone but to my other colleagues as well so once a while I call to say “hi”. He and his staff also relate well with us” (FG,2)

“I had a nice time at the hospital I went to, the nurse manager was involved in whatever we do, as I said earlier she makes sure she gives us topics and then you will do a whole clinical presentation on it to everybody (nursing staff) on the ward, you ask questions they will answer and all that ...” (FG,3)

“Personally my relationship has been okay with the staff nurses and then the ward in-charges” (FG,1)

“For me personally, I haven’t experienced any hostile conduct with anybody. All the people I’ve encountered on the ward, they were so lovely and to some extent, they even call to find out if I’m not around. The matron related well with all of us (student nurses) and the other staff” (FG,4).

“there was this nurse-manager at where I worked, the emergency department, she will always mix the student nurses and the staff nurses, let’s say today this student nurse and this staff nurse you will be setting the line, you will be managing the patients in the wards, you will be doing this you will be doing that, is a shift so the next day you are supposed to change over and it really helped us. In fact she related well with us”. (FG, 3)

4.5.2 Negative Supervisory Relationship

Not all the experiences in the CLE were positive. Participants expressed that some of the people on the wards that they were posted to were unfriendly. The ward in-charge is very influential when it comes to interpersonal relationships among nursing staff and others on the wards. It is obvious that being a leader goes a long way to influence one’s followers. An

unfriendly ward manager tends to indirectly influence the nursing staffs she works with who in turn exhibit those characteristics when dealing with nursing students. In this study, a number of participants came out boldly to share their experience with I regarding having to work in an atmosphere that had negative relationships existing between the ward staff and the nursing students. A few quotations are given to support this assertion.

“... some too, can be very, very annoying. I remember a situation where a matron, she wasn't even a matron, she was an NO (Nursing Officer), she insulted me in the midst of patients and when that happens, it means you don't even know what you are doing. She didn't even get to what I was doing before she started with that insult. I found it difficult relating to her and the other nurses on the ward” (FG, 1)

“The first day we went to the ward, the in-charge asked us that where are we from and we said the University. Then she said “as for you people you don't come to work early, you don't do this, you're always running away”, she had her own perceptions about university students, so even before you go there they don't want to get you involved in anything, they won't mind you, they won't assign anything to you, is like you have to push and maybe get close to some of the nurses on the ward to be able to work. With the in-charges most of them don't help in anyway. I remember a certain ward I went to, even though she always comes to work, you hardly see her, you barely see her. So it's like they don't really care about the students at all, as for the in-charges they don't do well.”(FG, 3)

“Some in-charges are not even bothered about how the ward is organized. When students come to the ward, you're on your own. The in-charge doesn't even know your objectives so how much more the staff. Because when we come there, we're supposed to send our objectives to the in-charge. The in-charge doesn't even know of your objectives. She has collected it and it's lying in a drawer somewhere so it is not communicated to the staff. So the staff (nursing staff) does not even know the objectives. They don't know why you're there. If you're even trying to notify them of the objectives, that is when the problem comes. It becomes an issue. And when they take you to the in-charge, the in-charge will not even ask where the problem is coming from. Once it's a student and a staff, the student is wrong. The relationship is not there from the beginning...hmmm”(FG, 4)

“Normally the nurses and some of the matrons have this I don't care attitude so it makes the whole student- nurse -service personnel nurse relationship very, very difficult”(FG,6)

Thus, within the CLE, the supervisory relationship between the nursing students and the staff on the wards is seen as coming from the ward manager. The ward manager tends to influence the other nursing staff who in turn relate with nursing students. A ward manager who has

good supervisory relationship with nursing students is able to cause the other nursing staff to be supportive of student learning on the ward. The opposite is often true and a negative supervisory relationship also tends to negatively affect student learning within the CLE.

4.6 Leadership Style of the Ward Manager

The ward manager in the CLE is often seen as the one who is in control of the daily running and management of all the activities of the ward ranging from patient care, teaching student nurses, ensuring adequate supplies to the ward for effective healthcare delivery to managing other members of the health team assigned to the particular ward. There is therefore a lot of work to be done by the ward manager. The leadership style of the ward manager reflects on the output coming from staff nurses and student nurses. In this study student nurses expressed different opinions about the leadership style of the ward manager and how this affected their learning in the CLE. The leadership style of the ward manager was seen by the student nurses as either good or poor in which the students gave clear reasons for expressing these sentiments about the leadership styles of their ward managers. In the supporting quotes, the use of the term ‘in-charge’ refers to the ward manager as has already been used in earlier quotes. This is a common term that is used in Ghana to refer to the nurse who is in-charge of a ward or unit within a healthcare institution.

4.6.1 Good Leadership Style

The ward manager who is seen to exhibit good leadership style is one who is seen to handle both administrative duties and clinical duties effectively and efficiently in a day’s work. This kind of ward manager is able to relate well with her staff as well as student nurses. Student nurses placed in the CLE are of the impression that the ward manager is in that position as a result of expertise from many years of clinical practice and should thus be in a position to assist others to also acquire the requisite knowledge and skills for practice. In

addition, this ward manager must ensure that resources needed to work with are readily available for use by the personnel. The student nurses indicated that this good leadership style enhances learning on the ward. As student nurses, the participants expressed that some of the ward managers they came into contact with were able to handle the ward so well that these student nurses would be willing to go there any time to work. The impact that the ward managers made on them during their stay there was so great that they were able to exchange telephone numbers and were given the opportunity to call these ward managers and vice-versa. The ability to access these ward managers on phone meant that the student nurses could further maximise the learning opportunities available to them even outside the practical period. It made them feel very comfortable working under such ward managers at any given time. Some of the participants expressed these good leadership styles of the ward managers in the quotes that follow.

“The nurse manager is very important... You go the ward, the in-charge makes sure she checks the attendance. Not to insult anybody but she wants the students to be present. And after that, she gives a task that she makes sure that she supervises. And then she makes sure that whatever you’re doing, you pick the right instruments or requirements and you’re on the right procedure. So she makes sure that whatever you are not doing right, she’s correcting. She’s interested in what you’re doing so at the end of the day, the following day you want to go because you know you’ll learn”.
(FG5)

“... Then the in-charge nurse will help you learn and you can really see the change in the ward. Even if the staffs are not ready to teach you, the nurse manager alone comes out with the objectives. “Oh my friends, students come, let’s do this”. “You’re supposed to know this, you’re supposed to know that”. If she has time, she will teach you herself. She won’t even delegate her duties to any nurse or staff on duty to do it for you because recently, we had an experience like that. I don’t even know her level of education but you can see that she is very good and abreast with current issues. And she realizes that these are students who want to get knowledge and she (in-charge) wants them to also come out better than herself. She left everything she was doing in the office, came herself, and taught us step by step. And in fact even because I myself, I missed skills lab practice we did in school, and I took that first-hand experience from her, I have never ever forgotten that. And wherever I stand, I can remember this thing because she was so good.”
(FG2)

“...it’s very interesting because I have been to medical ward twice and I always enjoy Auntie X (referring to the in-charge) because she is always ready to teach and before you step there she checks your dressing from head to toe. If you don’t even have a pen

she will let you buy it and come so I know that when I'm going to medical one this is what Auntie X is going to do so I have to go dressed properly, and also talk to her well. She is also very particular about how you relate to her, so once you are going there your mind is already prepared that for that place you have to go with your small notebook because you are going to learn ...”(FG1)

“For the ward I went to, the in-charge there was good. She took part in everything that went on, doing taking-up, handing-over, and even assigning us to write down changes during ward rounds and others. It really helped. She took a lot of interest in what we students were doing on her ward so that at the end of the day, we are able to learn the correct things”. (FG3)

4.6.2 Poor Leadership Style

Participants expressed that they were not comfortable with some of their ward managers whose leadership style they referred to as poor. Often the word bad is used to refer to situations that bring out negative feelings. This was how the student nurses in this study felt about some of the ward managers that they worked with on some of the wards that they were assigned to during the clinical practice experiences. Such ward managers that were seen as having a bad leadership style did not show any interest in the student nurses assigned to their wards. These ward managers were busy with office duties, which kept them in their offices and not at the bedside where the student nurses needed them to be so that there would be effective teaching and learning opportunities for the student nurses. Some nurse managers were openly hostile to these students, which embarrassed them in front of doctors and patients that the student nurses were expected to care for on the ward. In addition, sometimes the ward managers did not make time to review student nurses learning objectives to assign them the relevant tasks for them to meet their objectives. Such behaviours were seen as reflecting a bad leadership style on the part of the ward manager; hence students were not motivated to return to those wards, as learning was not assured. Some ward managers were also seen as focusing on attendance of student nurses to the ward instead of supervising them

to learn the requisite nursing skills for future practice. A few quotations that expressed student nurses opinions about the bad leadership style of the ward manager are given below.

“The nurse managers I have met so far, I see them to be just involved in hospital activities, what the hospital needs, what the hospital doesn’t have, and make sure they get it for them, but when it comes to the students they are just not bothered. All they have to do is hand us over to the staff nurses who are doing the duty, so they don’t even know what our objectives are, whether the staff nurses are making sure we’ve learnt what we are supposed to learn is not important to them. So all they come doing is make sure you came to work, that is to make sure there is a roster for you to sign in, when you’re going out you sign out, that’s all. They don’t help in our learning setting, they don’t add up they don’t reduce, nothing!” (FG, 3)

“Another nurse manager who is bad, who has not gone to school, her personality is not good, she doesn’t adapt to change, she is just there. You go and your objectives, just like my other colleague said, she is so disorganized that she doesn’t even know your list. She doesn’t know the number of people who have come. So she will now give you a paper to write your names. “Is anybody absent?” That is all she wants. She wants to make someone suffer. So those who are absent, those who came late, that is all she is interested in. As to what you are coming to learn on the ward, she doesn’t care. So she makes learning very difficult on the ward”. (FG, 5)

“... The in-charges over there must see me as a colleague to be and not look at me as somebody who is not important at this moment. And they go insulting us to the doctors for them to look down upon us. At the end of the day, we say that doctors do not respect nurses. But it’s because of the way they treat us or how they talk to the doctors about us, that’s what influences the way they also talk to us. So I expect that as in charges, you stand by your student. When there is something that is even going wrong, you correct them in a nice way and you draw their attention to it without letting them look very inferior or look useless. So I go and I have to touch a thermometer and immediately I pick it, you scream at me, I wouldn’t know my left from my right and next time, I wouldn’t have that boldness to approach or try to do that thing. So I expect them to see us as their colleagues to be and try to shield us or try to help us to learn.” (FG, 6)

“A nurse manager is supposed to make sure things in the ward are well coordinated and you assign duties to all the staff in the ward including students, but when they come they go into their offices and that ends it and at the end of the day, when you send your evaluation form to them they don’t know what you did. They don’t even ask you, at the end of the day, what did you do, what where the challenges you faced and what are the recommendations you have so that you can improve on your learning experience, they don’t ask you anything, they just walk through the ward and without us (students) being impacted in anyway, which I think is not the best”.(FG,4)

Leadership style of the ward manager is seen to impact on the ability of the student nurse to learn in the CLE. As the ward manager is seen to be the leader on the ward, they must be seen to direct the affairs such that all facets of the ward are running effectively. In as much as

these nurse managers have administrative duties to handle, student nurses expect that the teaching duties are also not relegated to the background. The leadership style that is demonstrated by the nurse manager impacts the student nurses positively when teaching processes put in place for learning by student nurses in the CLE. When these teaching and learning opportunities are not present, the students infer that it is a result of the poor leadership style of the ward manager. It leads to situations where the students become disappointed that the CLE is not meeting their learning needs and expectations.

4.7 Pedagogical Atmosphere on the Ward

The pedagogical atmosphere on the ward is used to refer to the learning processes that go on within a particular Clinical Learning Environment. It includes the learning processes that take place within the ward. The ability to learn in the CLE largely depends on the resources available for the students to utilise for clinical practice as well as nursing staff who are ready to assist with teaching the student nurses the right methods of performing needed nursing procedures for patient care. Student nurses are usually given opportunities to practice clinical skills on dummies and simulators in their respective skills laboratories at their schools. Thus when they come into the CLE, the pedagogical atmosphere on the ward offers real-life experiences, which makes learning more concrete and permanent. This atmosphere for learning is usually determined by the interaction between the staff nurses, student nurses and the patients that have been admitted to the ward. Good interpersonal relationships among these stakeholders in the CLE facilitate learning on the ward as the atmosphere is regarded as relaxed and welcoming for student nurses to learn from.

Findings from this study regarding the pedagogical atmosphere indicates that there were instances in which the atmosphere on some wards was such that there were adequate resources to work with and the staff nurses were also willing to help with teaching the student nurses. It appeared that this conducive pedagogical atmosphere was dependent on the ward

manager, in that, a ward manager whose leadership style was seen as good tends to provide opportunities for learning for student nurses assigned to her ward for clinical experience . On the other hand, those wards considered as unfriendly to student learning were the ones, which had nurse leaders with poor leadership styles. As such, when student nurses were assigned to work in that kind of atmosphere, the students were always reluctant to return to those wards again.

The two sub-themes for the pedagogical atmosphere are resourced for learning and unsuitable atmosphere for student learning. Each sub-theme is explained and supported with the relevant quotations that best fit the sub-theme.

4.7.1 Resourced Environment for Learning

In any learning environment, it is expected that there would be the needed resources in terms of human, material and equipment to work with. A ward on which the nursing staff takes time to teach the students is seen as pedagogical atmosphere where student learning is given consideration. Some wards make the effort to involve student nurses in the work that is done on the ward and also engage them in the clinical conferences. The clinical conferences give students the opportunity to clarify issues and ask questions that bring clarity to nursing procedures for patient care. The pedagogical atmosphere on some wards also appears to be influenced by certain personalities. The student nurses indicated that they learn better when placed on the same shift as some staff nurses who take keen interest in teaching student nurses.

“I think some of the wards are okay. They take the students into ward conferences, they assign students patients to work on, maybe there is a patient with this particular condition and you don't know about the condition. Through this care, you ask questions and get to know more know. So the nurse assists you to go and search about it. The next day, you discuss with your other colleagues and you tell them what you went to learn. The nurse also tells the others what she has also discovered or not added. Learning like this is interesting and I think that it is a plus” (FG, 1)

“There are times, when we look at their shift and deliberately want our shift to be in sync with theirs because they have a better disposition to us. This is because sometimes you go and you meet someone who is willing to teach you everything and who tells you whenever you need something just come to me. The person supervises what you do. Even when you write your notes, the person is like bring it and let me cross check. Let’s read and then correct mistakes on what you’ve done, and then you do that and you know you are on the right path”. (FG, 3)

“... And when we went there, I wished we could have stayed on that ward for the whole three weeks. This is because, the in charge was extremely nice. She comes in the morning and tells you that, “here in the morning, we do dusting”. “This is where you’ll find the broom, this is where you’ll find the towel.” “Pick it. This is where you’ll start from, this is where you’ll end”. “It’s a theatre so do this, do that”. After that, she’ll come and ask, have you learnt how to do scrubbing? We said we’ve been taught in school but we’ve not practiced it. She says she will demonstrate it. When she demonstrates, she wants everybody to practice it for her to know that you’ve been able to do the right thing. She went as far as picking surgical gloves, for all of us to learn how to put on surgical gloves before we leave the ward. We learnt a lot on that ward and I must say that each day, there was something new to learn”. (FG, 6)

4.7.2 Unsuitable Atmosphere for Student Learning

The unsuitability of the atmosphere for learning within the CLE mostly stemmed from the impression that the staff on those wards had about the participants in this study. These students are nursing students from the University who the nursing staff considered to be incapable of performing nursing procedures on patients. The wrong impression about the university nursing students is that these student nurses are “theory” nurses who focus on only their books and cannot engage in skills. This is because in the Ghanaian context of nursing education, two main entry levels are available which are diploma and degree. These programmes are based in nursing schools and universities respectively. Thus when nursing students from the university are placed in wards where they expect to learn, the discrimination from nursing staff makes the atmosphere unsuitable for learning. The student nurses also indicated that the unsuitability of some wards for learning could be attributed to attitude of some the staff that works there. The student nurses believe that other staff on the wards felt intimidated by the presence of student nurses from the university and so were reluctant to engage them in activities on the ward, which lead to learning of the requisite

skills for the students. As a nursing student, one needs constant practice to become competent in performing nursing care for patients. The Clinical Learning Environment is expected to have a pedagogical atmosphere, which makes this possible. In situations where student nurses are unable to get the opportunity to experience this, the learning process becomes deficient with unfavourable learning outcomes. Thus participants in this study expressed that some wards were not suitable for pedagogy and they gave some explanations in the quotes that follow

“The first day we went to the ward, the in-charge asked us to where are we from and we said Legon (University). She then said as “for you people you don’t come to work early, you don’t do this, you’re always running away from the ward “.She had her own perceptions about Legon (university) students, so even before you go there they don’t want to get you involved in anything. They won’t mind you, they won’t assign anything to you, it is like you have to push and maybe get close to some of the nurses on the ward then work with them” (FG,3)

“There were instances someone could go to the extent of reporting us that we all standing at the same place. We thought she was the only person who was teaching so all of us went to her and she was like, “ why are we all here?”. She got offended and started saying nobody should come to the bedside while she was nursing the patient. Hmm, how would students learn under such conditions? , And that day was hell for all of us. They insulted us from morning till three o’clock then we left the ward. The next day we came and it was worse because the information spread across to the other patients and the nurses on the ward, and it didn’t help us in any way. So you get to the ward, you don’t learn anything. I don’t think that is helping any of us in any way.” (FG, 4)

4.8 Supervision by Clinical Teachers

The clinical teachers are the persons who teach and supervise clinical work in the skills laboratory or demonstration ward in the School of Nursing and Midwifery that the students are pursuing their undergraduate degree programmes. In addition to theory, which takes place in the classroom, student nurses have to practise in the skills laboratory before being posted to the wards for real-life clinical experiences with patients on admission. The role of the clinical teacher is clear; to assist with practical teaching in the school and supervise students on the wards (CLE). The clinical teachers who are with the students most

of the time in the skills laboratory are familiar with the strengths and weaknesses of the students. Their presence in the CLE goes a long way to assist student nurses with the competencies for practice. They are expected to follow-up on the students in the CLE and work with nursing staff on the wards to ensure that the student nurses are developing their clinical skills accordingly. This contributes immensely to bridging the theory-practice gap that sometimes becomes evident in student nurses demonstration of nursing skills on the ward. The clinical teacher (supervisor) must be readily available for the student nurses to consult for clarification with some nursing procedures, which these students come across during clinical placement. From the analysis of the data, the sub-themes that emerged from the data were those of inadequate supervision from clinical teachers and non-engagement in clinical teaching on the ward (the CLE).

4.8.1 Inadequate Supervision by Clinical Teachers

Student nurses in this study expressed the desire to have their clinical teachers follow-up on them during the clinical placement to supervise them and monitor the progress of the students. These student nurses felt that the presence of their clinical teachers on the various wards does a lot for them. Having the clinical supervisors come around to check on them makes them relaxed so that they can learn. Oftentimes, they see clinical supervisors from other nursing schools follow-up on other student nurses but this was not the case for them. The participants in this study felt that when their clinical supervisors come around, there would be engagement with the ward staff to identify the strengths and weaknesses of the students in order to work on those areas. The participants expressed the need for their clinical supervisors (nurse teachers) to collaborate with the nurse clinicians to be abreast with current trends in providing relevant nursing care to patients. All these should be aimed at bridging the theory-practice gap. The participants in the study were disappointed that their clinical supervisors were hardly around to support them on the wards, because sometimes the

presence of the clinical supervisors alone goes a long way to lift their morale and urge them on to learn. Here are some statements, which clearly describe the student nurses' emotions and frustrations with the inability of their clinical supervisors to give them the needed attention.

“Personally, I have not had any clinical instructor check on me before, like personally. We have been to the ward and I see other schools like X, the private ones, their supervisors come around but personally I have not had any supervision. I don't see them around. On the first day they take you to the hospital. They tell you what to do and all that and that's it. I don't see them in the course of the clinical. ...Because if they come around and interact with us, even if it is brief then we know that, they can prompt the ward in-charge and tell her our challenges. In that case it will help”. (FG, 1)

“Ok, for me our first clinical we didn't even see our supervisors. We didn't know who were leading us and it got to a point we went to one ward and they told us they had not received our letters. So with this we were thinking that we have supervisors and no one is around. I want to add that, on our first day, the clinical supervisors should lead us to the various wards. After that they might not be able to come always but subsequently they should come and interact with us maybe once a week, and enquire about our challenges, what we learn and when they get to know that the nurses' attitudes are interfering with our learning or we are not able to practice because the equipment are not enough they will speak to the in-charge nurses so that the next day things might change.” (FG, 4)

“...they (clinical supervisors) only give us our letters, we take it to the hospital and I see them in the first day and that is all. I don't see them again in the wards. So it is as if their work is to only give us letters and take us to the hospital on the first day. It's the same thing they do to us all the time; sometimes they don't even take us at all to the wards, especially when we are going to the polyclinics. When you go to those places on your own they (the nursing staff) toss you around. But then unlike some of the nursing schools, they have their instructors there who keep coming around to check on their students, whether they are doing well, what did you do today?....” (FG, 2)

“What I can say is, our clinical instructors from the school should be able to follow us to whichever ward we are sent. I also think that our clinical supervisors should continuously monitor our activities during clinical periods. I think our supervisors affect us both positively and negatively during the clinicals, because if we're going to the ward and they go with us, they will introduce us to the people and tell them “these are students from Legon, these are their objectives and this is what is expected of them”. They (clinical instructors) create an atmosphere where we will be helped, because the instructor is there to tell us what we are supposed to do.” (FG, 5)

4.8.2 Non-engagement in Clinical Teaching on Wards

Clinical teaching on the ward is essential to acquisition of nursing skills for effective and efficient nursing practice. Student nurses go to the Clinical Learning Environment to practise the skills they have already acquired from the skills laboratory or demonstration ward using models and simulators. On the ward, the real-life experience is essential as the students no longer work on simulators. As these students come to the wards to work, they need the supervision of the clinical teachers together with the ward staff. The data from the study indicate that most of their clinical teachers or supervisors come to the wards just to check attendance of students to the ward. These clinical teachers do not mobilise the students to teach them when they come around to check on the students. Rather than using the opportunity to teach and help build the competence of student nurses, the attention is diverted to attendance which, the student nurses believe does not count towards their learning of skills for nursing practice.

The student nurses believe that it is important for the clinical supervisors to engage in teaching on the wards because this fits into the real world of nursing whereby opportunity to nurse real patients exists on the ward. By so doing, the student nurses get the feel of the actual reactions and responses of patients to nursing care thereby allowing them to provide individualised nursing care to meet the specific needs of different patients. While it is good to work on models, the most suitable is to have the real feel on patients. The student nurses explained that they rely on the expertise of their clinical teachers to assist them develop competencies in nursing skills during clinical placements. As such, non-engagement in clinical teaching on the ward is a worry to these student nurses, as they feel incapable of providing adequate nursing care to patients. The sub-themes are presented with supporting quotations that emphasize the non-engagement in clinical teaching by clinical supervisors when these clinical instructors are expected to do so.

The clinical instructors don't really get involved in our clinical setting. When we are in school they are with us, but when we go to the ward, they are not there, that is the place where we are practicing what we have learnt in school. So I think they should get involved much more there (clinical setting) than in classes, so that they will know our challenges, and how we can restructure everything to facilitate our learning. (FG,3)

...they only give us our letters, we take it to the hospital and I see them in the first day and that is all. I don't see them again in the wards coming to teach us. So it is like their work is to give us letters and take us to the hospital on the first day. Hmmm...(FG,1)

During our recent clinical, it was the first day that I saw two supervisors, aside that I didn't see any of them. I realised that in other schools, their supervisors were coming around to look for the students and assist with teaching. The nurse in-charge therefore also always enquire of the students to know what they are doing. So at least even if our supervisors can come once or twice a week it is okay. So that we can also convey to them our challenges and the things and issues that we are facing so that we can be helped. (FG,4).

...the clinical supervisors should come on the ward, and make us do procedures on the wards. Because most of the time, the things we go and do during clinical are repetitions. We do the same thing over and over again. However, there are certain procedures that we are taught in school that you might never even experience till you finish school. When they are around on the ward, and they know that for this particular season, we're supposed to do some special procedures on the ward. When they come around the wards, they are able to teach us those thing. They can even just gather us and teach us even though it won't be on a patient. Since it is in the ward setting, it prepares us better for our practical exam and all those things. So I think those roles should be taken up by our clinical supervisors from school. (FG,6)

4.9 Challenges with Clinical Learning

This theme emerged from the data collection. It examines the challenges or difficulties that the student nurses had with the clinical placement. It presents findings regarding the experiences of the student nurses as they work on the various wards they are assigned to. The sub-themes for this section are post-clinical conference, transportation to clinical sites, timing of clinical placement, and collaboration with clinical sites. Details are presented in subsequent paragraphs.

4.9.1 Post-clinical Conference

Participants in the study expressed the need for post-clinical conferences after their placement on the wards. They indicated that post-clinical conferences would offer a platform to share experiences as well as learn from fellow colleagues. Since students are assigned to different wards, it is imperative that these post-clinical conferences are held regularly at designated places for example at the skills laboratory or classroom. During such sessions, the students expect the clinical instructors to use the opportunity to enhance learning, clarify issues and generate interest in students to discover new knowledge. The suggestion to have these conferences clearly indicates that it is currently lacking which makes clinical learning challenging. Here are the expressions for this sub-theme.

Okay. I think the best thing will be, maybe get a day, we go through the objectives together before we go to the ward then when we come back, we have a post clinical sort of conference. So we tell what we went through, whether our objectives were met or not. (FG1)

I think they are supposed to be around even if it's two times a week. It is good so that clinical conferences can be held. Maybe as she discusses the objectives, we can learn from our colleagues' experiences. Most of the time we just send the objectives to the ward and we don't even get to perform related procedures. Obviously, we think if they are there, even two times a week to take us through the objectives I think it will be a great plan for us. (FG,2)

When it comes to the clinical instructors, they play a very crucial role in the clinical experience because one thing I learnt from my previous training was that after every encounter at least we should have clinical conferences where you discuss the things you learn in the ward with the instructors and your challenges, and everything so that before the next week all those challenges are addressed and you don't face the same thing. (FG, 4)

Clearly, the lack of post clinical conferences is a challenge among the student nurses and they were advocating for it to be instituted so that clinical learning would be effective and more enjoyable for the student nurses. The post-clinical conference is also seen as another teaching and learning opportunity for both students and their clinical supervisors. During such sessions, the focus is on only clinical incidents which are discussed in-depth as the experience is still recent and can be recalled readily.

4.9.2 Transportation to Clinical Sites

Student nurses at the School of Nursing and Midwifery, University of Ghana, Legon, are usually transported to the various clinical sites which are 37 Military Hospital, Ridge Hospital and Korle-Bu Teaching Hospital all in Accra. They rely on transportation provided by the university to send them to and from the clinical sites for practical lessons. The distances they have to travel from Legon to these sites are fairly long and sometimes this poses a challenge. Student nurses often have to leave the campus as early as 6 a.m. in order to get to these sites in good time to start work for the day. They face a few challenges with transportation in the sense that the buses allocated to them by the School are inadequate. The few buses have to pick students and drop them off at the respective hospitals in turns. This brings about delays in arrival to the clinical sites with its attendant problems. Those who are dropped off first usually have no problems with their ward managers however those who continue to the other sites often face difficulties. Other challenges arise when buses break down intermittently and students themselves arrive late at the pick-up point. The students have expressed their frustrations with these issues with transportation in different ways as indicated in by the students themselves.

... I think the closeness of the hospital is important because if we have a hospital closer to us and not be going all the way to Korle-Bu all the time we will get there in good time. Usually we are already tired after travelling from Legon to Korle-Bu. (FG2)

The first day we went to the ward, the in-charge asked us where are were from and we said Legon. Then she said” as for you people you don’t come to work early”.She didn’t know that we had to drop off some students at other hospitals. Hmm! (FG5)

Sometimes I realise that because of these bus issues, when you go and they will be like our bus late too early. Ok,it’s a problem. We should be advised very well so that we all leave campus early. (FG, 1)

Our buses are not in good shape. We had a challenge on one of the buses to Ridge Hospital at Tetteh Quarshie (on route to work). I was really feeling embarrassed (laughs) when we had to get off and wait for another bus to convey us. We had to explain to the in-charge but I could tell she was not happy (FG,6).

Issues with transportation to the clinical sites are varied. The main problem this causes is lateness which the ward staff do not countenance at all. Unfortunately some of these challenges cannot be controlled by the student nurses. Few buses having to convey the large number of students to different hospitals in turns would certainly lead to these issues. Student nurses didn't want to admit their own deficiencies in terms of arriving late at the pick-up point, rather they see the main problem arising from the long distances they have to travel and reliability of the buses that convey them to the clinical sites.

4.9.3 Timing of Clinical Placement

This emerged as a challenge with clinical learning. Records from the nursing school where these students are studying showed that clinical placement is done during the semester for three-week blocks and then for a period of six weeks during the long vacation after second semester. The school schedules the three-week intra semester blocks at different times during the semester due to the large numbers of students in all three levels from Level 200 to Level 400. The concern of the students about timing of the placement is that it comes close to end of semester examination, which, they are uncomfortable with. They indicated that when clinical placement is towards the end of the semester, it causes them to have divided attention. This is because there is the need to also make time for preparation towards examination, which happens to be an academic requirement in the university. They expressed their concerns as follows;

I will talk about the period we go for the clinical. Sometimes, it's so close to the exams time. And you know whether you like it or not, university is about class (graduating class). In the university, class counts. So when it's so close to the exam time, everybody is trying to read and all that. So going to the ward is like a bother because you want to really learn and pass your exams (FG,5)

As for me my suggestion is about where the clinical is placed. The time when we go to the ward should be either at the beginning or the middle (of the semester) not the end when we're going to write exam. It really affects us, mostly when we go and come back from the ward, we are so tired that we can't even learn (FG,2)

I also think sometimes the timing of the clinicals ... our minds are not so stable and prepared for the clinicals because right after our clinicals is exams. So I wouldn't want to ..., I will prefer to stay, study and pass my exams because when you trail in your exams you will be referred and you will write re-sit. Sometimes the timing is not good. So I was thinking if probably it could be moved to early in the semester when we come to school probably when were open. We can just go to the clinicals then right after clinicals we come and continue with our studies so it flows like that. Then we write the exams. (FG,1)

... because it closer to exams I, by the time you return from the wards, you sit in the bus for the journey, you've not got to the room (hostel) you are already tired, and you come back too you're not able to learn. Meanwhile, you know that right after this week (clinicals) I have exams to write so your mind is not so stable to work, so sometimes the timing of our clinicals must be checked (FG, 4).

In effect, the main concern about the timing of the clinical practice is the fact that it is too close to the timing of University examinations. Students prefer to complete their clinical placement in good time before university exams begin. This way, there is ample time to focus on studying to pass the examinations. It therefore becomes double achievement whereby the students acquire the need skills for professional practice and at the same time are able to meet all academic requirements for graduation.

4.9.4 Collaboration with Clinical Sites

Clinical sites are the hospitals that students are placed for clinical experience for specified periods of time. There is the need to collaborate with these clinical sites to support the student nurses who are assigned there. Collaboration between the School of Nursing and Midwifery and the clinical sites is essential to ensure that the nurses on the wards work with clinical instructors in the teaching of student nurses. The student nurses were of the view that their clinical supervisors need to work with the nurse clinicians on the ward by way of getting their (students) objectives to the ward ahead of time in order for adequate preparation to be made prior to the arrival of the students on the ward. In this sense, the student nurses are able to undergo clinical placement knowing that the wards are ready for them. These sentiments were expressed in the following quotes from the focus group discussions.

Again supervision is poor. Especially when we go to the community centres, they are like we have no letters. Nobody follows us there, especially with the six weeks clinical that we are on campus, you go to the clinical setting and they are like you have no letter, go to the regional office, go to this place, go to that place and it is very, very stressful. So at the end of it all you realize you've not learnt anything. (FG, 1)

Sometimes the letters (objectives) do not get there early. I remember last semester that is what happened. We spent a whole week on letters. A whole week on letters and it was that bad. We had just two weeks more to spend on the ward. The nurses were asking, "oh you guys (students) are now coming"? "Lots of patients have been discharged". We could have even used that one week to learn a lot. (Shaking head in despair). FG6

I will like to throw more light on the co-ordination factor that my colleague talked about. I expect that when we are going to the ward, there should be a very good co-ordination because when you get to the ward, they tell you that you should go back for your letters and come back later. It makes you lose interest in the clinical because you feel tired. I remember somewhere last two semesters, the whole week it was like an excursion, going back and forth sorting out letters. This makes some of us lose interest because by the time you get to the ward, you're tired already (FG,2)

The issue of late submission of letters to the ward informing nurse managers of the students' arrival to the ward for clinical was a major challenge for the student nurses. It clearly showed that there was little collaboration between the School and the hospital. This led to situations where the ward managers did not have information regarding what the student nurses were being assigned to the ward for. Thus both stakeholders were not properly informed, thereby student nurses sometimes had to spend up to a whole week sorting out issues with letters. In the end, valuable time for teaching and learning is lost and students become frustrated, angry or tired. From this, the student nurses were advocating for collaboration between the School of Nursing and the clinical site in ways that will assist with the students to learn. The students called for letters containing their objectives to be sent early in advance to the ward instead of having to pursue these letters at the time when they are supposed to be working on the ward.

4.10 Summary of Findings

The participants in the study identified and described the Clinical Learning Environment to be a clinical facility specifically a hospital in which student nurses are assigned to go and practise clinical skills based on knowledge acquired from the classroom and skills laboratory. This can be explained to mean that it offers the opportunity for the student nurse to work on persons rather than using models and simulators to learn.

Within the Clinical Learning Environment, there is an expectation of how the ward atmosphere should be like to facilitate learning. A friendly and educative environment is seen as a conducive one, which helps students to engage with the stakeholders responsible for effective and successful clinical learning. In spite of the expectation, the actual experiences within the Clinical Learning Environment brought to light some hostile ward atmosphere, which was not suitable for clinical learning.

The next theme is that of supervisory relationships within the Clinical Learning Environment. Student nurses require supervision in order to progress to competency in clinical learning. The sub-themes that emerged from the study shows that the student nurses experienced either a positive supervisory relationship or a negative supervisory relationship. Exploring this theme showed that positive supervisory relationship enhanced clinical learning for the students during the period of placement on the wards. In some cases, the relationship extended beyond the ward and student nurses could call on the nurses for assistance when needed. On the other hand, negative supervisory relationship did not motivate the student nurses who felt reluctant to go to the wards for clinical learning.

The leadership style of the ward manager is another important area to consider when it comes to acquisition of clinical skills for professional practice as registered nurses. Findings showed that the participants in this study were of the view that some of the ward managers exhibited good leadership in managing the ward and supporting learning by student

nurses on the ward. The ward manager was at the forefront mobilising other staff to work and also help student nurses in their learning. The other aspect was the poor leadership style of some ward managers who did not show any interest in student learning needs, rather were interested in checking attendance and penalising student nurses for not turning up on the wards to work after they had been assigned.

Pedagogical atmosphere on the ward can enhance or hinder learning processes, which eventually determine whether student nurses will be able to gain the needed competencies for future practice. The student nurses assessed the pedagogical atmosphere as being resourced for learning in the sense that opportunity is given for student nurses to engage with the ward staff during clinical conferences where there is a wealth of knowledge transfer among the nursing personnel. Some wards did not have such a pedagogical atmosphere in that the student nurses felt that the other staff discriminated against them merely because the student nurses were from the university. Thus, the ward is seen as unsuitable for learning as the nursing staffs are not willing to involve the students in patient care.

The issue of supervision by clinical teachers emerged as a major theme in this study. Literature shows that three key stakeholders in learning environment are the teacher, student and support staff. The teachers here in the Clinical Learning Environment are the clinical supervisors. The participants in this study claimed that there was inadequate clinical supervision by their clinical teachers. Secondly it emerged that the clinical supervisors did not engage in teaching on the ward while the student nurses were present and working. The clinical supervisors only came around to check on students once in a while. Even then, the clinical supervisors did not use the opportunity to actually perform nursing procedures on the patients, which will serve as practical learning for the student nurses

One theme that emerged from the data is the challenges with clinical learning. Since the CLE is meant for clinical learning, the student nurses expressed their challenges within

the CLE. This had to do with clinical learning. It was identified that the lack of post-clinical conference does not support student learning. Likewise the students indicated that timing of the clinical experience should be considered carefully so that this would not coincide with or be too close with examination period in the University. When this happens, there is divided attention, as students have to fulfil academic requirements and acquire the needed skills for the professional practice. Finally, there were concerns with collaboration with clinical sites. It was identified that co-ordination between the School of Nursing and Midwifery and the clinical site by way of informing the site in advance of the objectives of students would allow for preparation towards arrival of student nurses on the ward.

The discussion of these findings are presented in chapter five. The discussion is done making reference to existing literature to confirm or present contrary views to the current findings.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

In this chapter, discussion of findings is presented. This study sought to explore and describe the experiences of student nurses within the Clinical Learning Environment. The discussion is done based on the themes that were identified from the data collected. The relevant literature reviewed is used to support or otherwise the finding or and attempts are made to offer explanations in this regard to place the findings in their proper context. The organisation of the discussion is done in line with the themes and objectives of the study.

5.1 Demographic Characteristics of Participants

From the data, the participants in this study were made up of both males and females. In all there were eighty-one participants made up of twenty-six (26) males and fifty-five females (55). These numbers go to support the known assertion that nursing is a female-dominated profession with males being under-represented (Rajacich et al., 2013). Thus globally, women dominate the profession. It is not surprising that in this study, majority of the participants were females. It is, however, encouraging to note that males also apply to study nursing and have been successful in this endeavour.

Historically in Ghana during the colonial era, most practicing nurses were male orderlies (Opare & Mill, 2000) because of the cultural practice that fathers were not willing to allow their daughters to go and take care of the colonial men all alone. After British sisters were allowed to come into the country to train females, the trend has persisted till date and nursing in Ghana has been female dominated. This is seen in almost all nursing schools in Ghana where there are more females than males. Male involvement in nursing generally

serves to close the gender gap in the profession demystifying the preconception that nurturing others is the sole preserve of females.

5.2 Describing the Clinical Learning Environment

There have been some definitions given to the Clinical Learning Environment in the literature. These definitions and descriptions focus on the physical setting in addition to the inclusion of certain characteristics that are necessary to ensure that clinical learning becomes effective for student nurses. These characteristics include the ward culture, nature of teaching, supervision by qualified nurses (Saarikoski & Leino-Kilpi, 2002), network of forces that interact to bring about student learning in the clinical setting (Papp, Markkanen, & von Bonsdorff, 2003) as well as all that surrounds the student nurse, including the clinical settings, the equipment, the staff, the patients, the nurse mentor, and the nurse teacher interacting to influence student learning in the clinical setting. Thus, the CLE has both academic and non-academic components. From the study, participants also identified these factors as being very important to make a good Clinical Learning Environment. Thus, the findings from this study supports literature showing that learning environment goes beyond just the physical structure housing a group of students who are striving to learn (Flott & Linden, 2016). Clinical Learning Environments are, therefore, seen as complex environments consisting of identifiable entities (characteristics). These entities interact to bring about an expected or relatively permanent change in behaviour considered as learning, which results from the teaching process that takes place both in the classroom and in the clinical setting.

Some of the participants indicated that their understanding of what a CLE is refers to a place where they can go to acquire the relevant nursing skills needed for nursing practice in future. They expect the experience to be real-life and not with simulators and anatomical models. This is in line with the previous definitions whereby Clinical Learning Environments exclude skills laboratories where student nurses previously practiced using simulators before

moving to clinical setting for the real-life practice on patients in the ward. The participants also added that there must be an atmosphere of acceptance within that physical space whereby good interpersonal relationship will exist among all stakeholders in the CLE to assist with the learning. In addition the ward must be well equipped for student nurses to have access to the needed equipment and resources to work with. All these descriptions of the nature of the CLE fall in line with the concept analysis of the CLE laid out by (Flott & Linden, 2016) , in which the CLE is described as having four key attributes which are the physical space, psychosocial and interaction factors, the organizational culture and teaching and learning components.

The physical space was top priority in the descriptions proposed by students during the study in that findings showed that students likened the CLE as being “... *one that has various structures and equipment that will enable the student nurses to actually come to practice on people other than the dummies that we use in class...*”. This shows that there must always be a physical structure or place with the requisite equipment for student nurses to handle and apply in their practice. Within this physical structure, the other attributes of the CLE are also found to make it conducive for learning. It is important to ensure that the physical space within which nurses work have safety measures in place such that risks to both the nurse and the client are minimised. Since the student nurses were calling for an environment with all the needed structures, this calls for collaborative effort from all stakeholders in the Clinical Learning Environment to put in place all these measures. The patients for whom these student nurses provide nursing care must be comfortable enough to co-operate with nursing staff. In the same vein the requisite equipment must be well maintained for nursing staff to use in providing care.

The students in their description of the Clinical Learning Environment mentioned the other attributes of psychosocial and interaction factors as being important. From the study,

student nurses stated their definition the Clinical Learning Environment to also include the kind of relationship that exists there. Studies show that in addition to physical space, the Clinical Learning Environment is a community where interpersonal relationships tend to drive the delivery of care to clients (Andrew & Ferguson, 2008; Egan & Jaye, 2009; Risling & Ferguson, 2013). This draws from the Community of Practice theory which has been applied to nursing. Communities of Practice (Wenger, 2000) has been proposed as an innovative way by which persons with a common objective work together and learn from one another to improve themselves while meeting a common goal. There is mutual respect and understanding within this community. Findings from this study are in congruence with the Community of Practice as the element of having good interpersonal relationships and interaction was clearly identified as a key attribute of a clinical environment. The student nurses clearly expressed that they would define the Clinical Learning Environment as having similar attributes of a Community of Practice.

With an understanding of these attributes and the influence on student learning of clinical skills, nursing educators collaborate with the healthcare agencies to improve the clinical experiences of student nurses thereby preparing them better for future professional nursing practice. Building on the constructivist philosophy of education, a deliberate effort is made to develop and create an environment that has all these attributes in place for student learning. Salomon (1998) has indicated that the constructivist learning environments provides opportunity for learning outcomes which stems from students' ability to work in a team to solve new, complex and ill-structured real-life like problems and turn it into viable knowledge. Participants in the study recognised that the CLE was a community of practice in which all members had a common goal and were interested in learning from one another to achieve this goal. This offers opportunity for collaborative learning to be promoted in nursing education.

From the descriptions put out by the participants in the study, it is clear that the CLE must encompass both physical structures and the human resources needed to ensure that clinical learning actually takes place within that environment. This kind of environment is a complex social entity that has been defined severally to incorporate the need for nursing to be learned through the use of theory and practice. This is because nursing has evolved from the apprenticeship order (Opare & Mill, 2000) to the modern awareness that it is a profession and requires deliberate effort to prepare persons at higher educational levels to acquire the requisite knowledge, attitude and skills for professional practice. Early studies to define the CLE have also shown that the CLE is a complex environment that includes the ward itself, nature of learning on the ward, other ward staff and ability to have adequate supervision by clinical instructors and the ward nurses (Chan, 2003; Chan, 2002; Dunn, 1995; Saarikoski, 2002). These definitions about the CLE are highlighted in the concept analysis of CLE (Flott & Linden, 2016) and is supported by the descriptions given by the participants.

It becomes clear therefore that the CLE is relevant to nursing education in that it provides the avenue for practical engagement of student nurses in clinical skill acquisition to complement the knowledge acquired from the classroom. Nursing education has transformed over the years in Ghana and has progressed to University-based programmes, which offer higher education to prepare graduate nurses for the complex and evolving healthcare needs locally and globally.

All participants within the CLE are represented in the LEPO Framework, which was used as a conceptual model for the study. Student definitions of the CLE highlighted the need to have a learning community, which has the presence of the student, teacher (clinical instructor) and support staff (ward personnel). When learning processes are in place with the needed resources, learning outcomes become concrete within this learning community. There

is therefore an interaction between all these components spelt out in the LEPO Framework (Phillips et al., 2010).

From all the various definitions and descriptions given by the participants in the study, clearly the CLE is seen as a place that student nurses can go to in order to engage in clinical learning in order to bridge the theory-practice gap that may arise from teaching in the traditional face-to-face classroom teaching. This environment allows student nurses to put into practice all the nursing procedures that have been taught in skills laboratories in real-life situations or context. The Clinical Learning Environment can also be defined from the findings as a well-equipped environment which brings together the ward manager, nurses and student nurses who interact among themselves using appropriate learning methods leading to acquisition of requisite nursing skills by student nurses.

5.3 Nature of the Ward Atmosphere

The nature of the ward atmosphere is derived from the student nurses expectations of the CLE. In order for teaching and learning to be effective, the atmosphere must be conducive. Since the CLE is an environment that allows and permits student nurses to have direct contact with clients or patients, the expectations of the students was that it should be a “*friendly and educative one for learning*”. Clinical learning takes place in the ward, which is expected to have an atmosphere that “*has all the equipment for learning*” which the participants all seem to agree on. The findings thus support the assertion that the CLE must be well equipped such that student nurses will have the opportunity to encounter human nursing in the real world. Tiwaken et al., (2015) have gone further to indicate that the nature of the ward atmosphere must be one in which the theoretical knowledge, attitude and skills are applied and therefore developing a good learning environment in clinical settings is imperative.

Findings from this study are consistent with these assertions in that the student nurses had high expectations of working in an environment that was ready to offer them real-life experiences using the equipment that they are familiar with from their classroom learning sessions. The insistence on having equipment to work with probably stems from experiences on the wards where student nurses have had to work using a lot of improvisation.

Unfortunately, the current situation in some government hospitals in Accra where student nurses are placed for clinical experiences lack some equipment for ideal clinical practice. Since student nurses are still learning to hone in on the skills for future practice, this can be quite frustrating. This often leads to confusion and uncertainty in practice for these students. Thus despite a strong theoretical base, student nurses find themselves unskilful when they cannot find the right ward atmosphere for clinical practice.

Aside having the appropriate equipment to work with, the student nurses indicated that the personnel on the ward also contribute to the clinical learning. These students expect that the personnel who assist with clinical teaching must be friendly and welcoming. Many of the students shared experiences in which they met unfriendly staff that made their placement at those particular wards challenging. Studies have shown that a warm and receptive welcome from clinical staff to student nurses on clinical placement has positive effect on their self-esteem and well-being which enhance learning (Chesser-Smyth, 2005; Msiska et al., 2014; Tiwaken et al., 2015) . Therefore the role of the ward manager and his/her staff in creating a conducive learning environment cannot be overlooked.

In the Ghanaian context, student nurses tend to see their superiors as mentors who should assist with their teaching and learning. In situations where this is lacking, the student nurses sense that they cannot learn the requisite skills in such an environment. From the literature, staff nurses have roles to play in clinical learning of student nurses. According to Henriksen et al., (2012) the nurse manager and his/her staff have a responsibility to ensure

that learning on the ward meets expectations of student nurses and so they must provide a conducive and supportive atmosphere for students. Participants in this study felt this was not really so. Sometimes they were left to their own fate and often felt as if they were strangers or just tagging along with the staff on the ward. This does not augur well for clinical learning in nursing education because the nature of the ward atmosphere must be able to meet both physical and psychosocial requirements of quality Clinical Learning Environment.

5.4 Supervisory Relationship on the Ward

For clinical learning to take place in the CLE, there is the need to consider the supervisory relationship on the ward. Student nurses are already familiar with their clinical instructors from the institutions before clinical placement. Findings showed that two sub-themes emerged namely positive supervisory relationship and negative supervisory relationship. These are discussed taking into consideration what the literature provide regarding the roles of the three actors within the Clinical Learning Environment, the clinical instructor, the ward staff and the student nurse.

Positive supervisory relationships were seen as those ones in which the ward manager and ward staff supported the student nurses assigned to the ward for clinical practice over a given period. In the case of the participants in this study clinical placements on wards are for durations between one to two weeks at a given time after which they were rotated to other units. Over the years some of the students have had the experience of being assigned to the same ward on more than one occasion and therefore could speak to the kind of supervisory relationship on the ward. Positive supervisory relationships were attributed to ones in which the ward manager exercised good interpersonal relationship that was emulated by the staff leading to relating well with students assigned to those wards. In other instances, the staff took keen interest in what the students' objectives for that particular placement are, in order to provide the requisite learning opportunities for these student nurses. There was no hostility

and even in instances when the ward manager could not be present to supervise, proper delegation would be done for another equally competent person to supervise students as they work in the Clinical Learning Environment.

This positive supervisory relationship is important because nursing staff (ward manager and other nursing ranks) form one of the interactive forces within the CLE. The role of the nursing staff in supervisory relationship is highlighted in studies which show that this reduces anxiety in student nurses as they learn and that student nurses who get support from the nursing staff are able to develop good working relationships. This supports learning processes, with positive learning outcomes for the student nurses (Bisholt et al., 2014; Warne et al., 2010). Judging from the responses of the participants in this study, there was a sense of confidence and eagerness to go to the ward in which they found positive supervisory relationship. In this situation, they did not really feel the absence of their clinical instructors from the school because the ward staff were present to supervise clinical learning. Much as there is the need to have clinical instructors present to follow student nurses to the wards and collaborate with the nursing staff (Valiee et al., 2016), their absence was not felt much as a result of the positive supervisory relationship.

The role of the student nurse in the Clinical Learning Environment is equally enhanced in this context. The participants expressed that in instances where there were positive supervisory relationship, they were able to engage with the nursing staff, able to adjust to the clinical environment, show commitment to learning and engage in critical thinking and clinical decision-making skills for problem solving. All these are in line with the literature that spells out what is required of student nurses in the Clinical Learning Environment for favourable outcomes (Aktaş & Karabulut, 2016; D'Souza et al., 2013b; Emanuel & Pryce-Miller, 2012; O'Mara et al., 2014).

Some of the student nurses in this study also reported experiencing negative supervisory relationship on the ward. This was exhibited in poor interpersonal relationship among the students and nursing staff, open humiliation of students in front of patients on the ward, disregard for opportunity to teach students and sometimes verbal insults as reported in the findings. Clearly this kind of negative experience does not promote learning in such a challenging environment, thereby leading to negative learning outcomes. Possible explanation for this observation could stem from attitude of the student nurses themselves who sometimes refuse to report for duty and lack initiative to work. There have been reported instances where ward managers have had to send reports to the School regarding absentee students. Students have been noted to unceremoniously leave the ward or sometimes under the guise of going for food but never returning to continue working. Obviously this would be met with poor interpersonal relationship from the ward staff hence negative supervisory relationship. On the other hand, students' negative experiences can be attributed to unfriendly ward staff who do not make student nurses feel welcome to approach them for assistance to learn leading to observed instances of absenteeism among the student nurses.

In relation to the role of clinical instructors, they may not be physically present at all the wards at a given time. In this study, the student nurses mentioned that the absence of their clinical instructors contributed to the hostility they sometimes face in the CLE. According to (Aktaş & Karabulut, 2016; D'Souza et al., 2013b; Emanuel & Pryce-Miller, 2012; O'Mara et al., 2014), the role of the clinical instructor (nurse teacher) includes cooperation between the clinical staff and the student nurse to establish a relationship that fosters good relationship and makes the student comfortable to study well in the clinical setting. The participants complained this was lacking hence their absence did not permit nursing staff to readily involve the student nurses in teaching and learning. My analysis of this situation revealed that there were few clinical instructors to many students assigned to a number of wards in a given

hospital. If the clinical instructors want to engage in teaching when they visit each ward to check on students, they may not be able to attend to all students on the various wards.

Meanwhile students do not feel the presence of the instructor on their ward because of their engagement on another ward. This can be addressed by communicating to the students ahead of time regarding the wards that would be visited on given days to alleviate anxiety and create awareness that the clinical instructors as per a schedule would visit all wards. Likewise this can be communicated to ward managers and their staff. That way, all the stakeholders in the CLE would cooperate and collaborate with one another to form the suitable Clinical Learning Environment.

In exploring the experiences of the student nurses in the Clinical Learning Environment for the current study, I identified that the quality of the Clinical Learning Environment is dependent on three key stakeholders namely the clinical instructor (teacher), the nursing staff (support staff) and the student. These stakeholders represent the three constructs of the LEPO Framework that come together to form the learning community (community of practice). These stakeholders operate in the learning environment (CLE) where learning processes (nursing) are in place for learning outcomes. It expresses the complex nature of interactive forces that come together to form the CLE. As such examining such an environment required that I explore the roles and influences of the stakeholders in the CLE to determine the nature of the supervisory relationship that exists between nursing staff and student nurses. As learning environments include the structures and processes within which learning takes place (Piccoli et al., 2001), there is the need to actively engage the student nurses in this learning environment in order to interact with experts and/or peers for multiple perspectives (Hannafin, 2012). This will form the basis for student-centred learning environment, which allows students to generate solutions to problems through interaction and discussions with the ward manager and the nursing staff present. From the constructivist

perspective, the CLE allows a paradigm shift from the traditional belief of learning to one of collaboration between the learner and teachers such that the learner is guided to engage in activity and discourse towards acquisition of the requisite knowledge, attitude and skills for professional nursing practice. This reflects social learning as observed on the Community of Practice proposed by (Wenger, 2000).

5.5 Leadership Style of the Ward Manager

The leadership style of the ward manager is essential in the CLE. Nurse Managers are expected to organise the nursing staff to deliver quality nursing care to patients. In addition they are expected to supervise the teaching of student nurses assigned to their wards for clinical experience. Levett-Jones & Lathlean (2008b) identify that the ward manager in the Clinical Learning Environment is seen as the one who influences student nurses in such a way that the student nurses experience a positive Clinical Learning Environments. The findings of the study indicated that there were both good and poor leadership styles exhibited by the ward managers. The student nurses reported that in some wards, the ward managers had requisite leadership skills, which supported clinical learning. Others also reported that they would not be willing to go and work under some ward managers because of their leadership style, which was described as poor.

The ward manager is very instrumental in the Clinical Learning Environment and must be able to provide leadership to the nursing staff and student nurses. The experiences of positive leadership by a participant was expressed as *“being guided to work, granting access to students to call her for assistance when the need arises, getting involved with actual work on the ward, taking time to teach student nurses”*. These attributes agree with studies on good leadership by ward managers which facilitates learning on the ward (Henriksen et al., 2012; Magnani et al., 2014; Orton, 1983; Sundler et al., 2014). The primary aim of student nurses in the Clinical Learning Environment is to acquire clinical skills for professional

practice with the support of the nursing staff on the wards. From Benner's Model of Novice to Expert (Benner, 1984), the ward manager is recognised as the expert who transmits knowledge to student nurses at the level of novices. Without positive leadership, this role cannot be played effectively in supporting student nurses in the Clinical Learning Environment. Socialization in nursing practice goes through the various stages of Benner's model therefore good leadership from the nurse managers makes this transition easier and manageable for student nurses who eventually become nurse managers and must exhibit these same attributes.

The negative experiences regarding the leadership style of ward managers was described made it difficult for student nurses to learn in that environment under the leadership of the ward manager. Ward managers who were poorly organised had nursing staff who cared little about the student nurses on the ward who are there to learn through practice. Lack of resources to work with, poor management of time and openly hostile nursing staff on such wards did not provide role modelling or supervisory relationship for the student nurses. Such problematic supervisory relationship in the CLE negatively affects the students (Papastavrou et al., 2010) who tend to learn leadership attributes from the ward managers and their staff. Nursing must be well organised and managed to achieve best results thus nurse managers who fail in this regard are likely to have negative patient outcomes. Student nurses would not readily report to such wards to work hence worsening the negative perception of laziness some of these ward managers have of student nurses.

The poor leadership style of the ward manager caused the student nurses to question the competence of the ward managers and their staff. The student nurses felt that such ward managers were not competent to engage the students in clinical learning and therefore lacked leadership qualities. This influences learning in the Clinical Learning Environment in that the competence of the ward manager is an indicator of whether these students would have

positive learning outcomes (Dale et al., 2013; Sandberg, 1994) . When the ward managers are not readily available, helpful and supportive of student nurses in the CLE, there is lack of enthusiasm to report to the ward and work. This accounts for the absenteeism seen on wards where the ward manager demonstrates poor leadership.

5.6 Pedagogical Atmosphere on the Ward

The pedagogical atmosphere on the ward examined the resources available on the ward for learning by the student nurses. The student nurses responded by stating that some wards were well resourced while others were not suitable for learning . During clinical placement, student nurses' primary aim is to learn. The other services provided on the ward are secondary and come about through the process of learning. In order for learning to be effective in the CLE, Saarikoski (2002) mentions that the pedagogical atmosphere must be a positive one which is suitable for learning. A good CLE therefore must have multi-dimensional learning situations for student nurses. This is spearheaded by the ward manager and nursing staff who must adhere to a clear philosophy of nursing patients as well as comply to providing comprehensive care to patients (Henriksen et al., 2012).

A well-resourced environment for learning from the perspective of the participants in this study is one with competent nursing staff, equipment for providing nursing care, opportunity for practice as well as one in which there is mutual respect between the nursing staff and student nurses. The CLE is a community of practice, which has its members all working together for a common goal, which is patient well-being. The members in this Community of Practice learn from one another in a setting, which must be supportive of clinical practice. This explains why the student nurses described the CLE as well-resourced or unsuitable in terms of the pedagogical atmosphere. This corroborates the assertion of Levett-Jones & Lathlean (2008b) who explain that student nurses need to feel a sense of belongingness in the CLE because they have moved from an environment which encourages

thinking to one that encourages doing. The pedagogical environment of the ward thus becomes one in which these student nurses are able to apply knowledge to skills thereby closing the theory practice gap. Whatever is needed to facilitate learning processes for student nurses as they pursue the acquisition of skills is interpreted as having a well-resourced pedagogical atmosphere for learning to take place.

The view that some of the wards were unsuitable for learning to take place shows that the CLE was assessed on the basis that students felt the need to be recognised and given the opportunity to actively participate in ward routines. When met with discrimination and non-involvement in clinical work, then there was a lack of opportunity to be engaged in learning on the ward. Drawing from the constructivist-inspired view of learning, this is a reflection of student-centred learning. From this perspective, the Clinical Learning Environment must be the kind that provides interactive, complimentary activities that address the unique learning needs of the student nurses (Jonassen & Land, 2012; Smit et al., 2014). Even though the student nurses are only there for a period of time, there are clear objectives for each clinical placement, which account for student placements on specific wards. That is in agreement with having student-centred Clinical Learning Environments that meets the unique needs of the student nurses. Therefore, it is expected that when student nurses arrive on the ward for clinical practice, the learning community made up of the ward managers and nursing staff must support them to create a pedagogical atmosphere for positive learning outcomes.

Within the Clinical Learning Environment, the pedagogical atmosphere is influenced by both physical conditions as well as presence of competent persons (Karabulut et al., 2015b). The healthcare organization has a responsibility to provide the infrastructure that is well equipped for learning. Participants indicated that availability of resources and personnel contributed to the pedagogical atmosphere for learning during the delivery of care. In that instance scarcity of resources and attitude of clinical staff made it difficult for student nurses

to learn in line with the theoretical component of the curriculum. These experiences bring to the fore, the realities of Clinical Learning Environment in some facilities in Ghana and the need to work towards closing the theory-practice gap in nursing education and practice.

When participants in the study identify that some of the wards were unsuitable for learning, it highlights the fact that pedagogical atmosphere on the ward is important. Clinical practice forms the central focus of the nursing profession and requires that emphasis is placed on opportunities for learning by student nurses. In view of this, the Nursing and Midwifery Council of Ghana expects that every student nurse keeps a logbook of all nursing procedures performed, which is countersigned by the ward managers. Student nurses must present their logbooks before they are allowed to take practical examination for licensure in Ghana. Failure to do so attracts sanctions. Student nurses therefore become disadvantaged if they are placed on wards that are not well resourced for learning. They consider it unsuitable for learning, thus a poorly resourced pedagogical atmosphere. The nursing board of Ireland also supports the assertion that the Clinical Learning Environment must have supportive structures in place for students to learn leading to preparation of registered nurses and midwives who can provide quality patient care (Altranais, 2003).

In adult education, learning environments contribute to the success or otherwise of learning. Adult learners engage within a learning environment which must have the whole range of components and activities within which learning takes place (Piccoli et al., 2001). This shows the need to have suitable physical location and resources available for teaching and learning. Focus is gradually shifting from the traditional view of learning environment where the responsibility lies on the teacher to ensure that teaching is effective. Student-centred learning environments have emerged which provide interactive, complimentary activities to address the unique learning needs and interests of students (Hannafin, 2012). Congruent with this assertion, the participants in this study were expecting a pedagogical

atmosphere that would meet their needs as they interacted with the staff and patients on the wards. They are assigned to wards with specific objectives for learning and were eager to learn for positive outcomes. When their objectives were met, they agreed that the Clinical Learning Environment was suitable. However the unsuitable pedagogical atmosphere was one, which was unable to meet their learning, needs.

5.7 Supervision by Clinical Teachers

Clinical teachers (instructors) contribute significantly to the acquisition of nursing skills by nursing students. They are responsible for teaching in skills laboratories of the nursing schools and subsequently liaising with nursing staff on the ward for student learning. The results of this study identified that student nurses reported inadequate supervision by clinical teachers and non-engagement in teaching on the wards by the clinical teachers. This led to weak supervisory relationship between the student nurses and their clinical instructors.

Regarding inadequate supervision, the student nurses reported that their clinical instructors were more interested in checking attendance on the wards rather than supervising the students to work. In some instances, the students do not see their clinical instructors at all which was unfortunate. Dale et al., (2013) studied factors that facilitate good clinical learning experiences for student nurses and point to the student and clinical instructor supervision as one of the factors. Supervisors who were prepared to attend to the needs of their students had positive outcomes. The openness, friendliness and welcoming nature positively enhanced learning in students. This was not so in the current study where students hardly saw their clinical supervisors and when they did, it was for other reasons rather than to assist with their learning. It was obvious that this was a major challenge for the participants in this study.

In addition, even when these clinical instructors were present, they did not engage in teaching on the ward. As a clinical instructor, one must actively participate in nursing activities that are carried out on the ward. It is important to identify 'learning moments' on

the ward and invite the students to come round to learn from those. As the clinical instructor performs nursing procedures and invites students to participate, there is a high probability of positive learning outcomes. Students expect their supervisors to be readily available, helpful and supportive (Tiwaken et al., 2015) as well as have a relationship that is nurturing and reciprocal (Vallant & Neville, 2006). Without these, there is a feeling of abandonment to their fate causing the student nurses to be demotivated in their quest to learn towards becoming professional nurses. This might lead to unstable and problematic supervisory relationship with clinical instructors, thus, negatively affecting students' learning.

Clinical instructors need to build strong relationships with their students and vice-versa. Both parties must be comfortable working together. Reports from some of the participants expressed lack of this strong relationship because the clinical instructors did not engage to teach the students on the ward. Good relationships foster learning. In the Ghanaian context, student nurses tend to see their clinical supervisors as being in a position to teach them. They are expected to have the competency to teach student nurses. Their presence on the ward with students as they immerse themselves in nursing activities provides a sense of security and confidence in the student. The student nurse in turn is motivated to perform well to meet standards of practice for the nursing profession. By doing so, the Clinical Learning Environment becomes a conducive one where the requisite knowledge, skills and attitude can easily be transmitted. The Clinical Learning Environment becomes student-centred having the learner as co-creator in the teaching and learning process. In line with the literature, the clinical instructors who include the learners in decisions about learning outcomes have adopted the paradigm shift to student-centred learning environment, which is beneficial to the student. (Barr & Tagg, 1995; Brown, 2003; McCombs & Vakili, 2005). As established that the student centred learning environment shifts from the traditional belief that knowledge is transmitted from the teacher to learners (Salomon, 1998), the Clinical Learning Environment

subscribes to this paradigm in that the instructors and students together actively co-create knowledge and skills. The presence of clinical instructors on the ward working together with the student nurses embraces experiential learning, self-directed learning and reflective practice, which are all student-centred. According to (Yilmaz, 2008), all these forms of learning positively impact on learning affording learners meaningful, concrete experiences through which the learners can construct their own concepts and models for learning. In this context, the Clinical Learning Environment becomes the micro-society in which student nurses jointly engage with the clinical instructors, ward staff, patients and other members of the health team as a Community of Practice (learning community).

In relation to the LEPO Framework, the learning community must include the teacher (clinical instructor) who collaborates with the support staff (ward manager and other nurses) and together with the student, are able to ensure positive learning outcomes within the learning community. From the current study, the student nurses assessed their clinical environment as one, which strongly recognises the role of the nurse teacher as being essential to acquisition of the relevant nursing skills for future professional practice. This is in line with Egan and Jaye, (2009) who have identified the social organization of clinical learning as being defined and mediated through the day-to-day activities of social groupings of clinical teams. Here the role of the clinical supervisor is defined to fall within this clinical learning community. It is thus appropriate for student nurses to express their experiences regarding the role of their clinical instructors in the assessment of the Clinical Learning Environment as it has implications for nursing education and practice.

5.8 Challenges with the Clinical Learning Environment

The challenges with the Clinical Learning Environment centred on post-clinical conferences, transportation to clinical sites, the timing of the clinical placement and issues of

collaborating with clinical sites. These challenges influenced the kind of experiences that the student nurses had in the Clinical Learning Environment.

In clinical nursing practicums, post-clinical conferences are opportunities to discuss procedures and activities that took place on the ward during students' placements. Student nurses are placed in different wards where different conditions and nursing procedures are performed which provide individuals with different experiences. The post-clinical conferences offer student nurses the opportunities to share these experiences while learning from their colleagues. The clinical instructors who are present at these post-clinical conferences are able to clarify issues and reinforce teaching and learning in the conferences. The student nurses in this study reported the lack of post-clinical conferences during their clinical placements. This is an indictment on clinical supervision by clinical supervisors and preceptors. This agrees with the assertion that lack of mentoring and supervision is a barrier to acquisition of the requisite clinical skills for student nurses (O'Driscoll et al., 2010). When students are supported by their preceptors and clinical supervisors at the post-clinical conferences, they acquire new knowledge as well as become socialised into the learning community in order for them to eventually graduate to become professional nurses on completion of their nursing programme.

In addition these post-clinical conferences tend to reduce the feeling of anxiety and fear that comes with practicing on patients instead of the use of simulators and models as happens in the skills laboratory. Chesser-Smyth (2005) has indicated that situations that produce anxiety in the Clinical Learning Environment can be challenging for the student nurses making them struggle to feel a part of the learning community. From this study, it is clear that the post-clinical study reduces the level of anxiety in that, as students listen to the experiences of others in a relaxed atmosphere, they learn how to adjust and adapt to the

Clinical Learning Environment. They are gradually socialised to feel a part of the community of practice in order to learn from other members of the health team.

Student nurses placed on wards in various hospitals are expected to work shifts. At the School of Nursing and Midwifery, the students usually work morning and afternoon shifts. This means they are expected to get to the wards in good time to begin work. The issues with transportation to the clinical sites cannot be overlooked as they determine the punctuality of these student nurses to the wards. The morning shift is often problematic because of the distance to the clinical sites and having to contend with ‘rush hour’ traffic jams as the buses transport them to the wards. When students arrive late, the ward managers do not take kindly to that. Student nurses have indicated that they experience a negative supervisory relationship when they arrive late and this affects their experience. *“The first day we went to the ward, the in-charge asked us that where are we from and we said the University. Then she said “as for you people you don’t come to work early”.* This statement from a ward manager confirms the concerns of the student nurses in respect of the challenges they face with transportation to the clinical sites. Arriving late often affects learning because it disrupts the ward routines. Students also miss out on some nursing procedures that might already have been done. The nurse manager has to ensure that the pedagogical atmosphere on the ward impacts students positively and everyone plays their roles effectively (Hegenbarth et al., 2015). So when transportation issues of student nurses affect the arrival on the ward for teaching and learning, the student nurses are affected.

For effective learning to take place, consideration needs to be given to the philosophy of nursing on the ward. It is expected that work is carried out on time for specific procedures to reduce the chances of forgetting or missing important procedures such as medications, treatments such as wound dressing and handing over. The nurse manager spearheads all activities on the ward ensuring that the nursing staff and student nurses deliver

comprehensive care to the patients. Lateness resulting from transportation issues is not countenanced and student nurses need to work at arriving on time for their shifts. It would be better to actually set off early to avoid the traffic jams and this must be considered by the student nurses themselves. It requires a lot of sacrifice on the part of the students and the drivers of these buses. Issues with breakdown of the buses cannot be predicted, hence regular maintenance of these buses can reduce the incidence of lateness to the ward.

Another challenge mentioned was the timing of the clinical placement. The student nurses were not happy with the timing in the sense that it was done sometimes close to examination period at the University. The intra-semester clinical placement lasts for three weeks while inter-semester clinical placement is during the long vacation and lasts for six weeks. The School of Nursing and Midwifery has to organise this intra-semester clinical practical for level 200 to level 400 students. All these students cannot be sent to the wards at the same time. Unfortunately the group that is placed on the ward when University Examinations are close feel they are being treated unfairly. For learning to be effective, classroom teaching must have taken place before sending students to practice on the wards. This helps with better translation of theory into practice. University Examinations have a fixed time when they are conducted. The challenge arises when clinical placement is scheduled up to the revision week for examination. There are complaints of student nurses not being able to revise because they get exhausted from the wards and need to rest. Meanwhile examinations are coming up and these students claim they cannot concentrate and prepare adequately for the examinations.

In the final chapter, the current study is summarised and conclusions drawn from the study. Implications of the study and recommendations are made.

CHAPTER SIX

SUMMARY, CONCLUSIONS, IMPLICATIONS & RECOMMENDATIONS

6.0 Introduction

This chapter summarises the study and draws conclusions from it. It also presents the implications for nursing education and practice with regard to the experiences of student nurses in the Clinical Learning Environment. It also presents the contribution to knowledge and insights gained from the study. Finally recommendations are made towards improving nursing education as a whole.

6.1 Summary

This study was carried out to explore the experiences of student nurses in the Clinical Learning Environment. The Clinical Learning Environment is a complex network of forces within the clinical setting that impact on the learning of student nurses. It has four main attributes namely physical space, psychosocial and interaction factors, organizational culture and teaching and learning components. The in-depth exploration of the Clinical Learning Environment is essential as it allows the gathering of information from the stakeholders in the environment. This information is discussed using descriptive and explanatory approach in order to have in-depth knowledge about the experiences of the student nurses learning within the Clinical Learning Environment. The purpose of this study was to explore and describe the experiences of student nurses about the Clinical Learning Environment. It went on to identify factors that influence learning within the Clinical Learning Environment and examined the challenges faced by these students as they acquire skills for professional practice. The study

was guided by the Learning Environment, Learning Processes and Learning Outcome (LEPO Framework) and the Quality of the Clinical Learning Environment Conceptual Model.

The study set out to describe student nurses' experiences of the Clinical Learning Environment. It aimed at describing the Clinical Learning Environment from the student nurses' perspectives. In addition the study described the nature of the learning within the clinical environment highlighting the factors that influence the acquisition of nursing skills in the environment. The challenges faced by the student nurses were also explored as a way to proffer solutions and suggestions to make the Clinical Learning Environment suitable for positive learning outcomes.

The study utilised a qualitative approach to explore the experiences of the student nurses as they were engaged in the Clinical Learning Environment with nurses on the ward as well as their clinical instructors. This approach provided in-depth information regarding the nature of the Clinical Learning Environment and how it impacted on the acquisition of the requisite skills for future practice as nurses. Six focus group interviews were conducted among student nurses of the School of Nursing and Midwifery, University of Ghana, Legon. Using a descriptive-interpretivist paradigm enabled me to examine the experiences of student nurses within the Clinical Learning Environment and gained in-depth understanding of these experiences as they impact on the practice of these students. The approach also allowed me to define the reality (ontology) of learning in the clinical environment for it to be clearly understood (epistemology).

The data was analysed using thematic content analysis with the 7-step Colaizzi Method. There were seven themes and sixteen sub-themes from the data. Explanations were given for each theme and sub-theme with relevant supporting quotes presented to provide a clearer and better understanding of the phenomenon under study. The descriptions of the Clinical Learning Environment led to a definition of it being identified as a facility for

clinical learning which offers real-life experiences for student nurses' clinical practice in order to bridge the practice theory gap in nursing. The ward atmosphere as described by some of the student nurses was one that is friendly and educative. This means that the learning environment is suitable for the student nurses to engage in learning processes which lead to positive learning outcomes. Regarding supervisory relationship on the ward, there were two views. Some student nurses believed that the supervisory relationship was one that supports them in learning whereas others felt that they did not receive adequate supervision to enhance their clinical learning.

Another theme that was analysed was the leadership style of the ward manager. The ward manager is the leader of both the staff nurses and student nurses in the Clinical Learning Environment. The leadership style thus impacts significantly on the learning processes and learning outcomes of the student nurses. Findings from the study showed that some ward managers exhibited positive leadership styles thereby assisting the student nurses to relate well in the learning community and acquire the requisite skills for future professional practice. On the other hand, there were experiences of dealing with ward managers having poor leadership styles which impacted negatively on the learning of the student nurses. The two themes of pedagogical atmosphere and supervision by clinical teachers also presented both positive and negative experiences. The findings thus showed that the Clinical Learning Environment is a complex one in which stakeholders interact as a Community of Practice to ensure learning takes place effectively.

6.2 Conclusions

Education is essential to adults as it prepares them to be useful to the society as well as themselves. Nursing education at the tertiary level deals with adult learners who have the capacity to incorporate their experiences into the current process of learning they are undergoing. The Clinical Learning Environment is a learning community which has

stakeholders made up of nursing staff, clinical instructors and student nurses who are utilising a learning environment which has learning processes leading to learning outcomes. This becomes a community of practice with certain characteristics of the stakeholders that impact on the final acquisition of the requisite skills for future practice as professional nurses.

The healthcare demands of society require that the clinical environment must be recognised as having its own culture. The activities that take place within this environment tend to influence the extent to which student nurses learn competencies to meet the demands of the society. There is the need to therefore socialise the student nurses to the culture within the environment that they would find themselves in future as professional nurses. The findings of the study have highlighted the critical role that nurse educators and clinicians have to play in preparing competent practitioners with requisite skills to work in the complex Clinical Learning Environment. The assessment of this environment has provided information to identifying the theory-practice gaps in nursing education.

It is imperative that collaboration between clinicians and nurse instructors is continuous. In order to make learning student-centred, all the key stakeholders must partner to address the challenges student nurses face in the Clinical Learning Environment. Student nurses need to take responsibility for their learning as adults and work with both clinicians and nurse teachers to design appropriate learning goals to meet their needs in pursuit of education.

6.3 Contribution to Knowledge

Studies on the Clinical Learning Environment have used the quantitative approach. The focus has been to develop tools that will identify the components of the Clinical Learning Environment to ensure that these are available for student nurses to access during clinical placement (Chan, 2002; Henriksen et al., 2012; Hosoda, 2006; Johansson et al., 2010; Newton, Jolly, Ockerby, & Cross, 2010; Saarikoski, 2002; Vizcaya-Moreno et al.,

2015). These studies have led to the development of scales for assessing the Clinical Learning Environment in different areas. Some of these scales are the Clinical Learning Environment and Supervision (CLES), Clinical Learning Environment Inventory (CLEI), Clinical Learning Environment Supervision and Teaching (CLES-T) (Chan, 2002; Dunn, 1995; Saarikoski & Leino-Kilpi, 2002). All these scales have been used to identify areas in the Clinical Learning Environment that need to be assessed and evaluated if one is to determine how suitable the Clinical Learning Environment is for student nurses' learning processes and outcomes. In addition, other studies have also focused on validating these tools as well as developing different versions of these tools such as the Norwegian version of the CLES-T (Henriksen, Normann & Skaalvik, 2012), Lithuanian version of the CLES scale (Riklikienne & Nailivakienne, 2031) and development of a version of the CLES-T for international students studying nursing in Finland (Mikonnen, 2017). In all these studies, the focus was on evaluation of the Clinical Learning Environment and its components without given consideration to what student nurses experience as they engage with the ward managers, staff nurses, clinical instructors and other health personnel in the learning community.

This study adopted a qualitative approach to present in-depth information regarding the actual experience and challenges of student nurses in the thematic areas of the Clinical Learning Environment. It is not enough to identify the thematic areas of the Clinical Learning Environment. There is the need to examine how these thematic areas influence the learning outcomes of the student nurses. This contributes to having a better understanding of how the components of the Clinical Learning Environment are related and the role of the stakeholders. This study has contributed the few existing studies (Tiwaken et. al., 2015; Msiska et. al 2014) in that aspect and the current study has provided a broader perspective on how to engage the relevant stakeholders in clinical nursing education.

Personal experiences are varied and therefore generalizing these experiences through the use of a Likert scale is not likely to provide in-depth information as in using a qualitative approach. This study has gone beyond the evaluation and validation of tools or scales to highlight what the challenges are with clinical learning in order to provide tailor-made solutions which are context-specific for quality health care provision. Understanding the factors that influence clinical learning for student nurses is helpful in solving the related problems associated with these in order to meet the needs of student nurses in developing the clinical skills and competencies for professional practice.

Findings from this study also showed that a Clinical Learning Environment that allows students to express themselves and engage in learning activities were preferable. Student nurses did not appreciate situations where there was little or no supervision by clinical supervisors (nurse teachers) and ward managers. The study has highlighted the importance of strengthening the Communities of Practice concept in Nursing Education. This theoretical paradigm moves away from the traditional teacher-centred method of teaching. As the Clinical Learning Environment is considered to be a key component in nursing education, student nurses cannot be trained without engagement in learning in the Clinical Learning Environment. The traditional method of teaching which often is teacher-centred for other disciplines is not entirely suitable to be applied in nursing education. The nursing student in today's educational system will benefit greatly from a student-centred approach to learning. Student-centred learning environments are preferable in that they lead to better learning outcomes for the student. In learning contexts where the student nurses felt they were not involved in clinical work, which allowed them to demonstrate autonomy, these environments were not perceived as 'student-friendly'.

Another contribution to knowledge is the recognition that the Clinical Learning Environment can become a creative environment with strong theoretical foundation on the

constructivist philosophy of education. Teachers who are guided by and believe in this philosophy view learners as capable of constructing knowledge by themselves and that they bring valuable existing knowledge to their learning experiences. By allowing for interactions among practitioners, teachers and peers, student nurses are able to create impactful connections from which requisite skills are established for professional practice. This is similar to the interactions and transactions that go on in the Community of Practice or Learning Community.

A student-centred approach to clinical learning is to be considered. Student-centred teaching approach is more suitable to create a learning environment conducive for teaching and learning. The traditional teacher-centred approach which is often based on what the teacher, in this case the clinical instructor and ward managers determine what the student must learn can create situations where the students are not ready and motivated to learn. Adult education identifies characteristics of adults that promote learning to include motivation and readiness to learn. The study findings show that the student nurses preferred learning environments where their learning objectives for each clinical placement are taken into consideration before being assigned to work at specific units. This, clearly points to the paradigm shift from teacher-centred approach to student-centred approach. The Clinical Learning Environment can therefore be structured to fit into the student-centred learning environment which will target learning needs of the student nurses for better learning outcomes.

Structuring of the Clinical Learning Environment will require collaboration among the stakeholders. The Clinical Learning Environment is generally structured. Hospitals have already set up units for specific health conditions such as medical units, surgical units, maternity etc. with specialised focus. With the assistance of nurse teachers, the student nurses must also set objectives for clinical placement in line with classroom teaching. Through

collaboration, specific placement will be done for effective learning. Supervision by the ward managers and clinical instructors will be enhanced as teaching and learning becomes more focused. Data from the study showed that student nurses are not intrinsically motivated when placement is done without their input implying that it is not student-centred. Adult learners have been shown to pursue their interests and sustain the learning when they are motivated. Student-centred learning is proposed as a better option for adult learners. This approach can work for nursing education in the Clinical Learning Environment when given the needed attention.

6.4 Implications for Nursing Education and Practice

The study provides implications for nursing education and practice as presented. Nursing education deals with providing the requisite knowledge, attitude and skills to adult learners to prepare them for future professional practice. The implications of this study for nursing education and practice are outlined.

6.4.1 Nursing Education

The implications of the study findings for nursing education are that:

1. The traditional mode of teaching and learning which is teacher-centred which is predominant in nursing education needs revision as it appears outmoded. Nursing education will benefit greatly from a student-centred approach to teaching where the student nurses are guided to develop appropriate objectives for learning. It implies that incorporating self-directed learning approach allows student nurses to be involved in their education by focusing more on their areas of interest. That way, nurses are prepared early in their education in specialty options and not only as general nurses.

2. The study identified that the pedagogical atmosphere on the ward is of importance to student nurses in that their ward placement serves two purposes. They are there to learn as well as provide service. Ward managers sometimes do not actively engage them and some of the supervisory relationship is poor. This implies that student nurses are not going through the learning processes expected from the Clinical Learning Environment. It is important for that Nursing Curricula must be structured to include more problem-based content in addition to theoretical content which tend to be didactic. Since clinical learning is essential to nursing education, it is imperative for student nurses to be involved in solving real-life problems using the problem-based approach to acquire the requisite skills. The Clinical Learning Environment experience thus becomes a vital component which should be well-equipped for effective teaching and learning
3. The expected collaboration between the nurse educators (clinical supervisors) and the support staff (ward managers and staff) was not clearly outlined from the student nurses' experiences. There were instances whereby the student nurses hardly had any supervision from their clinical supervisors or ward staff. The implication is that student nurses do not benefit from clinical teaching hence learning outcomes are affected. For effective teaching and learning, the main actors as proposed in the LEPO Framework namely nurse educators, and clinicians and student nurses as members of the learning community (Community of Practice) need to collaborate effectively and provide essential and relevant content for nursing education in both theory and practice. It implies that the nursing curriculum has not considered the element of collaboration with clinical collaborators in the practical component of the curriculum. With proper needs assessment, current trends in nursing care would be identified and included in nursing curricula. The concept of preceptorship needs to be considered in

nursing curricula. The stakeholders all need to provide inputs in the curriculum development process in order to address the needs of student nurses in the Clinical Learning Environment.

6.4.2 Nursing Practice

1. Nursing practice often defines the professional nurse as its expression lies in the service provided to society. The findings of the study imply that skill acquisition is essential requiring prolonged engagement in it.
2. Student nurses place premium on their clinical experience and expect support from their nurse teachers. They expressed the lack of attention with assistance to their skill acquisition. Student nurses felt that they need to be helped to acquire the requisite skills for future professional practice. The implication for nursing practice is that student nurses will not be adequately prepared with regards to the clinical component of nursing practice. Nurse educators must be well qualified to be able to actively engage student nurses in the Clinical Learning Environment to assist them with their practical engagements at their sites.
3. Clinical learning takes place in a learning environment which is a complex community of practice. The student nurses recognised this concept their descriptions of the Clinical Learning Environment. Thus, nursing practice continues to benefit from inter-disciplinary knowledge. It also thrives on sustaining good interpersonal relationship and therapeutic communication among all members of the learning community.

6.5 Recommendations

Based on the findings of the study, recommendations are made towards improving the learning outcomes in the Clinical Learning Environment. These recommendations are also made to assist ward nurse educators, ward managers, staff nurses and student nurses to play their roles effectively to ensure that skills needed to provide healthcare services to the population is always current and relevant. There is the need to liaise with all stakeholders to strengthen clinical learning in all health facilities particularly the ones that student nurses use during clinical placements. Additionally, institutions of higher learning, the Universities that offer programmes in nursing are included to resource schools of nursing so that education of nurses is made holistic. My recommendations are directed to two entities, namely; (1) National Health Directorate and (2) University-based Schools of Nursing.

6.5.1 To National Health Directorate

1. Hospitals accredited to train health personnel including nurses must be adequately resourced for training. The Government of Ghana and the respective hospital managements must equip teaching hospitals used for training student nurses to produce the enabling environment that allows for translation of theory into practice. Learning thus becomes more concrete when student nurses have the resources to learn with instead of having to improvise often times.
2. All accredited Teaching Hospitals must employ qualified clinicians with experience and specialised in diverse areas of nursing in order for proper transfer of knowledge and skills to student nurses. The concept of mentoring and preceptorship would be beneficial to student nurses before they qualify as professional nurses. It is recommended for the hospitals to implement this concept in their institutions. This will further enhance clinical skill acquisition towards nursing practice

3. Consideration must be given to continuing education for professional nurses to be acquainted with current trends in health care delivery services. The hospitals can implement policy documents that determine continuous engagement of the service of nursing staff through continuous professional education

6.5.2 To University-based Schools of Nursing

1. It is recommended that the Universities where student nurses are trained, provide funding for equipping skills laboratories to enable simulated exercises be close to reality. This would make working in real-life settings better appreciated and relatively permanent. In particular to the University of Ghana, Legon (where this study was carried out), the School of Nursing and Midwifery must have its skills laboratory expanded and refurbished with ultra-modern simulators for teaching student nurses. Health is dynamic and new equipment are being developed to manage patients. Student nurses will face challenges in the Clinical Learning Environment when dealing with modern equipment which they have not been exposed to already in their training.
2. Faculty should design problem-based learning opportunities which require that student nurses become responsible for their learning. Adult learners who discover knowledge by themselves are able to apply the knowledge in different contexts
3. Clinical teachers who supervise student nurses for clinical placement need to engage in periodic and spontaneous teaching on the ward. It is not enough to go and check on attendance only without clinical teaching. Using a well-structured plan, the instructors can decide on teaching particular nursing skills in line with learning objectives of students. This keeps the students focused as well as making learning student-centred.
4. Clinical teachers will also benefit from periodic re-training and continuous professional development on current trends in nursing education. This is to ensure

they are abreast with new developments in clinical education. Education is constantly evolving with empirical evidence and all stakeholders in nursing education must adapt to these changes for positive learning outcomes.

5. There is the need for collaboration between clinicians and clinical instructors. It is recommended that the Schools of Nursing arrange quarterly meetings with clinicians prior to student placements at the clinical sites. Students' objectives for clinical placement can be discussed so that adequate preparation is made towards successful clinical experience by student nurses. Adult learners are better able to have positive learning outcomes when the context of learning is relevant to their needs.

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APPENDICES

APPENDIX A- INTERVIEW GUIDE

1. In your view, what is a Clinical Learning Environment?
 - a. How would you define a Clinical Learning Environment?
 - b. What characterizes a good Clinical Learning Environment?
 - c. What do you expect the Clinical Learning Environment to have?
 - d. What makes a good Clinical Learning Environment?
2. What is the ward atmosphere like during clinical placement?
 - a. What do you hope to achieve after engaging in clinical placement?
 - b. How does the atmosphere on the ward influence your clinical learning?
 - c. Tell me about the leadership style of the ward manager with regards to your clinical learning?
 - d. What are your expectations from other staff members in the CLE?
 - e. How is student teaching done in the ward?
3. How does clinical supervision in the CLE influence student nurses' skill acquisition?
 - a. What is the extent of supervision received during the clinical experience?
 - b. What roles do your clinical instructors play in clinical skill acquisition?
 - c. How do the clinical supervisors relate to students during clinical learning?
 - d. What expectations do you have of your nurse teachers?
 - e. What would you want them to do differently from what they are doing now?
4. What are the challenges faced by student nurses during clinical placement?
 - a. Talk about the good experiences during clinical placement
 - b. Describe the difficult moments during clinical placement

- c. What are suggestions you have for improving the Clinical Learning Environment?

APPENDIX B- ETHICAL CLEARANCE



UNIVERSITY OF GHANA
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No.....

25th November, 2016

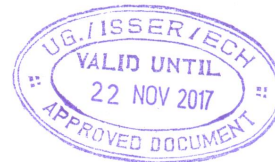
Ms Atswei Adzo Kwashie
Department of Adult Education and Human Resource Studies
University of Ghana
Legon

Dear Ms Kwashie,

ECH 043/16-17: ASSESSMENT OF THE CLINICAL LEARNING ENVIRONMENT: IMPLICATIONS FOR NURSING EDUCATION AND PRACTICE


This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date: 22/11/17
On Agenda for: Initial Submission
Date of Submission: 17/10/16
ECH Action: Approved
Reporting: Annually



Please accept my congratulations.

Yours Sincerely,


Rev. Prof. J. O. Y. Mante
ECH Chair

CC: Prof. Michael Tagoe, School of Continuing and Distance Education

APPENDIX C- INFORMED CONSENT FORM

SECTION A: BACKGROUND INFORMATION

TITLE OF STUDY: EXPERIENCES OF STUDENT NURSES IN THE CLINICAL LEARNING ENVIRONMENT: IMPLICATIONS FOR NURSING EDUCATION AND PRACTICE

PRINCIPAL INVESTIGATOR: ATSWEI ADZO KWASHIE (10174239)

SECTION B: CONSENT TO PARTICIPATE IN RESEARCH

GENERAL INFORMATION ABOUT THE RESEARCH

This research is being conducted as part of a PhD thesis to explore the experiences of student nurses in the Clinical Learning Environment. The student nurses are pursuing a BSc Nursing degree at the School of Nursing and Midwifery University of Ghana. It aims at describing the experiences of student nurses during their clinical placements in the various hospital wards to acquire requisite nursing skill for professional practice. The challenges faced by the student nurses and recommendations for improving clinical experience would be explored.

Focus group discussions lasting up to one hour would be conducted with nursing students to elicit their views on the subject. Contributions from participants would be beneficial in assisting to improve clinical experiences for student nurses to ensure that their views on ways to improve clinical skills are addressed. This would ensure that nursing graduates are well equipped to provide quality nursing care to clients.

Risks and benefits

There are no risks involved in participating in the study. The information provided would be beneficial in providing useful information for improving Clinical Learning Environments as well as shaping clinical learning experiences

Privacy and Confidentiality

Privacy and confidentiality are ensured through the following measures. The participants are not required to mention their names during the recording of the focus group interviews. No identification labels would be assigned to the participants of the focus group interviews. Recordings would be done at designated places that the participants and researcher agree to in order to ensure privacy.

Compensation

There would be no compensation package available for participants who participate in the study. Participation in the study is on voluntary basis. There is no penalty for withdrawal from the study.

Informed Consent

All participants would be required to sign written consent forms and are assured that they can have access to the audiotapes of the interviews. Participation in the study is voluntary and participants are free to withdraw from the study with no consequences or penalty.

Contact for Additional Information

For additional information, you may contact the principal investigator, Atswei Adzo Kwashie, Department of Adult Education and Human Resource Studies, School of Continuing and Distant Education (SCDE), University of Ghana. Tel. No. 0244276317, tsaheyat@yahoo.com ; OR the Supervisor, Prof. Michael Tagoe, Dean, SCDE, Tel. No. 0208169913.

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@isser.edu.gh / ech@ug.edu.gh or 00233- 303-933-866.

SECTION C- PARTICIPANTS AGREEMENT

I have read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will be entitled to receive a copy for my personal records upon request.

Name of Participant _____

Signature of Participant _____ Date: _____

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person who Obtained Consent: _____

Signature of Person who Obtained Consent: _____

Date: _____