

**EXPERIENCES OF STUDENT NURSES DURING CLINICAL ROTATIONS AT THIKA  
LEVEL 5 HOSPITAL, KIAMBU COUNTY, KENYA**

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SCIENCE- NURSING AT KENYATTA UNIVERSITY, SCHOOL OF NURSING**

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## DECLARATION

### STUDENTS' DECLARATION

We hereby declare that this proposal is our original work and has not been presented for a degree in any university program or any other award.

This proposal has been submitted with approval from our supervisors.

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### Supervisors Declaration

I confirm that this proposal has been written by the above candidates under my supervision and submitted for review with my approval as the university supervisor.

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## Table of Contents

DECLARATION .....	2
STUDENTS' DECLARATION .....	2
Supervisors Declaration .....	3
Operational Definition of Key Terms .....	6
List of Abbreviations .....	7
Abstract .....	8
CHAPTER ONE .....	9
1.1 Background .....	9
1.2 Problem statement .....	12
1.3 Justification .....	13
1.4 Research objectives .....	14
1.4.1 Broad objective .....	14
1.4.2 Specific objectives .....	14
1.5 Research questions .....	14
1.6 Scope of study .....	14
LITERATURE REVIEW .....	15
2.1 Introduction .....	15
2.2 To identify the positive experiences among student nurses during clinical rotations .....	15
2.3 To describe the stressors among nursing students during the clinical rotations .....	16
2.4 To compare the experiences of student nurses at different levels of training .....	16
2.5 To describe the support systems available for student nurses during the clinical rotations .....	17
2.6 CONCEPTUAL FRAMEWORK .....	18
CHAPTER 3: MATERIALS AND METHODOLOGY .....	19
3.1 Research Design .....	19
3.2 Study population .....	19
3.3 Sample .....	20
3.3.1 Sample size .....	20
3.3.2 Sampling technique .....	20

3.4 Inclusion criteria.....	21
3.5 Exclusion criteria .....	21
3.6 Data Collection.....	21
3.7 Data Management .....	21
3.8 Quality Control.....	22
3.9 Assumptions.....	22
3.10 Limitations.....	22
3.11 Ethical Consideration .....	23
Chapter 4: Results .....	23
4.1: Social Demographic Data .....	23
Table 4.1: Socio-demographics .....	23
4.2 Finding per objectives .....	24
4.2.1 Objective 1: Comparing Experiences of Student Nurses at different Levels of Training .....	24
Table 4.2.1 Comparing Experiences of Nurses at Different Levels of Training .....	24
4.2.2 Objective 2: Positive experiences among student nurses during clinical rotations .....	28
Table 4.2.2 Positive experiences among student nurses during clinical rotations.....	28
4.2.3 Objective 3: Negative experiences of students during clinical rotations .....	30
Table 4.2.3 Negative experiences of students during clinical rotations .....	30
4.2.4 Objective 4: Support system available to students while undergoing clinical rotations.....	32
Table 4.2.4 Support system available to students while undergoing clinical rotations .....	32
Chapter 5: Discussion, Conclusion and Recommendation .....	35
5.1 Discussion.....	35
5.1.1 Objective 1: To Compare experiences of student nurses at different levels of training .....	35
5.1.2 Objective 2: To identify the positive experiences among students during clinical rotations....	36
5.1.3 Objective 3: To describe the stressors among student nurses during clinical rotations .....	37
5.1.4 Objective 4: To describe the support systems available for students during clinical rotation..	37
5.2 Conclusion.....	38
5.3 Recommendations .....	39
References .....	39
Appendices.....	43
Appendix 1: Informed Consent .....	43
Appendix 2 .....	47
Appendix 3: Study area map.....	52

### Operational Definition of Key Terms

**Student nurse-** Means a person enrolled in a course of instruction at an approved school of professional or practical nursing and who is supervised by a nursing instructor of the school.

**Clinical rotation-** Clinical rotations are the time medical/nursing students spend as members of a medical team so they can learn what is involved with each medical specialty.

**Stress-** Stress is a feeling of emotional or physical tension which can come from any event or thought that makes you feel frustrated, angry, or nervous.

**Stressor-** Is a chemical or biological agent, environmental condition, external stimulus or an event seen as causing stress to an organism.

**Clinical Instructor-** Is responsible for providing effective instruction and assessment during clinical practice trainings of undergraduate health sciences students in the classroom, lab, hospital and community facilities.

**Clinical area-** Means a specific geographic area of the Hospital devoted to the diagnosis, treatment and care of patients on an in-patient, out-patient or day-care basis.

**Skill-** Is the learned ability to perform an action with determined results with good execution often within a given amount of time, energy, or both.

### List of Abbreviations

TL5H- Thika Level 5 Hospital

CME- Continuous Medical Education

PPE- Personal Protective Equipment

## Abstract

Nursing education program is structured in such a way that classroom learning is integrated by clinical teaching of which both occur simultaneously. Clinical practicum allows the student nurses to apply the knowledge, skills and attitude learned in class to real life situations. Many student nurses report heavy workload, fierce hospital scenes, invasive procedures and staff shortage that risks development of anxiety and poor performance in the clinical area. The main study objective was to describe the experiences of student nurses during their clinical rotations at TL5H. A qualitative descriptive cross-sectional design was used to collect primary data from a sample size of 15 over the month of February. Purposive sampling method was employed and data analyzed using descriptive thematic analysis technique. The study findings revealed that most student nurses at different levels had different experiences relative to another yet all agreed they receive clinical support from the staff, with clinical supervision and guidance, mentorship like CMEs, facilitation and variety of patient conditions being reported as positive experiences. Negative experiences reported included heavy work load, staff shortage, insufficient resources, and poor duty allocation. The researchers recommended deployment of a full time clinical instructor within all the units that the student rotates, the hospital to ensure availability of enough supplies like PPEs, and the staff members to allocate duties that are aligned to the students' objectives.

## CHAPTER ONE

### 1.1 Background

Clinical training is part of nursing program that takes place in the hospital setting. Nursing education program is structured in such a way that classroom learning is integrated by clinical teaching of which both occur simultaneously. Through the clinical rotations, the student nurse is able to apply the appropriate knowledge, skills and attitudes learnt in classroom to real life situations (Alshehry et al.,2021). Rational decision making and clinical judgment, creative and critical thinking, confidence, interpersonal and social skills which embody professionalism are

all developed during clinical practicum (George et al.,2020). In addition, student's curiosity and therapeutic relationships are also achieved.

In order to meet the requirements of nursing regulatory body, many nursing education institutions work partner with the healthcare institutions to offer a platform for their students to practice and gain competences(Alshehry et al.,2021). The hospital however, should offer a positive learning and enabling environment to facilitate transfer of classroom knowledge and attitudes into clinical practice (Kim et al.,2018). Some of the positive clinical learning experiences include good cooperation between colleagues and the hospital staff, positive and unconditional regard of students nurses as colleagues by the rest of the hospital staff (Salberg et al.,2022). Support in terms of handling patient, technical machines and equipment, and response to different patient situations.

Clinical placement exposes students to various competencies, opportunities and clinical skills that nurtures them to become safe, independent professionals with a rational and high order thinking and decision making (George et al.,2020). Several scholars further mention that sharing of knowledge and support from the interdisciplinary team members during procedures promotes motivation and teamwork among the student nurses and also enhances capacity building which ultimately translates into good performance from the students and patient safety(Salberg et al.,2022). Moreover, it teaches the students on how to co-exist with each other while handling patients.

However, there are some challenges or negative experiences that the student nurses meet while undergoing their clinical practicum in the hospitals. These include lack of regard by the hospital staff as colleagues, fierce hospital scenes like very sick patients, pools of blood, invasive procedures on patients (Al-Qahtani et al.,2020) and anxiety emanating from fear of being judged

by fellow colleagues especially when one is not sure of some procedures (George et al.,2020). A study done by Gauteng Nursing College, South Africa further reveals that such experiences leads to lack of motivation from the students and negative emotional response like stress, depression, frustration and contempt. Ultimately, the students become torn between as to whether to continue with the career or drop out (Ten Hoeve et al.,2018).

Thika Level 5 Hospital is a teaching and research health institution that offers training to students in all cadres of nursing profession, and other health science courses. It also receives a variety of students from several tertiary institutions that uses it as their primary training hospitals. As a result of this high influx of students, there is overcrowding in the wards which outdo the basic infrastructure available for student learning. There is also undue competition as the student scramble to have a chance with and for the patient. In terms of mentorship, there is only student mentor in the entire hospital which probably cannot be needs of all the students. Also the continuous medical education that happens at least once a month in each unit is unlikely to be attended as most of the students are left in the wards trying to salvage the problem of shortage of personnel.

Several scholarly materials point out some of these issues like overcrowding, unhealthy competition, lack of mentorship and heavy workload (Mirlashari et al.,2017) as some of the factors that impact on students' experiences while undertaking their clinical practicum. In regards to this, our study therefore, will explore both the positive and negative experiences that impact on the student's learning while undergoing training, compare these experiences among students at different levels of training and also determine the support systems available for the students during clinical rotations.

## 1.2 Problem statement

Majority of the students report that heavy workload, fierce hospital scenes like death of patients, very sick patients and, pools of blood and invasive procedures (Fawaz et al.,2018) that risks student's development of anxiety. Students often cover for staff shortage that compromises their academic objectives as they spend most of the time doing the daily routine activities (Jasemi et al.,2018) and this affect their motivation.

Overcrowding by groups of students is common. This congestion sometimes leads to unfavourable competition for a chance to practice with patient (Kalyani et al.2019). This further compromise the achievement of clinical objectives. This unhealthy competition coupled with different students' attitudes in the long term leads to poor interpersonal relationship among the student nurses and the multi-disciplinary team. Preceptorship and mentorship of these budding professional become compromised as well (Ackerman-Barger et al.,2020). Student nurses finally fail to meet their professional requirements while in practice because no one is really available to mentor them and instill the right and correct skills in them.

Other scholarly evidences reveal that due to the above challenges student nurses are not well immersed into the profession. Learning is slowed down as a lot of hours is used to cover a particular concept because of the overcrowding (Gemuhay et al.,2019). Pressure from their institutions of learning where the clinical instructors and the lecturers expects the students to have master within the stipulated timelines leaves the student nurses with a sense of nothingness, frustrations and a feeling that life doesn't make sense (Fawaz et al.,2018). Some drop out of the profession and their dream of being a nurse are shattered, wastage of time, money and resources also occur. Guilt sets in, shaming, blaming and name of the profession prevail. Sometimes the

profession is termed as demanding and unfulfilling. Detachment occurs as reality hits differently from the expectations.

The patient life is put at risk as the safety is compromised as a result of the student nurses undergo in the clinical area. According to Jeung (2018) physical, emotional and mental burnout of students because of the heavy workload leaves them less energized to attend to the patient needs effectively and efficiently. The student nurses are sometimes left to perform alone without any preceptor to guide them which leaves a lot of questions being raised on the quality of care they offer to their patients (Garcia et al.,2019). Students especially in their first year of study lack even the courage to approach the patients because of their sickly nature therefore in cases of emergencies it very hard for them to respond appropriately to salvage the lives of their patients (Wang et al.,2019). Most students are not up- to date with the current trends in practice because the continuous medical education are not conducted frequently, and if held the students find it hard to attend because of the shortage in some of the wards. Ultimately, the patient safety is not guaranteed.

Our study therefore wishes to unveil these experiences the student nurses undergo at Thika Level 5 Hospital, and suggest ways of overcoming some of them, because to our knowledge limited studies on the topic in the facility.

### 1.3 Justification

Despite the evidence in research, about the experiences of student nurse during the clinical training, it however, seems to have been neglected and no attention is drawn in to address the stressors and little emphasis is put on the implementation of the support systems available for the student nurses, hence creates the basis for this explorative study. The study is also important in that with it, the research team will inform the different healthcare professionals especially those

who act as clinical instructors or nursing preceptors in TL5H the stresses/stressors the student nurses undergo during their training and also it will enhance to the pool of knowledge as there was limited studies done on how to help the student overcome their clinical experiences of stress in the hospital.

## 1.4 Research objectives

### 1.4.1 Broad objective

To describe the experiences of student nurses during the clinical rotations at TL5H

### 1.4.2 Specific objectives

1. To compare the experiences of student nurses at different levels of training at TL5H.
2. To identify the positive experiences among student nurses during clinical rotation at TL5H
3. To establish the stressors that impact the student nurse experiences at TL5H.
4. To identify the support systems available for student nurses during the clinical rotations at TL5H.

## 1.5 Research questions

1. How do the experiences of student nurses compare at different levels of training during the clinical rotations?
2. What are the positive experiences among student nurses during clinical rotations?
3. What are the stressors that impact student experience while undertaking their rotations?
4. What are the support systems available for students in the clinical area during clinical rotations?

## 1.6 Scope of study

The study will focus on the student nurses rotating in the medical surgical, paediatric and maternity units in TL5H. The study will be conducted over the months of **November to February**

with the actual study being done in February. The study will focus on assessing the experiences of student nurses during clinical rotations in TL5H, Kiambu County with the focus narrowing down to identifying positive experiences, establishing the stressors that impact on the negative experiences, comparing of students at different level and establishing the support systems available for students in the clinical area.

## LITERATURE REVIEW

### 2.1 Introduction

Clinical education is an essential part of the nursing education program. It is compulsory for nursing students to undertake clinical education as an essential part of their learning process. Clinical education offers nursing students an opportunity to achieve a set of competencies, integrate theory with practice, enhance critical thinking and decision making abilities in the clinical setting and achieve and develop competencies as beginning practitioners as well as perform professionally in the clinical setting.

### 2.2 To identify the positive experiences among student nurses during clinical rotations

Clinical practices are an essential element of learning for nursing students as they enable the application of theoretical knowledge in a real environment, the training of technical skills through interaction with patients and health workers and the development of nursing attitudes. In addition, this is an ideal opportunity for students to reflect on their learning (Gonzalez et al., 2020). Clinical experience prepares student nurses to be capable of knowing as well as doing the clinical principles in practice. Moreover, the clinical practices stimulate students to use their critical thinking skills in problem solving (Rajeswaran et al., 2016). During clinical rotations nursing students are able to s to learn leadership skills, preparing them for the demanding health care system. Each student during the clinical rotation is assigned to be a team leader which helps them develop confidence, improve their critical thinking skills, learn the importance of

prioritization and able to communicate positively with other students despite their leading role (Schmidt et al., 2014).

### 2.3 To describe the stressors among nursing students during the clinical rotations

Nursing students are stressed in their clinical setting, and that leads to burnout, depression, and sleeping difficulties (Ma et al., 2022). Students' stresses are classified into three main groups: stressors related to academic requirements, for example, exams and evaluation and long hours of studying ; stressors related to clinical training, for example, making mistakes, relationships with patients, and fears of death and stressors related to personal and social life, for example, lack of live entertainment and poor family relationships due to staying in university accommodations (Alshowkan et al., 2022) Stress can lead to disease, changes in health, poor academic performance, and nursing students' withdrawal from the program and, subsequently, can ultimately affect the quality of patient care (Mousavi & Kamali., 2021; Zhao et al., 2015). Because nursing students cannot avoid these stressors, they learn to cope with them through; talking to friends, sports, crying, ignoring stress, feelings of sadness/misery and the use of alcohol, which may be adaptive or maladaptive. Others believe that transference, optimism and problem solving can help them cope with the stress (Rafati & Nouhi., 2017)

### 2.4 To compare the experiences of student nurses at different levels of training

Students especially those beginning their clinical training harbor fears related to the clinical environment that influence their participation and learning. This fears include making mistakes' lack of course success and not knowing how to do something (Cowen & Hubbard., 2016). A little research has been conducted on violence occurring between individuals of unequal power, such as staff nurse and student. This violence is called vertical violence, when abusive registered nurse behavior is directed towards junior nursing students. (Thomas & Burk., 2016). This violence has negative effects on emotions, clinical performance and the intention of this nursing

students leaving the nursing profession is higher after experiencing this violence (Cheung et al., 2019). Unlike the junior nursing students, fourth year nursing student are able to make clinical decision making, including gaining confidence in their skills, building relationships with staff, connecting with patients, gaining comfort in self as a nurse and understanding the clinical picture (white et al., 2017). Andrews (2013) and Guner (2014) found that senior students expected a problematic transition, lacked overall confidence in their nursing knowledge, and worried about assuming full responsibility for students.

## 2.5 To describe the support systems available for student nurses during the clinical rotations

There are various support systems available in the hospital setting that help student nurses increase their competence as nurses and develop knowledge and various skills. Firstly, preceptorship has been found to be effective approach to facilitating students' learning and acquisition of skills in clinical practice. A preceptor is a skilled clinician who facilitates the development of knowledge, clinical skills, and professional attitudes in nursing through guidance, supervision, role modeling, and personal development of the student (Bain et al., 2013). Preceptor-ship model has been reported to play an important role in professional socialization for nursing students through role modelling, as well as enhancing the students 'sense of responsibility by providing them with opportunities to demonstrate competence as a nurse( Phuma et al., 2017) .There is evidence in the literature on the effects of peer mentoring among nursing students. Peer mentoring has been associated with increased retention, student engagement, and skills competence among nursing students (Kachaturoff et al., 2020). Motivation, either extrinsic or intrinsic has been found to make nursing students more engaged in learning activities and achieving goals in their rotations. They also require motivation in order to collaborate with other individuals, carry out health-related obligations, recognize difficulties, and design and execute

initiatives. Furthermore, motivated nursing students are less likely to experience academic melancholy and have greater self-esteem (Osaimi et al., 2022). Positive experiences of the learning environment such as staffs' positive attitude towards nursing students has shown to

their competences and increase confidence as (Osaimi et al., 2022).

**Student characteristics**

- Competence with skills
- Previous experience
- Knowledge
- Confidence
- Anxiety
- Student willingness

**DEPENDENT VARIABLE**

1. **Positive experiences**
2. **stressors**

**Institutional factors**

**Hospital**

- duty/time schedules
- workload
- distance from student area of residence
- learning resources
- communication between students and staff
- unsupportive environment

**School**

1. availability of supervision support
2. learning assignments
3. motivation

## CHAPTER 3: MATERIALS AND METHODOLOGY

### 3.1 Research Design

The study will adopt a descriptive cross-sectional study design that will be used to collect qualitative data. A descriptive cross-sectional design is used in collect data on the condition and potentially related factors of a given study population at a particular point in time. In this case it will help the researchers to describe the experiences of student nurses during their clinical rotations, and also reveal such patterns or connection that would otherwise go unnoticed.

### 3.2 Study population

The study will include student nurses both in middle colleges and universities undergoing their clinical rotations at Thika Level 5 Hospital, in the medical surgical unit, paediatric and maternity units.

### 3.3 Sample

#### 3.3.1 Sample size

Thika Level 5 Hospital receives quite a number of student nurses from both institutions of higher learning and middle level colleges. At any given shift around 15 of such students undertake their clinical rotations in the units of the hospital. The study will, therefore, use Yamane sample size formula to derive the sample size of the study participants;

$$n = \frac{N}{1 + N(e^2)}$$

Where;

n= sample size

N= population size

E= acceptable sampling error

95% confidence level is used

Therefore,

$$15 / 1 + 15(0.0025)$$

$$14.4578$$

15 study participants

#### 3.3.2 Sampling technique

The study will employ both convenience purposive sampling technique to get participants for the study. The sample population will be conveniently selected based on their availability and accessibility by the researcher at the various wards in Thika Level 5 Hospital. Only student

nurses from institutions of higher learning and middle level colleges rotating in medical-surgical, paediatric and maternity units shall be selected.

### 3.4 Inclusion criteria

1. All student nurses (male & female) undertaking clinical rotations in medical-surgical, paediatric and maternity units only at TL5H.
2. All student nurses pursuing bachelor's degree rotating in medical-surgical, paediatric and maternity units at TL5H.
3. All students pursuing diploma in nursing from middle level colleges rotating in medical-surgical, paediatric and maternity units at TL5H.

### 3.5 Exclusion criteria

1. Student nurses who will decline participate in the study.

### 3.6 Data Collection

The study will employ in depth interviews until saturation to gather information from the study participants. Being a qualitative study, the above data collection has been preferred because it will help maximize the quality of data that will be collected simply because both the researcher and the study participants will be able to seek clarifications to the answers and questions asked respectively. The above data collection technique will have a list of guiding questions that will have been prepared before-hand. The questions shall be open ended to enhance qualitative data and it will be the responsibility of every researcher to fill the questionnaire to check for completeness and clarity. Each interview will last for about 10-15 minutes.

### 3.7 Data Management

Any data collected and audios recorded during the interviews will only be accessed to authorized personnel (research team with coded access) to ensure privacy and confidentiality.

Being a qualitative study the researcher will use thematic coding to analyze the data collected. In this case, labels will be attached to common themes that appears across the interviews. The researchers will design a topic guide to assign emerging themes.

### 3.8 Quality Control

The language that will be used will be simple, free from any technical terms that would have hindered the understanding and the subsequent data collection.

The questionnaire to be used will be relevant to the study participants' (student nurses) knowledge and comprehension since the content will be based on the extensive literature review.

The questionnaire will be subject to both peer and lecturer review to ensure that its validity is accurate.

### 3.9 Assumptions

The study assumes that the study participants will cooperate and willingly provide accurate and reliable data.

Conversely, sample size will be assumed to be a representative of the entire population of student nurses at Thika Level 5 Hospital.

### 3.10 Limitations

The study is conducted in one site, therefore variabilities in different sites may make the findings non-generalizable.

The short free time available for the student nurses in the clinical area may hinder acquisition of adequate information.

Some study participants may also fail to answer or withhold some information. Other measures that the researchers intend to overcome the above limitations include:

- Ensuring confidentiality and conducive environment where the study participants feel free to communicate and share their experiences.
- Reassuring the study participants that no harm will happen to them by participating in the study.

### 3.11 Ethical Consideration

The study shall commence after ethical approval from Kenyatta University Ethical Review Committee (KUERC) and Thika Research and Ethics Committee (TREC).

The study will ensure the confidentiality of the participant’s details and that participant’s identification information will not be disclosed to any unauthorized hands at any stage of the study. The participants will receive an explanation of the purpose and objectives of the study. The study will also ensure the participants complete and sign a written consent that they voluntarily take part in the study.

## Chapter 4: Results

### 4.1: Social Demographic Data

Table 4.1: Socio-demographics

<b>Characteristics</b>		<b>N=15</b>	<b>Percentage (%)</b>
Age	19-21( years)	9	60.00
	22-24( years)	5	33.33
	25-27( years)	1	6.67
Sex	Male	5	33.33
	Female	10	66.67
Marital status	Single	13	86.66
	Married	1	6.67

	Unknown	1	6.67
Level of training	I	4	26.67
	II	3	20.00
	III	5	33.33
	IV	3	20.00
Nursing program	Degree	8	53.33
	Diploma	7	46.67

Most of the study participants were aged between 19-21 years, with a majority being females who were undertaking diploma and degree programs. The study participants were distributed across first year to fourth year level of training with a majority being single.

#### 4.2 Finding per objectives

##### 4.2.1 Objective 1: Comparing Experiences of Student Nurses at different Levels of Training

In comparing the different clinical experiences, students across all the four levels of nursing program underwent in-depth interviews; different themes emerged from different levels of training. Some of these include; supportive clinical staff, varied clinical decision making, and theory practice gap.

Table 4.2.1 Comparing Experiences of Nurses at Different Levels of Training

Theme	Level of study	Tally of voices
Supportive clinical staff	Level I-IV	<i>“The nurses are friendly and approachable, in case of any question they are easy to ask and willing to provide guidance”.</i> ( 7



a) Supportive clinical staff

Majority of student across all the levels of training agreed the clinical staff mostly the nurses were supportive, friendly as far as student learning is concerned. They also pointed out that most of these nurses acted as their clinical preceptors while carrying procedures involving patient care.

This was evident in the following excerpts;

Voice 1; *“The nurses are friendly and approachable, in case of any question they are easy to ask and willing to provide guidance”*.

Another; *“The staff is very supportive, they guide us through nursing procedures and skills that we don't know”*

Some of the opinions of the majority of senior students were level III and IV. *“The nurses are supportive, allow question asking, and demonstrate procedures and peer teaching time”*.

*“Qualified nurses are supportive, they guide you on performing procedures that one is not well acquainted with”*.

b) Varied autonomy in decision making

Majority of junior student nurses (level I and II) noted that they were not autonomous in making clinical decisions on procedures involving patients. They were not allowed to perform a number of procedures unless permission was given by the qualified nurses.

*“We need consultation first from a senior personnel before doing some procedures but others like vital sign monitoring can be done autonomously.”*

Another said: *“In some decisions like having to conduct vital sign monitoring, we carry them out independently but as for drug administration procedures, one has to seek a decision from a senior nurse first.”*

Others mentioned: *“No much clinical decision, a student nurse is able to only advise on things like taking water when the client feels dehydrated but on complex medical procedures involving patient care, the decision is up to the doctors and qualified nurses.”*

However, the senior student nurses had varied opinions on this. Most opined that most of the clinical decisions they really don't have to consult especially if it is a procedure they had once interacted with. Others also mentioned that due heavy work load they are designated a number of tasks they are expected to act independently and show guidance to the rest of junior team members.

*In most instances we are expected to perform independently, and in patient procedures we are expected to do a team lead to the rest of the team.*

This finding was found to be congruent with the study done by White (2017) which he found out that the fourth year nurses were able to make clinical decision making and show confidence in their skills.

#### c) Theory-practice gap

Majority of the study participants opined that there was a variance on the theory learnt in class and the reality they practice practiced in the hospital. They further mentioned in class they learned ideal nursing which was absent in the wards which they attributed to insufficient resources and low man power. Some the junior student nurses who were in their first clinical rotations mentioned that they perform certain tasks which they have not actually learnt in class.

Some the tasks mentioned by them include taking part in drug administration even though they haven't learnt pharmacology in class. Also, they wheeling patient to theatre even though they haven't been taught perioperative nursing.

*Here we take part in medication administration but we don't know a lot about the drugs we are administering to the patient.*

#### 4.2.2 Objective 2: Positive experiences among student nurses during clinical rotations

Table 4.2.2 Positive experiences among student nurses during clinical rotations

<b>Themes</b>	<b>Voices</b>
Supportive clinical staff	<i>“The nurses are supportive. They teach us about the procedures that we do not know.”</i> (13 respondents)
Clinical mentorship like CMEs	<i>“We have hold CMEs in our unit which is helpful in increasing my knowledge and skills in performing certain tasks related to the patient care.”</i> (7 respondents)
Flexible management on policies	<i>“The management isn't bad, they are supportive and friendly and considers off in regards to a situation.”</i> ( 5 respondents)
Variety of patient conditions	<i>“Having many patients increases my exposure to a variety of patient condition thus learning a lot of it.”</i> (8 respondents)

Positive experiences are described as those encounters that a student nurse interacts with in the clinical are that enhances learning. Different study participants pointed out a number factors that they consider to have a positive bearing in the clinical practicum. Supportive and approachable clinical staff that assist them in conducting a number of procedures that they are not well

conversant. *“The nurses are supportive. They teach us about the procedures that we do not know.”*

Availability of continuous medical education that offer mentorship and allow them to remain current on the knowledge of different conditions, clinical supervision from the lecturers and clinical mentors available that check on the progress of the students which was the same finding according to Schmidt (2014) in which the mentors helped students grow their confidence in skills, critical thinking and prioritization of task. Availability of different patient conditions was also considered positive as the students are able to actually meet and learn a lot of the diseases at a go and also relate to the content that was learnt in class. Other positive encounters include patient willing to be practiced on by the student nurses and teamwork from fellow colleagues as illustrated in the following excerpts:

*“We have hold CMEs in our unit which is helpful in increasing my knowledge and skills in performing certain tasks related to the patient care.”* she continued that, *“having many patients increases my exposure to a variety of patient condition thus learning a lot of it.”*

Another said: *“The patients here are willing to listen health talks given by us, and allow us to conduct procedures on them. On the hand, the nurses are willing to teach us while with fellow students we assist one another in conducting procedures.”*

A majority also mentioned that the hospital management had a positive bearing on their clinical practicum experience as far as policies are concerned. A majority opined that the ward in-charges were flexible with policies that really favored them especially when a person needs incidental offs. Though strict on punctuality and uniform, many believed that it is a good way of instilling discipline unto them. *“The management especially the ward in charge is friendly and*

*handles our concerns in a friendly way. She is flexible especially when one requires incidental offs, however, she is strict with issues of punctuality and professional attires but we understand it's a way of instilling discipline.” Another added: “The management isn’t bad, they are supportive and friendly and considers off in regards to a situation.”*

#### 4.2.3 Objective 3: Negative experiences of students during clinical rotations

Table 4.2.3 Negative experiences of students during clinical rotations

<b>Themes</b>	<b>Voices</b>
Insufficient Resources i.e PPEs, staff	<p><i>“Not all resources are available for example gloves, fluid giving sets and other PPEs are not always available which can lead to one contracting certain diseases like hepatitis B.”( 4 respondents)</i></p> <p><i>“In most instances, we have insufficient gloves therefore we can’t really practice procedures like wound care or even intravenous drug administration. Sometimes the patients are told to buy their own sterile gloves because they are available in the ward.”( 3 respondents)</i></p>
Huge workload	<p><i>“The patient nurse ratio is not proportional, the tasks become overwhelming. Sometimes we are unable to meet objective because we work instead of learning.” ( 7 respondents)</i></p>
Poor duty allocation	<p><i>“Duty allocation does not consider the daily objectives of an individual student nurse, there is mass allocation of individuals to predestined tasks.”( 11 respondents)</i></p>

The study participants described negative experiences as challenges that they faced while undertaking their clinical practicum in the hospital. Although the participants mentioned quite a number of positive and supportive experiences, many still alluded that there were challenges that were environment and service related. Majority mentioned inadequate resources like insufficient personal protective equipment especially gloves that hampered their learning while caring patients because number of them would not risk their patients bare-handed during basic nursing procedures like wound dressing or even administration of intravenous medication. This was evident in the excerpt below:

*In most instances, we have insufficient gloves therefore we can really practice procedures like wound care or even intravenous drug administration. Sometimes the patients are told to buy their own sterile gloves because they are available in the ward.*

Another added; *Not all resources are available for example gloves, fluid giving sets and other PPEs are not always available which can lead to one contracting certain diseases like hepatitis B.*

Other challenges were patient related. In this case, majority of the study participants opined that there were huge number of patients that overwhelms the nurse ratio available leading to huge workload on them thus they are unable to meet there day-today objectives as they are used to cover for shortage. Although they appreciated the mixture of variety of patient conditions was helpful in learning and discovering several conditions under one roof, a majority still opined that it was a risk of contracting infections:

*The patient nurse ratio is not proportional, the tasks become overwhelming. Sometimes we are unable to meet objective because we work instead of learning.*

*Sometimes the patients are more the staff available, leading to students performing task that are not aligned to their objectives.*

*The number of patient varies, might be high or low. If high we get a variety of conditions to deal with thus help me learn more.*

Other challenges emanated from the staffing, in which most of the study participants pointed out that they are being allocated task which are not aligned to their learning objectives and capabilities in a number of occasions. Some attributed this low number of nurses against the high patient number as evident in the following excerpt:

*Duty allocation does not consider the daily objectives of an individual student nurse, there is mass allocation of individuals to predestined tasks.*

#### 4.2.4 Objective 4: Support system available to students while undergoing clinical rotations

Table 4.2.4 Support system available to students while undergoing clinical rotations

<b>Theme</b>	<b>Sub-theme</b>	<b>Voices</b>
School-based	Clinical supervision & follow up Facilitation i.e transport Provision of outlined study objectives	<p><i>“Our school ensures timely transportation, provision of detailed procedure manuals and log books outlined with objectives. The lecturers also come to facilitate us through procedures and demonstrations.” (7 respondents)</i></p> <p><i>“Our tutors come to do a follow up on us and in the process we get chances to air our grievances, seek clarification and better</i></p>

		<i>understanding of the procedures we conduct in the hospital.” (11 respondents)</i>
Hospital-based	Mentorship like CMEs Clinical guidance Qualified staff Student mentor	<i>“We hold CMEs in our unit which is helpful in increasing my knowledge and skills in performing certain tasks related to the patient care.”( 14 respondents)</i> <i>“Qualified nurses are supportive, they guide you on performing procedures that one is not well acquainted with”(11 respondents)</i>

The study participants shared that their journey in the clinical rotations has been enhanced by the support they receive during their daily activities in the ward. In regards to this a majority mentioned that, the support systems available for them are mainly school- based and hospital based. In all instances both were essential for learning during the clinical practice.

### **School-based support systems**

Many study participants mentioned that they received clinical supervision from their lecturers who would come to the hospital at least once a week to check on how the students were doing. They also mentioned that the lecturer would come with a list of objectives that he/she would assist them in achieving during the meet up. They also reiterated that for once, they engaged in

some constructive discussion and seek clarifications on things they didn't understand. Some also mentioned that they received facilitation in terms of transportation to and from the hospital. This saved most of them from the financial challenges. This was evident in the following excerpts;

*The school sends us lecturers who coordinate and ensures that the learning objectives are met.*

Another added that; *our school ensures timely transportation, provision of detailed procedure manuals and log books outlined with objectives. The lecturers also come to facilitate us through procedures and demonstrations.*

*Our tutors come to do a follow up on us and in the process we get chances to air our grievances, seek clarification and better understanding of the procedures we conduct in the hospital.*

### **Hospital based support**

Majority of the study participants alluded that they hospital enhance they learning through facilitation of mentorship programs like continuous medical education (CME) that are being conducted periodically on prevailing conditions in the ward which boosts their knowledge on such topics.

*Every morning within the first one hour we conduct CMEs on various topics on conditions we encounter in the ward which enables us grasp a lot of knowledge on such topics including the newly discovered trends.*

They further mentioned that the hospital ensures deployment of skilled clinical staff who are helpful in providing guidance while conducting procedures regarding patient care.

*We work with qualified nurses who are well skilled and offers guidance to us while doing procedures that are not conversant with.*

*Some of the qualified staffs are friendly and ready to share their knowledge and skills with students.*

Although not available for full time in the ward, the participants further alluded that the hospital has a student mentor whose main role is to deal with student issues regarding their training while in the hospital.

## Chapter 5: Discussion, Conclusion and Recommendation

### 5.1 Discussion

Student nurses undertake clinical rotations to enhance and develop their skills and experiences. The literature further confirms that hospital placement of student nurses creates them an opportunity to effectively practice what they learned in class (Alshehry et al.,2021). The findings of this study confirmed that clinical rotations impart different experiences on different students that can either promote or hinder effective learning regardless of the students' level of study.

#### 5.1.1 Objective 1: To Compare experiences of student nurses at different levels of training

The study findings revealed that there is varied autonomy when it comes to clinical decision making regarding patient care; the senior students especially the fourth years didn't have to seek approval when it came to performing most of the procedures to patient unlike their junior counter-parts who are in level I and II. This finding is similar to what White et al (2017) revealed in which the fourth year student nurses were able to make clinical decisions. This experience had a bearing in their learning as it promoted confidence while performing skills, build good relations with patients and staff, and gaining comfort in self when compared to their junior counterparts who felt naïve while getting involved inpatient procedures. The students who were beginning their clinical rotations had feelings of anxiety related to fear of making mistakes

(Cowen & Hubbard., 2016). However, this research revealed a contrary outcome in that majority of the students across all the levels acknowledged the support they receive from the clinical staff which in turn subverted their fears because of the supervision and guidance they received while conductive procedures on patient.

Generally, the students noticed a theory practice gap in that although they learned ideal nursing practice in the classroom, there was no clear connection with what was actually practiced within the wards. It was majorly related to insufficient resources within the hospital. This finding emerged as a hamper to effective learning experience while conducting patient procedures.

#### 5.1.2 Objective 2: To identify the positive experiences among students during clinical rotations

Positive experiences are described as the encounters within the clinical area that provides a conducive environment and promotes learning. Supportive clinical staff who offer guidance during procedures, continuous medical education that offers mentorship on different topics, availability of supervision by lecturers from school, flexible managerial policies on students, variety of patient conditions and patient willingness to be practiced on by the students were some of the encounters revealed by the study as positive experiences among students nurses. This enhanced effective problem solving importance of prioritization of task and effective communication among students themselves, lecturers and the staff. It also made easier for students to attend to other personal concerns. This finding was congruent to study by Rajeswaran et al (2016).the students attained better understanding of issues faced by patients and how to effectively deal with them during clinical rotations. It also enhanced tolerance among the students. Similarly, Salberg et al (2022) confirmed that such experiences taught students how to co-exist, capacity building which translates in overall good performance and patient safety.

#### 5.1.3 Objective 3: To describe the stressors among student nurses during clinical rotations

Ma et al (2022) revealed that student nurses experienced stressors related to burn out, death of patients, fear of making mistakes, and poor patient engagement. However, in regards to this study the stress among students emanated from huge work which was brought about by the staff shortage, insufficient resources like the personal protective equipment that hindered the students from effectively performing patient procedures according to the standard guidelines, and poor duty allocation of duties. The study found out that duty allocation was not aligned to student's study objectives. The students mentioned that the stress experiences hindered their learning in that they would find it very hard to practice the ideal theoretical nursing in the hospital and some had a second thought for choosing the profession. A study done by Mousavi & Kamali (2021) which had similar finding also reiterated that such stressors could lead to poor performance, withdrawal from the profession and ultimately affect the quality of health.

#### 5.1.4 Objective 4: To describe the support systems available for students during clinical rotation

From the study, the support systems were either school-based or hospital based. The school based systems include ways which the school administration put in place to support of student learning in the clinical area. These included clinical supervision in which the student were periodically visited by their lecturers, facilitation like transportation to and from the hospital which save the students from financial constraints and promoted punctuality to the hospital, and also and provision of well outlined objectives in which certain instances allowed to students to be oriented to learning as opposed to just performing tasks. The hospital- based systems included mentorship like CMEs that provided the students with vast knowledge on the trends regarding a given condition or a particular topic of discussion, clinical guidance, deployment of qualified staff and presence of a student mentor. Similarly, a study done by Bain et al (2013) showed that student nurses receive preceptorship from both the school and hospital, and in this research it

was found to be effective in enhancing a positive experience by instilling knowledge on clinical skills, development of professional attitudes and role modelling. Zhang (2022), also found out that a positive attitude of the staff towards nursing students lead to improvement of performance and, confidence and independence among students.

## 5.2 Conclusion

Students across all the levels encountered a gap between theory and real practice in the hospital.

Majority of students received clinical support from staff during their clinical rotation.

Only fourth years students were autonomous in clinical decision making while their junior counterparts were semi-autonomous.

The positive clinical experiences include clinical supervision and guidance from the staff, mentorship programs like CMEs, availability of patients willing to be practiced on, team work from the fellow students, many patients' conditions under one roof and clinical mentors.

Among the negative experiences included heavy workload, lack enough resources like PPEs and allocation of tasks which are not aligned by ones objectives.

The support systems emanated from both the school and the hospital. The school based support included transport to and from the hospital, availability of lecturers who do follow up on students and provision of well outlined list of objectives to students. From the hospital, the student received mentorship like CMEs, availability of skilled staff and a student mentor.

### 5.3 Recommendations

We would like to recommend deployment of fully fledged clinical mentors/ instructors in all the units in the hospital to help students in conduct their procedures and air their grievances in the ward.

The hospital should ensure availability of resources especially the PPEs that the students use while undertaking procedures on patients.

Student task allocation should be aligned to the objective.

For further research, we like studies be conducted on the ways of overcoming barriers to effective learning among student nurses while undertaking their clinical practicum in the hospital.

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## Appendices

### Appendix 1: Informed Consent

We (Lameck, and Julius) are students of Kenyatta University who are currently undertaking a research on the clinical experiences of stress among student nurses at TL5H, Kiambu County, Kenya.

#### **Purpose of the study**

The aim of this study is to assess the experiences of student nurses during clinical rotations at TL5H, Kiambu County, Kenya. At the end of this study, the findings will help in contributing to the existing knowledge and facilitate appropriate interventions which will help address the niches identified in the clinical set up.

#### **Procedure**

The interviewer will ask a number of questions in the questionnaire related to the experiences of student nurses during the clinical rotations. Any other relevant questions that will be asked will help to understand the support systems available and stressors of student nurses in the clinical area. This will take around 10-15 minutes per study participant.

## **Confidentiality**

All the information will be obtained from the study participants will be kept private and confidential. Only the research team with coded access will see the provided information. The collected information will be used for research purposes only. Your responses are confidential; your name or any other personal identifiers will not be written on the questionnaire. Your honest answers to the questions will help us to understand better and attain accuracy of information.

## **Privacy during data collection.**

The study will employ anonymity of clients during data collection so that the study participants will not be identified by their names. All the information collected will be kept private and confidential and only research team with coded access will see the information.

## **Voluntarism**

The participants will be free to answer the questions they will be feeling comfortable with. The study participants will also be free to withdraw from the study at any point which will not affect the quality of treatment they will receive in their respective wards. However, participation will be very significant.

## **Benefits**

Your participation in the study will provide vital information in the research findings. However, no monetary or material benefits will be accrued from your participation

## **Risks**

There will be no anticipated harm to you or your family members because of your participation in the study. However, there may be some discomfort arising from the nature of questions asked.

Some questions will be personal and sensitive, but any information provided to the research team will remain private and confidential.

### **Contact person**

In case of any inquiry regarding the study, you may contact the principle investigators below;

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If you have any concerns with the researchers, you may contact the following supervisors and  
Kenyatta University Ethical review committee office:

Mrs. Grace Gachuri

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Prof. Judith Kimiywe

Chairperson Ethics Review Committee, Kenyatta University

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**Participant's statement**

I have read or been told about the contents of this form and have understood. My questions have been answered. I voluntarily agree to participate in this study.

Name.....Signature.....Date.....

Name of the witness(s) (in case the participant cannot write /read)

Name.....Signature.....Date.....

**Management consent**

We have been informed about the contents of this form and have understood. Our questions have been answered regarding this research activity and we hereby grant permission for the group to proceed with the study and/ or use the hospital resources in their study.

Name.....Signature.....Date.....

## Appendix 2

### Research Tools

- **Socio-demographic**

1. What is your age limit.....?

16- 18

19-21

22-24

25-27

Any other

2. What is your sex.....?

Male

female

3. Where do you reside during your clinical rotation.....?

4. What is your marital status.....(mark as appropriate)?

Married

single

Any other

5. Which nursing program are you undertaking.....?

Degree

Diploma

Certificate

Any other

6. What is your level of training..... (mark where appropriate)?

Year 1

Year 2

Year 3

Year 4

Any other

7. What is the name of your institution?

8. For how many weeks or months have you been in the clinical area?

9. What areas of experience have you rotated in since you began training?

Placement area	Tick all that apply	Duration of placement	Placement	Tick all that apply	Duration of placement
Medical ward			Maternity (labour ward)		
Surgical ward			Antenatal ward		

Orthopedic ward			Postnatal ward		
Pediatric ward			Gynecology ward		
Outpatient department(ENT,eye and casualty)			Theatre		
MCH/FP department			ICU		
Renal unit			Newborn unit		

- **To identify support systems available for students in the clinical area**
- In what way does the hospital contribute towards your learning in the clinical area?
  5. How does the hospital and (or) the school organize to ensure you meet your objectives from when you beginning to the end of your clinical rotations?
  6. Are there any mentorship/ preceptorship from within the hospital?
  7. Does the hospital conduct CMEs and how does they contribute to your learning?
  8. Is there any supervisory support from the school that contribute to your learning?
  9. Are there any other kinds of support you need as a student while in the clinical area?
- **To compare experiences of student nurses at different levels of training**
- 3. At your level of study how would you describe your experience in relation to the following:

- 

T

4. Characteristic of h a clinical training i environment n k  o	Very good  Highest score	Good	Varies	Slightly	Not at all	Reason for the rating you have provided
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affing- supportive, friendly/approachable, skillful, knowledgeable, approachable.

- Resources: Are they appropriate, adequate or inadequate
- Patient: numbers, mix/variety of conditions.
- Management: supportive to student learning, flexibility or friendly.
- Hospital environment. Rate by selecting the best descriptor for the following characteristics of a hospital environment.

Welcoming	5	4	3	2	1	
Students friendly	5	4	3	2	1	
Safe	5	4	3	2	1	
Approachable clinical staff						
Supportive clinical staff	5	4	3	2	1	
Enriching experience	5	4	3	2	1	
Availability of mentors to support	5	4	3	2	1	
Availability of working resources	5	4	3	2	1	
Allocation to tasks that are within my abilities	5	4	3	2	1	
Allocation of tasks that relate to my learning objectives	5	4	3	2	1	

with patient, relatives, nurses, clinicians, fellow students, faculty and other preceptors.

- Experiences with procedure performances- competence, facilitation to perform.
- Experience with making clinical decisions that are within your ability.

Appendix 3: Study area map



#### Appendix 4: Budget

#### Budget

<b>Serial no.</b>	<b>Item</b>	<b>Unit price</b>	<b>Total</b>
1.	Printing	7*5	Ksh. 35.00
2.	Photocopying	7*2*80	Ksh. 1120.00
3.	Transport	100*3*5	Ksh. 1500.00
4.	Lunch and snacks	200*3*5	Ksh. 3000.00
5.	Pens	20*3	Ksh. 60.00
6.	Note book	150*3	Ksh. 450.00
7.	Miscellaneous	10% of the total	Ksh. 617.00
	<b>Grand Total</b>		Ksh. 6782.00