



Factors hindering clinical training of students in selected nursing educational institutions in Southeastern Nigeria



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ABSTRACT

Background/Aim: Clinical training is an integral part of professional nursing education as it equips students with the required knowledge, skills, attitudes, and values needed for optimal practice in real-life situations. Inappropriate professional attributes have been observed among nursing graduates, while challenges to acquisition of clinical skills have been understudied in Nigeria.

Purpose: This study investigated system factors related to the provision of infrastructure/equipment, training/supervisory activities, and students' factors that may hinder clinical training of nursing students in two selected institutions in Southeastern Nigeria.

Methods: This cross-sectional descriptive study purposively enlisted 283 students from a diploma and a degree nursing education program. Data were collected with researchers' developed questionnaire and analyzed in percentages, and means, with a mean decision criterion of <3.0 for identifying significant hindering factors. T-test was used for inferential statistics at $p < 0.05$ level of significance.

Results: Major hindering factors identified include: non participation of teachers in students' clinical supervision; non-completion of relevant level classroom instructions and practical demonstrations before each clinical experience, inadequate equipment to practice in the clinical areas, with no preceptors to coach them at each shift (mean scores <3.0). Significant differences (p -value < 0.05) exist in the deficiencies identified between the institutions. While the degree program students had significantly less opportunity for return demonstration under supervision and independent practice in the laboratory; the diploma program students had significantly fewer teachers in their school and patients in their clinical area, clinical nurses as role models were not following the standard procedures in practice and students were not evaluated by supervisors at the end of each clinical experience.

Conclusion: Identified factors in these training environments could hinder learners' interest and acquisition of professional attributes. Rectifying these situations could enhance the acquisition and display of appropriate professional performance behavior in practice by nursing graduates.

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1. Introduction

1.1. Background/Literature Review

Education, in its technical sense, is the formal process by which a profession or society deliberately transmits its accumulated knowledge, skills, customs, and values from one generation to another (Parihar, 2014). Nursing education consists of a body of knowledge, skills, attitudes, values, and habits that is partly delivered to learners in classroom settings, and as an organized and supervised clinical training in demonstration/simulation laboratories and in actual client/patient care

environment where the nurse–client interactions occur (Shariff and Masoumi, 2005)

Historically, worldwide nursing education programs evolved from a period of unorganized training for nurses and midwives, through the apprenticeship, to the era of Florence Nightingale's model of nursing education (Scheckel, 2009). The apprenticeship model of nursing education, usually hospital based, gave less attention to the training needs of students because of the emphasis on delivering service to the hospital, whereas the Florence Nightingale's philosophic model promoted students learning the theory and practice of nursing outside the hospital control (Scheckel, 2009). This Nightingale's educational philosophy underpinned the paradigm shift from the hospital-based training to the university-based education for nurses. The paradigm shift was not just a change of focus from training to education but an embracement of 'higher' education to expose nurses to the demands of *critical thinking* rather than just *doing* (Morrall and Goodmann, 2013). Morrall and

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Goodmann (2013) assert that there is no obvious educational alternative that can provide this core attribute, one that is even more necessary to understand health and promote competency in nursing practice in an increasingly complex, dynamic, and globalizing world. Nurses with such thinking and doing attributes should not only be responsive to the changing health needs of the society but should also be advancing and testing the knowledge on which the nursing practice is based. This is the hallmark of full professionalism in nursing.

Professional nursing development in Nigeria followed a similar track as that reported from other parts of the world. During the pre-colonial era, nothing was known about nursing in Nigeria (Dolamo and Olubiyi, 2013). Anecdotal reports indicate that then the sick and the wounded were cared for in homes by family members (especially females) and traditional medical practitioners. Professional nursing and education in Nigeria evolved from experimentation in the care of the sick and wounded by persons with no formal education but loyal housemaids, servants, cooks, or stewards of the early nineteenth century missionaries to Nigeria, to augment the medical efforts of the latter in their various mission posts (Adelowo, 1989). These mission posts formed the nucleus of the several training schools for professional nurses and midwives in Nigeria (Adelowo, 1989) that metamorphosed from the apprenticeship to the Florence Nightingale's nursing education model during the colonial era (Dolamo and Olubiyi, 2013). The schools were hospital based and offer a diploma certificate in Nursing. From the beginning of the post colonial era to date, the diploma nursing program has continued to thrive, but in addition, the era marks the beginning of the university-based nursing education (degree) programs in Nigeria (Dolamo and Olubiyi, 2013).

This paradigm shift in nursing education from the hospital to the university has generated much worldwide debate with no consensus among nurse clinicians, leaders in nursing education and researchers on whether the diploma nursing program for registered nurses produced better educated nurses for clinical care than the degree program (Scheckel, 2009; Parks et al., 2011). In USA, these debates and the various research reports supporting each nursing education program have contributed in reforming the various nursing education programs for the better, and with a structure for the graduates to move from one level of education to another (Scheckel, 2009). To date, the practical, diploma, associate degree, and baccalaureate nursing programs still exist in USA as pathways of entry into nursing practice (Scheckel, 2009). However, the profession did not lose focus of the Nightingale's philosophic model of nursing education as it continued reforming and taking nursing education to the universities and supporting higher education for nurses as the hallmark of full professionalism in nursing. In less developed countries, like Belize where the degree program is just gaining its root, Parks et al. (2011) report that the ongoing debate about whether the former diploma program for registered nurses produced better educated nurses for the workplace than the new degree program was informed by the degree students unsatisfactory pass rates in the Regional Examination for Nurse Registration (RENr). Furthermore, the clinical nurses have been vocal about what they perceived as inadequate preparation of the baccalaureate prepared nurse to deliver minimum standard of nursing care. These observations are valid and cause for concern for any professional as they can threaten the integrity of the degree program.

In Nigeria, the vision of higher education producing nurses with critical thinking and doing attributes has been questioned. The Nursing and Midwifery Council of Nigeria (N&MCN), the statutory agency that controls nursing practice and education in Nigeria, has observed with dismay the general poor performance of students in the General Nursing Qualifying Examinations especially in the practical examinations (Usufu, 2005). Anecdotal reports from nurses in clinical settings suggest lack of interest in and poor clinical skills among the graduates of the 5-year degree program. Thus, it appears the profession is losing the *doing*, while the *thinking is still* a mirage. When clinicians observe that graduates of a nursing program are inadequate, and lacking in

clinical skills that will enable them impact positively on clients' health status, then it might be proper to understudy the underlying problems in their clinical skills acquisition, with a view to reforming the program for the better. The quality of the products of a nursing program gives credibility for the system that created it. This concern informed this study to find the hindering factors to clinical training of nursing students in different nursing programs in Nigeria.

Other researchers have observed that although researches on clinical education exist, there is problem in the clinical nursing training (Oermann and Gaberson, 2009). Steivy et al. (2015) report that their study findings and the literature that support each indicate there is a need to rethink about the clinical skills training in the field of nursing. Clinical training implies the provision of learning experiences that assist students to acquire basic knowledge, attitudes, skills, and the ability to apply these to the actual practice of nursing. The essence of the training is to empower students to provide efficient and quality service to the public. It is the learning of professional nursing role through professional socialization (Lynn et al., 1989). The main areas of competence developed include professional values, communication, and interpersonal skills, technical skills, clinical reasoning and decision making, team working, leadership and management, as well as clinical encounter across the life span (National Health Service (NHS), 2014; Rennie, 2009). Clinical training can be reinforced with learning aids and equipment of different varieties. It involves students' exposure to substantial learning experiences in clinical settings, facilitated by teachers, instructors, mentors, preceptors, and supervisors. The clinical learning experiences and instructions assist students to conceptualize and effectively manage their own learning outcomes and, upon certification, become competent practitioners, ready to deliver safe and quality nursing care to clients in any clinical setting. Literature reports existence of various models of clinical training supervision adopted or adapted by institutions (Health Workforce Australia, HWA, 2014) for effective training.

Evidence indicates that students' interest and the practice environment influence the acquisition of clinical skills (Azad et al., 2011; Pellatt, 2006). Undergraduate nursing students perceive that effective clinical teaching requires supervisors who are positive role models, honest with students, and possess good communication, clinical (professional) and teaching skills (Okoronkwo et al., 2013). Conversely, lack of qualified educators and clinical supervisors have been identified as negatively influencing the clinical learning behaviors of student nurses (Parks et al., 2011). Understanding the factors that influence the quality and quantity of clinical education is helpful in solving the related problems. Identification of the hindering factors/challenges to clinical training in Nigeria will inform plans to address them and in turn enhance acquisition of nursing skills and promote competency in nursing practice. Also nurse educators and unit managers will be better informed on how best to offer necessary support to the student nurses during clinical placement.

However, the issue remains that empirically, the factors hindering nursing skills acquisition at the training environment of nursing students in Nigeria have been understudied. This study investigated system factors related to the provision of equipment/infrastructure, training/supervisory functions, and students' factors which hinder clinical training of nursing students in two selected nursing education programs in southeastern Nigeria.

2. Methods

This study adopted a descriptive cross-sectional survey design. Two nursing education institutions in southeastern Nigeria were purposively selected. These were a church-owned hospital-based 3-year diploma program representing the colonial, and a Federal university-based 5-year degree program representing the post-colonial nursing education program in Nigeria. Furthermore, despite diversities in ownership and structure, both programs are guided by the same educational Standards

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