

## A Qualitative Study on Factors Affecting the Clinical Learning of Nursing students in College of Nursing, Kuwait

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*The research is financed by the Public Authority for Applied Education and Training, Kuwait No. CN-17-02.*

### Abstract

The aims of the study were to identify the factors facilitating and hindering the clinical learning of nursing students in the College of Nursing, Kuwait. Clinical practice is a vital component of the nursing education. Nursing students encounter various problems during their clinical rotation. Identification of the factors that facilitate and hinder the clinical learning will provide a greater insight to develop an effective clinical teaching strategy in nursing education. A descriptive qualitative research design was used. The study included 120 nursing students selected through convenient sampling technique from level 2 to level 5, Associated Degree in Nursing Program. Data was collected via focus group interviews with five students in each group. All interviews were recorded using an audio recorder and the transcripts of the interviews were coded. Data obtained were categorized under the factors affecting clinical learning of nursing students. Content analysis was used to analyze the data. Two main themes were recognized through analyzing the data were facilitating factors and hindering factors. The various categories of facilitating factors included clinical practice, clinical supervision, clinical instructors, team factors, client related factors, students' personal factors and laboratory practice. Excellent opportunities for learning, more hands on experiences, availability of equipment, continuous supervision as small working groups, educational behavior of clinical instructors, cooperative staff, effective communication with peer groups and clinical teachers, client cooperation and acceptance, personal motivation and effective laboratory practice stimulated the clinical learning of students as perceived by the participants of the study. In contrast, the students identified hindering factors like clinical teachers' incompetence, non-supportive staff, fewer opportunities to practice skills, patient refusal, language barrier, rejection, and blaming by the staff, teachers and clients. In addition, personal factors such as less English proficiency, family responsibilities, inadequate clinical hours, early clinical timings and standing for too long were the main hindering factors of clinical learning identified by the students. In conclusion, the research results provide an in depth understanding of nursing students' clinical experiences in Kuwait. Deeper understanding of the factors affecting the clinical learning of the students help to draw the attention of various personnel involved in nursing education, practice and administration for the factors which facilitate or hinder the quality of learning experience among the nursing students.

**Keywords:** Qualitative study, factors affecting, clinical learning, nursing students

## 1. Introduction

Clinical practice is a vital component of the nursing education. One of the main features of nursing both as a science and a profession is integration of theory and practice. Clinical experience is an important aspect of nursing education as it is the transformation of theoretical knowledge into practice and the corner-stone of nursing as a health profession (Gaberson et al., 2007; Killam & Heerschap, 2013; Lambert & Glecken, 2005; Walker, 2005). It plays a pivotal role in professional nursing, because it covers about half of the nursing curriculum (Hosseini et al., 2010; Warner et al., 2010).

Learning in the clinical practice is an important component of nursing education considering that nursing is practice-based profession (Kaphagawani & Useh, 2013). Clinical learning experiences are central to the student's preparation for entering the workforce as a competent and independent practitioner (Penman & White, 2006). The quality of nurse education depends largely on the quality of clinical experience that student nurse receives in the clinical environment (Henderson et al., 2006).

The student nurses considered the clinical practice as a vital component of their learning process as it plays an important role in enriching clinical competencies of the students by improving their knowledge and enhancing their skills in the field (Tiwaken et al., 2015). Nursing students are aware of the value of the contribution that clinical learning experiences make to their development of professional socialisation and regard the patient as the central focus of clinical learning experiences (Khoza, 2015). Unfortunately, nursing students meet various problems during their clinical rotation which adversely affect their performance in clinical practice. Learning in a clinical setting creates challenges that are absent in a classroom laboratory.

Evidence from the literature shows that students experiences in clinical practice can either positively or negatively impact on their learning (Kaphagawani & Useh, 2013). Positive experience in clinical learning influences the level of the overall learning and student's satisfaction (Warner et al., 2010). It has been shown that compared to positive clinical experiences, negative clinical experiences have added effects on trust, attitude, and students learning in clinical setting (Algoosy & Peters, 2012).

According to Ramazanibadr et al. (2016), the main themes affecting the clinical learning of nursing students include clinical learning environment, the educational behavior of clinical instructors and student's individual factors. It is identified as positive interpersonal relationships and the use of demonstration and return demonstration as being influential to learning in the clinical area (Lawal et al., 2015). Uchechukwu (2014) found that the positive factors affecting the clinical learning of nursing students were practical laboratories and libraries; regular attendance in the clinical areas and involvement of ward nurses in students' clinical training, whereas the negative factors were inadequate equipment in the clinical areas; less teacher involvement; non participation of students in planning of their program and improper supervision by the teachers.

Bisholt et al. (2015) state that students describe a good clinical learning environment as a clinical setting where there is cooperation among staff. Nursing students need a positive practice environment which enhances the application of knowledge and skills (Karrabul et al., 2015). Chaun & Barnett (2012) state that effective clinical experience is gained through a supportive clinical environment, which includes the atmosphere of the clinical placement unit, and the relationships shared with clinical staff supervisors and mentors. The integration of both theory and practice with good clinical supervision could enable student nurses to feel confident with their abilities and competent to take care of the patients (Tiwaken et al., 2015).

Jamshidi et al. (2016) revealed that lack of adequate knowledge and skill, improper treatment, discrimination, lack of communication skill along with inadequate preparation for the clinical experience lead to higher rates of psychological problems such as stress and inferiority complex among students. Damodaran & Kandasamy (2013) stated that most of the nursing student participants reported various anxiety producing factors during the clinical work and themes were factors related to the 'practice', 'patients' and 'teachers'. Even if it is so, the nursing students felt happy and proud by acknowledging their care by clients, positive comments from clients and by developing a feeling of being supportive to clients.

The most common factors contributing to stress and anxiety in student nurses in the clinical learning environment include the first clinical experience, fear of making mistakes, performing clinical skills, faculty evaluation, lack of support by nursing personnel, and theory practice gap (Moscaritolo, 2009; Sharif & Mousami, 2005).

An exploratory study of the clinical learning experience of nursing students done by Warner et al.(2010) indicated that the clinical placement duration of 6-7 weeks at a stretch for each clinical period helped the students to study more and follow up cases in the wards, thereby influencing the level of the overall learning and students' satisfaction. Feedback helps students to gain confidence as they know their progress (Clynes & Raftery, 2008).

### *1.1 Significance of the Study*

Nursing is a practice based profession. Therefore clinical education is an essential part of undergraduate nursing curriculum. Clinical learning experiences are central to the students' preparation for entering the workforce as a competent and independent practitioner. Identifying factors related to clinical learning will enable educators and institutions to strengthen and enhance learning. Although studies examining the effects of clinical experience on student learning and factors affecting clinical learning in other countries were conducted, differences might play a role and that as far as Kuwait is concerned, no such study has been conducted. As it is hoped that a qualitative study on the factors affecting the clinical learning can explore various categories of facilitating and gendering factors that can help to develop an effective clinical teaching strategy in nursing education.

This current study explores the various factors facilitating and hindering the clinical learning of student nurses in Kuwait. The information gained from this study can assist with the improvement and facilitation of clinical education in the College of Nursing, Kuwait. Since no study of this nature has been conducted in Kuwait, the results could also broaden a body of knowledge about nursing education and clinical practice in Kuwait.

### *1.2 Aims*

The aims of the study were to:

1. explore the factors affecting the clinical learning of nursing students in the College of Nursing, Kuwait.
2. identify the facilitating factors of clinical learning of nursing students in the College of Nursing, Kuwait.
3. identify the Hindering factors of clinical learning of nursing students in the College of Nursing, Kuwait.

## **2. Materials and Methods**

### *2.1 Design*

Descriptive qualitative research design was used.

### *2.2 Setting and Sample*

The setting is at the College of Nursing, Kuwait whose student population is diversified, consisting approximately of 500 female and male students coming from countries in the Gulf Cooperative Council(GCC) and the Middle East. The study population included nursing students from level 2 to level 5 of ADN nursing program. The sample included 120 nursing students selected using convenient sampling technique such as 15 boys and 15 girls from each level thus consisting of 60 girls and 60 boys. Students regularly attend the clinical experience and theoretical having 80% and above attendance were included. Level 1 nursing students and repeaters in each level, considering their previous exposure to the clinical areas in the same level were excluded from the study.

### *2.3 Ethical consideration*

The study was conducted after obtaining approval from the institutional review board. Participation was voluntary and consent was taken from the participants on a separate consent form for interview and audio recording. The participants were assured that the information provided would not be used against them and were informed of their rights to withdraw from the study at any stage (Burns & Grove, 2001). It was stressed that data would be handled confidentially and used only for the purpose of the study. Approval was obtained from the Vice Dean of students' affairs of College of Nursing to conduct the study and for using audio recording. Data collection was anonymous. Confidentiality was ensured by guarding against unauthorized access to the data and was locked in a cupboard. Anonymity was maintained by allocating code numbers to all the participants.

#### *2.4 Data Collection*

A semi – structured questionnaire of 14 open – ended questions was used to interview the focus group samples to collect data on the student’s clinical experiences. This questionnaire had the following open ended questions.

1. How do you feel about your clinical learning environment?
2. What are the facilitating factors for your learning during clinical practices?
3. Which are the clinical areas that enhanced your clinical learning?
4. Which are the clinical areas that did not facilitate clinical learning?
5. What are the team factors (nurses in hospital, other students, doctors and other health team members) that influence your clinical learning?
6. What are the patient factors that influence your clinical learning?
7. How do you feel about the clinical supervision you receive in your clinical area?
8. How do you feel about the clinical instructors?
9. What are your personal factors that influence your clinical learning?
10. How do you evaluate your clinical practice for your learning?
11. What would you recommend for clinical practice to be more instructive?
12. If you were a clinical instructor, what would you do for clinical practice to be more instructive for students?
13. What are the things you like in your clinical experience?
14. What are the things that you do not like in your clinical experience?

Data collection done via the focus group interviews which include five students in each group (24 groups) and interview was carried as two sessions with each group. Each focus group interview lasted for about 45 minutes to one hour. Interview for girls and boys were done separately. Two to three groups interviewed per week. All interviews were recorded using an audio recorder (voice recorder) and the transcripts of interviews were made. Actual data collections were started after analyzing the pilot study results done with 5 groups.

#### *2.5 Data Analysis*

The data were analyzed by qualitative content analysis (Stewart et al., 2006). Immediately after each FGD, debriefing sessions were conducted with the observers. Debriefing notes included comments about the FGD process, non-verbal communication, gestures and behavior of the participants. Three levels of coding were selected for coding the data. Level 1 coding – the researcher and the moderators examined the data line by line and made codes from the language of the participants who attended FGD. Level 2 coding – the researcher compared the coded data and categories and sub categories were created. Level 3 coding – A central theme was derived from the categories that emerged during coding.

#### *2.6 Establishment of Rigor*

The method of establishing trustworthiness was adopted from the study by Lincoln and Guba (1985). The credibility was maintained by following these steps. All the participants were asked same question and debriefing were conducted after each FGD. Two experienced qualitative researchers assisted in the process of peer debriefing. Member check was solicited by replaying the audio tape recordings immediately after the interviews to confirm the comments that had been made by the participants. To support conformability all the research activities were carried out as per the initial research design. Record keeping, field notes, data reduction were utilized to maintain the conformability.

### 3. Findings

The findings are summarized as 2 themes –facilitating factors of clinical learning and hindering factors of clinical learning.

#### 3.1. *Facilitating factors of clinical learning*

The facilitating factors are categorized under 5 main categories. Clinical practice, Clinical supervision, Clinical instructors, Supportive clinical learning environment, Client factors and Laboratory practice. The categories and subcategories as follows:

##### 3.1.1 *Clinical Practice*

The sub categories include excellent opportunities for clinical learning, more hands on experience and the laboratory practice.

###### 3.1.1.1. *Excellent opportunities for clinical learning*

The authors found that majority of the students felt that clinical practices offeran excellent opportunity to practice and learn and help them to develop as professionals. Students emphasized that they have met with a lot of patients and all the time the full beds in the clinical area gave them a great opportunity to practice the tasks repeatedly. Emphasis to offer learning opportunities for students in the hospitals and the utilization of these opportunities facilitated the clinical learning. Students believed that the availability of equipment helped them to practice the procedures in the correct way as it was taught in the laboratory that facilitated real learning.

Student considers the clinical practice as valuable by expressing that clinical practices prepare the students to help the real situations in future as they are going through real life experiences. The participants emphasized that clinical practice help them to develop respect towards nursing profession and towards the health team. The students felt satisfaction while they are helping the people and caring for the people and when they are being acknowledged for their work by the patients, staff and teachers.

The following expressions were said by the students:

“The wards were always busy with patients and every day I used to care two to three patients along with ward sisters.”

“We got an excellent opportunity to see and do more in the clinical areas and when we see and do the things in the clinical we understand the procedures more”.

“Because of enough articles, I could practice the procedures as it is taught in the laboratory.”

“I could operate different equipment such as monitors, infusion pump, feeding pumps etc. There are enough equipment in each clinical area.”

“the clinical practice helps us to feel as a professional nurse”.

“In the lab we are practicing on a manikin which is totally different while we are practicing in the hospitals where we are dealing with patients. This helps me to face the real life situation in the future”.

“The clinical practice gives us more satisfaction because we are helping the people and caring for the people those who actually need our service. We are also being acknowledged for our work by the patients, staff and our instructors.”

###### 3.1.1.2. *More hands on experience*

Majority of the students appreciated the clinical learning experiences by commenting that this is useful than theory and learning by doing gives them a clear understanding of the procedures. Students emphasized how many times they had practiced a special task and what they had learnt through practicing. The students verbalized that the clinical practice gives them more hands on experience that help them to understand theory and correlate the theory with practice. Majority of the students responded that clinical areas like urology, phlebotomy, maternity and pediatrics, oncology and surgical areas where they had practiced a lot of procedures

and they were allowed to work more or less as nurses with staff nurses and supervisors in the background. The following expressions were made by the students:

“We are getting more hands on experience and there are a lot of procedures every day we can practice which help us to understand the theory very well”.

“While we were in pediatric ward we did medication calculation and administration, newborn assessment, baby bath, incubator care, care of baby under phototherapy which all help us to understand the theory well”.

“I did a lot of baby bath alone. Sister only supervised me. My clinical teacher is also there to support me”.

“I am confident to do the venipuncture procedure because I have done it more than 100 times during my phlebotomy experience”.

“I am very expert in surgical dressing because we assisted and done surgical dressing many times when posted in surgical wards and urology wards.”

### *3.1.1.3. Laboratory practice*

The students expressed that more lab hours to practice the procedures and the similarities between lab and clinical area increase their confidence to practice the procedures in the clinical areas.

### *3.1.2. Clinical supervision*

The sub categories include continuous supervision and small working groups.

#### *3.1.2.1. Continuous supervision*

Adequate clinical supervision is essential to guide, teach and evaluate the students in clinical areas. Students expressed that they are really lucky to have continuous clinical supervision by the clinical teachers. Students are satisfied with strict and excellent supervision by the clinical teachers. Clinical teachers were available with them from the beginning till the end of their posting. Orientation to ward by the clinical teachers, a feeling of there is someone responsible for them and explanation of the expectations, roles and responsibilities help them to get along with the ward routines. The following expressions were made by the students:

“Clinical teachers are supervising us throughout our clinical practice and always there to guide us”.

“We are lucky to have clinical teachers always with us. Some clinical teachers are with good understanding and strict also.”

#### *3.1.2.2. Small working groups*

For the clinical practice, the whole students in each level will be divided in to small groups at a range of 5-10 students according to the availability of clinical teachers in different hospitals across the Ministry Hospitals Kuwait. The students believed that this facilitate more effective supervision. The students commented that these small working groups enhance their clinical learning by the close supervision of clinical teachers and the clinical teacher could give more attention and teaching when the group is small. The following expressions were made by the students:

“I feel the clinical schedule as small working groups really helpful for us to have a good supervision by the clinical teacher.”

“As we are small groups, clinical teacher give us individualized attention and teach us accordingly”.

### *3.1.3. Clinical instructors*

The present study shows that the clinical instructors play an important role in facilitating the clinical learning of nursing students as shown by the following subcategories.

#### *3.1.3.1. Educational behavior of instructors*

Students expressed that clinical teachers help their clinical learning by explanation of roles and responsibilities, good approach with the students and demonstration of procedures in the clinical. Students commented that some

of the clinical teachers are strict with positive attitude and sometimes they teach more than theory to make us understand the theory. Students prefer strict clinical teachers as they do the activities according to the schedule. Conducting more clinical quizzes help them to learn related theory, abbreviations, common procedures and medications used in each area of clinical posting. Usually the teachers from college and the staff nurses from hospital will supervise the students. Majority of students prefer college teachers than hospital staff as they are more instructive, correlate theory and practice and promote understanding.

Student expressed as

“Clinical teachers are of great help during clinical practice and they are teaching us everything we need and preparing us to become a very good nurse in the future.”

“Most of the clinical teachers are very good and they teach us more than theory in the clinical. Clinical teachers help me to respect nursing.”

“The clinical teachers are encouraging us to do the procedures and standing with us from beginning to the end of the procedure and ready to help us always. I feel that someone is there to guide me always.”

“Demonstration of procedures by the teachers in the clinical gave us confidence to do the same.”

“While I was in level 2, I was wrongly doing a procedure. The clinical teacher called me and corrected me and asked me to do it for another patient until I was thorough with that procedure. I will never make mistakes with that procedure in my life.”

“The strict clinical teachers help to finish the assignments in correct time and help to avoid the overlapping with the theory exams.”

“We prefer college teachers from college than from hospital. Teachers from college will correlate both theory and practice together and teach us more.”

#### *3.1.3.2. Effective communication with instructors*

Students believed that effective communication with clinical instructors facilitated clinical learning. Students commented that the positive attitude of the teachers and good behavior with the students help them to maintain communication with the teachers.

“We have very good clinical teachers so that at any time we can communicate with her to clarify our doubts regarding the assignments through Medias like email.”

“The clinical teachers are kind and good. I can ask any doubt to her and she will make me understand the things simple way.”

#### *3.1.3.3. Immediate feedback*

Immediate feedback is a prerequisite for effective learning. Immediate feedback helps to identify deficiencies and progress in their performances that help to improve themselves.

“After each procedure, clinical teachers are giving the corrections with support and positive attitude. So I can do the procedure better next time.”

#### *3.1.4. Team factors*

The subcategories include staff cooperation and effective communication with clinical teachers and peer groups.

##### *3.1.4.1. Supportive staff*

Responses from student indicated that nurses, doctors and other health team members influence the clinical learning. Students perceived that the staff nurses with whom the students were assigned can greatly influence the clinical learning process. Some staff nurses treat the students as tomorrow’s nurses, respect the students and show interest to teach them. College of nursing graduates are working in all the hospitals in Kuwait as directors, head nurses and nurses and the students expressed that they are very helpful and cooperative and motivate them to learn and become good nurses. When they were doing rounds with doctors, some doctors explained about the diseases and its management very well that enhance clinical learning. Majority of the students responded that

clinical areas like urology, phlebotomy, maternity and pediatrics, oncology and surgical areas enhanced the clinical learning of nursing students due to the supportive clinical learning environment.

Typical comments were:

“My experiences in the clinical practice depend on the hospitals and wards where I have been posted. Some areas enhanced my learning where as some other areas did not help at all.”

“My competence has been enhanced with the help of the clinical instructors, staff nurses and doctors.”

“Daily assignment with ward sisters helps us to learn the things and to involve in all the activities actively. This increased my confidence in doing things.”

“I feel, after my course I want to work in these areas where I got support from all staff.”

#### *3.1.4.2. Communication between other students*

The study findings show that communication between other students help learning by sharing the knowledge and skill with each other. Students expressed that they maintained an effective communication between them through different Medias which help them to share the information, clarify doubts and to maintain a team spirit.

“In between communication is really useful.”

“We usually share the pictures of the instruments, equipment, medications, charts, posters etc. which are very important to memorize for clinical quizzes...”

#### *3.1.5. Client related factors*

##### *3.1.5.1. Client cooperation*

Client cooperation was perceived as an important factor that facilitates the clinical learning of nursing students. Students expressed that Kuwaiti patients are more cooperative than any other nationalities. Students indicated that generally speaking, old patients and female patients are not cooperative as compared to other patients. According to participants, educated patients are usually very cooperative, aware about nursing profession, accept them and appreciate them also. Some of them show caring attitude towards students and treat them as like a family member. Patients enjoy health education classes conducted by the students and actively participate in the session. Experiences from such patients and family enhance the confidence and level of motivation among nursing students. Participants felt happy whenever they were able to provide complete care for their clients and communicate with clients and family in the most effective manner.

“It is a great pressure that while we are giving health education class, patients and relatives those who can attend will come and actively participate in the class.”

“.....you are standing for a long time, go and take rest...eat something...”

##### *3.1.5.2. Acknowledgement of students' work*

Helping people and caring for the people give more satisfaction to the students. Students felt happy when the patients acknowledge their work. Students perceived acceptance by the clients when the patients smiles, appreciates or bless them after providing nursing care to the patients.

“When I give bed bath to a post-operative patient she told that you are the best nurse I have ever seen and may God bless you always.”

“When I changed pamper for a patient, a patient expressed thanks by holding my hands, smiling at me wholeheartedly...”

#### *3.1.6. Students' personal factors*

##### *3.1.6.1. Personal motivation*

Personal motivation is an important factor that influences the learning process and without this, nothing will work up for effective learning. In this study, participants emphasized that they want to learn nursing and practice



the procedures to become a good nurse in the future. They also commented that they are not interested to learn when somebody compel them and they will learn if they want to learn. The students stated that

“If anybody compel me, I will not learn.”

“If I want to learn, I will learn very easily.”

### *3.1.6.2. Prior knowledge and experience*

Students felt that as they pass each level the study become easier. As they reach level 4 they can work as a staff nurse with responsibility.

“The knowledge and practice I received in my previous level helped me too much to make this level practice easy.”

### *3.1.7. Laboratory practice*

The students expressed that more lab hours are needed to practice the procedures and the similarities between lab and clinical area increase their confidence to practice the procedures in the clinical areas.

### *3.2. Hindering factors that influence clinical learning*

The hindering factors include teacher related factors, client related factors, staff related factors, student personal factors and practice related factors. The subcategories include incompetent teachers, negative attitude of teachers, patient refusal, language barrier, lack of cooperation, un-cooperative staff, rejection by staff, not allowing for doing special skills etc.

#### *3.2.1. Insufficient competence of clinical teachers*

Students' expectations of a very good clinical teacher were not always fulfilled. Some students commented that the clinical teachers negatively influenced their learning. Some teachers are shouting at the students in front of the patients and visitors and giving corrections in front of the patient so the patients will lose confidence on the students and will not allow them to give further care. The students commented that the clinical teachers should know how to deal with the students and should help the students to learn in the hospital. According to the students point of view, clinical instructors will provide more demonstrations in the clinical, will organize post clinical meeting on every day outcome, will give more assignments, will give continuous feedback, will not shout in the public, provide corrections in private, will give more breaks, will find out the social condition of the student, will provide typed paper to increase studying and will provide more time to complete the procedures. Also students recommended that clinical practice will be more instructive if there is orientation of clinical areas by the clinical teachers, repetition and more emphasize on expected learning objectives and using different ways of teaching with videos before going to the hospitals. The following expressions were made by the students:-

“Some of them are very mean and keep blaming us for all the wrong things.”

“Sometimes supervisors are only policing than teaching.”

We need teachers who know how to deal with students.”

“We need good clinical teachers who should not shout at public and should give corrections personally.”

“Giving clinical exams to evaluate us but not teaching in the clinicals.”

“Clinical teacher should help the students to learn in the hospitals.”

“When I made a mistake, one of my clinical teachers reprimanded me in front of the patient and companion. They never trusted me again”.

“We prefer college teachers from college than from hospital. Teachers from college will correlate both theory and practice together and teach us more.”

### *3.2.2. Non supportive staff*

Regarding the hindering factors of clinical learning, majority of the students expressed that non supportive and un-cooperative staff is a challenge to clinical learning. The staff do not allow touching the patients and equipments. Most of the students reported that they did not apply special skills like IM and IV in the clinical areas because they were not allowed to practice these skills and were allowed only to watch. The staff were not confident with the students and also afraid that patient will be shouting and will make problems if it is being done by the students. Nurses disrespect and health team refusal create profound disappointment in students where they feel totally neglected and rejected.

“Ward nurses are always busy with their work.”

...to be frank, we are not allowed to enter patient room without the assigned nurse and assigned nurse was always busy and not at all paying attention to us. We were only watching what she was doing. Feel totally rejected by the health team...

“Some staff doesn’t like students. They will blame us simply like missed the patient file, papers, reports etc...”

“We have practiced IM and IV injections in the laboratory on Dummy but in the clinical the staff are not allowing us to do these skills and only allowed us to prepare the medicine along with the assigned staff.”

“While I asked one staff verbalized like “really I am sorry. I have no permission to allow you to do these procedures, I am afraid to do it by students.”

### *3.2.3. Client related factors*

Participants indicated that the client factors that hinder the clinical learning process include lack of cooperation, patient refusal, difficulty to establish communication due to language barrier and more visitors in the patient room. Student nurses particularly the male nursing students, are concerned about the reaction of the patients. Male nursing students commented that the experiences in maternity and pediatrics was very disappointing due to female patients or relatives. The female nurses or clinical teachers have to accompany the male nursing students always even for history collection and most of them don’t allow touching them for any procedure. The results show that nursing students are very much concerned about the patient refusal and the threatening behavior of some patients.

“Why I want to tell you about me? I only want experienced nurses not the students. Do not enter my room again”.

“If you wear white gown only, you can touch me”.

“I will beat you, you don’t touch me”.

“I don’t want students. They can only see what sisters are doing with me.”

### *3.2.4. Student personal factors*

About the student personal factors, standing for too long, decreased capacity to learn, poor English proficiency. Family responsibilities and personal attire like wearing hijab (unable to hear) and some Islamic and religious factors are the factors that negatively influence learning as perceived by them. Students commented that they don’t like the college uniform and the early clinical timing.

“I don’t like our uniform....look like dresses commonly seen in some Sanafer movies...”

“Clinical timing should start at 8 am instead of 7am.”

### *3.2.5. Inadequate length of time for clinical practice*

The time allocated for clinical practice goes a long way in promoting practical learning skills. The students reported that the two days clinical posting in a week is not enough to practice in the hospitals and they need more clinical hours. They suggested for a longer and instructive clinical practice to increase their competence and self-confidence. Inadequate length of time for clinical practice does not help the students to learn much before leaving the clinical area.

### 3.2.6. Lack of facilities like tea room

The students expressed that as their clinical posting starts too early by 7 am, they are reaching in the clinicals by 6.45am. So they felt a need for two short breaks but it is very difficult for them to avail even just one break time. The only one small tearoom in each area will be always occupied with hospital staff in rotation. So sometimes they have to wait for a long time to have a short break. This reduces their energy and negatively influences the learning.

“The staff lounge will be always occupied.”

“If I couldn’t finish my tea break before 9am, sometimes I have to wait till 12 noon.”

“Most of the time we will finish our break before 9 am and after that continuous standing for long hours will make us so tired to work.”

“Really we need the facilities for tea break. We need a tea room. There is no place to take a short break whenever we are tired. We have to wait for the staff turn to finish to get a seat in the tea room.”

## 4. Discussion

The aim of the present study to explore the facilitating and hindering factors that affect the student learning revealed a map of findings. The result of the present study showed a clear image of the factors affecting clinical learning of nursing students. The number of examples of facilitating factors exceeded obstructing ones, which may mean that the experiences were more supportive than obstructive for their learning.

### 4.1. Facilitating factors

In the present study students considered the clinical practice as an excellent opportunity to learn and practice different procedures by means of learning by doing and these hands on experience help them to face the real life situations in future. This finding is supported by evidence from previous literatures that suggest clinical experiences are the best learning experience one can gain and experiences are truly the best teachers (Tiwaken et al., 2015). According to Chaun & Barnette (2012) students reported a variety of learning opportunities which facilitated their learning. Learning also take place if nursing students are given the opportunity to practice real nursing by doing (Kaphagawani & Useh, 2013). Clinical practice is considered to be an essential component of learning process and the nurse education must commit itself to a high level of clinical practice for students of nursing (Tiwaken et al., 2015). Damodaran & Kandasamy (2013) reported that clinical practice allowed the participants to have direct experience with the real world of nursing, to practice the clinical skill required for their nursing training by providing total care for their patients.

Developing competence and confidence among student nurses is the important component of the nursing practice and the nurse educator should facilitate the process ((Rajeswaran, 2016). A similar finding was stated by Salamonson et al. (2015) that students regarded clinical facilitators being supportive and accessible for student learning. Many studies emphasized the supervisor’s behavior that promote clinical learning such as, demonstrating willingness to answer questions and offer explanations; being interested in students and being respectful to them; giving students encouragement and due praise; informing students of their progress and having pleasant voice and sense of humor (Suikkal 2008; Warne and Mc Andrew 2008; Kaphagawani & Useh, 2013). Tiwaken et al. (2015) emphasize in their study that clinical teachers make a valuable contribution to the students learning process; may enhance students learning by creating a positive learning environment and participating as role models so students’ anxiety will be lowered and their passion towards caring will increase. These findings are consistent with the findings of our study in which teacher related factors such as competent and strict clinical teachers, approachable and understanding character, continuous supervision, effective communication with the instructor, immediate feedback, demonstration of procedures in the clinicals by the teachers helped the students to develop sufficient knowledge and skill, positive attitude, respect towards the profession and confidence to work as a good nurse in future.

Present study reported that the students prefer college teachers than hospital staff as college teachers as they are more instructive, correlate theory with practice and promote understanding. This was an area of concern in the study conducted by Tiwaken et al. (2015) who suggested that clinical supervision by the members of the health

care team such as those of staff nurses and doctors should also be explored in order to distinguish whether their teachings impact the performance of the student nurses.

Several studies (Clynes & Raftery, 2008; Lofmark & Wikblad, 2001; Molloy & Delany, 2009; Sharif & Masoumi, 2005) support our findings in which immediate feedback is stressed as an important facilitating factor which helped students to progress by identifying their deficiencies and improving on the weaknesses. Kaphagawani & Useh (2013) stated that feedback will also assist students to reflect on their practice, thereby learning from the experience. It is believed that Small working group of students for rotation facilitated the clinical leaning which is supported by a study by Mabuda et al.(2008) who found that overcrowded clinical facilities by large number of students hampered effective clinical learning.

Students' relationships are important for learning. Students support each other, discuss about their practice, share knowledge, skills and experiences thus, being socialized in the profession (Bourgeois et al., 2011). Students perform better both academically and clinically if they have social support from peers (Elcigil and Sari, 2007). Present study results reflected that effective communication with other students or within the group of students through different medias like email etc. facilitated the learning by sharing the information and clarifying the doubts between them.

Staff student relationships have been reported as an important factor that contributes to the student's experiences of belongingness and socialization (Sharif & Masoumi, 2005). In the current study cooperative and supportive staff particularly ward sisters, interpersonal relationship and teaching by doctors were reported by students as a motivating factor in clinical learning. Bisholt et al. (2015) explain that nursing students appreciate a clinical setting where there is cooperation among staff and a good atmosphere where they feel appreciated and given opportunity to practice clinical skills. A supportive clinical training environment is most influential in the development of nursing skills, knowledge, and professional socialization (Tiwaken et al., 2015). Students feel confident and motivated to learn in an environment where they are respected, recognized, supported and regarded as part of the team (Henderson et al., 2010).

The role of patients and relatives in clinical learning were stressed as important by many students. Students in the present study reported that the acceptance by the patients, acknowledging their work by the patients, helping and caring the patients made them happy and positively influenced learning. Damodaran & Kandasamy(2013) reported the similar findings like students felt happy by acknowledging their care by clients, positive comments from clients and by developing a feeling of being supportive to clients.

Learning is facilitated when students are interested in the practice experience and have a desire to lean (Khoza, 2015) which is consistent with our results that show personal motivation is an important factor that influence the learning process.

The students indicated that laboratory practice before sending them to hospital, more lab hours and the similarity in doing the procedures increased their confidence to practice the procedures in clinical area. The current study results indicated that availability of equipment to practice the procedures played an important role in facilitating the students' clinical learning.

#### *4.2. Hindering factors*

Few aspects hindering student learning outweigh those promoting learning as they are not merely ideas but situations which students experienced in reality (Khoza, 2015). Non supportive staff, not allowed to taking part, rejection by staff, blaming for any wrong doings in the ward were one of the hindering factors of learning perceived by the students in this study. Students recognized that sister's incompetency in teaching students and lack of a supporting milieu is a dominant factor contributing to the following aspects such as insufficient orientation in the units; misunderstanding of the training program and students needs and requests not considered (Khoza, 2015). Poor interpersonal relationship between the ward sisters and students and negative attitude of the sisters towards students impacted negatively on their practical experiences. (Mabuda et al., 2008). The heavy workload and attitude of the nurses compromise the clinical learning of student nurses (Rajeswaran, 2016).

Incompetent teachers were considered as a major barrier to promoting students in the field and performing evidence based care. Results reflected that the teacher should be a role model and should know how to deal with the students. Clinical teachers should improve their teaching behavior to make the clinical practice more instructive and useful. Our results demonstrate that according to the students' opinion if they were the clinical

instructors, they will provide more demonstrations in the clinical, will organize post clinical meeting on every day outcome, will give more assignments, will give continuous feedback, will not shout in public and will find out the social condition of the patient. All these demonstrate the students' expectations regarding the teachers. Haraldseid et al., (2015) revealed that the students believed that some of their frustrations could have been avoided if their instructors provided support when needed. The authors further indicate that lack of supervision may lead to students learning incorrect procedures and perceived to be incompetent by others. (Kaphagawani & Useh, 2013). Rajeswaran (2016) identified in his study that the attitude and biased opinion of the lecturer, lack of teaching and guiding, lack of support affect the focus of the nursing students in the clinical area. Ping-Huang et al.(2012) stated that students' learning is hindered by teachers' unclear and non-useful feedback or teaching without a respectful attitude. The educator's ability to establish and maintain effective communication with student play a pivotal role in clinical education (Sharif and Mousami, 2005).

Clinical nurses serve as a role model in the learning process of students through communication based on respect, integrity, and mutual interaction with the students (Baraz et al., 2015). In contrast poor relationship may lead to frustrations and demotivation thus, negatively affecting students learning in acquisition of knowledge and skills to become competent practitioners (Kaphagawani & Useh, 2015). The participants of this study believed that non supportive staff is a challenge to clinical learning. Nurses' disrespect and health team refusal created a profound disappointment among students. Chaun & Barnette (2012) stated that heavy workload and attitude of staff compromised supervision. Improper connection of clinical nurses with students hinders their learning and to be able to provide students with a good practice based education, supervisors' and staff's educational skills are of vital importance (Lofmark & Wikblad, 2001). Unfriendly staff with bad attitude deny the students opportunity to learn (Mntambo, 2009; Cheraghi et al., 2012).

In the present study, the issues that the students faced for maintaining an effective interpersonal relationship with patients include language barrier, patient refusal, lack of cooperation and more visitors in the patients' room. Damodaran & Kandasamy (2013) reported that the response of the patients and the extent to which they cooperate while receiving care from the student influences the student degree of comfort.

Some personal factors negatively influenced the clinical learning process such as standing for too long, decreased capacity to learn, early timings, poor English proficiency, family responsibilities and some religious factors such as wearing Hijab causing difficulty to hear. Students' individual factors affect the clinical learning of nursing students (Ramazanibadr et al., 2011). Students believed that one of the main hindering factor of clinical learning is inadequate length of time for clinical practice so that they couldn't learn too much from the clinical posting. Student nurses must be allocated to a specific discipline for a reasonable period of time in order to maximize the learning opportunities for student nurses (Mabuda et al., 2008).

## 5. Conclusion

Findings in this study indicate that student nurses considered clinical practice as an excellent opportunity to practice the profession. Student nurses are able to identify those factors which could promote or enhance as well as those which could hinder their learning in the clinical setting. Clinical learning should facilitate the acquisition of knowledge, skill and attitude to adequately prepare the nursing students to become competent and confident nurses in future. Nurse educators and clinical nurses should strive to create a conducive environment which maximizes the nursing student's clinical learning.

## 6. Recommendations

As indicated by findings, the clinical practice environment and the teaching staff play an important role in the clinical learning of students. It is recommended to provide an orientation program to the clinical teachers participating in the clinical training of students from different hospitals, on a regular basis for the clinical experience to be more effective. Emotional support and a feeling of being considered as a colleague by nursing team, has an important role in their positive perception of environment and, then, better learning. Nurse education must commit itself to a high level of clinical practice for students of nursing. Department of nursing education has to establish and maintain a cordial, working relationship with nursing service department. These study findings must be integrated in to the Kuwait college of Nursing curriculum to enhance the clinical learning

of students in future. The results should be considered by nursing education and nursing practice professionals. Further recommended to conduct this study for the level IADN students and to the all other nursing programs being offered in the college like Bachelor of Science in Nursing (BSN), Post-Basic and School Health Nursing Program.

### Acknowledgements

The authors deeply appreciate the support of the Public Authority for Applied Education and Training, for granting the research fund (CN-17-02). The author would like to thank the student nurses who participated in this study for their valuable contribution. Without their wholehearted input this study could not have been possible.

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