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The “lifeworld” of Malawian undergraduate student nurses: The challenge of learning in resource poor clinical settings

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ABSTRACT

Background: In the “lifeworld” of student nurses, the clinical learning experience is indispensable. It plays a vital role in preparing them for their future nursing career.

Aim: The aim of the study was to explore the students' perceptions of their clinical learning experience, in view of the problems prevalent in the various clinical settings that are used as teaching hospitals.

Design: This was a hermeneutic phenomenological study and the setting was a university nursing college in Malawi. The sample was selected purposively, consisting of thirty participants. Conversational interviews were conducted to obtain participants' accounts of their clinical learning. A framework developed by modifying Colaizzi's procedural steps guided the phenomenological analysis.

Findings: The study findings confirm that the clinical learning experience is challenging. There is severe nursing shortage in most clinical settings in Malawi and nursing students appear to be a potential workforce. There is also gross lack of equipment and supplies and sometimes nursing students utilise improvised equipment to perform nursing procedures. This negatively impacts on their learning in the clinical setting. In addition, nursing lecturers do not effectively support students during clinical placements and some nurses are not willing to teach.

Conclusion: The study findings portray the problems and challenges which undergraduate nursing students in Malawi encounter during clinical placements. They mainly portray the challenge of learning in resource poor clinical settings.

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1. Introduction and background

This paper presents part findings of a hermeneutic phenomenological study exploring the clinical learning experience of Malawian undergraduate student nurses. Nursing students in Malawi practise in clinical settings characterised by severe nursing shortage and gross lack of supplies. The nurse/patient ratio is 38 nurses per 100,000 population (Ministry of Health Report, 2012) and the [Malawi Project \(2010\)](#), a humanitarian aid organisation also confirms that shortage of supplies is overwhelming even at referral hospitals in Malawi. These problems negatively impact on both clinical teaching and learning and prompted the conduct of this study. Its aim was to explore the students' perceptions of their clinical learning experience, in view of the problems prevalent in the various clinical settings that are used as teaching hospitals.

Clinical nursing education is a fundamental component in the pre-registration nursing curriculum (Chan, 2001). It plays a crucial role in the professional socialisation of nursing students. It exposes them to the real world of nursing and prepares them for their role as future nurses. The practice in the clinical setting enables the students to perfect the various nursing skills they may have gained in College through practicing in the skills laboratory. Beginning or novice students lack manual dexterity and they attain this through regular practice on real patients. The clinical practice experience therefore provides nursing students with an opportunity to develop the competency, confidence and skill sets to function within dynamic and complex settings (Courtney-Pratt, FitzGerald, Ford, Marsden, & Marlow, 2012; Killam & Heerschap, 2012). Some theoretical components appear quite abstract as nursing students learn them in class and clinical practice enables the students to place such content into an appropriate context (Cope, Cuthbertson, & Staddart, 2000), thereby consolidating their learning. Thorell-Ekstrand and Bjorvell (1995) assert that the aim of clinical nursing education is to provide nursing students adequate

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time to observe role models, to practice and to reflect upon their clinical experience.

Clinical nursing education takes place in the clinical learning environment (CLE) and literature reflects the complexity of learning in such an environment. Lewin (2007) maintains that learning in the clinical setting is intrinsically complex because its primary concern is patient care and not student education. This implies that patient needs take precedence over student's learning needs and sometimes this can compromise students' learning. The ward learning environment has a lot of stimuli which makes it hard for the student to identify potential learning opportunities and obviously student nurses feel overwhelmed (Brown, Herd, Humphries, & Paton, 2005; Papp, Markkanen, & Von Bonsdorff, 2003). Edgecombe and Bowden (2009) use the swamp as an analogy to describe the clinical learning environment, which also portrays that learning in the clinical setting, can be complex and challenging. They indicate that to the student nurses the clinical learning environment, though rich, initially may seem wet, messy, boggy, opaque, threatening and confusing, but which, in reality, provides the nutrients and flow of new experiences and relationships they need to enable them to understand, adapt to and learn how to survive in, thrive on and use elements to mature (Edgecombe & Bowden, 2009, p. 92).

Clinical nursing education is in essence learning through experience (Elcigil & Yildirim Sari, 2007; Killam & Heerschap, 2012). However, the mere fact of having an experience does not guarantee that learning has taken place (Kolb, 1984; Shields, 1995). This is worth considering when allocating students for their clinical placements because the quality of learning is conversely proportional to the quality of the clinical experience (Koh, 2002). This indicates that quality clinical practice placements are a necessary prerequisite if learning will indeed take place. It is against this backdrop that this Malawian study (Msiska, 2012) was conducted to explore the nature of the clinical learning experience for Malawian undergraduate student nurses, in view of problems prevalent in Malawian hospitals.

2. Research design

The study employed a qualitative research approach and this was chosen because it investigates the social world from the perspective of the people being studied (Bryman, 2004). The social world is the world interpreted and experienced by its members from the 'inside' (Blaikie, 2000). Student nurses are 'insiders' in so far as clinical learning is concerned and their narrative accounts provide the 'insider view.' There are several approaches to a qualitative inquiry and in this study hermeneutic phenomenology was used to explore the clinical learning experience of undergraduate nursing students in Malawi. Sokolowski (2000) defines phenomenology as the study of human experience and the way phenomena manifest through such experience. Clinical learning is a human experience and this justified the need for a phenomenological inquiry.

There are two main approaches to a phenomenological inquiry namely, hermeneutic/interpretive and descriptive phenomenology. Husserl (1859–1938) developed descriptive phenomenology while Heidegger developed hermeneutic phenomenology. Bracketing was one of Husserl's major concepts, and this implies suspending prior knowledge so that fresh impressions about phenomena can develop without any interference on the interpretive process (Le Vasseur, 2003). Fleming, Gaidys, and Robb (2003) argue that it is very difficult, if not impossible to lay aside one's preunderstanding or foreknowledge, which the current authors concur with, and it is for this reason that descriptive phenomenology was not used in this study. Heidegger (1889–1976) and Gadamer

(1900–2002) are the two phenomenologists whose philosophical tenets underpinned the study.

2.1. Application of Heidegger's philosophical tenets to the study

Heidegger is one of the existential phenomenologists and he believed that 'humans' are always caught up in a world into which they find themselves thrown. This led him to develop the notion of 'In-der-welt-sein,' which means 'being-in-the-world' (Moran, 2000). According to Heidegger, phenomenology is directed at understanding 'Dasein,' which is translated as 'the mode of being human' or the situated meaning of a human in the world (Laverty, 2003). This implies that our being is always a 'being-in-the-world,' and therefore our understanding of the world comes from our experiences in the world that we must make sense of (Freeman, 2007). Furthermore, Heidegger claimed that the goal of phenomenology must be to understand 'Dasein' from within the perspective of a lived experience (Moran, 2000). This reflects the need to understand the 'lifeworld' of student nurses on the basis of their lived experience, which constitutes substantially their clinical learning experience.

Heidegger also believed that phenomena manifest themselves in a 'self-concealing manner' (Moran, 2000), implying that phenomena do not manifest themselves fully. His assumption was that the lived experience is veiled and the researcher's responsibility is to unveil the experience through interviewing, reading and writing (Wilson & Hutchinson, 1991). He believed that phenomena cannot simply be described, but rather that phenomenology has to do with the seeking of hidden meanings which can be achieved through interpretation of text. However, in this paper, the presented findings have not been interpreted. The findings have been presented according to what the students described as they narrated their experience.

2.2. Application of Gadamer's philosophical tenets to the study

Gadamer (1900–2002) is acknowledged as being central to the development of contemporary hermeneutic philosophy (Pascoe, 1996). His main concern was what made understanding possible (Fleming et al., 2003). He believed that Language is the universal medium in which understanding occurs and he wrote, "Human language must be thought of as a special and unique life process since, in linguistic communication, 'world' is disclosed" (Gadamer, 2004, p. 443). Similarly, Holstein and Gubrium (1997) maintain that meaning is actively and communicatively assembled in the interview encounter. In view of this, conversational interviews were conducted to obtain accounts of students' experience.

Additionally, Gadamer believed that understanding can only be possible in the presence of a historical awareness which he referred to as prejudice or preunderstanding. The concept of prejudice does not carry with it any negative connotations but it is a judgment which is rendered before all the elements that determine a situation have been finally examined (Gadamer, 2004). Debesay, Naden, and Slettebo (2008) assert that our prejudices or preunderstanding are necessary conditions for our understanding of the present.

Furthermore, Gadamer believed that understanding is always an historical, dialectic and linguistic event and is achieved through what he called 'fusion of horizons.' The concept of horizon refers to "the range of vision that includes everything that can be seen from a particular vantage point" (Gadamer, 2004, p. 3001). Understanding involves a critical and reflective process which enables the researcher to create more empowering interpretations (Freeman, 2007).

3. Study setting and sample

The study took place at a university nursing college in Malawi and the participants were recruited by the first author. Third and fourth year undergraduate nursing students were purposively selected to participate in the study. This sampling method selects individuals for study participation based on their particular knowledge of a phenomenon, for the purpose of sharing that knowledge (Streubert & Carpenter, 2011) and this was the main reason for selecting senior students as the study population. The sample consisted of 30 participants who were recruited through volunteering, meaning that they voluntarily agreed to participate in the study from among the purposively selected study population. The sample was large because in a hermeneutic phenomenological study, 10–25 participants are usually an acceptable sample size (Burns & Grove, 2009). However, a larger sample was obtained in order to attain data saturation.

3.1. Ethical considerations

Ethical approval for the study was obtained from the ethics committee at the School of Health in Social Science (University of Edinburgh) and locally in Malawi, from the College of Medicine Research and Ethics Committee (COMREC) of the University of Malawi and the reference number is P.09/09/828. In addition, permission to conduct the study was sought from the head of the institution where the study took place and verbal and written consent were obtained from individual participants.

3.2. Data collection

Data was collected by the first author and this involved conducting interviews with the study participants in order to obtain narrative accounts of their clinical learning experience. The interviews were conversational in nature, implying that they were conducted in such a way as to initiate a dialogue and not a question and answer response. This is consistent with Gadamer (2004) who believed that language has its true being only in dialogue where human understanding is concerned. According to Gadamer, the aim of the conversation is to allow immersion into the subject matter and this enables the researcher to gain understanding of the phenomena being investigated (Fleming et al., 2003). Each participant had one interview session, which lasted one hour on average, and was recorded on an audio tape recorder and transcribed verbatim. The tool for data collection was semi-structured with a few grand tour questions and probes were asked where necessary, depending on the issues the participating student raised. Initially, 25 interviews were conducted from 19th November to 20th December 2009. Five more interviews were conducted in March 2010 after realising that some of the emerging issues were not sufficiently explored. This was done to ensure data saturation.

3.3. Ensuring rigour

Qualitative research is often criticised for lacking scientific rigour, and the most common criticism is that qualitative research is anecdotal, impressionistic, and strongly subject to researcher bias (Koch & Harrington, 1998). In view of this, strategies must be put in place to promote objectivity. Lietz, Langer, and Furman (2006) indicates that rigour within qualitative research involves engaging in efforts that increase the confidence that research findings represent the meanings presented by participants. This enhances the trustworthiness of the findings as they reflect the meanings according to participants' constructions of the phenomena under investigation. Lincoln and Guba (1985) proposed some strategies to enhance credibility of findings and in this study persistent

observation and member checking were utilised. Persistent observation helps the researcher to identify salient issues in relation to the phenomena being investigated and to explore them in detail (Lincoln & Guba, 1985). This was possible because the first author conducted the interviews and was able to identify salient issues and to explore them further during subsequent interviews. Member checking is the most crucial technique of establishing credibility of findings and it involves validating the findings with the participants from whom data was collected (Lincoln & Guba, 1985). Additionally, the study findings include excerpts from students' narratives and this is aimed at enhancing the credibility of findings. This portrays that the study findings are representative of the participants' views.

3.4. Data analysis

Data analysis was guided by a framework which was developed through modification of Colaizzi's (1978) procedural steps for phenomenological analysis. The modification was essential because of some observed limitations. Colaizzi's approach does not portray the important role that reflection plays in enabling the researcher to develop meaning of the phenomena being investigated. The method mainly involves extracting phrases or sentences that directly pertain to the investigated phenomena. However, phenomenological analysis goes beyond mere extraction of phrases, the researcher deeply engages with texts through reflection and gains insight of the phenomena being investigated (Richards & Morse, 2007). Additionally, Colaizzi's method does not suggest that all understanding is dependent upon preunderstanding (Fleming et al., 2003), which Gadamer greatly upholds as being significant. Recognising that Gadamer's philosophical tenets underpinned this study; this was considered a major weakness of Colaizzi's method. The modification involved incorporation of some ideas from Diekmann (1992) and Fleming et al. (2003). These informed the additional steps which were included, creating an eclectic framework which guided the phenomenological analysis.

Data analysis progressed following step by step approach. The interviews were followed by verbatim transcriptions. The next step involved reading and examining each interview text to identify expressions which reflect the fundamental meaning of the text as a whole. Line by line reading was done to extract phrases or sentences that directly pertain to the clinical learning experience and to identify salient issues emerging from the narrative accounts. This was a rigorous and reflective process of going over every word, phrase, sentence and paragraph in the text to elicit the participants' meanings (Hycner, 1985). This enabled the identification of emerging themes. Some themes were identified based on words which participants repeatedly mentioned and a typical example of such a theme is reflected in Section 3.1 of the findings section and it is titled 'We cover shortage.' Ryan and Bernard (2003) claim that words which participants mention are seen as being salient in their minds. However, other themes were identified based on phrases coined by some of the participants and such phrases eloquently captured what the others expressed in a different way. Examples of such themes are reflected in Sections 3.2 and 3.3 and are titled 'Learning in a hard way' and 'Lost sheep' respectively.

4. Findings

The study findings reported in this paper uncover problems and challenges which characterise the 'lifeworld' of Malawian undergraduate nursing students. 'Lifeworld' is a Husserlian phenomenological concept referring to the world as it is lived and experienced (Finlay, 2008). In a Heideggerian hermeneutic phenomenological study, the role of the researcher is to interpret the narrative accounts which participants give of their experience (Cerbone,

2006). However, in this paper the findings are presented based on what the participants stated without interpretation and are presented under the following themes; 'we cover shortage,' 'learning in a hard way,' and 'lost sheep.'

4.1. 'We cover shortage'

The findings in this section reflect the students' perceptions of their clinical experience as a learning experience. They reveal how severe nursing shortage, a common problem in Malawi negatively impacts on students' learning. 'We cover shortage' was a constant theme and the students reiterated that qualified nurses view them as additional nursing staff. One of the students had this to say: "From the general experience when we are on the wards, (*during clinical placements*) we are there to cover shortage."

Nurses perceive the students' presence on the wards as a time when they can have some respite and some of them simply sit in the nurses' station and delegate work to students. This sometimes hinders the achievement of their learning outcomes. One student described it this way:

I see that whenever students go to the clinical areas the staff tend to relax, they think it is now time that the students should come and work. They don't actually take the students as coming to learn but coming to work ... they leave a lot of work for us students. ... We have to care for a lot of patients, do a lot of work in the ward and we actually learn little ... When you see different patients suffering ... you want to help them first before you complete your specific objectives. ... So I tend to shift my objectives to the second day and it goes on like that.

Fatigue was reported as a consequence of the excess workload and one student made the following comment:

When we are in the wards, there is so much workload and when knocking off at five pm, you end up being very tired because you have worked a lot.

The clinical practice experience is perceived as a working experience and not a learning experience and one of the students expressed the following sentiments:

The clinical setting as a learning environment to some point does not meet its intended aim because it feels like we are not actually learning, but we are actually working.

These findings depict the impact of the severe nursing shortage on students' learning in the clinical setting and confirm that learning in such an environment can be challenging.

4.2. 'Learning in a hard way'

The findings in this section also reflect the students' perceptions of their clinical experience as a learning experience. Students perceive that they learn in a hard way, the main reason being that they practice in resource poor clinical settings.

One student said:

Most of the times we are allocated into government hospitals, the materials that are there usually are not enough; they cannot facilitate your learning. Most of the times we are improvising and we don't do the ideal things ... So it really affected my learning.

The lack of resources is one of the factors which cause students to learn in a hard way and one student described it this way:

I would just say it makes the learning so hard, we learn in a hard way. But still more, if you have this to say I want to learn, you still learn (*determination*).

Some clinical nurses also contribute to students' learning difficulties by openly declining to teach them and the following excerpt illustrates this.

In some places where I found it difficult to learn they were saying, I am a student pursuing a Bachelor's degree in nursing and the nurses were saying I am a holder of a certificate I don't think I can teach you ... If you have problems, maybe you can consult someone else who can assist you.

Likewise, another student stated:

When you ask them to help you with a procedure they will tell you to say, I thought you are doing bachelors? You mean you do not know that at this level? As a result, we just come out of that learning experience or that allocation without getting the desired experience because we end up being afraid of asking further questions.

Additionally, another student said:

In other settings we have nurses that maybe don't like students in general

... So when we are on duty with these nurses with bad attitudes or that kind of personality it is also a hindrance for us to learn because we don't usually do much and usually students resort to absconding and they go to the hostel.

However, the study also reveals that sometimes nursing students are responsible for the nurses' unwillingness to teach them because of the way they behave during the clinical placement. One of the students gave the following account:

There were times I would find myself in a setting but when I just stand doing nothing, everybody would just be looking at me but when I tried to ask questions, to assist here and there, I found everybody motivated to teach me. So I have learnt to say individual motivation to learn matters in a learning experience.

Similarly, another student had this to say:

Sometimes you don't just blame the nurses, but us students we can turn somebody to become hard who was not like that.

Students' conduct is sometimes influenced by what they may have heard through the grapevine regarding the various ward sisters and the following excerpt illustrates this.

We had some problems with the ward in-charges because of our perceptions. The senior students used to say such and such an in-charge is tough on students ... As a result, our interaction with that particular in-charge or that particular nurse was poor ... This affected our learning.

The lecturer-student interaction in the clinical setting is also one of the factors which cause students to learn in a hard way and one student described it this way:

Sometimes clinical supervisors (*lecturers*) may make learning so hard in a sense that, for example, you are doing a procedure on a client. The clinical supervisor would come in the sense like policing you. So you are definitely scared, you cannot perform that procedure as it is expected just because you are anxious ... The policing is being done in the sense that you are doing the procedure and the supervisor comes in, starts asking you questions.

Such type of interaction intimidates students and induces stress and the following excerpt illustrates this.

Sometimes when lecturers come to the ward you become nervous ... And then maybe you were doing something right, but

just because you have seen that person, (*lecturer*) you become nervous. You don't even know what to do. When he asks you, "what are you doing?" you even fail to explain what you are doing... The approach is different, some use approaches like they are policing you.

Likewise, another student said:

I can say the most stressful thing are the supervisors because whenever they come ... they don't look at positives, they only look at the bad things... They just come like a cat which catches a rat (*laughter*) to find you doing something bad. So when you realise that the lecturer has come, you became tensed up and stressed.

These findings reveal that three factors are responsible for the difficulties which nursing students experience during their clinical learning encounters and these include lack of supplies, the unwillingness to teach which some nurses demonstrate and impersonal approaches of clinical teaching which some lecturers employ.

4.3. 'Lost sheep'

The findings in this section also reflect the students' perceptions of their clinical experience as a learning experience. The study reveals that most of the times nursing students are left unsupervised during their clinical placements. Lecturers visit the clinical setting occasionally and students feel abandoned. This is well illustrated by the phrase 'lost sheep,' which was coined by one of the students. This eloquently captures what other participants expressed in a different way and the student had this to say:

Students from College of Medicine, it is really nice, they are with supervisors during all clinical allocations ... They work together but we are like lost sheep, we don't have supervisors (*lecturers*), yah we work alone.

Another student said:

I don't think the lecturers are doing their job to the maximum ... we learn on our own sometimes by trial and error yah.

Students respond differently to this lack of guidance and supervision. There are those that learn to be independent, realising that the lecturers may not be there to facilitate their learning and on the other hand, there are those that absent themselves from the clinical area knowing that the lecturers will not visit. One of the students gave the following account:

When we were in (*name of place*) the level of supervision was very minimal because we were most of the times alone and I think it wasn't good. It was good because we were learning to be independent, but it wasn't good because some of the students tend to relax when the supervisors are not there.

Similarly, another student said:

While in (*name of place*) ... lecturers actually come from (*name of place*) so supervision is very poor. So students tend to get out of the mood, as in students would sort of relax as a result you would abscond of course from the wards ... Learning would not take place as there would be no re-enforcers.

Adverse incidents sometimes occur as a consequence of leaving students unsupervised and one of the students gave the following account of her experience in year one.

In year one I had an experience that I will never forget ... I was in a surgical ward and there was a client who needed a catheter because he had paralysis ... I went ... and I inserted the

catheter ... there was no urine that came out. So I asked a senior student, should I insert it more? And the senior student said ah no ... So I inflated the balloon. At twelve I went for lunch, I was failing to eat; I was just thinking eh maybe something is happening to the client, what if the patient dies? At 1:00 o'clock I found that there was no urine so I said to the senior student lets go and remove that catheter I am feeling uncomfortable; I feel something has happened. Then we went ... we removed the catheter eh and the blood that came out! Blood! Clots of blood!

Another student also narrated a traumatic experience she encountered during her clinical placement as a consequence of caring for patients without the supervision of a lecturer or clinical nurse. The student had this to say:

There was a patient with stroke, he was unconscious and he needed a nasogastric tube, catheter, IV line and then I was in my second year first term ... unfortunately the night nurse came very late and the qualified nurse on day duty went and left us... I catheterised the patient, inserted the NG and fed the patient. The night nurse came around past six, we gave her the hand over report and the patient was just ok. When we went in the morning the nurse called us and asked, "Who put up the NGT to the patient who was in this ward?" And I said, "I did," and she said you have killed the patient because the NGT was in the trachea. I was confused saying ah how can they say I killed the patient because the patient was ok and I inserted the NGT it was fine.

These findings confirm the importance of student support during clinical placements. When students lack guidance they learn through trial and error and this has implications on patient safety. However, the study also reveals some traumatic experiences which nursing students sometimes encounter due to lack of guidance and support from lecturers.

5. Discussion

The study reveals the problems and challenges associated with learning in resource poor clinical settings. Nursing shortage and lack of equipment and supplies are common problems in most clinical settings in Malawi and they both negatively impact on students' learning. Nursing students mentioned of doing a lot of work during clinical placements as a consequence of the nursing shortage and this is consistent with Holland (2002) who argues that student nurses make a significant contribution to patient care and service delivery. These findings also lend support to Johnson and Preston (2001) who state that in busy clinical settings students are often seen as an extra pair of hands and not as learners. Naphine (1996) interprets this as exploitation of nursing students and it can be argued that in most clinical settings in Malawi students can easily be exploited by being inadvertently taken as an extra pair of hands because of the rampant nursing shortage.

The undergraduate nursing students in Malawi are full time students and debatably, they are supernumerary. According to the United Kingdom Central Council for Nursing Midwifery and Health Visiting (1986), supernumerary status implies that students are not counted as part of the hospital staff establishment and therefore they are not included on hospital duty rotas and this is true for Malawian nursing students. Elcock, Curtis, and Sharples (2007) claim that supernumerary status allows students to be part of the clinical nursing team as self-directed learners who participate in the provision of nursing care to patients in order to meet their own learning needs. It offers students the freedom to focus on their learning needs and this implies that as a learner in the practice setting, the student's learning needs take primacy over

the responsibility for care delivery. To this end, [Holland \(2002\)](#) argues that student nurses are to all intents and purpose supposed to be learners and she emphasises that they are only in practice to learn to be nurses. [Mashaba \(1994\)](#) argues that for supernumerary status to be a reality the student nurses should be over and above the nursing staff establishment and this explains the reason why although Malawian nursing students are supernumerary, the excess workload they encounter in the clinical settings still negatively impacts on their learning. Due to the severe nursing shortage, the practicing nurses are well below the staff establishment and therefore the students on placement fill up the gap. [Peter, Macfarlane, and O'Brien-Pallas \(2004\)](#) indicate that many countries are experiencing severe nursing shortage leading to deterioration of nursing working environments and it can also be argued that nursing shortage has caused the clinical learning environment in Malawi to deteriorate enormously.

[Papp et al. \(2003\)](#) claim that the clinical environment can be divided into two separate environments namely, the learning environment and the nursing environment. They further state that the clinical environment is foremost a nursing environment and only after that something else ([Papp et al., 2003, p. 266](#)). Student nurses function in the two environments and their engagement with the clinical environment could be seen to be on a continuum with working and learning at the two ends of the continuum. Literature reveals that assertiveness is a skill that can help students to negotiate their learning needs ([Dunn & Hansford, 1997; Gray & Smith, 1999](#)) and therefore, it is one of the factors that can determine whether the clinical placement will be more of a learning or working experience.

Malawian nursing students practise in resource poor clinical settings and they frequently perform nursing procedures utilising improvised equipment. [Shailer \(1990\)](#) maintains that availability of resources is significant in determining the quality of the learning process and the outcome. Furthermore, [Birchenall \(2001\)](#) claims that without practice placements of the highest quality even the most innovative curriculum will fall on stony ground. The argued concern is that the quality of the learning experience for the undergraduate nursing students in Malawi could be compromised and the students would be at risk of graduating with skill deficits such that their fitness for award might be questioned. On the other hand, since the students are training to work in the same clinical settings when they qualify, learning how to improvise gives them an opportunity to develop skills of clinical judgment. [Phaneuf \(2008\)](#) defines clinical judgment as conclusion or enlightened opinion which a nurse arrives at following observation, reflexion and analysis of information or data. It also involves seeking a broad range of possibilities which the students' ability to improvise demonstrates.

The study reveals variable levels of commitment among clinical nursing staff towards facilitation of clinical learning. In some clinical settings nurses are willing to teach, whilst in others students lack support. It may seem the unwillingness to teach is mainly associated with the fact that the students in question are pursuing a Bachelor's degree in nursing, which most of the practising nurses in Malawi do not possess. These findings have resonance with the assertion by [Andrews et al. \(2006\)](#) who indicate that inclusion of nursing education into institutions of higher learning has led to tension between university and non-university educated nurses. However, two possible perspectives can be identified from the findings. Firstly, there are nurses who decline to teach nursing students because they doubt their own capability to do so and secondly, there are those that are generally not interested in teaching students. The latter tend to display dismissive attitudes towards nursing students and in clinical settings where this is a problem, students tend to fear the nurses and this hinders their learning because they cannot ask questions. [Cheraghi, Salasli, and](#)

[Ahmadi \(2008\)](#) assert that student nurses cannot be effectively prepared for their professional role in non-conducive and unsupported clinical environments and this shows that something should be done in Malawi to provide adequate support to student nurses. Literature reveals that ward sisters play a crucial role in establishing an environment that welcomes learners and also to assist staff to develop behaviours that facilitate and support learning in the clinical area ([Andrews et al., 2006; Henderson, 2011](#)). This implies that improving the quality of students' learning in the clinical setting requires concerted efforts by both nurse educators and nurse administrators.

On the other hand, the study also reveals that sometimes students are responsible for the nurses' unwillingness to teach because of the way they behave during the clinical placements. Sometimes students demonstrate lack of interest to learn and they communicate with the nurses in a disrespectful manner. [O'Callaghan and Slevin \(2003\)](#) reflect the importance of students' interest and motivation to learn. They cite the following excerpt from one of the nurses who participated in their study and the nurse had this to say: "if they don't have interest. .. you feel that you are beating your head off a stone wall" ([O'Callaghan and Slevin, 2003, p.126](#)). This conveys the frustration of clinical nurses as they deal with students who seem not interested to learn.

There is evidence that lecturers do not effectively support students during clinical placements and nursing students are commonly left unsupervised. [Birchenall \(2001\)](#) states that without facilitation students become aimless in their endeavours to glean anything worthwhile from their clinical experience. Similarly, [Spouse \(2001\)](#) asserts that without the support of a mentor the student has to "muddle" through on her own. This illustrates the difficulty which a student encounters if there is no one to facilitate learning and it may seem this is a common occurrence among Malawian nursing students. This grossly affects their skills acquisition leading to skill deficits. The findings reflect a situation consistent to what [O'Driscoll et al. \(2010\)](#) calls a deficit in leadership of practice learning. Students lack guidance with clinical learning and take responsibility for initiating their own learning. The fact that students take responsibility for their own learning could be viewed as being positive. However, the negative and traumatic learning experiences which the study depicts underscore the need for facilitation of clinical learning, more especially among novice students.

Some lecturers employ what students term 'policing' in their interactions with the students during clinical placements. This occurs when a lecturer finds a student performing a procedure and begins to 'fire questions' without allowing the student to finish the procedure. This is consistent with what [Gillespie \(2002\)](#) calls 'non-connected' student-teacher relationships. Such teachers have a tendency to 'grill' students with questions, offer only negative feedback, constantly critique and 'watch them like a hawk' ([Gillespie, 2002, p. 572](#)). This intimidates students and makes them to be overly stressed. The policing approach indicates that some lecturers interact with students in an autocratic manner and [Griffith and Bakanauskas \(1983\)](#) assert that such approaches to nursing education produce a sense of powerlessness in the students which negatively impacts on the learning process.

The study also illustrates that leaving students unsupervised puts patients' well-being at risk and raises the issue of patient safety within learning and caring encounters. There are no statistics in Malawi on adverse effects which cause harm to patients but statistics from the National Health Service (NHS) in the United Kingdom (UK) reflect that harm to patients is estimated to occur in 10% of the admissions ([Department of Health, 2000](#)). This means adverse events pose considerable risk to patient safety. Indisputably, the risk to patients might be high in Malawi due to the severe nursing shortage and gross lack of supplies and may also be compounded by leaving students unsupervised.

5.1. Limitations of the study

The main limitation of this study is that data was collected from one nursing college in Malawi, such that the findings cannot be generalised. However, [Lincoln and Guba \(1985\)](#) argue that generalisation of findings from naturalistic studies is associated with transferability and relevance rather than reductionist concerns such as sample size. Therefore, these findings provide significant insights into the clinical learning experience for student nurses in Malawi and it is argued that the findings have implications to other countries with similar educational practices.

5.2. Recommendations

The study reveals problems which hinder clinical learning among Malawian nursing students and improving student learning requires strategies which will mitigate the identified problems. Possible strategies to improve nursing education in Malawi are discussed below:

- The 'policing' approach mentioned in this study indicates a possibility of 'non-connected' teacher-student relationships. Working on building student-teacher relationships might seem appropriate. However, [Spurr, Bally, and Fergusson \(2010\)](#) contend that developing student-teacher relationships does not guarantee a successful learning environment and they suggest that teaching with passion promotes the development of a positive learning environment. In view of this, it is proposed that adoption of a passion centred philosophy to clinical teaching by the Malawian nursing faculty could be a plausible solution. Passion centred teaching philosophy in clinical nursing education implies that nursing faculty would have a passion for the students and a passionate belief that who they are and how they respond and interact during clinical teaching sessions can make a difference in the lives of students ([Day, 2004; Spurr et al., 2010](#)). [Spurr et al. \(2010\)](#) implemented a passion centred teaching philosophy and their framework offers a guide for its implementation within nursing education and a similar approach could be adopted.
- It is recommended that Malawian nursing faculty should collaborate with various unit matrons and ward sisters and encourage them to motivate clinical nurses to take a positive stance in teaching students. Deliberate efforts needs to be made to motivate the nurses and foster the development of positive attitudes towards students. Nursing faculty should also provide educational support to clinical nursing staff to enable them to effectively support student learning ([Henderson, 2011; Gillespie & McFetridge, 2006](#)). This is essential as sometimes the unwillingness to teach students might be related to lack of knowledge. Additionally, staff development opportunities are required to enable clinical nurses to advance both academically and professionally. These opportunities are available in the country and nurses should be motivated to make use of them. This would help to reduce tension between the university and non-university educated nurses, which as the study reveals is evident between nurses and students. Standardization of nursing education in Malawi to a Bachelor's degree level would also be essential.
- There is evidence that nursing students fail to achieve their learning outcomes during clinical placements because of the excess workload which is prevalent in most clinical settings in Malawi. Consistent with [Andrews et al. \(2006\)](#), the study reveals lack of strategies to help students develop constructive ways to maximise learning opportunities. [Elcock et al. \(2007\)](#) recommend that students need to be appropriately prepared for learning in, from and through practice with guidance on

how to use supernumerary status to maximise their learning. They further point out that students need to be equipped with a range of skills that will allow them to take charge of their own learning in practice just as they are taught study skills in university to undertake academic learning. Malawian nursing students should be supported to become assertive so that they can learn to negotiate for their own learning.

- The severe nursing shortage and the gross lack of equipment and supplies significantly limit the ability of the teaching hospitals to provide high quality clinical education for nursing students. To this end, [Tanner \(2006\)](#) asserts that integrating simulation as a complement to hands-on clinical experiences has the capacity to reduce clinical placement demands and improve the preparation of nursing students. In view of this, there is need to intensify teaching and learning in the skills laboratory in view of the identified workforce issues in the health care sector in Malawi. This will enable nursing students to acquire clinical skills and to safely provide quality patient care. Adverse events pose considerable risk to patient safety and such incidents sometimes occur during students' caring/learning encounters. Allowing students to practice adequately in the skills laboratory before caring for patients significantly minimises risk on patients ([Du Boulay & Medway, 1999; Johnson, Zerwic, & Theis, 1999](#)).

5.3. Conclusion

The study reveals the problems and challenges which undergraduate nursing students in Malawi encounter during their clinical placements. The findings mainly portray the challenge of learning in resource poor clinical settings. Failure to fulfil the clinical teaching role and dismissive attitudes which some nurses display towards students are also some of the factors which hinder student learning. There is need for concerted efforts by both educational institutions and health care organisations in order to improve clinical nursing education in Malawi. Nursing faculty should adopt a passion centred philosophy of clinical teaching, they should collaborate with ward sisters/matrons who play a significant role in the creation of positive clinical learning environments and students need to be supported to become assertive adult learners.

Conflict of Interest

None.

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