



UNIVERSITY *of the*
WESTERN CAPE

**EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS IN A MENTAL
HEALTH CLINICAL LEARNING ENVIRONMENT AT A UNIVERSITY IN THE
CAPE TOWN METROPOLE**

ERIC AZEH NGU

STUDENT NUMBER: 3112836

A mini-thesis submitted in partial fulfilment of the requirements for the degree of Master in
Nursing (Education) at the School of Nursing, Faculty of Health and Community Sciences

SUPERVISOR: DR JULIANA WILLEMSE

03 DECEMBER 2021

<http://etd.uwc.ac.za/>

DECLARATION

This is to declare that this mini-thesis titled “**Experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Town Metropole**” is a product of my original research. I also declare that it has not been submitted for any degree or examination at any other university. All the sources used or quoted in this study are clearly indicated and acknowledged by complete references.

FULL NAME: **ERIC AZEH NGU**

SIGNATURE:



DATE: 03 DECEMBER 2021



DEDICATION

This research is dedicated to my lovely wife, Azeh Mirabel, and daughter, Kelly-Patrice Azayi, for their unending support during the journey and the encouragement given to me that enabled me to start this programme.

Also, to my late mother and grandmother for being angels that are at the feet of God, looking over me to break a generational chain that once imprisoned us, for being mothers to me and always reminding me of the spirit of my ancestors that lives within me.

Finally, to God that allowed me to follow my dreams, allowing me to take the path that leads to success, for His unconditional guidance through thick and thin moments.



ACKNOWLEDGEMENTS

It is with the utmost gratitude that I wish to acknowledge every individual that gave me strength, motivation, and support throughout my master's in nursing education journey:

- God, the author of my life who gifted me with wisdom and carried me to completion.
- My ancestors, for always sending light when times were tough and advocating for me at the feet of God.
- My supervisor, Dr Juliana Willemse for her continuous support, guidance, and encouragement. When things were slow, and I felt like giving up, she motivated me to press on. Fought hard to ensure that data collection was not going to be a nightmare, especially at the time of the pandemic, provided me with both material and financial support, was always kind and able to respond to questions I had to ask, be it on WhatsApp or email promptly.
- My wife (Azeh Mirabel) and daughter (Kelly-Patrice Azayi) for supporting and believing in me throughout the journey and allowing me to pursue my dreams without hesitation. Helping with most of my typing and correcting my grammar.
- Dr Ayodeji Oyenihi, for assisting in my data analysis, reading, correcting and arranging my work.
- The University of the Western Cape Registrar for granting the permission to conduct the study at the university.
- The School of Nursing at the University of the Western Cape for the financial support that was made available to me at the time most needed.

All my participants, without whom the study would not have been possible.

ABSTRACT

Background: Learning in clinical practice is an essential component of nursing education, considering that nursing is a practice-based profession. Over the years, nursing education has evolved from clinical apprenticeships in hospitals to an academic programme at Universities. The integration of theory and clinical practice is of utmost importance in an undergraduate programme that enables nurses to graduate with a degree with competence. The quality of nursing education is dependent on the clinical experience which undergraduate nursing students receive while placed in clinical learning environments, and this can impact their learning significantly.

Aim: The study investigated the experiences of fourth year undergraduate nursing students in selected mental health clinical institutions within the Cape Metropole.

Methodology: This study was carried at a university in the Cape Town metropole following a descriptive survey design based on the quantitative approach. The population of the study consisted of fourth year undergraduate nursing students (n=178) out of the total students (n=197) who were registered for the psychiatry nursing module at the university. Self-administered, structured, online questionnaires were used for the data collection process.

Ethics: Ethical approval was granted by the Humanities and Social Sciences Research Ethics Committee at the University of the Western Cape, the Registrar of the University as well as the Head of School at the School of Nursing before the commencement of the study. The ethical principles of autonomy, beneficence, confidentiality, anonymity and justice were adhered to during the study. Consent was given in written form by each participant before the study began.

Findings: The respondents in this study had between three to six weeks in clinical placements at the clinical learning environments and ward respectively. Respondents affirmed their satisfaction with the clinical learning environments that can be related to the innovative approaches, peer support, feedbacks and conduciveness of the clinical learning environments.

The leadership and supervision styles of the nurse educators at the clinical learning environments played a major role in ensuring respondents enjoyed positive experiences during clinical placements. However, challenges experienced at clinical learning environments include stress, anxiety, and work overload.

Conclusion and Recommendations: The experiences of the undergraduate fourth year nursing students in mental health clinical learning environment were generally positive with many opportunities for clinical learning available. The level of supervision and support for student nurses at the clinical learning environments were deemed sufficient. It is recommended that a long duration as much as possible be encouraged, work overload should be at the barest minimum, and supervisory sessions with students be increased to further improve satisfaction levels of student nurses' experiences during clinical placement.



KEYWORDS

Clinical learning

Environment

Experiences

Mental health

Nursing students

Undergraduate



TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
ABSTRACT.....	v
KEYWORDS	vii
TABLE OF CONTENTS.....	1
LIST OF ABBREVIATIONS	7
LIST OF TABLES	8
LIST OF FIGURES.....	9
CHAPTER 1.....	10
ORIENTATION TO THE STUDY	10
1.1 Introduction	10
1.2 Background	10
1.3 Orientation to the study	12
1.4 Problem statement	12
1.5 Aims and objectives	13
1.6 Significance of the study	13
1.7 Research questions	14
1.8 Methodology	14
<i>1.8.1 Research design</i>	<i>14</i>
<i>1.8.2 Study setting</i>	<i>14</i>
<i>1.8.3 Study population</i>	<i>15</i>



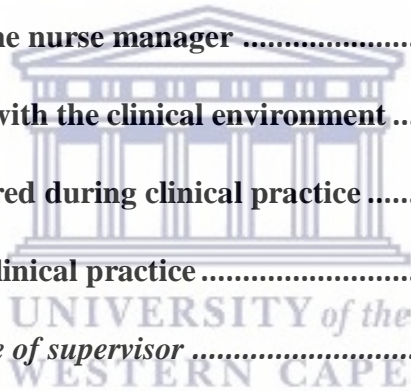
1.8.3.1	<i>Inclusion criteria</i>	15
1.8.3.2	<i>Exclusion criteria</i>	15
1.8.4	<i>Data collection tool</i>	15
1.8.4.1	<i>Data collection tool</i>	15
1.8.4.2	<i>Data management and analysis</i>	16
1.9	Ethical considerations	16
1.10	Operational definitions	17
1.11	Outline of the study	17
1.12	Summary	18
CHAPTER 2		20
LITERATURE REVIEW		20
2.1	Introduction	20
2.2	The nursing mental health clinical learning environment	20
2.2.1	<i>Physical space</i>	22
2.2.2	<i>Psychosocial and interaction</i>	22
2.2.3	<i>Organisational culture</i>	23
2.2.4	<i>Teaching and learning factors</i>	23
2.3	Availability of resources and learning opportunities in mental health CLE	24
2.4	Theory-practice gap	25
2.5	Summary	25
CHAPTER 3		26
METHODOLOGY		26
3.1	Introduction	26
3.2	Aim	26



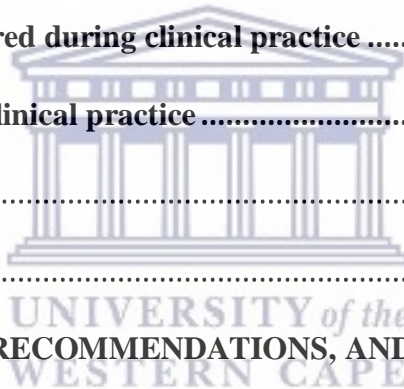
3.3	Objectives.....	26
3.4	Research methodology.....	27
3.4.1	<i>Research design</i>	<i>27</i>
3.4.2	<i>Research setting</i>	<i>27</i>
3.4.3	<i>Study population</i>	<i>28</i>
3.4.3.1	<i>Inclusion criteria.....</i>	<i>28</i>
3.4.3.2	<i>Exclusion criteria.....</i>	<i>28</i>
3.4.4	<i>Sampling techniques, sample size and composition</i>	<i>29</i>
3.4.5	<i>Data collection instrument.....</i>	<i>31</i>
3.4.6	<i>Pre-testing of questionnaire</i>	<i>31</i>
3.4.7	<i>Validity and Reliability.....</i>	<i>32</i>
3.4.7.1	<i>Content validity</i>	<i>32</i>
3.4.7.2	<i>Face validity.....</i>	<i>32</i>
3.4.7.3	<i>Reliability.....</i>	<i>33</i>
3.4.8	<i>Data collection process.....</i>	<i>33</i>
3.4.9	<i>Data management and analysis</i>	<i>33</i>
3.5	Ethical considerations	34
3.5.1	<i>Autonomy and informed consent</i>	<i>34</i>
3.5.3	<i>Beneficence and Non-maleficence</i>	<i>35</i>
3.5.4	<i>Justice</i>	<i>35</i>
3.6	Summary	35
FINDINGS OF THE STUDY		36
4.1	Introduction	36
4.2	Sample realisation.....	36



4.3	Demographic data of respondents	37
4.4	Clinical placement.....	38
4.5	Integration of theory to practice.....	40
4.6	Task involvement and opportunities for learning.....	41
4.7	Innovative approaches in teaching	42
4.8	Peer support	43
4.9	Feedback.....	44
4.10	Conducive clinical learning environment.....	45
4.11	The nature of the ward / unit of clinical practice.....	47
4.12	Leadership style of the nurse manager	49
4.13	Student satisfaction with the clinical environment	51
4.14	Challenges encountered during clinical practice	52
4.15	Supervision during clinical practice	53
4.15.1	<i>Occupational title of supervisor</i>	<i>54</i>
4.15.2	<i>Method of supervision</i>	<i>55</i>
4.15.3	<i>Supervision sessions</i>	<i>55</i>
4.15.4	<i>Supervision of students</i>	<i>56</i>
4.15.5	<i>Supervisory relationship.....</i>	<i>57</i>
4.16	Summary.....	58
CHAPTER 5.....		59
DISCUSSION		59
5.1	Introduction	59
5.2	Demographic data of respondents	59
5.3	Clinical placement.....	59



5.4	Integration of theory to practice.....	61
5.5	Task involvement and opportunities for learning.....	62
5.6	Innovative approaches in teaching	62
5.7	Peer support	63
5.8	Feedback.....	63
5.9	Conducive clinical learning environment.....	64
5.10	The nature of the ward/unit of clinical practice.....	64
5.11	Leadership style of the nurse manager	65
5.12	Student satisfaction with the clinical environment	65
5.13	Challenges encountered during clinical practice	66
5.14	Supervision during clinical practice	67
5.15	Summary.....	68
CHAPTER 6.....		69
SUMMARY OF RESULTS, RECOMMENDATIONS, AND LIMITATIONS		69
6.1	Introduction	69
6.2	Summary of results	69
6.3	Recommendations	70
6.3.1	<i>Clinical learning environment</i>	<i>70</i>
6.3.2	<i>Integration of theory to practice</i>	<i>70</i>
6.3.3	<i>Challenges during clinical practice</i>	<i>71</i>
6.3.4	<i>Supervision of student nurses at the clinical learning environment</i>	<i>71</i>
6.4	Limitations.....	71
6.5	Conclusion	71
REFERENCES.....		72



ANNEXURE A: QUESTIONNAIRE	83
ANNEXURE B: PERMISSION TO USE QUESTIONNAIRE	89
ANNEXURE C: INFORMATION SHEET	90
ANNEXURE D: INFORMED CONSENT FORM.....	92
ANNEXURE E: EDITORS REPORT	93
ANNEXURE F: TURNITIN DIGITAL RECEIPT	94
ANNEXURE G: SIMILARITY INDEX	95



LIST OF ABBREVIATIONS

CLE:	Clinical Learning Environment
MHCLE:	Mental health clinical learning environment
SON:	School of Nursing



LIST OF TABLES

Table 1:	Content validity	32
Table 2:	The demographic data of respondents	37
Table 3:	Duration of clinical placement at the CLE and ward	38
Table 4:	The educational atmosphere of the clinical learning environment	46
Table 5:	The leadership style of the nurse manager at the clinical practice	50
Table 6:	The different occupational titles of supervisor at the clinical practice	54



LIST OF FIGURES

Figure 1: Respondents' frequency of meeting with nurse educator during the latest clinical placement	39
Figure 2: The level of satisfaction regarding the learning in the last clinical placement	40
Figure 3: Distribution of responses to the questions to evaluate the integration of theory to practice	41
Figure 4: The involvement of students in tasks and availability of opportunities for learning	42
Figure 5: The use of innovative approaches for teaching at practice	43
Figure 6: Peer support among respondents at practice	44
Figure 7: Constructive feedbacks received on respondents' performance at clinical practice	45
Figure 8: The ward/unit as a good learning environment	47
Figure 9: The premises of nursing care in the ward as a good learning environment	48
Figure 10: The premises of learning in the ward as a good learning environment	49
Figure 11: Student satisfaction with their clinical environment	51
Figure 12: Challenges faced by students at clinical practice	52
Figure 13: The supervision of students at clinical practice	53
Figure 14: Method of supervision at clinical practice	54
Figure 15: Frequency of supervision sessions at clinical practice	55
Figure 16: Supervision of students at the clinical practice	56
Figure 17: The supervisorial relationship at the clinical practice	57

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

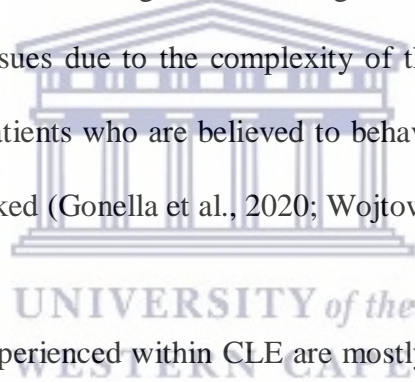
This chapter details an overview of the background, orientation and operational definitions of the study. It further includes the aims and objectives, problem statement, and exemplifies the significance of the study.

1.2 Background

Learning in clinical practice is an important component of nursing education, considering that nursing is a practice-based profession (Johnson et al., 2012). Over the years, nursing education has evolved from just a clinical apprenticeship in hospitals to an academic programme at colleges and universities. This current system that combines theoretical learning in the lecture rooms of universities with the clinical component taught in clinic or hospital settings enables nurses to be more competent after attaining the degree (Björk et al., 2014). To graduate with the Bachelor of Technology in Nursing (BTech Nursing) degree in South Africa for example, students must have completed at least 4000 clinical hours in health centres over four years as instructed by the South African Nursing Council Act (Fadana & Vember, 2021). It is at the clinical learning environment (CLE) that the nursing student fully comes to grasp the practical relevance and meaning of what has been taught in theory (Admi et al., 2018; Hattingh & Downing, 2020). The type of CLE available for nursing students varies from one hospital or health centre to another, as have been reported for the hospitals in the Cape Town metropole (Saarikoski et al., 2013). The CLE experiences that nursing students are subjected to are different and can dictate the learning outcomes after graduation. The kind of work pressure or level of stress encountered by students at these CLEs vary, thus impacting their overall clinical learning experience. In addition, poor relationships with the clinical staff, lack of support from

Nurse Educators (NE) and the absence of challenging learning opportunities are some of the other experiences of nursing students in these hospitals (Saarikoski et al., 2013).

The CLE is particularly important for nursing students who intend to major in mental health given the special needs and skills required to successfully practise in such a specialization. Mental health has been regarded as one of the most difficult areas in nursing to learn and probably one of the most stressful CLE hence is not the most preferred niche to specialise in by students (Happell & Gaskin, 2013). The increased stress attributed to the CLE in mental health institutions is due to internal and external factors among the patients and students (Martin & Daniels, 2014). Apart from the general challenges of CLE settings, those of mental health come with additional issues due to the complexity of the interactions of the nursing students with the vulnerable patients who are believed to behave arbitrarily and can become aggressive even when unprovoked (Gonella et al., 2020; Wojtowicz et al., 2014).



Furthermore, the challenges experienced within CLE are mostly context-based. For instance, low-middle-income (developing) countries have mental health centres with more complex experiences compared to their high-income or developed counterparts due to several reasons (Msiska et al., 2014). A major issue is inadequate clinical supervision as a result of the lack of highly qualified personnel available to train students within the CLE e.g. as reported in South Africa (Donough & Van der Heever, 2018) and Tanzania (Gemuhay et al., 2019). This may also be related to ‘brain drain’ where many highly qualified and experienced nurses in developing countries emigrate to developed ones in search of better-paying jobs. Thus, new students who enter the CLE are left with little or no highly qualified or experienced mentors to train under (Suliman & Aljezawi, 2018) creating a shortage of critical experts in hospitals and leading to negative learning outcomes. It is therefore pertinent to continue to assess the

experiences of nursing students in mental health CLE and proffer solutions to the myriad of challenges students are encountering in such an environment. This may lead to more positive experiences of students that can improve their proficiency in clinical practice after graduation.

1.3 Orientation to the study

The School of Nursing at a University in the Cape Town metropole, South Africa offers a Bachelor of Nursing programme that includes a clinical placement in a mental health institution at the fourth (4th) year for those registered for psychiatry nursing. During this clinical placement in a CLE, the students are exposed to the hands-on care of mental health patients and have the opportunity of practical learning of the theoretical aspects of mental health. The students integrate what has been learnt in classrooms with the clinical component to facilitate learning at the CLE as dictated by the Nursing curriculum (South African Nursing Council, 2005). To achieve this and attain competency in mental health, the CLE experiences of nursing students must be conducive to learning.



1.4 Problem statement

Undergraduate nursing students may not be receiving sufficient support to enhance their learning during clinical mental health placement or rotation that will enable them reach job expectations (Atakro et al., 2019). Similarly, according to Blomberg, et al. (2014), newly graduated nurses display a lack of clinical competence and preparedness for the profession even though they have sufficient theoretical knowledge. Nursing students during their placement are faced with many challenges that range from overcrowding in the CLE, strained relationships occurring between students and hospital personnel and the unwilling attitude of some professionals to mentor the students. These aspects may collectively hamper the learning experiences of students in a clinical mental health environment. Consequently, the overall

quality of education that the students acquire during clinical placement is affected (Blomberg et al., 2014). In this regard, there is a need to continue to explore the experiences of undergraduate nursing students in mental health CLEs at a university in the Cape Metropole of South Africa.

1.5 Aims and objectives

This study investigated the experiences of undergraduate fourth (4th) year nursing students in a mental health CLE in Cape Town Metropole.

The specific objectives were:

- To describe the experiences of the undergraduate fourth (4th) year nursing students in a mental health CLE
- To assess the opportunities for clinical learning available for the undergraduate fourth (4th) year nursing students in the mental health CLE during placement
- To evaluate the level of supervision and support that are given to the undergraduate fourth (4th) year nursing students during clinical practice

1.6 Significance of the study

The findings of the study will provide relevant information that will be useful in assisting nursing and clinical educators in understanding the needs of nursing students in these clinical settings. The recommendations from this study may also help in proffering the way forward to overcoming the challenges of students in a mental health CLE. This study will therefore assist in creating a clinical environment conducive for both parties involved during students' clinical practice, which should be a priority for nursing researchers and policymakers.

1.7 Research questions

- What were the experiences of undergraduate fourth (4th) year nursing students in a mental health CLE in Cape Town metropole?
- What were the challenges faced by the nursing students in the mental health CLE?
- What were the level of opportunities for clinical learning available for the fourth (4th) year nursing students in the mental health CLE during placement?
- What were the level of supervision and support accessible by the fourth (4th) year nursing students during clinical practice in a mental health CLE sufficient?

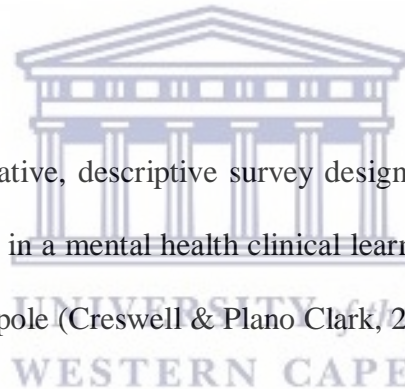
1.8 Methodology

1.8.1 Research design

This study employed a quantitative, descriptive survey design to explore the experiences of undergraduate nursing students in a mental health clinical learning environment (MHCLE) at a University in the Cape Metropole (Creswell & Plano Clark, 2010).

1.8.2 Study setting

The study was conducted at the School of Nursing, in a Faculty of Community and Health Science, at the University in the Western Cape Province. Students in the programme received an introduction to mental health nursing in their second (2nd) year of study and psychiatric nursing, including a mental health clinical placement, in their fourth (4th) year of study. Mental health clinical learning is facilitated at tertiary and secondary hospitals and at community health centres which the South African Nursing Council has accredited as student learning facilities. At these health facilities, students come in contact with mentally ill persons and have to care for these persons directly or indirectly. This setting was chosen because it provided proper access for the researcher to obtain study participants.



1.8.3 Study population

The study population consisted of registered undergraduate nursing students (n=197) in the fourth (4th) year, studying towards their Bachelor of Nursing programme at the University of the Western Cape. These students were all in placement in a mental health clinic and were in constant contact with the researcher (Gray et al., 2017; Tashakkori & Teddlie, 2009).

1.8.3.1 Inclusion criteria

The study included all 2020, fourth (4th) year undergraduate nursing students who were in or have completed their mental health clinical learning placement as part of their clinical objectives in the undergraduate nursing programme at the university in the first semester of the academic year 2020.

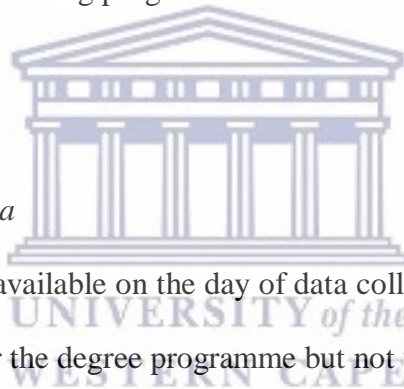
1.8.3.2 Exclusion criteria

Students who were sick or not available on the day of data collection were excluded from the study. Also, those registered for the degree programme but not yet in the final year of study in 2020 or who have not had the opportunity of placement at the tertiary hospital were excluded.

1.8.4. Data collection tool

1.8.4.1 Data collection tool

Data collection in completion of their clinical placement in 2020 using the quantitative, descriptive survey design which explored the experiences of undergraduate nursing students in a MHCLE at a University in the Cape Metropole.



1.8.4.2 *Data management and analysis*

Pseudo names and numbers for the variables were used for the study after discussing with the statistician. The information on the questionnaires was entered in Microsoft Excel spreadsheets. The information was checked by the researcher and the statistician for errors and missing information. Once satisfied, the data was cleaned, entered in Statistical Package for Social Science (SPSS) statistics software version 25 for analysis. Descriptive statistics were used to summarise the data. The frequency, percentages and 95% confidence intervals of categorical variables were presented in tables. Continuous variables were summarised using means and standard deviations (SD) for normally distributed variables or median and interquartile ranges (IQR) for non-normal variables (Burns, Gray & Grove, 2014).

1.9 Ethical considerations

Ethical approval was granted by the Humanities and Social Sciences Research Ethics Committee at the University of the Western Cape, the Registrar of the University as well as the Head of School at the School of Nursing before the commencement of the study. The researcher adhered to ethical principles of autonomy, right to privacy and confidentiality, beneficence, non-maleficence, and justice during the study. Informed, written consent was requested from all participants who met the criteria of the study before participation in the study. The following ethical principles of the Declaration of Helsinki developed by the World Medical Association (2013) states that the researcher must guide physicians and other participants in medical research involving human subjects and the physician must promote and safeguard the health of the people. These ethical research considerations are further expatiated in Section 3.5 below.

1.10 Operational definitions

Clinical learning environment: This refers to the clinics and hospitals in the province of Western Cape, where the nursing students from the University (participants) are placed for practical skills.

Experience: This encompasses the difficulties, successes and growth that nursing students go through that may hinder or facilitate their learning during the clinical practice.

Learning: The process of obtaining skills and knowledge by experience, observing, studying, and being taught.

Mental health: A person's condition about their psychological and emotional well-being

Mental health clinical environment: This is the setting where the mentally disabled are found, hence, the setting where the skills of history taking, physical examination, clinical reasoning, decision making, empathy, and professionalism can be taught and learnt as an integrated whole.

Student nurse: This is an individual in a post-secondary educational program that leads to certification and licensing to practice nursing, usually as part of a program administered by a nursing school.

Undergraduate: A university student who is still to graduate for the bachelor's degree

1.11 Outline of the study

The chapters of this study are outlined as follows:

Chapter 1: Introduction

This chapter focuses on the introduction of the problem that has been identified and researched, background, the significance of the study, aim, objectives, list of abbreviations, detailed

description of operational definitions and a brief outline of the research methodology that was applied in this study.

Chapter 2: Literature review

This chapter includes a discussion on researched literature relevant to the experiences of undergraduate nursing students in a MHCLE at a university in the Cape Metropole.

Chapter 3: Research methodology

This chapter presents the appropriate research methodology identified for this study and includes the research approach, research design, data collection tool and sampling procedure.

Chapter 4 and 5: Findings and discussion

These chapters present and discuss the data analysis and the research findings of the study supported by relevant literature.



Chapter 6: Summary of results, recommendations, and limitations

This chapter presents a summary of evidence-based recommendations from research, and concludes the findings and limitations of the study.

1.12 Summary

The research topic has been introduced and contextualised in this chapter. A clear statement of the identified problem has been stated and a brief outline of how to achieve the research aim and objectives have been stated. The next chapter will include a deliberation from the literature that supports the problem identified.



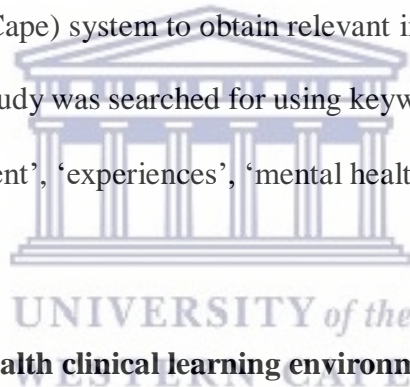
UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

It is important to continue to review the relevant literature to understand the experiences of undergraduate nursing students in a mental health clinical learning environment (MHCLE), identify research gaps, and propose areas for future work. A comprehensive search of electronic databases such as the Elton B Stephens Company (EBSCO Host), Cumulative Index to Nursing and Allied Health Literature (CINAHL), OVID, Education Resources Information Centre (ERIC), PubMed, and Science Direct was conducted *via* the Ukwazi search (online library of the University of the Western Cape) system to obtain relevant information on the topic of this study. Literature used in this study was searched for using keywords such as ‘clinical learning environment’, ‘clinical placement’, ‘experiences’, ‘mental health’, ‘nursing students’ etc.



2.2 The nursing mental health clinical learning environment

Nursing students are expected to be highly proficient and adaptable in the skill of administering care to patients having gone through rigorous clinical training to become professionals. Clinical training is the major aspect of nursing learning and education in institutions (Dadgaran et al., 2013). During the clinical training, nursing students are also introduced to the practices, cultures, expectations, and work etiquettes of the profession (Moagi et al., 2013). Hence, the environment where clinical learning takes place must be conducive enough for proper learning by nursing students. The clinical learning environment (CLE) encompasses everything surrounding the nursing students within a clinical setting. This includes the patients, equipment, resources, hospital staff, and clinical educators (Papastavrou et al., 2016). The CLE is instrumental to the success or failure of students in their nursing career, in that it incorporates

the physical, psychological, emotional, and organisational forces of learning together with the students' interactions with all the components of the CLE (Haraldseid et al., 2015). Furthermore, the setting of the CLE is universally accepted to be one involving hierarchy, authority and managerial relationships that have long-lasting influences on the general outlook, experiences and perceptions of the value of students' learning (Cant et al., 2021).

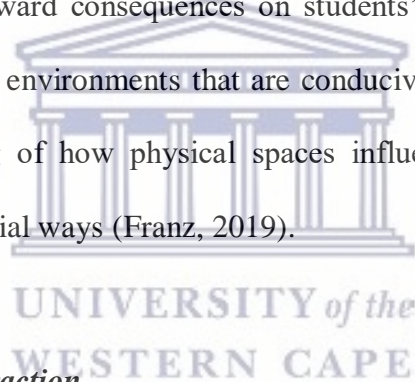
The mental health CLE, in particular, should always bring about positive experiences for nursing students for them to be encouraged to choose the career path which has been snubbed by many due to the stress related to the potential unpredictability of the patients to be cared for (Gonella et al., 2020). The few clinical rotations available within the mental health niche may also affect its selection for a long-term career by nursing students. The inadequacy of nurses in mental health compared to other fields have been ascribed to both personal (e.g. dread, stigma, thoughts, worries, and stereotypes towards mental health patients) and institutional (e.g. negative experiences, attitudes, lack of support from clinical educators) reasons (Gonella et al., 2020; Hunter et al., 2015). Nursing students working in the mental health care settings in the Western Cape province of South Africa informally admitted to fearing the patients (Martin & Daniels, 2014). Also, Jamshidi *et al.* (2016) indicate that students' exposure to mental health CLE is one of the most important factors affecting the teaching-learning process in clinical settings. Therefore, identifying the challenges of nursing students in the mental health CLE could improve training and enhance the quality of its planning and promotion of the students.

The CLE attributes which involve the physical space, psychosocial and interaction, organisational culture, and teaching and learning (Flott & Linden, 2016; Mbakaya et al., 2020) should cater more to the peculiarity of mental health. While institutions have been striving to

enable perfect mental health CLEs for nurses, the intricacies of each component in the CLE makes it strenuous to achieve (Kalyani et al., 2019).

2.2.1 Physical space

The physical space is composed of the surroundings where clinical learning takes place as well as the learning tools including equipment, facilities and standard operating protocols. These should be of great quality, routinely maintained, sufficient, and up to date for students to enjoy a positive experience with the CLE (Mbakaya et al., 2020). Many of these critical infrastructures have been reported to be scarce, outnumbered, or outdated in many hospitals in South Africa and other sub-Saharan African countries (Bvumbwe & Mtshali, 2018; Moyimane et al., 2017) resulting in untoward consequences on students' learning. Despite increasing attention to designing learning environments that are conducive to contemporary pedagogy, there is limited understanding of how physical spaces influence undergraduate students' learning in holistic and existential ways (Franz, 2019).



2.2.2 Psychosocial and interaction

The psychosocial and interaction CLE attributes refer to the mannerisms, attitudes, interactions, and behaviours of the health professionals and students instrumental to clinical learning (Baraz et al., 2015). A CLE that has been overburdened by a low number of qualified members of staff who have to work for longer hours to cope may result in negative attitudes and behaviours. Such staff may then view the students as further stressors, hence, not willing to mentor them properly (Martin & Daniels, 2014). Staff may not be patient enough to solve the students' learning problems nor show enthusiasm in listening to feedback from students. This, in turn, can lead to a loss of trust in the staff by students who may even think they are not at the CLE for learning but to be used merely as cheap labour to relieve the work task of the staff. Eventually, a breakdown of effective communication may ensue between CLE staff and

students leading to increased pressure and emotional distress (Martin & Daniels, 2014). A conducive CLE should have enough qualified mentors and clinical educators to oversee the progress students make in learning. It should provide an environment where the staff understands the students; makes them feel like part of the team; wants to teach; and considers students' feelings (Ali et al., 2015). These will boost student confidence and motivate them to want to learn more. In contrast, an environment where the staff is unsupportive of students, unwilling to teach, and unwelcoming can cause anxiety, fear, and disappointment in the learning experience of the students (Castillo-Angeles et al., 2017).

2.2.3 Organisational culture

The culture of the organisation (private or public) relates to the policies, perceptions, and strategies regarding the nursing education and practice guidelines or protocols to be adhered to by students in the day-to-day provision of health care to patients (Mbakaya et al., 2020). It also entails how nursing managers and administrators in the CLE perform their duties with a deep sense of responsibility to their staff and students. The distribution of workload among staff should be done fairly as much as possible to keep staff always motivated and relaxed which will inevitably translate to good communication and rapport with students. The managers must also allocate quality time to CLE educators for the training of students while also making available whatever support they need so that the students' experiences within the CLE are mostly positive (Dale et al., 2013).

2.2.4 Teaching and learning factors

Teaching and learning factors include the methods of teaching, managing, and scoring the nursing students in the CLE by their clinical instructors. A CLE that prioritises the learning

of important skills through dedicated, supportive, and qualified health care staff usually results in enhanced proficiency in nursing students (Mbakaya et al., 2020). The students tend to easily acquire competency from a happy, welcoming, and motivated instructor (Doyle et al., 2017). However, in a study involving undergraduate nursing students on clinical supervision in South Africa, students majorly reported negative experiences such as lack of consistency regarding clinical procedures by various instructors and misuse of power (Donough & Van der Heever, 2018).

2.3 Availability of resources and learning opportunities in mental health CLE

Clinical placements for nursing students are essential in many respects and have been characterised as an irreplaceable component of nursing education. From a legal perspective, practice in clinical settings is a requirement to ensure fitness to practise as a nurse (Hampson et al., 2017). From an educational perspective, skills, knowledge, and attitudes developed in the theoretical part of the curriculum are applied, developed, and integrated at the clinical placement (Bjørk et al., 2014). Hence for nursing students to perform at their best, there should be adequate availability of resources. However, some studies have shown the inadequacy of resources for clinical learning in different environments. A study by Msiska et al. (2014) in Malawi showed that due to a lack of equipment and supplies in the hospitals, undergraduate nursing students could not perform procedures as they were taught. The nursing milieu must track the modifications in the healthcare settings to guarantee the continuous production of high-quality, secure, and efficient patient services. To achieve this, nurses must be equipped with the necessary competencies. Thus, policymakers and educators must primarily evaluate demands for the future workforce, based on the requirements of the work setting (Fawaz et al., 2018). In nursing education, the outcome-oriented education is currently being highlighted rather than process-based learning, for

instance through skill-based techniques; evidence-based techniques in education; providing students with a rich learning journey unlike former models of formal lecturing; and incorporating evolved learning technologies in many programs (Fawaz et al., 2018).

2.4 Theory-practice gap

When there is a discrepancy between what is taught in class and what is practised in the clinical setting, it causes a theory-practice gap (Goodnough et al., 2016). This discrepancy causes students sometimes to get confused, anxious that may impact the learning process negatively (Ecclestone & Hayes, 2019). Students experience difficulties in putting theory into practice when they are unable to recall the steps in a procedure because the clinical educator demonstrated many things at the same time, or when patients refused to let students practice on them due to their level of competency (Senti & Seekoe, 2014). In other cases, what is practised in the clinical setting is different from what is taught in class, and sometimes the examination techniques by the clinical educator are different from those used in the clinical setting (Bray, 2014). Poor communication between the members of the nursing education institution and the members of the CLE can also lead to a theory-practice gap (Ecclestone & Hayes, 2019).

2.5 Summary

The key components of the theoretical basis of this study have been concisely described in this section. Recent advances in the concepts such as the clinical learning environment (CLE) comprising of the physical space, psychosocial, organisation and teaching factors; learning opportunities within the CLE; and the theory-practice gap were discussed specifically as they relate to the mental health CLE.

CHAPTER 3

METHODOLOGY

3.1 Introduction

In this chapter, the research methodology and the philosophical assumptions underlying the methodology used for this study are presented. This includes a full description of the research design and justification as well as the details of the population, sampling techniques, data collection instruments, measures taken to optimize validity, reliability and generalisability of findings. The actual data collection process is then explained together with the data analysis, presentation and interpretation before the chapter is rounded off with the ethical considerations.

3.2 Aim

The aim of this study was to explore the experiences of undergraduate fourth (4th) year nursing students in a mental health CLE in Cape Town metropole.



3.3 Objectives

The specific objectives were:

- To describe the experiences of the undergraduate fourth (4th) year nursing students in a mental health CLE in Cape Town metropole
- To assess the opportunities for clinical learning available for the undergraduate fourth (4th) year nursing students in the mental health CLE during placement in Cape Town metropole
- To evaluate the level of supervision and support that are given to the undergraduate fourth (4th) year nursing students during clinical practice

3.4 Research methodology

The research methodology for this study includes the research design, research setting, sample population, data collection tool, reliability and validity of the data collection tool and the data analysis process, together with the ethical considerations.

3.4.1 Research design

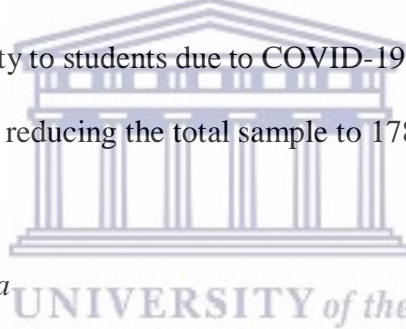
The research design covers the entire plan chosen to seek answers to the research questions identified in the study (Polit & Beck, 2020). For this study, a descriptive survey design based on the positivist or quantitative approach was adopted to explore the experiences of undergraduate nursing students in a MHCLE in the Cape Metropole of South Africa.

3.4.2 Research setting

The setting where a particular study takes place usually encompasses the physical, social, and cultural sites the study was conducted (Given, 2008). This study was conducted at the School of Nursing, Faculty of Community and Health Science, at a University in the Cape Town Metropole, South Africa. This setting was chosen firstly because it provided reasonable access to the study participants since the researcher was a registered postgraduate student at the university. The accessible population was students registered for the undergraduate nursing programme who completed the introduction to mental health nursing module in their second (2nd) year of study. This group has also completed the psychiatric nursing clinical placement in their fourth (4th) year of study. The mental health clinical learning is facilitated at tertiary and secondary hospitals and community health centres equipped with student learning facilities accredited by the South African Nursing Council. At these health facilities, students encounter patients and have to care for them directly or indirectly.

3.4.3 *Study population*

A population refers to the larger pool from which the sampling frame is drawn and to which findings of the research are generalised (Polit & Beck, 2020). The population selected for the study should be those to whom the research question applies and who are most likely to benefit from the outcomes of the research should bear the burden of the research (Wassenaar, 2006). Considering these factors, this study targeted an all-inclusive or total population (Polit & Beck, 2020) of the registered undergraduate 4th year nursing students (n=197) studying towards the Bachelor of Nursing programme at a university in Cape Town Metropole. These students must have completed their mandatory clinical placement in a mental health clinic, therefore, would be able to provide extensive and reliable information about their CLE experiences. However, challenges related to accessibility to students due to COVID-19 restrictions and no response to electronic communication, thus reducing the total sample to 178 respondents.



3.4.3.1 *Inclusion criteria*

Inclusion criteria refer to the central features which determine the population of a study by the eligibility standards that confer the capacity to answer the research questions as accurately as possible (Polit & Beck, 2020). Therefore, participants in this study had to be registered fourth (4th) year undergraduate nursing students who have completed their mental health clinical learning placement as part of their clinical objectives in the first semester of the 2020 academic year. These students' CLE experiences are vital for answering the research questions towards achieving the objectives of the study.

3.4.3.2 *Exclusion criteria*

Exclusion criteria are characteristics additional to those found in study participants who met the inclusion criteria, that can influence unfavourably the potential achievement of the study's

objectives or outcomes (Polit & Beck, 2020). In this case, students who registered for the nursing four-year undergraduate degree programme at the university in Cape Town, but not in the final year of study in 2020 nor had the opportunity of clinical placement at a mental health tertiary hospital were excluded.

3.4.4 Sampling techniques, sample size and composition

Sampling is the process of carefully selecting a sample to be included in a study (Ngulube, 2015). For sampling to be scientific, the number of elements to be included for the observation, which particular elements should be included and how they should be selected for a given study should be carefully considered (Polit & Beck, 2020). Generally, sampling techniques are classified as either probability or non-probability (Saunders et al., 2009).

A probability sampling scheme is one in which every unit in the population has a chance (greater than zero) of being selected in the sample, and this probability can be accurately determined. Random, systematic and stratified sampling are examples of probability sampling (Saunders et al., 2009). Non-probability sampling refers to any sampling method where some elements of the population have no chance of selection. These are sometimes regarded as 'out of coverage' or 'under covered', or where the probability of selection cannot be accurately determined (Saunders et al., 2009). The non-probability technique involves the selection of elements based on assumptions regarding the population of interest, which forms the criteria for selection (Grant & Osanloo, 2014). Accidental or convenience sampling, quota sampling, snowball or respondent-driven sampling and purposive or judgemental sampling are some examples of non-probability sampling methods, (Saunders et al., 2009).

For this study, the judgemental or purposive sampling technique in recruiting key informants or participants to be interviewed using the questionnaire method due to the Covid-19 pandemic was chosen. According to Varkevisser et al. (2003), judgemental or purposive sampling refers to the sampling procedure where the researcher chooses the sample based on who is most appropriate for the study. According to Saunders et al. (2009), purposive or judgemental sampling enables the researcher to select cases that will best enable them to answer the research question(s) and meet the set objectives of a particular study, hence the selection of final year students who did their clinical duties at various hospitals. This form of sampling is often used when the researcher wishes to select particularly informative cases (Neuman, 2016).

On this particular aspect of the recruitment process, a deliberate effort was made to ensure that participants come from a range of age; sex; religion; educational level, location and leadership backgrounds as supported by Marshall (1996). After the purposive sampling process, appointments were made with prospective participants via mobile phones and emails due to the Covid-19 pandemic. By calling mobile phones and sending emails, the researcher introduced himself, described the aims, purpose, and benefits of the study, and gave a clear explanation of the purpose of the online questionnaire, and lastly how the gathered data was to be used. Further on that, the researcher spelt out that their responses will be used for the research report but with pseudo names. A consent form written in the respondent's language was signed online as well. The research confirmation and ethical clearance letters were also made available to each participant as proof that permission was granted by the university to undertake the research work.

3.4.5 Data collection instrument

Quantitative data was collected from fourth (4th) year nursing students in the Bachelor of Nursing Science at a University in the Cape Town Metropole, using a self-administered questionnaire method. The self-administered questionnaire (Annexure A) originally developed by Kaphagawani (Kaphagawani, 2015) was used with permission (Annexure B) and with slight modifications to address each of the objectives of this study. The questionnaire was sub-divided into 2 parts; Part A (bibliographic data) and Part B that seeks to investigate the clinical learning experiences of students during their latest clinical placements. According to Mertler (2021), a questionnaire is a document that asks the same questions to all individuals in the sample. In this regard, the respondents record a written response to each questionnaire item. Data was collected over a six (6) month period i.e. September 2020 to February 2021. Respondents completed the online questionnaires at their own convenience, could answer the questions in any order, and take more than one sitting to complete it or give unique responses. The anonymity of the online questionnaire helped respondents to respond better to sensitive questions (Given, 2008).

3.4.6 Pre-testing of questionnaire

Pre-testing of the questionnaire ascertains if the study will be feasible in terms of availability of participants, time and financial resources (Gray et al., 2017). The pre-testing allows the researcher to have an experience with the participants and the setting. It further tests the robustness, validity and reliability of the questionnaire. In this study, the pre-test was done by administering the questionnaire to five (5) students who met the inclusion criteria and who were included in the main study as there were no changes to the data collection tool. The questionnaire was submitted to a statistician for evaluation to ensure face and content validity.

3.4.7 *Validity and Reliability*

3.4.7.1 *Content validity*

Content validity in a study ensures that all items included on the research instrument measure the objectives of the study (Bolarinwa, 2015). Table 1 gives an illustration of the content validity of the questions related to the objective that was being measured in this study.

Table 1: Content validity

OBJECTIVE	QUESTION NO
To describe the experiences of the undergraduate fourth (4 th) year nursing students in a mental health CLE	6 – 31, 58 – 65
To assess the opportunities for clinical learning available for the undergraduate fourth (4 th) year nursing students in the mental health CLE during placement	32 – 49, 54 – 57
To evaluate the level of supervision and support that are given to the undergraduate fourth (4 th) year nursing students during clinical practice	50 – 53, 66 – 78

3.4.7.2 *Face validity*

Face validity assesses if the questionnaire or instrument indeed addresses the research questions of the study of interest (Bolarinwa, 2015). In adapting the questionnaire, the researcher ensured that the meaning of concepts as they pertain to this study was clearly defined to ensure face validity.

3.4.7.3 *Reliability*

To ensure reliability, the questions were framed carefully and accurately to avoid ambiguity as advised previously (Strydom et al., 2005). The questionnaire was pilot tested, and questions that were not properly answered due to misunderstanding were rephrased.

3.4.8 *Data collection process*

Ethical approval was granted by the Humanities and Social Sciences Research Ethics Committee at the University of the Western Cape, the Registrar of the University as well as the Head of School at the School of Nursing (Ethics Ref No: HS20) before the commencement of the study. The researcher met the class in an online information session and explained the study procedure and the data collection procedure to them. This was followed by giving them study information sheets (Annexure C), consent forms (Annexure D) and the questionnaire (Annexure A) following the procedure described previously (Gray et al., 2017). Data collection was done during the week after the students completed their clinical placements to obtain relevant information while the CLE experiences in their minds were still fresh. Due to the COVID-19 pandemic disruptions, initial and follow-up emails containing these materials were sent to all participants for online completion rather than the physical paper-based questionnaire originally proposed. The 78-item questionnaire was distributed electronically using Google Forms. The researcher planned to collect data from September to November 2020 but due to a slow response data was collected over a six (6) month period i.e. September 2020 to February 2021.

3.4.9 *Data management and analysis*

To enhance accuracy in analysing the statistical quantitative data, which measures how close the calculated result is to the true result (Montgomery, 2020), pseudo names and numbers for

the variables were used for the study after discussing with the statistician. Responses to the online questionnaire by participants were exported into a Microsoft Excel® spreadsheet. The information was checked by the researcher and the statistician for errors and missing information. Once satisfied, the data generated were analysed using the Statistical Package for Social Science (SPSS) statistics software version 25 for analysis. Descriptive statistics were used to summarise the data. The frequency and percentages of categorical variables were presented in tables (Gray et al., 2017).

3.5 Ethical considerations

The Humanities and Social Sciences Research Ethics Committee of the University of the Western Cape approved this study (Ethics Ref No: HS20). Similarly, ethical clearance was sought and obtained from the Registrar of the University and the Head of the School of Nursing before the commencement of the study. The researcher adhered to ethical principles of autonomy, beneficence, confidentiality, anonymity and justice during the study. Informed, written consent was requested from all participants who met the criteria of the study before participation in the study. The ethical principles of the Declaration of Helsinki developed by the World Medical Association (2013) that guide physicians and other participants in medical research involving human subjects were fully adhered to.

3.5.1 Autonomy and informed consent

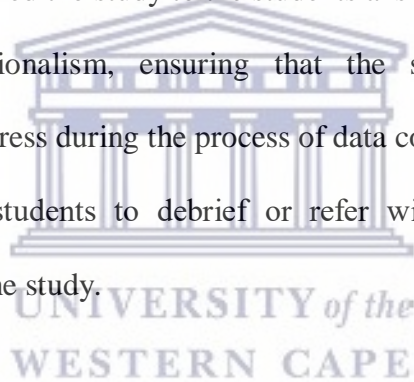
The students were provided with study information sheets explaining the study procedure, the risks/benefits of the study and the purpose of the study. The students were made to understand that participation in the study was voluntary and that they had the right to withdraw from the study at any point. Informed consent forms were signed by students who were willing to take part in the study.

3.5.2 Rights to privacy and confidentiality

The identity of the students will not be revealed. The questionnaires have code numbers in place of students' names. Only the principal investigator, the supervisor and the statistician have access to the information collected from the students.

3.5.3 Beneficence and Non-maleficence

The researcher explained to the students that there is no direct benefit they will gain from the study and that they will not receive any incentives for participating in the study. Nevertheless, that their participation would help develop strategies to improve clinical experiences for other students. The researcher explained the study to the students answering all their questions. The researcher-maintained professionalism, ensuring that the students did not have any psychological or emotional distress during the process of data collection. This was ensured by making a provision for the students to debrief or refer with the institution's in-house psychologist during and after the study.



3.5.4 Justice

Participants were selected with no discrimination with regard to their sex, age, or race if they met the inclusion criteria. All participants were treated fairly by ensuring they all had an equal opportunity to be selected.

3.6 Summary

This chapter included a discussion of the methodology, permission to conduct the study, and permission to use the data collection instrument. Ethical principles that were adhered to were also discussed in this chapter. The results of the study will be discussed in Chapter 4.

CHAPTER 4

FINDINGS OF THE STUDY

4.1 Introduction

This chapter includes descriptions of the data analysed from the electronic self-administered questionnaire (Annexure A) that was completed by undergraduate fourth (4th) year nursing students. The aim of this study was to explore the experiences of undergraduate fourth (4th) year nursing students in a mental health CLE in Cape Town metropole. The results of this study are a representation of the objectives of the study, which were:

- To describe the experiences of the undergraduate fourth (4th) year nursing students in a mental health CLE
- To assess the opportunities for clinical learning available for the undergraduate fourth (4th) year nursing students in the mental health CLE during placement
- To evaluate the level of supervision and support that are given to the undergraduate fourth (4th) year nursing students during clinical practice

The results of this study are outlined in this chapter using tables, graphs and charts.

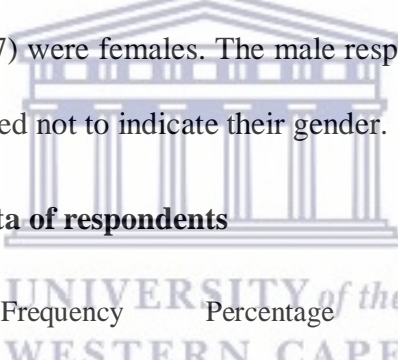
4.2 Sample realisation

The study population included all undergraduate fourth (4th) year nursing students who were registered at the selected university at the time of the study. At the time that the study was conducted, there were a total of 197 registered fourth (4th) year undergraduate nursing students who were eligible to participate in the study, but only a total of 178 registered fourth (4th) year undergraduate nursing students completed the online questionnaire.

4.3 Demographic data of respondents

The demographic characteristics of respondents in this study include age and gender. Overall, a total of one hundred and seventy-eight (178) respondents participated from the total number of qualified nursing students (n=197) thus, yielding a response rate of approximately 90%. All respondents did not however answer all the questions, so the sampling frequency ranges from 175 to 178. The age and gender distribution of the respondents in this study are presented in Table 2. Respondents belonging to the 21 – 25 age group (young adults) are the majority accounting for about 36% of the total age group. They were followed by the 31 – 35 (23%), 36 – 39 (22%) and 26 – 30 (14%) groups. Only approximately 5% of the respondents were older than 40 years. The female dominance of the nursing profession was confirmed in this study as every 2 in 3 respondents (n=117) were females. The male respondent population was 32% of the total while about 1% preferred not to indicate their gender.

Table 2: The demographic data of respondents



Respondents (n=175)	Frequency	Percentage
Age in years		
21 – 25	63	36.0%
26 – 30	25	14.3%
31 – 35	41	23.4%
36 – 39	38	21.7%
>40	8	4.6%
Gender		
Female	117	66.9%

Male	56	32.0%
Prefer not to say	2	1.1%

4.4 Clinical placement

In this study, all fourth (4th) year undergraduate nursing students (respondents) have completed their compulsory clinical placement hours as required by the South African Nursing Council (SANC), as stipulated in regulation 425, in a MHCLE within the Cape Town Metropole. The duration of time spent at the CLE and the average stay at the mental health ward by these respondents are presented in Table 3. Most of the respondents spent 4 – 6 weeks (43%) at the practice and 3 – 4 weeks (60%) at the ward. These were followed by those who spent about 1 – 3 weeks (21%) or 7 – 9 days (19%) at in clinical practice and some over a month (32%) in the ward. Overall, the duration of the respondents' clinical practice widely ranges from just two (2) days to approximately six (6) weeks.

Table 3: Duration of clinical placement at the CLE and ward

Respondents	Frequency	Percentage
Number of weeks working at the practice (n=170)		
<1	3	1.8%
1 – 3	36	21.2%
4 – 6	74	43.5%
7 – 9	32	18.8%
10 – 12	6	3.5%
>12	19	11.2%

Number of weeks of average stay at the ward
(n=178)

1 – 2	13	7.3%
3 – 4	106	59.6%
Over a month	57	32.0%
Not sure	2	1.1%

When asked about the frequency of meetings with their clinical supervisors, the majority of the respondents met monthly (36%; n=65) and are closely followed by those who met every week (34%; n=61) as illustrated in Figure 1. Approximately 15% (n=27) of the total respondents met with nurse educators every two weeks while 4% either met daily (n=7) or never had a meeting (n=6).

In terms of their satisfaction with the learning at the CLE, respondents were overwhelmingly pleased with 59% (n=103) ‘very satisfied’ and 39% (n=69) ‘satisfied’ responses (Figure 2). Only a tiny minority (2%; n=3) expressed dissatisfaction regarding their learning at the practice while none was very dissatisfied.

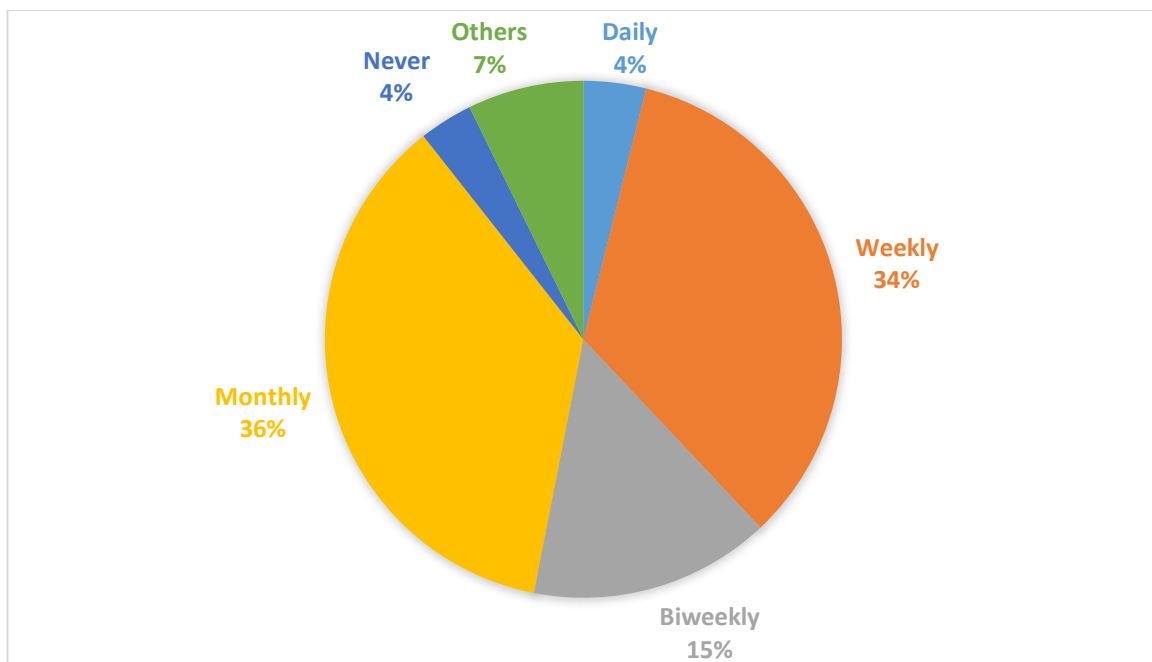
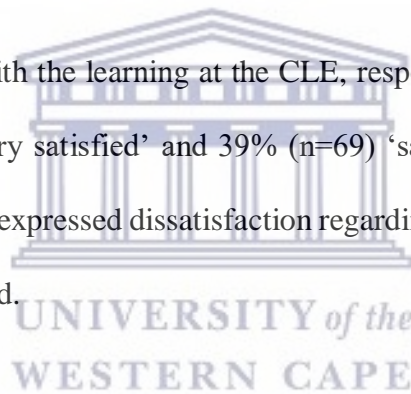


Figure 1: Respondents' frequency of meeting with nurse educator during the latest clinical placement (n=179)

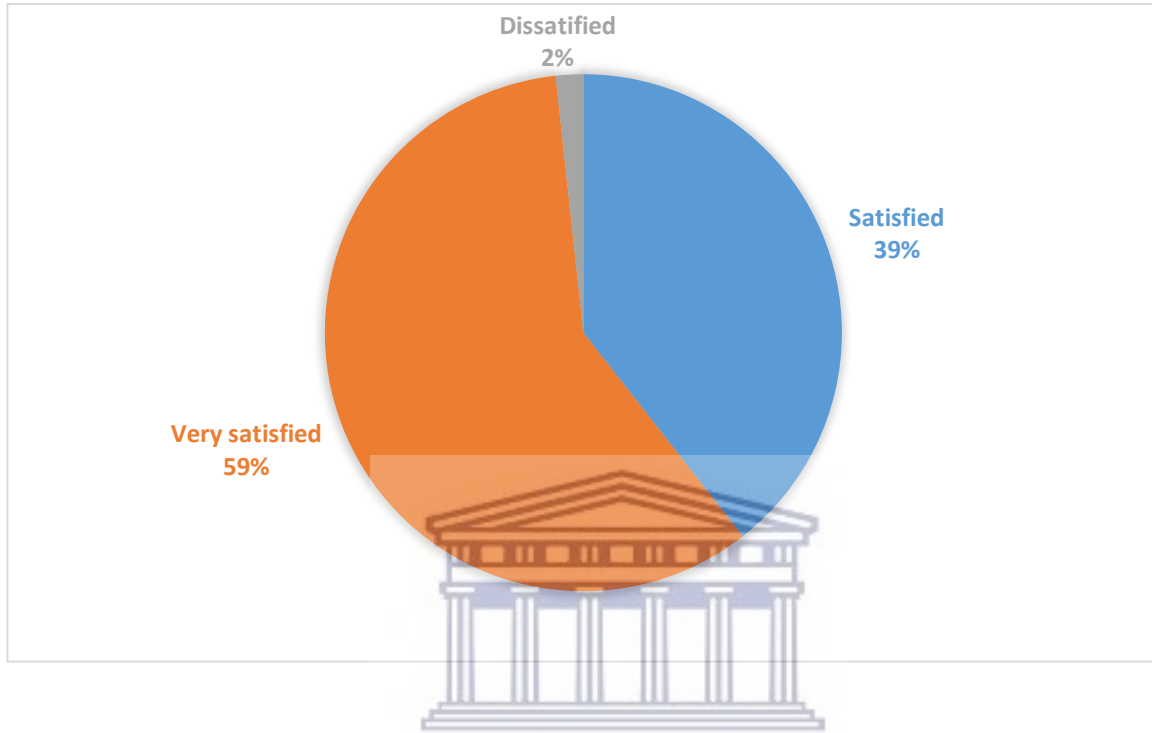


Figure 2: The level of satisfaction regarding the learning in the last clinical placement (n=175)

4.5 Integration of theory to practice

This section addresses the importance of the interconnection between the theoretical knowledge acquired in classrooms and practical instructions received in clinical practice using specific questions. Results obtained generally indicated that the theory was indeed integrated into the practice as revealed by the positive ('satisfied' and 'very satisfied') responses (Figure 3). Respondents were positive that what is learned in the classroom is practiced (91%; n=160) and reinforced in the ward (91%; n=160); and that the nurse educator was capable (85%; n=149) and also assisted respondents (84%; n=148) in achieving this. However, about 38%

(n=66) were satisfied that there may be conflicts between some procedures taught in the classroom and the real situation on the ward.

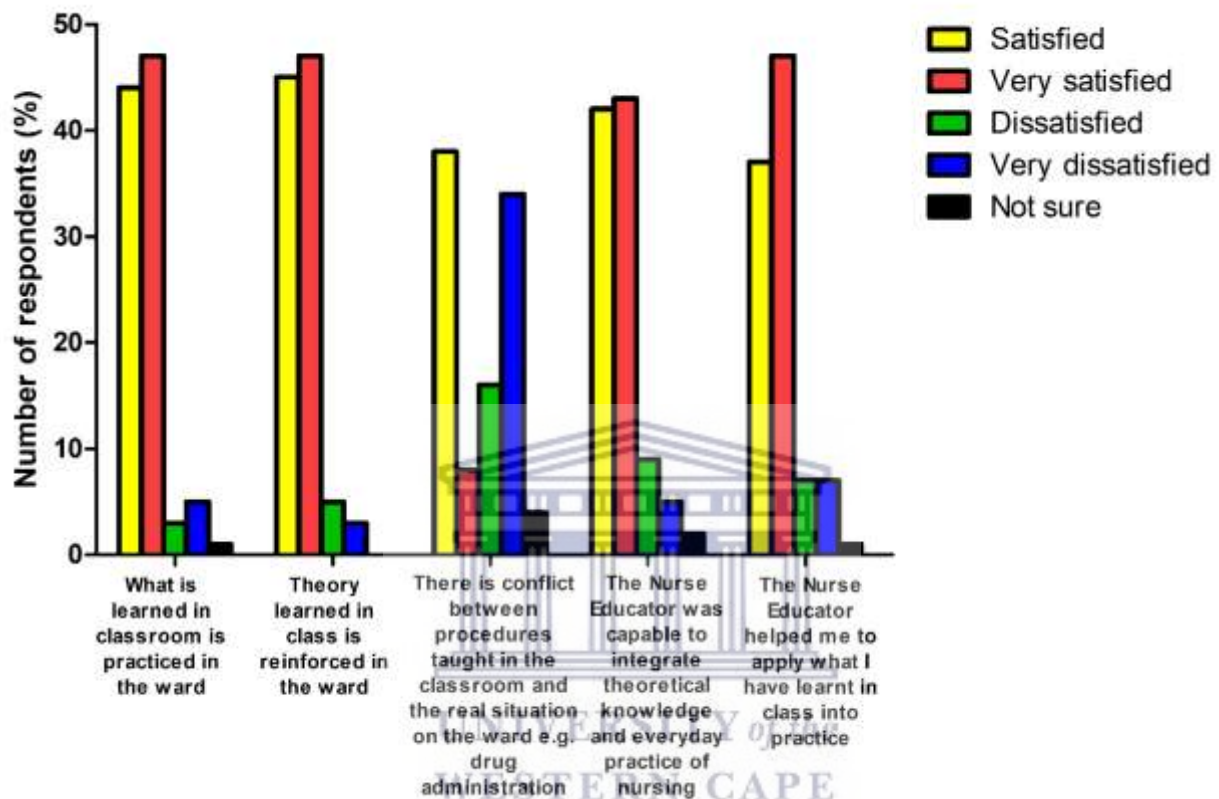


Figure 3: Distribution of responses to the questions to evaluate the integration of theory to practice (n=175)

4.6 Task involvement and opportunities for learning

Here, questions were asked in an attempt to determine if nursing students were involved in the tasks within the CLE and if learning opportunities were made available. The responses were overall cumulatively positive ('agree' and 'strongly agree') indicating that students were indeed carried along in the day-to-day activities of the CLE which may improve their learning (Figure 4). The respondents understood what was expected of them (80%; n=143); were made to concentrate on tasks (71%; n=125); and learnt problem-solving (85%; n=149) during practice. They were also allocated patients rather than tasks (70%; n=122); got actively

involved in the ward activities (86%; n=151) and had opportunities to learn to be independent (73%; n=128).

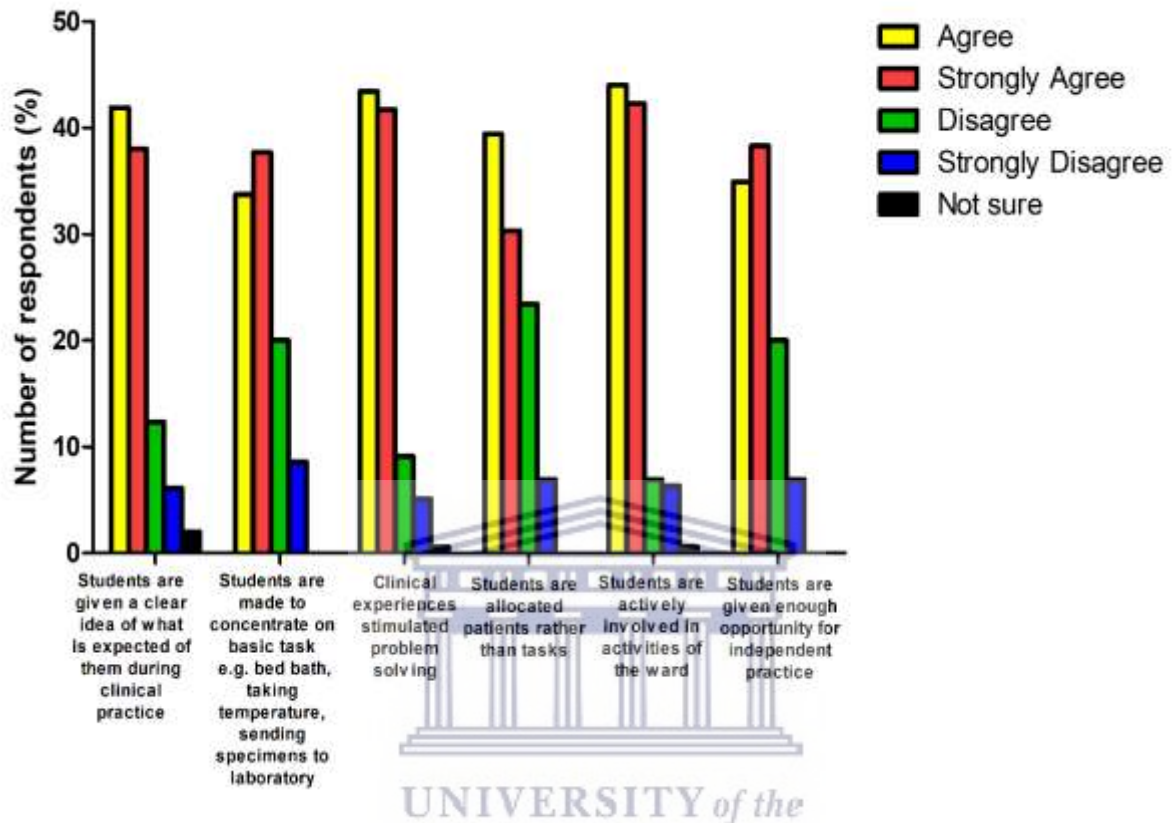


Figure 4: The involvement of students in tasks and availability of opportunities for learning (n=175)

4.7 Innovative approaches in teaching

Respondents were overwhelmingly positive ('Yes') regarding the use of innovative approaches during the teaching at the clinical practice as illustrated in Figure 5. About 94% (n=164), 90% (n=157), 69% (n=121), and 97% (n=170) opined that case-based learning, reflection, clinical conference, and case study were routinely used.

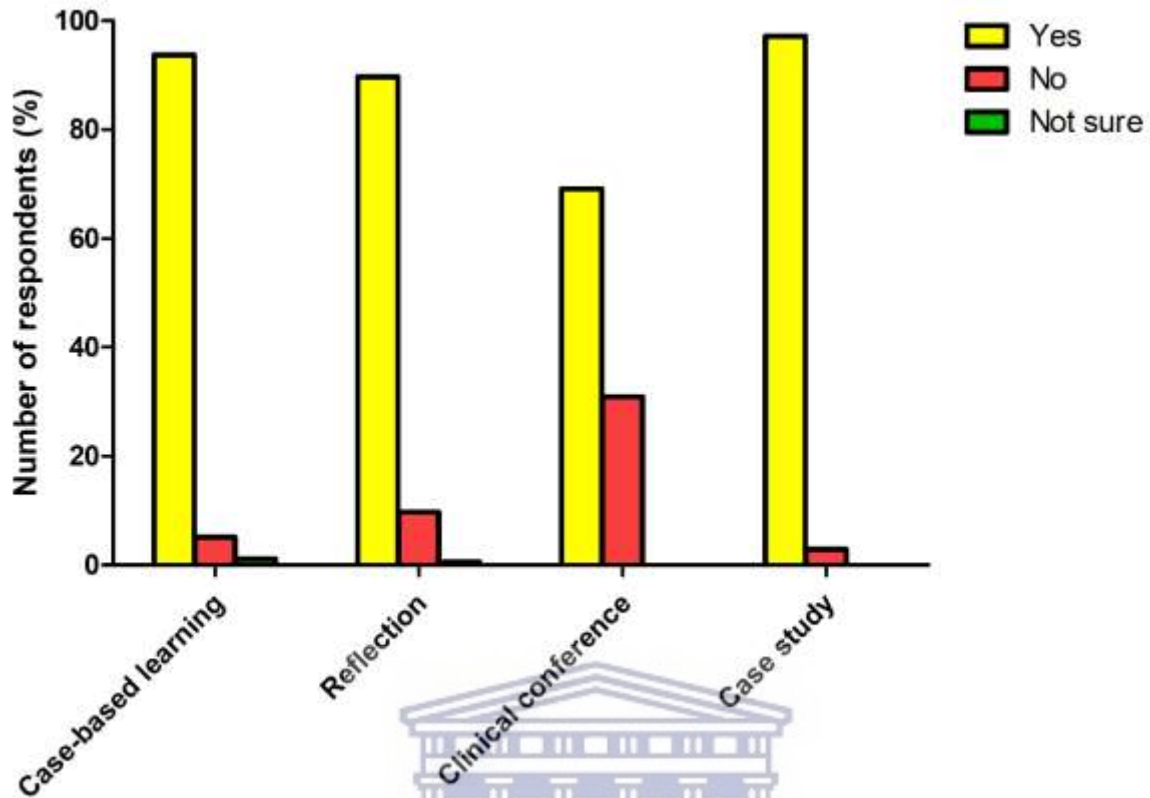


Figure 5: The use of innovative approaches for teaching at practice (n=175)



4.8 Peer support

In this study, a vast majority of the respondents were positive ('agree' and 'strongly agree') about the peer support for one another during clinical practice as shown in Figure 6. Respondents believed students support (90%; n=161) and teach (90%; n=158) each other as well as helping one another in task allocation (89%; n=156). About 84% (n=147) also believed that the senior students assist the junior ones during practice.

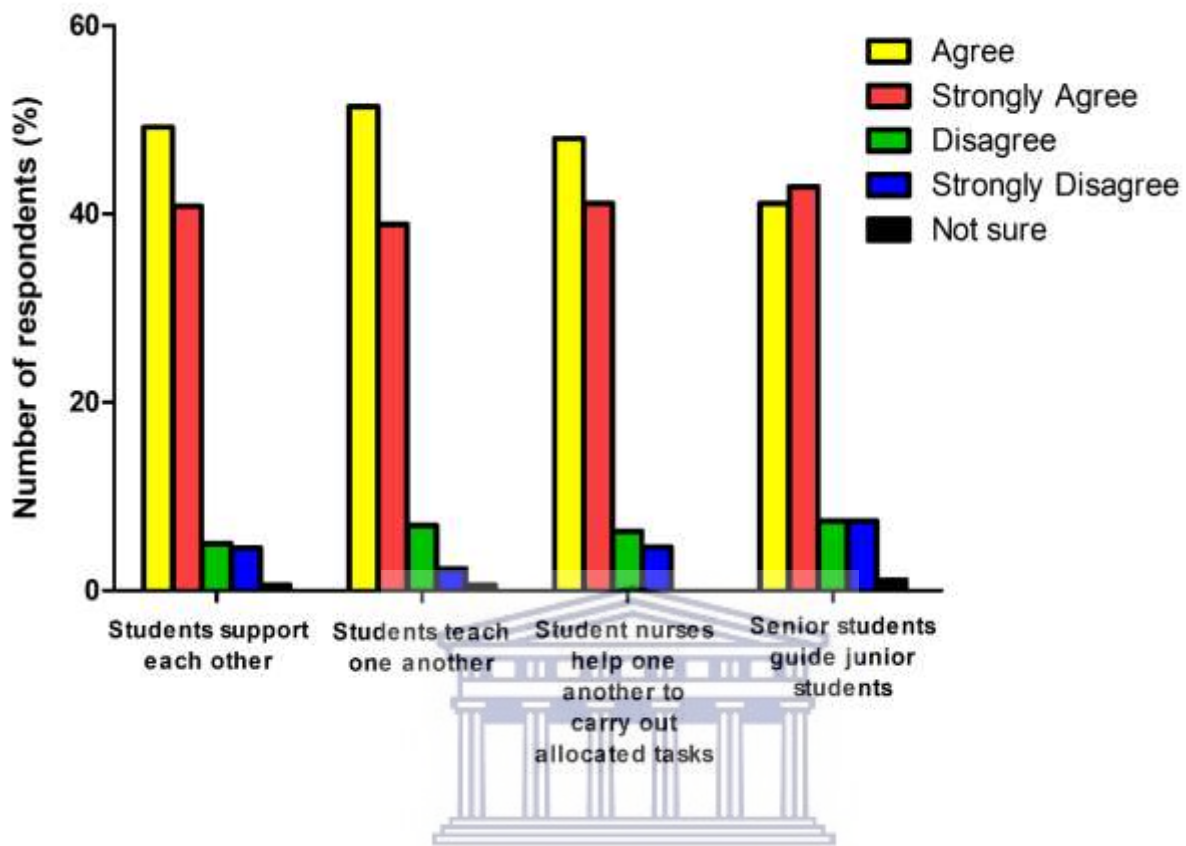


Figure 6: Peer support among respondents at practice (n=175)

UNIVERSITY of the
WESTERN CAPE

4.9 Feedback

Questions were asked to assess if respondents received constructive feedbacks about their performance on the care of patients, procedures conducted and their general progress during clinical practice. Responses were altogether positive ('agree' and 'strongly agree'); approximately 82% (n=147), received feedback continually, learned from the feedback from the nurse manager (77%; n=135), which led to an improvement in performance (86%; n=150) (Figure 7). Regular feedbacks were also received from professional nurses (79%; n=138), nurse educators (80%; n=140), and clinical staff (85%; n=148).

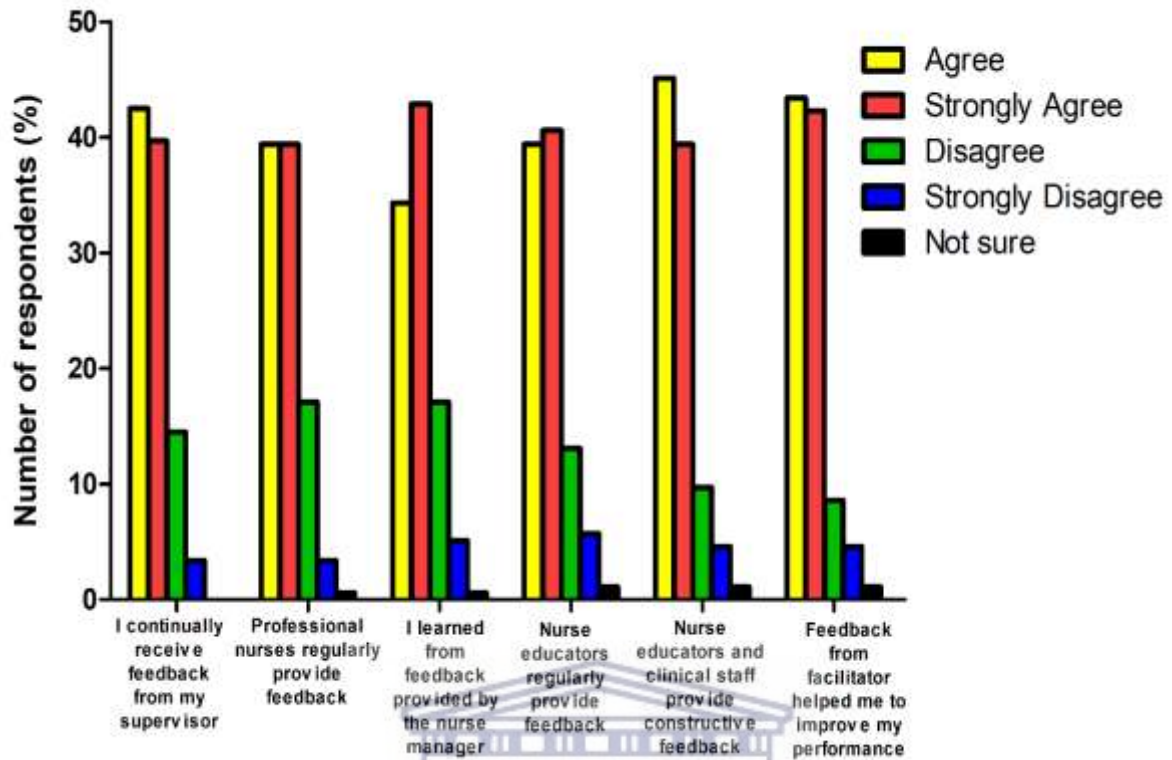


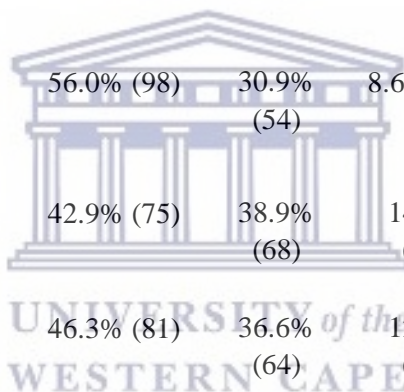
Figure 7: Constructive feedbacks received on respondents' performance at clinical practice (n=175)

4.10 Conducive clinical learning environment

In this section, the educational atmosphere of the CLE was evaluated by the aid of relevant questions such as those on the approachability, attitude, and unity of the ward staff. Other questions described the comfortability of the students around the ward and at meetings in addition to their general feeling of belonging to the team and ward. Responses were predominantly indicative of a positive ('agree' and 'strongly agree') atmosphere conducive for learning at the CLE as presented in Table 4. None of the questions resulted in more than 20% cumulative negative ('disagree' and 'strongly disagree') responses except the 24% (n=43) that believed that staff does not know students' names.

Table 4: The educational atmosphere of the clinical learning environment

Questions	Responses				
	Agree % (n)	Strongly Agree % (n)	Disagree % (n)	Strongly Disagree % (n)	Not sure % (n)
The staffs were easy to approach.	52.0% (93)	31.8% (57)	11.7% (93)	4.5% (8)	0.0% (0)
Student nurses are encouraged to ask questions.	52.0% (91)	36.6% (64)	6.9% (12)	4.6% (8)	0.0% (0)
There is a relationship between training institutions and clinical facilities.	56.0% (98)	30.9% (54)	8.6% (15)	4.6% (8)	0.0% (0)
I felt comfortable going to the ward at the start of my shift.	42.9% (75)	38.9% (68)	14.3% (25)	4.0% (7)	0.0% (0)
There was a good spirit of unity among the nursing staff in the ward.	46.3% (81)	36.6% (64)	12.0% (21)	5.1% (0)	0.0% (0)
During staff meetings e.g. before shifts I felt comfortable taking part in the discussions.	51.4% (90)	33.1% (58)	12.0% (21)	3.4% (6)	0.0% (0)
Staffs know students by name.	47.4% (83)	27.4% (48)	17.1% (30)	7.4% (13)	0.6% (1)
Students are recognized and appreciated.	48.6% (85)	31.4% (55)	13.1% (23)	6.9% (12)	0.0% (0)
Student nurses are considered to be part of the nursing team.	44.6% (78)	38.9% (68)	10.9% (19)	5.7% (10)	0.0% (0)



Staffs show positive attitudes towards the supervision of student nurses.	40.6% (71)	40.0% (70)	15.4% (27)	4.0% (7)	0.0% (0)
There is a positive atmosphere on the ward	48.0% (84)	38.3% (67)	10.3% (18)	3.4% (6)	0.0% (0)

4.11 The nature of the ward / unit of clinical practice

The convenience of the nursing students at the ward/unit during clinical practice is central to the type of experiences they would have. In this study, approximately 69% (n=120) and 75% (n=132) of the respondents are positive ('agree' and 'strongly agree') that staff nurses see them as learners instead of workers and are good role models to the students, respectively (Figure 8).

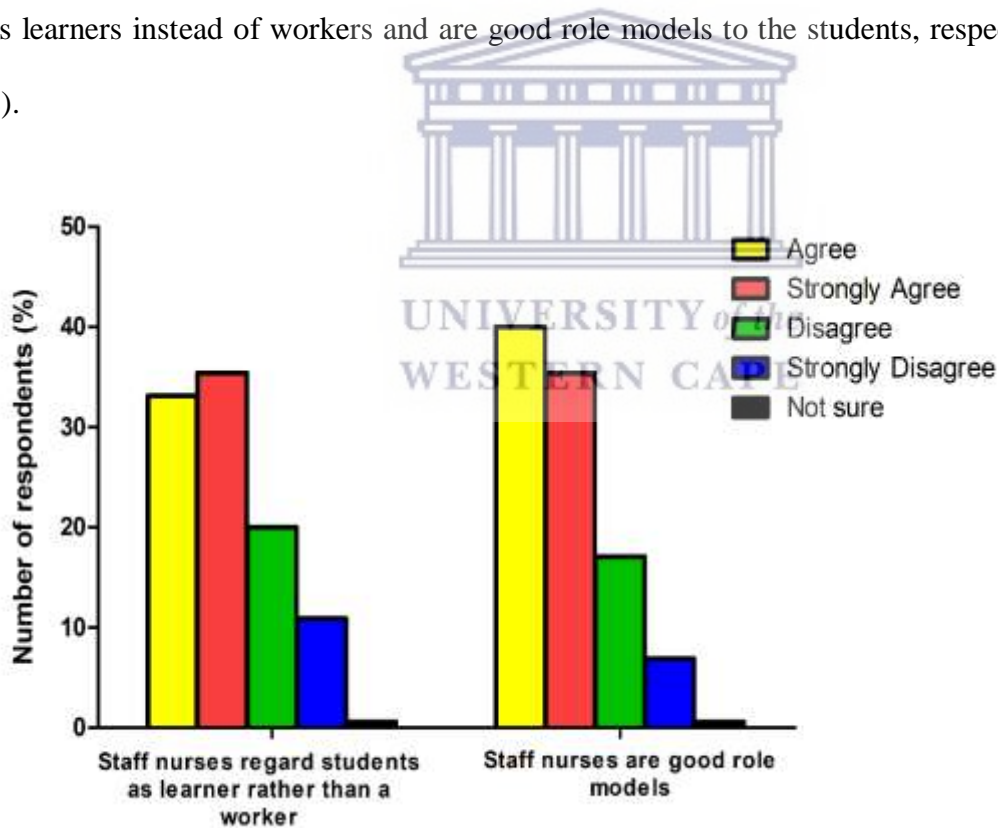


Figure 8: The ward/unit as a good learning environment (n=175)

As shown in Figure 9 below, respondents had positive ('agree' and 'strongly agree') opinions concerning the premises of nursing care at the ward. The ward nursing policies (83%; n=146) and documentation of nursing (87%; n=152) were made clear to students. Patients received

individual nursing care in the ward (82%; n=143) and there was no problem regarding information flow to students on patients' care (85%; n=148). However, about 75% (n=132) of the respondents believed that there were challenges for the organization and orientation for students.

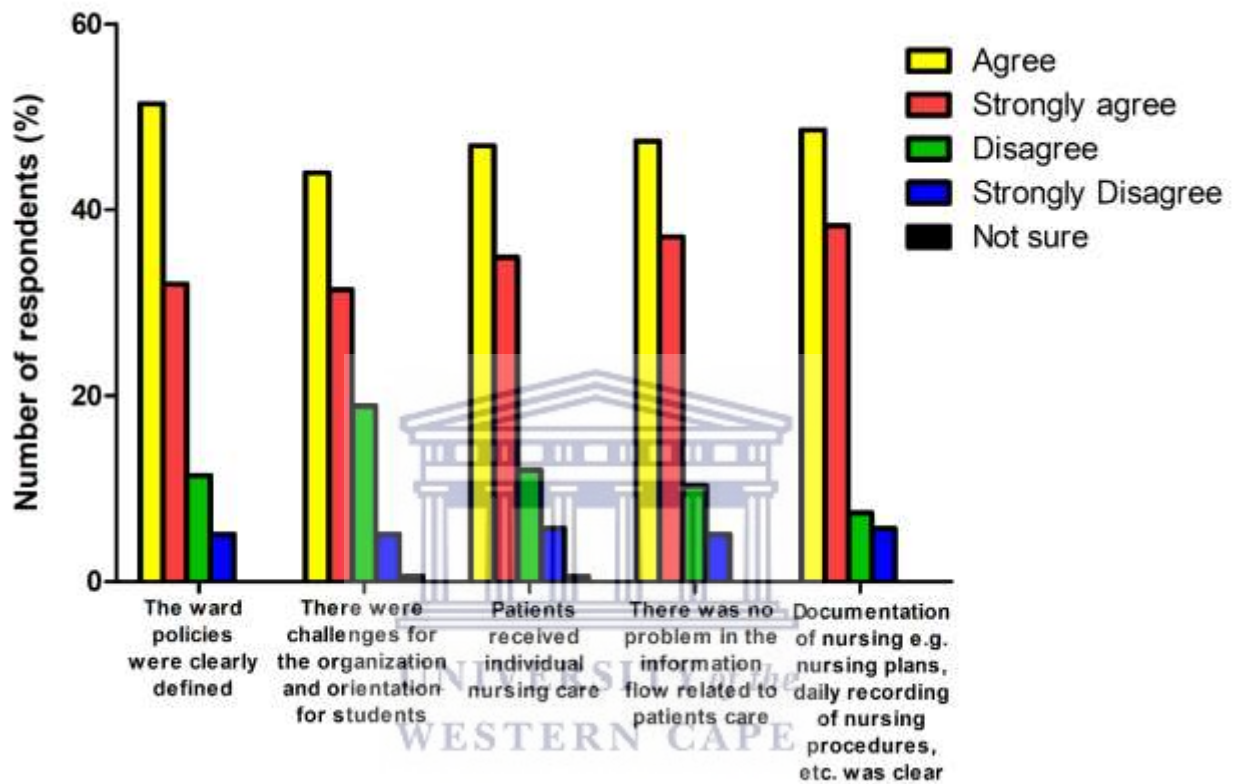


Figure 9: The premises of nursing care in the ward as a good learning environment (n=175)

The ward premises were overall good for learning based on the nursing students' responses as depicted in Figure 10. The cumulative responses were positive ('agree' and 'strongly agree') stating that the ward premises allowed sufficient meaningful learning (87%; n=153); interesting work (82%; n=143) and inculcated comprehensive learning contents (85%; n=148) although about 82% (n=143) of the nursing students felt they were sometimes kept busy just to look occupied.

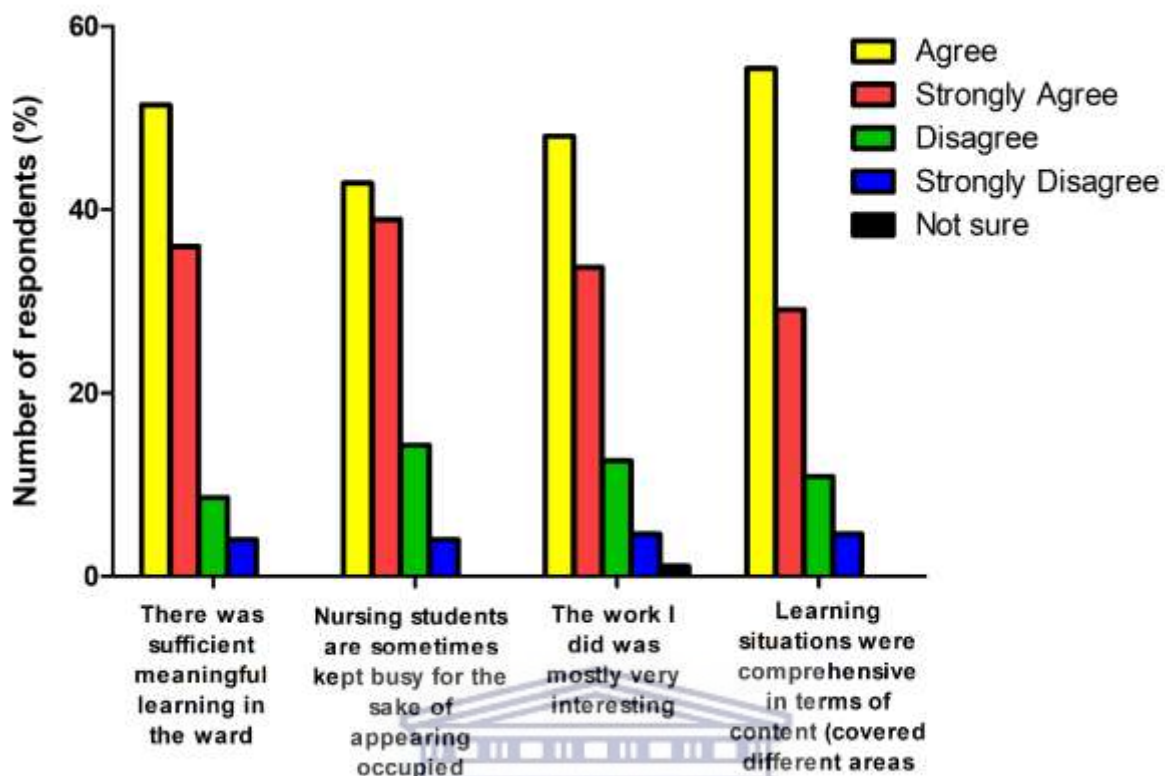


Figure 10: The premises of learning in the ward as a good learning environment (n=175)

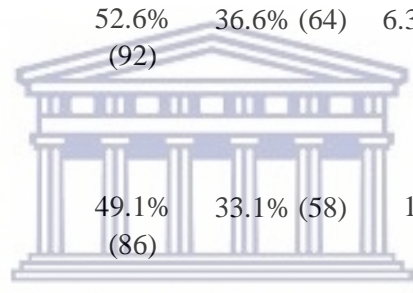
4.12 Leadership style of the nurse manager

The leadership style of the nurse manager at the clinical practice would affect the feeling, attitude, and performance of the staff, which in turn affect the experiences of nursing students at the practice. Again, in general, responses indicated a positive stance to the leadership style of the manager as presented in Table 5. Respondents believed the nurse manager was resourceful (89%; n=156) and a team member (82%; n=144); gave constructive feedbacks (81%; n=142); appreciated individual employees (87%; n=152); and influenced meaningful learning (87%; n=153). The work done by nursing students in the ward was most interesting (79%; n=138) and enjoyable (85%; n=149) while the learning situations were comprehensive (86%; n=150). Respondents were happy with their ward experiences (89%; n=156); looked forward to clinical practice (88%; n=154) and were eager to become a nurse (86%; n=149).

Curiously, 82% (n=143) and 66% (n=116) of the nursing students felt they were sometimes kept busy for the sake of appearing occupied and stressed in the clinical practice, respectively.

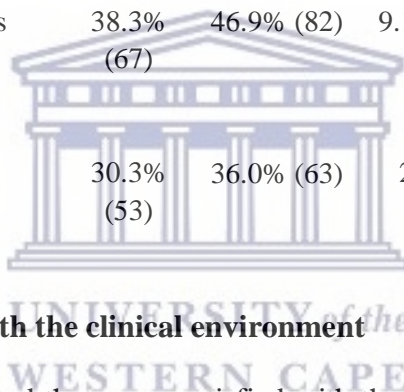
Table 5: The leadership style of the nurse manager at the clinical practice

Questions	Responses				
	Agree % (n)	Strongly Agree % (n)	Disagree % (n)	Strongly Disagree % (n)	Not sure % (n)
The Nurse Manager regarded the staff on his / her ward as key resource persons.	52.6% (92)	36.6% (64)	6.3% (11)	4.6% (8)	0.0% (0)
The Nurse Manager was a team member.	49.1% (86)	33.1% (58)	12.0% (21)	5.7% (10)	0.0% (0)
Feedback from the Nurse Manager was constructive and enhance my learning.	46.9% (82)	34.3% (60)	13.1% (23)	5.1% (9)	0.6% (1)
The efforts of individual employees were appreciated.	53.1% (93)	33.7% (59)	9.1% (16)	4.0% (7)	0.0% (0)
There was sufficient meaningful learning in the ward.	50.3% (88)	37.1% (65)	8.0% (14)	4.6% (8)	0.0% (0)
Nursing students are sometimes kept busy for the sake of appearing occupied.	41.1% (72)	40.6% (71)	13.1% (23)	5.1% (9)	0.0% (0)
The work I did was mostly very interesting.	42.9% (75)	36.0% (63)	16.0% (28)	5.1% (9)	0.0% (0)



UNIVERSITY of the
WESTERN CAPE

Learning situations were comprehensive in terms of content (covered different areas).	49.1% (86)	36.6% (64)	10.3% (18)	4.0% (7)	0.0% (0)
I enjoyed working in the ward.	41.1% (72)	44.0% (77)	9.7% (17)	4.6% (8)	0.6% (1)
I am happy with the experience I have had working in the ward.	45.1% (79)	44.0% (77)	6.3% (11)	4.6% (8)	0.0% (0)
I look forward to clinical practice.	41.1% (72)	46.9% (82)	6.3% (11)	5.7% (10)	0.0% (0)
The experience in the ward makes me eager to become a nurse.	38.3% (67)	46.9% (82)	9.1% (16)	5.7% (10)	0.0% (0)
I felt stressed and anxious in the clinical practice.	30.3% (53)	36.0% (63)	23.4% (41)	9.7% (17)	0.6% (1)



4.13 Student satisfaction with the clinical environment

Many of the respondents admitted they were satisfied with the clinical environment based on the compelling positive ('agree' and 'strongly agree') responses received when asked. Respondents enjoyed working in the ward (87%; n=152); were happy (89%; n=156); looked forward to clinical practice (89%; n=156); and eager to become nurses (90%; n=157) due to the experiences they had at the ward (Figure 11).

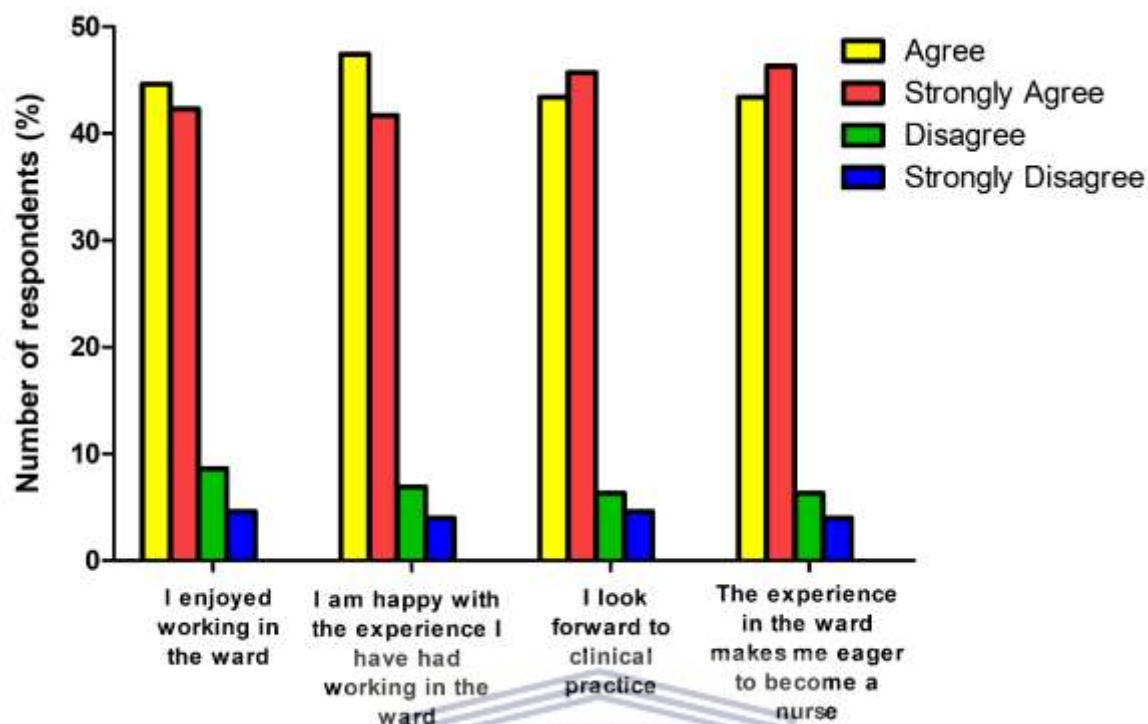


Figure 11: Student satisfaction with their clinical environment (n=175)

4.14 Challenges encountered during clinical practice

The challenges experienced by students at the clinical practice were determined by four questions in this study. Respondents expressed that stress and anxiety (64%; n=112) and work overload (70%; n=123) are some of the challenges of clinical practice even when there is sufficient equipment and supplies to help to learn (79%; n=138) (Figure 12). When asked about the possibility of the presence of tensions between nursing students at clinical practice, only a somewhat slim majority (58%; n=102) of the respondents gave positive ('agree' and 'strongly agree') answers.

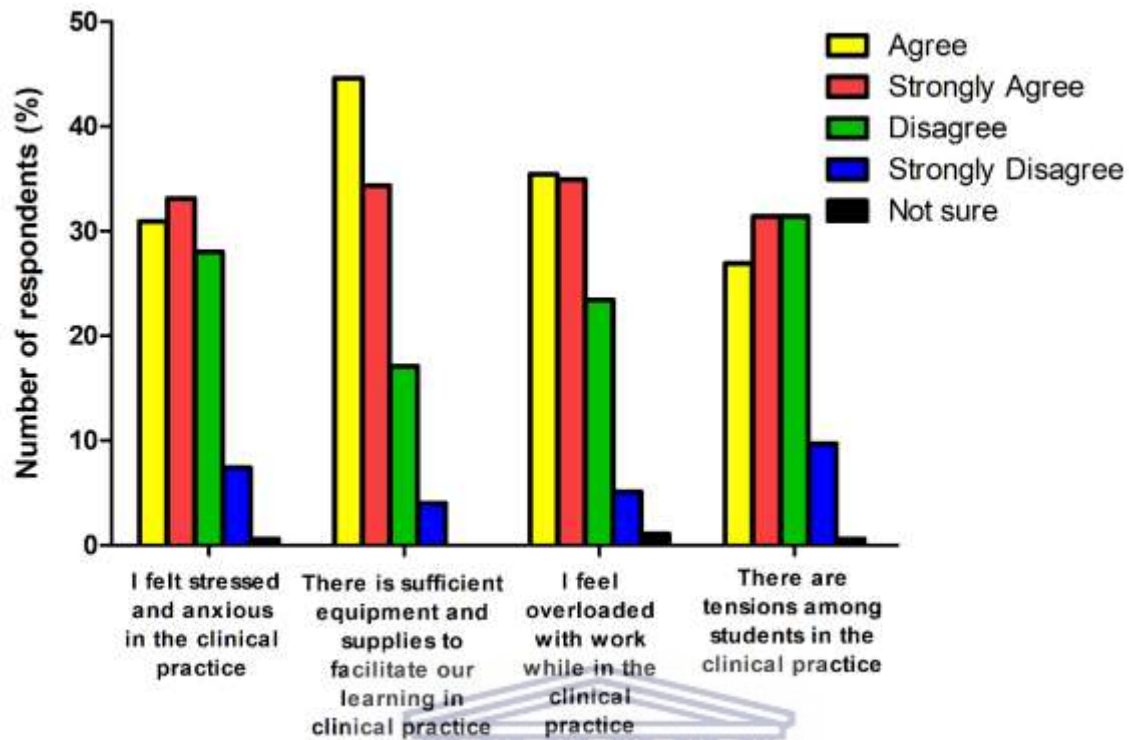


Figure 12: Challenges faced by students at clinical practice (n=175)

4.15 Supervision during clinical practice

Supervision during clinical practice is crucial to the experiences of nursing students. As shown in Figure 13, almost all (89%) of the respondents in this study received supervision during clinical practice. Respondents' supervision encompasses the occupational title of supervisors, method of supervision, the occurrence of supervision sessions with supervisor and type of supervisory relationship.

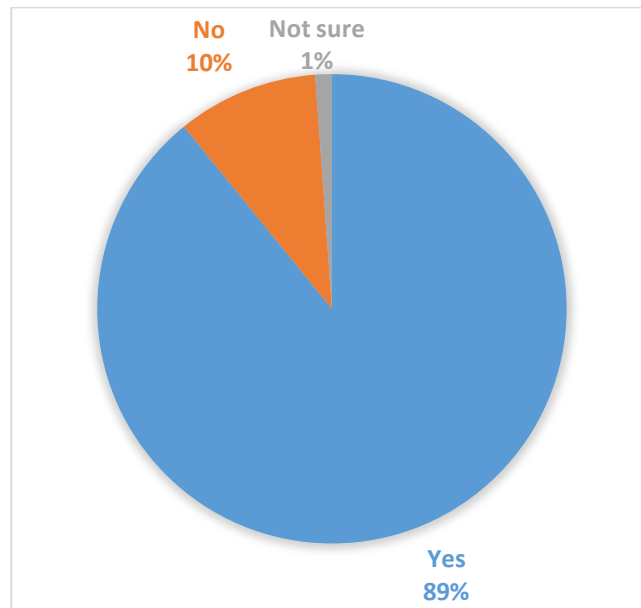


Figure 13: The supervision of students at clinical practice (n=175)

4.15.1 Occupational title of supervisor

Many of the supervisors of respondents in this study were registered nurses (43%; n=83) and these were followed by nurse educators (39%; n=76), nurse managers (15%; n=29) and enrolled nurses (3%; n=5) in that order as presented in Table 6. Only one of the supervisors is a nursing school supervisor.

Table 6: The different occupational titles of supervisor at the clinical practice

Occupational title (n=175)	Frequency	Percentage
Registered nurse	83	42.8%
Nurse educator	76	39.2%
Nurse manager	29	14.9%
Enrolled nurse	5	2.6%
Nursing school supervisor	1	0.5%

4.15.2 Method of supervision

In terms of the methods employed during supervision, respondents had a named supervisor (94%; n=164) called ‘preceptor’ (72%; n=126) and had several supervisors (71%; n=124) as shown in Figure 14. The supervisors also varied by work shifts (83%; n=164) and had several students (92%; n=161).

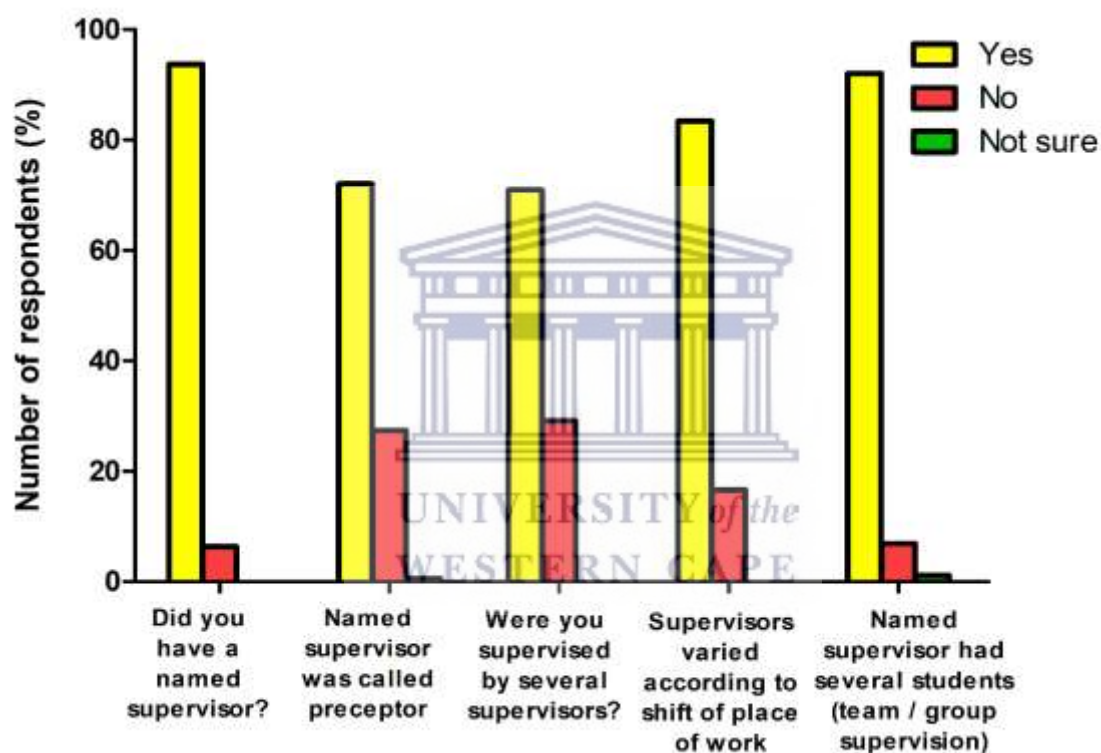


Figure 14: Method of supervision at clinical practice (n=175)

4.15.3 Supervision sessions

Respondents were asked about the frequency of sessions with their supervisors that was not organized by the nurse educators during clinical practice if any. About 41% responded that these sessions were never held while 29% opined that this happened only once or twice during placement (Figure 15). Others stated that the sessions were held once a week (17%), less than once a week (7%) and more often (5%).

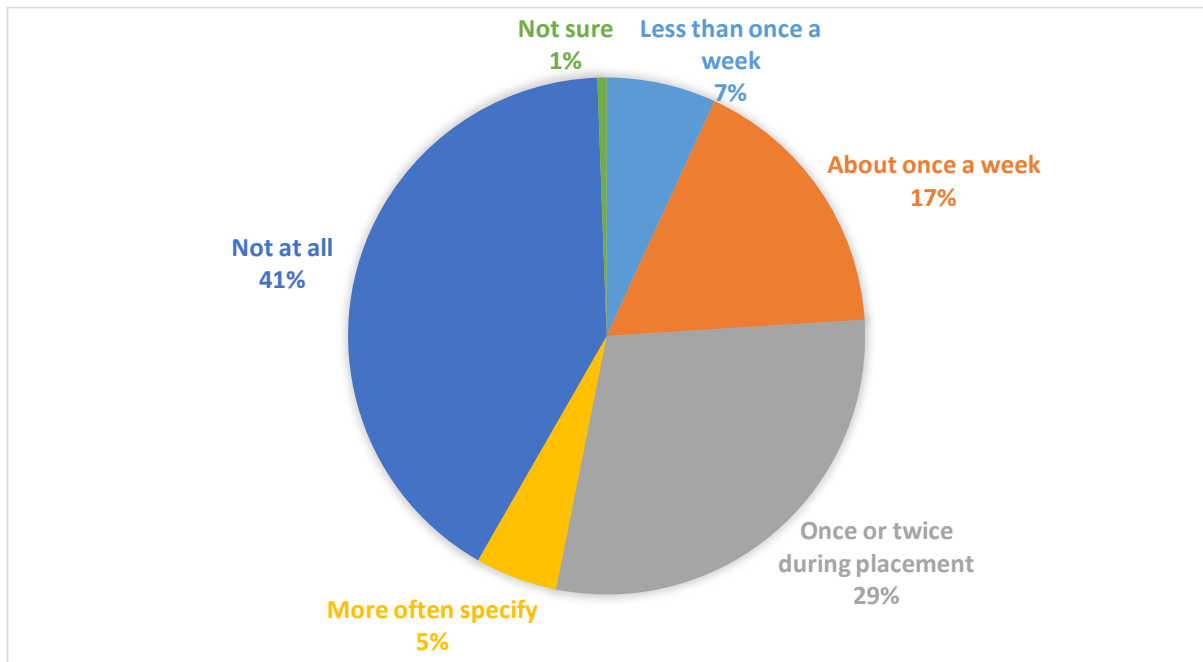


Figure 15: Frequency of supervision sessions at clinical practice (n=175)

4.15.4 Supervision of students

In the supervision of students, respondents had only positive ('agree' and 'strongly agree') remarks about the staff and nurses at the clinical placement based on the responses illustrated in Figure 16. The staff and nurses showed a positive attitude (87%; n=152); were willing to spend time teaching (79%; n=139) and guided the students to perform new skills (85%; n=149). However, 69% (n=120) of the respondents also mentioned that student nurses could not find help easily when needed.

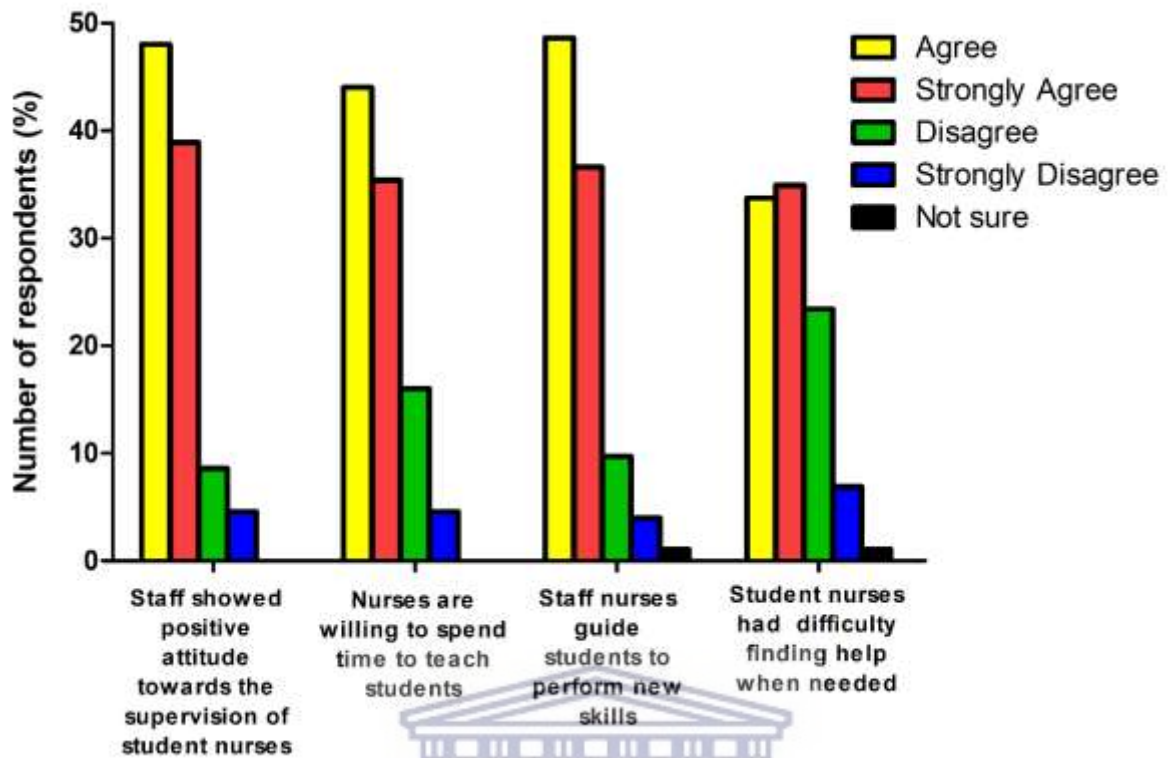


Figure 16: Supervision of students at the clinical practice (n=175)

4.15.5 Supervisory relationship

Concerning the type of supervisory relationship at the clinical practice, most of the respondents gave positive ('agree' and 'strongly agree') answers (Figure 17). The supervisor displayed a positive attitude (93%; n=162) and the relationship was mutual (90%; n=157) and based on equality (91%; n=60). Respondents felt they received individual supervision (82%; n=143) and were overall satisfied with the supervision received (89%; n=156).

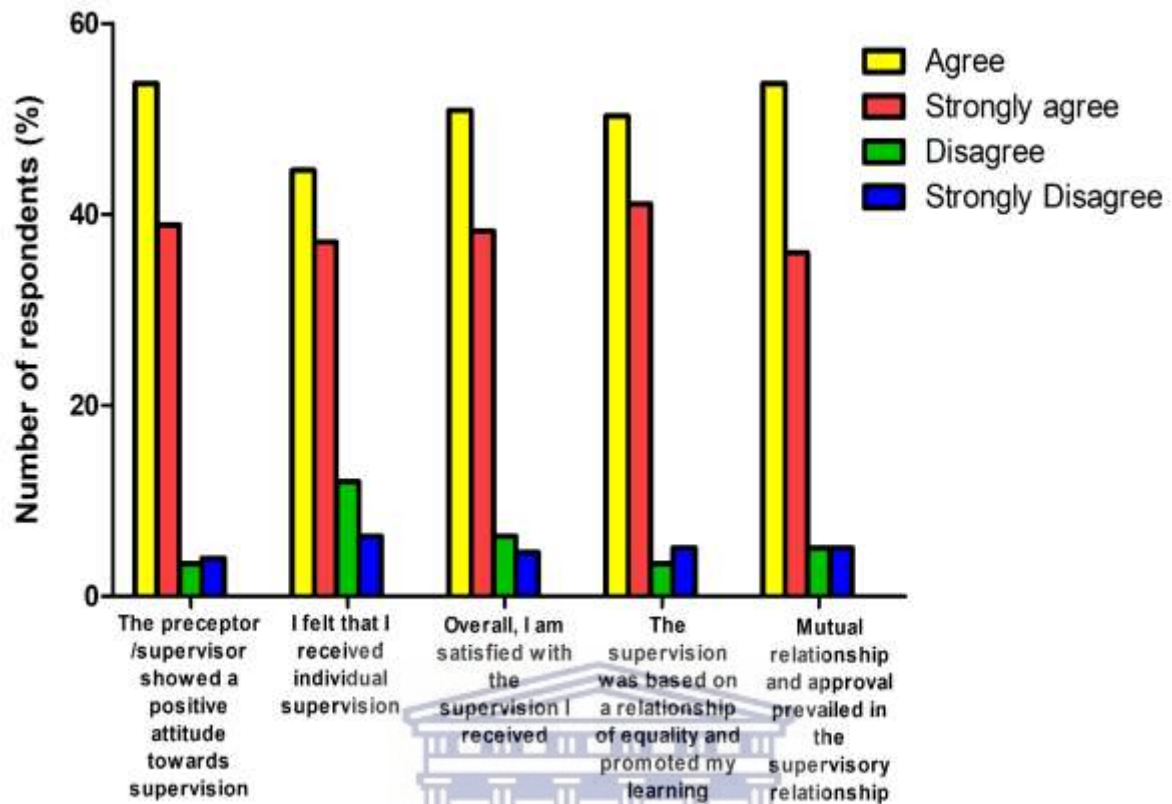


Figure 17: The supervisory relationship at the clinical practice (n=175)

UNIVERSITY of the
WESTERN CAPE

4.16 Summary

This chapter conferred the sample realisation, delineating the experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Town Metropole to address the objectives of the study. The results of the study are presented as reported by the fourth (4th) undergraduate nursing students at a university in the Western Cape as selected for the study. Chapter 5 presents a discussion of the results supported by literature used as a control.

CHAPTER 5

DISCUSSION

5.1 Introduction

The aim of this study was to explore the experiences of undergraduate fourth (4th) year nursing students in a mental health CLE in Cape Town Metropole. This chapter presents a summary and discussion of the findings, using literature as a control. The findings of the study were analytically discussed as they pertained to the exploration of the experiences of undergraduate (4th) year nursing students in mental health clinical learning environment (MHCLE) at a university in the Cape Town Metropole. Each quantitative result variable was carefully interpreted after the consideration of published relevant scientific literature and in relation to the student experiences at the MHCLE; assessment of the available opportunities for clinical learning and level of supervision they received.

5.2 Demographic data of respondents

As expected for a female-dominant profession such as nursing (Golden, 2018), about 70% (n=117) of the respondents in this study were females as shown in Table 2. More than one-third of the respondents (n=88) were also young, belonging to the 21 to 25 years' age category reflecting the popularity of the young ages among undergraduates in South Africa (South African Nursing Council, 2020).

5.3 Clinical placement

The respondents in this study have all undergone clinical placement in a clinical learning environment (CLE) domiciled in the Cape Town metropole where they were expected to be familiarised with the intricacies of the nursing mental health clinical practices. As shown in Table 3, the majority of the respondents in this study spent 4 – 6 weeks (43%; n=74) at the

CLE and 3 – 4 weeks (60%; n=106) at the mental health ward. Although the duration of the clinical placements varies from university to university and country to country, the World Health Organisation (World Health Organization, 2016) has recommended that the duration of clinical training should not be shorter than 50% of the minimum length of practice. This has been translated to a minimum of 2,300 hours in the UK (UK Nursing and Midwifery Council, 2010) and European countries (European Commission Directive 2005/36/EC, 2005), 800 hours in Australia (Australian Nursing and Midwifery Council, 2009) and 3,160 hours in Namibia (Republic of Namibia Gazette, 2004). In South Africa, however, the Nursing Act No. 33 of 2005 (South African Nursing Council, 2005, 2013) specifies that students must undergo at least 4,000 hours in clinical training before they qualify to be nurses. The duration of clinical placement has been postulated to influence the ability of student nurses to conduct work independently (Fadana & Vember, 2021). The longer the duration students devote to the CLE, the more they may be exposed to relevant practical nursing skills (Abouelfetoh & Al Mumtin, 2015). Students may experience more difficulty adapting to the rigours of clinical practice when placements are short (e.g. 2 weeks or less) as they are less exposed to the available learning opportunities (Watson-Miller, 2015).

Besides, students work closely with nurse educators at the CLE during their clinical practice, understudying them to learn critical nursing skills. These nurse educators oversee the students' learning and day-to-day activities and are usually the first point of call when any assistance is required. In the present study, respondents frequently met their educators mostly on a monthly (36%; n=65) or weekly (34%; n=61) basis as depicted in Figure 1. The frequency of the meetings with nurse educators has been reported to be directly proportional to the possibility of integrating theory into practice and overall satisfaction with clinical learning (Kaphagawani, 2015). The satisfaction of nursing students at the CLE can also be a consequence of the length

of stay during clinical placement (Abouelfetoh & Al Mumtin, 2015). Respondents in this study expressed mainly positive contentment (59% 'very satisfied' and 39% 'satisfied') regarding their learning at the CLEs (Figure 2) indicating a sufficient duration of clinical placements.

5.4 Integration of theory to practice

The clinical practice, at mental health CLEs in the present study, offers students the unique opportunity to learn to apply the professional nursing knowledge learnt in university classrooms to offer need-based care to patients. This knowledge application in clinical settings during practice is guided by a comprehensive grasp of evidence-based theory (Saifan et al., 2021). A theory-practice gap is said to occur when the theory learnt is not successfully translated to the capacity to deliver care to patients during clinical practice (Goodnough et al., 2016; Saifan et al., 2021). Respondents in this study, however, alluded to the absence of any theory-practice gap because what was learned in the classroom was being practiced (91%; n=160) and reinforced in the ward (91%; n=160) although few students (38%; n=66) expressed that conflicts in some procedures may exist (Figure 3). This means there are still opportunities to improve. Most of the respondents also positively opined on the professionalism and capacity of the nursing educators to facilitate the integration of theory to practice. Nursing educators play critical roles in the integration of theory to practice as they encourage learning through the provision of opportunities, inspiring and supporting students and also conducting timely and fair evaluations (Kaphagawani, 2015). Nurse educators in South Africa have been advised to engage in innovative teaching methods (e.g. use of online teaching and electronic resources and video conferencing) to stimulate evidence-based practice skills in students (Mthiyane & Habedi, 2018).

5.5 Task involvement and opportunities for learning

A mental health CLE is expected to give room for many learning opportunities for students in clinical practice. This will enable adequate clinical exposure that allows for the acquisition of proficiency and competency skills in students which will ultimately boost their confidence and preparedness for clinical practice (Motsaanaka et al., 2020). In this regard, participation in key nursing tasks centred around learning opportunities that are focused on ensuring holistic patient care has been suggested to accelerate learning and development of clinical skills in students (Haukongo, 2020). In this study, respondents overwhelmingly (more than 70%) implied they were given sufficient learning opportunities through involvement in tasks and patients' care allocation at their CLEs (Figure 4). This may have contributed immensely to their overall satisfaction in the last clinical placement and enabled better integration of theory to practice as observed in this study.



5.6 Innovative approaches in teaching

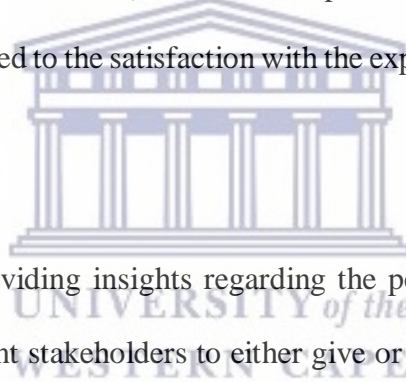
As shown in Figure 5, respondents affirmed that innovative approaches such as case-based learning (94%; n=164), reflection (90%; n=157), clinical conference (69%; n=121) and case study (97%; n=170) were employed during the teaching at the CLE. These innovative strategies involve deep constructive thinking and a paradigm shift from a teacher to a learner-centred approach aimed at preparing nursing students to be able to cope in the ever-changing clinical practice environments (Rao, 2019; Sharma, 2017). When employed by nurse educators, these methods also stimulate active participation in learning in the students thus, increasing their positive attitudes, confidence, patient management skills and critical reasoning (Kaphagawani, 2015). The use of innovative strategies by nurse educators during the teaching of student nurses in this study may have also influenced their satisfaction with the clinical placement.

5.7 Peer support

The formidable peer support among respondents in the present study was evident by the support (90%; n=161), teaching (90%; n=158) and help (89%; n=156) for one another and including the assistance given to junior students by their senior counterparts (84%; n=147) (Figure 6). Peer support improves learning within the CLE as it eliminates the need for conflicts, tensions and competition creating a conducive environment. Any issues or challenges encountered during clinical practice are easily shared which can promote faster resolutions (Jamshidi et al., 2016). Peer support enables collaboration, interaction and inter-personal development that is crucial for clinical learning and has been reportedly favoured by students than orthodox learning methods (Ravanipour et al., 2015). The massive peer support received by respondents in this study may have contributed to the satisfaction with the experiences of clinical placement.

5.8 Feedback

Feedback is the process of providing insights regarding the performance of students during learning and requires all relevant stakeholders to either give or receive if the set objectives or outcomes of learning are to be achieved. Such feedbacks may be in different formats; formal or informal, written or oral but should be unbiased, constructive and honest, primarily focussing on enhancing learning in students during clinical placement (Nuuyoma, 2021). Feedbacks addressed to students can assist them to reflect critically on their performance and enlighten them on areas needing significant improvements thereby leading to general pleasant experiences at the clinical placement. Thus, students place great value on feedbacks and look forward to utilizing them to improve their learning performance in clinical placements as reported by studies in Australia, US and UK (Dawson et al., 2019; Deeley et al., 2019; Jug et al., 2019; Nuuyoma, 2021). In this study, at least 77% of the respondents stated that they continually receive constructive feedbacks from their supervisors, professional nurses, nurse



managers or nurse educators which may have profound influences on their general performance at the CLE (Figure 7).

5.9 Conducive clinical learning environment

The role of a conducive CLE, which includes the general ward educational atmosphere and ward staff inter-personal relationships, behaviour or attitudes together with the availability of adequate learning opportunities, in enabling positive experiences of students in clinical placements cannot be over-emphasized (Flott & Linden, 2016; Mbakaya et al., 2020). Such a conducive CLE must focus on the educational needs of students and not just on delivering quality care to patients (Subke et al., 2020). As presented in Table 4, respondents in this study believed the CLE was conducive enough for learning and maybe responsible, at least in part, for their satisfaction experienced in clinical placements. Students were allowed to be free, comfortable, and happy with the conduct of the staff. This is contrary to some reports where staffs were not friendly, had bad attitudes and could not relate professionally with students leading to an unfavourable learning atmosphere and environment (Kaphagawani, 2015).

5.10 The nature of the ward/unit of clinical practice

The results in Figure 8 show that respondents mainly stated positive remarks about the staff nurses in the ward because they regard the students as learners rather than just workers (69%; n=120) and also avail themselves as the students' role models (75%; n=132) during clinical practice. Besides, the premises of nursing care in the ward in terms of nursing policies, care and information flow demonstrated positive opinions by at least 70% of the respondents (Figure 9). Furthermore, the premises enabled adequate learning in the ward through the availability of learning opportunities (87%; n=153); interesting work (82%; n=143) and learning contents (85%; n=148) (Figure 10). The friendly and positive ward atmosphere in this study that is

encouraged by the ward nursing staff and premises facilitates learning in the CLE and positive experiences by the students. This agrees with the earlier reports where ward staff demonstrated appreciation, politeness and willingness to teach students allowing the effectiveness of clinical supervision and promotion of self-belonging in students (Watson-Miller, 2015). A good ward atmosphere also breeds cooperation and interpersonal relationships between the ward staff and students which boosts the confidence and preparedness of students to perform excellently in clinical practice (Dyar et al., 2019).

5.11 Leadership style of the nurse manager

The leadership style employed by the nurse manager at a CLE may influence the learning outcomes of students undergoing clinical practice and impacting their experiences. Different leadership styles have been identified among nursing managers such as visionary, coaching, affiliate, democratic, commanding, and isolating which have been based on two leadership theories – transformational or participative (Xu, 2017). The vast majority of the respondents in this study are generally in support of the preferred leadership style of the nursing managers at their CLEs as can be seen by the positive responses presented in Table 5. This agrees with previous studies (Haukongo, 2020) that reported the satisfaction of students in the leadership styles of the nurse manager.

5.12 Student satisfaction with the clinical environment

Student satisfaction with their experiences at the CLE has been linked to the good working environment in the wards (Smith et al., 2018). A good clinical environment gives a clear picture of where the students aspire to be as professional nurses (Smith et al., 2018). The significantly high percentage of respondents (>87%) that were positively satisfied by their CLE and were eager to be nurses and looked forward to clinical practice (Figure 11), implied the occurrence

of a good clinical environment. Similar findings were reported earlier (Abouelfetoh & Al Mumtin, 2015) where nursing students are found to be more likely to be excited about practicing in wards where the environment is conducive.

5.13 Challenges encountered during clinical practice

In terms of the challenges encountered by students at the CLE, respondents in this study pinpointed stress, anxiety (64%; n=112), work overload (70%; n=123) and less frequently, tensions between peers (58%; n=102) as the likely difficulties irrespective of the presence of enough learning tools (Figure 12). Student nurses often experience disagreement between each other, or with the nurse staff at CLEs (McCloughen & Foster, 2018). The report by the same authors (McCloughen & Foster, 2018) also revealed that some of the issues causing disagreements may include students speaking up for themselves when things are done in a way they think is not right, or an unkind and unprofessional way of communication by the staff nurses. These are possible reasons for the development of tension among the students and with the staff (Perry et al., 2018). The tension caused by these conflicts creates an uncomfortable environment for learning. Improved emotional intelligence and a more professional way of communication create a better learning environment for nursing students (McCloughen & Foster, 2018; Pitkänen et al., 2018).

The main challenge identified in CLE in this study was the issue of work overload. Many students suffer work overload in clinical placements as some nurse staffs see students as an opportunity to be relieved from some aspects of their work (Kaphagawani, 2015). This challenge even becomes more pronounced in regions where shortages of qualified nurses persist (Haukongo, 2020; Suliman & Aljezawi, 2018). The well-planned workload in clinical practice results in good experiences during clinical practice (Abouelfetoh & Al Mumtin,

2015). However, despite these challenges, the majority of the students expressed satisfaction with their experiences in clinical placements.

5.14 Supervision during clinical practice

The students' experiences at CLEs are generally affected by the method used for supervision, the occurrence of supervision sessions and type of supervisory relationship. In this study, almost all the respondents received supervision (Figure 13), had named supervisors (94%; n=164) who supervised individually or in a group (Figure 14) and which may have corresponded to the large number of students who were satisfied with the supervision they received. The majority of these supervisors were registered nurses (43%; n=83) or nurse educators (39%; n=76) (Table 6). To support these findings, Pitkänen and colleagues (Pitkänen et al., 2018) reported that students with named supervisors had overly satisfactory CLE experiences. The method of supervision also has effects on the type of experiences obtainable at a given CLE, for example, group supervisions were found to result in less satisfactory learning outcomes when compared to individual supervisions due to several factors such as the shadowing of other students who cannot express themselves as strong as others (Kisthinios & Carlson, 2019). Therefore, the observations in this study that supervision sessions with students were never held (41%) or only held once or twice during placement (29%) as shown in Figure 15, is concerning and must be urgently addressed.

The satisfaction of respondents in this study with their clinical practice as well as the conducive CLE can also be the consequences of the positive disposition of nurse professionals and staff who showed positive attitudes (87%; n=152); spent quality time teaching (79%; n=139) and guided the students to perform new skills (85%; n=149) (Figure 16). Additionally, and corresponding to this study's findings as illustrated in Figure 17, previous studies have also

reported a higher percentage of nursing students with positive supervisory relationships with their supervisors (Pitkänen et al., 2018). A positive relationship between the student and the supervisor creates a good clinical learning environment for nursing students (Ekstedt et al., 2019; Khatoon et al., 2019). This was obvious in the current study where most of the respondents (>80%) revealed their satisfaction with the level and type of supervision received at the clinical placements. They opined that their relationships with supervisors were mutual and based on equality which may have promoted learning at the CLE and resulted in positive experiences. The study conducted by McCloughen and Foster (2018) also revealed that mutual professional relationships between the professionals and the students created a good learning environment for nursing students.

5.15 Summary

In this chapter the results of the study were discussed supported by existing literature related to the topics identified. The discussions highlight the findings in line with the results of some studies conducted nationally and internationally. However, the need for further research into the experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Town Metropole was identified. This study therefore makes a meaningful contribution to the field of study.

CHAPTER 6

SUMMARY OF RESULTS, RECOMMENDATIONS, AND LIMITATIONS

6.1 Introduction

The aim of this study was to explore the experiences of undergraduate fourth (4th) year nursing students in a mental health CLE in Cape Town Metropole. This chapter includes a summary of the key findings of this study; recommendations for clinical practice, education and research; description of the limitations of the study; and a concluding statement.

6.2 Summary of results

The respondents in this study consist of 70% females who are mostly young with ages between 21 to 25 years and have spent, for the most part, 4 – 6 weeks at the CLE and 3 – 4 weeks at the ward for their clinical placements. Overall, the majority of the respondents were satisfied with the learning opportunities at the CLE and opined that the theory learnt in the classroom was indeed integrated into the practice at clinical placement. The positive experiences of the student nurses at the clinical placements may also be as a result of the innovative approaches employed during teaching; presence of adequate peer support; and the regular constructive feedbacks received from staffs and nurse educator. Other contributors to the satisfactory experiences are the conduciveness and educational atmosphere of the learning environment, leadership and supervision style of the registered nurses or nurse educators during clinical practice. However, the respondents also faced some challenges during clinical placements, notably, stress, anxiety, and work overload.

6.3 Recommendations

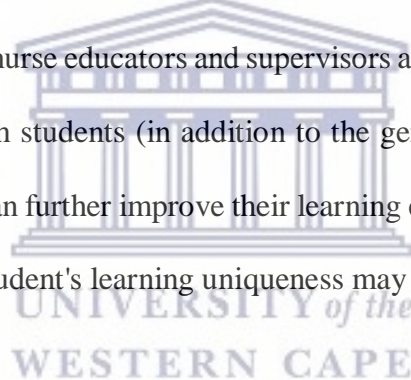
Based on the findings of this study and after careful interpretations of the data are generated the following points are recommended to further improve the experiences of undergraduate nurses in a MHCLE:

6.3.1 Clinical learning environment

A long duration as much as can be allowed at clinical learning environment (CLE) has the opportunity to foster more adaptation to the nursing practice, increase patient-nurse bonding, and give more room to be exposed to greater learning opportunities. Therefore, student nurses are to be encouraged to spend more time in the CLE and the mental ward during their clinical placement. During this period, nurse educators and supervisors at the CLE should also schedule more one-on-one meetings with students (in addition to the general meetings) to mentor and provide critical feedback that can further improve their learning experiences. An individualised approach that considers each student's learning uniqueness may significantly improve learning outcomes at the CLE.

6.3.2 Integration of theory to practice

In this study, some of the student nurses still believed there were some conflicts between procedures taught in the classroom and the real situation on the ward. This is despite the vast majority of the respondents affirming that innovative approaches such as case-based learning, reflection, clinical conference and case study were routinely used during teaching. Hence, it is recommended that nurse educators and supervisors should continuously update their knowledge and be familiar with recent advances in this area to reduce any theory-practice gap.

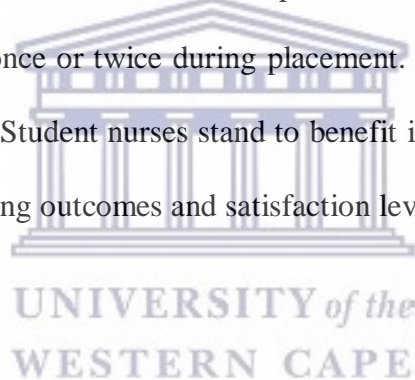


6.3.3 Challenges during clinical practice

Student nurses in clinical placement at CLEs should be primarily seen as learners. Thus, the issue of work overload on student nurses should be urgently addressed by the recruitment of more skilled nurses to take over some of the work. In addition, a culture of openness, oneness, justice and fairness should be encouraged within CLEs to reduce the occurrences of tensions between student peers. This will ultimately lead to more positive student experiences as conflicts and unhealthy competition are removed.

6.3.4 Supervision of student nurses at the clinical learning environment

In this study, it was observed that in some cases, supervision sessions with students at CLE were never held or only held once or twice during placement. It is, therefore, recommended that this situation is improved. Student nurses stand to benefit immensely from this approach which may improve their learning outcomes and satisfaction levels at the CLE.



6.4 Limitations

This study was conducted utilizing respondents in a university setting within the Cape Town metropole only, so the findings of the study may not be a general reflection of the experiences of every fourth (4th) year student in every university, suburb and South Africa as a whole.

6.5 Conclusion

The experiences of the undergraduate fourth (4th) year nursing students in the mental health clinical learning environment in this study were overall satisfactory despite the few challenges encountered by the students. There were many available opportunities for clinical learning at the mental health clinical learning environment during placement. Nursing students in the study also enjoyed high levels of supervision and support during their clinical practice.

REFERENCES

- Abouelfetoh, A., & Al Mumtin, S. (2015). Nursing students' satisfaction with their clinical placement. *Journal of Scientific Research and Reports*, 490-500.
- Admi, H., Moshe-Eilon, Y., Sharon, D., & Mann, M. (2018). Nursing students' stress and satisfaction in clinical practice along different stages: A cross-sectional study. *Nurse Education Today*, 68, 86-92. <https://doi.org/10.1016/j.nedt.2018.05.027>
- Ali, W. G., Banan, S. H. A. E., & Al Seraty, W. H. (2015). Effective clinical learning environment as perceived by nursing students at Al Dawadmi, applied medical sciences college: Actual versus preferred characteristics. *International Journal of Nursing Didactics*, 5(05), 01-06.
- Atakro, C. A., Armah, E., Menlah, A., Garti, I., Addo, S. B., Adatara, P. & Boni, G. S. (2019). Clinical placement experiences by undergraduate nursing students in selected teaching hospitals in Ghana. *BMC Nursing*, 18, 1. <https://doi.org/10.1186/s12912-018-0325-8>
- Australian Nursing and Midwifery Council. (2009). Registered Nurses: standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia-with evidence guide. *Canberra*, 12.
- Baraz, S., Memarian, R., & Vanaki, Z. (2015). Learning challenges of nursing students in clinical environments: A qualitative study in Iran [Original Article]. *Journal of Education and Health Promotion*, 4(1), 52-52. <https://doi.org/10.4103/2277-9531.162345>
- Bjørk, I. T., Berntsen, K., Brynildsen, G., & Hestetun, M. (2014). Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *J Clin Nurs*, 23(19-20), 2958-2967. <https://doi.org/10.1111/jocn.12532>

- Blomberg, K., Bisholt, B., Kullén Engström, A., Ohlsson, U., Sundler Johansson, A., & Gustafsson, M. (2014). Swedish nursing students' experience of stress during clinical practice in relation to clinical setting characteristics and the organisation of the clinical education. *J Clin Nurs*, 23(15-16), 2264-2271. <https://doi.org/10.1111/jocn.12506>
- Bolarinwa, O. (2015). Principles and methods of validity and reliability testing of questionnaires used in social and health science researches [Review Article]. *Nigerian Postgraduate Medical Journal*, 22(4), 195-201. <https://doi.org/10.4103/1117-1936.173959>
- Bray, F. (2014). *Student views on early clinical learning experiences*. Stellenbosch University.
- Bvumbwe, T., & Mtshali, N. (2018). Nursing education challenges and solutions in Sub Saharan Africa: an integrative review. *BMC Nurs*, 17(1), 3. <https://doi.org/10.1186/s12912-018-0272-4>
- Cant, R., Ryan, C., & Cooper, S. (2021). Nursing students' evaluation of clinical practice placements using the Clinical Learning Environment, Supervision and Nurse Teacher scale – A systematic review. *Nurse Education Today*, 104, 104983. <https://doi.org/https://doi.org/10.1016/j.nedt.2021.104983>
- Castillo-Angeles, M., Watkins, A. A., Acosta, D., Frydman, J. L., Flier, L., Garces-Descovich, A., . . . Kent, T. S. (2017). Mistreatment and the learning environment for medical students on general surgery clerkship rotations: what do key stakeholders think? *The American Journal of Surgery*, 213(2), 307-312.
- Dadgaran, I., Parvizy, S., & Peyrovi, H. (2013). Nursing students' views of sociocultural factors in clinical learning: A qualitative content analysis. *Japan Journal of Nursing Science*, 10(1), 1-9. <https://doi.org/https://doi.org/10.1111/j.1742-7924.2012.00205.x>

- Dale, B., Leland, A., & Dale, J. G. (2013). What factors facilitate good learning experiences in clinical studies in nursing: Bachelor students' perceptions. *ISRN Nurs*, 2013, 628679. <https://doi.org/10.1155/2013/628679>
- Dawson, P., Henderson, M., Mahoney, P., Phillips, M., Ryan, T., Boud, D., & Molloy, E. (2019). What makes for effective feedback: Staff and student perspectives. *Assessment & Evaluation in Higher Education*, 44(1), 25-36.
- Deeley, S. J., Fischbacher-Smith, M., Karadzhev, D., & Koristashevskaya, E. (2019). Exploring the 'wicked' problem of student dissatisfaction with assessment and feedback in higher education. *Higher Education Pedagogies*, 4(1), 385-405.
- Donough, G., & Van der Heever, M. (2018). Undergraduate nursing students' experience of clinical supervision. *Curationis*, 41(1), e1-e8. <https://doi.org/10.4102/curationis.v41i1.1833>
- Doyle, K., Sainsbury, K., Cleary, S., Parkinson, L., Vindigni, D., McGrath, I., & Cruickshank, M. (2017). Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students. *Nurse Educ Today*, 49, 27-32. <https://doi.org/10.1016/j.nedt.2016.11.001>
- Dyar, A., Lachmann, H., Stenfors, T., & Kiessling, A. (2019). The learning environment on a student ward: an observational study. *Perspectives on medical education*, 8(5), 276-283.
- Ecclestone, K., & Hayes, D. (2019). *The dangerous rise of therapeutic education*. Routledge.
- Ekstedt, M., Lindblad, M., & Löfmark, A. (2019). Nursing students' perception of the clinical learning environment and supervision in relation to two different supervision models—a comparative cross-sectional study. *BMC Nurs*, 18(1), 1-12.
- European Commission Directive 2005/36/EC. (2005). Of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications

- Professional Qualifications Directive. <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32005L0036&from=CS> (accessed 07 October 2021).
- Fadana, F. P., & Vember, H. F. (2021). Experiences of undergraduate nursing students during clinical practice at health facilities in Western Cape, South Africa. *Curationis*, 44(1), e1-e10. <https://doi.org/10.4102/curationis.v44i1.2127>
- Fawaz, M. A., Hamdan-Mansour, A. M., & Tassi, A. (2018). Challenges facing nursing education in the advanced healthcare environment. *International Journal of Africa Nursing Sciences*, 9, 105-110. <https://doi.org/https://doi.org/10.1016/j.ijans.2018.10.005>
- Flott, E. A., & Linden, L. (2016). The clinical learning environment in nursing education: a concept analysis. *Journal of Advanced Nursing*, 72(3), 501-513. <https://doi.org/10.1111/jan.12861>
- Franz, J. (2019). Towards a spatiality of wellbeing. In *School Spaces for Student Wellbeing and Learning* (pp. 3-19). Springer.
- Gemuhay, H. M., Kalolo, A., Mirisho, R., Chipwaza, B., & Nyangena, E. (2019). Factors Affecting Performance in Clinical Practice among Preservice Diploma Nursing Students in Northern Tanzania. *Nursing Research and Practice*, 2019, 3453085. <https://doi.org/10.1155/2019/3453085>
- Given, L. M. (2008). The SAGE encyclopedia of qualitative research methods (Vols. 1-0). <https://doi.org/10.4135/9781412963947>
- Golden, S. E. (2018). Strategies to Overcome Gender Bias in Maternity Nursing. *Nurs Womens Health*, 22(5), 366-371. <https://doi.org/10.1016/j.nwh.2018.07.001>
- Gonella, S., Brugnolli, A., Randon, G., Canzan, F., Saiani, L., Destrebecq, A., . . . Palese, A. (2020). Nursing students' experience of the mental health setting as a clinical learning

environment: Findings from a national study. *Perspect Psychiatr Care*, 56(3), 554-563.

<https://doi.org/10.1111/ppc.12467>

Goodnough, K., Falkenberg, T., & MacDonald, R. (2016). Examining the Nature of Theory–Practice Relationships in Initial Teacher Education: A Canadian Case Study. *Canadian Journal of Education / Revue canadienne de l'éducation*, 39(1), 1-28.

<https://www.jstor.org/stable/canajeducrevucan.39.1.05>

Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blue print for your house. December 2014. In: ed.

Gray, J. R., Grove, S. K., & Sutherland, S. (2017). *The practice of nursing research: Appraisal, synthesis and generation of evidence*. Elsevier.

Hampson, J., Gunning, H., Nicholson, L., Gee, C., Jay, D., & Sheppard, G. (2017). Role of clinical practice educators in an integrated community and mental health NHS foundation trust. *Nursing Standard*, 32(7), 49-55.10.

Happell, B., & Gaskin, C. J. (2013). The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. *Journal of Clinical Nursing*, 22(1-2), 148-158. <https://doi.org/https://doi.org/10.1111/jocn.12022>

Haraldseid, C., Friberg, F., & Aase, K. (2015). Nursing students' perceptions of factors influencing their learning environment in a clinical skills laboratory: A qualitative study. *Nurse Educ Today*, 35(9), e1-6. <https://doi.org/10.1016/j.nedt.2015.03.015>

Hattingh, H., & Downing, C. (2020). Clinical learning environment: Lived experiences of post-basic critical care nursing students. *International Journal of Africa Nursing Sciences*, 13, 100263. <https://doi.org/https://doi.org/10.1016/j.ijans.2020.100263>

Haukongo, N. N. (2020). *Nursing students satisfaction with clinical practice environment during their undergraduate training in Namibia*. Stellenbosch University.

- Hunter, L., Weber, T., Shattell, M., & Harris, B. A. (2015). Nursing students' attitudes about psychiatric mental health nursing. *Issues Ment Health Nurs*, 36(1), 29-34. <https://doi.org/10.3109/01612840.2014.935901>
- Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., & Najafi Kalyani, M. (2016). The Challenges of Nursing Students in the Clinical Learning Environment: A Qualitative Study. *The Scientific World Journal*, 2016, 1846178. <https://doi.org/10.1155/2016/1846178>
- Johnson, M., Cowin, L. S., Wilson, I., & Young, H. (2012). Professional identity and nursing: contemporary theoretical developments and future research challenges. *Int Nurs Rev*, 59(4), 562-569. <https://doi.org/10.1111/j.1466-7657.2012.01013.x>
- Jug, R., Jiang, X. S., & Bean, S. M. (2019). Giving and receiving effective feedback: A review article and how-to guide. *Archives of pathology & laboratory medicine*, 143(2), 244-250.
- Kalyani, M. N., Jamshidi, N., Molazem, Z., Torabizadeh, C., & Sharif, F. (2019). How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *BMJ Open*, 9(7), e028052. <https://doi.org/10.1136/bmjopen-2018-028052>
- Kaphagawani, N. (2015). Nursing Students Clinical Learning Experiences in Selected Colleges in Malawi: A Model to Facilitate Clinical Learning. North West University, South Africa. In.
- Khatoun, S., Sha, S. Y., Khan, A., Ali, Z., & Ali, S. A. (2019). Assessment of clinical learning environment, supervision (CLES) among nursing students, Hyderabad, Sindh, Pakistan. *Open Journal of Nursing*, 9(04), 408.
- Kisthinos, M., & Carlson, E. (2019). The content of meta-supervision in a nursing educational context. *Nursing open*, 6(2), 401-407.

Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13(6), 522-526.

<https://doi.org/10.1093/fampra/13.6.522>

Martin, P. D., & Daniels, F. M. (2014). The experiences of undergraduate nursing students working in mental health care settings in the Western Cape, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, 20(sup-1), 122-131.

<https://doi.org/doi:10.10520/EJC164810>

Mbakaya, B. C., Kalembo, F. W., Zgambo, M., Konyani, A., Lungu, F., Tveit, B., . . . Bvumbwe, T. (2020). Nursing and midwifery students' experiences and perception of their clinical learning environment in Malawi: a mixed-method study. *BMC Nurs*, 19,

87. <https://doi.org/10.1186/s12912-020-00480-4>

McCloughen, A., & Foster, K. (2018). Nursing and pharmacy students' use of emotionally intelligent behaviours to manage challenging interpersonal situations with staff during clinical placement: A qualitative study. *Journal of Clinical Nursing*, 27(13-14), 2699-2709.

Mertler, C. A. (2021). *Introduction to educational research*. Sage publications.

Moagi, M., van Rensburg, E. J., & Maritz, J. (2013). Student Nurses' Experiences of The Clinical Psychiatric Learning Environment in an Education Institution. *Journal of Psychology in Africa*, 23(2), 359-362.

<https://doi.org/10.1080/14330237.2013.10820637>

Montgomery, D. C. (2020). *Introduction to statistical quality control*. John Wiley & Sons.

Motsaanaka, M. N., Makhene, A., & Ally, H. (2020). Student nurses' experiences regarding their clinical learning opportunities in a public academic hospital in Gauteng province, South Africa. *Health SA Gesondheid*, 25(1).

Moyimane, M. B., Matlala, S. F., & Kekana, M. P. (2017). Experiences of nurses on the critical shortage of medical equipment at a rural district hospital in South Africa: a qualitative

study. *The Pan African medical journal*, 28, 100-100.
<https://doi.org/10.11604/pamj.2017.28.100.11641>

Msiska, G., Smith, P., & Fawcett, T. (2014). The “lifeworld” of Malawian undergraduate student nurses: The challenge of learning in resource poor clinical settings. *International Journal of Africa Nursing Sciences*, 1, 35-42.
<https://doi.org/https://doi.org/10.1016/j.ijans.2014.06.003>

Mthiyane, G. N., & Habedi, D. S. (2018). The experiences of nurse educators in implementing evidence-based practice in teaching and learning. *Health SA = SA Gesondheid*, 23, 1177-1177. <https://doi.org/10.4102/hsag.v23i0.1177>

Neuman, W. L. (2016). *Understanding research*. Pearson.

Ngulube, P. (2015). Trends in research methodological procedures used in knowledge management studies. *African Journal of Library, Archives and Information Science*, 25(2), 125-143.

Nuuyoma, V. (2021). Feedback in clinical settings: Nursing students' perceptions at the district hospital in the southern part of Namibia. *Curationis*, 44(1), 1-12.

Papastavrou, E., Dimitriadou, M., Tsangari, H., & Andreou, C. (2016). Nursing students' satisfaction of the clinical learning environment: a research study. *BMC Nurs*, 15(1), 44. <https://doi.org/10.1186/s12912-016-0164-4>

Perry, C., Henderson, A., & Grealish, L. (2018). The behaviours of nurses that increase student accountability for learning in clinical practice: An integrative review. *Nurse Education Today*, 65, 177-186.

Pitkänen, S., Kääriäinen, M., Oikarainen, A., Tuomikoski, A.-M., Elo, S., Ruotsalainen, H., . . . Mikkonen, K. (2018). Healthcare students' evaluation of the clinical learning environment and supervision—a cross-sectional study. *Nurse Education Today*, 62, 143-149.

- Polit, D., & Beck, C. (2020). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. Lippincott Williams & Wilkins.
- Rao, B. J. (2019). Innovative Teaching Pedagogy in Nursing Education. *International Journal of Nursing Education*, 11(4).
- Ravanipour, M., Bahreini, M., & Ravanipour, M. (2015). Exploring nursing students' experience of peer learning in clinical practice. *Journal of Education and Health Promotion*, 4, 46-46. <https://doi.org/10.4103/2277-9531.157233>
- Republic of Namibia Gazette. (2004). The Nursing Act No 08 of 2004. Windhoek: Government printer.
- Saarikoski, M., Kaila, P., Lambrinou, E., Pérez Cañaveras, R. M., Tichelaar, E., Tomietto, M., & Warne, T. (2013). Students' experiences of cooperation with nurse teacher during their clinical placements: an empirical study in a Western European context. *Nurse Educ Pract*, 13(2), 78-82. <https://doi.org/10.1016/j.nepr.2012.07.013>
- Saifan, A., Devadas, B., Daradkeh, F., Abdel-Fattah, H., Aljabery, M., & Michael, L. M. (2021). Solutions to bridge the theory-practice gap in nursing education in the UAE: a qualitative study. *Bmc Medical Education*, 21(1), 490. <https://doi.org/10.1186/s12909-021-02919-x>
- Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students*. Pearson education.
- Senti, N. I., & Seekoe, E. (2014). Psycho-social constraints affecting clinical skills of nursing students at Lilitha College of Nursing, East London, South Africa : nursing curricular issues. *African Journal for Physical Health Education, Recreation and Dance*, 20(sup-3), 79-88. <https://doi.org/doi:10.10520/EJC162343>
- Sharma, R. K. (2017). Emerging innovative teaching strategies in nursing. *JOJ Nurse Health Care*, 1(2), 55558.

- Smith, M. R., Grealish, L., & Henderson, S. (2018). Shaping a valued learning journey: student satisfaction with learning in undergraduate nursing programs, a grounded theory study. *Nurse Education Today, 64*, 175-179.
- South African Nursing Council. (2005). Nursing Act 2005 (Act No. 33 of 2005). *Government Gazette. Pretoria: Government Printers*. <https://www.gov.za/documents/nursing-act#>.
- South African Nursing Council. (2013). Regulations relating to the accreditation of institutions as nursing education institutions. *Government Notice No. R. 173. 8 March*.
- South African Nursing Council. (2020). Age Statistics - 2019. <https://www.sanc.co.za/wp-content/uploads/2020/09/Age-stats-2019.pdf>.
- Strydom, H., Fouche, C., & Delpont, C. (2005). Research at grass roots: for the social sciences and human service professions. *Pretoria: Van Schaik*.
- Subke, J., Downing, C., & Kearns, I. (2020). Practices of caring for nursing students: A clinical learning environment. *International Journal of Nursing Sciences, 7*(2), 214-219.
- Suliman, M., & Aljezawi, M. (2018). Nurses' work environment: indicators of satisfaction. *J Nurs Manag, 26*(5), 525-530. <https://doi.org/10.1111/jonm.12577>
- Tashakkori, A., & Teddlie, C. (2009). Integrating qualitative and quantitative approaches to research. *The SAGE handbook of applied social research methods, 2*, 283-317.
- UK Nursing and Midwifery Council. (2010). Standards for pre-registered nursing education [Online]. Available: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf> (accessed 07 October 2021).
- Varkevisser, C. M., Brownlee, A. T., Pathmanathan, I., & Brownlee, A. (2003). *Designing and conducting health systems research projects* (Vol. 1). International Development Research Centre (IDRC), Amsterdam.

- Wassenaar, D. R. (2006). Ethical issues in social science research. *Research in practice: Applied methods for the social sciences*, 2, 60-79.
- Watson-Miller, S. (2015). Student nurses' perceptions of their hospital placement in Barbados: a mixed methods approach.
- Wojtowicz, B., Hagen, B., & Van Daalen-Smith, C. (2014). No place to turn: Nursing students' experiences of moral distress in mental health settings. *International Journal of Mental Health Nursing*, 23(3), 257-264. <https://doi.org/https://doi.org/10.1111/inm.12043>
- World Health Organization. (2016). Nurse educator core competencies. Geneva, Switzerland. Available: https://www.who.int/hrh/nursing_midwifery/nurse_educator050416.pdf (accessed 03 November 2021).
- World Medical Association. (2013). World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA*, 310(20), 2191-2194.
- Xu, J.-H. (2017). Leadership theory in clinical practice. *Chinese Nursing Research*, 4(4), 155-157. <https://doi.org/https://doi.org/10.1016/j.cnre.2017.10.001>

ANNEXURE A: QUESTIONNAIRE



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592274, Fax: 27 21-9592271

Dear Research Participants

As a final year bachelors of nursing student, you are invited to take part in this study titled *“Experiences of undergraduate nursing students in a mental health clinical learning environment at a University in the Cape Town Metropole”*.

In this study your participation is strictly confidential and voluntary and the study is strictly for academic purposes. You may withdraw from participating in this study at any stage without penalty.

Thank you for your cooperation

Mr. Eric AzehNgu.

Questionnaire number.....

Hospital of placement.....

PART A: BIOGRAPHICAL DATA

1. Age in years

15-20 years	1
21-25 years	2
26-30 years	3
31-35 years	4
36-40 years	5

2. Sex

Male	1
Female	2

3. Duration of placement in weeksweeks
4. How many times did you meet the nurse educator during the latest clinical placement?

.....Times

5. How satisfied were you in the last clinical placement regarding your learning

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
1	2	3	4

PART B

THE CLINICAL LEARNING ENVIRONMENT DURING THE LATEST PLACEMENT

Tick the statement which best describes your response

Integration of theory to practice	Strongly disagree	Disagree	Agree	Strongly agree
	1	2	3	4
6. What is learned in classroom is practiced in the ward.				
7. Theory learned in class is reinforced in the ward.				
8. There is conflict between procedures taught in the classroom and the real situation on the ward e.g. drug administration				
9. The Nurse Educator (NE) was capable to integrate theoretical knowledge and everyday practice of nursing.				
10. The Nurse Educator helped me to apply what I have learnt in class into practice.				
Task involvement/ opportunities for learning				
11. Students are given a clear idea of what is expected of them during clinical practice.				
12. Clinical experiences stimulated problem solving				
13. Students are allocated patients rather than tasks				
14. Students are actively involved in activities of the ward				

15. Students are given enough opportunity for independent practice				
	Strongly disagree	Disagree	Agree	Strongly agree
	1	2	3	4
Peer support				
16. Student support each other				
17. Student teach one another				
18. Student nurses help one another to carry out allocated tasks				
19. Senior students guide junior students				
Feedback				
20. I continually received feedback from my supervisor/nurse educators				
21. Professional nurses regularly provide feedback				
22. I learned from feedback provided by the nurse manager				
23. Nurse educators and clinical staff provide constructive feedback				
24. Feedback from facilitator helped me to improve my performance.				
Conducive clinical learning environment				
25. The staff was easy to approach.				
26. Student nurses are encouraged to ask questions.				
27. There is a relationship between training institutions and clinical facilities				
28. I felt comfortable going to the ward at the start of my shift.				
29. During staff meetings e.g. before shifts I felt comfortable taking part in the discussions				
30. Staff know students by name.				
31. Student nurses are considered to be part of the health care team.				

32. Students are recognised and appreciated				
33. Staff show positive attitude towards the supervision of students nurses.				
	Strongly disagree	Disagree	Agree	Strongly agree
	1	2	3	4
34. There is a positive atmosphere on the ward				
The ward / unit can be regarded as a good learning environment				
35. Professional nurses regard students as a learner rather than a worker.				
Premises of nursing care on the ward				
36. There were challenges for the organisation and orientation for students				
37. Documentation of nursing e.g. nursing plans, daily recording of nursing procedures, etc. was clear.				
Leadership style of the Nurse Manager (NM)				
38. The NM regarded the staff on his / her ward as key resource persons.				
39. Feedback from the NM was constructive and enhance my learning				
Premises of learning on the ward.				
40. There was sufficient meaningful learning in the ward.				
41. The work I did was mostly very interesting.				
42. Learning situations were comprehensive in terms of content (covered different areas)				
Student satisfaction with clinical environment				
43. I enjoyed working in the ward				
44. I am happy with the experience I have had working in the ward				
45. I look forward to clinical practice				

46. The experience in the ward makes me eager to become a nurse				
	Strongly disagree	Disagree	Agree	Strongly agree
	1	2	3	4
Challenges				
47. I felt stressed and anxious in the clinical practice				
48. There is sufficient equipment and supplies to facilitate our learning in clinical practice				
49. I feel overloaded with work while in the clinical practice				
50. There are tensions among students in the clinical practice				

51. Supervision

I received supervision during the last clinical allocation



Yes	No

Method of supervision: (Please tick what is applicable)	Yes	No
	1	2
52. Did you have a named supervisor?		
53. Were you supervised by several supervisors?		
54. Named supervisor had several students (team / group supervision)		

55. Supervision sessions with my supervisor which was not organized by the nurse educator were held:

1. Not at all	2. Once or twice during placement	3. Less than once a week	4. About once a week	5. More often Specify:
---------------	-----------------------------------	--------------------------	----------------------	---------------------------------

Supervision of students	Strongly disagree	Disagree	Agree	Strongly agree
	1	2	3	4
56. Staff showed positive attitude towards the supervision of student nurses				
57. Professional nurses guide students to perform new skills				
58. Student nurses had difficulty finding help when needed				
Supervisory relationship				
59. The supervisor showed a positive attitude towards supervision.				
60. I felt that I received individual supervision.				
61. Over all am satisfied with the supervision I received.				
62. The supervision was based on a relationship of equality and promoted my learning.				
63. Mutual relationship and approval prevailed in the supervisory relationship.				


 UNIVERSITY of the
 WESTERN CAPE

ANNEXURE B: PERMISSION TO USE QUESTIONNAIRE

Re: Permission to use Research Tool (QUESTIONNAIRE) Inbox x



Nanzen Kaphagawani <nanzenkaphagawani@yahoo.co.uk>
to ERIC, me ▾

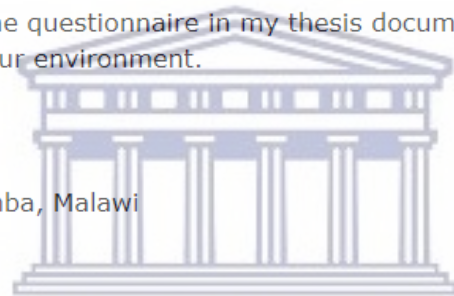
Tue, Oct 8, 3:16 PM (9 days ago) ☆ ↶ ⋮

Dear Eric,

Thank you for your email asking permission to use the questionnaire in my thesis document. Permission granted. However, you should just use it for the purpose asked for. You can also modify to suit your environment.

All the best.

Nanzen Caroline Kaphagawani PhD,
Malawi College of Health Sciences, P O Box 122, Zomba, Malawi
Tel: 265-0888892959 / 995623484 (M)
Whatsapp: +265996182277
Fax: 265-1528779
Email: nanzenkaphagawani@yahoo.co.uk, nckaphagawani@gmail.com



UNIVERSITY of the
WESTERN CAPE

On Tuesday, 8 October 2019, 12:41:58 GMT+2, ERIC AZEH NGU <3112836@myuwc.ac.za> wrote:

Dear ms. Nanzen,

Hope this mail finds you well. thank you for the opportunity to take my call. my name is Eric Azeh Ngu writing from South Africa. am currently working on a research work (a mini thesis) which is so similar to that which you have. Am very interested to request permission from you to adapt and use the tool which you have in one of your articles (article attached), for the purpose of the work indicated above.

i will be so grateful if you may consider this honorable request. i remain so thankful in the hope that you will reply me so positively.

Please note i have also copied my supervisor on this email.

thank,

ERIC NGU

ANNEXURE C: INFORMATION SHEET



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

PARTICIPANT INFORMATION SHEET

Title: Experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Metropole.

What is this study about?

This study aims to investigate the experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Metropole.

What will I be asked to do if I agree to participate?

You will be asked to participate in the completion of a research questionnaire to share your experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Metropole. The time for the completion of the questionnaire will be scheduled at a time that will be convenient to you to ensure that there is no negative impact on your studies. You will be requested to provide permission in the form of written consent to partake this research project.

Would my participation in this study be kept confidential?

I will do my best to keep your personal information confidential. To help protect your confidentiality, all printed documents will be locked in a filing cabinet in the office of the research supervisor. The information will not be available to any person, other than the researcher, research supervisor and statistician. Identification codes will be used instead of names on any of the data forms. All computer files related to this research project will be password-protected on the computer of the researcher. The questionnaire will be anonymous and will not contain any information that will personally identify you.

What are the risks of this research?

Should you as a participant experience any emotional or psychological trauma based on your experiences shared, a referral for support will be provided via the university student support resource centre for professional help.

What are the benefits of this research?

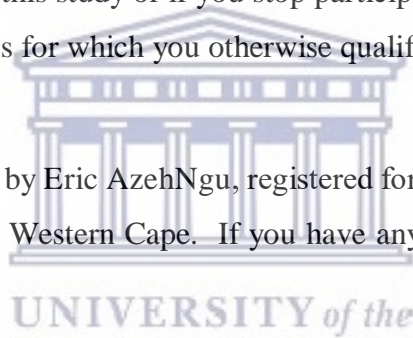
The research is not designed to personally benefit the researcher, but to inform guidelines for providing information related to the experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Metropole.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits for which you otherwise qualify.

What if I have questions?

This research will be conducted by Eric AzehNgu, registered for a Master's Degree in Nursing student at the University of the Western Cape. If you have any questions about the research study itself, please contact:



Researcher:EricAzehNgu, **Student number:**3112836, University of the Western Cape; Private Bag X17, Bellville 7535, Telephone: 021 959 2258; Cell: 0732667619, Email: 3112836@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Research Supervisor: Dr Juliana Willemse, University of the Western Cape, Private Bag X17, Bellville 7535, Telephone: +27 21-959 2258, Email: jjwillemse@uwc.ac.za

Head of School of Nursing, Professor P. Martin, University of the Western Cape, Private Bag X17, Bellville 7535, Telephone: +27 21-959 2271, Email: pmartin@uwc.ac.za

Dean of the Faculty of Community and Health Sciences, Professor A. Rhoda, University of the Western Cape, Private Bag X17, Bellville 7535, Email: arhoda@uwc.ac.za

ANNEXURE D: INFORMED CONSENT FORM



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

CONSENT FORM

Title: Experiences of undergraduate nursing students in a mental health clinical learning environment at a university in the Cape Metropole

The study has been explained to me in the language of instruction (English) that I understand and I hereby voluntary agree to participate in the completion of the research questionnaire. All my questions have been answered and sufficiently clarified. I understand that my identity will not be disclosed and that I may withdraw from the study at any stage without giving any reason. I have been informed that the information gathered in this study will not be available to any person, other than the researcher, research supervisors and statistician.

Participant's name:

Participant's signature:

Date:

ANNEXURE E: EDITORS REPORT



23 November 2021

To:
Dr Juliana Willemse
Mr Eric Azeh Ngu

EDITING CONFIRMATION LETTER

This is to confirm that the mini-thesis of Eric Azeh Ngu titled, *EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS IN A MENTAL HEALTH CLINICAL LEARNING ENVIRONMENT AT A UNIVERSITY IN THE CAPE TOWN METROPOLE*, was edited by me. It is the product of research towards the candidate's master's degree in the School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape.

The work of editing mainly involved ensuring that the language usage and technical layout of the mini-thesis were in accordance with the required standards.

Sincerely,

A handwritten signature in blue ink, which appears to read 'David Kwao-Sarbah'.

David Kwao-Sarbah
Mobile: +233504228334
Email: dksarb@gmail.com

Registered Name of Business: Baji Prime Solutions (Pty) Ltd t/a Nursing Solutions • Reg. No.: 2016/525234/07
Directors: Dr B. Swartz, Mr D Kwao-Sarbah, Mr M. Swartz

ANNEXURE F: TURNITIN DIGITAL RECEIPT



Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author: ERIC AZEH NGU
Assignment title: Research Thesis
Submission title: 3112836:01_12_2021_Eric_Ngu_Thesis.docx
File name: d8b5-3acc-44e5-92e2-967a540c72cf_01_12_2021_Eric_Ngu_T...
File size: 3.05M
Page count: 80
Word count: 15,049
Character count: 83,727
Submission date: 01-Dec-2021 06:40PM (UTC+0200)
Submission ID: 1717500897



ANNEXURE G: SIMILARITY INDEX

