Challenges Faced by Undergraduate Nursing Students in Sokoto State, Nigeria, During Clinical Posting

Bawa Shagari Nasiru 1, Salahudeen, Abdulwahab1

1. Department of nursing Sciences, Faculty of Allied Health Sciences, College of Health Sciences, Usmanu Danfodiyo University, Sokoto.

DOI: 10.15520/jmbas.v9i2.252
Accepted 16 February 2021; Received 1 February 2021; Publish Online 19 February 2021

Reviewed By: Dr. Daniel V.

ABSTRACT

The research was conducted to assess Challenges faced by undergraduate nursing Students in Sokoto state, Nigeria, during Clinical Posting. The aim is to highlight major challenges faced by students undergoing undergraduate nursing study during their clinical posting, also possible causes and solution to this challenges. A prospective study employing a descriptive survey approach was conducted, targeting 300, 400 and 500 level undergraduate nursing students in the clinical year, 2017/2018 academic session. A 38-item self-developed questionnaire consisting of four sections, designed in line with the aim of the study, was used for data collection with a total 67 respondents in the research. The study identified the following challenges; theory-practical imbalance, inferiority complex, poor nursing practice, and lack of updated of knowledge by staff, timing of clinical posting, work overload during posting, lack of understanding of clinical judgment, ineffective problem solving skills, poor communication skills, and poor patient cooperation. This study identified the following causes; non-supportive attitude of staff, ineffective nurse-student relationship, fear of making mistakes or harming the patient, unwillingness of the staff to teach, lack of equipment to carry out procedures, inter-professional bias, outdated protocol and procedure manual and lack of confidence in the student by the patient. Too many patients to care for and communication barrier. The solution identified to the challenges are; effective nurse-student relationship, motivating students about clinical skills, fostering team work amongst staff, adequate break for student to relief stress, provision of adequate equipment, improve communication skills, staff should be readily prepared to teach student, update protocol and procedure manual to current practice, proper explanation to the patient the importance of studentship in clinics and reflecting theory into practice. It is recommended that further studies check on perception of staff nurses, lecturer and student on the challenges faced during clinical posting, further research is needed to validate these results in other universities within the country and beyond and also study of the current scope of nursing practice and its relevance to the changing and evolving environment.

Key words: Challenges, undergraduate student, student nurses, clinical posting, Sokoto.
1 INTRODUCTION

Learning is a change in behaviour over time that is brought about by experience during training in educational encounter (Akubuiro& Joshua, 2003). Training as part of education, is the acquisition of knowledge, skills and competence as a result of the teaching of practical skills and knowledge that relate to specific useful competences (Angel, 2007). Training helps the learner to acquire certain useful skills and develop critical mind for the learner’s self-development. Therefore, the knowledge that comes from training is more of knowledge of how to do or perform specific tasks. Thus, the modification in behaviour as the product of training can occur following newly acquired skills, knowledge, perception, facts, principles and new information at hand (Adeyanju, 2004).

Nursing education is a term used to describe the overall body of knowledge that applies to nursing profession. It encompasses a variety of knowledge, skills, concepts, and practices which revolve around the unique concepts of nursing, health, the person and the environment (Melone, 2010).

Nursing education consists of acquisition of a body of knowledge that is partly delivered in a classroom setting which forms the theoretical bases of nursing knowledge and organized and supervised clinical training experiences that take place in the clinical settings where the nurse-patient relationship is experienced directly or indirectly (Shariff&Masoumi, 2005).

Acquisition of a degree in nursing equips the student nurse with adequate knowledge and skills to render comprehensive and standardized nursing care to meet the needs of the client or patient in an acceptable manner (Umunna, 2004).

Clinical education in nursing can be described as a process of contextual and experiential learning that involves a relationship between patients, clinicians, educators and students, ultimately supporting the translation of nursing theory into clinical knowledge and practice (Kelly, 2007). It involves the opportunity for students to apply theory to practice, enriching further learning through knowledge gained from experience in practice, including the ability to apply clinical reasoning and critical thinking (Benner, Sutphen, Leonard, & Day, 2009). Providing appropriate and contemporary clinical education for undergraduate nursing students presents significant challenges for educators, for they are committed to developing competent, critically thinking graduates who are able to attain registration standards (Forbes, 2010).

The challenges confronting nurses in today’s rapidly changing health care environments have highlighted the necessity for graduating students to feel both competent and prepared for practice. This necessity has in turn highlighted the increasing significance of the nature and quality of student clinical learning experiences (Adams, 2002; Chan, 2002; Dunn et al., 2000; Zhang et al., 2001). As graduates, students will be required to have adequate knowledge and skills and to be able to transform competencies into effective performance (Zhang et al., 2001). It is during their clinical placement that students are expected to develop the relevant knowledge, skills and competence (Chan, 2002), to develop their capacity for "knowing how" as well as for "knowing that" (Dunn et al., 2000) and to expand their perceptions of their future role as a registered nurse. (Edwards et al., 2004).

Studies have been conducted on challenges faced by undergraduate nursing student during clinical posting (kim, 2003; Ayazet et al., 2010; Wawire et al. 2014).

A study conducted by Kim (2003) collected information about nursing student’s experiences of anxiety related to clinical setting. The collected data and analysis indicated that 36% of nursing students had experienced anxiety at a moderate level during clinical practice. These experiences were related to observation by instructors, arriving late, fear of mistakes, responsiveness to initial experiences, and communicating with physicians (Kim, 2003).
Ayaz et al reports on their study, that majority of the students (85.5%) had experienced cultural differences while rendering nursing care to their patients and 73.8% had no clue to the definition of this concept. The result also showed that issues where cultural discrepancies occurred mostly were in local or regional language and pronunciation (53.4%), language (37%), traditions of the individual (30.7%), beliefs and denominations (30.2%). Furthermore the grade the students were in had great impact on how they reacted to situations in relation to cultural differences (Ayaz, Bilgili, Akin, 2010).

In a study conducted by Wawire et al., 2014 in Moi University Kenya, a total of 38 students filled the questionnaire, (100%). Those who agreed that basic sciences prepared them well for clinical rotations were 68% and 34% indicated that the skills laboratory prepared them well. Those who reported being comfortable with using the instruments and equipment in the clinical areas were 32%. Most respondents (71%) agreed that most patients in the clinical areas were co-operative. The protocols and procedure manuals in the clinical areas were reported to be inappropriate for learning by 34%. The effectiveness of the evaluation tools was supported by 29% of the respondents while most, 45% indicated that the time allocated for clinical rotations was inadequate. (Wawire et al., 2014)

Classroom Studies Experiences

Classroom cultural variations and teaching methods have produced challenges. Andrade (2006) emphasized that students from communities and schools with widely different norms and behaviours from those in the university environment may have difficulties adjusting to the new environment (Andrade, 2006). These fundamental differences can have major ramifications for assignments and examinations in nursing education (Bednarz, Schim, &Dooerenbos, 2010).

Academic challenge can be observed during group discussion and classroom contribution where certain students have difficulties in expressing their opinions compared to others. However, the programme assessment criteria require students to actively participate in the classroom (Jokikokko, 2009). Other academic adjustment includes homework, deadlines, paper format, citations, average workload, or communication with the instructor (Kosur, 2011).

Problems connected with studies may be overlooked by teachers and students but sometimes study issues persist and the students affected may not overcome them easily. Most suppressed psychological emotions endured by students affect their health and life quality. Good assessment support is a process that will help promote students’ best performance across time (Kleiveland, Natvig & Jepsen, 2015).

Based on educators’ and students’ descriptions, the use of teaching methods was narrow and conventional. However, their views about the extent of the use differed significantly. The three most used methods were discussion, lecture and seminar (Numminen, Leino, Arend & Katajisto, 2011)

Studies on education have been conducted in different nursing cultures as well as educational systems. The scope of the studies has varied due to the use of different research designs and frameworks. The findings are partly contradictory due to factors like educators’ age, teaching experience and implementation of integrated teaching in years which had several statistically significant correlations with the extent of teaching (Numminen et al., 2011)

The use of teaching and evaluation methods was conventional and narrow and there were contradictory views between educators’ and students’ descriptions. Educators preferred methods that were interactive, student-centred and integrated to theoretical nursing studies and clinical practice. However, students’ perception was that the use of methods was individually oriented, educator centred and preferred separate ethics studies. This notion needs further exploring (Numminen et al., 2011) Several studies have been carried out to find out the experiences of newly
admitted nursing students. However, their findings cannot be generalized since they were carried out only in clinical settings (Pitkajarvi, Eriksson, & Pitkala, 2012; Mabuda, Potgieter, & Alberts, 2008.)

A recent study found that students usually find it difficult to adapt to the use of the available technological advances in the various levels of nursing education (Davis, Davis, & Williams, 2010.) The above finding has to be addressed to ensure competence in nursing students (Baxley, Ibitayo, & Bond, 2013). The finding emphasizes that there is still much to be done to address curriculum, pedagogical and assessment practices. A necessary precursor to this work is the examination of underlying attitudes, values and systems that may give rise to difficulties for both staff and students. A new approach is needed that positions international students not as ‘problems’ to be solved but as ‘assets’ to internationalization and the generation of new knowledge and new ways of working in the academy (Ryan, 2011).

Nursing Student’s Experiences in Clinical Practice

Clinical training in nursing education is considered to be important and indispensable. It allows student nurses to be able to implement nursing activities and procedures with the guidance of the nurse mentor. The clinical practice environment is suitable for the learning of nursing students. With the assistance of the nursing mentors, they acquire nursing competence of how to care for different patients with various diseases, (Tiwaken, Caranto, & David, 2015.) In the eyes of the nursing students, the clinical practice is an essential constituent of learning. It plays an important role in enhancing clinical competencies (Tiwaken, Caranto, & David, 2015.)

Clinical practice includes the combination of the theoretical and practical knowledge of nursing. The students have the opportunity to gain and implement nursing knowledge in practice, thus obtain the competence needed for future workplaces. Various reformations are being developed in theoretical and practical areas of the nursing schools. These developments give students the opportunity to be able to conduct nursing care in a safe environment under mentor supervision (Sawatzky, 2007).

Both the Nursing Health Service (NHS) and the Higher Education Institutes(HEI) manage and maintains the high standard of nursing education, which includes excellent clinical and leadership trainings (Emanuel V. & Pryce-Miller M. 2013). Nursing students gain their clinical experience in clinics, departments of health and hospitals. This is where they gain their independence and confidence in nursing care. This resulted in restrained and mechanical nursing care. There is also feeling of lack of skills and confidence (Jirwe, Gerrish&Emami, 2010).

During clinical practice, nursing students are exposed to a new environmental setting for learning purposes. In order for the purpose of clinical placement to be effective, good interpersonal relations, acceptance, support and feedback have to be in place. Belonging or acceptance creates and maintains positive clinical learning locations. (Levett-Jones, Lathlean, Higgins, & McMillan, 2008.) Different stressors emerge at a point in nursing practice which may affect students’ learning. Different stress factors reported by students include use of language that they have to learn and seeking mentor’s assistance. (Pulido-Martos, Augusto-Landa, & Lopez-Zafraret al., 2012.)

Students had to work with mentors and staff that showed no support. This type of environment can have a negative influence on the student’s learning. (Pitkäjärvi et al, 2012).

A study conducted in University of Cordoba by Jimenez, Navià & Diaz, (2010) identified some experiences student faced in academic studies and clinical training. External and social challenges such as culture, language and communication barrier were mentioned. Physiological and mental symptoms associated to
clinical practice were listed. Findings showed that stress factors in clinical areas are more intense than the stressors present in academic environment. Moreso, mental symptoms are frequently produced by external stressors than physiological symptoms. The stress experienced in clinical practice might lead to nursing students experiencing health consequences (Pulido-Martos, Augusto-Landa & Lopez-Zafra, 2012). Supporting the statement above, Mattila, Pitkajarvi, & Eriksson (2010) conducted a research which reported that new students face language, social, academic and cultural challenges in school (Mattila, Pitkajarvi, & Eriksson, 2010).

All together these nursing students face challenges and anxieties relating to first clinical practice and academic adjustments (Leodoro, 2013).

External and Social Challenges of Nursing Students

Many countries are becoming culturally diverse, but health care systems and nursing education often remain mono-cultural, concentrating on certain patterns of the majority culture. Culture has been one of the most emphasized topics in nursing nowadays. This is because quality health care can only occur within the patient's cultural context (Jeffreys, 2008). In defining culture, we can say that it is knowledge about humanity which is learned or acquired but not natural (Rumina & Kishwar, 2010).

According to Schein (2010), it is a pattern of shared basic assumptions learned by a group in dealing with issues patterning external and internal adjustments, which has been proven credible and, therefore shared by members as the right way to perceive, think, and feel in relation to particular problems. Culture makes an individual unique and moulds behaviour. Considering the definition above, the foreign students suffer psychologically while trying to embrace a new culture or integrate into the host culture which can lead to “culture shock” (Hofstede, 2005).

As a unique entity or organisation, the students have distinct values and various ways of behaving and speaking in certain situations. Consequently, this inherited characteristic value can explain the difficulties encountered by nursing students as they learn new language and culture in the clinical placement (David & John, 2010). Up until now, it is not well reported what occurs when two different cultures meet in clinical areas (David & John, 2010). It is noteworthy to acknowledge that confrontations are inevitable or expected between people, groups, or nations who perceive and react to things differently however the problem remains that these groups of people and nations are required to cooperate and solve their problems without considering the impact of culture on such process. (Hofstede et al., 2010).

International students often feel isolated in their new environment. Such lonesome feeling is usually due to lack of familiar friends and social networks. It also includes strange cultural or linguistic environments the person is accustomed to (Mark & Peter & Chui, 2009). Major link to this process was the students’ exposure to studying in an unfamiliar location, experiencing various cultures and anxieties, and making a decision to integrate in the host culture (Ruddock & Turner, 2007). The difficulties encountered by international students are usually anticipated. Such students who are separated from their own familiar cultural environment are more likely to feel the cumulative nature of the potential strains to which they subjected themselves by going abroad to study. (Sovic, 2007)

Language is the key to communication however native speaking students studying in a multicultural setting encounter difficulty in understanding their classmates, thus impeding students’ collaboration (Crose, 2011; Jones, 2010). Generally the issue of language barrier hinders quality care to patients such as counselling especially in nursing homes where mainly old people who hardly speaks English are kept (Schyve, 2007).

Student nurses experience difficulties communicating with patients who speak different
languages. This leads to care becoming mechanistic and impersonal. They become fearful of making mistakes and lack skills and confidence in questioning patients. (Jirwe et al., 2010).

**Coping Strategies Employed By Nursing Students**

Coping is a way of dealing with challenges triggered by stress. (Murray, 2005). It is a major factor in the maintenance of mental health in stress situations. Coping occurs when the student adapts to their clinical environment regardless of the many different stressing factors. It is essential to recognize one’s stress limits and acquire ways of reacting to difficult stress situation. There is no estimation of stress but is possible control the extent to which it can affect (Singh & Sharma 2011).

There are several positive ways of enhancing experiences among nursing students in their clinical training, for example receiving family, mentor, and social support. Participation in activities such as sports, different kinds of entertainment, having good relationships with colleagues and developing positive thinking may help prevent stress challenges (Sanders, Thornton & Crawford, 2006).

Challenges faced by nursing students both in classroom and placement area predisposes them to distress. Stress is tension that occurs due to changes in our physical environment or emotional being which requires adjustments. According to Kumar (2013), situations like insecurity about clinical competence, theory-practice gap, and work overload, interpersonal relationship with patient, work, unfamiliar environment and relation with faculty members are some of the challenges that lead to stress. All students face many challenges and stressors, however, "nursing students” experience these challenges more than their friends and colleagues enrolled in other programs (Kumar, 2013), (Singh, Sharma, Kumar & Sharma, 2011). Hence the following coping strategies are employed by the nursing students to help them master, and reduce challenging situations and avert behavioural and psychological health issues.

Effective communication with loved ones entails talking to trusted people that the students are familiar with like friends and parents. Social supports from classmates who are going through the same challenges help to ease the stress. Furthermore, positive family relationship and supportive communication from loved ones boosts emotional states of the students and could help them process the thought of them not quitting in times of difficulties. The idea of emotional processing and regulation leads to reduced stress and greater use of adaptive coping responses (Brougham, Zail, Mendoza, & Miller, 2009).

Being optimistic is another coping strategy that the first-year students use to maintain a positive attitude towards stressful situations. It enables them to see things from a brighter perspective and give them hope that the difficulties they are encountering in their studies are temporary. Nurturing the thoughts of succeeding at each phase of their challenges will lighten their spirit and boost their confidence thus reduce stress. This coping mechanism was identified as one of the ways nursing students used to adapt to situations during the initial period of clinical practice (Al-Zayyat, & Al-Gamal, 2014). Positive thinking and the solving of problems are utilized by students. Moreover some students handle stress through avoidance. The avoidance strategy was mostly seen in upper grade students (Chan & Fong 2009).

Engaging in sports and diversion activities can be one of the coping strategies to help students. A good number of students resort to physical activities to manage themselves while others testify that listening to music, watching television and reading books help them cope through the stress of nursing program. Creating time once in a while to indulge in these leisure and relaxation activities not only serves as a mechanism to tackle academic challenges or stress but it can promote health positively by relaxing the muscle. Some studies conducted in this area reaffirms that watching television and participating in sport related activities assists nursing students cope both in clinical areas and classroom (Seyedfatemi, et al., 2007), Naiyapatana, Burnard, & Edwards 2008).
A study conducted by Costa et al., (2014) showed that nursing students who do not participate in physical activities tend to have high levels of stress. Participation in physically challenging and free time activities increased their self-confidence, social competence and improves mental health (Costa et al., 2014). Consultation of friends, mothers and utilization of different activities in order handle stress was a preference in Japanese students (Yamashita, Saito & Takao, 2012).

2. METHOD

2.1 Design

A descriptive survey design was used for this study to elicit the challenges faced by undergraduate nursing students in Department of Nursing Sciences, Usmanu Danfodiyo University Sokoto during their clinical postings.

2.2 Study population and setting

The population for this study are the clinical student (clinical students are students in level 300, 400 and 500) of the Department of Nursing Sciences, Usmanu Danfodiyo University Sokoto. The total population of students in clinical area is eighty two (82) students. The statistics was obtained from the departmental secretary.

2.3 Sampling Size Determination

Cluster sampling technique was used using the Slovin’s rule:

\[ n = \frac{N}{1 + Ne^2} \]

Where \( n \) = the minimum sample size required
\( N \) = study population = 82
\( e \) = the margin of error at 95% confidence level

The sample size \( (n) \) = \( \frac{82}{1 + 82 \times (0.05)^2} \)
\( n = \frac{82}{1 + 0.0025} \)
\( n = 82/1.025 \)
\( n = 80.49793 \)
\( n = 68 \)

Therefore, the calculated sample size is 68, and a total of 68 questionnaires were used.

2.4 Sampling Technique

A convenient sampling technique was used in this study, due to the fact that the target population was limited to only undergraduate nursing students in the clinical classes, some of the students in the clinical classes (level 300-500) were therefore selected and used for the study in the department.

2.5 Data Analysis

The data collected were organized and presented using descriptive statistic in form of frequency tables. The result was analyze based on respondents that strongly agree to the challenges, causes and solutions mention using statistical package for social sciences (SPSS) version 20. A decision mean of 3.0 will be used to ascertain the agreement or non-agreement of the respondent to the questionnaire items.

Measurement scale: on challenges, causes and solution faced by undergraduate nursing student than 3.0 is disagreed and above is agreed.

3. RESULTS AND DISCUSSION

3.1 Results

3.1.1 Section A: Socio-demographic Data

Table 3.1 Age of respondents

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>59</td>
<td>88.0</td>
</tr>
<tr>
<td>26-30</td>
<td>6</td>
<td>9.0</td>
</tr>
<tr>
<td>31 and above</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

From the above table, out of the 67 respondents, 59(88.0%) are between the age range of 20-25, 6(9.0%) are between the range of 26-30 and 2(3.0%) are between the range of 30 and above.
Table 3.2 Gender of respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>39</td>
<td>58.2</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>41.8</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

From the above table, out of the 67 respondents, 39 (58.2%) are male while 28 (41.8%) are female.

Table 3.3 Religion of respondents

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islam</td>
<td>65</td>
<td>97.0</td>
</tr>
<tr>
<td>Christianity</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

The above table shows that out of the 67 respondents, 65 respondents 97.0% are Muslims while the remaining respondents 2 (3.0%) are Christians.

Table 3.4 Ethnicity of respondents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hausa-Fulani</td>
<td>59</td>
<td>88.0</td>
</tr>
<tr>
<td>Yoruba</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Igbo</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>7.5</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above shows that out of the 67 respondents, 59 (88.0%) are Hausa-Fulani, 2 of the respondents (3.0%) are Yoruba, 1 of the respondent (1.5%) is Igbo and 5 (7.5%) are other ethnic groups which consist of Nupe, Bassange and Aviele.

Table 3.5 Nationality of respondents

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerian</td>
<td>67</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

From the above table, all the respondents 67 (100%) are Nigerians.

Table 3.6 Marital status of respondents

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>61</td>
<td>91.0</td>
</tr>
<tr>
<td>Married</td>
<td>6</td>
<td>9.0</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

The above table shows that out of the 67 respondents, 61 (91.0%) are single while the remaining 6 respondents (9.0%) are married.

Table 3.7 Residences of respondents

<table>
<thead>
<tr>
<th>Residence</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the hostel</td>
<td>40</td>
<td>59.7</td>
</tr>
<tr>
<td>At home</td>
<td>18</td>
<td>26.9</td>
</tr>
<tr>
<td>Rent elsewhere</td>
<td>9</td>
<td>13.4</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

The above table shows that majority of the respondents 40 (59.7%) resides in the school hostel, 18 of the respondents (26.9) stays at home and 9 of the respondents (13.4%) rent elsewhere.

Table 3.8 level of study of respondents.

<table>
<thead>
<tr>
<th>Level of study</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>20</td>
<td>29.9</td>
</tr>
<tr>
<td>400</td>
<td>27</td>
<td>40.3</td>
</tr>
<tr>
<td>500</td>
<td>20</td>
<td>29.9</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

The above table shows that out of the 67 respondents, 20 (29.9%) are in 300 level, 27 (40.2%) of the respondents are in 400 level and 20 (29.9%) are in 500 level.

3.9 Section B: Challenges Faced By Undergraduate Nursing Student during Clinical Posting
Table 3.9 Challenges Faced By Undergraduate Nursing Student during Clinical Posting

<table>
<thead>
<tr>
<th>S/N</th>
<th>CHALLENGES</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Theory-practical imbalance</td>
<td>4.54</td>
<td>0.876</td>
<td>Agreed</td>
</tr>
<tr>
<td>2.</td>
<td>Inferiority complex /feeling of inadequacy</td>
<td>4.28</td>
<td>0.735</td>
<td>Agreed</td>
</tr>
<tr>
<td>3.</td>
<td>Poor nursing practice</td>
<td>4.01</td>
<td>0.862</td>
<td>Agreed</td>
</tr>
<tr>
<td>4.</td>
<td>Lack of updated / review knowledge by staff</td>
<td>4.28</td>
<td>0.934</td>
<td>Agreed</td>
</tr>
<tr>
<td>5.</td>
<td>Timing of clinical posting</td>
<td>4.18</td>
<td>0.952</td>
<td>Agreed</td>
</tr>
<tr>
<td>6.</td>
<td>Work overload during posting</td>
<td>4.31</td>
<td>1.033</td>
<td>Agreed</td>
</tr>
<tr>
<td>7.</td>
<td>Lack of understanding of clinical judgment</td>
<td>3.94</td>
<td>1.242</td>
<td>Agreed</td>
</tr>
<tr>
<td>8.</td>
<td>Ineffective problem solving skills</td>
<td>4.31</td>
<td>0.925</td>
<td>Agreed</td>
</tr>
<tr>
<td>9.</td>
<td>Poor communication skills / language barrier</td>
<td>3.91</td>
<td>1.041</td>
<td>Agreed</td>
</tr>
<tr>
<td>10.</td>
<td>Poor patient cooperation</td>
<td>4.33</td>
<td>0.746</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td>Aggregate mean</td>
<td>4.209</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the above table 4.9 shows an aggregate mean of 4.209 about challenges faced by undergraduate nursing student during clinical posting which is greater than the decision mean of greater than or equal to 3.0 and going by the scale of measurement, the respondents have agreed on the above itemized challenges faced during clinical posting. Two of the items; lack of understanding of clinical judgment and poor communication skills / language barrier were agreed upon with a mean ± standard deviation of 3.94±1.242 and 3.91±1.041 respectively.

4.3 Section C: Causes of Challenges Faced By Undergraduate Nursing Student during Clinical Posting

Table 4.10 Causes of Challenges Faced By Undergraduate Nursing Student during Clinical Posting

<table>
<thead>
<tr>
<th>S/N</th>
<th>POSSIBLE CAUSES</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Non-supportive attitude of staff</td>
<td>4.12</td>
<td>1.122</td>
<td>Agreed</td>
</tr>
<tr>
<td>2.</td>
<td>Ineffective nurse-student relationship</td>
<td>4.40</td>
<td>0.799</td>
<td>Agreed</td>
</tr>
<tr>
<td>3.</td>
<td>Fear of making mistakes or harming the patient</td>
<td>4.63</td>
<td>0.735</td>
<td>Agreed</td>
</tr>
<tr>
<td>4.</td>
<td>Unwillingness of staff to teach</td>
<td>4.69</td>
<td>0.556</td>
<td>Agreed</td>
</tr>
<tr>
<td>5.</td>
<td>Lack of equipment to carry out procedure</td>
<td>4.76</td>
<td>0.553</td>
<td>Agreed</td>
</tr>
<tr>
<td>6.</td>
<td>Too many patients to care for</td>
<td>3.33</td>
<td>1.418</td>
<td>Agreed</td>
</tr>
<tr>
<td>7.</td>
<td>Communication barrier</td>
<td>3.91</td>
<td>1.083</td>
<td>Agreed</td>
</tr>
<tr>
<td>8.</td>
<td>Inter-professional bias</td>
<td>4.60</td>
<td>0.799</td>
<td>Agreed</td>
</tr>
<tr>
<td>9.</td>
<td>Outdated protocol and procedure manual</td>
<td>4.52</td>
<td>0.927</td>
<td>Agreed</td>
</tr>
<tr>
<td>10.</td>
<td>Lack of confidence in the student by the patient</td>
<td>4.60</td>
<td>0.906</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td>Aggregate mean</td>
<td>4.356</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
From the above table 4.10 shows an aggregate mean of 4.356 about the possible causes of some of the challenges faced by undergraduate nursing student during clinical posting which is more than the decision mean of greater than or equal to 3.0 and going by the scale of measurement, most of the respondents have agreed on the above itemized causes as some of the challenges faced during clinical posting. Two of the items; too many patients to care for was agreed upon with a mean of 3.33 and a standard deviation of 1.418 and communication barrier was agreed upon with a mean of 3.91 and standard deviation of 1.083. This signified that many of the respondents too also disagreed that too many patients to care for and communication barrier is not a cause of the challenges faced.

### 4.4 Section D: Solutions to the Challenges Faced By Undergraduate Nursing Student during Clinical Posting

<table>
<thead>
<tr>
<th>S/N</th>
<th>POSSIBLE SOLUTIONS</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Effective nurse-student relationship</td>
<td>4.55</td>
<td>0.585</td>
<td>Agreed</td>
</tr>
<tr>
<td>2</td>
<td>Motivating students about clinical skills</td>
<td>4.76</td>
<td>0.464</td>
<td>Agreed</td>
</tr>
<tr>
<td>3</td>
<td>Fostering team work amongst staff</td>
<td>4.76</td>
<td>0.430</td>
<td>Agreed</td>
</tr>
<tr>
<td>4</td>
<td>Adequate break for student to relief stress</td>
<td>4.64</td>
<td>0.483</td>
<td>Agreed</td>
</tr>
<tr>
<td>5</td>
<td>Provision of adequate equipment</td>
<td>4.79</td>
<td>0.410</td>
<td>Agreed</td>
</tr>
<tr>
<td>6</td>
<td>Improve communication skills</td>
<td>4.61</td>
<td>0.797</td>
<td>Agreed</td>
</tr>
<tr>
<td>7</td>
<td>Staffs should be readily prepare to teach student</td>
<td>4.82</td>
<td>0.386</td>
<td>Agreed</td>
</tr>
<tr>
<td>8</td>
<td>Update protocol and procedure manual to current practice</td>
<td>4.64</td>
<td>0.483</td>
<td>Agreed</td>
</tr>
<tr>
<td>9</td>
<td>Proper explanation to the patient the importance of studentship in clinics</td>
<td>4.67</td>
<td>0.637</td>
<td>Agreed</td>
</tr>
<tr>
<td>10</td>
<td>Reflecting theory into practice</td>
<td>4.70</td>
<td>0.523</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td><strong>Aggregated mean</strong></td>
<td><strong>4.694</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the above table 4.11 shows an aggregate mean of 4.694 about the possible solutions to some of the challenges faced by undergraduate nursing student during clinical posting which is more than the decision mean of greater than or equal to 3.0 and going by the scale of measurement, most of the respondents have agreed on the above itemized possible solutions to some of the challenges faced during clinical posting.

### 4. DISCUSSION

A total of 68 questionnaires were distributed and 67 (98.5%) were retrieved from the participants. Majority of the respondents 59 (88.0%) are between the age range of 20-25 years. Most of the respondents 39 (58.2%) are male. 65 (97.0%) of the respondents are Muslims. 59 (88.0%) are Hausa-Fulani’s, the rest of the ethnic group were Yoruba (3.0%), Igbo (1.5%), Nupe (4.5%) and Aviele (1.5%). All the respondents 67 (100%) are Nigerians. Majority of the respondents 61 (91.0%) are single. 40 (59.7%) resides in the school hostel and majority of the respondents 27 (40.2%) are in 400 level.

The result of this study shows that the challenges faced by undergraduate nursing students during clinical posting are; Theory-practical imbalance, inferiority complex / feeling of
inadequacy, poor nursing practice, lack of updated / review of knowledge by staff, timing of clinical posting, work overload during posting, lack of understanding of clinical judgment, ineffective problem solving skills, poor communication skills/ language barrier, and poor patient cooperation. This agrees with previous reports. (Wawire et al., 2014; Ayaz et al., 2010; Rajeswaran, 2016; Jamshidi et al., 2016).

Theory practical imbalance agreed upon in this study is supported by the study of Rajeswaran, (2016) who stated that, “Nursing students’ received instructions totally different from what they are taught in the class room. The gap between theory and practice creates conflicts and influence the students learning negatively”.(Rajeswaran 2016).

Inferiority complex / feeling of inadequacy found in this study was supported by a qualitative study by Jamshidi, et al., (2016)who in their study found that Inferiority complex was more evident among female students than male ones. In this regard, one of the students said the following ‘. . . once I wanted to place an IV cannula inside an old man’s vein who was hospitalized. I am not alab rat, the patient shouted. Since then, I feel I havelost my self-confidence every time I want to insert an IV cannula. . . I have that old man’s image inmy mind all the time, and I’m worried of making another mess (Jamshidi et al., 2016). He further identified that students in lower semesters experienced greater inferiority than students in higher semesters. In this regard, one of the instructors said the following. . . Students often do not have enough confidence early in their internship they gradually become more confident as they get used to the hospital and its environment. (Jamshidi et al., 2016)

Timing of clinical posting, poor communication skills/ language barrier, and poor patient cooperation. This agrees with previous reports by Wawire et al., (2014) in Moi University Kenya, who reported from his research that only 32% of the respondents were comfortable with using the instruments and equipment in the clinical areas. The protocols and procedure manuals in the clinical areas were reported to be inappropriate for learning by 34%. The effectiveness of the evaluation tools was supported by 29% of the respondents while most, 45% indicated that the time allocated for clinical rotations was inadequate (Wawire et al., 2014). Poor patient cooperation which was agreed upon in this study was in contrary with the study by Wawire et al. (2014), as most respondents (71%) agreed that most patients in the clinical areas were co-operative. This could be as a result of environmental and cultural differences.

Poor communication skills/ language barrier agrees with the study of Ayaz et al., (2010) who reports on their study, that majority of the students (85.5%) had experienced cultural differences while rendering nursing care to their patients and 73.8% had no clue to the definition of this concept. The result also showed that issues where cultural discrepancies occurred mostly were in local or regional language and pronunciation (53.4%), language (37%), traditions of the individual (30.7%), beliefs and denominations (30.2%) (Ayaz, et al., 2010).

This study shows that non-supportive attitude of staff, ineffective nurse-student relationship, fear of making mistakes or harming the patient, unwillingness of the staff to teach, lack of equipment to carry out procedures, inter-professional bias, outdated protocol and procedure manual and lack of confidence in the student by the patient, too many patients to care for and communication barrier were the causes of the challenges faced by undergraduate nursing student during clinical posting. This agrees with previous reports. (Kim, 2003; Ayaz et al., 2010; Rajeswaran, 2016; Magnussen & Amundson, 2008).

Non-supportive attitude of staff, ineffective nurse-student relationship, fear of making mistakes or harming the patient, and unwillingness of the staff to teach found in this study is supported by the study conducted by Kim (2003) who collected information about nursing student’s experiences of anxiety related to clinical setting. His collected data and analysis indicated that 36% of nursing
students had experienced anxiety at a moderate level during clinical practice. These experiences were related to observation by instructors, arriving late, fear of mistakes, responsiveness to initial experiences, and communicating with physicians (Kim, 2003).

Communication barrier in this study is similar to a study by Ayaz et al., (2010) who reports that issues where cultural discrepancies occurred mostly were in local or regional language and pronunciation (53.4%), language (37%), traditions of the individual (30.7%), beliefs and denominations (30.2%). (Ayaz et al., 2010).

Lack of equipment to carry out procedures, too many patient to care for, unwillingness of staff to teach and non-supportive attitude of staff is supported by a qualitative study conducted by Rajeswaran, (2016) who identified lack of teaching and guiding support as one of the main themes identified in his study. He identified that fear of doing mistakes and harming the patients, academic workload and less time allocation for the procedures was anxiety-producing moments for the student nurses. He further said in his study that the nursing students expressed concern about the lack of support by the organizations both by the training institutes and by the hospitals where they practice and also majority of the students mentioned that non-availability of the necessary equipment, sterile packs impact their clinical practice and force them to improvise in providing care for the patient (Rajeswaran, 2016). This findings are consistent with a study by Magnussen and Amundson (2008) whereby insufficient hospital resources, unprepared work environment, are the most stressful experiences to the nursing students. Inadequate clinical supervision and guidance by the nurses in the clinical area raised concern among nursing students (Magnussen & Amundson, 2008).

This study findings indicates that effective nurse-student relationship, motivating students about clinical skills, fostering team work amongst staff, adequate break for students to relief stress, provision of adequate equipment, improve communication skills, staff should be readily prepared to teach student, update protocol and procedure manual to current practice, proper explanation to the patient the importance of studentship in clinics and reflecting theory into practice to be the solutions to most of the challenges faced by nursing students during clinical posting. This is supported by Rajeswaran, (2016) which according to the participants, the lecturers play a major role in moulding the student nurses to attain excellence in the profession. The students identified a supportive and ideal mentorship as a vital role of the nurses in the clinical area. He suggested in his study that the teaching hospital and the management should strive to provide necessary equipment and resources for the student nurses. Also, the policy makers would strive to create collaboration with the other health care sectors to meet the need of the student nurses (Rajeswaran, 2016). To Pearcey and Draper, (2008) Developing competent and confidence among student nurses is the important component of the nursing practice and the nurse educators should facilitate the process. Positive clinical experiences can affect positively on student nurses feelings.

5. CONCLUSION

The findings of this study demonstrated a number of challenges that are faced by undergraduate nursing student during their clinical posting. Several factors that could cause the challenges were explore and possible solutions to these challenges were demonstrated based on the finding of survey done. Most of the items identified as challenges where agreed upon with an aggregate mean of 1.783. While the possible causes where agreed upon with an aggregate mean of 1.644. Also the possible solutions where agreed upon with an aggregate mean of 1.306. This shows that if the result of the findings where implemented into practice it could help solve the problem of the challenges faced by undergraduate nursing students during clinical posting.
Conflicts of interest

There are no conflicts of interest as declared by all the authors.

Acknowledgements

We are grateful the participant who participated in this study. This work is part of the requirements for registration as a registered nurse by the Nursing and midwifery council of Nigeria.

REFERENCES


Chan, D., (2002). Development of the clinical learning environment inventory: using the theoretical framework of learning
environment studies to assess nursing students' perceptions of the hospital as a learning environment. *Journal of Nursing Education, 41* (2), 69–75.


