



Challenges Experienced by Undergraduate Nursing Students during their Clinical Rotations

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Abstract

Phebe Teaching and Referral Hospital (PTRH) is the main referral hospital in central Liberia. With the increasing quest for better workforce, many nursing institutions offering degree and diploma programs use PTRH for clinical attachments and experiences. This led to overcrowding of students and overstretching of the strained resources. Setting: Bong County Technical College (BCTC)-School of Nursing, PTRH. Study Population: All third and fourth year nursing students of BCTC.

Objectives: The main objective of this study is to find out the challenges experienced by undergraduate Nursing students at BCTC, School of Nursing during their clinical rotations. Specific objectives were to find out how well prepared students were before the clinical rotations; determine the suitability of the learning environment, determine the effectiveness of the evaluation tools and process applied to assess student at each clinical rotation and the adequacy of time allocated for the clinical rotations.

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Methodology: Descriptive cross-sectional design was used. A self-administered questionnaire was used to collect data.

Results: A total of 50 students filled the questionnaire, (100%). Those that agreed that the nursing department prepared them well for clinical rotation were 20%, while 54% reported that they were not prepared by the department and 50% indicated that the skill simulation prepared them well. Those reported being comfortable with using instruments and equipment in the clinical area were 50%. The protocols and procedure manuals in the clinical areas were reported to be inappropriate for learning by 54%. The effectiveness of the evaluation process and tools were supported by 20% of the respondents while most, 52% indicated that the time allocated for clinical rotations was inadequate.

Conclusion: The nursing students experienced various challenges during their clinical rotations that require attention as indicated in the study findings.

Keywords: Challenges; clinical rotation; facilities; evaluation tools; Skills simulation.

1. Introduction

1.1. Background Information

The clinical placement program is a human resource development activity meant to enable students' link theory to practice [1]. The essence is to enhance the competencies of students for better employability after graduation. Students learn to relate concepts and theory to practice to gain real work experiences[2].

1.2. Education

Nurses constitute the greatest number of healthcare workers in the United States (US) and globally. Increasingly, the role they play in meeting societal demands for safe, evidence-informed, quality care is being recognized. Moreover, more evidence is being generated that supports the nurse's level of education makes a significant impact on patient outcomes [3]. These investigators report that patient mortality decreases when the number of nurses prepared at the baccalaureate level increase [4]. A few schools are offering postgraduate degrees in nursing education up to doctorate level. Nursing education requires a broad understanding of the health needs of the patients hence quality preparation of the students. Students are engaged in providing clinical and theory-based nursing practice under the supervision of their tutors, mentors, primary nurses and preceptors while embracing education opportunities and expanding the research window around the globe [5]. In this way, the student upon qualifying is expected to provide quality patient care services based on the skills and competences gained in both psychomotor and critical thinking in whatever context and setting. The practical teaching approaches may differ from institution to institution but the concept of nursing practice remains the same and in accordance with the provisions of set standards of the International Council of Nurses (ICN), a body that governs the Nursing practice worldwide and of which Liberia is a member.

Clinical education provides nursing students with an opportunity to develop the competency and skill sets to function within dynamic and complex settings. The importance of clinical education has been noted throughout

the literature as a vital component for continuous student growth [6].

Nursing students should employ their knowledge and skills in clinical environments to acquire the required qualifications for taking care of patients, and their success depends to a great extent on efficient clinical training. Clinical training is regarded as the heart and essence of learning and education in nursing. Furthermore, clinical learning environment plays an important role in turning nursing students into professionals and preparing them to function as nurses [6].

A clinical learning environment is a combination of several physical, psychological, emotional and organizational factors affecting the students' learning and how they confront the environment. This environment has considerable effects on students' positive learning and emotional well-being. Furthermore, students get acquainted with the realities of their profession and functions of nursing in this environment. However, the clinical learning environment has been referred to as a reason for either quitting or continuing the nursing profession. The complexity of this environment and the events involved causing tension make it hard to be controlled [1]. On entry into the clinical environment, nursing students are confronted with many challenges and problems which affect their learning in that environment. Quitting the profession, fear, anxiety and confusion have been mentioned as the main reasons for nursing students' unpreparedness and concern in clinical learning environments. Bachelor nursing studies last for 4 years in Iran, during which students enter clinical education and clinical learning environments. The major part of nursing education in clinical environments in Iran begins in the second term and continues until the end of the eighth term [6]

One of the prerequisites during the training of nursing students is clinical accompaniment by professional nurses, which offers direction and guidance to professional development. Exposure to the Clinical Learning Environment (CLE) affords nursing students with an exclusive background for experiential learning and skills that are rare to be acquired elsewhere. Professional nurses in hospitals and clinics are expected to accompany nursing students in the Clinical Learning Environment (CLE) to assist them in achieving the learning outcomes. However, nursing students at the selected higher education institution indicated dissatisfactions with the conduct of professional nurses during their placement at the CLE [7].

The proportion of professionally prepared, baccalaureate nurses is significantly correlated with better health outcomes. Globally, many countries report that standards for duration and content of nursing education exist and countries indicate that they possess accreditation for education institutions. However, considerable variation persists in the level and quality of education for registered nurses within the six World Health Organization (WHO) regions. Moreover, often variation exists within a single country [8]. The current complexity of health care demands that nursing education respond to a shift to higher levels of decision making, clinical judgment, team leadership, and political acumen enabling nurses to manage care in complex environments and across health care and social sector boundaries. In addition, nurses are an increasingly mobile workforce with one in eight not practicing in the country where they were born or educated. Thus, there is an urgent international need for high quality guidelines to direct nursing education and for greater harmonization of entry level nursing education globally. The Global Alliance for Nursing Education and Sciences (GANES) undertook a multinational methodology to develop global educational guidelines for pre-service baccalaureate nursing education. This

methodological approach will be described, and the policy implications of the Global Pillars Framework that emerged will be discussed [8].

Clinical teaching is an essential component in the education of undergraduate nursing students as it helps in the transferring and actualization of theoretical knowledge into practice. This is a component of the nurse training program that enhances professional growth among student nurses by providing them with opportunities to apply theoretical knowledge into practice. In order to achieve effective clinical teaching and learning experiences, literature recommends the use of clinical instructors to guide and assist students during their clinical experiences. For this reason, educational institutions rely on registered nurses practicing in the specific placement area to take the role of clinical instructors for students allocated within their unit [9]. However, it has been argued that while on-field nurses are a better option for providing practical support to students as expert clinicians, not all of them are educators hence the need to provide them with educational support that would help them to effectively supervise the students. Therefore, registered nurses who are earmarked for the provision of clinical instructor roles are trained for these preceptorship roles [9].

Emerging health needs and high patient expectations face nurses today, especially those in China, with substantial challenges in delivering high-quality care [10]. Because of the deterioration of nurse–patient relationships and the growing attention to patient safety issues, undergraduate nursing students' opportunities to experience direct patient care and clinical practice have been decreasing. High-fidelity simulation (HFS) is an ideal substitute for traditional clinical settings, providing nursing students with opportunities to practice decision-making and clinical skills under a wide range of scenarios in a safe, supportive, and realistic clinical environment to meet future nursing challenges without compromising the well-being of patients. Thus, HFS has been used widely in nursing education, including in classroom and continuing nursing professional education in clinical practice settings. HFS is an interactive strategy that uses more than computer based mannequins to show realistic clinical interactions and clinical scenarios noted, evaluating student learning experiences and outcomes over the phases of HFS is an important component of the teaching process, because it helps instructors assess learning and performance and further improve and refine their teaching strategies. However, many nurse educators continue to struggle with the problem of how to evaluate the effectiveness of these simulations (Bai and his colleagues, 2015; Chu & Chen, 2016). A substantial body of research findings indicates that HFS may have positive effects on student self-efficacy, learning satisfaction, psychomotor skills, and critical thinking. However, evidence regarding the effect of HFS on student learning efficacy is inconsistent [10].

Clinical instruction is an essential component of nursing education as the key arena in which nursing students transition from theory to practice in order to care for patients. Ideally, students need to demonstrate competency in nursing practice while studying supportive learning environments with shared academic and practice partnerships. However, maintaining effective clinical teaching environments remains a major challenge for academic institutions across the world [11].

Major challenges in clinical teaching, as previously reported in the literature, include the problems encountered by nursing students as they work in the clinical setting. The students report inadequate supervision by clinical staff; unsafe clinical placement; insufficient clinical experiences; competition with other health programs for

limited practice settings [12]; scarcities of qualified clinical instructors; and heavy clinical instructor workloads Reference [13].

1.3. The Skill Laboratory/Simulation

The clinical Skills Simulation in the School of Nursing, Department of Health Sciences, Bong County Technical College was established in 2015 with the help of the Liberian Government, the Bong County Development fund serving as the owner of the college. However, it came into full use in 2019 after staff were trained alongside the training for semi problem based Learning; a method that was adapted for teaching in the school of nursing. Manikins and other practical materials were provided and guidelines were developed for use by nursing students initially while those for subsequent year student's skills be developed gradually at hospitals and clinics through practical. The laboratory is divided into eight rooms (Teaching section, Male ward, Female ward, Antenatal care unit, postpartum unit, Family planning, Emergency, Delivery). It is equipped with different models for nursing, obstetrics procedures, ear nose and throat (ENT) and eye examinations, physical examinations, anatomical manikins and audiovisual tapes, CD and 21-inch flash screen for visual learning. Other instruments include: sphygmomanometers, stethoscopes, fetal scopes, weighing scales for adults, children and newborn, height meters and length boards, suction machine, LCDs, cabinets, shelves, surgical instruments, delivery instruments, general care and patient assessment tools. Each room is designed to accommodate 10-12 students but due to high student population, each practical session usually has more. The Skills Simulation has specific days for each year of student for demonstrations and return demonstrations. Tutors have assigned hours of teaching in the skill laboratory and follow the students to the clinical areas to ensure the taught skills are practiced and achieved. In preparation for the skills training, the nursing Clinical instructor (mentor) issues the students with the protocol/procedure of the due skill the same day prior to the actual day of training. This enables the student to hypothesize the skill. The students are expected to read more about the skill so they can do better performance. The teacher briefly discusses the skill and only clarifying areas of concern. This is followed by the demonstration of the skill by the teacher and thereafter a return demonstration by the students. The students then evaluate the whole session and document their observations. The students are encouraged to come to the laboratory for regular practice of the taught skills so as to gain confidence and proficiency.

The Skills Simulation does not use simulated patients. For skills that require actual client such as Blood pressure, temperature, pulse, respirations, height and weight taking and recording, role play is used while observing ethical guidelines of care.

1.4. Clinical Areas

The clinical areas that are mainly used are the various wards and units in Phebe hospital. There are Clinical instructors and Preceptors (mentors) who guide these students through their rotation on a daily basis. This is a challenge because; this clinical instructor/preceptor is only one person against about 1,440 hours of student rotation and therefore it is not easy to monitor all students in the respective clinical areas at one given time.

Clinical practice has always been an integral part of nursing education; it prepares student nurses to be able of

"doing" as well as "knowing" the clinical principles in practice. In nursing, the clinical experience has been observed as significant aspect of nursing that enhances factor, which may positively affect students' learning [14].

1.5. The Learning Environment

Learning in the clinical environment has been extensively researched and established the clinical setting as a powerful environment for learning. Nevertheless, students continually report on challenges in the workplace environment, such as the supervisor relationship, clerkship fatigue and the experience of being a guest at the clinical ward. In medical education, there has been a lack of attention on the social nature of learning [15].

The clinical learning environment is a situation for the implementation of student practical learning. Satisfaction with the clinical learning environment is very important to foster a positive learning experience. Clinical education is an important part of nursing education, and the process of students applying theory in health services. Activities in clinical education include facilitative learning in clinical management that aims to make measurable changes in students in providing clinical care with the involvement of clinical instructors and students[16].

Nursing is a hands-on profession that requires a meaningful combination of theoretical content with practical skill, and these two complement each other [17]. Nursing education enables nursing students to acquire appropriate knowledge, skills, communication, and behaviors and have a huge impact on community health[18]

Phebe Teaching and Referral Hospital (PTRH) is the main referral hospital in Central Liberia. There being increasing quest for higher education in nursing, many nursing institutions offering degree and diploma programs use PTRH for clinical attachments and experiences. This has led to overcrowding of students and overextending of the strained resources. In addition; the government budgetary allocations to the health sector is insufficient and thus certain basic provisions are not available or adequate. Patients are also more aware of their rights and therefore are reluctant to be attended to by students for reasons that learners do not have adequate skills to perform at their expectations.

2. Methods and Materials

2.1. Study Population and Setting

The study population comprised all third and fourth year Bachelor of Science in Nursing Students of the Bong County Technical College, School of Nursing. At the time of study, all the students were in the clinical areas for their clinical rotations.

2.2. Background of the study area

The study was carried out at Bong County Technical College, School of Nursing and Phebe Teaching and Referral hospital.

2.3. Hospital

Phebe Teaching and Referral Hospital is located in Suakoko District, Bong County, Central Liberia. It is about 189 km from the capital city Monrovia. Phebe hospital was elevated to a referral hospital status in 1976 and currently has a bed capacity of 200. The hospital is divided into two major departments, the In-patient Department (IPD) and the Out-patient Department (OPD). The in-patient Department has several departments, namely: medical ward with a bed capacity of 34. The surgical ward contains three sub-divisions: general ward, critical care unit and intensive care unit, with a bed capacity of 25. The pediatric ward comprises of four sub-divisions: general ward, intensive care unit, play room, and Inpatient Facility (IPF), with the total bed capacity of 54 which is the biggest in the hospital.

Obstetrics /Gynecology ward has five sub-divisions: labor room, postpartum, adult intensive care unit, infant intensive care unit, and gynecology ward, with the total bed capacity of 42. Emergency room with a sub-division of two: short stay and observation room, with the total bed capacity of 13. Neonatal Intensive Care Unit (NICU) is one of the best areas for managing infant. That contains 17 beds. In addition, Isolation which is one of the critical areas of the hospital with a bed capacity of 8. Lastly, the private rooms have the bed capacity of 7.

The OPD has twelve units namely: eye clinic, Dental clinic, Tuberculosis, Diabetes clinic, prevention of Mother to Child Transmission, Family planning, Acupuncture, Sexual Gender-based Violence. Others are Antenatal Care, Under five clinics, Chest clinic and Human Immunodeficiency virus.

The two major departments (IPD and OPD) of the hospital are well cleaned and well managed with the required staffers. In addition, the IPD contains blood bank, pharmacy, dispensary general laboratory, Central supply room, and x-ray room.

In a clean hospital, both the inpatient department (IPD and the outpatient department (OPD)) play crucial roles in providing comprehensive healthcare services to patients. Let's discuss each of these departments in detail.

2.4. Inpatient Department (IPD)

Services Offered: The inpatient department caters to patients who require hospitalization for further medical treatment, monitoring, or surgery. This includes patients admitted for medical conditions, surgery, childbirth, or other specialized care.

Facilities: The IPD consists of various wards (e.g., medical ward, pediatric ward, Obstetrics /Gynecology ward, etc.) designed to accommodate patients with different needs. It also includes operating rooms, recovery rooms, and other specialized units.

Patient Care: Patients in the IPD receive 24-hour care from a dedicated team of healthcare professionals. This includes doctors, nurses, and support staff who provide medical care, administer medications, and monitor patients' conditions.

Hygiene and Safety: In the hospital, the IPD adheres to strict infection control and safety protocols. This includes regular sanitation of patient rooms and equipment, isolation procedures for infectious patients, and appropriate use of personal protective equipment.

Discharge and Follow-Up: When patients are ready to be discharged, the IPD coordinates their transition back home or to a rehabilitation facility. This includes providing discharge instructions, arranging follow-up appointments, and ensuring continuity of care.

2.6. Outpatient Department (OPD)

Services Offered: The outpatient department serves patients who do not require overnight hospitalization. It typically includes a variety of medical services such as consultations with specialists, minor procedures, diagnostic tests, and preventive care.

Facilities: The OPD consists of several clinics or consultation rooms for different specialties (e.g., internal medicine, pediatrics, etc.). There is also pharmacy, laboratory, and diabetic services available within the department.

Patient Flow: The OPD handles a high volume of patients on a daily basis. Patients usually schedule appointments in advance, but there are also walk-in services available for urgent or emergency cases.

Hygiene and Safety: The hospital ensures that the OPD maintains high standards of hygiene and infection control. This includes regular cleaning of consultation rooms and waiting areas, as well as proper disposal of medical wastes.

Staffing: The OPD is typically staffed by a team of doctors, nurses, nurses' aid, administrative staff, and support staff who manage patient appointments, records, and billing.

In summary, both the inpatient and outpatient departments play essential roles in delivering comprehensive healthcare services in a clean hospital. They each have distinct functions and require careful management to maintain high standards of hygiene, patient care, and safety. The Phebe Referral hospital was selected by The Bong County Technical College as a teaching hospital because it has a wide catchment area and offers wide experience because of the diversity of the conditions encountered in the hospital hence provides a good environment for learning, growth and professional development. In addition, it provides for integration with medical, diverse nursing students, physician assistant students, midwifery students, and diploma nursing students from other institutions. It is convenient because it is not too far from the school and it allows for easy monitoring of the students' activities in the clinical areas.

2.7. Sampling Technique

Survey sampling was adopted. The study sample was 50, year 3 and year 4 nursing students.

2.8. Study Design

A descriptive cross-sectional study was used.

2.9. Data Collection Tools

The data was collected using a self-administered questionnaire which had been pre-tested and validated before using.

2.10. Data Management, Analysis and Presentation

Data management entailed data cleaning, recording, reduction and storage on hard drives and memory sticks. Data analysis was done using graph, tables, figures and descriptions.

2.11. Elimination of Information Bias

A standardized questionnaire was developed, pre-tested study and validated under the supervisor's guidance.

recorded appropriately.

2.12. Eligibility Criteria

The 3rd and 4th year BSc. nursing students in clinical rotations and willing to participate in the study.

2.13. Ethical Considerations

Permission was sought from Institution, Verbal informed consent from the respondents were obtained.

The information collected will be treated with absolute privacy and confidentiality.

3. Findings

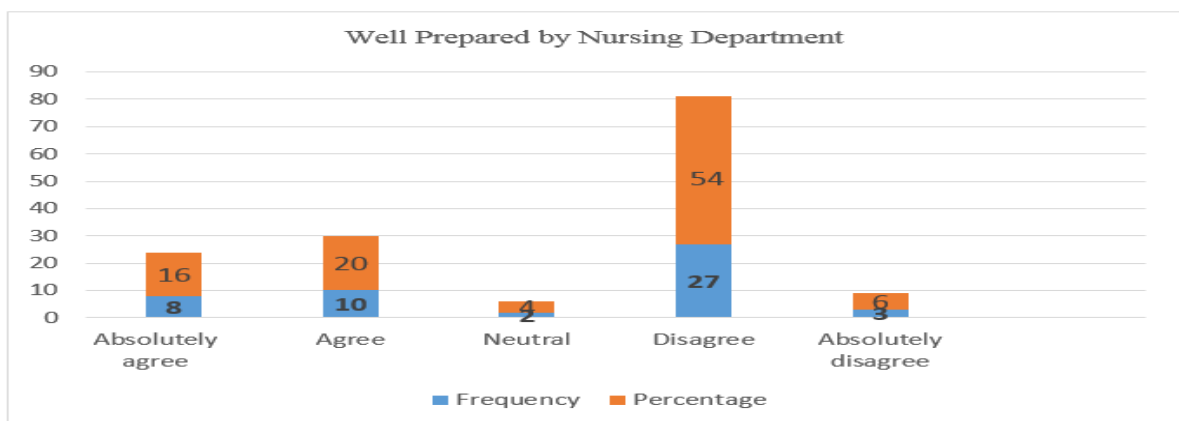


Figure 1: Preparedness for Clinical Rotation by Nursing Department

Regarding preparedness for Clinical rotation by nursing department, 16% (n=8) absolutely agree, 20% (n=10) agree, 4% (n=2) were neutral, 54% (n=27) disagree and 6% (n=3) absolutely disagree. This shows that the nursing department does not properly prepare them for clinical rotations.

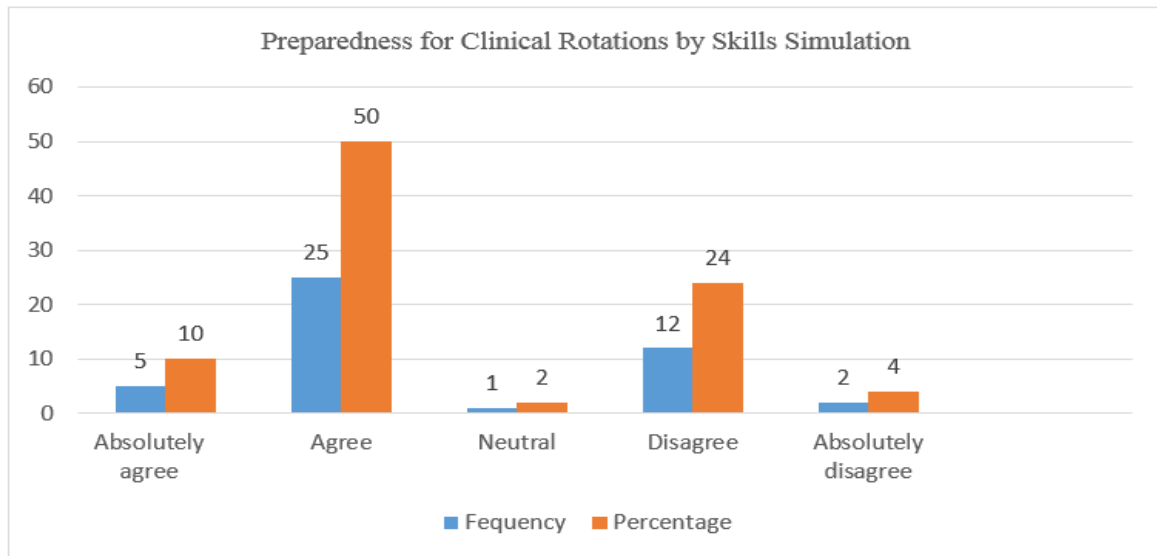


Figure 2: preparedness for clinical rotations by Skills Simulation

The study found that 10% (n=5) absolutely agree, 50% (n=25) of the respondent agree, 2% (n=1) was neutral, 24% (n=12) disagree, and 4% (n=2).

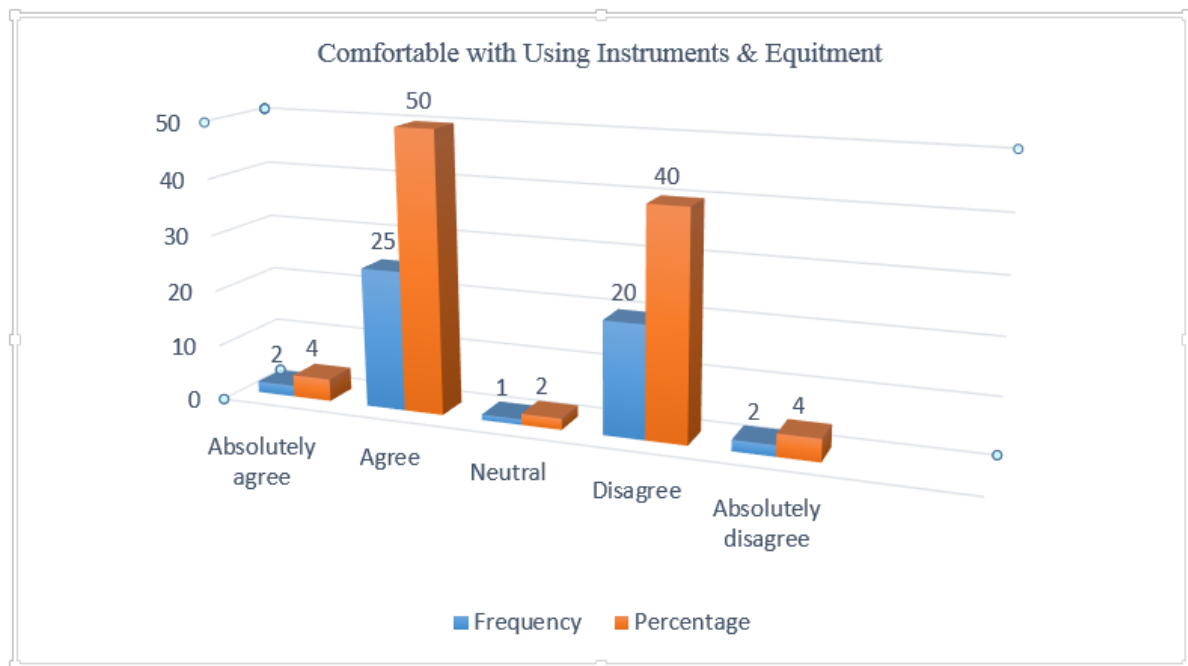


Figure 3: a graph illustrating respondents' views about being comfortable with using instruments and equipment in the clinical areas

Concerning being comfortable with using instruments and equipment, 4% (n=2) absolutely agree, 50% (n=25) participants agree, 2% (n=1) neutral, 40% (n=20) disagreed, and 4% (n=2) absolutely disagree.

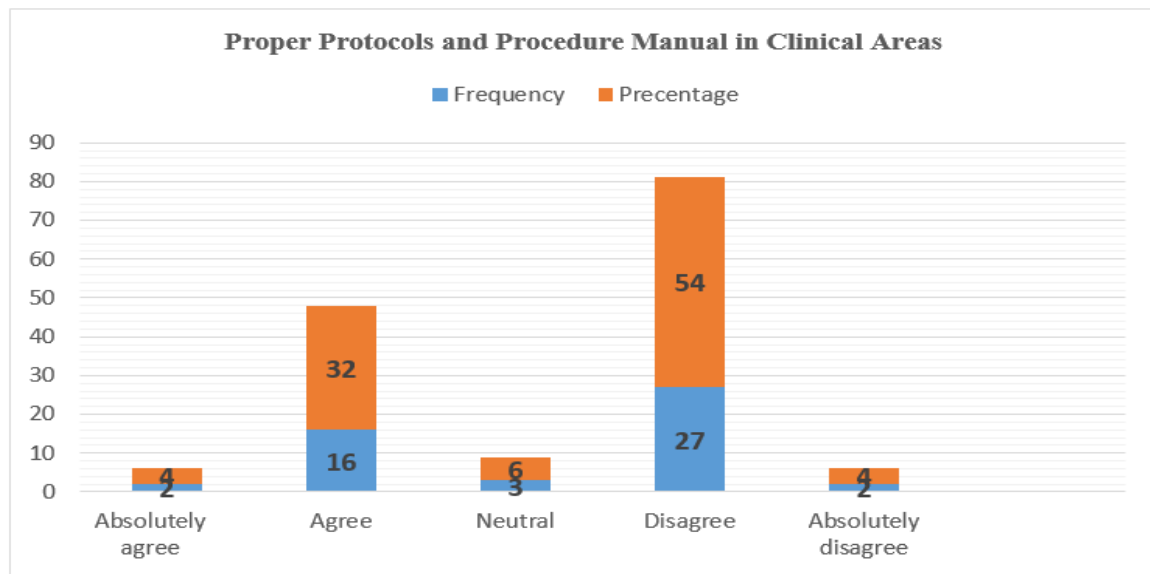


Figure 4: Proper protocols and procedure manual in clinical areas

The study proves that 4% (n=2) absolutely agree, 32% (n=16) agree, 6% (n=3) were neutral, 54% (n=27) disagree and 4% (n=2) absolutely disagree.

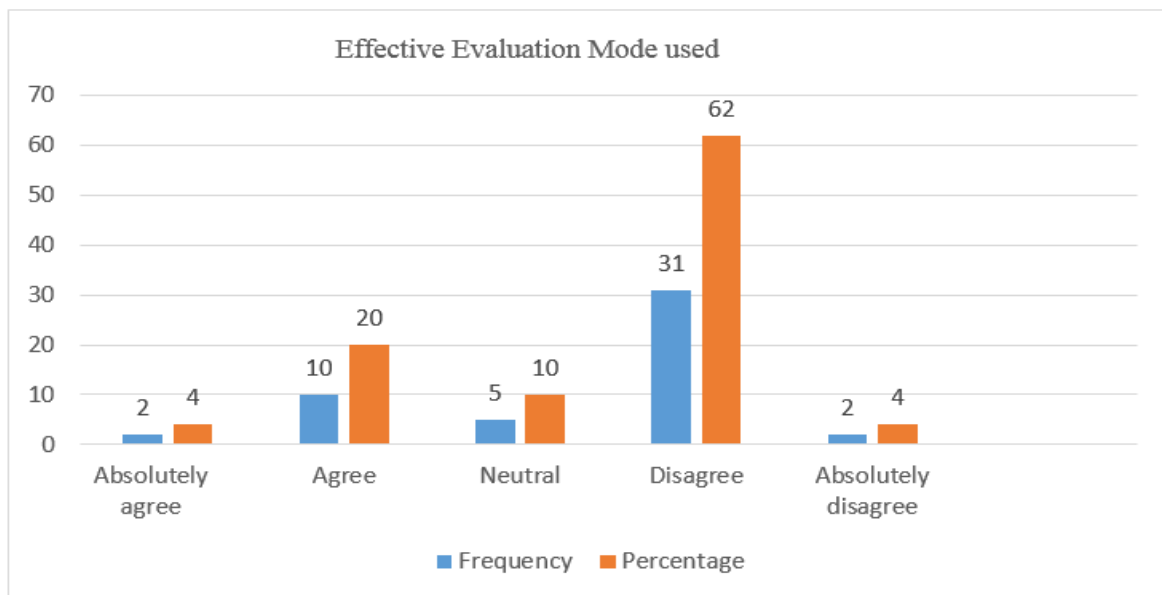


Figure 5: the graph above shows respondents view on effective evaluation Mode used

With the respondents, 4% (n=2) absolutely agreed, 20% (n=10) agree, 10% (n=5) were neutral, 62% (n=31) disagreed with the effectiveness of evaluation mode used in the clinical areas, 4% (n=2) absolutely disagreed.

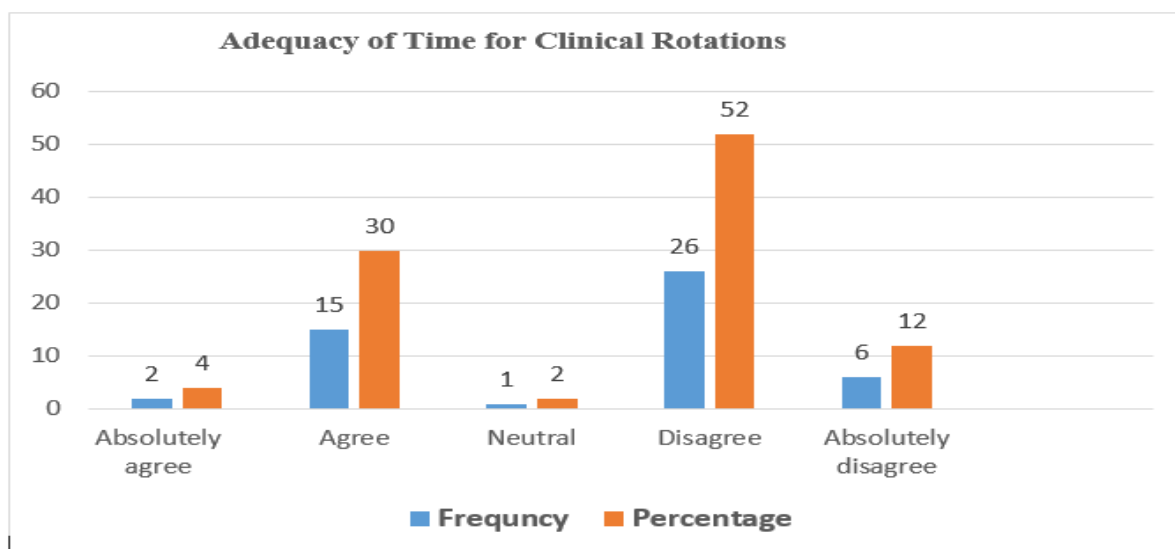


Figure 6: a graph showing adequacy of time for clinical rotations

Demonstrated in the figure above, 52% (n=26) disagreed representing highest followed by 30% (n=15) agreed and 2% (n=1) neutral representing the least.

Table 1: a table showing a general rating of a different clinical area in percentage

Clinical area	Excellent	Very good	Good	Fair	Poor
Pediatric ward	6	8	40	32	14
Medical ward	6	10	52	8	24
Surgical Ward	10	6	44	20	20
OB ward	16	14	40	10	20
Emergency room	14	4	52	16	14
OPD	16	6	50	18	10

Medical ward was rated as being poor for students practical learning while Obstetrics (OB) ward and Out-patient Department were rated as the best.

Table 2: a table showing how respondents rated various mentors in the clinical areas in percentage.

Mentor	Totally agree	Agree	Neutral	Disagree	Totally disagree
Nurse supervisor	14	22	22	34	8
Nurse in charge	10	44	14	26	6
Other staff nurse	8	36	8	38	10
Clinical instructor	12	44	6	32	2

Other staff nurses were rated as being poor for mentoring students in their learning activities while nurse supervisors were rated as the best followed by clinical instructors.

4. discussion

In this study, it was found that undergraduate degree nursing students experienced various challenges during their clinical rotations and like other students around the world, these challenges negatively impact their learning, professional practice and career development. It is evident that ample time for learners in the clinical areas and sufficient teaching and learning play an important role in equipping them with the necessary skills and competencies. Emphasis is particularly placed on demonstrating competence in the core clinical skills is critical for safe professional practice [19].

The Skills Simulation needs to be well equipped to a modern standard to meet the needs of the learners alongside qualified mentors, preceptors and instructors who are competent enough to prepare them for clinical nursing practice.

It is important to note less practical time with the 2nd year students in the use of Skills Simulation and following lack of continued practical teaching and demonstrations is challenges that adversely impact class. By use of the skills demonstration during the 2nd, 3rd and 4th years of study the students expect to learn advanced skills which should have gained basis in the clinical Skills Simulation.

The student learns and gains confidence and proficiency if he or she is consistently exposed to demonstrations in which he or she utilized psychomotor skills and critical reasoning together with own return demonstrations.

The nursing schools should be forefront in ensuring that facilities in the clinical areas are appropriate for teaching and learning. This is attributed to the fact that the hospitals accredited to offer the facilities should be self-sufficient and sustaining.

One profound researcher compliments educational environments is considered important in strengthening students' knowledge which is associated with good educational outcomes [20]

Relationship between students and patients seem to be satisfactory based on the fact that there is shortage of staff hence patients are in a state of desperation to be attended to by the next available 'health care provider'. Although Patients are aware that Phebe Teaching and Referral Hospital is a learning institution, most were ready to cooperate with the students hence facilitating learning while a few felt uncomfortable. This is comparable to a study that looked at the experiences of nursing students in critical care where proficiency and knowledge were the benchmark of practice [21].

A study carried out in Karlstad University [22] revealed that most patients usually preferred being taken care of by qualified staff hence they were uncooperative to students. This is contrary to the situation in this study where most patients did not mind students caring for them after all.

Translating theory into practice requires updated and sufficient protocols and procedure manuals in line with the current information as provided by the Nursing Council standards as they facilitate mastery of skills and procedures. It is important that harmonization of content between what is taught in class and what is contained in

the clinical manuals in clinical areas be addressed since most of the manuals are research findings that do not quite contain what is stipulated in the nursing curriculum or by the World Health Organization guidelines.

Globally, there are different ways of assessing or evaluating the learner during clinical rotations. The evaluation tools (log books, case write up or care plan, assessments, objective structured clinical exam/objective structured practical exam) used at the end of the clinical rotations need to focus on standards. Some tools are not well defined. Hence, the need to specify the number of competencies and specify objectives in the log books.

There should be consistent link between the tutor and the student to allow continuous assessment and monitoring during clinical rotations. One assessment only at the end of the clinical rotation does not reflect the knowledge acquired by the student during the entire period.

One study described clinical learning environment as an interactive network of forces influencing student learning outcome in the clinical setting [23]. It further analyzed the staff-student relationship, nurse-manager commitment to student teaching, student-patient relationship and student clinical learning satisfaction which have been fully addressed in this study.

Another study identified poor assessment tools as a setback to quality nursing practice and this trickled down to inadequate student learning and teaching hence compromised clinical practice.

Nursing staff are frontline workers and service users are constantly observing their behavior and what, how and when they do things. Being professional at all times is essential for nurses and other health professionals. Student nurses in the learning environment will emulate staff nurses and mentors as role models for their future practice. The importance of role modelling and 'belongingness' in practice, and how mentors may influence the pre-registration student nurse while in the learning environment can influence better patient care [24].

Outcomes of clinical practice for nursing students will help foster mentorship, communication, confidence, meaningful clinical judgment and hence reduce challenges in the course of caring for patients. Mentorship is considered to play a paramount role in empowering nursing students to receive superlative benefit from clinical placement. Although the new standards for student supervision and assessment approved by the Nursing and Midwifery Council in 2018 seemed to lead to the disillusionment of mentorship, they support clinical education and devotion to nursing students' clinical learning globally [25].

5. Conclusion

The BSc. Nursing Students experience various challenges during their clinical rotations that require attention as indicated in the study findings. The main challenges are inadequate preparation by the nursing department, insufficient protocols and procedure manuals, ineffectiveness of the evaluation procedure applied. Majority also reported insufficient time allocated for the clinical experiences (the Liberian Board for Nursing and Midwifery at 1850 clinical hours per 30 weeks while BCTC has 901 clinical hours per 30 weeks) and this affects the student's skills and competencies.

6. Recommendation

The school should find ways and means of addressing these challenges for purposes of improving the nursing program. The two teaching institutions should ensure that the Nursing Board Standards are adhered to.

The role of the clinical Skills Simulation in the preparation for clinical rotations was applauded. However, there is great need for the institution to promote nursing while improving the Skills Simulation in order to facilitate the students' clinical learning and practice at appropriate time with no challenge posed to students.

In order to have quality evaluation process, reference materials, protocols and procedure manuals in the clinical areas the College and the hospital may need to work in consultation for periodic reviews of these documents given the current trend of changes. Evaluation of the mentorship programs and their impact on students' development should be done at an agreed time periodically.

Clear policies and guidelines should be put in place to govern the students' clinical practice and code of conduct at institutional and hospital levels.

Further studies on ways to improve mentorship in the clinical areas should be carried out to help identify possible areas of weakness and ways of strengthening them.

There is need for sufficient number of clinical instructors and mentors/preceptors in all the clinical areas used for students' practical learning and experience.

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