

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF NURSING AND MIDWIFERY

CHALLENGES FACED BY NURSING STUDENTS' DURING
THEIR CLINICAL PLACEMENT; STUDY DONE IN HEALTH
SCIENCE COLLAGES; A MIXED METHOD STUDY; ADDIS
ABABA, ETHIOPIA, 2020.

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I, the undersigned MSc student, declare that I have submitted my original work on a title challenges faced by nursing students' during their clinical placement; study done in health science collages, for the examination.

Submitted by:

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This thesis work has been submitted for examination with my approval as an advisor.

Approved by:

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STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of nursing department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.”

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LIST OF ABBREVIATION AND ACRONYMS

AAU–Addis Ababa University

BSc –Bachelor of Science

CLE –Clinical learning environment

ETB–Ethiopian Birr

FGD –Focus Group Discussion

GC– Gregorian Calendar

HWs–Health Workers

IQR– Interquartile Range

IRB – Institutional Review Board

OR –Operation Room

ABSTRACT

Background: The clinical learning environment is important to achieve the defined learning outcomes of the program. However, nurse students face a multitude of challenges during their clinical placement.

Objectives: The objective of the study was to explore challenges experienced by nursing students during clinical placement and to identify factors affecting clinical practice of nursing students in four randomly selected public and private institutions collage in clinical placement Addis Ababa, Ethiopia, 2020.

Method: A mixed method research approach containing Institution based descriptive quantitative cross sectional study design and qualitative phenomenological method was employed. This study comprised of 179 third- and fourth-year undergraduate nursing students selected randomly by using simple random sampling method from their proportion for the quantitative study and seven purposively selected students for qualitative portion who were participated in quantitative study. Self-administered questionnaire and recording of telephone interview were used to collect data. For quantitative data descriptive analysis was employed to describe the percentages and number distributions of the respondents, also Bivariate and multivariable logistic regression analysis was used to see the association of independent with the dependent variable. Crude and adjusted odds ratios together with the corresponding 95% confidence intervals computed. A P-value ≤ 0.05 considered statistically significant in this study. The qualitative data were analyzed, the voice recorder of telephone interview was transliterated, read, and review on a number of times and extracting significant statements, formulating meanings, and coded, categorizing into clusters of themes using the content analysis approach and using ATLAS ti. Version 7.5.16 qualitative analyses software. Qualitative method was sequential design only was appropriate for expansion purposes of quantitative data and data was collected from February 15, to April 30, 2020 GC.

Result: The Findings of this study indicated that, the prevalence of challenge among nursing students was found to be 29 (16.9%). Consequently, in bivariable logistic regression, students' religion, residence, entrance year, learning institution and substance use were found to have association with challenge among nursing students. However, after controlling the effect of confounding in multivariable analysis the final result confirmed that only substance use [AOR= 8.25 (1.74, 39.04)] 0.008* and learning institution [AOR=0.10 (0.01, 0.98)] 0.048* were found to have significant association with nursing students challenge. And there was statistically significant negative moderate correlation between students total challenge score and their overall competency score. [$r = -0.672$, P value = <0.001]. The qualitative content result; content was compare for similarity and differences, merged together, and categorize, finally themes were emerging. Seven themes emerged from the study, which were Student Nurses factors, Lack of role Model, Instructors Responsibilities, Inadequate support Structure & Communication, Lack of Equipment and College Responsibility.

Conclusion and Recommendations: It is essential to improve students' clinical supervision and support at clinical setting by their instructors and staff nurses; & essential to plan for clinical supervision and provision successfully to create skillful nursing students and minimize their challenge. So, Instructors need to give adequate orientation for each attachment practical area in entrance and ongoing follow-up.

Keywords, Clinical environment, Clinical practice, Clinical Setting challenges, BSC Nursing students, Addis Ababa.

CHAPTER 1

Introduction

1.1. Background

The clinical learning environment is important to achieve the defined learning outcomes of the program(1).The clinical environment includes the clinical settings, nursing staff, patients; nurse tutors etc. The quality of the clinical learning environment may influence the achievement of the learning outcomes(2) .Therefore, a plan is required to select a best clinical learning environment, which is difficult. In addition, having a positive clinical environment may affect the career choices of student nurses (2).

Student nurses recognize the clinical area as a source of anxiety, stress, fear and vulnerable place(1).The link between the clinical instructors, staff nurses and patients are very essential to form students' clinical training, to cope and reduce the real shock(1).The quality of clinical learning is vital to ensure attaining the learning results(3).student nurses are required to develop different skills through clinical practice such as independence, critical thinking, communication, time management, responsible with accountability and in developing clinical judgment(3).

Nurses capability is to deal with on the knowledge and skill taught to them(1).Nursing education is composed of two harmonizing parts: theoretical training and practical training. A vast part of nursing education is sustained out in clinical environments(3).In many countries, clinical education forms more than half of the proper educational courses in nursing(4).Thus, clinical education is central part of the nursing education program(5).Since nursing is a performance-based profession, clinical learning environments plays an essential part in the accomplishment of professional abilities(6). Further, the clinical area of nursing education has vital meaning for nursing students in the choice or rejection of nursing as a profession (7).

Different from classroom education, clinical teaching and learning is a complex environment affected by many factors(8).This environment provides a chance for nursing students to learn and to understand theoretical knowledge to a change of mental, psychological, and psychomotor skills which are of significance for patient care(9).

An optimal clinical learning setting has a positive effect on the students' professional growth; a poor learning setting can have contrary effects on their professional development process(10).The erratic nature of the clinical training environment can create some difficulties for nursing students(11).

The academics' experience in the nursing clinical instruction exposes those nursing students' behaviors and performances alteration in the clinical area. This alteration can negatively affect their learning, development in patient care, and professional act(11).Detecting problems and challenges students are faced in the clinical learning environment can help stakeholders solve these problems and contribute to them appropriate professional as well as their professional endurance(2).Incapable to recognize the challenges and problems the students are faced with in the clinical learning setting inhibits them from effective learning and progress. As a consequence, the progress and growth of their skills will be inclined (12).Studies show that the students' non-effective contact to the clinical learning environment has amplified failure rates. According to Wambui and Githui Study done on nurse interns' satisfaction with the clinical Learning environment; some student nurses have gone from the profession as effect of challenges during their clinical area practice(13).

Clinical setting and nurses' practice have been studied in numerous studies. In Ethiopia, also have been carried out; however, most of the studies pointed on clinical evaluation or stress factors that interfere the clinical practice(13,16).Clinical experience is a conversant and practical source of knowledge(16).Some studies done on Nurses in clinical environment showed that, they are exposed in many problems, which could reduce their fulfillment with the clinical training(14).Further, the nursing students' shortage of knowledge and skills in the clinical environment can lead to anxiety(14).To build up, Health systems function effectively, with adequate figures of skilled, interested and reinforced nurses who show a good work ethics at all times, it form on in nurses student theoretical and clinical area practice(11).In addition, recommended that most novel bachelor graduates have reasonable theoretical knowledge but lack competence in the clinical practice(11).

Besides in Ethiopia few studies have been done, on the challenges of nursing students faced with in the clinical learning environment, assessing challenges, is essential in the professional development and competence. Identifying challenges with which nursing students are confronted in the clinical learning environment in all extents could advance training and boost the quality of its planning and the promotion of the students(15).

Currently, in Ethiopia government and the public sector, there is great concern over quality of skills of health(16).The challenges and problems the students are faced with in the clinical learning setting inhibits them from effective learning and progress, they are vital to develop different skills during the course of clinical practice(16). Therefore the aim of this study is on the challenges of nursing students in clinical setting.

1.2. Statement of the Problem

Student nurses are required to develop the desired theoretical, practical and attitudinal competency during their professional education(16).The clinical setting is a significant learning environment for nursing students to relate the theoretical knowledge thought in classroom in to practice(17).Clinical learning environment is a complex social entity. Students' exposure to clinical learning is one of the basic parts of nursing education. However, it can be challenging, unpredictable, stressful, and constantly changing(17).Student nurses are facing different challenges at academic and clinical setting. There are various challenges that occur in nursing education in clinical setting. Regardless of the previously mentioned challenges, the practice gap in clinical setting remains a problem(16).This gap leads to incompetent nursing professionals if it is not addressed and dealt with effectively.

The Clinical area where nurses acquire clinical skill, especially in sub-Saharan African situations, is challenged by host of factors which can distress learning unfavorably(16). Some issues stated to distress students learning in clinical practice act at unlike levels namely individual level (student factors, and nurse tutors factors),social-economic factors and hospital environment (17).

A Study done in Botswana shown that nursing students failed to apply theory into practice because they had shortage adequate supervision in the clinical setting which effects less acquired in their clinical skill(6).Thus, the instructors' and nurses' significant obligations to arrange for nursing students with teaching and maintenance on entry in clinical area and help them receive their parts as nurses(6).Though, the outcomes those of some other studies, have showed that nurse instructors and nurses not have the required effectiveness, knowledge and skills for teaching students(9).The extensive gap between theoretical and clinical teaching results from instructive planning methods in the field of nursing(9).

The magnitude of clinical training competency the conducted study in Ethiopia, on debt of factors affecting doing in clinical practice and competency of undergraduate related health science Students ,was, 25.2% and this finding is not consistent with the approach where Ethiopia governments want to achieve more than this percentage which is in creating competent professionals in term quality and number currently(16).

This might be due to in quality of clinical practice being provided(16) and other socio-economic status of study participants. The common challenges experienced by the nursing student at clinical setting are broadly summarized into individual, health institution, clinical supervisor, and client related factors(18). Individual factors: that commonly shown to affect student nurses' attitude towards clinical practice include anxiety, attitude towards nursing profession, Learner's expectations and readiness and learner's Competence and Confidence Level(18).A hospital unit is a significant learning environment for nursing students and is essential to the education of a nurse(18).In a hospital unit nursing students engage with patients, who are in need of professional nursing care. In study done in Ghana Among the clinical instructor factors and staff-student interaction factors were significantly associated with clinical practice competency(3).Study done in Ethiopia, assessed nursing students' attitude towards clinical practice and factors affecting student nurses' attitude towards clinical practice, results, revealed that 58% of student nurses have favorable attitude towards clinical practice(3).

According to the above study, some nursing students have unfavorable attitude towards clinical practice; majority of the student nurses reported late coming to clinical practice; student nurses were not adequately prepared for clinical practice; student nurses were ready to interact with other medical staff; and student nurses were confidence towards nursing profession(19).Thus, more supportive and relevant intervention can be implemented to help them to achieve a higher level of clinical setting practice(20).In addition, in devotion to clinical experiences and factors causal to the knowledge of these skills can leftover a great deal of time and energy, force heavy monetary burden on educational systems, cause mental, familial and students educational problems , and confrontation the quality of care giving to the patient(8).

There are various challenges that occur in nursing education in clinical setting thus; exploring the challenges encountered by undergraduate nurses in term of clinical setting difficulties, it helps to identify the problem and rich to the appropriate solution. So, the current study will carried out with the goal of influential the learning challenges and perception of nursing students to clinical environments in Addis Ababa, 2020.

1.3. Significance of the Study

When students start clinical practice, during which they gain experience and skills by taking part in the provision of patient care and management, they come across different factors which can hinder their clinical practice(21). As a result, this study was identify factors affecting clinical practice of nursing students who were exposed more than two clinical sessions, in Addis Ababa public health service institutions. The results of the study will be useful for designing appropriate clinical practice implementation guideline for nursing students and it will give direction for nursing instructors and clinical staffs to work together. By exploring the challenges encountered by nursing students in term of clinical placement and their perception in the clinical setting it helps to provide an insight to the nursing leaders or related organization on the barriers to attain skill at the initial period of clinical practice(22). Thus, more supportive and relevant intervention can be implemented to help them to achieve a higher level of clinical placement practice.

In addition challenges experienced by nursing students, and the possible strategies to address these challenges, can be identified and will be possible; to better apply theory into practice and thus make competent and safe nursing practitioner(21).The present study will as references to the Health institutions collage/university with educational program of nursing on how to support third and fourth-year nursing students when integrating theory with practice in clinical settings. The study provides baseline data and indicates whether there is a need to do further research to ensure an effective learning environment in clinical settings.

CHAPTER 2

Literature Review

2.1. Introduction

Now a days increased call for refining the area in which nursing students acquire the clinical skills and knowledge(27). Practical skill in the clinical setting sites should allow students to put on their theoretical knowledge in a real setting, mature nursing skills and clinical thought, and observe and adjust the professional part in the area(27). This study intended at finding the challenges or factors influencing practicing in clinical area among undergraduate nursing students in Addis Ababa public and private health collages.

On Cross-sectional descriptive study done in nursing students in Northern Tanzania analyses and chi-square test done to comprehend the background evidence of the sample and association between variables included in the study(26). Most of the nursing students (84.4%) agreed that clinical setting offers students satisfactory opportunity for clinical skill learning and practicing(26). Obstacles to active clinical education were stated by 70.1% of the participants and the obstacles comprise student factors such as, school factors such as improper supervision, and poor preparation of clinical instructors or clinical facility factors and was mentioned lack of confidence of students with some absenteeism in clinical area (26). Male nursing students were (62.1%) significantly stated uncooperative environment as a obstacle and anxiety was more seen in female nursing students (48.9%) (27). Also in the above study three groups of factors were measured, i.e., related to students factors; the hospital factors; and the students social-economic background(27). Student's factors appeared to alignment a bigger role in positive clinical learning as follow by the hospital factors(26). Insufficient supervision by the instructors in clinical area, lack of equipment or resource, with value of practical assessment in clinical setting , and students anxiety were the factors that stuck actual clinical education of practice(26).

Other systematic review study indicated that the most important obstacles of learning were categorized individual, management, facilities, and equipment dimensions(28). Student's readiness, instructor clinical competency, and staff nurses attitude on the way to nurse students in clinical area have significance performance in clinical skill learning(28).

Hence, which create that there are several facilitators and obstacles of in effect practical skill in clinical area? The facilitating factors are actual supervision, acceptable number of instructors, in clinical area(28).Obstacles to effective clinical practice comprised deficiency in student confidence, nonattendance, insufficient supervision, shortage of resources, and nursing student anxiety(28).

The most stated factor that enhanced clinical practice was adequate supervision and assessment as stated by 32.3% of student nurse participants(13).Presence of obstacles to effective clinical education was stated by 70.1% of the participants. college factors such as inappropriate supervision, and poor planning of clinical instructors or clinical facility factors related were mentioned(27).

2.1.1. Factors Related to Student's Background and Social-Economic

Study conducted on perspectives of undergraduate nursing students on their clinical education and area in Malawi the environment of clinical setting, economic and social factors of nursing students were identified to suffering clinical setting and may create psychological difficulties like anxiety(27).Conditions social of the school was significant in allowing students' clinical education and practice. Most of nursing students (84.4%) agreed that parent's economic position overstated clinical practice(27).Shortage of money caused incapability to pay for learning resources and other individual needs and often led to unwanted pregnancy particularly among some female nursing students who are attracted to involve in sex for money in a change(13). Regarding personal problems the lowest percentage of nursing interns had problems related to increase number of transport and unavailability of stranger's home. This due to student had the chance for choosing the place of training during internship year(13).In the same study done in Iran in one governmental University Hospital had the highest mean score of obstacles that faces nursing students during clinical practice year than Private Hospitals. And social and cultural obstacle was the highest mean score of all obstacles at the study setting.

Factors Related to gender, age, and nursing schools

Male nursing students were more (62.1%) significantly stated unsupportive setting as a obstacle than female (35.6%).(3)Also, anxiety was more shared in female nursing students (48.9%) matched to male nursing students (17.2%). Mentioned of problems to effective clinical education by students from unlike schools of nursing was not significant.

There were significant association between type of obstacle and gender in the analysis which is 0.786(3).Also participants age did not have significant association with effective clinical practice (3).In the same way, the study of nursing students in Northern Tanzania association between type of barrier and gender chi-square 0.786 Students (48.9%)(29).Majority of the nursing students (84.4%) agreed that clinical placement offers students adequate opportunity for clinical practical learning(27).

2.1.2. Factors Related to Students

The reported barriers include student factors such as lack of self-confidence and absenteeism, other affecting performance in clinical practice is responses of nursing students on anxiety as a factor affecting negatively clinical practice(3).Anxiety among the nursing students was related to fear of making mistakes (47.9%) and lack of competency (31.2%)(3).The circumstances that frequently initiated anxiety were clinical assessment throughout practical studies exam (38.5%) and overly strict supervision (26%).Processes proposed by students that could lessen anxiety were friendly clinical education, acceptable clinical supervision (44.8%), reasonable of clinical assignment, and repeated clinical practice developing skill were stated(3).A qualitative study using the content analysis approach, search nursing students' in Iran challenges, in the clinical learning area(20),which participants involved of the nursing students and instructors and the findings obtained from the study demonstrated that ineffective communication, inadequate preparation, and emotional reactions are Iranian nursing students' challenges in the clinical learning environment(20).Acquisition of communication skills in nursing students creates a directing atmosphere in the clinical setting, followed by an increase in their motivation. Considering the importance of each dimension, regarding the individual dimension associated with students, some plans should be developed to increase the motivation of the students and hold effective communication workshops(20).

Factors related to nursing student and placement based factors engage an important role to inspiration clinical learning skills(20).Contribution to preclinical orientation, allocating and instructive clinical learning objectives to students, and regular visits and supervision in clinical setting may advance student learning experience in clinical setting. Also adapting the interventions to gender may progress learning practices in skill(7).

Factors Related to An inferiority complex

Adequate self-confidence is one of the nursing students' requirements in giving good care. In the study, (20)lack of self-confidence has been referred to as a major cause of fear and anxiety in nursing students. The researcher demonstrated in the study that lack of self-confidence also disturbs communication in nursing students(20).Moreover, having adequate self-confidence for caregiving is one of the most important factors affecting the students' learning; in addition self-confidence was an important part of a nurse's personal and professional identity(20).Other research found that student nurses in Iran are confronted with many challenges in the clinical learning setting, which distress their professionalization and learning courses(35). Numerous students are not mentally ready to enter the clinical setting prominent to higher rates of psychological obstacles(35). Moreover, lack of adequate knowledge and skill along with lack of mental and psychological preparation disturbs the learning and patient caregiving processes(20). Rafiee and Moattari found that the students' lacking practice and lack of skill before inward bound the clinical environment created problems for them with respect to learning in the clinic(35).Improper treatment, discrimination, inadequate knowledge and skill, and lack of communication skills in these patients lead to stress and inferiority complexes in them(20). In view of the students' challenges in facing with the clinical learning environment and the requirement of learning and providing patients with care in a acceptable environment free of any tension, educational authorities and nursing faculties are required to pay particular attention to these issues and try to facilitate the nursing students 'learning and professionalization(20).

2.1.3. Factors Related to Instructor

According to Kamphinda et al. study done in Malawi indicated that clinical supervisor's preparedness, motivation and attitude, and competence greatly affect students' clinical experiences. The participants further reported that the ward nurses were not interested in teaching them and their lecturers visited the ward to check if the students were in the ward and not to teach them(27). Students' insufficient preparation for entering the clinical environment produces problems for them and nursing instructors. The study demonstrates that nurses on internship are happy with their preparation to practice nursing(13).

For action takes place in practical area and in doing Student Nurses to resolving problems; Wambui et al. (13) revealed in their study that proper treatment and formation of a communication with students are an important item for nursing teachers to be a role model for students. Therefore, it is important to ensure that resources needed are availed to support student nurses during clinical practice(28).This obviously has an implication for nursing skill acquisition since the students are not encouraged to take on challenging tasks to develop their professional skills(27). It is vital to assign students to specific tasks as soon as they report to the hospital and these tasks should be evaluated at the end of the shift by a preceptor or clinical instructor(28).

It is one of the teachers' major responsibilities to treat nursing students properly in the clinic; causing higher enthusiasm and motivation for learning as well as increasing their self-confidence demonstrated in their study that proper treatment and establishment of a communication with students are an important item for nursing teachers to be a role model for students(27).The highest approaches by nurse instructors were recruitment of sufficient number of nurse instructors that corresponding to the number nursing students (51.8%)(3).The qualitative results of this study showed that supervisors' visits to the wards were scanty despite the fact that the clinical learning environment is in the capacity(27).It is also important to have the students followed by experienced clinical instructors to ensure the best learning results (3).

2.1.4. Factors Related to Staff Nurses

The additional greater number stated that reason for reduced clinical practice was deprived communication between hospital nurse or other staffs and student nurse (49.0%)(18).And also high percentage (60%) of nursing students stated that clinical setting did not provide them create acceptable situation or opportunity for active clinical learning and they stated lack of nurse instructors in clinical setting as the reasons for insufficient clinical education (60%) followed by learning equipment's (26.7%) and insufficient supervision (13.3%) as explained(18).other stated barriers averting adequate performance in clinical area leaning were uncooperative setting due to lack of health care nurse staff in the clinical location sites, lack of clinical instructors and nurse instructors, high patients loads for staff in clinical area(45.9%) and felt anxiety(36.5%) of students nurses . Moreover, staff nurses need to recognize themselves as mentors and important stakeholders in the training of student nurses(20).

The findings further showed that some staff nurses treated the students as messengers instead of learners. It was widely reported that student nurses were used for errands and were further tasked to do menial jobs instead of providing nursing care(20).

Similarly study in Ghana Perhaps the behavior of students, including lateness to work, the use of mobile phones on duty, lack of commitment to clinical work and absenteeism without permission as documented , might have influenced the reaction of the staff nurses toward the students(3).It is therefore important to orient students on their clinical objectives before commencing their clinical schedules(3).

2.1.5. Factors Related to Management Dimension; Hospital Factors

Affecting performance in clinical practice by Students is Lack of staff in the hospital, exaggerated clinical supervision as stated by (89.6%) of the students. Also (22.9%) of nursing students stated lack of resource for carrying out procedures within the hospital and shortage of well-resourced skills laboratories as an significant factors upsetting clinical area developing skill(30).Additionally 21.9% of nursing students specified shortage of teaching/education resources such as equipment for giving nursing care. This suggests that occasionally students did procedure by shortcut contrary to the theory learned in theoretical session, and readiness of modern skills laboratory for demonstration (42.4%)(30).The methods of successful clinical practice recommended by students include recurrent use of skills laboratory (62.5%), involvement in nursing meetings in the hospital (18.7%), use of simulation (12.5%), and inspecting nursing procedures videos to advance more practical procedures (6.5%)(30).

From the management dimension, the most important strategy can be proper planning for the number of nursing students in the factual wards, so that all the students can equally use the opportunities in the clinical practice for learning(20).In the same way other qualitative study done, Students who had good communications with clinical staffs, prepared well for clinical practice, practiced in well-equipped hospital, and accompanied frequently by clinical-supervisors in a clinical setting had a favorable attitude towards clinical practice(30).

Confidence towards nursing profession and inadequate preparation for clinical practice were significantly associated with favorable attitude towards clinical practice. Thus, measures should be taken to help student nurses develop the prerequisite knowledge and skills for

clinical practice, facilitate frequent and supportive supervision, and encourage appropriate professional attitude and student nurse interaction with other medical staff(19).The result of this study was founded that the highest mean score of problems dimension were clinical setting, supervision and communication at both Hospitals. Otherwise personal problems were the lowest mean score of all problems at the study setting that faces nursing students in clinical setting(19).

Concerning clinical setting, the highest percentage of study subjects had problems related to insufficient resources, unavailable place for private conference, unavailable examination space and noisy place(30).And concerning the problem of supervision, this study revealed that the highest percentage of nursing students had problems in relation to role of supervisor; lack of orientation to the hospital, ignore criteria of patient selection, cannot deal with an unfamiliar situation, lack of feedback, use threaten manner, answer question incomplete, inappropriate role model, behaved unsupportive manner, not follow a plan time schedule(17).

Regarding Problems related to communication, also the study indicated that nursing students and faculty members had communication problems with staff nurses such as staff nurses uncooperative and make conflict with them this due to staff nurses demand from nursing students a lot of clerical work (e.g., admission record, laboratory record) and hospital nurses have nothing to do with them and consider them as a guest or burden. who had reported that the students were having communication problems with clinical nurses (68%), patients (66%), instructors (59%), and physicians (44%)(20).Their problems were caused by patients who did not take them seriously(59%), by clinical nurses who tended to abuse them (49%), by physicians who were not eager to communicated with them (26%), by instructors, who were entitled to grade them, (33%) and by their own personal traits (20%)(20).

Many of the students participating in the study complained about the staff's discrimination between them and students of medicine(19).The result of the study conducted in Iran demonstrated that a high percentage of nursing students stated discrimination between them and students of other fields. The comparison between nursing and medicine and regarding medicine as a superior major violates nursing students' personal dignity and gives them a sense of professional inferiority(19).

2.1.6. Factors Related to Faculty Support in the Clinical Environment

It has significant impact, particularly in facilitating, evaluating and monitoring the students during the clinical period, and therefore it is worth strengthening(21).Related to factors in school such as inappropriate supervision, and reduced planning of clinical instructors or factors in clinical facility (23).Training that involves value and respect facilitates the teaching-learning process and socializes the students into the nursing profession ,improper treatment between the staff and students negatively affect the clinical teaching trend whereas it found that proper communication with students increased their motivation(20).

Acceptable school social setting, improved clinical practice as stated by (85.4%) of participants though(20.5%) stated decent interpersonal relationship and cooperation between students increased self-confidence, other effects of a respectable school social environment on clinical practice skill development(21).To improve Clinical Practical Learning(3);in the dimension of equipment and facilities, the necessary financial resources for equipping the libraries of hospitals and creating evidence-based centers through new technologies should be taken seriously(13). Faculty support in the clinical environment has significant impact, particularly in facilitating, evaluating and monitoring the students during the clinical period, and therefore is worth strengthening(13).

2.1.7. Factors Related to not have Sufficient Time to Practice

Regardless of the allocation times for clinical placements of 4–7 weeks, some participants indicated the time was not adequate, implying that the participants failed to focus on clinical learning(29).Students' inadequate preparation for entering the clinical environment creates problems for them and nursing teachers(21).Thus, Student nurses learn the fundamentals of nursing in classrooms and practice rooms, but do not have adequate time to practice and repeat these skills to thoroughly enter the practical area(29).Which students 'inadequate practice and skill before arriving the clinical setting created difficulties with respect to practicing in the area(23). Despite enhanced curriculum, nurses graduating from nursing colleges are not experienced enough to bring the worth patient care in most health giving institutions (25). Furthermore, the nurse students' lack of skill in challenging the clinical setting and having this with actual patients is understandable.

Nursing students who have inadequacy of knowledge and skill and insufficient preparation and arriving to the clinical practice area interrupt their learning processes and could create to them anxiety(29).The course content Ethiopian college of the baccalaureate programs are grouped into the three central categories: basic courses, supportive courses, and professional courses(32).Basic courses, supportive courses, and professional courses have a total of 19, 26, and 104 credit hours respectively.

As stated on International Journal of Current Research(2016) entire of 149 credit hours/4320 academic hours comprises 1696 hours of theory and 2624 hours of practicum. Learners who complete these credit hours are awarded the Bachelor of Nursing degree(32).

2.1.8 Clinical Practice Competency

Competency has a key role in the assurance of quality professionals in health care system and it has importance to the input of qualified, productive and skilled professionals(16).According to Americans nursing association nursing competence is according to level of expertise, responsibility and domains of practice as evidenced by behavior based on beliefs, attitudes and knowledge matched to and in the context of a set of expected outcomes as denied by nursing scope of practice, policy, Code of Ethics, standards, guidelines and benchmarks that assure safe performance of professional activities (31).

The Australian Nursing and Midwifery Council define competence as “the combination of skills, knowledge, attitudes, values and abilities that add force to effective and superior performance in a profession and setting of practice” (33).Capability is often used to describe the knowledge to be able perform at a particular task(16).Also includes the understanding of knowledge, clinical, technical, and communication skills, and the ability to solve difficult over the use of clinical judgment. According to Black and Wolf Competence is the ability to perform in effective ways on different occasions including in differing and unexpected situations(31).According to Miller Competence is equating to performance, which is the ability to perform nursing tasks, and is as a“ psychological construct. That is, the ability to effectively integrate cognitive, affective and psychomotor skills when delivering nursing care(31).

2.2. Conceptual Framework

This conceptual framework is modified according to the reviewed literatures, from a published paper on the obstacles of clinical learning in nursing: a systematic review,(28) and on assessment of affecting factors competency clinical practice in health science undergraduate students, (17) which include Nurses; in socio-demographic characteristics and other common challenges experienced during clinical practice broadly categorized into individual, health institution, clinical supervisor, and client related factors.

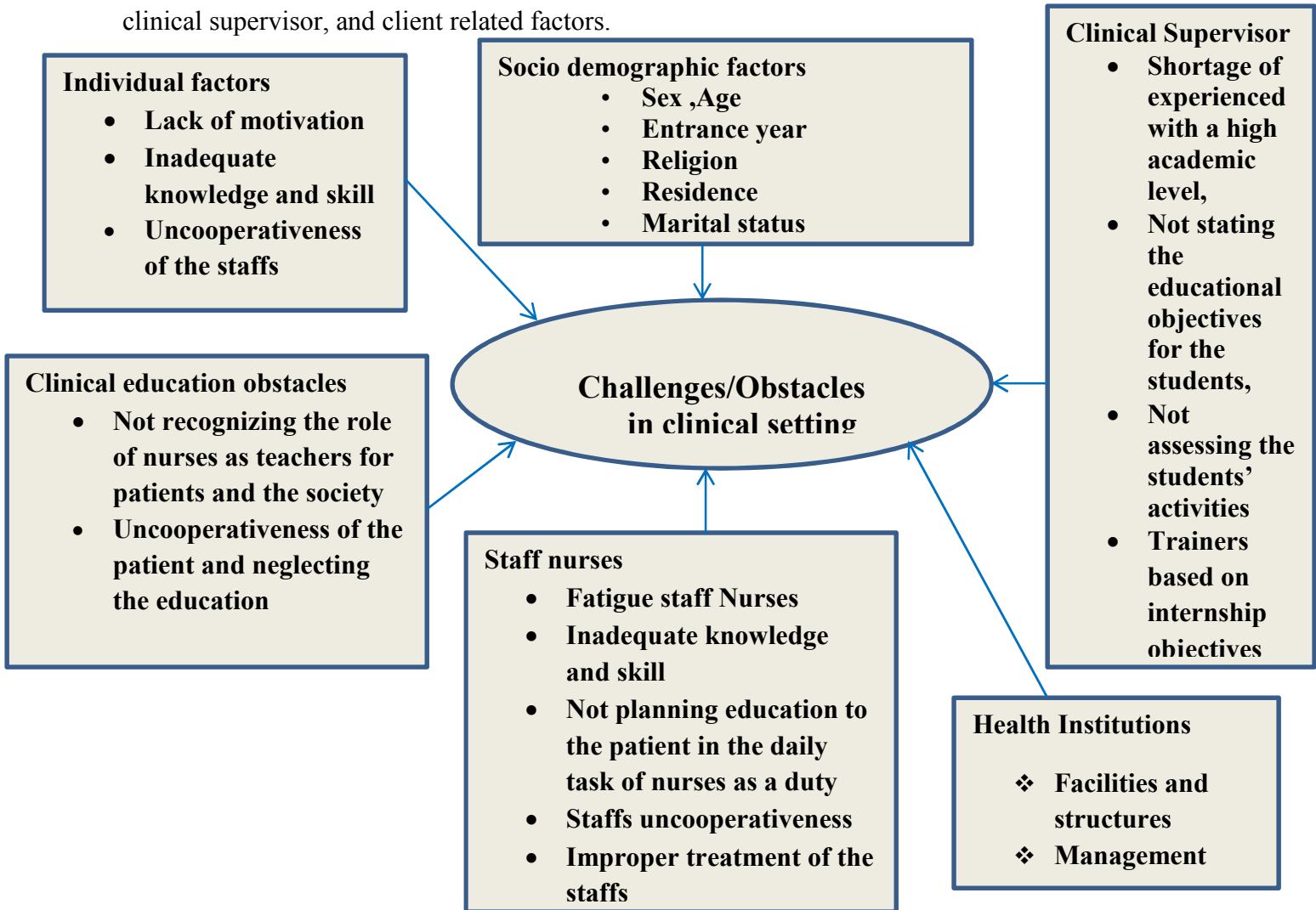


Figure 1: Conceptual framework of a study on challenges in clinical practice and associated factors among under graduate nursing students in Addis Ababa Governmental and Non-Governmental Nursing institutions collage, 2020. (Adapted from Instruments study in systematic review, 2018, (28) and from related study(17) in 2018)

CHAPTER 3

Objectives

3.1. General Objectives

The general objective of this study was to examine the challenges experienced by nursing student at the clinical placement, Addis Ababa, Ethiopia, 2020.

3.2 Specific Objectives

- To explore challenges experienced by nursing students during clinical placement
- To identify factors affecting clinical practice of nursing students in clinical placement
- To assess the association between the factors and clinical practice competence

CHAPTER 4

Methods and Materials

4.1. Study area

A major reason for selecting the Addis Ababa was because of its center of the country where many high level public and private health colleges, which are better equipped with personnel and high tech-equipment, are found. At present, there are a total of 40 or more public and private universities and colleges offering baccalaureate nursing programs across the country. In Addis Ababa there are around 25 private and 3 public, one defense/military nursing institutions collage/Universities which provides education in BSc degree program in Nursing, out of these this study is going to be conducted in, randomly selected which had different departments in their educational title. Thus, 2 public and 2 private health collages/universities selected for this study which had BSc Nursing department of learning in common.

4.2. Study Period

The study was conducted from February 15, to April 30, 2020 GC

4.3 Study Design

Mixed method research approach was used to explore and describe challenges in clinical area in related to the students' perspectives on the features of their actual and preferred clinical learning setting. Institution based descriptive cross sectional study design and qualitative exploratory, descriptive method was used; and employing the phenomenological method, to explore the lived experiences of student nurses, during clinical practice.

4.4. Source Population

All undergraduate nursing students; who were assigned in Addis Ababa Hospitals during the study period, were the population.

4.5. Study Population

The study population included all third- and fourth-year undergraduate nursing students from public and private health colleges; the third- and fourth-year nursing students were chosen to participate because they were senior students who by then were expected to isolate learning issues affecting their learning in their clinical learning setting during the study period.

4.6. Eligibility Criteria

4.6.1. Inclusive Criteria

All 3rd and 4th under graduate BSc nurses , BSc nursing students who was attending their study under regular degree program in generic or upgrade level in public and private institutions collage and who were available at the time of data collection.

Those students who were volunteers to participate in the study and were involved in more than one clinical practice experience.

4.6.2. Exclusive Criteria

Participants who were not fulfill the inclusion criteria and not present at the time of data collection.

BSc Midwives, Health officers, public Health officers are excluded for this study.

Excluding health officer/public health and BSc Midwives students was since these training were not given in common by the public and private randomly selected universities/colleges for this study.

4.7 Sample Size Determination and Sampling Procedure

4.7.1. Sample Size

The sample size was determined by using a formula for estimating a single population proportion formula. Simple random sampling was used for the selection of sampling units from their each proportion. A random sample of students was selected from third- and fourth-year undergraduate nursing students. Even if the researcher got plenty of related research done in Africa and Iran, to take related research challenge prevalence, the curriculum of those countries could not be similar with Ethiopia. However, the study done in Hawassa university, south, Ethiopia, is related research in cross sectional study on assessment of factors affecting clinical practice competency of undergraduate health science students; the prevalence of clinical practice competency of study participant was 25.2%, which was used by the researcher to determine sample size(28). Thus, the sample size for this cross sectional study was calculated by assuming prevalence to be 25.2%, 95% confidence interval and 5% standard error.

A sample size of n= 179 students was calculated. The study's population included all third- and fourth-year undergraduate nursing students (n=373). The sample was selected randomly from the population and for the quantitative survey of which 53 questionnaires (95%) was valid for analysis.

For the qualitative data participants was selected from the nursing student who participates in quantitative survey. A phenomenological interview was generally understood to be a of less than 10 participants(37).

p=25.2% (0.252) from previous research(28) (in the presence of a related previous study and to achieve the maximum possible sample size, the following assumption.)

d= 0.05 degree of margin of error

Based on this the calculated sample size is 290.

$$n = Z^2 * P (1-P) / e^2$$
$$n = 1.96^2 * 0.252 * (1-0.252) / 0.05^2 = 290$$
$$n = 290$$

Since the study population was less than 10,000 finite population correction formula was applied:

$$n_r = \frac{n}{1 + \left\{ \frac{n}{N} \right\}}$$

Where n =desired sample size

n_r =the calculated sample size

N=Total population

$$n_r = \frac{290}{1 + \left\{ \frac{290}{373} \right\}}$$

$$n_r = 163$$

Adding 10 % non-responsive rate, the total sample size required for this study appears to be 179.

4.7.2. Sampling Technique

The two randomly selected public Institutions collage Nurses at a BSc level (Addis Ababa University school of Nursing and Midwifery, St Paul Millennium Medical College) and two randomly selected private Health Institutions Collage(KEAMed medical college and St. Mery health collage) were included for this study.

The number of sample under graduating nursing students in the four institutions is 373 of 3rd and 4th year nursing students. The total sample size was allocated to each Health training institutions by proportion to the number of under graduating BSc nursing. Then using simple random sampling method the sample was selected. For qualitative sampling purposively selected the participants who were identify in the quantitative phase.

This was especially important in sequential mixed methods designs in which the qualitative sample is drawn directly from the quantitative sample(38).Have all the participants in the quantitative study given their consent to also participate in a follow-up qualitative study?

frame, Proportional allocation.....

$$n_j = \frac{n \cdot N_j}{N}$$

n_j – sample size in j nursing school

n - Estimated final sample size

N_j – Total number of students in j nursing school

N – Total students in the schools

$n = n_1 + n_2 + n_1 + n_2 \dots$ is the total sample size (179)

$N = N_1 + N_2 + N_1 + N_2 \dots$ is total population size (373)

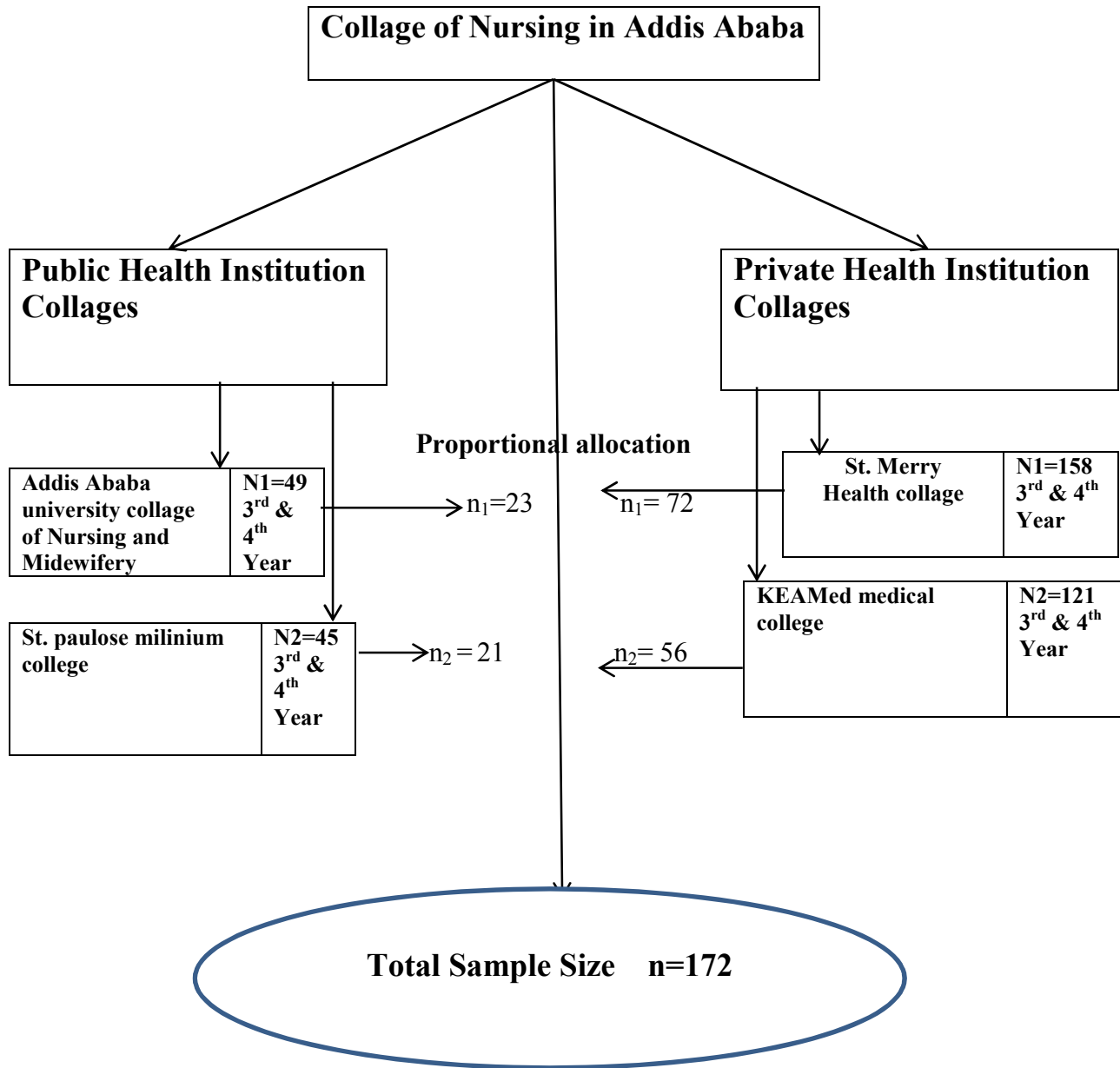


Figure 1: Graphics Representation of sampling technique for the selection of 3rd. year and 4th year regular nursing students

4.8 Data Collection Instrument and Technique

The sequencing of collecting data is QUAN-Qual sequential explanatory design. The quantitative data was collected by self-administered questionnaire. A self-administered English questionnaire was used for data collection. The challenge scale is adopted from a research tool used on associate nursing students 'in clinical setting in Iran, (28) the questionnaire is developed based on reviewing different literatures and it modified in understandable words so as to make it fit to Ethiopian context, which is also modified according to the prevailing context of nursing schools in Ethiopia. However, the tool is in English and will be checked for validity by expertise. The content validity of the questionnaire is checked and reviewed by two experts (advisors in Addis Ababa University). The content validity was checked against the stated research objectives.

The data collection instrument included three sections. Section one: A socio demographic variables include (age, sex, institution name, marital status and others). Section two: closed ended item which assesses challenge in clinical setting measuring questions includes 40 items in five dimensions, from nursing student 4 items, instructors 11 items, staff nurses 8 items, management 9 items, facilities and structures 8 items and Section three: 6 closed ended items for competency assessment. The quantitative tool has a 5 point Likert scale. This was used to represent challenges in clinical setting to a topic scored on 5 point scale, i.e. 1(Strongly Disagree), 2(Disagree), 3(Uncertain), 4(Agree) to 5(Strongly Agree). Thus, possible score range were 40 to 200. By taking the median score, higher score indicates a more challenges in clinical setting and less score indicates a less challenges. The third section included 6 items for clinical practice competency assessment questions again have a 5 point Likert scale. A high score indicates better perception. A Pre-test was conducted taking 5% of sample size; those participants; who were learning in Selam Health College in Addis Ababa which was out of the randomly selected colleges for the main study. Pretest for telephone interview done on two participants who were not involved in main study taken from Rift Valley University. Piloting of the self-administrative questionnaire and qualitative items will assist in identifying difficulties and misinterpretations which the participants had with some parts of the instruments. In addition, the pilot study was assisted in checking the feasibility of the study in terms of resources, time and the willingness of the participants to take part in the study(34).

The questionnaire was administered by assistant instrumentals (Data collectors), by giving two days training and discussion to the data collection process; as they first explain the study objectives. Qualitative data collections was conducted with an interviewer, asking questions about a particular topic and facilitate the process especially in a voice recorder of telephone interview by using words like greeting and welcomed to the interview, thank for taking the time to joined us to talk, Please felt free to share.

Qualitative data was collected with 8 open ended items for telephone interview in challenges of clinical setting was conducted one week after conducting quantitative self-administered items and was conducted in Amharic language again depend on the participant willingness to participate in a voice recorder of telephone interview, and taking note during probing questions. One week gap was given to minimize fatigue of participants. The researcher employs an open, flexible and inductive approach to look for new insights into a phenomenon.

Researchers in the phenomenological mode attempt to recognize the meaning of events and interactions to regular people in certain situations(26).For Qualitative study Phenomenological research design, nested sampling design and, interview data collection procedure was conducted. In general, sample sizes in qualitative research should not be so small as to make it difficult to achieve data saturation, or informational redundancy(38).

The qualitative method of data collection was relevant to the study as it aimed to provide an idea of what student Nurses think and felt about practical issues(39).In time orientation the researcher used sequential concurrent mixed methods design which was whether the qualitative and quantitative phases of the study occurred at these occurrence one after the other such that the latter phase was dependent, to some degree, on the former phase(39). Participants who were identified in the quantitative phase, in order to examined their perception of challenge in clinical placement in the qualitative phase. On the other hand, which; the mixed methods purpose was development, then sequential designs were appropriate because development involves using the methods sequentially, such as the findings from the first method inform the use of the second method(40). Similarly, sequential designs only were appropriate for expansion purposes. And also sequential designs can be justified if the mixed method purpose either is complementarity or initiation.

Sequential Explanatory Characterized by: Collection and analysis of quantitative data followed by a collection and analysis of qualitative data. Purpose: To use qualitative results to assist in explaining and interpreting the findings of a quantitative study.

An identical relationship indicates that exactly the same sample members participate in both the qualitative and quantitative phases of the study(39).Multilevel sampling could involve which was combining probability and purposive sampling techniques, these identical samples was selected randomly(40).

Data Collection

Direct data include record telephone interviews and written words during the interview. In addition, by implementing a sequential design with the quantitative component first and the qualitative second, able to attain a “value added” understanding of the results from both studies. The interview data allowed to clarify and follow up on definitions and uses of terms, such that were used in survey questions and to ground their meaning from the perspective of respondents.

This paper explores, in both conceptual and practical terms, three key issues: consent; with confidentiality and anonymity thus, no real names or other directly identifying information are reported; and risk of harm. The principal challenge in obtaining word consent lies in giving a clear account of what was taken place in the interview, owing to unpredictability of the interview and interaction that was occurred. Participants for the telephone interview was selected purposively from 3rd and 4^t year nursing students, who have been clinical placement exposure above two sessions, and who was participating in quantitative survey. Furthermore, evidence suggests that mixed gender groups tend to improve the quality of data and its outcomes(36).However, data was collected up to the level of information saturation.

The telephone interview was held after their preferable time (in their free time) in a quiet place and approximately bit takes around 12 to 20 minutes. Recording voice of the interview was made after securing permission.

The main issue for the interview was; Nursing students Challenges related to Clinical education, Instructor, Facilities and structures, Management, Staff nurses, Clinical practice competence and with Student Nurses own factors in relation to Socio demographic or other factors. Data collection and the interview items coverage was preceded concurrently, and once the themes were identified and data saturation as achieve, the interviews was discontinued.

4.9. Data Quality Control

Data collection was conducted by two data collectors who are working in office and doing the data collection in their annual live time. The researcher were done the piloting data collection before the final data collection to assess their doing process and problems in data collection. To minimize bias, the quantitative data collectors was not be done by Nurses.

Data collectors was received a training for two day on issues concerning the questionnaire (on the objective of the study, the how of approaching the participants, how to administer and collect the questionnaires timely would be done). To accomplish this research successfully, the preparation of appropriate instruments as well as human resources, like assistants, were vital. Consequently, the questionnaire was checked before disseminated to the actual data collection sites. Prior to self-administered questionnaire and recording telephone interview, the objective of the study was verbally clarified for each participant and the participants' questions were answered. Confidentiality of the study participants was kept during distribution and data collection periods. Above all, ethics, coding and entry was maintained throughout the process.

4.10. Statistical Analysis

The researcher used the data analysis techniques; to analysis of data keep the two types of data separate, The quantitative data was entered into SPSS version 24 statistical software packages. Descriptive analysis was employed to describe the percentages and number distributions of the respondents for socio-demographic characteristics. Bivariate and multivariable logistic regression analysis was used to see the association of independent with the dependent variable. Since ordinal measurement scale was used, by taking the median score, higher score indicates a more challenges in clinical setting and less score indicates a less challenges.

4.11. Qualitative Data Analysis

Content analysis of telephone interview was employed in order to analyze the transcribed data. The recorded interview was transcribed, read, and reviewed on a number of times to get a general feeling of what the participants said. Each line or incident was describe, extracting significant statements, formulating meanings, and categorizing into clusters of themes and validating to identify experiences common to all informants and then a code, this analysis of the interviews led to 166 codes. These concepts or codes, based on similarities and differences, were condensed and abstracted to retain their meaning accordingly, which reflect the essence of the participants' comments(35).

Content analysis was used as a method of analyzing data obtained from participants. Content analysis is a technique for making opinions by systematically and objectively identifying special characteristics in data .This technique was suitable for the study because it is objective and has an interpretive approach which gave the end result of understanding the challenges experienced by third and fourth-year nursing students when applying theory into practice in a clinical setting. The analysis allowed the use of a voice recorder in telephone interview which collected the data. The interactive data obtained from the telephone interviews were transcribed into word for word text and coded by using ATLAS.ti. Version 7.5.16 of qualitative data analysis statistical software packages, together with the researcher and a supervisor who is an expert in qualitative research. The following steps were used to analyses the data:

4.12. Measures to Confirm Trustworthiness

The method of forming trustworthiness was extracted from that of Johnson and Rasulova (2016).To ensure credibility, Johnson and Rasulova suggest that trustworthiness of a research study is important to evaluating its worth. Trustworthiness involves establishing the following: credibility, transferability, dependability and conformability(41).

Trustworthiness of qualitative data

The accuracy for the qualitative component was addressed by ensuring credibility, dependability and transferability. Thus, the credibility of the research tool was achieved by triangulation methods which are part of quantitative data; the qualitative data were collected through written responses as well as in-depth interviews. The triangulation allowed overcoming the weaknesses of each data set by the strength of another set. Dependability was guided by the interview guide that ensured consistency throughout the interview process. Further, dependability was achieved by reporting the research methodology in detail to promote future researchers to properly assess the extent to which proper research practices had been followed. Transferability was addressed by providing sufficient data in the research report so that readers can assess and evaluate the applicability of the data to other context. In order to validate the data, manuscripts were reviewed and data coding processes were reconducted by the colleagues and the whole process was peer reviewed by an outside observer. In order to obtain the variability criterion, the scripts of a number of interviews, codes, and extracted classes were given to colleagues who were familiar with the methods of analyzing qualitative research and the accuracy of the data coding process was evaluated. Furthermore, allocating sufficient time; to collect data and maintaining an objective and impartial view further added to the reliability of the research.

4.13. Qualitative Pilot Interview

To make certain that the interview guide was effective for the study, and that the researcher was capable of conducting the telephone interviews, a pilot telephone interview was conducted with two third-year nursing students out of the selected collages from Rift Valley university prior to the official study. The questions were found sufficient to answer the objectives of the study, thus no revision were done on them.

4.14. Variables

Dependent Variable

- ❖ Challenges of student nurses in clinical setting.

Independent Variables

- Socio demographic data (age, sex, ethnic group, marital status, Religion, institution learn in and others). Factors which affect clinical setting practice;-
- Individual student nurse
- Staff nurses factors
- Instructor factors
- Management factors
- Facilities/ Clinical education factors
- Clinical practice competence

4.15. Ethical Consideration

Ethical clearance was obtained from the Institutional Review Board (IRB) of Addis Ababa University (AAU)-College of Health Sciences, Department of Nursing and Midwifery, which also facilitate an official letter to the selected nursing schools for the study. Approvals was obtained from participating nursing schools. Verbal consent was also obtained from each participant, and participants' anonymity and confidentiality was kept. The respondents had the right not to participate in or withdraw from the study at any stage.

4.16. Dissemination of the Result

Upon accomplishment of the study, based on the findings, conclusions and recommendations were made. Then the result of the study will be submitted to the public and private of nursing institute collages in Addis Ababa which are selected for the study, Addis Ababa Health bureau and other responsible bodies. The result will present during thesis defense and moreover, the findings of the study will be published and disseminated through different journals and scientific publications. Stakeholders such as the ministry of education, the Federal Ministry of Health, Ethiopia Nurses Association, and other policy makers which are involved in health sector can use the findings of this study and the recommendation for their services promotion.

4.17. Operational Definitions

Clinical placement: In this study clinical placement refers to medical /surgical wards, units in hospitals or health centers setting in the Addis Ababa, where third and fourth year students are placed to complete specific medical/surgical nursing clinical requirements of the Nursing education program.

Clinical settings: A continuum of services, which could be hospitals, clinics, specialized units and rehabilitation centers. These are used to promote health and provide care to individuals and groups; the setting is also used as a platform where nursing students are taught to convert theory into practice.

Clinical practice: In this study by which students learn to apply the theoretical knowledge in to practical skills in clinical setting attach at least for about two and more session period.

Clinical Setting challenges: challenges of students nurses who were experience in the factors related to individual student nurse own factors, staff nurses, instructor, management, and facilities/ Clinical education challenging factors during their clinical practice.

Clinical practice competency: were those nursing students who were agreed to the total six clinical practice assessment items.

Nursing students': 3rd and 4th year Bsc nursing students who were attending clinical skill in governmental and Non-governmental health institution collages and available at the time of data collection.

Baccalaureate nursing program in Ethiopia: four year baccalaureate nursing program to accomplish the goals of the undergraduate program.

Challenge: Thus, possible score range was be 40 to 200. By taking the median, higher score indicates a more challenges and less score indicates a less challenges in clinical setting. With one item it was 3, and with 40 items it was 120.

CHAPTER 5

Results

5.1. Socio demographic characteristics of the study participants in Quantitative Data

A total of 172 nursing students participated in the study making a response rate of 96 %. Of the 172 study participants, 123 (71.5%) were female, and 133 (77.3%) of them found in the age group 18-25 years. From the total 172 study participants, majority (108 (62.8%)) were orthodox religion followers and 69 (40.1%) were from St. Mary health science college. The details are shown in table 1.

Table 1: Socio demographic characteristics of Nursing students participated in the study (n=172)

Variables	Frequency	Percent
Sex		
Female	123	71.5
Male	49	28.5
Age group		
18-25	133	77.3
26-34	39	22.7
Religion		
Orthodox	108	62.8
Protestant	31	18.0
Muslim	22	12.8
Catholic	11	6.4
Current Marital status		
Single	143	83.1
Married	29	16.9
Learning institution		
AAU	23	13.4
St. Paulo's	22	12.8

KYA Med	58	33.7
St. Mary	69	40.1
Entrance year		
Third	82	47.7
Fourth	90	52.3
Residence (n=171)		
Dormitory	17	9.9
Rental Home	104	60.8
Other	50	29.2
Substance use		
Yes	18	10.5
No	144	83.7

5.2. Challenges Experienced by Nursing Students during Clinical Placement

Sources of the Nursing Student Challenges

There are five parameters used to measure the challenge of the nursing students. Under each section, there are a number of questions related to each parameter. Because the number of questions differs from one section to the other, the researcher changed the total score of the students under each section in to percentage so that, can compare the score of one section against the other. The 1st section is challenge score from the student side. There are 4 questions which measures challenge score from the student side making the total possible score from 5 to 20 unlike the second section (challenge score due to instructor factors) which have 11 questions making the total possible score from 11 to 55. This way, individual scores under each section were compiled together by summing the scores and the total scores were changed to percentage accordingly. The following table illustrates median percentages for each sections with their interquartile range (IQR). We used median and IQR to measure central tendency and dispersion respectively because the distributions are not normal. (Fig. 3)

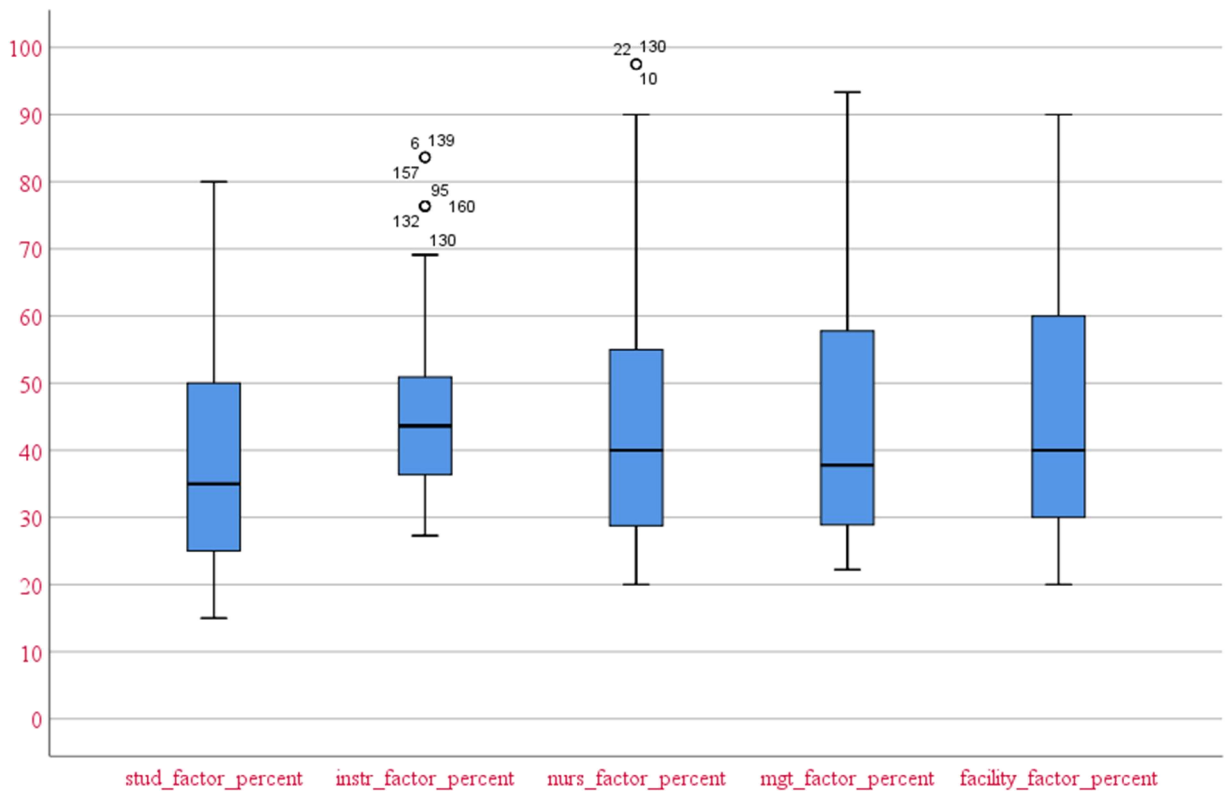
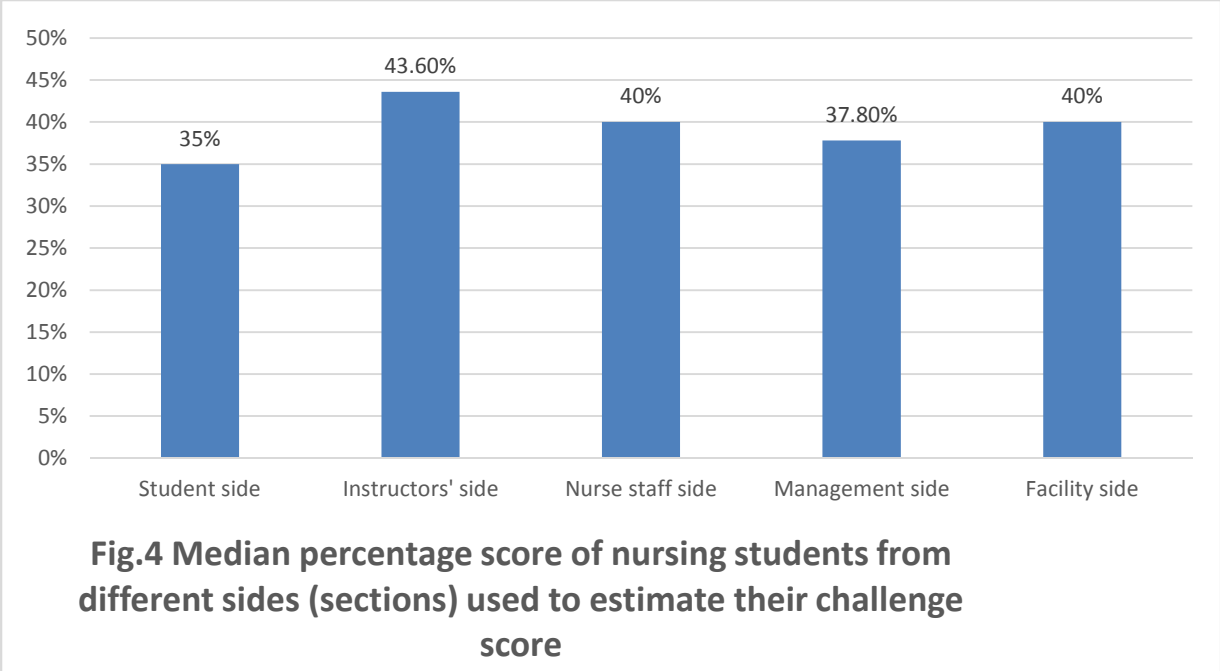


Fig. 3 Box plot showing the percentage score of nursing students from different aspects used to estimate their challenge score

Fig. 3 Box plot showing the percentage score of nursing students from different aspects used to estimate their challenge score

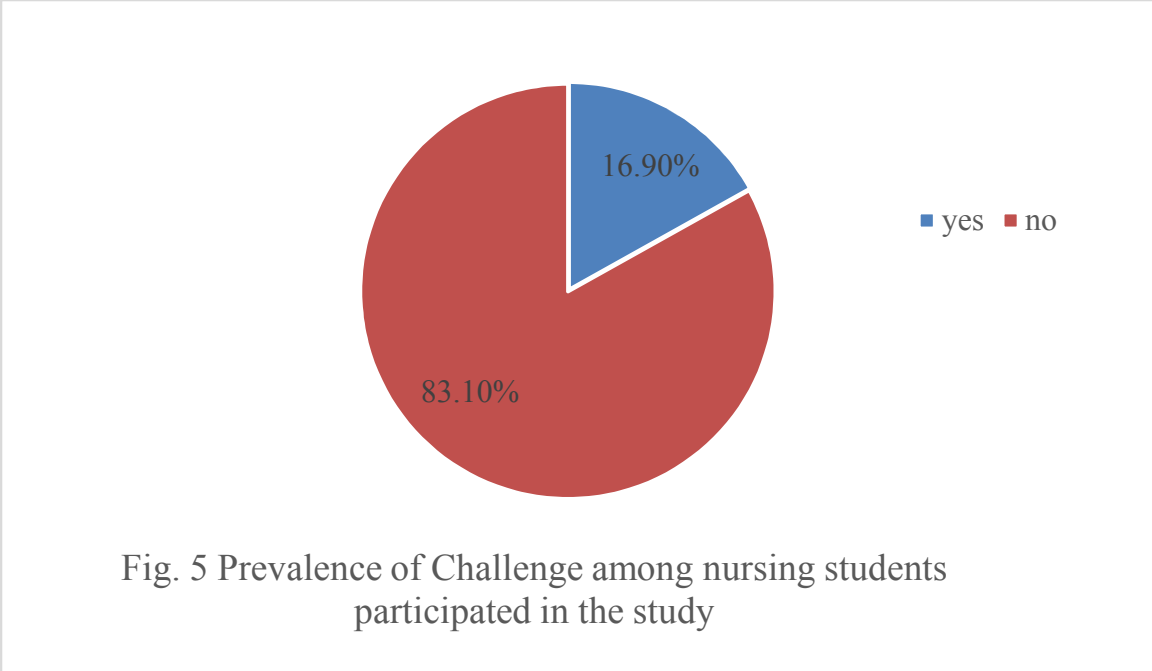
5.3. Median Percentage Score of Nursing Students from different Factors to Estimate challenge score

In this study median percentage score of nursing students from different sides used to estimate their challenge score. Among this factor with the nursing students had more challenged by instructor factors (43.6%) , and with nursing staff factor and facility factor; were in the same percentage of each factor(40%) whereas with management factor(37.8%) were challenged and less challenged by the nursing student factor which was (35%). (Fig. 4)



5.4. Prevalence of Challenge among Nursing Students

To determine the prevalence of nursing student challenge, 40 questions with Likert scale from different aspects used to estimate the challenge score were summed together and generated new variable. Each question having 5 item from strongly disagree (1) to strongly agree (5) make the possible challenge score from 40 to 200. The newly generated variable was dichotomized based on the score greater than the neutral response i.e. for one question to determine someone as having challenge, he/she should score more than 3 (the median) and for the total 40 questions, he/she should score above 120. As a result, those with a total score more than 120 were categorized as having challenged and the rest were categorized as having minimal or low challenge. After all, the prevalence of challenge among nursing students was found to be 29 (16.9%). The prevalence among female was 17.1% and among AAU and St.Mery nursing students was 39.1% and 26.1% respectively.



5.5. Factors associated with challenge of nursing students

In the study, all the preliminary assumptions such as model fitness and multi collinearity were checked and found to be satisfied. Consequently, in bivariable logistic regression, students’ religion, residence, entrance year, learning institution and substance use were found to have association with challenge among nursing students. However, after controlling the effect of confounding in multivariable analysis the final result confirmed that only substance use [AOR= 8.25 (1.74, 39.04)] 0.008* and learning institution [AOR=0.10 (0.01, 0.98)] 0.048* were found to have significant association with nursing students challenge. (Table 2)

Table 2: Bivariate and Multiplevariate Logistic Regression analysis of major areas of Factors associated with challenge among the study participants (n=172), Addis Ababa.2020

Explanatory Variables	Challenge status		COR 95% CI	AOR 95% CI	P-Value
	Yes	No			
Learning institution					
AAU	9	14	1.82 (0.67, 4.93)	0.18 (0.01, 3.62)	0.266
St. Paul	1	21	0.13 (0.02, 1.08)	0.10 (0.01, 0.98)	0.048*
KYA Med	1	57	0.05 (0.01, 0.39)	0.03 (0.003, 0.29)	0.002*
St. Mary	18	51	1	1	
Residence					
Dorm	9	8	7.54 (2.61, 21.80)	15.91(0.81, 312.45)	0.069
Non-dorm	20	134	1	1	
Substance use					
Yes	7	11	3.53 (1.23, 10.09)	8.25 (1.74, 39.04)	0.008*
No	22	122	1	1	
Entrance year					
Third	17	65	1.70 (0.76, 3.82)	1.18 (0.44, 3.12)	0.745
Fourth	12	78	1	1	

*Statistically significant at p -value <0.05 ; 1 is Odds ratio for reference category.

5.6. Students Challenge and their Competency

This study revealed that there was statistically significant negative moderate correlation between students total challenge score and their overall competency score. [$r = -0.672$, P value = <0.001]. This implies that as students challenge score increases, their competency score decreases. The bivariable logistic regression also supported this result. In the bivariable analysis, for each additional 1 score in the total challenge score, the odds that a nursing student will have good competency decreases by about 3% [$OR = 0.97$ 95% CI 0.96, 0.99, P value = 0.006].

Association between the Challenge and Clinical Practice Competence

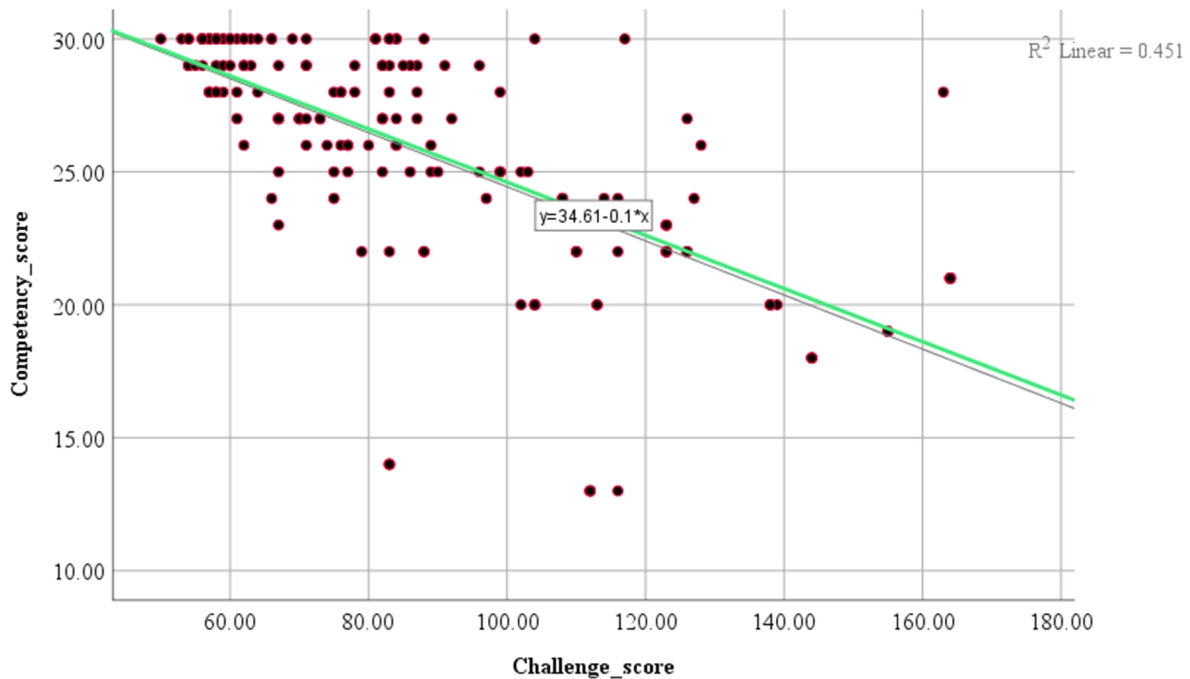


Fig. 6 Scatter plot of competency score and challenge score

5.7. Challenge Characteristics of Study Participants in Clinical Setting

Regarding in nursing staff communication the result of quantitative portion of this study 33 (19.2%) of the participant was not motivated and about 24 (14 %) had difficulty in proper communication with staff nurses. And 12 (7%) of the participants were challenged, in not adhere to the discipline of the nursing which also 21 (12.2%) of the students had lack of proper communication with instructors. These aggravated with that of 103 (59.9%) of the students perceive as the instructors were unfamiliar with practical method and was reported as they were absence at essential hours in the ward 126 (73.3%).In addition they were working procedures in limited recourse/ equipment in the wards 88 (51.2 %).(Table 3)

Table 3: Challenge Characteristics of Study Participants in Clinical Setting, Addis Ababa, Ethiopia, 2020. (n=172)

Dimensions of Challenges Items		
Nursing Student Dimension	Less challenge %	High challenge %
Lack of motivation in Nursing students	139 (80.8%)	33 (19.2%)
Lack of proper communication between students and the ward staffs	148 (86%)	24 (14%)
Not adhering to order and discipline by the student	160 (93%)	12 (7%)
Lack of proper communication between students and instructor	151 (87.8%)	21 (12.2%)
Instructors Dimension		
Absence of experience instructor with a high academic level	157 (91.3%)	15 (8.7%)
Lack of suitable motivation in trainers	154 (89.5%)	18 (10.5%)
Emphasizing theoretical aspects in educational work	155 (90.1%)	17 (9.9%)
Not stating the educational objectives for students	156(90.7%)	16 (9.3%)
Being unfamiliar with educational methods/practical	69 (40.1%)	103 (59.9%)
Absence at essential hours in the ward	46 (26.7%)	126 (73.3%)
Not assessing the students activities based on the clinical setting objectives by the trainers	148 (86%)	24 (14%)
Inadequate feedback to students	147 (85.5%)	25 (14.5%)
Referring heavy and difficult tasks to students	150 (87.2%)	22 (12.8%)
Lack of proper communication between students and instructor	146 (84.9%)	26 (15.1%)
Not emphasizing pre-study by trainers	156 (90.7%)	16 (9.3%)
Staff Nurses Dimension		
Mismatch between the job of staff Nurses and scientific principles	132 (76.7%)	40 (23.3%)
Not implementing the process by the staff Nurses	129 (75%)	43 (25%)
Lack of physical and psychological preparation	153 (89%)	19 (11%)
Fatigue staff Nurses	147 (85.5%)	25 (14.5%)
Inadequate knowledge and skill	156 (90.7%)	16 (9.3%)
Not planning education to the patient in the daily task of nurses as a duty	137 (79.7%)	35 (20.3%)
Staffs uncooperativeness	148 (86%)	24 (14%)
Improper treatment of the staffs	139 (80.8%)	33 (19.2%)

Management dimension	Less challenge %	High challenge %
Large number of students in internship groups	138 (80.2%)	34 (19.8%)
Discrimination between nursing students and the students of other medical sciences	156 (90.7%)	16 (9.3%)
The patient or their mates complaining about performing nursing activities by students	133 (77.3%)	39 (22.7%)
Unsuitable practical/ internship time	162 (94.2%)	10 (5.8%)
Mismatch between the objectives of clinical education and expectations of the hospital staffs	142 (82.6%)	30 (17.4%)
Shortage of time revealing in clinical setting	153 (89%)	19 (11%)
Not prioritizing education in the description of duties	141 (82%)	31 (18%)
Not gaining score for the nurse to train the patient	137 (79.7%)	35 (20.3%)
Mismatch between the number of patients and number of staff nurses	150 (87.2%)	22 (12.8%)
Dimension of Facilities & Structures		
Deficit of facilities and working conditions	139 (80.8%)	33 (19.2%)
Limited cases in the wards	155 (90.1%)	17 (9.9%)
Limited recourse/ equipment in the wards	84 (48.8%)	88 (51.2%)
The hospital being non-academic	149 (86.6%)	23 (13.4%)
Lack of access to the conference room	140 (81.4%)	32 (18.6%)
Poor educational planning	142 (82.6%)	30 (17.4%)
Not recognizing the role of nurses as teachers for patients and the society	132 (76.7%)	42 (23.3%)
Uncooperativeness of the patient and neglecting education	135 (78.5%)	37 (21.5%)

5.8. Data Analysis and Interpretation in Qualitative data

Description of Participants

A total of 7 nursing students participated in the study, with four being in their fourth year level of study, and three in third-year level of study, within the four-year Bsc degree program. Prior to the telephone interviews, participants were requested to provide their demographic data which comprised age, sex, and language. There were 5 female participants and 2 males. Regarding language, seven of the participants were Amharic-speaking which used for the interview.

5.9. Explore challenges experienced by nursing students during clinical Placement

Findings

Most participants in the qualitative study generally explain practical environment as it was the main part of nursing profession where theory changed to practice. In addition where was a place not to create incongruence between the teaching that occurs in the nursing colleges and the clinical experience practice that the nursing student experience within the clinical settings. According to most of the participants mention about practical setting; some participants had this to say:

“In my opinion practical area is a place which for nurses to develop our practical skill.”
(Participant 4, male, year 4, aged 25)

“Practical attachment is used to change theoretical learning to practical skill and which is basic to the profession” (Participant 2, female, year 3, aged 23)

“Practical attachment is one important part of the profession in learning of nursing profession.”
(Participant 1, female, year 4, aged 30)

“I Perceived Clinical area is where the theory changed to practice and we nurses where develop our practical skills.” (Participant 3, female, year 3, aged 22)

Content was compare for similarity and differences, merged together, and categorize. Finally, themes were emerged. Below is a table that links the emerged themes with the categories that came forth from the data analysis: Seven themes emerged from the study.

Table 4: Grouping of themes and categories

Theme	Category
Student Nurses factors	<ul style="list-style-type: none"> • Nursing student motivation & responsibility • Action takes place in practical area • Student Nurses to resolving problems • Developing Skill • Internship students
Lack of role Model	<ul style="list-style-type: none"> • Lack of support and guidance • Staff Nurses Time • Limited good practice in Staff Nurses • Staff nurses action and reason
Instructors Responsibilities	<ul style="list-style-type: none"> • Lack of support from Instructor • Assessment of practical attachment • Experience of Instructors • Level of supervision • Supervision & Student responsibility
Inadequate support Structure & Commination	<ul style="list-style-type: none"> • Nursing student action & Responsibility • Communication with patients • Communication with Staff • Student & Instructor Communication
Lack of Equipment	<ul style="list-style-type: none"> • Effect of inadequacy Equipment • Available faculty equipment • Tackling inadequacy of equipment
College Responsibility	<ul style="list-style-type: none"> • Requirement from the college • Affording to unfulfilled material • New curriculum • Benefits of Hospital Rotation
Time versus clinical practice factors	<ul style="list-style-type: none"> • Practical attachment Schedule • Need &Benefit of changing Schedule of practical attachment • Inadequacy of practical attachment time

Seven themes emerged from the study with their categories, which were as follows:

THEME 1: Student Nurses factors

Nursing students factor appeared to play a larger role in successful clinical learning followed by hospital factors(26). Study done in Ethiopia, assessed nursing students' attitude towards clinical practice and factors affecting student nurses' attitude towards clinical practice, results, revealed that 58% of student nurses have favorable attitude towards clinical practice(3)

“Clinical practice area was stressed for us, because it related with humane life. (Participant 2, female, year 3, aged 23).” I felt stress especially on first time exposure.” (Participant 3, female, year 3, aged 22)

“It is mostly depend on the motivational status how much we could pass anxiety and doing things with unexaggerated stress.” (Participant 7, male, year 4, aged 26)

Improper treatment, discrimination, inadequate knowledge and skill, and lack of communication skills with patients lead to stress and inferiority complexes in them(20).

“Patients were not volunteers to take care by student nurses even if we are exposed and develop confidence in the procedure; become anxious and felling stress to do procedures on first time even if I was shown the procedure repeatedly.”(Participant 2, female, year 3, aged 23).

“Mostly in practical area when we face new procedures which is not familiar for us in doing so, I in my experience:” I, became anxious” in doing the procedure. “(Participant 3, female, year 3, aged 22)

“I try to tackle these from by referring and read more about and get insight about it.”(Participant 5, female, year 4, aged 27)

“Also this helps us/the nursing students to minimize our anxiety and stress and to build up more confidence in doing procedures in real patient.” (Participant 6, female, year 3, aged 32)

1.1 Category 1: Nursing student motivation & responsibility

Nursing student's independence and willingness to learn during the real practice period was revealed by some students as an important aspect for reaching optimum learning benefits during clinical placement. Some students said that *“nursing students come into clinical settings with negative perceptions about the staff and are not motivated to engage with clinical responsibilities.”* Participants 1 and 2 explain further:

“Mostly they gave procedures which need labor force and which do not want to done by the staff nurses at the time.” “Sometimes they are not patience when we ask them some unclear things in the procedures” (Participant 1, Female, year 3, aged 30)

I remember “one day of the first practical attachment, in surgical ward, the staffs instead of showing or guiding us to do procedures, they were fault finders in what we were doing.” (Participant 2, female, year 3, aged 23)

The above remarks agree with a study by Jamshidi & Molazem et.al (2016) in Iran, where they investigated the factors that influence of some staff nurses treated the students as messengers instead of learners. It was widely reported that student nurses were used for errands and were further tasked to do menial jobs instead of providing nursing care.

1.2 Category 2: Action takes place in practical area

The student nurse effort to fill the gap whenever” I found again the opportunity of doing the procedure again,” (Participant 7, male, year 4, aged 26)

“The Doctors are not allowed us to practice in all procedures; mostly they are selective to students even to observe procedures instead they prefer staff nurses only.” (Participant 6, female, year 3, aged 32)

I understand now is; “Nursing is not only take order from Doctors, However there were more part which have to be done of our parts even if there were more challenges. “(Participant 6, female, year 3, aged 32)

1.3 Category 3: Student Nurses to resolving problems

“Even getting access of internet which could help us to fulfill the gap by referring different source to the clinical practice skill, If not; since we are students to get access in money will be difficult for us.” (Participant 4, male, year 4, aged 25)

“I expect to full fill this practical gap in the future in my carrier of nursing “which make me skilled, experience in practice.” (Participant 7, male, year 4, aged 26)

1.4 Category 4: Developing Skill

“I think as we are not having much skill to do procedures, so patients were not willing to do procedures by the nursing students. “Sometimes they will be aggressive “also need to found some faulty doing.” (Participant 2, female, year 3, aged 23)

“I have seen in practical area there are many limitations to become more skilled when you are student and within limited time of years learning. For a while” I got some practical skill and I will rich it tomorrow”” (Participant 7, male, year 4, aged 26)

“We students have to increase our motivation to ask and gain knowledge from Staff Nurses or Doctors as much as possible in practical attachment, and have to develop knowledge and skill.” (Participant 4, male, year 4, aged 25)

“It is based on student’s motivation. Even, I have first Diploma in Nursing I felt as have a gap in theoretical or practical part of the profession. And I want to be more grow in theoretical or practical aspect of OR specialization.” (Participant 6, female, year 3, aged 32)

1.5 Category 5: Internship students

“Related to other internship students, sometimes when they had round with senior Doctors; the seniors will not permit to us doing round with them.” (Participant 3, female, year 3, aged 22) When they recognize as we are Nursing students and other reason given by them was the room is no enough for all of you internship like so on... “I felt as we discriminated”

“The hospital has to limit the nursing students who came for practice which accepted from collages, If we are too many there will be a chance for some students not to practice well. And also practical time exposure for the students will be short.” (Participant 4, male, year 4, aged 25)

THEME 2: Lack of role models

The most common way in which students develop their own professional behaviors in relation to the delivery of care is through role modeling. Moreover, staff nurses need to recognize themselves as mentors and important stakeholders in the training of student nurses(20). In this theme, four categories emerged, namely Lack of support and guidance, Staff Nurses Time, Working Staff nurses out of scientific principle, Staff nurses action and reason, & Communication with Staff.

2.1 Category 1: Lack of support and guidance

Awareness of Staff Nurses towards Nursing Student within clinical settings when nursing students are exposed to clinical practice is one part of becoming a role model. Clinical settings provide opportunities for nursing students to practice their clinical skills while being guided and supported by well-trained and experienced clinical staff who act as role models and increasing positive awareness towards nursing students. Nursing students reported that they need have more interaction with staff nurses as they are the ones who are most often at the patient’s bedside. This approach eases the anxiety of students and assists them to adapt to the ward setup. Below is some negative remark by a student on how some staff nurses not properly guided and supported student nurses in the practical setting:

” Some staff nurses were not volunteer, to give us support and in creating individual confidence for the next time in doing the procedure. But I promise myself to be a good mentor in the future for the next nursing students when I join the nursing carrier.” (Participant 2, female, year 3, aged 27)

In my opinion “I go through on a way of challenges in rising nursing skill in practical setting. “I read more and ask Nursing staff during the practical attachment depending on their willingness and free time and also ask our instructors if, they are present at the time” (Participant 2, Female, year 3, aged 27)

“The staff Nurses should not have loading us with only labor work like cleaning beds even walls in OR and the work not want to do and only to decreased their work load. “(Participant 1, female, year 4, aged 30)

“Staff nurses are not treated us; as we take their responsibility from them in the future of our carrier in nursing.” (Participant 5, female, year 4, aged 27)

2.2 Category 2: Staff Nurses Time

“Staff nurses they become busy and willing to show us the procedure taking adequate time.” (Participant 4, male, year 4, aged 25)” I got more skill knowledge from our mentors of experienced nurses.”

“Not volunteers to teach us, sometimes they are busy.” (Participant 3, female, year 3, aged 22)

2.3 Category 3: Limited good practice in Staff Nurses

Nurse’s student; who was also complaining about unprofessional behaviors of the staff nurses at the bedside, such as lack of cooperation, and unscientific nursing care expectations from them.

“Some nurse staffs not keeping the procedural way in practical area, I saw them not doing procedures based on scientific procedural way.” (Participant 3, female, year 3, aged 22)

“The Staff Nurses work procedure not guided by scientific principle instead did in way of what they habituate.” (Participant 6, female, year 3, aged 32)

“When we were in the ward it was wound dressing, but the staff nurse are not doing with sterility techniques. Mostly I and my calques students looked each other and felt confused.” (Participant 1, female, year 4 aged 30) “I think there should be some communication or suggestion way to give them feedback.”

“Our supervisors Instructors are present in the time; they could not have courage to influence the staff nurses not work out of scientific nursing procedure principle. So we become confused, when these procedures could mislead us.” (Participant 2, female, year 3, aged 23)

“Staff nurses were knows; how they manage and handle student nursing, because it is a teaching hospital.” (Participant 6, female, year 3, aged 32) “Communication prevents the nursing students not to habituate the same condition in nursing care procedure in future of their carrier.”

“We are students could not tell them their mistakes, we need, an influence for us in doing in the right way and to keep for actual carrier in the future.” (Participant 1, female, year 4 aged 30)

“Operation room is a room which needs highly sterility techniques, and obeys to wear gown, cape, mask...in the practical attachment or in doing procedures. This not gave emphasis in other wards.” (Participant 1, female, year 4 aged 30)

2.4 Category 4: Staff nurses action and reason

“Even if some Staff Nurse of was not cooperative since they want use the time for themselves in practical area, like they show us fatigue but also most of them are cooperative even they discuss the procedure in the nursing office.” (Participant 2, female, year 3, aged 22)

“Staff nurses are our mentors, they need to create conditions to develop confidence in practical skill since we are joining the carrier and act on human life as long as we are in the profession, and also it has its own advantage in the development of the profession.” (Participant 5, female, year 4, aged 27)

THEME 3: Instructors Responsibilities

According to the study Wambui WM, & Githui SN.(2019) on Nurse Interns' Satisfaction With the Clinical Learning Environment: the maximum reported factor that enhanced clinical practice was effective supervision and assessment as stated by 32.3% of nursing students(13).

3.1 Category 1: Lack of support from Instructor

Insufficient supervision by clinical instructors, lack of equipment's, quality of practical assessment in clinical setting, and felt anxiety were some of the factors that delayed effective clinical practice(26)

The major challenges commonly experienced by student nurses usually involve; Incompetence of clinical instructors, Shortage of positive role model and effective supervision and assessment were pointed as challenge.

“Instructors need to give satisfactory orientation for each attachment practical area in entrance and ongoing follow-up and to gain recognition by patients.” (Participant 5, female, year 4, aged 27)

“Instructors need to minimize our fear and anxiety in doing clinical practice, by support us in practical area.” (Participant 3, female, year 3, aged 22)

“We start in demonstration and then to practical area followed by instructors and staff nurses.” (Participant 1, female, year 4, aged 30)

“Instructors not follow us during practical attachment.” (Participant 4, male, year 4, aged 25)

“Our instructors were always with us in practical area, we got sign from staffs and instructors for each procedure we did and assisted of procedures.” (Participant 6, female, year 3, aged 32)

“Instructors must give attention more on detecting the needs of nursing students in clinical settings and schedule time to look through those needs. Therefore they need to deal quality-based skills and sited learning opportunities to nursing students during clinical practice. (Participant 4, male, year 4, aged 25)

3.2 Category 2: Assessment of practical attachment

It is important to assign students to specific tasks as soon as they report to the hospital and these tasks should be evaluated at the end of the shift by a preceptor or clinical instructor(28).

“Evaluation was which “depend on only paper work not looked the practical attachment skill” (Participant 2, female, year 3, aged 23)

“Some instructors give assignment in paper for practical attachment then they did not appear for a month in practical area .Since we doing in Human life Instructors should follow up our practical gap strictly.” (Participant 4, male, year 4, aged 25)

“Although this condition seen as a gap there is also some Instructors evaluate students without consistent follow up and mostly students not evaluated adequately which given by the instructors.” (Participant 5, female, year 3, aged 23)

3.3 Category 3: Experience of Instructors

This is common especially with novice clinical instructors. This is so challenging to student nurses when the staff nurses disagree both student and their instructor an opening to perform practical skill.

“As I have seen there were problems in getting experienced skill from our instructors, they also learn from the staff nurses. But they were efficient in the class theoretical learning with adequate teaching method. Such as giving assignment and we present it at bed side, got more knowledge with discussion.” (Participant 4, male, year 4, aged 25)

“In applying theory to practice the main role of instructor is high since the Nursing students become novel for the place at first time. Hear in my experience the experience most of our instructors who were assigned for clinical practice were not have more than three years exposure of practical area or even they could join with their high GPA result by fulfilling the requirement conditions.” (Participant 4, male, year 4, aged 25)

“As I have seen in the college where; I learned some of supervisor instructors who are assigned in practical area they, themselves are not exposed more for practice when after they pass their first degree.” (Participant 4, male, year 4, aged 25)

“Our Instructors was experienced even they have abroad the country like India, they were committed to guide us support in each and every part of the procedure.” (Participant 6, female, year 3, aged 32)

3.4 Category 4: Level of supervision

The most reported factor that improved clinical practice was effective supervision and assessment as reported by 32.3% of participants(13).

“Instructors only present to take attendance in entry time and on the day off time.” (Participant 3, female, year 3, aged 22)

“Some instructors give assignment in paper for practical attachment then they did not appear for a month in practical area .Since we doing in Human life Instructors should follow up our practical gap strictly.” (Participant 4, male, year 4, aged 25)

“Instructors have adequate knowledge in theory, but in practice they have some gaps, that are newly Nurses who join teaching in nursing, who do not possess solid clinical experience. Some of them do not monitor us firmly the nursing students in practical area, only check for attendance, I mean; just check if the students are present at the clinical area.” (Participant 2, female, year 3, aged 23)

“Instructors who assigned in the practical setting should pass more time with the student to look through the gaps in the skill.” (Participant 5, female, year 3, aged 23)

“Instructors should not be present to take students attendance only. They have to present with us during the practical attachment period.” (Participant 2, female, year 3, aged 23)

“Some of them most of the time are present at patient bed side. And for some of them we feel like they did not care for the practical area, because they not coach us.” (Participant 2, female, year 3, aged 23)

“Once suddenly in a day, if they got us standing or read using internet ;they think as we didn't done any procedure in a day and they evaluate us without considering the work done when they are not present and could give us low evaluation mark.” (Participant 3, female, year 3, aged 22)

“Because after the collage assigned in the clinical area most of the time there is no strict supervision either from our instructors or the hospitals.” (Participant 4, male, year 4, aged 25)

3.5 Category 5: Supervision & Student responsibility

Student's factors with responsibility seemed to play a bigger role in successful clinical learning followed by hospital based factors(26). According to Study done in Botswana show that nursing students not successful to relate theory into practice because they deficiency suitable supervision in the clinical setting which effects to low capacity in their clinical practices(6).

“Our supervisor instructors or the staff nurses have to recognize and make us willing to give care and show us their responsibility for the profession.” (Participant 7, male, year 4, aged 26)

“The staff nurses or our instructors should give moral and build our confidence by standing near to us every time when we want to do ,Since we took responsibility in the future carrier of nursing from our present mentors.” (Participant 2, female, year 3, aged 23)

“Whereas, some were present even in the night duty of the nursing students when we assigned working in the ward.” (Participant 4, male, year 4, aged 25)

“When we asked some question further they are not volunteers to respond properly; instead they respond to us “it is not your part, you are nursing student need to know more to the profession, say; this is extra education.” (Participant 3, female, year 3, aged 22)

“It was also having many difficulties especially when there is no person who mentors us in the area.” (Participant 5, female, year 3, aged 23)

THEME 4: Inadequate support Structure & Commination

Nurses capability is to deal with on the knowledge and skill taught to them(1).Nursing education is composed of two harmonizing parts: theoretical training and practical training. A vast part of nursing education is sustained out in clinical environments(3).

Nursing is a practice-based profession. Therefore clinical education is an vital part of the undergraduate nursing curriculum(3).Nursing students require effective clinical settlements to allow the use of theory to practice (21). As stated in Zenani(2016) study done in Cape town south Africa; Acceptable college social setting enhanced clinical skill as stated by 85.4% of participants while 20.5% stated decent interpersonal relationship and collaboration among students increased student confidence, other things of a decent college social situation on clinical practice(21).In this forth theme, four categories emerged that influence a support Structure within a clinical setting, namely Nursing student action & Responsibility, Communication with patients, Communication with Staff and Student & Instructor Communication. The finding, of this study participant tells a situation;

4.1 Category 1: Nursing student action & Responsibility

The student nurses usually found them unable to decide between the demands of their instructor and practicing nurses in real clinical situations and are unable to generalize from what they learnt in theory. *“These are not one way problem all responsible bodies in the Nursing profession have to tackle the problems. “And we nursing students have to be responsible for what we are learning and have more exposure to skill.”(Participant 4, male, year 4, aged 25)*

4.2 Category 2: Communication with patients

“The challenge related to unable to create confidence with Patients in nursing student is depends on our good approach and commination and empathy which we gave to the patients.” (Participant 4, male, year 4, aged 25)

“And patients want us to communicate their health problem, especially if we are available most of the time at the bedside during practical attachment.” (Participant 4, male, year 4, aged 25)

“Communication with patients was good when we were in a good approach to them, listening when they told us their problem related to the disease or other socioeconomic problem, and gave them some advice and reassurance.” (Participant 2, female, year 3, aged 23)

“Some patients; when they looked; how we are doing with confidence they were more inclined to believe in what we are doing.” (Participant 4, male, year 4, aged 25)

“However I in my experience having good approach and communication, in creating a good rapport and relation, If the patients looked us anxious in doing procedure, they try to support us by show willingness to work with feeling free and confident.” (Participant 4, male, year 4, aged 25)

“Because, we have responsible in the future for each and every thing what we will do in human life. Like Universities; with a teaching hospital most of my practical experience was there. Mostly patients were assessed by different batch and profession including Nursing students ;” I saw that patients were became unwilling to be examined repeatedly by students, and even they say; I do not want to touch by students.” (Participant 3, female, year 3, aged 22)

4.3 Category 3: Communication with Staff

Ineffective communication, inadequate preparation, and emotional reactions are Iranian nursing students’ challenges in the clinical learning environment(20) In study done in Ghana Among the clinical instructor factors and staff-student interaction factors were significantly associated with clinical practice competency(3)

“Staff nurses and the Instructors should communicate related to the gap in practical skill of the nursing students.” (Participant 5, female, year 4, aged 27)

“I try to practice more even in the night by making decent communication with staff nurses, which give me a benefit to be more skilled with much more procedures than got in regular day working time.” (Participant 4, male, year 4, aged 25)

4.4 Category 4: Student & Instructor Communication

“Especially private colleges need to be assessed by concerned body; how they follow their students in practical area, because I have seen there are many challenges related to inadequate follow-up and supervision in developing skills and integrating knowledge with practice.” (Participant 5, female, year 4, aged 27)

“We have a good communication with other internship students; like medical doctors, doing together procedures like; NGT insertion and urine catheterization.” (Participant 2, female, year 3, aged 23)

“First of all, when I join the profession with grate wants to be a Nurse. “So it based on each student initiation to get opportunity of practical skill and read more and became efficient in knowledge and skill. “I have to know what been asked by the patients, and know what I am doing? Because, I saw that students could not get; full support from the university or facility or Instructors.” (Participant 4, male, year 4, aged 25)

THEME 5: Lack of Equipment

Availability of learning Equipment is base for clinical practical learning; also the participants perceive that their Clinical learning environment had rich learning experiences to provide sufficient learning experiences. However, most participants affirmed that despite the adequate numbers of conditions in the clinical learning environment there were inadequate material and as a result it did not support their learning effectively.

5.1 Category 1: Effect of inadequacy Equipment

According to Aragaw et al. 21.9% of nursing students reported lack of teaching/learning resources such as equipment for nursing care procedures(30).

“We learn the ideal things but when we go to the clinical area we were unsuccessful to do the practice because of the resources, conservation of gloves, and equipment’s in doing different procedure such as enema...” (Participant 3, male, year 4, aged 27)

“The equipment’s in which we are doing is not standard and in some Governmental Hospital even picking up forceps is not available and instead Nurses use sterile glove to pick up sterile equipment’s or gauss.” (Participant 4, male, year 4, aged 25)

“The hospital seat up was not adequate related to equipment even like doing bed bath.” (Participant 2, female, year 3, aged 22)

5.2 Category 2: Available faculty equipment

According to Aragaw et al. theory versus practice related equipment means that at times students performed procedure by shortcut opposing to the theory learned in class and availability of modern skills laboratory for demonstration was (42.4%)(30).

“Most of the staff nurses are economical in using gauze, gloves and “we have difficulty in changing gloves from one patient to another patient in doing procedure.”” (Participant 5, female, year 3, aged 23)

“Shortage of equipment’s and the equipment’s were not found as we learned in theoretical part. (Participant 4, male, year 4, aged 25) And even the available equipment’s are used repeatedly and are old. Some staff nurses initiate us to do practice more within available equipment’s.”

“I got the opportunity to look some procedures which was; I did not expect the procedures done in developing country like Ethiopia; in my experience like.’ cardiac catheterization.” (Participant 4, male, year 4, aged 25)

“Our university full fill the necessary gown, what we challenged is in consumption of the hospital resource like glove, mask... which because assigning of many students in one ward or OR, there was complaints from the staffs.” (Participant 1, female, year 3, aged 30)

5.3 Category 3: Tackling inadequacy of equipment

The approaches of successful clinical skill with lack of equipment suggested by students include frequent use of skills laboratory (62.5%), participation in nursing conferences in the hospital (18.7%), use of simulation (12.5%), and watching nursing procedures videos to gain more skills (6.5%)(30).

Some of the justifications provided to this were:

Participant 7 give emphasize “for benefit of hospital rotation in relation to limitation of equipment’s, so it is depend on hospital set up to the nursing student in addition to their motivation to get adequate skill in clinical practice.”

“Even if it is not much coasty to afford the equipment’s by the hospital, what I saw, is to buy the equipment for bed bath by the patient attendant.” (Participant 2, female, year 3, aged 22)

THEME 6: College Responsibility

Participant 2 and 3, stress requirement from the college which could difficult in affording to fulfilled material like gowns they mention which is one reason for some students attached lately in practical attachment, in addition if the department makes student nurses to get more recognition and acceptance if we dress T-shirt like colure full uniform for both male or female students to differentiate from other internship health students.

6.1 Category 1: Requirement from the college

Participant 2 added some suggestion in choosing or recruiting to join nursing field, better to assess individual student interest to join the field in order to get more motivated professional in nursing in future carrier. That was;

“To get more motivated and companionate nurses in the carrier of nursing it is basic to choose or recruited to join the field starting from entering to the learning to the field.” (Participant 2, female, year 3, aged 23)

6.2 Category 2: Affording to unfulfilled material

Most of student nurses (84.4%) agreed that parent's economic status affected clinical practice(27).During they attach clinical practice ,as stated by them it affect clinical practice and create psychological difficulties. The social climate of the school was significant in allowing student nurses in clinical learning(27).

“Our collage first of all did not fulfill uniform gown for nursing students when they attach practical area.”(Participant 2, female, year 3, aged 23).

“We ought to buy with our money. For some Nursing students became one Couse to join the practical attachment lately after weeks. “(Participant 2, female, year 3, aged 23)

6.3 Category 3: New curriculum

Regardless of the allocation times for clinical placements of 4–7 weeks, some participants indicated the time was not adequate, implying that the participants failed to focus on clinical learning(29).Despite enhanced curriculum, nurses graduating from nursing colleges are not experienced enough to deliver the quality care to patients in most hospitals (25).this idea not agree;

with some Participant 1 and participant 6, mentioned that” it is better to reinforced the new curriculum Which is some collage accept and uses for specific field specialization .i.e practical schedule every six months alternate with theoretical learning.”

6.4 Category 4: Benefits of Hospital Rotation

Another challenge that hindered adequate acquisition of clinical skills by students was too many students versus number of patients in the clinical area. It was reported by many students and this was summarized by one of them who said this;

“Depends on the individual student Nurse acceptance .I got more trained in skill when we rotate in different hospitals or health facility, which we could get in one hospital which could not found the equipment and procedure in other hospital. (Participant 7, male, year 4, aged 25) This helps us to tackle the challenge related to unavailability of equipment's.”

THEME 7: Time versus clinical practice factors

According to studies by Chipwaza et al.(2019),students frequently complain that they do not spend enough time in clinical areas to feel comfortable implying that the participants failed to focus on clinical learning(29).

7.1 Category 1: Practical attachment Schedule

The limitation of clinical training hours and lack of appropriate time with related theory or exam and regulations challenges students during skills acquirement.

“It was a period; after we took fundamental nursing written exam, when I remember the exam difficulty, I hope it was preferred, if we were took the exam after the practical attachment; because when we talking each other of our exposure for different cases; it gave us to recognize our mistakes in the exam.” (Participant 2, female, year 3, aged 23)

7.2 Category 2: Need & Benefit of changing Schedule of practical attachment

The attachment Schedule planning for learning nursing competencies is not appropriate thus a big challenge to student nurses. *“A student mentions that, in a week, they are expected to be in the hospital and still be prepared for theory exam sometimes, creating to them felt anxious, tired and try to work over by high outcome anticipations in a short period.”(Participant 2, female, year 3, aged 23)*

“Nursing Students have to continue attachment of clinical practice in July, instead of gave rest to us. This helps us to act more practice procedures to become skilled.” (Participant 4, male, year 4, aged 25)

“Which help us to get more time and exposed for more skill and procedures, also I suggest it is better to alternate the theory and practice at all after second year of learning.” (Participant 2, female, year 3, aged 23)

7.3 Category 3: Inadequacy of practical attachment time

Study done in Malawi (2019) indicated that the 4–7 weeks period the 34% of participants indicated that this period was not adequate for learning(27).Whereas in this study some participants respond; *“Time, given for practical attachment is in my opinion is enough; (Participant 6, female, year 3, aged 32) “I think the time given to the practical attachment is enough.” (Participant 1, female, year 4, aged 30)*

“Simulation practice rooms are better to be open in weekend, to practice and apply easily in actual human life.” “The time given for practical attachment was not enough”. (Participant 4, male, year 4, aged 25)

“We have to use our time purposefully, No challenge free learning, so we have to be ready for the future challenges even in our carrier of Nursing.” (Participant 4, male, year 4, aged 25.

CHAPTER 6

Discussion

In the study, the prevalence of challenge among nursing students was found to be 29 (16.9%). However, it is lower than the study conducted in Hawassa University, south Ethiopia in which the prevalence of clinical practice competency was found to be 25.2%(16). Also; it is lower than the study conducted in study perceived clinical competence among undergraduate nursing students in the university of Gondar and Bahir Dar University, Northwest Ethiopia revealed that overall 48.7% of the study participants perceived themselves as competent(30). The possible reason for the variation is due to the difference in the characteristics of the study participants. Some studies included only public learning institutions and others included only private institutions; in addition not done in similar region. However, in this study both public and private learning institutions were included.

Substance abuse was identified as one of the major associated factors of nursing students challenge in the study and the result confirmed that the odds of having challenge for study participants who were substance users were 8.25 times higher than those who were not substance users. [AOR=8.25, 95% CI 1.74, 39.04]. The possible justification for this association might be due to the fact that substance users are less likely to comply with the standards of teaching learning process which might have potential to develop negative attitude in those who teach them such as instructors and nurse staffs towards the substance users and the resulting challenge.

The other significantly associated factor was learning institution of the respondents. The finding of this study revealed that the percent odds of facing challenge for those who were learning in Saint Paul had 90% lower than those learning in Saint Mary [AOR=0.10 95% CI 0.01, 0.98]. Similarly, the percent odds that nursing students from KYA MED were having a challenge were 97% less than that of Saint Mary nursing students [AOR=0.03 95% CI 0.003, 0.29]. This implies that these two learning institutions namely St Paul (public) and KYA MED (private) are using relatively favourable practical education system for their students. Whereas study done in Iran Benha public Hospital had the highest mean score of problems that faces Nursing interns during internship year than Private Hospitals (17), was the highest level of total obstacles present at Benha University were (65.3%).

On the other hand, in this study, student's religion, marital status, sex, residence, age, and entrance year had no statistically significant association with the nursing students challenge. It might be due either lack of a true association or due to lack of adequate power associated with small sample size in this study. The other result which implied; there was statistically significant negative moderate correlation between students total challenge score and their overall competency score. [$r = -0.672$, $P \text{ value} = <0.001$] thus need of student to have assessment in competency to identify the factors as shown in study conducted in Ethiopia; students with clinical practice assessment checklist most likely had ability to clinical practice competency by 4 times ($AOR=4.058$, $95\% \text{ CI } 1.238, 12.65$) than student who haven't got clinical practice assessment checklist during clinical practice(16).

In this study most participant mention that as practical attachment was used to change theoretical learning to practical skill however they also pointed challenges ,in line with this in the study of Fiker (2016)quantitative result regarding clinical placement conduciveness for clinical practice, majority of the respondent 246(71.4%) was disagree(16).Other side of qualitative result implies, it is one of the teachers' major responsibilities to treat nursing students properly in the practical area, to create higher Nursing student motivation & give responsibility for learning as well as increasing their self-confidence thus, regarding instructor uses of continuous assessment during clinical practice, quantitative result showed (44.9%) of participant disagree, but less in other study(21.2%) strongly disagree as indicated in Fikre(2016)(16).In this study regarding nursing staff communication the result of the quantitative portion of this study showed 19.2% of the participant was not motivated and about 14 % had difficulty in proper communication with staff nurses.

For action takes place in practical area and in doing Student Nurses to resolving problems Wambui et al.(13)revealed in their study that proper treatment and formation of a communication with students was an important item for nursing teachers to be a role model for students. This agrees with less percentage 7% of the participants were not adhering to the discipline of the nursing which also12.2% of the students had lack of proper communication with instructors.

These intensified with that of 59.9% of the students perceive as the instructors were unfamiliar with practical method. In addition in qualitative result for the students had challenged in developing skill and doing with other Internship students, where as in the quantitative result 19.8% participants mentioned there were no large number of internship students in the practical area. Related to the patients or their attendants complaining about performing nursing care by the nursing students the participant perceived as a challenge was 22.7%. Even if the participants recognize only 12.8% there were mismatch between the number of patients and number of staff nurses. According to qualitative study done in Iran (2018) many of the students participating in the study complained about the staff's discrimination between them and students of medicine(17). In line to the same idea in this study some participants mentioned that as they feel discriminated when not allowed participation in patient rounding with students of medicine. However quantitative result of this study only 9.3% were pointed as they face discrimination between them and the student of other medical science. The comparison between nursing and medicine and regarding medicine as a superior major violates nursing students' personal dignity and gives them a sense of professional inferiority as one participant said in qualitative result "I felt as we discriminated".

Students' inadequate preparation for entering the clinical environment creates problems for them and nursing teachers(27).Even though they learn the fundamentals of nursing in classrooms and practice rooms, about 11% of the participants nursing students do not have sufficient time to practice and repeat these skills to completely enter the practical area and had shortage of time in revealing in clinical setting. And 5.8% participants were said; the time was unsuitable for practice, related to this; as mentioned in qualitative result which was some time was needed before the basic subjects in developing more understanding of the procedures linked to theoretical understanding. Rafiee and Moattari found that the students' deficient practice and lack of skill before arriving the clinical environment created problems for them with respect to learning in the practical setting(35).It is also important to have the students followed by experienced clinical instructors to ensure the best learning results (3).

Thus, the result aligns with this study, that challenges of nursing students were deeply assessed with respect to instructors, which showed that even if lowest percent 8.7% of participants said that instructors were had not had high academic level an experience, however 73.3% the student nurses pointed that the instructors were absent in essential hours in the ward. These results are consistent with the results of qualitative result also mention that only they were appear in the time of entry and day off time to check attendance of the nursing students. According to Kamphinda et al. study done in Malawi indicated that clinical supervisor's preparedness, motivation and attitude, and competence greatly affect students' clinical experiences(27), this agree on the results of this study showed 14.5% instructors had inadequate feedback to students with 12.8% of the participants were challenged referring heavy and difficult tasks with lack of as 9.3% who also perceive as the instructors not emphasis pre-study of the nursing students, and above these were more challenged 15.1% in lack of communication with the instructors.

In the present study, the 23.3 % of the nursing students felt that there was mismatch between the job of the staff nurses and scientific principles and related to this about 25.5% also express as they were not implemented the nursing process. In accordance with this; that participants perceive 11% of them as the staff nurses could had lack of physical and psychological preparedness and 14.5% of them the staff nurses as they had fatigue. This result was congruence with Safan and Ebrahim study which Student nurses were also apprehensive about the problem that due to the shortage of positive role model, individual providers cannot learn and deliver the best caring approach(17).Maintenance and guidance were stated as deficient from both academic staff who controlled clinical as well as the staff nurses(6). Also stated that the most vital influencing factors were in adequate academic and practical preparation(17).Though the present study participants mentioned about 9.3% of the staff nurses had inadequate knowledge and skill but more of the participants 20.3% said staff nurses not plan education to the patient in the daily task as a duty. In addition more of 19.2% participants acquired improper treatment from the staff nurses and also 14% of participants said the staff nurses were not cooperative to give them their experience of skill.

Concerning the management of the hospital in this study, 20.3% of study participants had problems related to not gaining score for the staff nurses so as to train the student nurses. Over the median; 51.2% of the study participants indicated that there was a challenge in limited resource equipment in the Hospitals. This showed that participant were more challenged than study done Aragaw et al. (2019) on students towards clinical practice and its associated factors in Northwest Ethiopia which indicated 22.9% of students stated shortage of equipment for accomplishment of procedures within the hospital and shortage of well-resourced skills laboratories as an significant factors have an effect in clinical practice(30).

Some of around 21.5 % participants mentioned there was uncooperativeness of the patient and neglected education and about 23.3% participant felt not recognizing their role by the instructors to the patients and the society. As in the qualitative result of this study participant mentioned that the effective communication skills are taught to students before they enter the clinical environment with the emphasis on the differences between the clinical environment and the classroom environment as well as simulation lab, the quantitative result was reported 17.4% had poor educational planning and 18% were perceive challenged, in not prioritizing education in the description of duties with 19.2% said that as they challenged with deficit of facilities and working conditions even if there is lowest challenged result showed 9.9% in limited cases in the ward. In the same way other qualitative study Aragaw et al.(2019) done directed that students who had good communications with clinical staffs, prepared well for clinical practice, practiced in well-equipped hospital, and accompanied frequently by clinical-supervisors in a clinical setting had a favorable attitude towards clinical practice(30).

As a conclusion the quantitative result showed in each factor median percentage the nurse student's challenge score were estimated. Among this factor with the nursing students had more challenged by instructor factors (43.6%) which is in line with nurse instructors must have the core to attend and able to communicate successfully with their students(26).And with nursing staff factor and facility factor; were in the same percentage of each factor(40%) whereas with management factor(37.8%) were challenged and less challenged by the nursing student factor which was (35%).

In the qualitative study generally explain practical environment as it was the main part of nursing profession where theory changed to practice. In addition where was a place not to create incongruence between the teaching that occurs in the nursing colleges and the clinical experience practice that the nursing student experience within the clinical settings.

According to most of the participants mentioned about challenge faced during practical attachment; the emerged theme were Student Nurses factors, Lack of role Model, Instructors Responsibilities, Inadequate support Structure & Commination, Lack of Equipment, conditions related the College Responsibility challenge and in using Time versus clinical practice factors were the student nurses challenged issues.

From seven emerged theme in **Student Nurses factors**, as some participant said related to stress *“Clinical practice area was stressed for us, because it related with humane life”* Similarly other study mention that; the students stated that the first 2 months of their clinical placement were anxiety provoking for them(6).

Lack of role Model, as students reported that they need have more interaction with staff nurses however were challenged as participants said *“Some staff nurses were not volunteer, to give us support and in creating individual confidence for the next time in doing the procedure.* This is in line with the study in Tanzania support from the qualified nurses in the wards; this was because of poor nurse–student relationships, the unwillingness of staff nurses to teach(29).

The other theme was **Instructors Responsibilities**, the most reported factor that improved clinical practice was effective supervision and assessment whereas as the participant said *“Some instructors give assignment in paper for practical attachment then they did not appear for a month in practical area .Since we doing in Human life Instructors should follow up our practical gap strictly.”* In addition they emphasis as some of them said *“Instructors need to minimize our fear and anxiety in doing clinical practice, by support us in practical area.”* In line with this other study in Ethiopia Majority of the student believed that availability of clinical supervisor is useless, supervisor doesn't add any value for our clinical rather than checking our presence in practice site.” (16).

In a theme of **Inadequate support Structure & Commination**; they mention that *“Staff nurses and the Instructors should communicate related to the gap in practical skill of the nursing students.”* Since Nursing education is composed of two harmonizing parts: theoretical training and practical training. Similar study done in Ethiopia, in focus group discussion student expressed that, *“clinical supervisor in general have less ability to interact with staffs and they lack confidence to do certain procedure in front of the staff and student”* (16).

This also supported in study done in Botswana; Lack of harmony ,communication and interpersonal relationship between the educator and the student negatively affect the clinical learning(6).

Related to **Lack of Equipment**, they reported such as *“Most of the staff nurses are economical in using gauze, gloves and “we have difficulty in changing gloves from one patient to another patient in doing procedure.”* Also in other study majority of the students mentioned that non-availability of the necessary equipment, sterile packs impact their clinical practice and force them to make up/create in providing care for the Patient(6,21)in Botswana and South Africa supports these findings.

And in a condition related the **College Responsibility** challenge some of the participant reported *“The hospital has to limit the nursing students who came for practice which accept from collages, If we are too many there will be a chance for some students not to practice well. And also practical time exposure for the students will be short.”* in line with this Study done in Iran the highest percentage of study subjects had mentioned their; if they were many students; problems faced during was, high consumption related insufficient resources (17).

Finally the emerged theme was in using **Time versus clinical practice factors** were the student nurses challenged issues even if some participants said *“the time is not enough”* but some of them mentioned that *“We have to use our time purposefully, No challenge free learning, so we have to be ready for the future challenges even in our carrier of Nursing.”* In other similar study only 48 % indicated that the 4–7 weeks period was adequate for learning, while 34 % of the participants indicated that this period was not adequate for learning and only 3 % said that the period was too long for learning(27).

Limitation of the study

One of the limitations of this study was recall bias and also the cross sectional nature of the study prevents it from making causal inference. The other limitation of this study due to current situation is lack of power due to the small sample size to conduct this study. Finally the correlation between the students challenge score and competency score could not indicate causation because of the limitation of this statistical analysis. The telephone interview of qualitative data gathering had lack of nonverbal expressions.

CHAPTER 7

Conclusions and Recommendations

Conclusion

In conclusion, the prevalence of nursing students challenge in their practical education was found to be reasonable. Learning institution and substance use were the independent predictors of the nursing students challenge. However, there was no statistically significant association between the nursing students challenge and sex of the students, entrance year, age of the students, student's religion, and marital status of the students. On the other hand, there was moderate negative correlation between the students challenge score and their competency score which indicates the negative effect of the students challenge on their competency level. Therefore, the statistically significant factors should be considered in the effort made to reduce the students challenge level and to improve the quality of practical education.

The present qualitative study result identified and described the challenges experienced by third and fourth year nursing students when applying theory into practice in a clinical setting in the Addis Ababa public and private health collages. One of the most aware suggestions was that nursing instructors and clinical facilitators must be involved in clinical settings, to assist students in linking theory with practice, with guidance. It is essential to improve students' clinical supervision and support at clinical setting by their instructors and staff nurses; & need to plan for clinical supervision and support effectively to create skillful nursing students and minimize their challenge. To obtain rich and deep data around the research topic, and the challenges experienced by the Nursing students were identified and described. The research added to the knowledge in related Studies conducted in the health college of Nursing, and will be useful for the specified undergraduate students, nursing instructors, clinical facilitators and healthcare clinical settings within the collages of Addis Ababa students to learn when placed in their titled clinical settings, which involves motivating the staff to be empathetic to the students and see to their needs.

Recommendation

Staff nurses are mentors, they need to create conditions to develop confidence of nursing students in practical skill since they are joining the carrier and act on human life.

Instructors need to give adequate orientation for each attachment practical area in entrance and ongoing follow-up and to gain recognition of the nursing students by patients. In addition have to deal quality-based skills and sited learning opportunities to nursing students during clinical practice.

Attachment time and Schedule planning for learning nursing practical skill needs consideration; and which also include demonstration room or simulation lab practical time.

As in the quantitative result indicated higher percentage the student nurses participants pointed that as they challenged because of instructors were absent in essential hours in the ward, this have to be taken firmly by the learning institutions.

Higher institution organizations and other stakeholders should work on reducing substance use among students to reduce the challenge resulting from the substance use and to improve the competency level of their students.

The learning institutions are highly recommended to have experience sharing among the institutions to share the strong side of the other institution and to help in reducing the weak side contributing for the challenge of the students and the resulting low competency among the students.

Researchers are highly recommended to conduct further study with strong study design, statistical analysis and greater sample size to increase the power of detecting the existing association between the explanatory variables and the outcome variable and to examine causation.

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ANNEXES

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

Annex I- Information Sheet

Dear participants, you are invited to participate in a research study to be conducted by MSC student at Addis Ababa University, College of health science. Please read the following statement and ask any unclear questions before you agree to participate.

1. Topic; assessing on the challenges faced by nursing students' during their clinical placement in public Hospitals; of selected public and private nursing colleges in Addis Ababa, Ethiopia, 2020.
2. Objective of the study; the general objective of this study is to examine the challenges experienced by nursing student at the clinical placement. The information you provide will help us better understand what nursing student's challenge and perceive about their clinical environment and factors that affect nursing student's clinical practice.
3. Participation procedure and guide line
 - a. The information you provide will be kept completely anonymous. That is, your name will not be on any of the forms.
 - b. It will take about 30-45 minutes to complete the survey and discuss about.
4. Participation benefits and risks
 - a. Your participation in this study does not involve risk that are greater than those your experience in your daily life.
 - b. You also may experience some benefits from participating on this project this benefit might be positive feelings from helping an important research study.
 - c. No incentive will be given for participating in this study.

5. Right to refuse or withdraw; your participation is volunteer and there is no penalty for you not wanting to participate. This means that you are free to stop at any point or to choose not to answer any particular question or all the questions.
6. Right as a participant; you have a right to have any questions about this research project answered. Please direct any question to Almaz Addisie.

College of Health Science, Addis Ababa University

Cell phone 251-920538778, e- mail – almazaddis10@gmail.com

7. Agree to participate

Yes _____

No _____

Signature _____ Date _____

Annex II - Consent Form

Greeting; Good morning/Good afternoon

We are going to take few minutes on to assess the challenges faced by nursing students' during their clinical placement in public Hospitals; of selected nursing schools in Addis Ababa, Ethiopia.. This questionnaire is present to you to obtain relevant information about on the challenges faced by nursing students' during their clinical placement and in order to have a better understanding. All information you give will be kept confidential and you are not going to be mentioned by name. Filling the questions is totally is depending on your willingness and also you have the right to quite at any point through the course of administering the question. If you need more clarification you can ask the supervisor.

The research will be done with the collaboration of Addis Ababa University College of Health Science, school of Nursing and midwifery.

PRINSIPAL INVESTIGATOR

Almaz Addisie

Tel; 0920538778

We would greatly appreciate your response to us and like to thank you ahead for taking your time

Name & Signature of supervisor; _____

Annex III - Questionnaire

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIVES

Questionnaire designed to Assess on the challenges faced by nursing students' during their clinical placement in public Hospitals; of selected public and private nursing collages in Addis Ababa, Ethiopia.

INSTRUMENTS

Annex IV: Socio-Demographic Data

101. Sex: A. Female B. male

102. What is your age in years?

103. What is your religion affiliation?

A. Orthodox Christian

B. Protestant

C. Muslim

D. Catholic

E. Others (specify) _

104. Marital status;

- A. Single B. Married C. Widowed D. Divorced

105. Institution you learn? _____

106. How long have you been in your field of study?

- A. 3 year B. 4 year

107. Where do you live during study period?

- A. Dormitory B. Rental home C. Other

108. Do you use any substance abuse? A. YES B. NO

109. If, your answer is YES for Q10, which substance do you use?

- A. chat B. cigarette C. alcohol D. hashish E. Other

Annex V: Clinical Practice Challenging Factors Questioner

Instruction I. circle the following questions based on the following grade.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

Dimensions of obstacles						
Individual dimension						
From Nursing Student						
Challenges/Obstacles						
301	Lack of motivation in Nursing students	1	2	3	4	5
302	Lack of proper communication between students and the ward staffs	1	2	3	4	5
303	Not adhering to order and discipline by the student	1	2	3	4	5
304	Lack of proper communication between students and instructor	1	2	3	4	5

From Instructors						
Challenges/Obstacles						
305	Absence of experience instructor with a high academic level	1	2	3	4	5
306	Lack of suitable motivation in trainers	1	2	3	4	5
307	Emphasizing theoretical aspects in educational work	1	2	3	4	5
308	Not stating the educational objectives for students	1	2	3	4	5
309	Being unfamiliar with educational methods/practical	1	2	3	4	5
310	Absence at essential hours in the ward	1	2	3	4	5
311	Not assessing the students activities based on the clinical setting objectives by the trainers	1	2	3	4	5
312	Inadequate feedback to students	1	2	3	4	5
313	Referring heavy and difficult tasks to students	1	2	3	4	5
314	Lack of proper communication between students and instructor	1	2	3	4	5
315	Not emphasizing pre-study by trainers	1	2	3	4	5
From Staff Nurses						
Challenges/Obstacles						
316	Mismatch between the job of staff Nurses and scientific principles	1	2	3	4	5
317	Not implementing the process by the staff Nurses	1	2	3	4	5
318	Lack of physical and psychological preparation	1	2	3	4	5

319	Fatigue staff Nurses	1	2	3	4	5
320	Inadequate knowledge and skill	1	2	3	4	5
321	Not planning education to the patient in the daily task of nurses as a duty	1	2	3	4	5
322	Staffs uncooperativeness	1	2	3	4	5
323	Improper treatment of the staffs	1	2	3	4	5

From Management dimension						
Challenges/Obstacles						
324	Large number of students in internship Groups	1	2	3	4	5
325	Discrimination between nursing students and the students of other medical sciences	1	2	3	4	5
326	The patient or their mates complaining about performing nursing activities by students	1	2	3	4	5
327	Unsuitable practical/ internship time	1	2	3	4	5
328	Mismatch between the objectives of clinical education and expectations of the hospital staffs	1	2	3	4	5
329	Shortage of time revealing in clinical setting	1	2	3	4	5
330	Not prioritizing education in the description of duties	1	2	3	4	5
331	Not gaining score for the nurse to train the patient	1	2	3	4	5
332	Mismatch between the number of patients and number of staff nurses	1	2	3	4	5

From the dimension of facilities and structures

Challenges/Obstacles

333	Deficit of facilities and working conditions	1	2	3	4	5
334	Limited cases in the wards	1	2	3	4	5
335	Limited recourse/ equipment in the wards					
336	The hospital being non-academic	1	2	3	4	5
337	Lack of access to the conference room	1	2	3	4	5
338	Poor educational planning	1	2	3	4	5
339	Not recognizing the role of nurses as teachers for patients and the society	1	2	3	4	5
340	Uncooperativeness of the patient and neglecting education	1	2	3	4	5

Annex VI: Clinical Practice Competency Assessment Questioner(16)

Score the following activities according to the frequency of your performance 1/Not at all 2/
not really 3/Undecided 4/ somewhat 5/ very much

S. No	Activities	1	2	3	4	5
401	Ability to apply theories to clinical practice	1	2	3	4	5
402	Ability to maintain patient dignity, privacy and confidentiality	1	2	3	4	5
403	Ability to practice principles of health and safety, including moving and handling, infection control; essential first aid and emergency first aid and emergency procedures	1	2	3	4	5
404	Ability to safely administer medicine and other therapies	1	2	3	4	5
405	Ability to consider emotional, physical, and personal care, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life	1	2	3	4	5
406	Respond to patient needs by planning, delivering and evaluating appropriate and individualized programs of care working in partnership with the patient, their care givers, family and other health workers.	1	2	3	4	5

Annex VII: Qualitative Questions for FGDs

The open ended questions will as follows: (21)

1. What is your perception about working in the practical setting?
2. Who facilitated learning in the practical area?
3. How did you experience that person's ability to assist you to learn in the practical setting?
4. Discuss the challenges you experienced in the practical setting, when you needed to apply theory into practice.
5. Discuss how you perceive the educators role and teaching methods they used to teach the theoretical content in the practical setting.
6. Were you able to link that theoretical content in the practical setting? (If not Why and if yes how? Explain your answer.)
7. What made it difficult for you to apply theory into practice?
8. What would you recommend to assist students to easily integrate theory into practice?