



Perceptions of Student Nurses/Midwives on Clinical Learning Processes in Kebbi State Training Hospital

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Abstract

Background: Clinical staff nurses contribute significantly to the student nurses' educational processes within practice settings. They customarily provide learning support for student nurses on clinical posting; this has been demanding and tasking. **Aim:** The study aimed at finding out the perception of student nurses/midwives' on clinical learning processes in Kebbi State training hospital. **Method:** Qualitative research method was employed using phenomenological individual interview. Twenty respondents formed the sample size. The data collected were transcribed verbatim and content analysis was used to describe and interpret the data. **Results:** Emerged themes include: students' supervision, staff-students interpersonal relationship, students' learning support and improving clinical training. Majority of the respondents perceived the supervision provided by the staff nurses/midwives as satisfactory, while others perceived it as inadequate. Majority of the respondents perceived the existence of students' encouragement by the staff nurses/midwives. Majority of the respondents perceived the staff-students relationship as excellent or good, while others perceived it as poor or very low. Majority of the respondents perceived students' learning supports from staff nurses/midwives as low or lacking. **Conclusion:** Teaching, coaching, guiding and mentoring student nurses/midwives are core roles of nurses and midwives; therefore should not be taken for granted. These roles should occupy the thought of members of any practise based profession like nursing. Staff nurses/midwives need to be given a refresher lectures on clinical teaching and professional development. There should be more effective and efficient coordination between the schools and hospital in students' clinical posting, training, supervision and assessment.

Keywords: *Clinical Learning, Nurses/Midwives, Perception, Student Nurses/Midwives*

Introduction

Nursing and midwifery education constitute theoretical and practical learning (Sundstrom, cited in Rafiee, Moattari, Nikbakht, Kojuri & Mousavinasab, 2014). Learning in practice settings prepares students for safe and accurate practice in different clinical settings (Muleya, Marshall & Ashwin, 2015). The quality of nursing students' clinical learning influences the quality of nursing education

(Henderson, Twentyman, Hee & Lloyd, 2006), thus clinical learning is crucial for professional development (Dadgaran, Parvizy & Peyrovi, 2013; Nabolsi, Zumot, Wardam, & Abu-Moghli, 2012). It is an essential integral part of educational nursing programme and nursing is a practice-based profession (Aghamohammadi-Kalkhoran, Karimollahi & Abdi, 2011). The positive clinical learning environment is highly needed in nursing, to

enhance knowledge and skills application (Karrabul *et al.* cited in Khoza, 2015). Chesser-Smyth (2005) asserted that clinical nursing education greatly influences students in considering nursing as their profession to practice.

Clinical education occurs in all aspects of health care facility including outpatient clinics, emergency centers, hospitals or private offices; and is overseen by a qualified practitioner or teaching staff (Cantatore, Crane & Wilmoth, 2016). Ohaja (2010) opined that it is the most important factor that influences the students' learning process. Clinical training provides students with opportunities for applying theoretical knowledge to practice (McKenna & Wellard, 2009). It helps students develop skills like communication, decision making and teamwork (Ghrayeb, 2017). Students need to integrate the psychomotor and cognitive learning process with critical thinking, thus clinical learning environment is complex (Haraldseid, Friberg & Aase, 2015).

Clinical staff nurses contribute significantly to student nurses' educational processes within practice settings (Warne *et al.*, 2010). They customarily provide learning support for student nurses on clinical posting; this has been demanding and tasking (Ohaja, 2010). Therefore clinical learning facilitation needs to be effective in adequately preparing students for nursing practice (Kaphagawani & Useh, 2013), since it is in clinical settings that students are socialised into the professional cultures (Khoza, 2015)

Psychologically, the stressful nature of health practice coupled with the shortage of healthcare workers may lead to health workers to behave angrily. Condell (1995) asserted that in such situation health workers frustration and bullying students is not surprising. According to Lita, Alberts, Van Dyk and Small (2002) shortage of manpower and workload are implicated in limiting the support and guidance of student nurses posted to the clinical area. In a study by Rajeswaran (2016), work overload and nurses attitude

negatively affect nursing students clinical learning, and 70% of the students frowned at the way nurses handle students. Brown, Williams, McKenna *et al.* (2011) opined that there are discrepancies between students' perception of ideal clinical education and what is actually obtained.

Lack of identifying the students' problems in clinical learning could alter the effective learning process (Jamshidi, Molazem, Sharif, Torabizadeh & Kalyani, 2016), thus leading to poor students' learning satisfaction, growth, and development which could reflect in poor professional development. Non-effective clinical learning process causes students to drop out due to unbearable stress and challenges of clinical area (Shen & Spouse cited in Jamshidi *et al.*, 2016). The main objective of this research was to explore the student nurses/midwives perceived state of clinical learning processes in Kebbi State training hospital.

Materials and Method

Qualitative cross-sectional descriptive design was applied for the research using the phenomenological approach. The population of the study was second and third-year student nurses/midwives of the School of Nursing and Midwifery Birnin-Kebbi. Ethical approval for the research was obtained from Kebbi State Health Research Ethical Committee. Permission to conduct the research was also obtained from the schools and the hospital respectively. Twenty students were purposively selected based on dedication and serious to the clinical posting; five students each from year two and year three of the schools. Individual interview was conducted to collect the data and elements of data saturation begin to manifest at respondent 17, however the whole 20 respondents were interviewed. The subjects involved in the research voluntarily and student identity and information obtained was treated with utmost anonymity. To reinforce anonymity the number given to each respondent in the result of the study does not represent the sequence by which they attend the interview.

Data collection and Analysis

The phenomenological individual interview was used in data collection. Phenomenology involves re-examining those experiences commonly taken for granted; thus leading to the emergence of abandoned ideas (Lavery, 2003). Bracketing was also applied to avoid the influence of any preconceived ideas on part of the researchers. The interview was conducted in a quiet office, convenient for the students in providing information. It ranges from 9-20 minutes depending on how the respondent provided detailed information, and it involves questioning, reflection and clarification. The questions asked during the interview were on students’ supervision,

encouragement, interpersonal relationship, and learning support.

The interview was audio-taped and the researchers listened to the audio over and over and transcribed it verbatim. The transcribed data were given to the respondents individually to ascertain the appropriateness of the responses. Content analysis was used in describing and interpreting the data. To be more conversant with the data, the researchers read the transcribed data several times. After vigorous considerations data were coded and themes/sub-themes emerged from the coded data. Data were then analysed and described based on the emerged themes and sub-themes.

Results

Evident in the result is mix reactions to the perceptions of the clinical learning processes by the respondents. The result is presented

according to the themes and sub-themes emerged, and table 1 summarised the findings of the research.

Table 1: Themes, Sub-themes, and Summary of Findings

S/N	THEMES	SUBTHEMES	FINDINGS	
			MAJORITY	OTHERS
1.	Students’ supervision	-	Satisfactory, good and excellent	Inadequate
2.	Students’ encouragement	-	Good encouragement	Low encouragement
3.	Staff-students interpersonal relationship	-	Excellent or good	Poor, very poor and very low
4.	Respecting students	-	There is respect, some staff respect students	There is no respect, the respect is low
5.	Students’ learning support	-	Sometimes, partially good, they are trying	Lack of teaching with students harassment
6.	Improving clinical training	Improving interpersonal relationship	Through good inter personal relationship between staff and students	
		Supervision from lecturers and clinical instructors	Lecturers should be visiting the hospital, monitoring clinical experience and providing frequent supervision	
		Mentoring and clinical teaching	By providing mentoring and mentor-ship. Nurses should be teaching the students, and organising group discussions and presentations.	
		Providing clinical instruments/equipments	By providing enough equipment for students practice and learning	
		Improving clinical posting and practical demonstration	School should be posting students to the ward to avoid one side (medical only or surgical only) experience. There should be adequate practical in demonstration room.	

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Students' Supervision

Majority of the respondents perceived the supervision provided by the staff nurses/midwives as satisfactory. *"The level of supervision is excellent"* (respondent 3), *"the level of supervision is high"* (respondent 9) and *"the supervision is good"* (respondent 6).

However respondent 10 looked at the supervision as inadequate *"I can classify it as fair ...we are not getting adequate supervision..."* While Respondent 8 emphasizing lack of supervision, perceived it as *"They (staff nurses/midwives) expect that you already know..."*

Students' Encouragement

The respondents' perceptions on students' encouragement also differ. But the majority of the perceptions were towards the existence of encouragement to the students by the staff nurses/midwives. *"They do encourage us"* (respondent 1), and respondent 8 states that *"they are trying, I can say is good"*. Respondent 18 had the perception that *"the level of encouragement I can say 50%"*. Respondent 19 perceived it as *"the encouragement is not happening frequently, but it happens"*, *"Very few of them that don't encourage"* (respondent 16).

Staff-students Interpersonal Relationship

From the result, it seems the perceptions of staff nurses/midwives-students relationship varied greatly. There were those students that appreciated the relationship, those that have mix reaction, trying to be neutral and those that indicated poor relationship.

Respondent 1 asserted that *"the interpersonal relationship was good. They are friendly with us"*. *"It is good, to me normal"* (respondent 19), *"interpersonal relationship between staff nurses and students is excellent"* (respondent 3), *"majority of them we have good interpersonal relationship...They are friendly and approachable"* (respondent 17). *"...is like mother and daughter, sister and sister"* (respondent 13).

However, there were those with mix reaction in their perception, the element of neutrality seems to appear in their perception. *"I can still say is good to some aspect"* (Respondent 6), *"it was fair but some are so harsh"* (respondent 7) and *"there is a good relationship; there is a good rapport between some nurses with the student nurses"* (respondent 2). Respondent 5 opined that *"some staff even if you greet them, they won't even respond to you, but some start to greet the student before you greet them..."*

Others perceived the poor interpersonal relationship between students and staff nurses/midwives. *"Relationship is poor"* (respondent 12), *"seriously is very poor, is very poor..."* (respondent 4). *"To be sincere we are having a poor relationship with them..."* (respondent 14) and Respondent 16 *"is very low... The relationship is fair...They are not friendly"*.

Respecting Students

Some of the respondents perceived the staff nurses/midwives respect students, while others do not. *"There is respect, that is the truth, some do respect students"* (respondent 1). *"Yes, but some"* (Respondent 5). *"They are respecting us seriously..."* (respondent 7), *"yes some of them... it is at the moderate level"* (respondent 9). *"They are respecting us"* (respondent 11).

However, Respondent 8 perceived it as *"majority of them don't respect students"*, while respondent 12 had it that *"the respect is low"*. Respondent 18 emphasised lack of respect to students *"the truth is they do not respect students"*.

Students' Learning Support

Majority of the respondents perceived students' learning supports from staff nurses/midwives as low or lacking. Respondent 10 described the support as *"the support is partially good, fair I can say"* respondent 11 perceived it as *"...sometimes, we are getting moderate support"*. But

(respondent 12) perceived it as *“Nurses are trying in terms of teaching the students”*.

Some of the respondents perceived the lack of students' learning supports from staff nurses/midwives. *“Seriously there is lack of teaching in the hospital”* (Respondent 5). Another perception from respondent 7 pointed that *“Some of them because they are academically imbalance, they will start harassing you...so that they will divert your attention”* (from the question you asked).

Improving Clinical Training

Responses on how to improve the clinical training varied from the respondents, different perceptions were revealed. Sub-themes were identified from the result as follows:

Improving Interpersonal Relationship

There were respondents with the perception of improving the interpersonal relationship between staff nurses/midwives and students as the way to improving clinical training. *“If the staff nurses can understand the students and bring them close to them... and be very free with the students, I think it will work better”* (Respondent 2), *“is by promoting good interpersonal relationship between staff and student nurses”* (Respondent 4) and respondent 20 opined that *“there must be a very good communication and rapport between staff and students before any improvement”*.

Supervision from Lecturers and Clinical Instructors

Other respondents opined that supervision by the lecturers and clinical instructors is of paramount importance in improving clinical training. Respondent 8 revealed that *“Lecturers in the school should be visiting the hospital once in a while”*. Respondent 6 perception was *“if we are seen supervisor coming to the ward, testing the students in the ward per week... someone will show interest in doing something from the ward...”* *“The clinical instructors in the school have to be going time by time, monitoring how far students are in the clinical*

experience”(respondent 7). Respondent 9 had it on improving clinical training that it is by *“Good communication between staff here in the school and staff at Sir Yahaya (the hospital), to give support to them (clinical staff) by frequent supervision...by Positive encouragement like giving reward to those (students) that did well at hospital ...”*

Mentoring and Clinical Teaching

There were also those respondents that emphasised clinical teaching and mentoring from staff nurses/midwives as essential in improving clinical training. *“... if there is mentor and mentor-ship, I think the students training will be improved”* (respondent 5). *Nurses should be teaching as much as they can...it will also help them to improve their knowledge”* (respondent 8). Respondent 12 said *“let them (staff nurses/midwives) be competent on what they are doing ... if the student should meet them and ask them they will be very willing to answer the person question...by them reading”*. *“They should be doing the procedure and be teaching”* (respondent 19). Respondent 13 perceived it as *“they should be fixing one day in a week and be lecturing students on one particular condition”*. *“By sharing us in group discussion for presentation, it will be encouraging”* (Respondent 14).

Providing Clinical Instruments/Equipment

There were perceptions that lack of instrument/equipment hinders effective clinical training; and provision of adequate instrument/equipment as necessary for clinical training to be improved. Respondent 9 opined that *“Government should provide instruments”*. *“By providing instruments for us...”* (respondent 16), *“the students need some amount of equipment in which it will highlight their education...”* (respondent 18). Respondent 19 perceived it as *“by providing more equipment to the hospital”*. Also, respondent 20 indicated it as *“there should be more equipment available for students to learn”*.

Improving Clinical Posting and Practical Demonstration

There were perceptions that clinical posting processes and practical demonstration need to be improved. Respondent 7 asserted that *“Clinical posting should be done from the school, like me my first posting was male surgical, second posting male orthopaedic, third posting male surgical, all the three postings were surgical wards”*. *“...You can be posted in male medical, second posting male medical, third posting male medical...it impedes our experience”* (Respondent 9). Respondent 10 opinion postulated that *“the school should be posting the students if you are posted to the medical ward you should not be posted to the medical ward again in next posting”*. Respondent 10 further suggests *“If students are having adequate practical in the demonstration room, definitely there is going to be a change in the hospital”*.

Discussion

Students' supervision, students' encouragement, staff-students interpersonal relationship, respecting students, students' learning support and improving clinical training were the themes emerged from the data. Emerged sub-themes from the last theme were improving interpersonal relationship, supervision from lecturers and clinical instructors, mentoring and clinical teaching, providing clinical instruments/equipment, and improving clinical posting and practical demonstration. Perceptions varied among the respondents, including positive, neutral and negative perceptions. Student nurses/midwives commonly have negative and positive feelings about the condition of the clinical environment (Atakro & Gross, 2016).

Some of the respondents perceived that staff nurses/midwives do supervised students and termed it excellent, indicating the high level of supervision provided to student nurses/midwives. However, few of the respondents argued that there was no enough supervision during their clinical posting, perceiving it as an assumption by the staff that

students have the experience. This is in contrast with research by Mabuda, Potgieter, and Alberts (2008), where it was found that student nurses carry out procedures without registered nurses supervision. Majority of the respondents perceived that staff nurses/midwives do encourage them during clinical training. But some respondents perceived the encouragement as low. This is contrary to finding by Rajeswaran (2016) that lack of teaching and guidance were found to be one of the main themes. Both the supervision and encouragement of the students depend largely on the kind of staff nurses/midwives that the respondents had experience.

The perceptions variations were more eminent in the Staff-students interpersonal relationship. Some appreciated the relationship; there were also those with neutral perception and those that indicated the existence of the poor relationship. The variation ranges from having a good and friendly relationship to a very poor relationship. The high level of variation may be due to different personality trait in both the staff nurses/midwives and students. However, nursing as a profession ought to have a very high positive interpersonal relationship between staff nurses/midwives and students. The most important influence on the clinical comfort of midwifery students in a relationship with their mentor (Thunes & Sekse, 2015). Several studies have indicated a poor interpersonal relationship between health workers and students as an element that hinders the students' clinical training (Ziaee, 2014; Shahoei, Hesami, Zaheri & Hashemi, 2013; Thunes & Sekse, 2015).

The respondents' perception on the respect they received from staff nurses/midwives also varied, with some opinion showing the existence of respect while others asserted lack of respect. It becomes obvious from the data that the majority of respondents that attest to the existence of respect to students used the word “some”, which may indicate the limitation of the occurrence. But the variation in perception is not surprising since different

people have different personality and behaviours; and the meaning of respect may differ from one person to another. Jamshidi *et al.* (2016) in a study of challenges of nursing students in the clinical environment found that ineffective communication, inadequate preparation, and emotional reactions are the major students' challenges.

The data revealed a deficiency of students' learning supports in the clinical environment. Majority of the respondents opined that it is low or lacking. Teaching in the clinical area by staff nurses/midwives is not as expected for any professional course. It seems the students are facing a lack of clinical learning supports. This is in accordance with the finding from Mabuda *et al.* (2008) which showed that registered nurses were not teaching student nurses. In research by Longworth (2013) in England, it was found that strong support is important in acquiring knowledge and skills while practising.

Respondents brought different perceptions on how to improve clinical training, leading to the emergence of sub-themes. There were those respondents that viewed the improving interpersonal relationship between staff nurses/midwives and students as necessary for improving the training. Understanding, effective communication, and rapport were perceived as needed for improved clinical training. This might be an indication that the understanding, effective communication, and rapport between staff nurses/midwives and students were limited.

Some respondents argued that lack of supervision from the academic staff and clinical instructors is affecting the clinical training, postulating that supervision by lecturers and clinical instructors would help in improving clinical training. Students in the clinical area are always motivated by lecturers' supervision. In a study by Nabavi and Vanaki (2010), it was found that students complained of Lecturers not seen in the clinical environment for supervision. Also, a research by Ahmadi, Shahriari, Keyvanara,

and Kohan (2018) revealed that the need to have the support of clinical instructors was emphasized by the respondents. Therefore clinical supervision by lecturers and clinical instructors serve as a fuel for the students' clinical learning. Moreover, their presence in the clinical environment is enough to stimulate staff nurses/midwives' involvement in teaching students.

A considerable number of respondents perceived a lack of teaching by staff nurses/midwives, referring to theoretical knowledge. It is imperative in teaching practical skills to include theoretical knowledge, or else the practical knowledge will be handicapped. This could jeopardize the professional development as students nurses/midwives are the potential members of the nursing profession and their incapability would make the profession to suffer. This finding is in consensus with Mabuda *et al.*, (2008) that "ward staff (registered nurses) were not teaching student nurses...". Msiska, Smith, and Faecett (2014) asserted that knowledge deficit among preceptors and lecturers truncate student nurses' clinical learning.

Also, the provision of adequate instruments was perceived to be among the ways to improve clinical training. The respondents complained of inadequate facilities/equipment for practice, and therefore availability of those equipment could be one of the best methods of improving clinical training. The respondents opined that government should provide equipment/facilities for students' clinical practice. The finding is inconsistent with Rajeswaran (2016) who found that the majority of the students perceived lack of necessary equipment affects their training. Also, lack of practice instrument was found to be a source of stress to students (Shahoei, Hesami, Zaheri & Hashemi, 2013; Homayounfar, Mostafazadeh, Asadzadeh, Rostamnejhad & Nazemi, 2009).

The existing communication gap between the school and training hospital was bitterly

perceived by the respondents as hindering the clinical training. Some of the respondents opined that clinical posting to the wards should be done directly from the school to avoid one side (medical only or surgical only) experience in several postings. But the issue of having medical or surgical only postings to a student might not be because the hospital is handling the ward postings. Having effective coordination between the school and training hospital in students' clinical posting would help in improving the training, even if the hospital carry out the students' clinical posting. The status quo could expose students to only medical wards or only surgical wards experience throughout the training. Rajeswaran (2016) asserted that the communication gap between school and clinical area hinders the effectiveness of clinical learning processes.

Conclusion

From the result, very important themes and sub-themes emerged, which if taken into consideration will yield a positive result in improving clinical nursing/midwifery education. The issues of supervision, staff-students interpersonal relationship, clinical teaching, and support as well as improving clinical training are very crucial to the development of nursing/midwifery education and profession at large. Teaching, coaching, guiding and mentoring student nurses/midwives are core roles of nurses and midwives; therefore should not be taken for granted. These roles should occupy the thought of members of any practise based profession like nursing; for the strength of the

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prospective members is synonymous to the strength of the profession.

It is therefore essential for nurses/midwives to strive and develop a more effective culture of nurturing the younger ones (the students). The workplace stress should not be a reason for inflicting negative perception to the students, which might lead to students' frustration and turnover. However, it seems that the lack of contribution of lecturers and clinical instructors to the students' clinical teaching and training is pronounced. It would be helpful if lecturers and clinical instructors could make some arrangements to also take considerable time and involve in the training, teaching, and supervision of the students in the clinical area.

Recommendations

Based on the findings of the research it is recommended that staff nurses/midwives should be given refresher lectures on clinical teaching and professional development. The hospitals' management in collaboration with the schools of nursing and midwifery should emphasize to the government on the provision of hospital facilities/equipment for nursing and midwifery students training. Providing teaching, supervision or mentoring allowances to the staff nurses/midwives will be helpful in strengthening clinical teaching. Finally, there should be more effective and efficient coordination between the schools and hospital in students' clinical posting, training, supervision, and assessment.

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