



Experiences of Ghanaian Student Nurses' and Midwives' during Clinical Practice in the Kumasi Metropolis: An Ethnographic Study

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Authors' contributions

This work was carried out in collaboration among all authors. Author ONM conceived of the study and participated in its design and coordination. Authors ONM, AO, AL and YIS were involved in the recruitment of participants. Authors ONM, AO and YIS were involved in data collection. Authors ONM, EGE, MAA, VOK, AL and RSM were involved in data analysis. Authors ONM, MAA, YIS, AO, EGE, BKA, FAD and AL drafted the manuscript. All authors read through and approved the final manuscript.

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ABSTRACT

Background: The clinical practice component in nursing and midwifery education is a neglected area of research. There is far ranging evidence that clinical exposure and skills acquisition is not equitable in Ghana. Researchers have focused mostly on clinical supervision with students' needs still not prioritized. Therefore, this research sought to explore students' views and stories about

their clinical practicum experiences and to help gain a deeper understanding into their knowledge, competency acquisition, clinical learning, and transition to practice.

Methods: We utilized focused ethnography design with Roper & Shapira's methods on 12 students during their intra-practicum period in a tertiary hospital situated in the Kumasi Metropolis of the Ashanti-Region of Ghana. Within the period of 4 weeks intra practicum, participants were conveniently and purposively sampled and with an interview guide with a grand tour question participants' were involved in conversation to elicit information through focus group discussions (FGD) in their natural setting. The FGDs were conducted on weekly basis during debrief sessions for 3 weeks until participants repeated what they have already said in the previous weeks indicating data saturation.

Results: Nursing and midwifery students' face diverse realities in the clinical sites, and are least supported in their skills and competency acquisitions, leading to theory practice confusion and inconsistencies, as students face challenges with the clinical component of their training. It was found that there were lack of preceptors and limited ward nurses' preparedness to support students during clinical sessions hence students were subjected to excessive unproductive errands during the periods of practicum. It was also found that there is lack of collaboration between tutors and practicing nurses in the students training further exacerbating the theory-practice confusion.

Conclusion and Recommendations: The identified gap is calling for a collaboration between clinicians and tutors to strengthen the clinical practice component of student nurse training. This will address the challenge of "theory-practice confusion and inconsistencies" among others.

Keywords: Nursing and midwifery students; clinical practicum; experiences; qualitative study; ethnography; focused ethnography.

1. INTRODUCTION

Exposing student nurses and midwives to clinical skills to buttress theory information received in the classroom is one of the most fundamental attributes of every trainee in nursing and midwifery worldwide. Connecting the clinical practice component with the theoretical knowledge help students gain expertise in caring for patients [1]. Clinical education and transition to practice challenges are significantly documented globally. The following are some of the challenges that have been identified with respect to students clinical practice exposure: task-oriented confusion; minimal coaching and preceptor skills; inconsistent skills and knowledge of patient care; inaccessibility to logistics to work. [2,3,4,5,6]. In Ghanaian nursing and midwifery education, gaining skills as student nurses and midwives from clinical practicum is a challenge. Nurse educators and practitioners have failed to communicate and address unresolved issues pertaining to nursing and midwifery students' practicum learning experiences. Although this area of inquiry is extensively researched quantitatively with a focus on clinical teaching and supervision, there is limited attention on the experiences of nursing and midwifery students that is why this study sought to explore students' views and stories about their clinical practicum experiences to help gain a deeper understanding into their

knowledge, competency acquisition, clinical learning, and experiences related to transition to practice.

2. MATERIALS AND METHODS

2.1 Study Design and Setting

Using the qualitative approach, the Focused Ethnography (FE) design and methodology guided by Roper & Shapira [7] perspective was used to explore students' views about their clinical practicum. The predetermined focus of this ethnographic study is that of a specific problem (experiences) within a context (during clinical practicum) among a group of populations (student nurses and midwives). The study was intended to gain a deeper understanding of a cultural patterns in the interpretive paradigm [7,8] in the natural setting of the participants.

Data collection consisted of participants' observations, field notes, and focus group discussions (FGDs) with students conducted by the researchers (ONM, YIS, AO, AL) over 3 weeks in 2018. Using different data collection methods helped in triangulating and hence dependability of the study findings. This study was undertaken at the Nursing and Midwifery Training College (NMTTC), Kumasi situated in a Tertiary Hospital within the Kumasi Metropolis in Ashanti-Region of Ghana. The researcher(s)

carried out participants' observations while on clinical supervision in three medical wards of the only tertiary hospital in the Kumasi Metropolis in Ghana where the hospital is situated and utilized by students from several nursing training colleges and universities across the country.

2.2 Study Population and Sample

The research population consisted of all student nurses and midwives from different nursing and midwifery institutions in the Kumasi Metropolis that partake in the intra-semester practicum in the tertiary Hospital. The research enrolled a target of 12 students using convenient and purposive sampling technique. Participants went through focus group discussions (FGDs) during post-practicum debrief sessions voluntarily. For confidentiality and anonymity sake, participants were given pseudonyms with prefix of "P" anonymously to avoid recognition of individual participants.

2.2.1 Inclusion criteria

1. To be part of the study, participants should be student nurses or midwives who are in any of the 3 levels (first year, second year or third year) of the NMTCs in the Kumasi Metropolis.
2. Participants eligible were student nurses or midwives on intra clinical practicum for 4 weeks between January 10, 2018 and February, 9th 2018
3. Participants who were ready and showed willingness to be part of discussions during debrief sessions were recruited to freely share their experiences voluntarily in the study.

2.2.2 Exclusion criteria

1. Participants who were not willing to go through Focused Group Discussion were excluded from the study.
2. Patient who did not consent for unknown reasons after information shared on the research were excluded from the study.

2.3 Data Collection

Written informed consents were obtained from participants prior to their inclusion. Data for this study were collected through participant observations and FGDs. Study approval was obtained from the Principal and the research committee of the Kumasi Nursing and Midwifery

Training College after which participants were approached and recruited into the study. Participants who volunteered to participate in the study signed a consent form after the research information was explained to them. Also, for confidentiality sake, participants were assured that apart from the researcher (s) and participants who were also part of the study, no information will be shared with any other person as all audio-taped information and text will be encrypted with passwords for safe keeping in the computer of ONM. With the participant observations, three tutors on clinical supervision observed students' activities in three medical wards on shift basis daily continuously for three weeks. Also, focus group discussions were heterogenic [9] comprising of four individuals per group. The daily debrief sessions lasted between 45 to 60 minutes at different times at the skills laboratory of the Nursing and Midwifery Training College, Kumasi situated in the tertiary hospital in the Kumasi Metropolis. The depth of comprehension sought with ethnographies was achieved with multiple data collection methods including participant observation, with "cultural immersion" over a clinical practice and supervision by the researchers over three weeks period at a mutually agreed and convenient time and venue which is natural to the participants.

Authors ONM, AO, YIS conducted fieldwork in the three wards of the tertiary hospital from January-February 2018 because they all have experience in qualitative data collection. These experiences were helpful in data collection and analysis.

Apart from the observations, FGDs were conducted and recorded with an audiotape recorder. The FGDs started with a general question to know about their background. It was followed by an open-ended "grand tour" question about their daily experiences with the clinical encounters at the medical wards. The grand tour question was "can you (student nurse or midwives) share your experiences in this clinical practicum?" Some probing questions followed based on the participants' stories and views shared [10]. Moreover, some probing questions were utilized based on the participants' comments and opinions (e.g., "kindly elaborate more on this?" or "what did you mean by saying ...?") to explore and complete the stories shared. Data collection was completed over a period of three weeks when participants had a repetition of what was said earlier on in the previous discussion hence data saturation.

2.4 Data Analysis

Data were analyzed using Thematic Content Analysis where themes and subthemes were generated and categorized with participants' narrations and observations. Analysis was based on Roper and Shapira's framework for analyzing focused ethnographic data (Roper & Shapira, 2000).

The analysis-process began while data was collected, and initially consisted of critical reflections on the field notes with the observations on the students' activities and interactions on the ward during clinical practicum and FGD transcriptions by the authors ONM, EGE.

Participants' words, tone of voice, facial expressions and use of silence provided further insights into their experiences. To achieve interpretative validity, the researchers (ONM, MAA, AL) frequently checked interpretations with participants, thus moving back-and-forth between emic (inside view of student nurses and midwives) and etic (outside view of the researchers) perspectives to gain deeper understandings of participants' experiences. The researchers (ONM, EGE, RSM, FAK) read all field notes and interview transcriptions several times, to gain an overall understanding of the content. The other authors (AO, YIS, VOK) further read the samples of the field notes and interviews to obtain more understanding. Observational data and FGDs were analyzed and coded manually. Author ONM coded data by grouping sentences and text segments with similar content into meaningful categories (descriptive labels). Through this process, we identified connections between information, and thus developed themes. All co-authors checked the credibility of ONM's coding and contributed to analytical debate and validation of the emerging themes. To gain deeper understanding of the rich and complex data, we linked findings with existing literature and synthesized the information. Insights, ideas and assumptions (memos) were written during the data collection and analysis to help in clarification. The analysis-steps were performed simultaneously, as we moved back-and-forth between different steps, engaging in reflective and critical discussions about identified patterns and themes.

2.4.1 Methodological Rigor

Methodological rigor was ensured through credibility, dependability, confirmability,

transferability [11]. Detailed description of the research setting, design, methodology, and background of participants ensured potential applicability of the findings in other similar settings and replication of the study by other researchers. Writing detailed field notes helped to ensure the credibility of the study as the researchers-maintained reflexivity.

Trying to establish answers to the questions in the research process, the researchers placed themselves within the research, and their interpretation of the data, and did member-checking to ensure credibility. As researchers, we kept ourselves reminded of self-questioning in our journaling and field notes to ensure transferability and dependability, we documented all peer reviews amongst authors and developed in-depth narratives. Taking field notes assisted with the ability to be reflexive - *Sometimes when we were confronted with a situation, personally I got tempted to talk about the situation but try later when the situation is quieter* (Field notes 5th February 2018, p.12, Book 1).

2.4.2 Ethical Considerations

Prior to the commencement of the research permission was sought from the Principal of the Nursing and Midwifery Training College (NMTC), Kumasi through the Colleges research committee. All participants consented towards the study.

3. FINDINGS

The results focused on how student nurses and midwives dealt with their clinical experiences and how they perceived such experiences. Observational and interview data was interpreted jointly to offer comprehensive understandings. From the transcription, coding and categorizations, the three main themes that emerged were 'Reality Encounters', 'Challenging Situations in practicum', and 'The Journey of improvement' with its respective subthemes.

3.1 Demographic Characteristics of the Study Participants

The participants of the study consisted of students of NMTCs, within the Kumasi Metropolis with the average age of 22 years. Out of the total of twelve (12) participants in the study, majority (n= 10) were females whilst a minority (n=2) were males owing to the reality that

Table 1. Demographic characteristics of the study participants

No.	Pseudonyms	Age	Gender	Programme	Level (year)	Semester (s) spent
1	Pafia	23	Female	Nursing	2 nd year	3 semesters
2.	Pabia	22	Female	Midwifery	2 nd year	3 semesters
3.	Pabena	20	Female	Nursing	1 st year	1 semester
4.	Promise	23	Female	Nursing	3 rd year	5 semesters
5.	Portia	19	Female	Nursing	1 st year	1 semester
6.	Pernice	22	Male	Nursing	3 rd year	5 semesters
7.	Patricia	23	Female	Nursing	2 nd year	3 semesters
8.	Pamela	21	Female	Nursing	2 nd year	3 semesters
9.	Pernard	23	Male	Nursing	3 rd year	5 semesters
10.	Pedita	24	Female	Nursing	2 nd year	5 semesters
11.	Patty	24	Female	Nursing	3 rd year	5 semesters
12.	Pressy	21	Female	Midwifery	3 rd year	5 semesters

Ghanaian nursing and midwifery is dominated by females. Of the 12 participants, five (5), were in their third year, five (5) were in second year, whilst two (2) were in their first year.

3.2 Reality Encounters

3.2.1 Exposure to practical management of disease conditions

The participants narrated that they cherished seeing real patients and it was joyous providing support for real sick person. Having an exposure to practical management of disease condition was fulfilling as expressed by one of the participants:

"[...] I must say that personally, getting the clinical practical skill is a real encounter because it has exposed me and other to the real disease conditions taught in class. Until I encountered them, they looked abstract to me but now, I have come to realize that it was good because and I have come to understand that the management of the disease conditions stick better when it is actually seen. In fact, there are a lot of conditions taught in the classroom which I never had the chance to witness let alone to manage them in my first year of training. But when we came to the wards this time, I have encountered the realities on the grounds although it looked abstract initially when taught in the classroom.

At least, if nothing at all, I have seen some disease conditions and their clinical signs, complained symptoms as well as how they managed clinically and this has made me appreciate the theory aspect of my training as well. So, the practical component of

nursing education is very important, and it helps us gain some skills as well" (Pafia, 2nd year student).

Positively, some participants also reported that some few exceptional nurses were ready to introduce students to new admissions and conditions they came across. A second-year midwifery student shared her experience during the medical-surgical experience that:

"[...] Oh Ok, the good experience is that as my colleagues have already said, it was very interesting to be part of the clinicals because some of the senior colleagues, the staff on the ward were all ever ready to help us know most of the procedures done on the ward especially admissions and the care of some medical conditions" (Pabia, 2nd year student).

3.2.1.1 Another participant also expressed her experience that:

"Well, my first experience has not been easy as perceived. It has been interesting though because I have met a whole lot of conditions which I have never come across or even heard of before. Also, there are different shades of students with different background and tuitions so sometimes we are on the move to enquire about which of our different perspective is correct. For me, I have been practicing based on the little knowledge I have in nursing. Occasionally, I get some assistance from some 2nd and 3rd year students from my college and other nursing and midwifery institutions who were also on the ward for their clinicals. We relied on them because they have ever had the clinical exposure and experience. They have been

really helpful to us because they opened up to us the first-year students and taught us a whole lot when we were unable to locate ward nurses to teach us what to do. They gave us the chance to express our views on any condition that we come across though sometime we do some guess work about them in terms of their signs and symptoms and managements, we were cautioned not do a guess work but to ask what to do when we are managing the cases. So, it has really helped and that has been quite a good experience to me” (Pabena, 1st Year student).

3.2.1.2 From a 3rd student reflecting on her clinical experience, she also affirmed that:

“Positively, the clinical sites have a lot to offer in terms of meeting different cases or disease condition and also familiarizing with different nursing and midwifery students as well as other trainee from different health professions with varied training backgrounds. I must say that it’s quite good for me because I strive to learn and sometime fulfil my aim by worrying the nurses a lot to teach me the skills that I am not familiar with” (Promise, 3rd year Student).

3.2.1.3 One participant argued:

“[...] but on the contrary, I stand to be corrected but honestly I have a challenge understanding tutors coming to supervise students because I was expecting to see our tutors with us and probably tell the clinical nurses exactly what they have taught us in terms of the steps of the nursing procedures because it seems some tutor walk to the hospital ward just to see whether students are present but not necessarily to collaborate with the clinicians to teach us or to see if there are plans for students or whether they are doing what is expected of them” (Promise, 3rd year Student).

3.2.2 Inadequate practical learning opportunities

Although students were exposed to variety of disease conditions on the hospital wards, students were challenged with how to tackle them with the nursing management aspect in totality since most of the activities and clinical

task are done with division of labour coupled with a lot of errands for the nurses and doctors on the ward. The students reported that some formal activities which they could learn from are not advocated for by their tutors who come for clinical supervision. Students are required to link theories taught in class to practice on the ward but time and other assigned duties which has no bearing on their clinical learning are assigned to them by their clinical superiors and those were their biggest challenge. Some of the participants condemned the practice where they are usually assigned to duties which do not provide opportunities for learning. Some participants expressed their displeasure that they were assigned to menial jobs at the hospital: one participant expressed that:

“I must say that it is actually challenging when one finds herself at clinical area and the senior nurses you meet are really not ready to open up to help you acquire the skills you needed but just to see you to be transitioning from one level of training to the other. For instance, I am currently in the 2nd year class but I was told by the ward in-charge that as you begin your second you still cannot manage cases. The nurses have their thoughts that, at the first semester of 2nd year I don’t know anything so at times if I want to even assist them in some procedures, it looks like their focus is on some selected seniors; the third years but not on a first- or second-year students. They think what we the 1st and 2nd year could do is cleaning and dump-dusting the surfaces and checking of vital signs but not actual nursing management of conditions on the ward and therefore they never allowed me to have a feel of some procedures such as IV medications and some drug administrations although we have been taught in the classroom before practicum. The situation is that bad to the extent that even if I want to convince them of what I have been taught in the classroom, they shun my contributions but rather send me and other student nurses and midwives around to take logistics and food for them and the doctors. This is still ongoing even after transitioning from first to second year. This makes me think their minds are made up to just using us but not necessarily to teach us to gain the skills. I think that it’s something that really hinders our practical skills acquisition” (Pafia, 2nd year student).

3.2.2.1 Another participant concurred by sharing her experience to the group that:

“What I will say about my experience is that when we are on the ward for clinicals, we are pleading that they should let us practice under supervision as done for the medical students. Also, our senior nurses should reduce the errands, we do outside the patients care. What I have observed as a first timer in this hospital is that students are restricted to work on the patients and where there is a chance to do so, there are no nurses to supervise what the students do. This is serious because we seem to be doing some of things in our own way. Surprisingly, our senior nurses find much pleasure sending us around when we are on clinicals instead of teaching us. In fact, I am pleading that our practicing nurses should put those activities aside and assist us concentrate on the skills we want to attain. I mean [...] I know some are of the same age as our parents so if they send us, we cannot complain but then it shouldn't be a routine once they have been in our situation before, they should better understand our plight that we are there to learn skills to add up to the theory taught in class. I am wondering whether I will be competent even for my future practice” (Portia, 1st year student).

3.2.2.2 Another first year student added that:

‘[...] Hmm sometimes getting somebody to teach us is a concern. Most of the nurses think that it is some other nurses' job to teach students so at the end of the day no one teach us the skills neither do I see most of our tutors passing by for supervision only a few ones are constantly on supervision. Usually, I have no option than to pick a patient and talk to him / her briefly without supervision and guidance and I have also started acting lackadaisical in a way though I don't like what I do. Sincerely for this one week of experience, I have resorted to roaming to while away time to help me complete the period of clinical practice without any substantial learning. I find this to be the best option for me at least to familiarize myself with the hospital environment and I realized I haven't had much skills as required not even the basic nursing skills (Pabena, 1st year student).

3.3 Challenges of Student Clinical Practice

From the study it was realized that students' clinical practice is associated with several concerns that militate against its effectiveness and outcomes.

3.3.1 Lack of supervision and preceptorship

Students who are scheduled to go through clinical practicum in health care facilities are expected to be under the supervision and tutelage from experienced nurses and preceptors. The study participants indicated that they are mostly left on their own without any guidance from the experienced nurses and are mostly left on their own to self-direct their own learning at the ward without any structured learning programme.

A participant remarked that:

“[...] That is a major problem of student nurses and midwives. We are sent to the ward and everything we do depends on us. I just have to survive without any complaints because we have grown out of such situations. But I think we should have supervisors always and on daily basis especially our own tutors who will always come around and see what is going on, liaise with the clinical nurses for necessary corrections to help cease the conflict between the student nurses and the clinical nurses. I should say that our tutors should consider connecting and working together with the nurses to define our clinical practicum and supervision components. Sometimes, they are on the same page as the nurses ask us to do before complain. In fact, students do not have the chance to use their critical thinking skills and assertiveness in arriving at decision and clinical judgements with the rest of the health team. Tutors are also not giving feedbacks to students on what we do with the ward nurses whether skills are done correctly or not. I don't know whether they are not aware that doing things right makes it easier for us to discuss the problems which we students face” (Pernice, 3rd year student)

3.3.1.1 Another second-year student Pafia further explain her challenges that:

“[...] everything we do is through improvisation; usually we are told the logistics to work with

are limited. Some of the instruments to work with, I have heard of it but have never seen throughout my two years of experience in school and clinical practicum” (Pafia, 2nd year student)

It was realized students were challenged with unofficial errands which were overwhelming because it suppressed their zeal and hope to work on the patients during clinicals. A participant narrated that;

“To add up to what others have said to challenges we face, I will say that when we are on the ward, the nurses should direct us to the right way of doing things. They shouldn’t only concentrate on what they are doing on the wards but also recall what they were taught in their training and add it up to what pertains today in our modern practice. The ward nurses especially should stick to what we are supposed to know per the clinical practicum objectives and reduce if not avoid the unnecessary errands that we are assigned to do. I must confess that, sometime I close from work and cannot identify or pin-point a single learning opportunity I had in the entire day. Although in some cases, some of the errands are productive and are connected to the patients’ care, which is ok. Majority are outside the ward’s routines and such ones are just too much. Please I am pleading that they should put those ones aside, because if it’s just once a while, then there is cause for an alarm because after all some of nurses are like our parents and as our parents do send us back at home so it doesn’t change anything if we do same for them but it’s becoming frequent then...” (Patricia 2nd year student)

3.3.2 Theory-practice confusion and inconsistencies

This theme kept on emerging in the analysis as students expressed their plight of experiencing theory-practice confusion and inconsistencies. From the students’ perspective, in situations where there are no formal preceptors’ support, the situation seems to be worse because there are some differences in what is learnt from the classroom and what pertains in clinicals. Students expressed that their experiences of how things are done at the clinical setting during their clinical practice seem to have created even more confusion since they found what the nurses

do to be quite different from what they were taught in the classroom. Some participants narrated their experiences and some also expressed their views to confirm the situation at hand. as some expressed that;

“Apart from going for clinicals to sharpen my skills, there are many procedures I learnt that are modified over time that I would have loved to practice on but in most instances, I am not allowed to do them even when I request that they supervise me to do them. Usually they give excuses that they are overwhelmed with the patients’ numbers and are not ready to give rationales and explanations to what they different from what we are thought in the classroom. ...hmm sometimes when I make a mistake instead of senior nurses correcting me, they make fun of me so it makes me feel as if what I have been taught in the classroom lack a final touch because what the nurses’ practice on the wards is somewhat different from what my tutors taught me in the classroom. I have ever encountered a situation where I disagreed with some of nurses on some procedures but at a point, I had no option but kept quite especially with procedures like “wound dressing” I sought for further clarifications but one of the nurses replied and insisted that what they do on the ward is the right way of performing the wound dressing procedure and tried convincing me by stating that ; “we are not doing book work here”. In fact, I realised I need help because such episode got me confused. Over time she always ensured I join the first-year students to check vital signs to reduce my bother. [...] One of biggest questions I am battling with and keep on asking myself is: How I would graduate to other challenging procedures to help me learn and better my skills?” (Promise, 3rd year student).

3.3.2.1 A first-year student recounts her experience as confused. She said:

“In trying to execute the few duties [vital signs, bedmaking] assigned to me on the ward with the steps taught in the classroom, I was prompted by the ward nurses that it’s a waste of time so I was taught a different way [a short cut] of doing things rather than going systematically through the steps taught by my tutors. The comments I got from the nurses before telling what to do alone demoralized my efforts to the extent that, I

have been asking myself a question that: what is the essence of learning from the classroom? because the hospital is the future professional hub so therefore if what our tutors teach are not embraced on the ward then it is not necessary to learn in the classroom but just to learn on job and on the ward. So, I need some concentration rather from the practice area rather than from the classroom because as it stands now our teachers teach us something and clinician give a different story and vice versa” (Portia, 1st year).

3.3.2.2 In addition, a second-year student recounting her experiences and emphasized with points raised by the other student with an example. She said:

“Thanks for the opportunity, I will also add that my expectation as student midwife at the medical and surgical ward is to perform some basic medical-surgical procedures taught to help be familiar with their management before concentrating on my specialty area so I expected that the procedures taught in the classroom will be the same or similar to what is practiced on the ward but to my dismay most were virtually different. I want to share with you that; as our tutors encourage us to dress wounds with instruments to be conversant with the use of the instruments, the story on the ward became different throughout my two-weeks spent. I have not witnessed a single wound dressing with instruments. They only use gloves to dress all kinds of wounds whether punctured, perforated or not and it’s not like there are no instruments to use so, I am wondering that when its practical examination and I am given a wound to dress or clean. I am actually contemplating whether to use the instruments and the gloves or use both together. It’s confusing honestly” (Pamela, a 2nd year student).

3.3.2.3 A third-year student also lamented that:

“The differences in what is taught and what is practice sets me into a state of confusion. Usually, as I encounter a health problem that needs to be managed, sometimes I don’t know which of the styles to apply to be successful in what I want to do. I contemplate whether to learn and use what is done on the ward or what has been taught

in the classroom. For instance, having been taught in the classroom, we are further taught the steps of the skills on the topic through stimulations at the skills laboratory and there we observe our tutors plan and set up the place for the practice but with my observations on the ward, largely there are lots of procedures we don’t plan for in terms of setting up trays, trolleys and following the procedure steps but we just do them habouring a lot of confusions in us as we even transition from one level to the other. Sometime, it’s surprising that we get to know the right thing afterwards. There are too much confusions here and there!” (Pernard, 3rd year student).

3.4 The Journey of Improvement

Through this study, the nursing and midwifery students identified measures to help improve the students’ clinical practice.

3.4.1 Collaboration between clinicians and classroom tutors

The participants of the study commenting on ways to improve students’ clinical practice suggested the need to develop collaboration between clinicians and tutors to meet students’ clinical objectives. One of the study participants narrated:

“For our clinical experience to help us, the nurses in the ward should work hand in hand with our tutors. Thus, they should be given the chance sometimes to also teach the skills with the tutors and be part of our lectures in the classroom and stimulation to be able to appreciate the expertise of each other in the profession. This is because if they don’t work together there will always going to be confusion because you are taught one thing in class and then taught totally different thing at the hospital, which is not the best” (Pernard, 3rd year student).

3.4.1.1 Another third-year student expressed the need for collaboration

“Hmm, I think it is high-time tutors and clinicians come together and work for the welfare of student. I am thinking we need to help the situation as matter of urgency because the current situation is not pleasant. On our part as students let’s help by sending feedbacks to our tutors so that they can

modify the ways of teaching and involve some of the clinical nurses in their teaching especially it terms of the practical aspect so that new ways and modifications can be discussed and consensus arrived with standards” (Patty, 3rd year student).

“In addition, I will say the award nurses should learn from the tutors as well and reduce the old fashion way of performing some procedures. For instance, when feeding a patient via a nasogastric tube traditionally we use to push the feeds now it run by gravity so it is not expected that the use the ways and neglect what the current practice says. [...] It is only the new nurses who use the current practices. I believe each side have something to learn” (Pressy, 3rd year student).

3.4.2 Enhance the preceptorship and mentoring programme

Improvement in the preceptorship, mentoring and coaching programme were found to be the main means to improve students' clinical practice. One participant narrated:

“There are few people who call themselves preceptors at the hospital. We need more of them and also, they should be well trained to take good care of us when we go to the hospitals for our practical training. I believe this will help a lot” (Pedita, 2nd year student)

3.4.2.1 Another participant added:

“ I will say that way-forward, there should be clinical competency tool prepared in collaboration with all the training schools, ward nurses and midwives and the Nursing and Midwifery Council to serve as a standard guide for all nursing and midwifery students of our dear motherland so that there will some consistency in skill acquisition and practice” (Patience, 3rd year student)

4. DISCUSSION

Generally, the study findings revealed showed some congruence with other studies internationally Abdulmutalib et al. [12], Bäck et al., [13], Mbakaya et al. [14] and locally in findings of Adjei et al. [15] that students' exposure to clinical practicum have impact on students learning outcome. Positively in our study, majority of the study participants

expressed some satisfaction with the clinical exposure. From the variety of views and stories shared, it is clear that students' exposure to the clinical components in their training enhanced their experiences in management of some disease conditions they have been taught in the classroom though have not had the chance to witness practically at the clinical setting.

Therefore, from the participants' stories, student nurses and midwives relied heavily on the practicum opportunity to witnessed the real condition and its accompanied clinical signs and symptoms where they move from abstraction of how condition looks to real experience of how things are and should be done. Our finding also revealed that, there were context specific issues and challenges with the clinical component of the nursing and midwifery training. From the stories shared by the participants, they are not given the chance to acquire skills and competencies per the set objectives for practicum hence, are not fully prepared and are also not supervised to learn or acquire clinical standard skills and competencies. These findings showed some contradictions with the findings of [6,13,14] which revealed that, there are well-planned practicum activities by the nurses whenever students are on practicum. Also, there is an effective clinical practice of students under supervision and that promotes learning and helped students to achieve learning outcomes and competencies through the diversity of learning opportunities but this was not seen in our study.

Our study also revealed some apprehensions among students' which constraint their activities in the practicing field and that eventually led to anxieties and stress-related problems at the period of clinical practicum. Participants stories unveiled that some of the ward nurses were “fault-finders” instead of liaising with the tutors to know what the students have been taught, they continually adhere to some traditional protocols which does not bring alteration to nursing education and practice. The findings were in line with some study findings of Sharif and Masoumi [16] and Baltimore [17] which revealed continuous conflicts between the nursing staff and students which leads to unfair treatment of students which negatively affect the clinical teaching and skill acquisition.

Nevertheless, most of the nursing staff indulge in less standard practices by improvising without properly following the standards and evidence-based practices. This study findings are

consistent with some other studies [18,19]. Also, inadequate supervision and poor interpersonal relationship exists between students' and clinical supervisors and that negatively impact students' learning outcomes. These findings are in line with as some studies findings [2,3,15] have reported a lack of proper supervision.

Also, the current study identified inadequate application of preceptorship skills with the students though the concept is key in terms of the clinical component in nursing and midwifery training. The findings were consistent with the outcome of a similar study by [4].

The study revealed that there is theory practice confusions and inconsistencies. The participants revealed that as the theory give some information in the classroom, it tends to be different from what is practiced or experience that the clinical setting. This creates confusion in student nurses and midwives [4,12]. It is therefore recommended from the findings that, there is a need to develop collaboration between clinicians and tutors to strengthen the theory-practice component of student nurses and midwives training as a solution to addressing the "theory-practice confusion".

5. LIMITATION OF THE STUDY

Time constraints and restrictions of spending exactly 4 weeks during intra-practicum did not allow participants to be studied over a longer period of time. Also, the study could have yielded more recommendations if the participants who were studied involved tutors on supervision but not only students and clinicians. Researchers were limited to understand other experiences and views of students as the study scope were specific to the medical wards and therefore could not capture the students' experiences, stories and views at the Out-patient -Departments, Polyclinics and surgical wards to better understand what happens in clinical practicum.

6. CONCLUSION

The study met the objectives as three main themes emerged to address the study purpose. Nursing and Midwifery training institutions, Professional Associations and Nursing and Midwifery Council should aim at consolidating core competencies' assessment on the ward prior to final licensing examination to assist

students understand the processes of care during clinical practice.

Continuous professional enhancement should be encouraged to improve tutors' and clinicians' skills on clinical teaching. There is a need to motivate clinicians and tutor to promote and support student learning during clinical practicum.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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