

**FACTORS INFLUENCING UNDERGRADUATE NURSING STUDENTS PERCEPTION
OF THEIR CLINICAL LEARNING ENVIRONMENT IN UNIVERSITY OF BENIN
TEACHING HOSPITAL, EDO STATE.**

BY

**USUNOBUN PROMISE
BMS1502009**

**DEPARTMENT OF NURSING SCIENCE
SCHOOL OF BASIC MEDICAL SCIENCES
UNIVERSITY OF BENIN**

JULY, 2021.

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NURSING SCIENCE, DEPARTMENT OF NURSING SCIENCE
SCHOOL OF BASIC MEDICAL SCIENCES
UNIVERSITY OF BENIN**

JULY, 2021.

CERTIFICATION

This is to certify that this project titled “factors influencing undergraduate nursing students perception of their clinical learning environment in University of Benin Teaching Hospital” was carried out by **USUNOBUN PROMISE** with matriculation number **BMS1502009** in the department of Nursing science, under the supervision of Dr (Mrs) C.E Omorogbe.

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DEDICATION

This project work is dedicated to Almighty God.

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I wish to express my sincere gratitude to my project supervisor Dr (Mrs) C.E Omorogbe for her kind supervision, constructive criticism and guidance through the course of this work. She is indeed a source of intellectual knowledge and contributed in no small measure to the accomplishment of this project. I am indeed indebted to her. May God bless and reward you abundantly Ma.

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ABSTRACT

This study investigated factors influencing undergraduate nursing students perception of their clinical learning environment (CLE). The study assessed the knowledge and attitude of nursing students towards CLE and factors influencing students' attitude of CLE. The population of the study comprised of three hundred and sixteen (316) students in the department of Nursing Science. The sample size was determined using the Taro Yamane formula. A representative sample of 195 respondents were selected through simple random sampling technique. Data were collected using a structured questionnaire. The reliability of the instrument was established to be 0.79. Analysis of data was carried out using frequency count, simple percentage, mean and standard deviation. Results showed that students had positive attitude (mean score of 3.20) and high knowledge (67.2%) of their CLE. Effective supervision and assessment, active participation during ward rounds, integration of theory into practice, lack of self-confidence, communication between nursing staff and students and intellectual abilities of students were identified as factors that influence students' utilization of CLE. However, receptiveness of nursing staffs in the ward and difficulties in orientation for clinical teaching were observed not to significantly influence students' attitude of CLE. Furthermore, it was indicated that there exists a significant relationship between attitude of nursing students towards their CLE and students' level of study at 0.05 level of significance. The study therefore concluded that the CLE is an important avenue for students to develop their professional skills and at such must show commitment. It was recommended that clinical instructors must sustain effective supervision and assessment of nursing students on clinical placement, nursing students should ensure they develop a strong commitment towards learning in the clinical environment by asking questions about procedures not clearly understood and curriculum planners in nursing science should ensure that instructions in clinical learning are constantly improved upon.

Keywords: *knowledge, attitude, clinical learning environment, clinical placement, nursing students.*

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CHAPTER ONE

1.0 INTRODUCTION

This chapter provides a general overview and understanding of the factors influencing undergraduate nursing students' perception of their clinical learning environment. This is

contained in subheadings like background of study, statement of problem. The broad and specific objectives of the study are outlined. The chapter also explains the significance of study, research questions, scope of the study and operational definition of terms.

1.1 Background to the study

Nursing care service is an important component of the health care system, and its purpose as a practical discipline help in assisting patients to achieve positive health outcomes (Ali *et al*, 2015). Nurses are important elements of the health care system and they constitute the largest group of healthcare providers globally. They are the key to the delivery of quality care (Ofili *et al*, 2019). Ali *et al*, (2015), also stated that, a poorly trained nurse may not only impede the team's effectiveness, but will also lead to low quality of care. Hence, effective clinical learning is vital for quality nursing practice.

The clinical learning environment (CLE) is an interactive combination of forces within the clinical settings, which include the staffs, patients, nurse educator and other health professionals that have influence on the clinical learning outcome of the students, as well as their behaviours, making the clinical experience important for students' learning and also improving their professional development (D'Souza *et al*, 2015). The environment provide an opportunity for nursing students to learn experimentally and to convert theoretical knowledge to a variety of mental, psychological, and psychomotor skills which are of significance for patient care (Jamshidi *et al*, 2016).

The nursing profession, as observed by Saifan *et al*, (2015), on suggestions to close the gap in nursing education, is composed of two main parts: the theoretical part, which reflects knowledge that is conveyed in the classroom, and the practical part, which focuses on improving skills in the

clinical area and prepares student nurses to be able of “doing” as well as “knowing” the clinical principles in practice and on stimulating students to use their critical thinking skills for problem-solving. Nursing education is strongly related to both theoretical and clinical training; therefore nursing students` clinical experience is very significant in nursing profession as well as clinical teaching. CLE enable the students apply knowledge from nursing, skills, communication and professionalism and prepare them for practice in future (Bigdeli *et al*, 2015). CLE is central to nursing education and it is a vital component of clinical learning, student outcomes and nursing curriculum. It is also important to the nursing degree program (BNSc) as it provides students the opportunity to learn experientially in clinical practice (D’Souza *et al*, 2015). It is important during the clinical training of nursing students as they come in contact with the realities of their functions and form opinions on their professional careers and the clinical areas.

Clinical placements for nursing students are very important as it is a major component of nursing education. Practice in the clinical environment is a requirement that ensure that a nurse is fit to practice in any setting and opportunities are given to students to prepare themselves for their future clinical work. The placements of students on different clinical settings provide the students the opportunities for development of skills, socialization into the profession and a bridge between academic and workplace of learning; students on clinical placements are exposed to different learning experiences and activities as they come in contact with the patients and other health workers. The environment can help in the development of attitudes, knowledge, psychomotor abilities, and problem solving skills of the students (Ali *et al*, 2015).

The sites for nursing students` clinical placements are established through mutual agreements between the University and the health care institutions. Each student is entitled to receive expert

advice, supervision and support in order to facilitate learning. This arrangement of students' clinical placement may vary from one institution to another (Ali *et al*, 2015).

In Nigeria, nursing education programs are offered at both the hospital level also known as hospital based and university level. The hospital based nursing education program lasts for three years and that of university lasts for five years for the generic and four years for direct entry students and besides the theoretical component, each program has a clinical component. The clinical education takes place in a clinical setting most often in a hospital and in the community.

During the three, four and five year's program, students are rotated through a variety of settings. Each new posting means the student must socialize into a new setting, establish relationship with staff while being exposed to the new clinical situations with different patient populations. At the same time students clinical performance is continuously being evaluated by a teacher. The staffs are responsible for nursing students on clinical placement to create and develop a conducive environment of learning, constant monitoring of the students to ensure that it provide appropriate supports and experience for them. The relationship between the professional nurses and the student nurses also influences the learning outcome of the students.

Ali *et al* (2015), in his study on the effective clinical environment as perceived by nursing students at AL Dawadmi, applied Medical Sciences College in Saudi Arabia stated that students preferred clinical environments that recognized their individuality, provided them with support and allowed them some degree of flexibility within the sensible limits. That is, students level of satisfaction was high when treated with respect especially when they were included as part of the working team.

Attitude plays a major role in leading human toward achieving the desired goals, awareness of its consequences, and effective processing of complex information. Students' attitude towards clinical practice could be affected by a clinical environment, student staff interaction, clinical preceptors, and the availability of necessary equipment in a hospital setting. Lack of interest in what people do could decrease the quality of work (Aragaw *et al*, 2019). There is a significant incoherence between theory and clinical practice and one of the cause of this discrepancy could be attitude. A positive attitude towards clinical practice enhances effective clinical learning. Whereas, a negative attitude hampers the acquisition of essential clinical skills. Thus, identifying the gap in clinical practice is noteworthy for improving the quality of nursing education.

1.2 Statement of problem

Complexity of learning in clinical environment among nursing students' overtime has become a problem. This has made students not being able to function properly in the clinical environment. Disappointment to identify the challenges and problems which students face in the clinical learning environment prevent them from learning, progress and growth effectively, thereby affecting their attitude towards the clinical environment. A study carried out by Jamshidi *et al.*, (2016) on the challenges of nursing students in the clinical learning environment showed that nursing students were vulnerable to stress and anxiety in the clinical environment and this reduced their satisfaction with the clinical training. Also, the nursing students showed inferiority complex and lack of skills after entering the clinical settings.

According to D'souza *et al*, (2015), study on the perception of and satisfaction with the clinical learning environment among nursing students showed that nursing students in Omani perceived the clinical environment as anxiety provoking, stressful and fearful. From nursing students point

of view in a study carried out by Papastavrou *et al.*, (2016), on nursing students' satisfaction of the clinical learning environment, clinical learning environment is the most anxiety-provoking component of nursing education as they have to satisfy dual role, that of the learner and that of the worker.

The researcher's experience on clinical placements revealed that nursing students' attitudes, behaviors and performances change in the clinical setting as a result of ineffective communication between the nurses and the students, as well as the students' lack of skill in confronting the clinical environment and dealing with actual patients. Lack of knowledge and skills and inadequate preparation before entering the clinical environment disturb their learning processes and make them anxious and also have difficulties in the clinical environment. Some of the difficulties focused on their perceived lack of support and direction, lack of orientation and not knowing what to do in the clinical areas. This change can negatively affect their learning, progress in patient care, as well as professional performance.

Studies have been conducted on the clinical learning environments which have considered the students perceptions of the clinical learning environment as well as their satisfaction with the clinical environment in other countries, but few in Nigeria. However, it is not clear what the factors influencing undergraduate nursing students perception of their clinical learning environment in University of Benin Teaching Hospital are. Therefore, the researcher is interested in assessing these factors, and such an assessment is necessary in order to facilitate and maximize nursing students' clinical training.

1.3 Objectives of the study

The broad objective of the study is to assess the factors influencing nursing students perception of their clinical learning environment in University of Benin.

The specific objectives of this study are to;

1. Assess the knowledge of nursing students about their clinical learning environment in University of Benin Teaching Hospital.
2. Assess the attitude of nursing students towards their clinical learning environment in University of Benin Teaching Hospital.
3. Identify the factors influencing the attitude of nursing students towards their clinical learning environment in University of Benin Teaching Hospital.

1.5 Research questions

1. What are the knowledge of nursing students about their clinical learning environment in University of Benin Teaching Hospital?
2. What are the attitude of nursing students towards their clinical learning environment in University of Benin Teaching Hospital?
3. What are the factors influencing the attitude nursing students' towards their clinical learning environment in University of Benin Teaching Hospital?

1.6 Hypothesis of the study

H₀: There is no significant difference between the attitude of nursing students towards their clinical learning environment and their level of study in University of Benin Teaching Hospital.

H₁: There is a significant difference between the attitude of nursing students towards their clinical learning environment and their level of study in University of Benin Teaching Hospital.

1.4 Significance of the study

1. The findings of this study will reveal the attitudes of undergraduate nursing students towards their clinical learning environment.
2. It will also help to determine whether the clinical learning environments are able to provide the students with a positive learning outcome.
3. Also, an understanding of the students' attitude of their clinical learning environment will help identify areas that need improvements in order to provide effective learning of the students.
4. This study will serve as a guide to nurses and other health professionals to monitor the activities in the clinical settings and ensure an enabling environment for students on placements.
5. This study will identify the gap in current knowledge and also serve as a guide to subsequent researchers to know the next step to take in carrying out similar research.

1.7 Scope of the study

This study was carried out among undergraduate nursing students and it includes nursing students from 200 level to 500 level on clinical placements in University of Benin Teaching Hospital because they have had some level of exposure to the clinical environments to be able to comment on a variety of situations. The study is limited to the factors influencing nursing students' perception of their clinical learning environment and it includes nursing students of both sexes.

1.8 Operational definition of terms

1. **Clinical learning environment:** it is defined as an interactive network of forces that influences the students learning outcome. It's an environment in which any person who has the opportunity to influence the care of a patient learns (Chappell and Kathy, 2016). It includes hospitals, wards, clinics, health departments and other health care settings utilized for students learning.
2. **Clinical placement:** it is defined as any arrangement in which a nursing student is present in an environment that provides healthcare or related services to patients or the public.
3. **Nursing student:** a person who is training to be a nurse at a nursing school, hospital or university. It involves nursing students from 200 level to 500 level in the University of Benin
4. **Attitude:** refers to a set of emotions, beliefs, and behaviors nursing students show towards the clinical learning environment. In this study, the attitude will either be positive or negative.
5. **Knowledge:** refers to facts, information, and skills a nursing student acquires through experience or education; the theoretical or practical understanding of a subject. In this study, those who respond correctly (<50%) out of knowledge questions will be rated as having poor knowledge, while those who answer correctly (60-100%) will be categorized as having good knowledge on clinical learning environment.
6. **Clinical education:** it refers to programs that provide professionals-in-training with practical skills-oriented instruction under the supervision of a skilled practitioner.

7. **Nursing education:** nursing education consists of the theoretical and practical training provided to nurses with the purpose to prepare them for their duties as nursing care professionals.
8. **Clinical sites:** these are places where nursing students undergo their clinical training; hospitals, clinics, health centres and communities.

CHAPTER TWO

LITERATURE REVIEW

This chapter deals with the review of relevant literature on conceptual, theoretical and empirical studies on factors influencing undergraduate nursing students perception of their clinical learning environment at University of Benin Teaching Hospital. For purpose of clarity, it will be discussed under the studies done globally, nationally and locally (empirical review). Also, the conceptual and theoretical underpinning the study will be discussed.

2.0 Conceptual Review

2.1 Concept of clinical education

Clinical education is a patient-centered, targeted, interview-specific three-part educational interaction between a trainer, students, and a patient (Sezer, 2018). According to Bakhshi *et al*, (2019), on the Evaluation of Nursing student's view points on the actual status and expected status of the clinical education environments of Guilan University of Medical Sciences in the academic year 2017-2018, findings revealed that an effective clinical education requires the integration of nursing students with activities of unit, the interaction of staff to guide the student's individual learning needs and innovative teaching methods. Also, evaluating the characteristics of the clinical education environment can provide useful insights for development. Student's learning in clinical education environment is considered an essential part of education. In addition, evaluating nursing student's viewpoints on this environment plays a major role in increasing their motivation.

One of the most important goals of clinical education is to reduce the gap between the real clinical environment and the expected clinical environment. Any difference between the real and

expected clinical environment might result in reduction in their interest in clinical environments and a reduction in clinical practice, which this difference might have a significant negative impact on students' clinical learning. Thus, nursing education authorities should assess the educational status from student's viewpoint in order to improve quantity and quality of clinical education (Bakhshi *et al*, 2019).

Clinical education increases the awareness of patient safety, professional attitudes, respect for patient confidentiality and comfort, empathy, development, information about medical equipment, and the importance of holistic approach to patient care, appropriate attitudes and ethics. In clinical education, it is also possible to train on the basis of skills such as social skills, professional attitude and ethics, transaction-initiatives, communication-history taking, diagnosis-therapy. In addition, it is possible to develop upper cognitive functions such as advanced-level thinking and achieving knowledge in this education (Sezer, 2018).

2.1.1 Nursing education

Nursing education is composed of two complementary parts; theoretical training and practical training which enables the students acquire the knowledge, skills and attitudes for providing nursing care (Jamshidi *et al.*, 2016).

Nurses' competence is based on the knowledge and skill taught to them. A large part of nursing education is carried out in the clinical environment. Unlike classroom education, clinical training in nursing occurs in a complex clinical learning environment which is influenced by many factors. This environment provides an opportunity for nursing students to learn experimentally and to convert theoretical knowledge to a variety of mental, psychological, and psychomotor skills which are of significance to patient care (Jamshidi *et al*, 2016).

2.1.2 Clinical Learning Environment (C.L.E)

The CLE is an interactive network of forces within the clinical setting, that is, the staff, the patient, the preceptor, and the nurse educator that influence the clinical learning outcomes and have impact on the student behaviors. Hence, clinical experiences are important for students learning and professional development. The CLE enable the students to develop independence, critical thinking, clinical judgment, and problem solving skills, ethics, and sense of responsibility as they progress in clinical practice (D'Souza *et al*, 2015).

The CLE includes everything that surrounds the students and affects their professional development in the clinical setting. It is extremely beneficial in familiarizing students with clinical judgment and decision making, in stimulating their critical thinking, in challenging students to recognize the consequences of their mistakes and in exposing them to various socio-cultural, biological, psychological and mental aspects of patients' care. The CLE is the place where the theoretical component of the curriculum can be integrated with the practical and transformed into professional skills and attitudes within an emotionally safe environment (Papastavrou *et al*, 2016).

CLE is important not just for clinical skill development, but for students to also learn about the norms of practice, that is, processes in care delivery. It enables good communication between staffs and students. The learning environment plays a crucial role especially during the clinical training of students' nurses, as they come in contact with the realities of their function and form opinions on their professional careers (Papathansiou *et al*, 2015).

2.1.3 Clinical Placement

Clinical placements present students with the chance to consolidate their theoretical knowledge with practice. Students' quality of their placement experience can be greatly influenced by their nursing mentors and/or preceptors. Nursing students closely observe how their preceptors behave and most of the time model their behaviors based on that. If the preceptor condones poor practices, students are likely to do the same both during their placement and in future practice as registered nurses. Preceptors should therefore demonstrate evidence-based practice and effectively advocate for patients, they should be positive role models for the students (Bickhoff, Sinclair & Levett-Jones, 2015).

The traditional clinical placement setting for nursing students have been the hospital wards. Students have also practiced in community settings, mental health settings, nursing homes and non-traditional settings such as prisons, churches, day care centers depending on the country and health care system. Clinical placements of nursing students are essential in many aspects and characterized as an indispensable component of nursing education. Clinical placements enable one to identify challenges of the nursing students in the clinical learning environment and this could improve the training of these students. Inability to identify the challenges that they are faced with hinders them from effective learning and growth of their skills (Jamshidi *et al.*, 2016).

2.1.4 Challenges of Nursing Students on Clinical placements

According to a study carried out by Atakro *et al*, (2019) on clinical placement experiences by undergraduate nursing students in selected teaching hospitals in Ghana, there are some challenges nursing students are faced with during clinical placement, they are:

1. **Feeling of isolation:** Preceptors do not visit clinical areas regularly and staff nurses do not have the time to teach students.
2. **Inadequate application of physical assessment by nurses:** The theoretical aspect learnt was not applied on the ward, all they do is observation of vital signs, and other aspects of physical assessment such as percussion and auscultation were not taught.

Similarly, Jamshidi *et al*, (2016), on the challenges of nursing students in the clinical environment in Iran revealed that nursing students were faced with many challenges in the clinical learning environment which affected the students learning in clinical setting. The challenges were identified to be ineffective communication between the students and the nurses, improper treatment by the clinical instructors, discrimination, inadequate knowledge and deficient practical skills.

2.1.5 Clinical Experience

Clinical experiences are planned experiences for a specific nursing educational course and experiences gained by nursing students in hospitals, clinics, health care centers and in the community. Clinical experience prepares nursing students to be capable of knowing as well as doing the clinical principles in practice. Moreover, the clinical practices stimulate students to use their critical thinking skills in problem solving (Rajeswaran, 2016).

According to study cited by Papastavrou *et al* (2016), on nursing students' satisfaction of the clinical learning environment in Cyprus, findings revealed that positive clinical experiences were reported when students learning needs were adequately addressed, when the clinical staff were well briefed, and the students were treated with respect and appreciation and included as part of the health care team. Also, when they received continuous feedback on their professional

performance, and had frequent clinical conferences with their clinical teachers as well as concurrence of the theoretical aspect of nursing with clinical practice.

2.2 Empirical Review

2.2.1. Knowledge of nursing students about their clinical learning environment o

Barnett (2016), conducted a study on the student nurses change in knowledge during a clinical rotation in labor and delivery. This study determined if the baccalaureate degree student nurse's clinical experience in labor and delivery affects his or her knowledge of labor and delivery nursing care, and how much knowledge is gained from that experience. Findings revealed that the knowledge gained by students after their clinical experience was limited. The study indicated that time may be needed for student's reflection and critical analysis to assimilate learning. Additionally faculty should develop strategies to increase knowledge and retention. Similarly, Craig-Williams (2016) on the study knowledge development of undergraduate nursing students suggested that students develop nursing practice knowledge in various settings, at favorable times through various opportunities for relationships and dialogue with expert nurses in the holistic journey of their education. Furthermore, the clinical education of student nurses requires a "village of academics and clinicians" to provide the framework for successful knowledge development. From the findings, the opportunity to develop their nursing knowledge is more likely to occur in the dedicated educational unit (DEU) as it is a setting that provides an immersive, consistent, scholarly, supportive and safe environment "a village" for optimal student learning.

In the same light, Gunay and Klinic (2018), conducted a study on the transfer of theoretical knowledge to nursing practice by nursing students and the difficulties they experience in Turkey.

From this study, majority of the students reported that theoretical information they receive was excessive, their ability to put this information into practice was weak, and they lacked courage to touch patients or the fear of implementing procedures incorrectly. The study also revealed that nursing students found their clinical knowledge and skills insufficient and usually failed to transfer their theoretical knowledge to clinical practices. It was observed that nursing students experienced various issues in clinical practice and effective clinical training environment, collaboration among nurses, nursing instructors, nursing school and hospital management should be achieved in order to fix the issues.

In Nigeria, Odetola *et al*, (2018), carried out a study on theory-practice gap: the experiences of Nigerian nursing students. The study explored the experiences of nursing students in applying the theory and school knowledge in practice settings. The study revealed a multifaceted gap between the theory and practice, which emanates from differences in practices and procedures, materials and tools, priorities (of patients versus education), and political and power imbalances. Many aspects of the gap appeared to be linked to and aggravated by infrastructural limitations that are typical for the settings of a developing country. The findings from this study also suggested that students are not exposed to sufficient high-quality learning opportunities in the ward that allow them to practice and deepen what has been taught in the classroom, and to reconcile school knowledge with practice-based learning. There is a resultant need to train clinical instructors and staff in their capability to support students in this critical process.

2.2.2 Attitudes of nursing students towards their clinical learning environment

Aragaw *et al*, (2019), conducted a study on the attitudes of nursing and midwifery students towards clinical practice and its associated factors in Northwest Ethiopia. The study revealed 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. Similarly, Awuah-Peasah, Sarfo, and Asamoah (2017) carried out a study on the attitudes of student nurses towards clinical work in Ghana. Findings revealed that the attitude portrayed by nursing students had an influence on the way the medical and nursing staffs related to them. It was indicated that majority of the students reported late to work, while others were absents from their clinical work without permission. Some students were found using their phones during clinical hours. It was recommended that students should receive in-service training before going to the clinical area, also, systems should be put in place to ensure that the nursing students do not use mobile phones in the clinical environment.

In the same light, findings in a study carried out by Parvin *et al*, (2016) on nurses attitudes towards attendance of nursing students in the clinical setting in Shahrekord in 2015 stated that negative attitudes towards the attendance of nursing students in clinical settings was observed in 82% of the participants, and nursing students are not able to acquire sufficient clinical experiences in clinical environments. Results from this study stated that special attention must be paid to the clinical education of nurses with regard to their experiences and viewpoints towards improving clinical learning. Also, the study, the clinical learning environment; the attitude of undergraduate student nurses towards mentorship at hospitals in Lithuania, conducted by Mazioniene *et al*, (2018), revealed that more than half of the students were satisfied with their

recently completed clinical placement. The student nurses attitudes were the most positive about the possibility to approach members of staff during clinical placement and the fact that there were sufficient meaningful learning cases and situations during clinical placements.

Fabian (2015), on the study attitudes and perception of general nursing students towards psychiatric placement and clinical learning environment revealed that general nursing students have negative attitude and perception towards psychiatric clinical learning environment. The study concluded that the students should participate in mental health awareness campaigns days to promote mental health awareness in the communities and help to reduce stigma aligned to cultural values and social views towards mental illness and mentally-ill patients.

Phillips *et al*, (2017), on clinical education and student satisfaction; an integrative literature review found out that nursing students prefer a more positive, favorable and teaching learning outcomes. The students generally wished for a more positive environment than they experienced and they often perceive differences in the actual learning environment and the preferred learning environment.

In Nigeria, Ofili *et al*, (2019) carried out a study on factors influencing bachelor of nursing science students' attitude towards clinical exposure at Delta State University Abraka. Findings revealed that students' attitude to clinical exposure was positive, with average scores higher among 500-level students. Hence, the higher the level of study, the more positive their attitude was towards clinical exposure. It also stated that intensive preparation of nursing students before clinical training will help to improve their attitude.

2.2.3 Factors influencing the attitude of nursing students towards their clinical learning environment

Studies have reported numerous factors that may influence nursing students' use of clinical learning environment. Key among these factors are those reported by Gurková *et al*, (2016), on factors influencing the effectiveness of clinical learning environment in nursing education in Slovakia. The study investigated how nursing students evaluate particular factors of clinical learning environment during their professional placement in hospitals. They explored which factors of clinical environment contribute significantly to students' evaluation of it. The study revealed that supervisory methods were a significant factor influencing student evaluation of their clinical placement environment. The study offers a valuable insight into the analysis of factors contributing to improvements in clinical learning environment and models of clinical or workplace training.

Also, Lawal *et al*, (2015) on the study, factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing, revealed that positive interpersonal relationships and the use of demonstration and return demonstration were identified as being influential to learning in the clinical area. These factors should inform the teaching of nursing students through preceptorship in the clinical areas.

Anarado *et al*, (2016) on factors hindering clinical training of students in selected nursing educational institutions in Southeastern Nigeria revealed that non participation of teachers in students' clinical supervision; non-completion of relevant level classroom instructions and practical demonstrations before each clinical experience, inadequate equipment to practice in the clinical areas, with no preceptors to coach them at each shift were the major factors hindering

clinical training of nursing students. Similarly, Ofili *et al*, (2019) revealed that adequate clinical equipment, adequate supervision and guidance from clinical supervisors, behaviors of staff nurses in the ward and readiness to learn were the most frequently reported factors that influenced their attitude to clinical exposure. .

2.3 Theoretical Framework

The theory used in this study is the social climate theory propounded by Rudolf Moos in 1974.

2.3.1 Social Climate Theory

Moos (1974), an influential community psychologist, developed the social climate theory in an effort to better understand the natural interplay between individuals and their social contexts. He defined it as “the ‘personality’ of a setting or environment such as a family, an office or a classroom.

Moos perspective assumes that environments have unique "personalities," just as people do. Social environments can be portrayed with a great deal of accuracy and detail. Some people are more supportive than others; likewise, some social environments are more supportive than others. Some people feel a strong need to control others; similarly, some social environments are extremely rigid, autocratic, and controlling. Social environment or social climate has a significant impact on the people functioning in it. Families, social groups, business organizations, colleges and universities, military companies, and communal living groups all arrange social and environmental conditions that they hope will maximize "desirable" behaviors and minimize "undesirable" ones.

Moos identified three basic dimensions. These dimensions are conceptualized in three broad categories: relationship dimensions, personal-development or personal-growth dimensions, and system-maintenance and system-change dimensions.

1. **Personal-Growth Dimensions:** This assesses the basic directions along which personal growth and self-enhancement tend to occur in a particular environment. The exact nature of these dimensions varies somewhat among different environments, depending upon their underlying purposes and goals. These dimensions assess the directions along which people are encouraged to develop, for example, independence (the extent to which people are encouraged to be self-sufficient and to make their own decisions); intellectual-cultural orientation (the extent to which the environment emphasizes discussions about political, social, and cultural issues); and moral religious emphasis (the extent to which ethical and religious issues and values are discussed and emphasized). Other personal-growth goals include competition, academic achievement, self-understanding, and task orientation.
2. **Relationship Dimensions:** These identify the nature and intensity of personal relationships within the environment. They assess the extent to which people are involved in the environment, the extent to which they support and help each other, and the extent to which there is spontaneity and free and open expression among them. The basic dimensions are very similar in different environments. Involvement reflects how far people are concerned in and committed to their activities and how enthusiastic and constructive they are in the setting. The degree of support present in an environment is especially important. Support reflects the extent of manifest concern for others in the group, efforts to aid one another with personal difficulties and problems, and an emphasis on open and honest communication. A separate dimension of expressiveness or

spontaneity is identified in many environments and is clearly relevant to utopian societies. There are thus basically three relationship dimensions that characterize all environments: involvement, support, and expressiveness.

3. **System-Maintenance and System-Change Dimensions:** These are relatively similar across all types of environments. These dimensions assess the extent to which the environment is orderly, is clear in its expectations, maintains control, and is responsive to change. The basic dimensions are order and organization, clarity, control, and innovation. For example, clarity in a work milieu assesses to what extent workers know what to expect in their daily routines and how explicitly rules and policies are communicated. Clarity in a classroom assesses the emphasis on following a clear set of rules and on students' knowing what the consequences will be if they do not follow them

3.2 Application of the Theory to the study

The concept of social climate developed by Moos (1974) sees the environment as an organizational framework and provides a means of putting the learning, individual views of an environment in context. Each person has a unique perspective of an environment and how it should function and when combined, it provides a picture of the overall social climate that affects an individual in a setting.

The social climate of this study is the clinical learning environment (C.L.E) which is the hospital setting or wards as well as postings to other cities in the community. The social climate of the C.L.E. is shared by other members of the healthcare team such as nurses, doctors, pharmacists, laboratory scientists, health attendants among others. These members of health care team influence the nursing students' attitudes and learning outcomes either positively or negatively. It

can exert a strong influence on the nursing students, as human behavior is shaped and directed by the environment as perceived subjectively by the people in it. It can also impact on the students' morale, wellbeing, aspirations and achievement. Therefore, understanding of this environment and what the students are exposed to do, will help in achieving learning outcomes in clinical areas.

2.4. Summary of Literature Review

On the basis of literature reviewed, findings are mutually supportive in identifying a number of factors perceived by the students as important for their learning in the clinical environment. Consistent findings from the literature indicate that being accepted, being involved, the interactions and attitudes of clinical staff and how students are supported in the practice environment all shape the students' attitudes towards of the ward as a learning environment. All of these issues are inextricably linked. Practitioners are revealed as being central to nursing education in clinical settings guiding students through the complexities of practice. It is evident that the atmosphere in the ward determines whether the environment is conducive to learning or not.

In assessing an environment Moos's (1974) theoretical concepts need to be considered. Various instruments based on Moos's (1974) theoretical framework have assessed numerous environments.

The literature reviewed showed clearly that there is few published information on attitudes of nursing students towards their clinical learning environment in Nigeria. No study has been published in Edo State. This study therefore seeks to bridge this information gap by assessing nursing students' attitudes towards their clinical learning environment in nursing institutions, Edo state, Nigeria.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Overview

This chapter describes the research methodology which is discussed under the following subheadings: research design, research settings, target population, sampling and sampling technique, instrument for data collection, validity of instrument, reliability of instrument, method of data collection, method of data analysis and ethical consideration.

3.1 Research Design

The research design used was the descriptive survey approach. Descriptive studies aim at showing the characteristics of persons, situations, or groups, and the number of times (frequency) of occurrence of a given phenomenon (Chinweuba, Iheanacho & Agbapuonwu, 2014).

3.2 Research Setting

Research setting is the physical location and conditions in which data collection takes place in the study. The research setting can also be seen as the physical, social, and cultural site in which the researcher conducts the study. The research was carried out in the University of Benin Teaching Hospital, Edo State. University of Benin Teaching Hospital is located geographically in Ugbowo Community between the boundaries of Egor and Ovia North East Local Government Area of Edo State. It is situated along Benin-Lagos Express Way. It shares boundaries with Federal Government Girls College Road and University of Benin. It was founded in 1973. It is a full-fledged hospital offering high quality health care service in response to the changing demands for effective, efficient and affordable treatment.

The university of Benin teaching hospital, a bed capacity of over 860 as at August 2017, (UBTH.org), comprises of various departments and clinics. Viz: Obstetrics & Gynecology, Family Medicine, Internal Medicine, Child Health, Pharmacy, Surgery, Occupational Therapy, Orthopedics & Traumatology, Radiotherapy & Clinical Oncology, UBTH Paramedic Program, Physiotherapy, Radiology, Community Health, Dental: Oral & Maxillofacial Surgery, Dental: Preventative Dentistry, Dental: Restorative Dentistry, Dietetics & Nutrition, Anaesthesiology, Ophthalmology.

It also have training schools which comprises of school of Nursing, school of Midwifery, school of post Basic Nursing and School of Health Management. It is a tertiary health institution where patients are referred to from the Local Government Area, state, private, and mission hospitals. It serves as a base for clinical experience for student nurses and medical students.

The Edo State is bounded by the states of Kogi to the Northeast, Anambra to the East, Delta to the Southeast and South and Ondo to the West and Northwest; the Niger river flows along the state's eastern boundary in the map of Nigeria and it has an average population of 3,218,332 people (census, 2006). Edo State is an inland state in the Central southern part of Nigeria with its capital as Benin City. It was created on the 27th of August, 1991. It is made up of three major ethnic groups; namely Edo (Binis), Esan and Afemai (Owan/ Etsako) with Akoko Edo. However the state has a high presence of residents from across the country because of its cosmopolitan tendencies. The predominant occupation of the people of Edo is agriculture. Some of the crops produced are rubber, palm oil, maize, rice and plantain, cocoa, yam, cassava, sugar cane, cashew, groundnuts, soya beans.

3.3 Target Population

Essel and Owusu (2017) defined population as the complete set of individuals, objects or scores that on investigation that the researcher is interested in studying. It basically, refers to the entire collection of all observation of study. Target population refers to the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. The target population of the study is comprised of undergraduate nursing students on clinical placement in the University of Benin Teaching Hospital totaling 316 (Statistics from School Secretary; January, 2021).

3.4 Sample size

Sample is a proportion of a population. It is a subset of population selected to participate in a research study. It defines the selected group of elements; that is, individuals, groups or organizations (Chinweuba, *et al.*, 2014). Sample size is the number of subjects or participants recruited and to which the study findings will be generalized. It is the number of observations in a sample. The sample size for the study was calculated from the study population using Taro Yamane equation with 95% confidence level.

$$n = N / (1 + Ne^2)$$

n = sample size

N = population size

e = level of precision. (e = 0.05).

$$n = N / (1 + Ne^2) = \frac{316}{1 + 316(0.05)^2}$$

$$= 176.53$$

With 10% attrition rate, which is 17.6

$$n = 177 + 18 = 195$$

The sample size for this study was 195 nursing students undergoing placement in the University of Benin Teaching Hospital.

3.5 Sampling Technique

In this study, Stratified sampling technique was used to select study sample from each level of the department. The sampling ran till the proportion allocated for each level was completed. The number of participating students in each selected level was determined by simple proportion.

Table 3.1: Total number of students selected for the study

Level (Nursing)	Population	Number of students to be sampled	Approximate number of students to be sampled
200	92	$(92 \div 316) \times 195$	57
300	84	$(84 \div 316) \times 195$	52
400	73	$(73 \div 316) \times 195$	45
500	67	$(67 \div 316) \times 195$	41
Total	316		195

Inclusion Criteria

1. Male and female nursing students on clinical placements in University of Benin Teaching Hospital
2. Available at the time of study
3. 200 level to 500 level nursing students

Exclusion Criteria

1. Male and female undergraduate nursing students in 100 level
2. Post graduate students
3. Diploma students

3.6 Instrument for data collection

A well-structured questionnaire was used to collect data. This was developed based on extensive literature search and objectives of the study. Questions were carefully crafted and sequenced in a bid to get an in depth information that is useful and relevant to the study from the respondent's under study. The questionnaire was comprised of four sections:

Section A: Demographic data of the participants had four items

Section B: Knowledge of nursing students about their clinical learning environment had ten items and was assessed using a closed ended question

Section C: Attitude of undergraduate nursing students towards their clinical learning environment had eight items and was assessed using a four-point likert scale.

Section D: Factors influencing nursing students' attitude towards their clinical learning environment had eight items and was assessed using the four-point likert scale.

3.7 Reliability of Instrument

Reliability refers to the degree to which an assessment tool produces stable and consistent results (Chinweuba, *et al.*, 2014). Similarly, Davidson, (2011) stated that a reliable instrument is one that can produce the same results if the behavior is measured again by the same scale. A pilot study was carried out among Twenty (20) Medical laboratory science students, in the School of Basic Medical sciences, University of Benin because they have similar characteristics as the Nursing students. The Cronbach alpha was used to test the attitude of undergraduate nursing students towards their clinical learning environment and this gave a reliability of 0.79. This showed that the instrument was reliable.

3.8 Validity of Instrument

Validity refers to the degree to which a research instrument measures what it intends to measure (Jessen, 2012). A face and content validity was done by extensive literature search based on the objectives, by the researcher's supervisor, statistician and an expert in nursing education and all corrections after their review were effected.

3.9 Methods of Data Collection

A well-structured questionnaire was used to collect data. The questionnaire was administered to the students. Each level of study 200 to 500 level students were randomly selected through Balloting after the class list was obtained from the class representative. 'Yes and No' was written on a piece of paper to reflect the number assigned for the class for example, 57 Yes (200 level), 52 Yes (300 level), 45 Yes (400 level), 41 (500 level). Those who chose yes were recruited for the study. The students who are in their classrooms in the School were approached on different

days for permission to participate in the study. The purpose of the study was explained to them and the questionnaire was administered to them. Data collection was done by the researcher alongside two trained research assistants. The data collection was done during break periods and on the spot retrieval of the administered copies of questionnaire ensured that all copies of the questionnaire were collected on that same day. Data collection lasted for two weeks. This was done in the month of January, 2021.

3.10 Methods of Data Analysis

Data analysis is a mechanism for reducing and organizing data to produce findings that require interpretation by the researcher. Data analysis for the questionnaire was done using the IBM Statistical Package for Social Science (SPSS) version 24.0 for windows. All questions were individually analyzed, taking into considerations all the available factors and supported with descriptive and inferential analysis. Frequencies, percentages, Chi-square test of association, mean and standard deviation was used for the analysis of the data. The level of significance was set at $p < 0.05$.

3.11 Ethical Consideration

The ethical principles of research include certain requirements for the researcher: the research information given by the participants, voluntary and autonomous participation and the possibility to withdraw at any time they wish (Polit & Hungler, 2014).

The principle of voluntary participation, maintenance of anonymity and confidentiality was maintained throughout the study. The students were not forced to participate in the study and their views and interests were handled with utmost confidentiality. A written permission was

obtained from the ethics and research committee of the School Of Basic Medical Sciences, University of Benin Teaching Hospital, Edo State.

The following ethical considerations were maintained during the research exercise;

1. **Confidentiality:** The information provided by respondents was treated with utmost confidentiality, hence, no name or addresses were requested for in the questionnaire. Respondents were made to understand that their responses to the questionnaire remained completely confidential and that the information were used only for scientific research purposes solely. To maintain this confidentiality and anonymity, no personal identifier was used or indicated on any document or questionnaire.
2. **Self-determination/voluntary participation:** The respondents have the right to voluntarily decide whether to participate in the study or not without the risk of incurring any penalty or prejudicial treatment. They were given the right to decide at any point during the study to withdraw their participation or refuse to provide any information on any point that is not clear to them.
3. **Plagiarism:** All authors used in this study were appropriately cited both in the body of the work and at the reference page.

The purpose and benefit of the study was explained to the respondents to obtain their informed consent. The researcher maintained the following ethical consideration during the research exercise.

A written permission was obtained from the ethics and research committee of University of Benin Teaching Hospital. Due permission were obtained from the Head of Department, Nursing Science, University of Benin, to access the students. An informed written consent was sought

from all respondents, explaining to them the nature of the research and their involvement. A copy of the ethical approval certificate is attached in the appendix

CHAPTER FOUR

PRESENTATION OF RESULTS

This chapter presents the data analysis, testing of hypotheses and answering of research questions based on responses obtained from the questionnaires administered to undergraduate nursing students in University of Benin, Edo State. Frequencies, percentages, mean and standard deviation presented in the table as well as pie bar charts were used to analyze the data. The results are presented below.

4.1 Demographic characteristics of respondents

Table 4.1: Demographic Variables of Respondents (N = 195)

S/N	Variable	Category	Frequency	Percentage (%)
1.	Age (years)	≤ 18	15	7.7
		19 – 24	98	50.3
		25 –30	79	40.5
		31 – 35	3	1.5
2.	Gender	Male	23	11.8
		Female	172	88.2
3.	Year of Study	200	57	29.2
		300	52	26.7
		400	45	23.1
		500	41	21.0
4.	Ward on Clinical Placement	Medical	57	29.2
		Surgical	52	26.7
		Obstetrics	45	23.1
		Psychiatry	41	21.0

Table 4.1 shows that 7.7% of respondents are 18 years and below, 50.3% are between ages 19 – 24 years, 40.5% are within the age range of 25- 30 years, whereas 1.5% are between 31 and 35 years. Based on gender, male and female were 11.8% and 88.2% respectively. Year of study showed that 29.2% are in their 2nd year of study, 26.7% are in 300 level, 23.1% are in their 4th

year, while 21.0 are in 500 level. It was also indicated that 29.2% had their clinical experience in Medical ward, 26.7%, 23.1% and 21.0% had their experience in Surgical, Obstetrics and Psychiatry wards respectively.

4.1: Answering Research Questions

Research Question 1: What are the knowledge of nursing students about their clinical learning environment in University of Benin Teaching Hospital?

Table 4.2: Descriptive statistics for knowledge of nursing students towards their CLE

S/N	Item	Correct response Frequency (%)	Incorrect response Frequency (%)	Mean score	% mean score
9.	Clinical learning environment (CLE) can be defined as	135 (69.2%)	60 (30.8%)	7.7	77%
10.	The following are importance of clinical learning environment	87 (44.6%)	108 (55.3)	5.2	52%
11.	Healthcare practitioners that make up the clinical learning environment are	177 (90.8%)	18 (9.2%)	8.6	86%
12.	Clinical learning environment is a combination of the theoretical and clinical training	161 (82.6%)	14 (7.2%)	8.2	82%
13.	Components of nursing education include	105 (53.8%)	90 (46.2%)	7.1	71%
14.	Clinical learning environment aids the development of	101 (51.8%)	94 (48.2%)	5.1	51%
15.	Sites for clinical placements are determined by mutual agreements between	80 (41.0%)	118 (60.5%)	4.5	45%
16.	Challenges faced in the clinical learning environment	102 (52.3%)	95 (48.7%)	5.1	51%
17.	In clinical learning environment, clinical education is patient-centered and the interaction is between the	129 (66.2)	66 (33.8%)	7.5	75%
18.	The goal of clinical learning environment is to bridge the gap between the real CLE and the expected CLE	162 (83.1%)	33 (16.9%)	8.2	82%
Overall Average				6.72	67.2%

Frequency of correct responses = no of respondents that got the answer right

Frequency of incorrect responses = no of respondents that got the answer wrong

$$\% \text{ of correct responses} = \frac{\sum f}{x} = \frac{\text{No of students with correct answer}}{\text{total number of students}} \times \frac{100}{1}$$

$$\% \text{ of incorrect responses} = \frac{\sum f}{x} = \frac{\text{No of students with incorrect answer}}{\text{total number of students}} \times \frac{100}{1}$$

$$\text{Mean score} = \frac{\sum n}{x} = \frac{\sum \text{scores obtained by all students for an item}}{\text{total number of students}}$$

$$\% \text{ Mean score} = \frac{\sum n}{x} = \frac{\sum \text{scores obtained by all students for an item}}{\text{total number of students}} \times \frac{100}{1}$$

$$\text{Overall Average} = \frac{\sum fx}{x} = \frac{\sum \text{scores for all items}}{\text{no of items}}$$

Table 4.2 shows that for item 9, 69.2% had correct responses, while 30.8% had incorrect responses. A mean score of 7.7 was obtained (out of 10) for this item. For item 10, percentage of correct and incorrect responses were 44.6% and 55.3% with a mean score of 5.2. Furthermore, for item 11, 90.8% and 9.2% had correct and incorrect responses respectively and a mean score of 8.6. Item 12, had 82.6%, 7.2% and 8.2 for correct responses, incorrect responses and mean score respectively. More so, result for item 13 indicated that 53.8% and 46.2% had correct and incorrect responses respectively with a mean score of 7.1. On the other hand, correct and incorrect responses for item 14 was 51.8% and 48.2% respectively, with a mean score of 5.1. For item 15, 41.0% and 60.5% responded correctly and incorrectly respectively, with a mean score of 4.5. Result for item 16 revealed that 52.3% and 48.7% had correct and incorrect responses respectively with a mean score of 5.1. On the other hand, item 17 showed that 66.2%, 33.8% and 7.5 represented correct and incorrect response and mean score respectively. For item 18, it was

observed that 83.1% and 16.9% had correct and incorrect responses respectively, with a mean score of 8.2%. Whereas, overall average mean score and percentage for all items were 6.72 and 67.2% respectively. Decision is based on mean score < 5 (50%) considered as low knowledge, between 5 and 5.99 (50% and 59%) moderate and 6 – 10 (60%-100%) is interpreted as high knowledge. It is therefore concluded that respondents had high knowledge (i.e. 6.72 (67.2%) about their CLE.

Research Question 2: What are the attitudes of nursing students toward their clinical learning environment in University of Benin Teaching Hospital?

Table 4.3: Analysis of attitude of nursing students towards their CLE.

S/N	Items	Mean	Std. deviation	Decision
1.	I always attend clinical posting.	3.85	.06	Positive
2.	I am punctual to clinical posting.	3.01	.80	Positive
3.	I participate actively in clinical procedures.	3.32	1.22	Positive
4.	I am curious to learn and ask questions about procedures not clearly understood.	2.47	.53	Negative
5.	I take permission from their clinical instructor on days when they need to be absent	3.60	.04	Positive
6.	I use my phones while on duty.	3.67	.10	Positive
7.	I interact well with staffs.	2.56	.57	Positive
8.	I am actively involved with patients care	3.11	.22	Positive
Cluster mean		3.20		Positive

$$\begin{aligned}
 \text{mean cut off} &= \frac{\sum x}{n} = \frac{\sum \text{weighted points}}{\text{no of items (categories)}} = \frac{4 + 3 + 2 + 1}{4} = \frac{10}{4} = 2.5 \quad (\text{i. e. } SA \\
 &= 4, A = 3, D = 2, SD = 1)
 \end{aligned}$$

Table 4.3 shows that items 1, 2, 3, 5, 6, 7 and 8 had mean scores of 3.85, 3.01., 3.32, 3.60, 3.67, 2.56 and 3.11 respectively. Since, the mean scores are greater than 2.50 mean cut off, they are interpreted as positive attitude. Whereas item 4 with a mean of 2.47 which is less than 2.50 was interpreted as negative attitude. An average mean of 3.20 was obtained for all items, which is

greater than the critical 2.50 mean cut off. Overall, it is concluded that respondents had positive attitude towards their CLE.

Research question 3: What are the factors that influence nursing students' attitude towards their clinical learning environment in University of Benin Teaching Hospital?

Table 4.4: Analysis of factors influencing students' attitude towards their CLE

S/N	Items	Mean	Std. deviation	Decision
11.	Effective supervision and assessment	3.44	.86	Agree
12.	Active participation during ward rounds	3.02	.06	Agree
13.	Integration of theory into practice	3.41	.18	Agree
14.	Receptiveness of nursing staff in the wards	2.34	.04	Disagree
15.	Difficulties in orientation for clinical teaching	2.09	.19	Disagree
16.	Lack of self confidence	2.52	.07	Agree
17.	Lack of communication between nursing staff and students.	2.96	.45	Agree
18.	Intellectual abilities of the students	3.71	.07	Agree
	Average mean	2.94		Agree

$$\text{mean cut off} = \frac{\sum x}{n} = \frac{\sum \text{weighted points}}{\text{no of items (categories)}} = \frac{4 + 3 + 2 + 1}{4} = \frac{10}{4} = 2.5 \quad (\text{i. e. } SA = 4, A = 3, D = 2, SD = 1)$$

Table 4.4 shows that items 11, 12, 13, 16, 17 and 18 had mean scores of 3.44, 3.02, 3.41, 2.52, 2.96 and 3.71 respectively, which are greater than the 2.50 cut off mean. This implied that respondents agreed that these factors are critical to students' utilization of CLE. On the other hand, respondents disagreed with items 14 and 15 which had mean values of 2.34 and 2.09 (less than the 2.50 benchmark). The overall mean response was 2.94 which is greater than the cut off mean. This implied that respondents agreed that overall, these factors influence students' attitude towards their CLE.

4.2 Testing of Hypothesis

Ho: There is no significant difference between the attitude of nursing students towards their clinical learning environment and level of study.

Table 4.5: t-test analysis of attitude towards utilization of CLE and level of study

	N	Mean	<i>df</i>	Std. dev	χ^2	<i>p-value</i>	Decision
Attitude*level of study	195	3.20	4	.09	5.22	.00	Reject H _o

Table 4.5 shows the result of cross tabulation of attitude and level of study. A chi-square value of 5.22 was obtained with a *p-value* of .00 which is less at 0.05 level of significance. This implies that the null hypothesis is rejected. Consequently, there is a significant relationship between the attitude of nursing students towards their clinical learning environment and level of study.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter provides the discussion of findings in accordance to the stated objectives and hypotheses, implications for nursing, summary, conclusion, recommendation and suggestion for further studies.

5.1 Discussion of Findings

The research work assessed the attitude of undergraduate nursing students towards their clinical learning environment in University of Benin Teaching Hospital, Edo State. Three hundred and sixteen students (316) nursing students (200 to 500 level) were randomly drawn and data on personal characteristics. The knowledge of nursing students about their clinical learning environment, the attitude and factors influencing of their clinical learning environment were elicited using a well-structured questionnaire, modified and administered by the researcher.

Clinical learning environment (CLE) is central to nursing education and it is a vital component of training and instruction delivery. The outcome of this study revealed some significant results which are discussed accordingly.

5.1.1 Demographic data

The findings of this study shows that the highest percentage for the age distribution for respondents was between the ages of 19-24 years, majorly the respondents were females. Most of the respondents were from 200 level because they are most populated. Other items in Table 4.1 shows that the majority of the respondents were in the medical ward for clinical placement. The demographic is in line with the study by Lawal *et al* (2016), Atakro *et al* (2019) and Papastavrou *et al* (2016) in terms of gender who stated that majority of the population were females.

5.1.2 Knowledge of nursing students about their clinical learning environment

Result from research question 1 which sought to determine the level of knowledge of nursing students about their clinical learning environment revealed that nursing students had high knowledge of the basic definition of clinical learning environment, healthcare practitioners that make up the clinical learning environment, and the components of the clinical learning environment. Also, students exhibited high knowledge of components of nursing education, what the clinical learning environment aim to develop in students and the interaction process in the clinical learning environment. This result is in agreement with Craig-Williams (2016) who reported that students showed good knowledge about clinical learning environment, which was attributed to opportunities which clinical postings offer students to learn and experience how the environment operates. Contrary to the high knowledge exhibited by students in relation to clinical learning environment, it was observed that students showed moderate/average knowledge about the definite importance of clinical learning environment, how the sites for the placement are arranged and challenges associated with clinical learning environment. Despite this fact, result from the study showed that students had overall high (good) knowledge about clinical learning environment.

Findings in this study is in contrast to the study carried out by Gunay and Klinik (2018), which revealed that nursing students found their clinical knowledge and skills insufficient and usually failed to transfer their theoretical knowledge to clinical practices. Similarly, the findings from the study carried out by Odetola *et al*, (2018) also suggested that students are not exposed to sufficient high-quality learning opportunities in the ward that allow them to practice and deepen what has been taught in the classroom, and to reconcile school knowledge with practice-based learning.

5.1.3 Attitude of nursing students towards their clinical learning environment

Furthermore, results from research question 2 which assessed the attitude of nursing students towards their CLE revealed that students have positive attitudes towards attendance of clinical posting, punctuality and participation in clinical procedures. Also, it was noted that students exhibited positive attitude in regard to taking permission from clinical instructors when the need arises, interacts well with staffs and are actively involved with patient care. This result is in line with a study by Mazioniene *et al*, (2018) who reported that nursing students on mentorship programme in a healthcare facility in Lithuania exhibited positive attitudes during their placement in relation to involvement in the clinical learning process. Also, the study conducted by Ofili *et al*, (2019) revealed that students' attitude to clinical exposure was positive, with average scores higher among 500-level students. Hence, the higher the level of study, the more positive their attitude was towards clinical exposure. It also stated that intensive preparation of nursing students before clinical training will help to improve their attitude. This positive attitude could probably be due to proper orientation and strict adherence to rules and regulations in regard to clinical assignments and engagement. However, the result contradicts Awuah-Peasah *et al*, (2017) who reported lateness to place of posting and frequent absence without tangible reasons among nursing students in Ghana. Furthermore, the this study revealed that nursing students showed negative attitude in relation to curiosity and asking of questions about procedures not clearly understood. This could probably is due to the level of communication and interaction between the instructor and students or lack of self-confidence on the part of the student.

5.1.4 Factors influencing the attitude of nursing students towards their CLE

For research question 3, which assessed factors influencing the attitude of nursing students towards their clinical learning environment, it was indicated that effective supervision and assessment, active participation during ward rounds and integration of theory and practice are factors that impact on students' utilization of clinical learning environment. Also, it was revealed that lack of self-confidence and communication between nursing staffs and students and intellectual abilities of students are factors that influence students' utilization of clinical learning environment. This finding is in tandem with Gurková *et al*, (2016) who reported that supervisory method significantly affected nursing students' evaluation and utilization of the clinical learning environment in a tertiary healthcare in Slovakia. This fact could be explained owing to reasons that humans tend to perform better when they are monitored and are required to provide feedback in relation to tasks assigned to them. Similarly, Ofili *et al*, (2019) revealed that adequate clinical equipment, adequate supervision and guidance from clinical supervisors, behaviors of staff nurses in the ward and readiness to learn were the most frequently reported factors that influenced their attitude to clinical exposure. Also, Lawal *et al*, (2015) revealed that positive interpersonal relationships and the use of demonstration and return demonstration were identified as being influential to learning in the clinical area. Also effective supervisory method which allows for effective communication tends to boost self-confidence and assurance that the supervisee is important in the whole process. On the contrary, the result revealed that receptiveness of nursing staff in the ward and difficulties in orientation for clinical teaching do not significantly impact students' attitude of their clinical learning environment.

Furthermore, result on hypothesis which tests the relationship between the attitude of nursing students towards their clinical learning environment and level of study, indicated a significant

relationship between these two variables. What this implies is that attitude towards their clinical learning environment is impacted by student's year of study.

5.2 Implications for Nursing Practice

The outcomes of this study have relevance to nursing practice, which include:

1. Clinical instructors should ensure effective supervision and assessment of nursing students on clinical postings as this will enhance feedback and opportunity for improvement in relation to students' professional development.
2. Nursing staffs should ensure effective communication with nursing students, as this will help improve interaction and consequently encourage them to seek clarification about procedures that may seem difficult for them to comprehend.
3. Administrators in the nursing profession should ensure that in addition to the initial orientation received by students before clinical postings, their knowledge on what is expected of them are constantly updated through seminars, symposiums and workshops.

5.3 Limitation to the study

A quantitative approach with questionnaire as a tool was adopted in this study. This approach permits the gathering of large amounts of data from a large number of respondents. It does not permit responses to be explored and developed. The major limitation faced was getting students who were willing to fill the questionnaire as each student was busy preparing for the first semester exams as at the time of data collection. Also, this study may be subject to recall bias because there are chances that the data presented in this study are self-reported and partly dependent on the respondents' honesty and recall ability.

5.4 Summary

The clinical learning environment (CLE) is an interactive combination of factors within the clinical settings, which include the staffs, patients, nurse educator and other health professionals that have influence on the clinical learning outcome of the students, as well as their behaviours. The environment provides an opportunity for nursing students to learn experimentally and to convert theoretical knowledge to a variety of mental, psychological, and psychomotor skills which are of significance for patient care. CLE increases awareness of patient safety, professional attitudes, respect for patient confidentiality and comfort, empathy, development, information about medical equipment, and the importance of holistic approach to patient care, appropriate attitudes and ethics. It is usually patient-centered, targeted, interview-specific, three-part educational interaction between a trainer, students and a patient.

Clinical placements for nursing students are very important as it is a major component of nursing education. Practice in the clinical environment is a requirement that ensure that a nurse is fit to practice in any setting and opportunities are given to students to prepare themselves for their future clinical work. The placements of students on different clinical settings provide the students the opportunities for development of skills and socialization into the profession. The sites for nursing students' clinical placements are established through mutual agreements between the University and the healthcare institutions. During the second, third, fourth and fifth year, students are rotated through a variety of settings. Each new posting means the student must socialize into a new setting, establish relationship with staff while being exposed to the new clinical situations with different patient populations.

It is noted that students' attitude towards clinical practice could be affected by the clinical environment, student staff interaction, clinical preceptors, and the availability of necessary equipment in a hospital setting.

The Social Climate Theory (SCT) propounded by Rudolf Moos in 1974 was used in explaining the study. The theory assumes that environments have unique "personalities", just as people do. SCT identified three basic dimensions, which are relationship dimensions, personal-development or personal-growth dimensions and system-maintenance and system-change dimensions. The social climate of this study is the clinical learning environment (C.L.E) which is the hospital setting or wards as well as postings in communities

5.5 Conclusion

Clinical learning environment is an important component of the training process in nursing science. It is aimed at connecting theoretical knowledge with practice, thus improving learning outcome of the students as well as attitude. This makes the clinical experience important for students' learning and enhancing their professional development. It becomes imperative that for students to optimize opportunities provided through clinical posting, they must exhibit right attitude and make deliberate efforts aimed at ensuring that they acquire skills needed for the world-of-work.

5.6 Recommendations

The following recommendations are put forward:

1. Nursing students on clinical postings should ensure to develop a strong commitment towards learning in the clinical environment by asking questions about procedures not clearly understood, as this will make them better equipped for a lifelong career.

2. Curriculum planners in nursing science should ensure that instructions in clinical learning are constantly improved upon by incorporating inputs from students in form of periodic appraisal of students' submission on their experience in the CLE.

5.7 Suggestions for further studies

This study focused on nursing students in Edo State. Similar studies can be conducted in other states in Nigeria for the findings to be generalized. Also, research could be carried out on nursing students' attitude towards their clinical learning environment in placements outside traditional hospital settings (community postings).

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APPENDIX 1
DEPARTMENT OF NURSING SCIENCE
SCHOOL OF BASIC MEDICAL SCIENCES
UNIVERSITY OF BENIN
BENIN CITY.

RESEARCH TOPIC: ATTITUDE OF UNDERGRADUATE NURSING STUDENTS TOWARDS THEIR CLINICAL LEARNING ENVIROMENT IN UNIVERSITY OF BENIN TEACHING HOSPITAL.

Dear Respondent,

The researcher is an undergraduate nursing student of the above named institution. This questionnaire is designed to study the attitude of undergraduate nursing students towards their clinical learning environment in University of Benin Teaching Hospital. The questionnaire will only be used by the researcher purely for academic purposes.

I humbly solicit your sincere response to this questionnaire, as all information given shall be treated with utmost confidentiality.

Yours Faithfully

USUNOBUN, Promise

SECTION A: Demographic characteristics

Please kindly tick (√) the appropriate answer(s)

1. Age: (a) <18 [], (b) 19-24 [], (c) 25-30 [], (d) 31-35 []
2. Gender: (a) Male [], (b) Female []
3. Year of Study: (a) 200L [], (b) 300L [], (c) 400L [], (d) 500L []
4. Type of nursing ward on clinical placement: (a) Medical [], (b) Surgical [], (c) Obstetrics [], (d) Psychiatry []

SECTION B: This section assess the knowledge of nursing students on clinical learning environment

Tick the correct answer

5. Clinical learning environment (CLE) can be defined as

(a) Complex network of forces that are ineffective on clinical learning outcomes [], (b) a place where students skills and knowledge are applied to patient care [], (c) a place where only theoretical knowledge is applied to patient care [].

6. The following are importance of clinical learning environment

(a) It provides students the opportunity to learn experientially in clinical practice [], (b) it enables students to form opinions on their personal careers and the clinical areas [], (c) it ensures that a nurse is fit to practice in one setting [], (d) it provides opportunities for students to prepare themselves for any work []

7. Healthcare practitioners that make up the clinical learning environment are

(a) Staffs, patients, auxiliaries [], (b) patients [], (c) nurse educator, students, patients [], (d) students [], (e) other health professionals [].

8. Clinical learning environment is a combination of the theoretical and clinical training. (a) Yes [], (b) No [].

9. Components of nursing education include

(a) Clinical placements [], (b) clinical learning environment [], (d) school setting []

10. Clinical learning environment aids the development of (a) Attitudes [], (b) knowledge [], (c) psychomotor abilities [], (d) problem solving skills [].

11. Sites for clinical placements are determined by mutual agreements between

(a) The university [], (b) the healthcare institutions [], (c) the students []

12. Challenges faced in the clinical learning environment

(a) Feeling of isolation [], (b) inadequate application of physical assessment by nurses [], (c) low self-esteem [], (d) marital status []

13. In clinical learning environment, clinical education is patient-centered and the interaction is between the

(a) Nurse educator [], (b) students [], (c) patients []

14. The goal of clinical learning environment is to bridge the gap between the real CLE and the expected CLE

(a) Yes [], (b) No []

SECTION C: This section asks questions on the attitude of nursing students towards the utilization of clinical learning environment

S/N	Item	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1
15.	I always attend clinical posting				
16.	I am punctual to clinical posting				
17.	I participate actively in clinical procedures				
18	I am curious to learn and ask questions about procedures not clearly understood				
19.	I take permission from the clinical instructor on days when i need to be absent				
20.	I use my phones while on duty				
21.	I interact well with staffs				
22.	I am actively involved with patients care				

SECTION D: This section asks questions on the factors that influence the utilization of clinical learning environment.

S/N	Item	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1
23	Effective supervision and assessment				
24	Active participation during ward rounds				
25	Integration of theory into practice				
26	Receptiveness of nursing staff in the wards				
27	Difficulties in orientation for clinical teaching				
28	Lack of self confidence				
29	Lack of communication between nursing staff and students.				
30	Intellectual abilities of the students				

APPENDIX II
INFORMATION SHEET

TITLE OF STUDY: ATTITUDE OF UNDERGRADUATE NURSING STUDENTS TOWARDS THEIR CLINICAL LEARNING ENVIRONMENT IN UNIVERSITY OF BENIN TEACHING HOSPITAL, EDO STATE.

RESEARCHER: USUNOBUN PROMISE

FINANCIAL SPONSORSHIP: This research study is self-sponsored.

PURPOSE OF RESEARCH: The purpose of this study is to assess the attitude of undergraduate nursing students towards their clinical learning environment in University of Benin Teaching Hospital, Edo state. This is an academic exercise which forms a requirement for my BNS degree.

COMPENSATION: There will be no financial compensation for participating in this study.

VOLUNTARY PARTICIPATION: Note that your participation in this study is entirely voluntary and no form of force will be used on you nor any form of discrimination meted out on you. On the event that you decide to stop participating, you are very free to withdraw even if you had earlier agreed to participate.

RISKS: No adverse effect or risk is associated with your participation in this study.

CONFIDENTIALITY: Information obtained will be treated with utmost confidentiality. Your names will not be used.

CONTACT INFORMATION:

Usunobun Promise

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University of Benin,
Benin City.
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Dr. (Mrs.) C.E Omorogbe

Supervisor
Department of Nursing Service,
School of Basic Medical Science,
College of Medicine,
University of Benin,
Benin City.

APPENDIX III
INFORMED CONSENT FORM

I have read the above information on the topic “attitude of undergraduate nursing students towards their clinical learning environment in University of Benin Teaching Hospital, Edo state”.

I had the opportunity to ask questions about it and I have been answered to my satisfaction.

(A) I consent voluntarily to take part as a participant in this study.

(B) I do not consent to participate in this study.

Name of Participant:.....

Signature of Participant:.....

Date:.....

APPENDIX IV

RELIABILITY TEST

Case Processing Summary

		N	%
Cases	Valid	18	100.0
	Excluded ^a	0	0.0
	Total	18	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.79	.78	18