

**NURSING STUDENTS' PERCEPTION TO CLINICAL NURSING
TRAINING IN THE UNIVERSITY OF BENIN, BENIN CITY, EDO
STATE.**

BY

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

JANUARY, 2023.

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UNIVERSITY OF BENIN**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF BACHELOR OF NURSING SCIENCES**

JANUARY, 2023.

DECLARATION

This is to declare that this research project titled Nursing students' perception to clinical nursing training in the University of Benin, Benin City, Edo State was carried by MERIT OGHENERIOBORUE EVUARHERHE.

EXAMINATION NUMBER: BMS1601896

SIGNATURE: _____

DATE: _____

CERTIFICATION PAGE

This is to certify that the project is done by **Evuarherhe Oghenerioborue Merit** with matriculation number **BMS1601896**, a student of the Department of Nursing, School of Basic Medical Sciences, University of Benin, Benin city. This work was supervised by Dr. (Mrs.) C. Enuke and all correction has been effected and approved for the award of Bachelor of Nursing Science Degree.

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ABSTRACT

Nursing training is a combination of theoretical and practical learning experience that enables nursing students to acquire the knowledge, skills, and attitudes for providing nursing care. Clinical nursing training is the most critical step in transforming nursing education, because that is really at the heart of getting the nurse ready for clinical setting, and for providing safe and excellent patient care. The aim of the study is to ascertain nursing students' perception to clinical nursing training in the University of Benin, Benin City, Edo State, Nigeria. . The study was carried out using a descriptive cross sectional study a non-experimental design. A total of 320 bonafied nursing students in 200 – 500 level took part in the study. . Data was gotten from a well-structured questionnaire and a proform was used to assess nursing student's perception to clinical nursing training in the University of Benin, Benin City, Edo State. The result on Students' Perceptions of Placement to Clinical setting showed that 152(87%) have positive perception, while 23(13%) have negative perception. Findings on perception of Clinical Teaching (instruction)/learning, showed One hundred and fifty three (87%) have positive perception, while 22(13%) have negative perception. Also Perception of clinical supervision showed that 153(87.4%) have positive perception, while 22(12.6%) have negative perception. Furthermore, Perception of clinical evaluation showed that 154(88%) have positive perception of it, while 21(12%) have negative perception.

Keywords: Clinical, Nursing, Training, Perception.

DEDICATION

This research project work is dedicated to Almighty God for his grace through the period of this research, also to my dear family for their love and support.

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I humbly express my sincere gratitude to Almighty God for His Mercies, guidance and protection throughout the period of this programme and for the patience and strength granted to me to carry out this project.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

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. This education is provided to student nurses by experienced nurses and other medical professionals who are qualified for experienced for educational tasks. Nurse education also provides post qualification courses in specialists' subjects within nursing. A nursing student can be enrolled in a program that leads to a diploma, associate degree or a bachelor of science in nursing (Johnson, 2017). Nursing training is a combination of theoretical and practical learning experience that enables nursing students to acquire the knowledge, skills, and attitudes for providing nursing care. Clinical nursing training is the most critical step in transforming nursing education, because that is really at the heart of getting the nurse ready for clinical setting, and for providing safe and excellent patient care. Clinical nursing training occurs in a complex clinical learning environment which is influenced by many factors. The environment provides nursing students the opportunity to learn experimentally and to convert theoretical knowledge to a variety of mental, psychological and psychomotor skills which are significant for patient care (Gaberson et. al 2018). During clinical placement, students are posted and rotated to different clinical learning environments such as outpatient department, emergency units, clinical wards, other specialists units in the hospital, other healthcare institutions, health centers and communities under the direction and close supervision of experienced personnel in the nursing profession. One study showed that nursing students are vulnerable in the clinical environment and this reduces their dissatisfaction in clinical training. Moreover the nursing students' lack of knowledge and skills in the clinical environment can lead to anxiety. (Joolace et. al 2018). Since an optimal clinical learning environment has a positive impact on

the students' professional development, a poor learning environment can have adverse effects on their professional development process (Mckenna et. al 2017).

Shen (2015) states that identifying problems and challenges which students are faced in the clinical learning environment can help stakeholders solve professional problems and contribute to them becoming professional as well as their professional survival. Some emotions on students may negatively affect their performance in the clinical training. Students cannot learn and develop effectively if the difficulties they encounter in the clinical learning environment are not identified.

In turn, this will have an impact on how they develop and grow. The student is the central focus in clinical nursing training therefore his perception of the whole process needs to be ascertained. Identifying challenges with which students are faced in the clinical learning environment in all dimensions could improve training and enhance the quality of its planning and promotion of the student. Perception is an individual awareness, insight and opinion about a situation. The nursing students are also the customers and consumers in the clinical nursing training. And their benefits from the training will depend on how they perceive the clinical nursing training as meaningful and helping, they will be motivated to learn and their experiences will be beneficial. If they have low perception about them, the reverse will be the case. This study examined the nursing students' perceptions of clinical nursing training in the University of Benin.

1.2 Statement of problem

Nurse educators and clinical instructors sparingly go to the clinical environments for teaching and supervision probably due to poor planning and busy tight academic schedule. Such things confuse the students, inhibit learning and make clinical training disjointed and laborious. Consequently, many students complain of one thing or the other about their clinical training.

Furthermore, some nursing students tend to be frequently absent during their clinical placement and the nursing students as learners in the clinical learning environment are the central focus and key players in clinical nursing training and their perception is legitimate indicator of the quality of clinical nursing training. But workplace incivility and aggression threaten the socio-emotional and physical safety of student nurses in the clinical environment. This was demonstrated by students who reported ostracizing, hostile and dismissive behavior from staff

1.3 Objectives of Study

The broad objective of this study was to determine nursing student's perception on their clinical nursing training in the University of Benin. However the specific objectives were:

1. Determine the nursing students in the University of Benin perception on their clinical placement.
2. Ascertain nursing students in the University of Benin perception about clinical teaching.
3. Ascertain the nursing students in the University of Benin perception about clinical supervision.
4. Determine the nursing students in the University of Benin overall perception of posting.

1.4 Research questions

The following research questions were formulated as a guide to the researcher.

1. What are the nursing students in the University of Benin perception on their placement in the clinical setting/learning environment?
2. How do nursing students in the University of Benin perceive their clinical teaching?

3. What are the nursing student's in the University of Benin perception about their clinical supervision?
4. What are the nursing students' in the University of Benin overall perception of clinical postings?

1.5 Research Hypotheses

One null hypothesis was set for this study

H0: There is no significant difference in perceptions of clinical nursing training based on gender.

1.6 Significance of the study

The findings revealed the nursing students' opinion on the different aspects of their clinical nursing training. It will be of great benefit to the student nurses, nurse clinicians/administrator, nurse educators, clinical instructors and supervisors, other healthcare professionals and hospital management and policy makers. To the student nurses and other healthcare professionals in the areas of study, the findings will be a source of reference on students' perception of clinical nursing training and could stimulate further researches among interested individuals.

To the nurse clinical administrator, clinical instructors, supervisor, nurse educators, hospital management and policy makers, the result of this study will help them improve and strengthen the aspects of the clinical placement, teaching, supervision and evaluation that are deficient.

1.7 Scope of the study

The study was focused on nursing students in Department of Nursing Sciences University of Benin state. The study was also delimited to determining how the student nurses perceive their clinical placement, teaching, supervision and evaluation.

1.8 Operational Definition of Terms

Clinical Nursing Training: In this study means the sum total of the experiences of the student nurses in the clinical setting in terms of their placement, teaching/learning, supervision and evaluation.

Perception of clinical nursing training: In this study implies the nursing students' thoughts about their placement, teaching/learning, supervision and evaluation in the clinical setting.

Clinical Placement: In this study refers to the students' thoughts about how they are posted and rotated in the clinical setting and environment in which they are posted.

Clinical Teaching: In this context refers to students' opinion and feelings about their clinical teaching, those that teach them and how they teach them.

Clinical Supervision: In this context means the nursing students' opinion about those that supervised them and how they supervised them.

Perception of Clinical Evaluation: In the context of this study, refers to the students' opinion about how they were tested and examined for clinical skills and those that examine them.

CHAPTER TWO LITERATURE REVIEW

This chapter presents the review of relevant and existing literatures as they relate to the nursing students' perceptions of the clinical nursing education. It was presented and discussed under the following subheadings:

Conceptual Review

- Nursing Education
- Clinical nursing training
- Perception

Empirical Review

Theoretical Review

- **James Gibson's Ecological Theory of Perception**

Summary of reviewed literatures

Conceptual Review

2.0 Concept of Nursing Education

Functionally and operationally, "education" is a process which draws out the best in the individual with the aim of producing well balanced personalities, culturally defined, emotionally stable, ethically sound, mentally alert, morally upright, vocational self-sufficient and intentionally liberal (Basavanthappa, 2019). It is also the formal process of deliberate transmission of accumulated knowledge, skills, customs and values from one generation to another.

Basavanthappa (2019) affirms that an educated person is not dependent on the information they store in their heads because they have the ability to find information, create knowledge and develop skills when necessary. The result is an educated person who is able to perceive accurately, think clearly and act effectively on self-selected goals and aspiration.

Nursing education can be referred to as the formal learning and training in the science of and helps maintain it. It is the theoretical and practical training provide to student nurses with the purpose to prepare them for their duties as future nursing care professionals. This education is provided to nursing students by experienced nurses and other medical professionals who have qualified for educational tasks (Adah, 2017). Adah (2017) further stated that all nursing education programs have a clinical component in which students are supervised by clinicians in the setting.

Nursing education therefore is all about impacting the integral nursing knowledge of theories, principles, facts, concepts and acquisition of necessary and appropriate skills and proficiency to practice the profession. That is why nursing is seen as a science an and an art. Therefore, they cannot be separated. They must go together in order to train a well-balanced nurse who will perform proficiently in the clinical area anywhere in nursing field. While the acquisition of theoretical knowledge, principles, facts, concepts occur in classroom setting during the teaching – learning interaction (process), the acquisition of the required skills and proficiency to practice occur during clinical training which occur in the hospital setting, community setting or elsewhere outside classroom setting.

American Nurses Association stated the aims of nursing education include: Provision of opportunities for both in and out of the hospital, continuing education programs that increase knowledge and skills thereby enhancing quality care; Provision of resource materials which are evidenced based in order to keep all personnel informed and updated on current practices in health care; Supporting research council; Providing changed nurses and managers with leadership development programs; Provision of framework and support for mentors and clinical ladder nurse and provision of necessary orientation and training to all new employees. Basavanthappa (2019) further stated the general aims of nursing education as thus: Nursing

manpower development; Leadership; Personality development; Professional development of each individual nurse; Ongoing research and Knowledge.

According to Nursing and Midwifery Council of Nigeria (NMCN), the two forms of nursing education in Nigeria include: Non University-based Nursing Programs and University-based Nursing Programs. Non University-based programs are the diploma certificate based programs done in schools of nursing and they include:

General Basic Nursing Diploma Program: The duration of the training is three years and is done in hospital based school of nursing.

Advanced Post Certificate Diploma Nursing Program: The duration of the training is one year, with the exception of the advanced post basic diploma programs that last for eighteen months. Some of these programs include orthopedic, ophthalmic, pediatric, etc.

The University Based Nursing Program include:

Baccalaureate Nursing Program: The duration for this training is five years for candidates that came in through JAMB examination and four years for direct entry students. The program is done in the department of nursing science in some Nigerian universities.

Higher Degrees in Nursing: The programs here are Master of Science (M.Sc.) in nursing (from one year to eighteen months) and Doctor of Philosophy (Ph.D.) in nursing (from three years and above).

In all these forms of nursing education programs, clinical nursing training is an integral part of the programs and starts with clinical placement, clinical teaching, clinical supervision and clinical evaluation. Thus, students' perception of the clinical training is of paramount importance.

2.1 Concept of Clinical Nursing Training

Clinical nursing training is a combination of three words; clinical, nursing and training.

The Merriam Webster English Dictionary defined clinical as “direct observation of the patient”, nursing as “the profession of a nurse” and training “the skill, knowledge and experience acquired by one”. The combination of these three words therefore results to the professional skill, knowledge and experience acquired by a student nurse in the clinical area.

Clinical nursing training is the education of students in the clinical setting. Clinical nursing training prepares student nurses 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).

Contacts with patients are important elements in learning in clinical practice. Here, students are exposed to authentic life stories. An example is people with serious illness and these experiences can arouse strong emotion and yet they also offer meaningful learning experiences. Moreover, Jackson et al (2019) showed that the best way to reduce the gap between theory and practice is to create more opportunities for observation and learning in the clinical setting and engage students in interpersonal communications.

Having a close connection with clinical settings develops clinical reasoning, critical appraisal and problem-solving abilities. The students are then referred to designated wards and work under the supervision of an expert nurse, head nurse and supervisor (a department member of the school), who also does the final assessment (Sezer, 2018).

In discussing the goals of clinical nursing training, Candela et al (2018) stated that the clinical area is the place where the theoretical begins to make sense and a great deal of integration of theoretical with practical knowledge becomes possible as students search out explanations for the phenomena they are witnessing in the clinical situations to which they are exposed. The clinical area is also a place where students learn technical skills for practice.

Patterns of Clinical Training in Nursing Education

These refer to the ways in which the practical experiences of nursing students are planned and organized in the clinical setting. The pattern varies from school to school depending on each school's schedule of programme and according to the curriculum. The pattern also varies according to the type of school, that is, whether the school is hospital based or generic nursing programme. The patterns for clinical nursing training include: Consolidated clinical training; Study day's clinical training and Block system of study clinical training.

Consolidated clinical training: This is the pattern of clinical training where the periods for student's clinical experiences are scheduled to be at a stretch towards the end of a semester. These periods ranges from 3months for some schools of nursing to 6months in the universities.

Study day's clinical training: This starts from the introductory class where preliminary training students are introduced early to the wards to practice what they have learnt on weekly bases. Students attend classes on some days in a week and still go for clinical experiences on weekly bases/or the same week. In some schools, two days in every week are mapped out for this exercise.

Block system of study clinical training: Many schools of nursing practice block system of study whereby there are periods allocated in the yearly school programme for each set of students to be in the classroom and periods for them to be in the practice area. Students are assigned to specific area of experience during each period of about 3 to 4 weeks after classroom learning of about six to eight weeks.

Components of Clinical Nursing Training

Component as defined by Merriam Webster English Dictionary is the constituent of something; an important part of something. It is used synonymously with the building block which means a unit of construction or composition on which a larger entity is based. Component of clinical nursing training is an important part of nursing education. Basavanthappa (2019) identified some of the basic elements of clinical training in nursing education as: Planning and organizing (placement), Teaching, Supervision and Evaluation.

2.2 Clinical placement

The challenges confronting nurses in today's rapidly changing health care environments have highlighted the necessity for graduating students to be prepared for practice. This necessity has in turn highlighted the increasing significance of the nature and quality of student clinical learning experience. Graduate students will be required to have adequate knowledge and skills to be able to transform competences into effective performance. It is during their clinical placement that students are expected to develop the relevant knowledge, skills and competence to develop their capacity for "knowing how" as well as for "knowing that" and to expand their perceptions of their future role as registered nurses (Chan, 2020).

Placement according to Cambridge dictionary, is the act of placing someone in a temporary position and gives experience of the work he hopes to do at the end of the course.

Bickhoff (2017) states that clinical placements are designed to give students the chance to integrate their theoretical knowledge with practice build students' confidence, knowledge and professional identity as well as help consolidate and develop clinical skills. Clinical placements are important for nursing students, because they provide an authentic experience of day-to-day clinical practice and because nursing students can learn from nurses clinical reasoning (Price, 2019). University of Liverpool Online Programme (2018) noted that clinical placements involved supervised practice in approved clinical situation including teaching

hospital, private hospital and clinics, community health centre and specialist areas including early childhood and women's health services. They went further to state that clinical placement may be undertaken during semester or in semester breaks and can vary from regular one-day placement to block periods of several weeks.

Clinical placement can also be defined as any arrangement in which a student nurse is present in an environment that provides health care or related services to patients or the public. The placement can take place in primary, secondary, community health center or social care setting and these are the places in which nursing students see the art of nursing applied and begin to develop their unique style. Therefore, clinical placement is the process of posting or sending students to the various clinical sites or environment for quality clinical learning experiences that will help them develop relevant knowledge, skills and competencies for their future role as registered nurses. It is usually taken in a facility external to the university offering nursing sciences or school of nursing and where the clinical education and supervision is undertaken by a member of the school of nursing or university staff (nurse educators, clinical educator preceptors) in accordance with guideline agreed between the school or universities and the placement facility or sites (University of Queensland, 2018).

Preparation/Guidelines for clinical placement

Nursing and Midwifery Council of Nigeria in discussing some of the items needed for clinical experiences requires that each student must have a schedule book which contain things learnt in the classroom and also things learnt during clinical experiences in different aspects of care units. They went on to say that schools must have a procedure manual which should be reviewed every five years. This serves as a guide to both the students and the teachers for clinical training. This procedure manual is developed by each school to reflect their philosophy which must be in line with the NMCN curriculum. Schools must also have a good library and demonstration rooms with relevant charts, models, equipment, bones to help

the student practice. A total placement periods of 1530 hours in the basic nursing curriculum for clinical training in nursing education is recommended (Nursing and Midwifery Council of Nigeria, 2018)..

Clearly, clinical placement environment not only plays an important role in the development of students' competency but also students' confidence, organizational skills and preparedness for practice. There has also been recognition of the influence that individual ward or unit environments have on students' experiences and career intentions (Clare, White, Edward & Van-Loon, 2002).

Furthermore, given the inadequate preparation of nursing graduates for rural practice together with the concentration of clinical placements within large metropolitan hospital, most graduates have minimal knowledge of rural difficulties, thus it is not surprising that they typically do not select rural nursing as a career. However, research findings indicate that rural placement programs improve the clinical skills necessary for rural work and increase appreciation of the variety of experiences offered in rural practice. Additionally, this approach ought to make it easier for people to acquire the information and range of abilities needed to practice successfully in a rural setting. Moreover, this strategy should also facilitate the gaining of knowledge and the variety of skills required to practice effectively in a rural environment.

2.3 Concept of Clinical Learning Environment

The Macy Foundation (2018) defined the learning environment as: "social interactions, organizational cultures and structures, and physical spaces that surround and shape participants' experiences, perceptions, and learning." An effective and supportive clinical learning environment thus is important to the quality and safety of patient care, to the health and well-being of the medical workforce, and to trainee learning and socialization into the profession.

Clinical learning environment involve three key elements: clinical work; learning and environment.

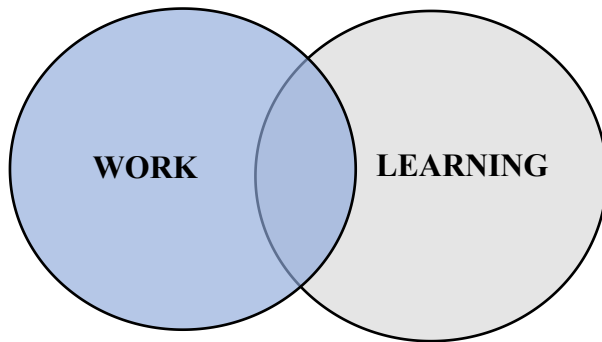


Figure 1. The CLE (Clinical Learning Environment) constitutes the overlap between the domains of work and learning and their congruent competing rationales.

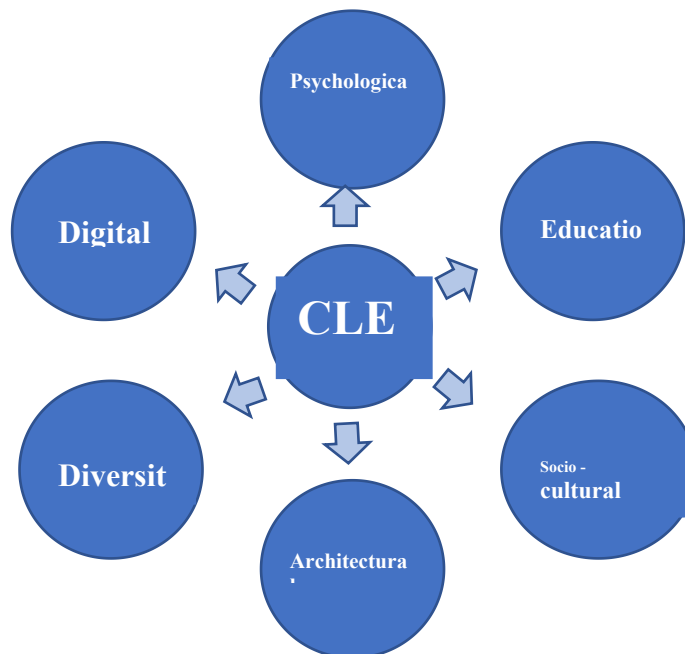


Figure 2. The “avenue” framework to explore fundamental aspects of clinical learning environments.

In this diagrammatic explanation, we take a pragmatic stance and define the CLE as the overlapping space between the “work environment” (the clinical context in which trainees learn and participate in patient care), and the “educational context” (the syllabi, curricula and

goals that define methods of learning, expected learning outcomes and assessment practices), shown in Figure 1.

Clinical learning environment is also the interactive network of forces within the clinical setting that influence students' learning outcomes. The clinical learning environment of the ward atmosphere incorporates items like how easy the staff members are to approach, the spirit of solidarity among nursing staff and encouragement of students to participate in the discussion.

2.4 Clinical Teaching

Clinical teaching is performed by a faculty within a curriculum that is planned and offered in response to professional, societal and educational expectations and demands, using available human intellectual, physical and financial resources- the context of the curriculum (Gaberson et al. 2019).

In nursing, clinical teaching may be given by the doctors and nurses in order to discuss the medical aspects of a patient condition more vividly than can be done in the classroom. It may also be given by other members of the health team like the dietician, physiotherapist, psychologist etc. Alternatively, clinical teaching may be given by any faculty members ie clinical instructor or tutor or ward staff and will concentrate on a particular patient's needs as a person and how doctor's treatment orders can be met by the right understanding and nursing care (Basavanthappa, 2019).

According to MAHEC Officer of Regional Primary Care Education (2009), bedside teaching is part of in-patient teaching and it is a specialized form of small group teaching that takes place in the presence of the patient. It involves teaching in the presence of the patient. Also, bedside teaching can improve students' history taking, examination skills, knowledge of clinical ethics, professionalism, can foster good communication and role modeling skills.

Teaching in the clinical environment is the teaching and learning focused on and usually directly involving patients and their problems.

Furthermore, the pattern/ forms of clinical teaching according to Lister (2018) are in-patient and out-patient teaching. In-patient teaching refers to the clinical teaching of the student nurses in the various wards where the patients are admitted including the environments of the ward with or without the patients' presence. The role of the inpatient teacher is one of the most challenging in medical/nursing education and that of a master, mentor, supervisor, facilitator. Some of the challenges of inpatient teaching as stated by the above authors are: Difficult to set teaching goals; Unanticipated events occur frequently; Ward team usually composed varying level of learner; Patients too sick or unwilling to participate in the teaching encounter; Patient stays are too short to follow natural history of disease; Teacher could compromise trainee-patient relationship. Trainees and teachers feel insecure about admitting errors in front of the patient and the rest of the medical team; Tendency by many clinical teachers to lecture rather than practice interactive teaching; Engaging all learners simultaneously can be difficult and Teachers need to pay close attention to learners' fatigue, boredom and workload.

In-patient teams also need to behave as a teaching community where each member respects the other in order to maximize their learning. Teachers should learn to challenge their learners without humiliating them and provide support so that learning can be furthered.

According to MAHEC Officer of Regional Primary Care Education (2009), bedside teaching is part of in-patient teaching and it is a specialized form of small group teaching that takes place in the presence of the patient. It involves teaching in the presence of the patient. There are many skills that cannot be taught in a classroom and requires the presence of a patient, real or simulated. Brigley (2017) also added that bedside teaching can improve students' history taking, examination skills, knowledge of clinical ethics, professionalism, can foster

good communication and role modeling skills. The practical tips that promote effective bedside teaching are Preparation; Planning; Orientation; Introduction; Interaction; Observation; Instruction; Summarize; Debriefing; Feedback; Reflection and Preparation for the next encounter.

Out-patient teaching according to Haist, et al (2020), involves the clinical teaching of the learner by the clinical educators at the outpatient department either during or after patient consultation in the clinical. Some of the challenges of out-patient teaching are; busy clinical setting, teaching time often too short i.e no time for elaborate teaching, attending to several patients at the same time with multiple learners, brief teacher-trainee interaction, multiple patients problems must be addressed simultaneously, so teachers cannot focus on one problem to teach. Learning and service take place concurrently.

Teaching styles used during clinical teaching

Basavanthappa (2019) affirmed that in nursing, commonly used clinical teaching methods include: Bedside clinic which utilizes the presence of a selected patient as its focus for group discussion; Nursing round which is an excursion into patient's area involving the students. Students respond to this method of teaching with enthusiasm; Nursing assignment which is part of learning experience where the students are assigned with patients or other activities concerning to patient in clinical laboratory; Nursing care conference which consists of a group discussion using problem-solving techniques to determine ways of providing care for patients to whom students are assigned as a part of their clinical nursing experiences; Morning and afternoon reports which summarizes the services of the nurse and or the agency; Team nursing conference which refers to the use of two or more teachers each having special competencies and knowledge in the cooperative planning, teaching, supervision and evaluation of a given group of students; Health team conference which is a group of professional persons involved in accomplishing common goals for the purpose of interchange

of ideas and solving problems which are centered around the client; Individual conference which involves a “conversation with a purpose” or more simply put as an interview and process recording- which is an exact report of the conversation between the nurse and the patient during the time they were together.

2.5 Clinical Supervision

The concept of supervision is used here as an overarching concept which refer to the guidance, support and observation of nursing students by clinical staff (Pires & Ferreira, 2012). The relationship is evaluative, extends over time and has the simultaneous purpose of enhancing the professional functioning of the junior member(s); monitoring the quality of the professional services offered to the client. Secondly, it is the formal process of professional guidance, support and learning which enable individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations. It is an interaction among two or more professionals with the aim of improvement of the care quality rendered to the customer in a safe and supportive atmosphere. From the above definitions, clinical supervision in nursing education is therefore the process of guiding, supporting and directing the nursing students in the clinical site or during clinical posting by nurse educator to ensure that the theory-practice gap is closed.

In discussing the necessity for clinical supervision in nursing education, Benard and Goodyear (2018) stated that effective supervision in clinical nursing training will produce positive outcomes beneficial to all the students, nurse educators, nurse practitioners and the patients. He considered good supervision fundamental in producing a relationship which is committed, adequate and in some important sense spontaneous for the patients and nursing student. Through clinical supervision in nursing education, nursing students are aided to build

confidence in clinical practice. clinical supervision in general is fundamental in the safeguard of quality improvement, development of professional expertise and delivery of care. Supervision in clinical nursing training enhances the implementation of evidenced based practice, inputs to research and development agenda and is a leading implement in monitoring the delivery of quality care to patient through supervised learning, staff support and development. Linfield (2012) also stated that the preceptor performs the following roles during clinical supervision: Provides faculty and the student with a copy of preceptor's work schedule to assist in scheduling student clinical days; Coordinates the student's orientation to the facility including staff roles and client expectations; Ensures the student is identified as a student while in the clinical area and is not regarded as staff for the clinical site; Foster students' integration into the work place culture and health care team by involving student in the meetings related to client care and other appropriate professional matters; Arranges for a substitute preceptor when absent; Facilitates learner centered education through collaborative identification of the students learning needs, open communication, informing students about learning resource; Serves as a role model for the student, demonstrating professional roles and behaviors such as caring integrity, effective interpersonal communication, critical thinking and conflict management to assists the student to cope with stress and reduced consent associated with clinical practice and stimulates development of the students' clinical judgment and critical thinking ability through reflective practice and the application of evidence based practice.

The faculty (schools, department of nursing) also performs the following roles: Notifies the student of the preceptor's name and phone number; Facilitates scheduling of the student's clinical days; Orients students to the course, including clinical outcomes and requirements of the course; Orient them to the role expectation of the student faculty and the preceptor; Orient the preceptors to the nursing curriculum, the course including clinical outcome requirement

of the course and Orient the preceptors to the evaluation methods and role expectations of the preceptors, faculty and the student.

2.6 Clinical Evaluation

This deals with making judgment about the value or quality of clinical placement, teaching and supervision after they have been carefully thought of. O'Grandy and Lori (2018) stated that evaluation is a more formal assessment of students' performance. It is an assessment of whether a learner has adhered to the educational outcomes expected. Assessment plays a major role in the process of nursing education and in the society by certifying competent nurse who can render quality nursing care to the public. The public or society need to know that nurses that graduate from nursing schools are competent enough and can practice their profession in a compassionate and skillful manner.

Wren (2019) assert that evaluation requires the preceptor to make observations of performance and collect other types of data, then, compare this information to a set standard. Oermann and Gaberson (2019) stated that some of the evaluation strategies in clinical nursing training include: Written assignment like use of case study, evidence-based practice (research) papers, development of nursing care plan and writing articles for journal publications using cases picked from the ward; Practical assignment and examination which deals with assessing the students' ability to demonstrate the skills which they learnt in the classroom and during clinical instruction and Oral questions which deals with asking the students oral questions based on the clinical instructions and practical procedures demonstrated in the clinical learning environment.

The overall purpose of clinical evaluation of students includes to: Identify existing competencies; Identify learning needs during clinical rotation; Assess progress towards achieving competencies; Make judgments of competencies met at the end of clinical

experience. Evaluation of the supervisee typically follows a schedule provided by the university setting.

Giving feedback:

Feedback regarding performance and how to improve it is essential for clinical evaluation to be effective in the clinical environment. It is essential to provide feedback to trainees as without feedback their strengths cannot be reinforced nor their errors be corrected. It is a crucial step in the acquisition of clinical skills. Omission of feedback can result in adverse consequence, some of which can be long term especially relating to patient care. Feedback can be formal or informal, brief and immediate or long and scheduled, formative during the course of the rotation or summative at the end of a rotation (Branch & Paranjape, 2017).

Factors Influencing Students Experience of Clinical Training

According to Nahas and Yam (2001), studies have shown stressors associated with going out into the clinical fields as fear of making mistakes, anxiety over possible criticisms from peers, being able to communicate with health personnel and patients, providing care for the seriously ill or terminal patients, attitudes of staff towards the students and staff expectations of the students. The above source stated the facilitating factors in clinical nursing training as thus:

Good physical conditions- These had a positive influence on the students' clinical learning and include providing room to leave books, materials and having meetings. Students may experience feelings of vulnerability and anxiety in an unpredictably chaotic and overpowering atmosphere.

New Educational Environment- Here, students are exposed to different practices and have opportunity to perform different interventions when they attend practices in different hospitals. These different experiences help them get ready for work after graduation.

Acceptance – Relationship with staff of the units and staffs’ attitude towards students are the most two important factors that affect clinical learning. Students are more motivated and eager to attend clinical when they feel that they are part of the health- care team.

Communication and relationship –Students learn more from nurses that demonstrate effective communication skills.

Feedback from nurses- Positive feedback from nurses generates high motivation for students’ clinical learning. Feedback from mentors allows the students to recognize their deficiencies and helped them improve their knowledge and skills.

Patients with severe illnesses- Nursing care for patients with severe illnesses help them to gain experience and prepare them for professional life.

Patients’ attitude – Student nurses have increased motivation for learning when patients let the students care for them.

Bond (2019) went further to say that negative behaviors such as grilling the students with questions and watching them like a “hawk” contribute to the students’ anxiety; make them develop feeling of incompetence and insecurity which are manifestations of shame. Bond (2009) also suggested that when students experience shame, socialization in the nursing profession and with other professionals as well as the learning experiences are compromised. Recognition of these shaming behaviors by the instructors and making effort to correct them can therefore make great difference in the quality of clinical learning environment and the clinical nursing education for the students.

In addition, the four types of staff nurses that proved “toxic” to students learning in the clinical environments according to Gray and Smith (2020) are the avoiders, dumpers, blockers and criticizers. The avoider is suddenly not around when it is time to have anything to do with students. The dumpers do not take any responsibility for students learning in the

clinical site. The blockers may absolutely refuse to help the student, withhold knowledge or over supervise the student. The criticizer belittles and undermines the student.

2.7 Concept of Perception

According to Merriam Webster English Dictionary, perception is the way one thinks about or understands someone or something; the ability to understand and be aware of a something; the organization, identification and interpretation of sensory information in order to represent and understand the environment.

Perception is also seen as our sensory experience of the world around us and it involves both the recognition of environmental stimuli and actions in response to these stimuli. This means that perception not only creates our experience of the world around us but it allows us to act within our environment. From the foregoing, perception can be summed up to be our sensory experiences and interactions within our environment and our ability to make good judgment from those experiences. Nursing students' perception of clinical nursing education is therefore their sensory experiences of the clinical training, their interaction with the clinical learning environment and their ability to make good judgments based on the experiences and interactions. It is the way in which they regard, understand and interpret their clinical training experiences (Goldstien, 2019).

Perception can be positively or negatively influenced by a variety of factors. These factors are the personal characteristics of the individual that heavily influence the way he interprets something and they are grouped under the following:

Factors influencing the perceiver: The perceiver is the person who becomes aware about something and come to a final understanding. These factors include experience, motivational state, emotional state, attitudes and expectations. In different experiences, motivational and emotional states, the perceiver will react to or perceive something in different ways. The influence of expectation on perception is the idea that what we see is at least to some extent

influenced by what we expect to see. In other words, if expectations are met, the individual will have high/positive perception and if not met the individual will have low/negative perception.

Factors in the target: The target is the person, object or event being perceived or judged. The factors here include the motion, size, proximity, similarity. Ambiguity or lack of information about a target leads to a greater need for interpretation and addition.

Factors in the situation: Examples here are time, work setting, social setting. Situation also greatly influences perceptions because different situations may call for additional information about the target being perceived. The time and setting at which an object or event is seen can influence attention thereby influencing the individual's perception of that event or object.

Empirical studies

Nursing students' perception on their placement in the clinical setting (clinical learning environment)

An article on Clinical learning environment by Jonas *et al.*, (2019) in Turkey entailed the subject of the clinical learning environment (CLE) is at the forefront of discussions by educators, accreditors, educational organizations, and health care professionals and has long been a focus of research and improvement efforts in medical education. A suboptimal clinical learning environment has been associated with adverse patient care and learning outcomes (GMC 2016; Kilty *et al.* 2017; Gruppen *et al.* 2018; Macy Foundation 2018). The current climate of financially constrained and understaffed health systems has increased pressure and expectation of, and negative consequences for trainee well-being. Financial constraints and clinical productivity expectations have negatively affected available time for educational pursuits (Kilty *et al.* 2017; Weiss *et al.* 2018) and have contributed to higher levels of stress, burnout, depersonalization, and emotional exhaustion in medical trainees and in their teachers (Gruppen *et al.* 2018; Macy Foundation 2018). This in turn has added negative effect on the

working and learning climate for trainees and their trainers. Presenting an expanded conceptual model that approaches the clinical learning environment through six different lenses, termed “avenues:” architectural, digital, diversity and inclusion, education, psychological, and sociocultural, with each avenue represented by a paper. The aim is to facilitate dialog around the contributions of different academic disciplines to research on the clinical learning environment. Collectively the papers highlight the overlap between the various “avenues” in how they influence each other, and how they collectively have shaped the work to understand and improve the clinical learning environment.

Saarikoski, Leino-Kilpi and Warne (2017) carried out a study in Finland and UK on the comparative analysis of the experiences of Finish and English student nurses in clinical learning environment and supervision instrument. The data were collected from a total population of 558 student nurses from four nursing colleges in Finland and UK. Data were statistically analysed using ANOVA. The findings showed that Finish students evaluated their clinical placements and supervision more positively than students in UK.

Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-kilpi (2019) in Cyprus assessed student nurses’ experience of learning in the clinical environment using 645 undergraduate nursing students of the only public school of nursing (Ministry of Health) in Cyprus. The research instrument used was the Finish Clinical Learning Environment Supervision (CLES) instrument. SPSS package was used and frequencies on the items of the scale were found. Statistical tests such as ANOVA and Bonferoni were also performed. Their result showed that the most unsatisfied nursing students were the ones with a failed supervisory experience while the most satisfied students were those with a successful mentor relationship. The Bonferoni tests showed that students who had more frequency sessions with their supervisors were more satisfied. The ward atmosphere and the leadership style of the

ward managers were rated as less important factor for clinical learning (rated with lower scores with means of 3.44 and 3.43 respectively).

Odunukwe (2017) in a qualitative study in Nigeria investigated on perception of students about factors influencing clinical training using students of Department of Nursing Sciences UNEC. The research design was cross sectional descriptive analytical study. Purposive sampling technique was used to sample 161 fourth and fifth year students. The instrument for data collection was a close ended questionnaire with 4 point Likert scale. Data were analysed using SPSS version 16 and presented using descriptive statistics such as percentages, means and standard deviations. The study revealed that inadequate supervision of the students was the institutional factor affecting clinical training of students. Unconducive clinical environment was the clinical factor affecting clinical training of students. Large class size was the individual factor affecting clinical training of students.

Research conducted on nursing students' perception of the clinical learning environment and supervision in relation two different supervision models by Anna, Mirjam and Lindblad (2019), used a comparative cross-sectional design. This study was performed within the nursing programme at a university college in Sweden during students' clinical placement in medical and surgical department in three different hospitals. Data was collected using the Clinical Learning Environment, Supervision and Nurse Teacher evaluation scale, CLES+T by distributing questionnaires to 381 students. The result showed that the students had positive experiences of the clinical learning environment. In conclusion, it was stated that a good learning environment for students in clinical placements is dependent on an explicit structure for receiving students.

Nursing students' perception about clinical teaching.

According to a study carried out by Leino *et al.*, (2019), on student nurses experience of learning in the clinical environment. In Cyprus and Finland using Schools of Health

Science Department of Nursing Cyprus, University of Nicosia Cyprus, University of Applied Science Health Care Education Finland and University of Turkey Finland. It was a descriptive cross-sectional study; the research instrument used was a questionnaire consisting of the English version of Finnish (Finland) Clinical Learning Environment and Supervision scale tested in earlier studies. A total sample of 645-students participated in their study. The supervisory relationship was found problematic, since 30% of the students had “failed supervisory relationship. Students were supervised by a variety of people, ranging from staff nurses, to managers, doctors, fellow students or they were not assigned to a supervisor. They perceived their clinical placements as “good”. Nevertheless Cypriot students gave ward managers a low evaluation score.

A non-experimental qualitative descriptive study by Okoronkwo, Onyia-Pat, Agbo, Okpala and Ndu (2018) in the University of Nigeria Enugu Campus, evaluated students’ perception of effective clinical teaching and teachers’ behavior. A descriptive design was employed using questionnaire to collect data. Respondents comprised of direct entry and university matriculation examination students in their 400 level who had completed their six months consolidated clinical experiences, totaling 101. Specifically, frequencies, percentage, mean and standard deviations were used for descriptive analysis of scores. Their results showed that having both clinical and teaching knowledge were the most important teaching skills for effective clinical teaching. Five qualities ranked by students as teacher behaviors important for effective clinical teaching include being honest with students, motivation to teach, willingness to listen and using good communication skills, supervising students effectively and being positive role model.

A study carried out by Esmaili, Cheraghi, Salsali and Ghiyasvandian (2018) in School of Nursing and Midwifery, Tehran University of Medical Sciences Iran was titled “Nursing students” expectations regarding effective clinical education: A qualitative study”.

In this study, a semi-structured interview process was utilized with 17 nursing students. Content analysis was employed to analyse the data. Data analysis led to identification of three main themes: (i) appropriate communication and interaction between instructors and students (ii) incorporation of both theory and practice in clinical teaching including the presence of the instructor in the clinical area and evaluation based on appropriate criteria and (iii) having specialized instructors with a specific emphasis on the instructor's knowledge and motivation as important.

A study carried out by Ugwu, and Stella N (2018) in Nigeria titled nursing students' perceptions of clinical nursing practice in selected nursing programmes in Enugu state. The study was aimed at assessing the nursing students' perceptions of clinical nursing training in selected nursing programmes in Enugu State. Five specific objectives and two null hypotheses were formulated to guide the study. Descriptive cross-section design was adopted. Purposive sampling technique was used to select the nursing programmes and the class level of the students. A total population of 442 nursing students was used for the study. A self-developed questionnaire in 4 point modified Likert type scale with reliability of 0.970 was used for data collection. The questionnaire was distributed to the students in the classroom setting with 99.77% return rate. Information derived from the questionnaire were subjected to descriptive and t-test statistics testing at 0.05 level of significance. Results were presented in Table as frequencies, percentages, means and standard deviations. Findings revealed that nursing students had positive perceptions in clinical placement, clinical teaching and clinical evaluation but revealed that the students showed negative perception in clinical supervision. There were significant differences in perception of clinical training between the university-based and hospital-based nursing students (P -value < 0.05). There was no significant difference in the perceptions of clinical training between the male and female nursing students (P -value > 0.05), but female nursing students showed negative perception in clinical

supervision. It is therefore recommended that; enough clinical supervisors should be employed and equal attention should be given to both male and female students, the university-based and hospital-based nursing students during clinical training etc. Suggestions for further studies were also made.

Sumari-Ayo (2018) in a quantitative study in Tanzania investigated on “factors influencing clinical teaching of midwifery students” using three schools of midwifery. Their study revealed that clinical instructors and preceptors were overworked due to shortage of staff, the schools’ skill laboratory and the hospital wards lack basic equipment and necessary supplies, there were no clinical accompaniment guideline, teachers in the classroom and supervisors in the clinical areas do not cooperate with each other in training the students and that both the professional and educational qualifications of the clinical instructors were low.

Students’ overall perception of posting.

Another study carried out by Odunukwe (2017) in Nigeria on perspective of clinical posting experience among undergraduate nursing students of University of Nigeria Enugu Campus. Students in 500 level who met the inclusion criteria were used and a descriptive survey was used too. Questionnaire was the instrument for data collection. The Major findings of the study include: many of the students (66.7%) perceived that the timing of their clinical posting is late; 59.4% perceived the duration of the posting as short; the students perceived inadequacies in 56% of supervisory skills of their supervisor in the clinical area; 50% of the student nurses perceived that 83% of activities in clinical supervision were not carried out and that their achievement test in basic nursing tasks was poor.

Another study by Chapman and Angelica (2020) in Husserlian School of Phenomenology in Western Australia titled “The Nursing Students’ Lived Experiences of Clinical Practice”. A purposive sample was used and the study question was “what is clinical practice like for you?” The main source of data used to understand the study was interviews

conducted with 14 nursing students. The findings showed that participants perceived clinical practice to be an essential component of their nursing education. Clinical practice with functional teaching and learning materials provided the student with the opportunity to link theory with the practice of caring for clients. Data also revealed that the relationship that students had with their clinical teachers, the agency staff and client was fundamental in the process of learning.

A study carried out by NRC Tlakula and LR Uys in South Africa titled nursing students' perception of clinical learning experiences as provided by the nursing staff in the wards. A descriptive survey was carried out, using convenience and systematic sampling in order to better understand the manner in which student nurses perceive their clinical experience in the hospital. Data were collected from 80 subjects in 4 nursing colleges using a critical incident technique. Positive and negative experiences are described.

Jyoti and Shama carried out a research on Perception about clinical posting among B.Sc. nursing student (2021) in India. The survey aimed at assessing and comparing the perception of 1st and 3rd B.Sc. nursing students in selected college of nursing, Haryana, India. This study employed a descriptive design, among 40 students by convenient sampling technique. The result showed that more than half (60%) of the students from 1st year had a positive perception regarding clinical posting, and as the year of study progresses, 3rd year students also had positive perception (70%) regarding clinical posting. There is much less difference (10%) in their level of perception between 1st and 3rd year students regarding their clinical posting. In conclusion, a student perceives their clinical posting positively as they progress from one year to other year.

A study by Manikala and Vijay (2020) on Perception of nursing students' on clinical experience in the national referral hospital of Bhutan. The study was done to explore how nursing students commonly perceive their clinical experience. The study was conducted with

eight to ten students from three levels of nursing (1st, 2nd, 3rd year students). This study employed an interview to collect data from its respondent. The students were allowed to discuss and give their frank views. Their discussion was recorded in a tape, and notes were also taken. The result of the survey was given in four different themes, and these include; “good exposure”, “connect theory to practice”, “anxiety and fear during first posting” and “task participation and helping”. In conclusion, the result depicts both positive and negative themes, being encountered during clinical posting.

Students’ Perception about clinical Supervision

A survey on Perception of Nursing students regarding Clinical learning environment supervision (CLES), was carried out by Neetu, Jyoti, Simarjeet and Poonam college of Nursing, Mullana, India, (2018). A quantitative research approach with descriptive survey research design was used to collect data from 222 nursing students. The result showed that 90.62% was having highest mean relationship between student, staff and 84.32% has the lowest mean relationship between students and preceptor. In conclusion, it was found that students valued supervision. Nursing students were oriented to wards by clinical instructor, they felt that they received individualized supervision and continuous feedback and suggestion of improvement from clinical instructor and there were frequent bed side rounds.

A qualitative study carried out by Rafiee, Moattari, Nikbakht, Kojuri and Mousavinasab (2019) at Shiraz Nursing and Midwifery School Iran was on the views of nursing students and trainers about problems and challenges of nursing students’ clinical evaluation. A sample size of 8 nursing instructors and 40 nursing students were used. Data were collected through semi-structured deep interviews. Content analysis was employed in order to analyze the data. The results showed that from the students and instructors’ point of view, inappropriate clinical evaluation methods, problems of clinical evaluation process and problems related to clinical instructor were considered the important evaluation problems.

Saarikoski et al, (2017) carried out a study in Finland and UK on the comparative analysis of the experiences of Finish and English student nurses in clinical learning environment and supervision instrument. The data were collected from a total population of 558 student nurses from four nursing colleges in Finland and UK. Data were statistically analysed using ANOVA. The findings showed that Finish students evaluated their clinical placements and supervision more positively than students in UK.

Another study carried out by Ziaee, Ahmadinejad and Morravedji (2020) in Tehran University of Medical Science Iran was titled “Evaluation of medical students’ satisfaction with clinical education and its effective factors”. The research design used was a cross sectional descriptive analytical study. Subjects were medical students during their medical internship (the last two years of sixth and seventh year medical students). A questionnaire based on job satisfaction was used for data collection. In this study clinical education was classified into outpatient, bedside and theoretical teaching in addition, the students’ satisfaction of the way they were tested for clinical skills (clinical evaluation) was also assessed. Two hundred and fifty (250) medical students were surveyed in their study. The statistical package for the social science (SPSS version 9) was used for statistical analysis. The mean age of the students was 36.5 years (23-35year) and 216 (86.4%) of them were male. In their study, the overall satisfaction was 38.8% (97/250). 61.2% (153/250) were not satisfied with their clinical education. There was no statistically significant relationship between age and gender. Satisfaction with the way through which they were tested (methods of evaluation) was 64% (161 subjects). In their study, there was no relationship between satisfaction and gender.

A research conducted on nursing students’ perception of the clinical learning environment and supervision in relation two different supervision models by Anna, Mirjam and Lindblad (2019), used a comparative cross-sectional design. This study was performed within the

nursing program at a university college in Sweden during students' clinical placement in medical and surgical department in three different hospitals. Data was collected using the Clinical Learning Environment, Supervision and Nurse Teacher evaluation scale, CLES+T by distributing questionnaires to 381 students. The students were divided into two groups and supervised by different Preceptors (models A and B). The result showed that students supervised in model A had more positive experiences of the cooperation and relationship between student, preceptor and nurse teacher, compared to students in model B. Students in model A were more positive to having more than one preceptor and felt that this contributed to the assessment of their learning outcomes.

2.8 Theoretical Review

James Gibson's Ecological Theory of Perception

Gibson's theory of perception was developed in 1950. According to Goldstein (2019), Gibson was an American psychologist. His psychology of perception is referred to as an "ecological approach" based on the interactive relationship between the perceivers and their environment. Critical to Gibson's model is that perception is an active process and that meaning is added through higher mental processes such as cognition or memory. He argued that meaning is external to the perceivers and lies in what the environment affords him. Gibson's theory assumes the existence of stable, unbounded and permanent stimulus information in the ambient optic array. And it supposes that the visual system can explore and detect this information.

Gibson argued that perception was crucial as it allowed humans to adapt to their environments. His theory of perception is information-based rather than sensation-based. And to that extent, an analysis of the environment (in terms of affordances), and the concomitant specification information that the organism detects about such affordances (environment) is

central to the ecological approach to perception. In order to receive information from the actual environment, human beings are equipped with sense organs. Each sense organ is part of a sensory system which receives sensory input and transmits sensory information to the brain.

According to Gibson's theory, perception of the environment inevitably leads to some course of action. Ecological understanding of perception derived from Gibson's early work include: "perception-in-action" and "affordance". "Perception-in-action" is the notion that perception is a requisite property of animate actions, that without perception, action would serve no purpose. Gibson increased his focus on the environment through development of the "theory of affordance". "Affordance" is the real perceivable opportunities for action in the environment that are specified by ecological system. The affordance of the environment is what it offers the organism (human), what it provides or furnishes either for good or ill. He regarded affordance as a property of whatever the person interacts with.

Application of the theory to this study

Gibson's notion that perception is a requisite property of animate action and that without perception, action would be unguided implies that student nurses have the property/ability to perceive their clinical training. It is how they perceive the training (positively/negatively) that determines how the training is carried out. Without the student perceiving the training, there may not be need for change and continuous quality improvement in the training. The dependent variable is the perceptual exploration that is the overt perception –in- action. That is the student's (perceiver) perception of the clinical training which may be positive or negative. The independent variable is the available information and event in the actual environment (target) being perceived. That is the clinical training (placement, teaching, supervision and evaluation) being perceived. The affordance is the intervening variable. That is the characteristic, nature, condition of the training and the characteristics in the

environment (experiences) that affect the emotional and motivational state of the student nurses. The nursing students sample information about their clinical training experiences from the outside visual world through their knowledge of the environment from mental representation (higher mental processes). If the timing, setting, condition of the training and the experiences of the student nurses are poor, the students will have negative perception about the training, and the reverse is the case.

Summary of Reviewed Literature

Clinical training in nursing education comprise of posting of student nurses to the clinical areas/sites where formal acquisition, practice and evaluation of clinical proficiencies through experiences in hospital care environment take place under the supervision of a qualified clinical nurse educator, clinical instructor or preceptor. Nursing students' perceptions of the clinical training is of paramount importance because it has been associated with their later professional attitudes, career commitment and retention. The conceptual review was on nursing education, clinical nursing training, clinical placement, clinical learning environment, clinical teaching, supervision, evaluation and perception. James Gibson's ecological theory of perception was reviewed to provide a framework for this study.

Majority of the empirical studies were done outside Nigeria and they covered both university and hospital-based student nurses. They centered mainly on clinical learning environment and very few were on clinical evaluation teaching and supervision. However there is paucity of indigenous studies in this topic. The very little empirical studies that were done in Nigeria used only university-based students and did not assess the views of the hospital-based student nurses in all the subscales. The aspects of clinical placement, supervision and evaluation were not well covered too. And as earlier stated, the student nurses' perception of clinical training is a legitimate indicator of the quality of the training. It is this gap that informs the

researcher's choice of topic, nursing students' perception to clinical nursing training in the University of Benin.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

This study employed a descriptive, cross-sectional design. This design forms the full basis upon which the data was analyzed and then generalized in attempt to make inferences.

This design was considered appropriate for the present study because it allowed the investigator to describe the current and prevailing information about nursing student's perception of clinical training and reveal areas that need change. The design was successfully used by Okpala, Iheanacho, Okoronkwo and Stephens (2014).

3.2 Research Setting

Benin City is the capital, and largest city of Edo State in southern Nigeria. It is the fourth-largest city in Nigeria after Lagos, Kano and Ibadan, with a total population of 1,782,000 as of 2021. It is situated approximately 40 kilometres (25 mi) north of the Benin River and 320 kilometres (200 mi) by road east of Lagos. Benin City is home to some of Nigeria's institutions of higher learning, namely, the University of Benin located at Ugbowo and Ekenwan, the Ambrose Alli University located at Ekpoma, the College of Education Ekiadolor, Igbinedion University, the Benson Idahosa University and Wellspring University. The University of Benin is a public research university located in Benin City, Edo State, Nigeria. It is among the universities owned by the Federal Government of Nigeria and was founded in 1970. The School currently has two campuses with fifteen faculties including a central library called John Harris Library.

Since there is a yearning for a higher education in nursing, the University of Benin decided to provide training in this area. In accordance to the National Universities Commission, candidates with relevant qualifications should be admitted for the five year degree programme. The first set of students were admitted into the University of Benin in the 2007/2008 academic session. The department had its NUC and Nursing and Midwifery

Council of Nigeria full accreditation in 2012 and 2013 respectively. Hence, the department was able to participate in the professional examination and had recorded 100% success in Nursing and Midwifery examination for a number of times and also had smooth graduation of students. . Their clinical sites are located at UBTH, at the health centers in the communities within Benin and Federal Neuropsychiatric Hospital Edo state.

3.3 Target Population

The population used consists of all nursing students in the University of Benin who have clinical experience. At the time of the study they were about 320 bonified nursing students in 200 – 500 level taking part in the study.

3.4 Sampling technique

Proportionate Sampling Method was chosen in the course of this study, this was due to the fact that the technique is a sample selection method whereby every member of the population was given equal opportunity to participate and where selected randomly to avoid bias.

3.5 Sample size

In calculating the sample size, the Taro Yamane formula will be used.

$$n = \frac{N}{1 + N(d)^2}$$

Where n= the sample size

d= the level of precision (a standard number of 0.05 at 95% confidence level)

N= population size (320)

$$n = \frac{320}{1 + 320(0.05)^2}$$

$$n = \frac{320}{1 + 320(0.0025)}$$

$$n = \frac{320}{1 + 0.8}$$

$$n = \frac{320}{1.8}$$

$$n = 177.8$$

Approximately, n = 178

3.6 Instrument for Data Collection

The instrument consists of fifty-two (52) items divided into two sections. Section A composed of four items used to collect demographic data which included gender, years of study, age and marital status while section B composed of forty eight (48) questions divided into four sections that represented each variable measured in this study.

Responses was anchored on a four (4) point Likert-scales ranging from “1” for “strongly disagree” to “4” for “strongly agree”.

Details of the instrument used in this study was presented in the appendix

3.8 Reliability

A pilot study was conducted, using 17 students from the department of Medical Laboratory Science, faculty of Basic medical sciences, who will not participate in the study

3.7 Validity of instrument

The study adopted a standard questionnaire instrument that was designed to test the perception of nursing students to clinical nursing training. Also, the draft questionnaire was reviewed by experts and statistician and the validated instrument approved by the supervisor.

3.9 Method of Data Collection

In order to ensure a high response rate, a cover letter accompanied each questionnaire to respondents explaining the research objectives with the assurance of the confidentiality of the information they provided. Each questionnaire was sent directly to the students, and asked to fill in the survey. To enhance the response rate, questionnaires were delivered and collected in person. Students were given sufficient time to fill the questionnaires before the questionnaires were retrieved.

3.10 Method of Data analysis

The completed questionnaires were rechecked for completeness, entered into Microsoft excel and also rechecked for accuracy. This was done after coding negatively worded items were

reversely coded to enable high score correspond to high performance; strongly agree equal to 4, agree equal to 3, disagree equal to 2 and strongly disagree equal to 1.

Descriptive statistics (percentage frequency and mean scores) was computed on the questionnaire item and the demographic variables.

Inferential statistics was performed to determine the perception of nursing students to clinical nursing training. P-values < 0.05 was interpreted to be statistically significant. The analysis in this study applied regression with coefficients of the dependent and independent variables determined respectively.

All data were analyzed using the Statistical Package for the Social Science version 21 (IBM SPSS Inc.)

**CHAPTER FOUR
PRESENTATION OF DATA**

Table 4.1: Demographic characteristics of respondents

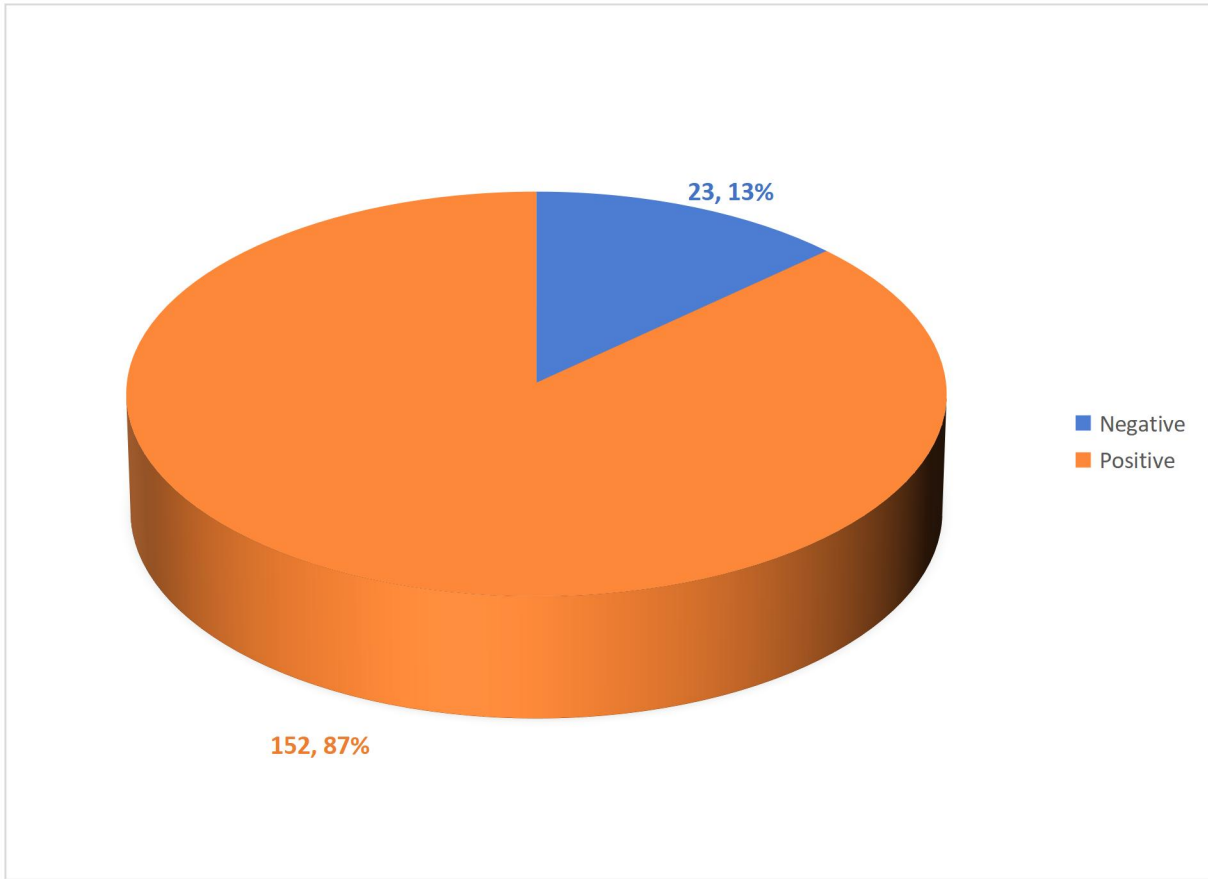
	Frequency	Percentage
Year		
Year 2	56	32.0
Year 3	68	38.9
Year 4	29	16.6
Year 5	22	12.6
Age		
<20 years	76	43.4
20 - 24years	62	35.4
25 - 29years	35	20.0
30 - 34years	2	1.1
Gender		
Male	53	30.3
Female	122	69.7
Marital Status		
Single	164	93.7
Married	9	5.1
Divorced	2	1.1

Table 4.1 shows the demographic characteristics of respondents. It shows that 68(38.9%) are in year 3, 76(43.4%) are <20years, 122(69.7%) are females, while 164(93.7%) are single.

Table 4.2: Students' Perceptions of Placement to Clinical setting/ environment

	SD	D	A	SA	Mean	St.D
The orientation I received for the placement was adequate	25(14.3)	66(37.7)	73(41.7)	11(6.3)	2.40	0.81
The duration for each clinical placement and exposure was adequate	3(1.7)	62(35.4)	76(43.4)	34(19.4)	2.81	0.76
All the placements were timetabled	2(1.1)	45(25.7)	96(54.9)	32(18.3)	2.90	0.69
Rotations to necessary specialist clinical units were adequate e.g theatre, obstetric and gynae, med-surg etc	7(4.0)	40(22.9)	71(40.6)	57(32.6)	3.02	0.85
Reasonable accommodation was made available for the student during outstation posting	12(6.9)	56(32.0)	80(45.7)	27(15.4)	2.70	0.81
Transport arrangements during the placement were adequate	9(5.1)	44(25.1)	54(30.9)	68(38.9)	3.03	0.92
Reasonable steps were taken to ensure that the health of the students were not jeopardized during placement	11(6.3)	52(29.7)	81(46.3)	31(17.7)	2.75	0.82
There was a positive atmosphere for learning throughout the period of the posting	7(4.0)	48(27.4)	63(36.0)	57(32.6)	2.97	0.87
The clinical sites and faculty provide me with procedure book during placement	10(5.7)	46(26.3)	83(47.4)	36(20.6)	2.83	0.82
It improved my interpersonal relationship and skills	5(2.9)	50(28.6)	66(37.7)	54(30.9)	2.97	0.84
Clinical learning environment was conducive in all clinical settings.	6(3.4)	44(25.1)	76(43.4)	49(28.0)	2.96	0.82
The nurses at the clinical setting were friendly and easy to approach throughout the period of posting and rotation.	9(5.1)	60(34.3)	71(40.6)	35(20.0)	2.75	0.83

Table 4.2 shows the mean students' Perceptions of Placement to Clinical setting/ environment. The item with the highest mean is "Transport arrangements during the placement were adequate" with a mean of 3.03, while the least mean was on the item "The orientation I received for the placement was adequate", with a mean of 2.40.



Perception of clinical Placement

Figure 4.1 shows the perception of clinical placement. It showed that 152(87%) have positive perception, while 23(13%) have negative perception.

Table 4.3: Students' Perception of Clinical Teaching (Instruction)/learning

	SD	D	A	SA	Mean	St.D
The clinical instruction was student centered	15(8.6)	54(30.9)	91(52.0)	15(8.6)	2.61	0.76
The instructor encouraged me to ask questions	6(3.4)	43(24.6)	80(45.7)	46(26.3)	2.95	0.80
The instructor communicated concept clearly	5(2.9)	41(23.4)	85(48.6)	44(25.1)	2.96	0.78
The procedure and log books were accurate and useful during the teaching	7(4.0)	41(23.4)	65(37.1)	62(35.4)	3.04	0.87
There was a good coverage of the clinical instruction curriculum.	13(7.4)	45(25.7)	77(44.0)	40(22.9)	2.82	0.87
The facilities were always in good working condition (adequate).	7(4.0)	54(30.9)	64(36.6)	50(28.6)	2.90	0.86
The clinical instructors were adequate in number	7(4.0)	47(26.9)	79(45.1)	42(24.0)	2.89	0.81
Varied clinical teaching styles (methods) were used by the instructors.	10(5.7)	53(30.3)	69(39.4)	43(24.6)	2.83	0.87
I was taught by a number of different clinical instructors.	8(4.6)	54(30.9)	68(38.9)	45(25.7)	2.86	0.86
Patients were involved during clinical teaching when necessary.	7(4.0)	41(23.4)	74(42.3)	53(30.3)	2.99	0.84
Opportunities are given to express my opinion and develop interpersonal skills during teaching sessions.	7(4.0)	45(25.7)	81(46.3)	42(24.0)	2.90	0.81
Opportunities were given to me for demonstration of clinical skills learnt like carrying out basic nursing tasks.	9(5.1)	54(30.9)	68(38.9)	44(25.1)	2.84	0.86
I was able to constantly use the learning materials provided for practical demonstration.	7(4.0)	43(24.6)	76(43.4)	49(28.0)	2.95	0.83
I was opportune to develop collaboration and communication skills with members of other disciplines during the teaching.	8(4.6)	45(25.7)	88(50.3)	34(19.4)	2.85	0.78

Table 4.3 shows students' perception of Clinical Teaching (instruction)/learning. It shows that all the items had a mean score greater than 2.50 indicating positive perception of clinical teaching/learning.

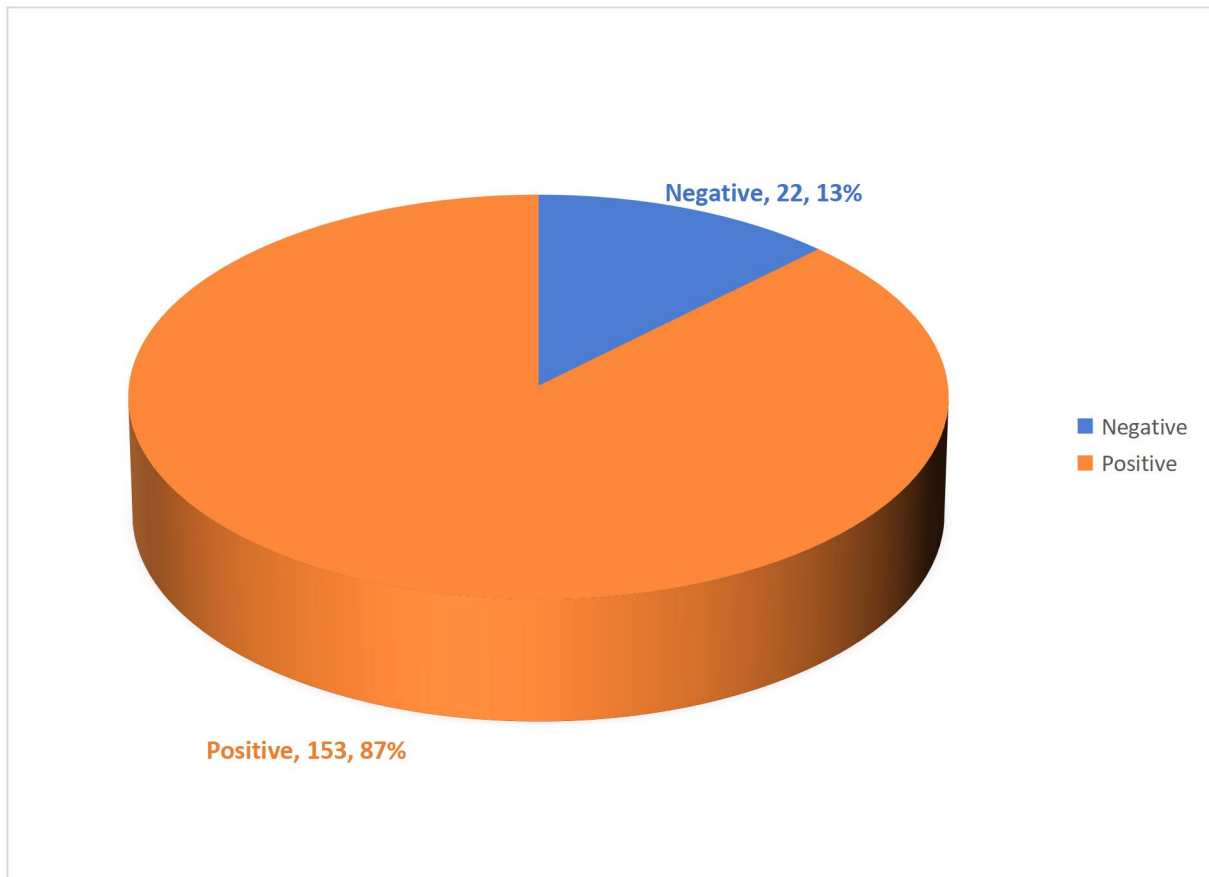


Figure 4.2: Perception of clinical Teaching

Figure 4.2 shows the level of perception of clinical teaching. One hundred and fifty three (87%) have positive perception, while 22(13%) have negative perception.

Table 4.4: Students' Perception of Clinical supervision

	SD	D	A	SA	Mean	St.D
The clinical instructor and supervisors have adequate training, knowledge and skills to supervise.	8(4.6)	45(25.7)	102(58.3)	20(11.4)	2.77	0.71
The clinical supervisors do not belittle and intimidate students.	4(2.3)	41(23.4)	86(49.1)	44(25.1)	2.97	0.76
The supervisor takes responsibility for students learning.	9(5.1)	27(15.4)	94(53.7)	45(25.7)	3.00	0.79
Supports of teachers from the school during clinical experiences were adequate.	16(9.1)	42(24.0)	60(34.3)	57(32.6)	2.90	0.96
There was good support system for student who encountered difficulties.	12(6.9)	37(21.1)	92(52.6)	34(19.4)	2.85	0.81
The supervisory relationship was characterized by a sense of trust and mutual relationship.	7(4.0)	43(24.6)	67(38.3)	58(33.1)	3.01	0.86
The staff was generally interested in student's supervision.	8(4.6)	35(20.0)	87(49.7)	45(25.7)	2.97	0.80
I received group supervision which was adequate.	13(7.4)	29(16.6)	81(46.3)	52(29.7)	2.98	0.87
I received individual supervision which was adequate.	10(5.7)	39(22.3)	75(42.9)	51(29.1)	2.95	0.86
The supervisors were always accessible.	9(5.1)	39(22.3)	78(44.6)	49(28.0)	2.95	0.84
The supervisors show respect for students.	7(4.0)	39(22.3)	87(49.7)	42(24.0)	2.94	0.79
The supervisors had good rapport with students.	8(4.6)	29(16.6)	82(46.9)	56(32.0)	3.06	0.82

Table 4.4 shows the mean students' Perceptions of Clinical supervision. The item with the highest mean is "The supervisors had good rapport with students." with a mean of 3.06, while the least mean was on the item "The clinical instructor and supervisors have adequate training, knowledge and skills to supervise.", with a mean of 2.77.

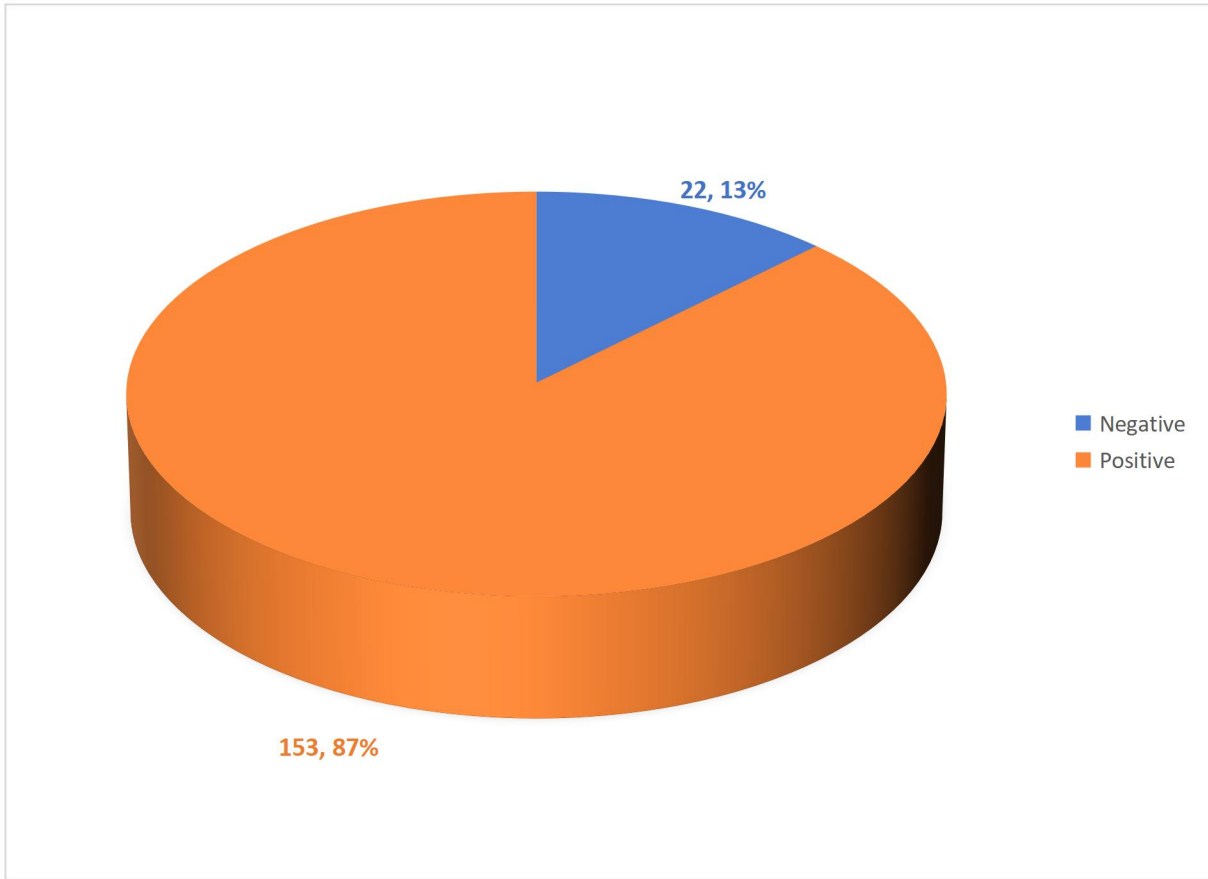


Figure 4.4: Perception of clinical supervision

Figure 4.4 shows the perception of clinical supervision. It shows that 153(87.4%) have positive perception, while 22(12.6%) have negative perception.

Table 4.5: Students' Perception of Clinical supervision

	SD	D	A	SA	Mean	St.D
I was evaluated in each unit of practice.	12(6.9)	42(24.0)	94(53.7)	27(15.4)	2.78	0.79
My clinical performance was evaluated only at the end of each semester.	9(5.1)	47(26.9)	82(46.9)	37(21.1)	2.84	0.81
I was given opportunity for self-assessment.	12(6.9)	39(22.3)	77(44.0)	47(26.9)	2.91	0.87
The clinical evaluators were able to use assorted techniques (strategies) like continuous assessment, assignment and examination.	13(7.4)	40(22.9)	74(42.3)	48(27.4)	2.90	0.89
The clinical evaluators were good at providing constructive criticism and feedback	5(2.9)	37(21.1)	84(48.0)	49(28.0)	3.01	0.78
Through the feedback, my strengths were reinforced and errors corrected.	7(4.0)	45(25.7)	65(37.1)	58(33.1)	2.99	0.87
The faculty informed me of the grading methods in practical exam	9(5.1)	39(22.3)	73(41.7)	54(30.9)	2.98	0.86
I was duly informed of the duration and period of clinical evaluation.	8(4.6)	45(25.7)	76(43.4)	46(26.3)	2.91	0.84
The evaluator consistently informed me of my progress.	9(5.1)	41(23.4)	82(46.9)	43(24.6)	2.91	0.83
Assignment that required critical and creative thinking were provided or given.	14(8.0)	42(24.0)	57(32.6)	62(35.4)	2.95	0.96

Table 4.5 shows the mean students' Perceptions of Clinical supervision. The item with the highest mean is "The supervisors had good rapport with students." with a mean of 3.06, while the least mean was on the item "The clinical instructor and supervisors have adequate training, knowledge and skills to supervise.", with a mean of 2.77.

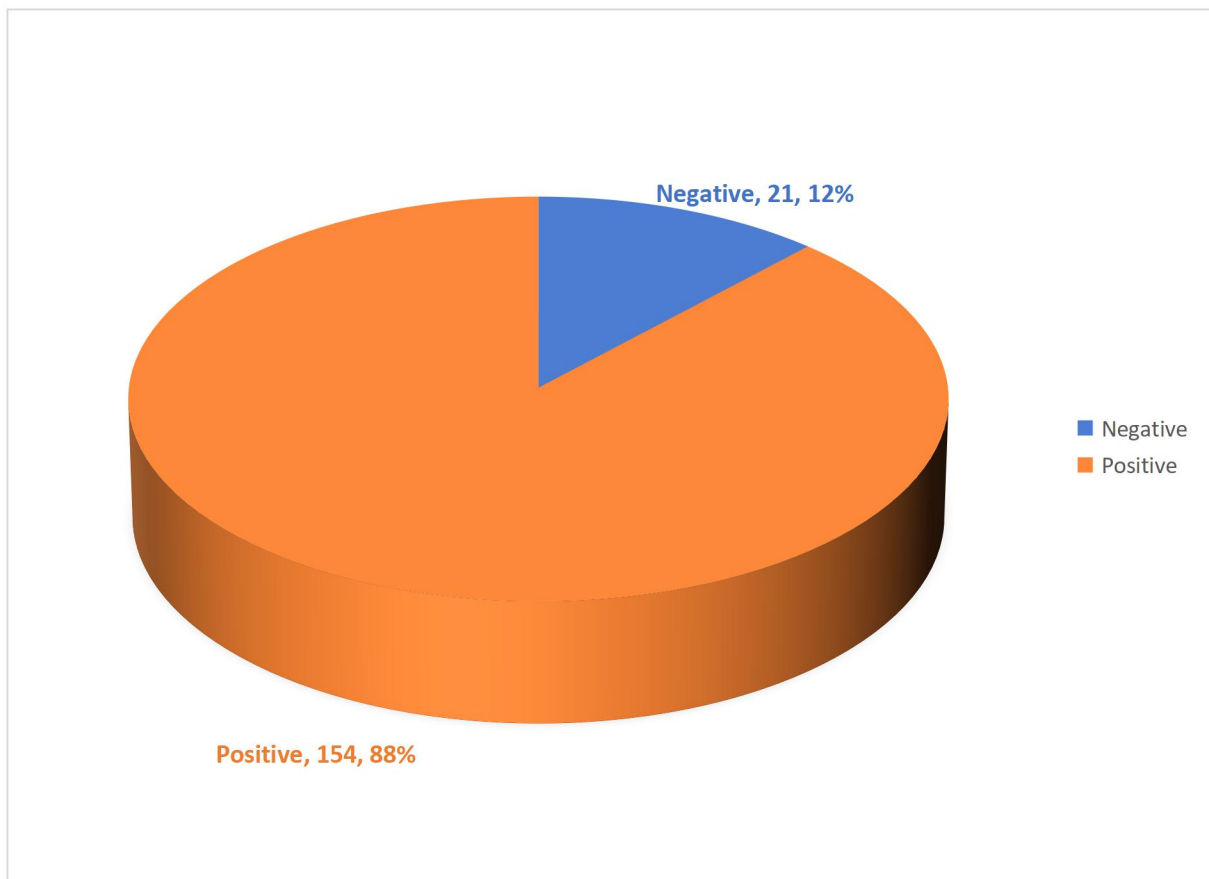


Figure 4.5: Perception of clinical evaluation

Figure 4.5 shows the level of perception of clinical evaluation. It shows that 154(88%) have positive perception of it, while 21(12%) have negative perception.

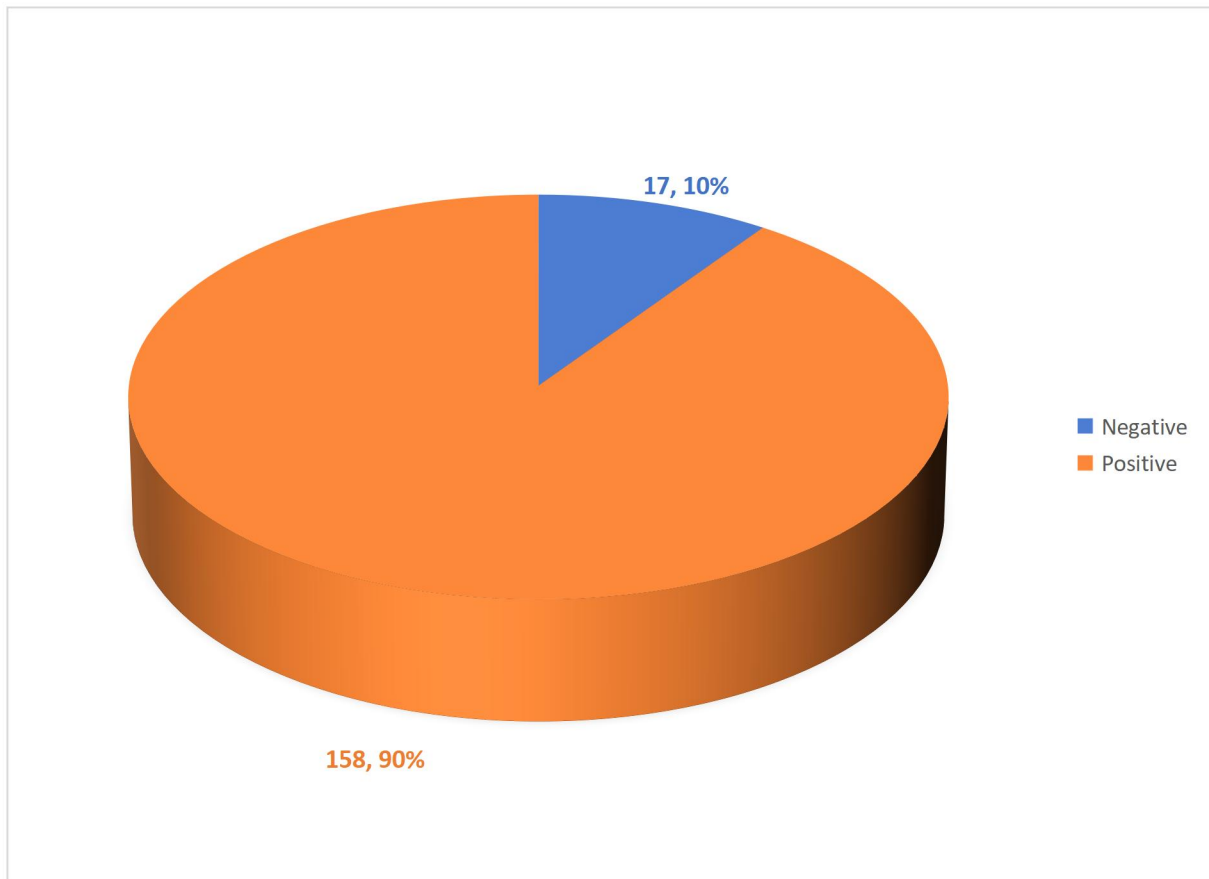


Figure 4.6: Overall perception of clinical posting

Figure 4.6 shows the overall perception of clinical posting. It shows that 158(90%) have positive perception of it, while 17(10%) have negative perception.

Hypothesis

H0: There is no significant difference in perceptions of clinical nursing training based on gender.

Table 4.6: Mean comparison of perception of clinical nursing training based on gender.

	Mean	Std. Deviation	t	P
Male	2.93	0.32	0.894	0.372
Female	2.88	0.32		

Table 4.9 shows the mean comparison of perception of clinical nursing training based on gender. It shows that the mean perception of clinical nursing training for males is higher than females, however it was not statistically significant ($p>0.05$). We therefore accept the null hypothesis.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

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

5.1 Discussion of Findings

Perception of clinical Placement

Findings of this study shows that majority of the respondents had positive perception of clinical placement. This is because the item “Transport arrangements during the placement was adequate” from the data analysis has the highest mean score of 3.03. A total of 152 (87%) students have a positive perception towards clinical placement, while less than one third of them had negative perception. In relation to the present study the research done by Ekstedt, Lindblad, and Löfmark (2019) in Sweden revealed that Overall, the students had positive experiences of the clinical learning environment. The ratings of the pedagogical atmosphere, leadership style of the ward manager, and premises of nursing on the ward had mean values between 3.1 and 4.5.

Perception of clinical Teaching

The finding from this study shows that majority have positive perception. The result from data analysis shows that all the item from the questionnaire had a mean score greater than 2.50, indicating positive perception of clinical teaching/learning, with a total of 875. While less than one third have negative perception of clinical teaching. In contrast, a study by Ludin, and Fathullah (2016) in Malaysia revealed that Year 3 and 4 students perceived faculty clinical teaching behaviours positively and that the higher the students level of study, the better their perception of the influence of the clinical behavior of their teachers on their learning (Year 3, $p = 0.04$ and Year 4, $p = 0.04$).

Perception of clinical Supervision

Evaluation of perception of clinical supervision among respondents showed that majority have positive perception, while less than one third have negative perception of clinical supervision. In contrast, a study by Rajeswaran (2016) in Botswana revealed that nursing students experienced initial clinical anxiety, stress, lack of teaching and guiding support, lack of organizational support and resources, inadequate clinical supervision and role acceptance. Majority of the students had the perception that their lecturers focus more on the procedure than on the clinical teaching. Furthermore, it was reported that the attitude and biased opinions of the lecturers affects the focus of the nursing students in the clinical area. Similarly, findings of a study conducted by Donough and Van der Heever (2018) in South Africa indicated both positive and negative experiences regarding clinical supervision. Positive experiences included the support that was received from supervisors. However, they were overshadowed by many comments on negative experiences concerning the behaviour and competencies of the supervisors. The findings also confirmed that the students experienced differences in the clinical procedures demonstrated by various supervisors. Negative experiences that relate to abusive behaviour such as misuse of power were also found, as well the incongruence amongst clinical supervisors regarding clinical procedures.

Perception of clinical supervision

Results of this study shows that majority of the respondents have positive perception of clinical supervision, while about a quarter have negative perception. A study by Masruroh and Kurnia (2018) in Indonesia revealed that the respondent's perception of the clinical evaluation was good. Over half of the respondents (66%) reported that the clinical preceptor was ready to guide students during the practice while only 2% were rarely ready to guide students during the practice. Also, 71.7% of the respondents reported that they were made

aware of the learning objectives prior to the meeting, and over half (62.3%) reported that the clinical preceptor provides a special time to discuss the case.

Overall perception of clinical posting

This study found that majority of the respondents have overall positive perception of clinical posting while less than one third have overall negative perception of clinical posting. A study carried out by Leino–Kilpi, Haritini, Saarikoski, Lambrinous and Papastavrou (2019) in Cyprus and Finland found problematic supervisory relationship among 30% of the students. Students were supervised by a variety of people, ranging from staff nurses, to managers, doctors, fellow students or they were not assigned to a supervisor. They perceived their clinical placements as “good”. Nevertheless Cypriot students gave ward managers a low evaluation score. Another study carried out by Odunukwe (2017) in Nigeria found that many of the students (66.7%) perceived that the timing of their clinical posting is late; 59.4% perceived the duration of the posting as short; the students perceived inadequacies in 56% of supervisory skills of their supervisor in the clinical area; 50% of the student nurses perceived that 83% of activities in clinical. Similarly, a qualitative study carried out by Rafiee, Moattari, Nikbakht, Kojuri and Mousavinasab (2019) at Shiraz Nursing and Midwifery School Iran showed that from the students and instructors’ point of view, inappropriate clinical evaluation methods, problems of clinical evaluation process and problems related to clinical instructor were considered the important evaluation problems.

5.2 Summary

This study seeks to assess the clinical nursing training from the nursing students’ point of view. The study was outlined into five chapters. Chapter one of this study dealt with the introduction of the topic, statement of problem, objectives of the study, research questions, hypotheses and scope of study, the significance of the study and operational definition of terms. Relevant literature were reviewed in chapter two on the subject under discourse,

theoretical framework and empirical review of related studies were also discussed in this chapter. Chapter three dealt with research methodology which adopted the survey research design and random sampling method was used to select one hundred and seventy five nursing students in the University of Benin who have clinical experience. A well-structured questionnaire was used as instruments of data collection. Analysis and interpretation of data were discussed in chapter four, tables with percentage and means represented information as well as bar charts. The result from the study shows that majority of the respondents have overall positive perception of clinical posting while less than one third have overall negative perception of clinical posting.

5.3 Implication to Nursing

- Evidence from this study could guide nurses to better prepare students and clinicians for all the components of nursing students' training.
- It will help nurses overcome the unnecessary rigors of training such as poor learning environment.
- Better delivery of education to nursing students during training should be fostered by reducing factors that prevents their satisfaction.

5.4 Limitations of the Study

Shortage of necessary materials for review of literature as there were not enough books that relates to this study on the nursing student's perception to clinical nursing training.

Financial constraint where experienced by the researcher.

5.5 Conclusion

This study assessed the clinical nursing training from the nursing students' point of view. The result shows that majority of the respondents have overall positive perception of clinical posting while less than one third have overall negative perception of clinical posting. The study however also identified that there is no significant association between perception of clinical nursing training for males and females.

5.6 Recommendations

1. Government and multinational agencies should make concerted efforts to support training of nursing students to provide better satisfaction and perception of training.
2. A comparative study can be conducted among students from other institutions besides those attending the University of Benin.

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APPENDIX
QUESTIONNAIRE

Department of Nursing Science,
School of Basic Medical Sciences,
University of Benin,
Edo state.

4th October, 2021.

Dear Respondent,

**QUESTIONNAIRE ON NURSING STUDENTS' PERCEPTIONS OF CLINICAL
NURSING TRAINING IN THE UNIVERSITY OF BENIN**

The researcher is an undergraduate student of the Department of Nursing Sciences, University of Benin, Benin city. This questionnaire is designed to obtain information on the nursing students' perceptions of clinical nursing training in the University of Benin.

The research work is purely an academic exercise and information obtained will be treated with utmost confidence. You are requested to be as honest and objective as possible in answering the questions. Your sincere opinion on each question will be highly appreciated. Do not write your name or registration number.

Thanks for your anticipated co-operation.

Merit Oghenerioborue Evuarherhe

Instruction:

Tick (√) in the appropriate box in section A

Tick (√) at the column that represents your opinion against the statement in section B

Section A: Demographic characteristics

- 1. Year of study (a) Year 2 (b) Year 3 (c) Year 4
(d) Year 5

- 2. Age (a) < 20 years (b) 20-24 years (c) 25-29 years
(d) 30-34 years

- 3. Gender: (a) Male (b) Female

- 4. Marital status: (a) Single (b) Married (c) Divorced

SECTION B:

Students' Perceptions of Clinical Nursing Training

Use the following scale to answer all questions.

4 – Strongly Agree “SA”, 3-Agree “A”, 2-Disagree “D” and 1 – Strongly Disagree “SD”.

S/n	Items	SD	D	A	SA
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	Opinion about Placement to Clinical setting/ environment	1	2	3	4
1	The orientation I received for the placement was adequate				
2	The duration for each clinical placement and exposure was adequate				
3	All the placements were timetabled				
4	Rotations to necessary specialist clinical units were adequate e.g theatre, obstetric and gynae, med-surg etc				
5	Reasonable accommodation was made available for the student during outstation posting				
6	Transport arrangements during the placement were adequate				
7	Reasonable steps were taken to ensure that the health of the students were not jeopardized during placement				
8	There was a positive atmosphere for learning throughout the period of the posting				
9	The clinical sites and faculty provide me with procedure book during placement				
10	It improved my interpersonal relationship and skills				
11	Clinical learning environment was conducive in all clinical settings.				
12	The nurses at the clinical setting were friendly and easy to approach throughout the period of posting and rotation.				

		SD	D	A	SA
	Views about Clinical Teaching (Instruction)/learning	1	2	3	4
1	The clinical instruction was student centered				
2	The instructor encouraged me to ask questions				
3	The instructor communicated concept clearly				
4	The procedure and log books were accurate and useful during the teaching				
5	There was a good coverage of the clinical instruction curriculum.				
6	The facilities were always in good working condition (adequate).				
7	The clinical instructors were adequate in number				
8	Varied clinical teaching styles (methods) were used by the instructors.				
9	I was taught by a number of different clinical instructors.				
10	Patients were involved during clinical teaching when necessary.				
11	Opportunities are given to express my opinion and develop interpersonal skills during teaching sessions.				
12	Opportunities were given to me for demonstration of clinical skills learnt like carrying out basic nursing tasks.				
13	I was able to constantly use the learning materials provided for practical demonstration.				
14	I was opportune to develop collaboration and				

	communication skills with members of other disciplines during the teaching.				
		SD	D	A	SA
	Views about clinical supervision	1	2	3	4
1	The clinical instructor and supervisors have adequate training, knowledge and skills to supervise.				
2	The clinical supervisors do not belittle and intimidate students.				
3	The supervisor takes responsibility for students learning.				
4	Supports of teachers from the school during clinical experiences were adequate.				
5	There was good support system for student who encountered difficulties.				
6	The supervisory relationship was characterized by a sense of trust and mutual relationship.				
7	The staff was generally interested in student's supervision.				
8	I received group supervision which was adequate.				
9	I received individual supervision which was adequate.				
10	The supervisors were always accessible.				
11	The supervisors show respect for students.				
12	The supervisors had good rapport with students.				
	Perception of Clinical Evaluation	SD	D	A	SA
		1	2	3	4
1	I was evaluated in each unit of practice.				

2	My clinical performance was evaluated only at the end of each semester.				
3	I was given opportunity for self assessment.				
4	The clinical evaluators were able to use assorted techniques (strategies) like continuous assessment, assignment and examination.				
5	The clinical evaluators were good at providing constructive criticism and feedback				
6	Through the feedback, my strengths were reinforced and errors corrected.				
7	The faculty informed me of the grading methods in practical exam				
8	I was duly informed of the duration and period of clinical evaluation.				
9	The evaluator consistently informed me of my progress.				
10	Assignment that required critical and creative thinking were provided or given.				