

Perceptions of Baccalaureate Graduates on their Clinical Nursing Education and its Effectiveness in their Service Delivery

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Abstract

Good clinical education underscores good nursing practice and is the avenue through which students develop clinical skills. Baccalaureate graduates have been perceived as less skilled professional nurses when compared with graduates from the diploma-based nursing programme. However, this assumption is based on a perceived deficiency of clinical education in the baccalaureate programme. The purpose of this study was to explore the perceptions of baccalaureate graduates on their clinical education and the effectiveness of clinical education in their service delivery. This was a qualitative, exploratory, descriptive, contextual study. Twenty-nine graduates from four different universities, who had worked for a minimum of two years post-graduation, were interviewed for a period of 45–90 minutes each. The graduates of the baccalaureate nursing programme indicated that their clinical education was adequate, despite limited time allocated for clinical education and challenges at the clinical placement site. From the study, the researchers recommended that the nursing curriculum be evaluated to balance the time allocated for the theoretical and clinical components of the programme, and to ensure that in future there is better theory-praxis articulation.

Keywords: Baccalaureate; clinical education; effectiveness; graduates; Nigeria; perception



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Introduction

There can be no good nursing practice without sound clinical education (Okoronkwo et al. 2013). Clinical education is the measure of a nurse's education (Kermansaravi, Navidian, and Yaghoubinia 2015; Khan, Shafi, and Akhtar 2015) and a key determinant used to measure and evaluate the success of a nursing programme and the performance of newly qualified nurses in practice (Dimitriadou et al. 2015; Farzi, Shahriari, and Farzi 2018). Clinical nursing education is the medium through which professional nursing skills are taught and learnt (Anarado, Agu, and Nwonu 2016). Such clinical education takes place in a variety of environments where health is promoted or where ill persons receive care. This can be in a hospital, clinic, nursing home, community and even the school environment. The clinical learning experience in these environments depends on the ability to create a good and supportive clinical learning environment (Baraz, Memarian, and Vanaki 2015; D'Souza et al. 2013).

A good, conducive and supportive clinical learning environment can be defined as an environment where students develop professional skills through harmonisation of theoretical knowledge into practice (Aliafsari Mamaghani et al. 2018; Bigdeli et al. 2015). This is achieved through synchronisation of factors to bring about positive learning outcomes in students (Doyle et al. 2017; Flott and Linden 2016). These factors include good planning of the curriculum content both for theory and practice; support from clinical staff and faculty; and availability of learning opportunities at the clinical placement sites (Asirifi et al. 2017; Killam and Heerschap 2013; Najafi Kalyani et al. 2019).

Before the 20th century, nursing training was predominantly done in the hospital environment. However, in the 20th century this gradually moved from hospital-based to university-based nursing education (Mannix, Wilkes, and Luck 2009). According to Spence et al. (2019), the movement of theoretical aspects of nursing education to universities created a gap in the clinical training of student nurses. This is because in hospital-based training, student nurses are incorporated and accepted at an early stage of their training into the hospital system; however, with university programmes the students only seem to integrate fully into the system after graduation (Haddad, Moxham, and Broadbent 2017). This impacts the clinical training of the two groups in different ways. Graduates from the hospital-based programme (diploma nurses) are presumably better prepared for clinical nursing (Oermann et al. 2010). Baccalaureate graduates are perceived as saturated with theoretical knowledge and less prepared for clinical nursing and hence have challenges with a theory-practice gap (Monaghan 2015). Despite this, all graduates are expected to make decisions at the level of expert nurses. Murray, Sundin, and Cope (2019), however, argue that new graduates, regardless of the educational background, go through a period of transition from novice to expert.

Studies conducted on the theory-practice gap among new graduates focus on fresh graduates with less than two years' working experience. Findings from these studies suggest that new graduates are less prepared for professional practice and drop out of

nursing (Awaisi, Cooke, and Pryjmachuk 2015; Rush et al. 2019; Walton et al. 2018). This ongoing notion triggered the need to explore the perception of baccalaureate nursing graduates in Nigeria on their clinical education and its effectiveness in their service delivery.

Background

The history of nursing education in Nigeria can be traced back to the 1800s with the advent of the missionaries. The need to train nurses was driven by religion, colonial administration and the world war (Adebanjo and Olubiyi 2008). In 1930, the formal training of nurses and midwives began with the establishment of the Midwives Board of Nigeria (Ajibade 2012). In 1949, the government founded four schools of nursing, one in each region of the country. At that time, most schools of nursing were hospital-based and coordinated by the Ministry of Health (Ajibade 2012). On successful completion of their training, students from these schools are awarded a diploma certificate in nursing. In 1962, to improve the status of nursing in society, the department of nursing at the University of Ibadan was established to produce nursing leaders in education and administration with the introduction of a degree in nursing. Students admitted into this programme were registered nurses or midwives with clinical experience (Ayandiran et al. 2013). In 1973, however, another type of university nursing programme was established in Obafemi Awolowo University, focusing on fresh students from secondary school without prior background in nursing (Ayandiran et al. 2013). According to Oforji (2016), the nursing curriculum in Nigeria is 70% clinical and 30% theory. This ratio is similar in both the university and diploma nursing programmes. However, in the university programme there are additional complementary compulsory courses based on the National Universities Commission (NUC) benchmark, such as basic parasitology, and introduction to cell biochemistry, which makes the theoretical component more substantial.

The quality of clinical nursing education for undergraduate students determines to a great extent the quality of nurses produced. However, anecdotal sources have reported that in the hospital-based nursing programme, the clinical education was offered in a minimum of 4-weeks block periods per semester in addition to an 8-weeks block period at the end of the academic year. Clinical education in the university-based nursing programme is structured differently, where clinical exposure happens alongside the theory, twice a week during the semester and fulltime for three months during the university vacation period. It is argued, therefore, that the structure of university-based clinical education negatively impacts the continuity of clinical learning.

With this, the comparison and debate between the diploma nurses and the baccalaureate nurses began, considering who is the more clinically competent of the two categories. Despite the ongoing debates, the Nursing and Midwifery Council of Nigeria (N&MCN) announced, in 2017, that the nursing education programme would be moved from the Ministry of Health to the Ministry of Education (from hospital-based training to university-based training) (N&MCN 2019). This idea was not welcomed by many

professional nurses in Nigeria, who believed that clinical education in the baccalaureate programme is insufficient to prepare nurses for the workforce (Dandong et al. 2017).

At the time of conducting this research, there was no published research to validate or negate the claim that the clinical education of the university-based programme in Nigeria is inadequate for the preparation of professional nurses for clinical practice. This paper, therefore, reports on the perceptions of graduates of the baccalaureate nursing programme on the clinical education they had received during their training and how it prepared them for clinical practice in Nigeria.

Purpose

The purpose of the study was to explore the perceptions of baccalaureate graduates on their clinical education and the effectiveness of the clinical education in their service delivery.

Materials and Methods

Design

This was a qualitative, exploratory, descriptive, contextual study. This type of research study is conducted when there is limited information on a phenomenon and a rich description is required for future replication of research (Reiter 2017). The qualitative approach allowed graduates to describe their perceptions without being limited by a set of structured, closed questions from the perspective of the researchers. This limited biases and allowed for freedom of expression and reporting in the words of the graduates. Little was known about the effectiveness of the clinical education offered in the baccalaureate nursing programme in Nigeria, hence the exploration of the perceptions of the graduates on the effectiveness of their clinical education, based on their experiences as qualified professional nurses, registered with the Nursing and Midwifery Council of Nigeria was needed. The study sought to answer the following questions: 1) What are the perceptions of the graduates on their clinical nursing education? and 2) Is the clinical education they received effective for use in their work life and service delivery?

Research Settings and Participants

The universities were purposefully selected for the study. Two Federal Universities, one State University and one Private University from the south-west geo-political region of Nigeria were selected. One of the Federal Universities was the first university in Nigeria to offer a university degree programme for nursing in 1962, while the second was selected because it was the first university in Nigeria to offer a generic nursing programme in 1973. The generic nursing programme is an undergraduate nursing programme, which includes general nursing, midwifery and public health nursing certificates in addition to the nursing degree. The programme was adopted by the Nigeria University Commission in 1999 and currently serves as the universal nursing

programme in Nigeria. The third university selected was the State University, which offers both part-time and full-time nursing programmes. The fourth university was a private university selected because it offered a nursing degree programme.

The participants were sampled using the snowballing method. The researcher recruited the first participant through a contact person in the nursing departments of each of the four universities. After the first interview, the researcher requested the participant to link the researcher to other potential participants who met the selection criteria. The graduates who participated in this study had at least two years' post-graduation experience and were working in clinical facilities such as teaching, general and private hospitals. This criterion assumed that a graduate with two or more years' post-graduation experience would have a better perspective of their clinical education experienced at the university, in relation to its application to the world of work.

Data Collection

Twenty-nine interviews were conducted with graduates from the four universities between March and April 2015. The researcher contacted the graduates telephonically. The interview was conducted at each participant's home or at the hospital, as was convenient for the participant. Interviews conducted at the hospital were done during the participant's break to ensure that patient care was not negatively affected. Each participant gave written consent before an interview of between 45–90 minutes was conducted and recorded. During the interview the graduates were asked two main questions: 1) What was their perception of the clinical education they received at the university? and 2) Did it prepare them for their work life and service delivery? Depth in the interview was enhanced by using probing questions.

Data Analysis

The researcher used thematic inductive analysis as outlined by Creswell (2014). After each interview the researcher transcribed the recordings. The transcripts were read to understand the ideas that were emerging from the data. The transcripts were then organised into codes following Tesch's eight steps of coding as outlined by Creswell (2014). The codes were then organised into two main themes and four sub-themes as they relate to the research questions.

Ethics

The research proposal was submitted to the University of Western Cape Senate Research and Ethics Committees for approval and ethics clearance (Reg. No.14/10/32). In addition, the researcher obtained permission from the ethics committees of the four universities: University of Ibadan (UI/EC/15/0084); Obafemi Awolowo University (ERC/OC/2015/06/15); Babcock University (BUREC/069/25) and Ladoko Akintola University of Technology (LTH/OGB/EO2015).

The researcher adhered to the three main ethics principles that guide qualitative research, including autonomy, beneficence and justice (Al-Khatib and Kalichman 2019). The researcher explained the study to each participant and obtained informed consent. Participants were informed that they could withdraw from the research at any time without negative consequences. Each interview was conducted at a place chosen and convenient for both participant and researcher. The participants of the study were not exposed to any risk during the study. The right of each participant was respected and they were addressed respectfully.

Measure to Ensure Trustworthiness

The researcher ensured trustworthiness by following the four golden standards stipulated by Lincoln and Guba (1985), as cited in Connelly (2016). Credibility of the research was enhanced by conducting a test interview to ensure that the interviewing process and technique were effective. The interviews were audio-taped and continuous member checking was done to gauge the accuracy of the interpretation of data. Transferability was ensured by a detailed description of the research setting, the participants and data collection method and analysis. Dependability was established when the research supervisor listened to the first few recordings and read the first few transcripts of the interviews. An audit trail from the start of the data collection was kept by the researcher and the supervisor from March 2015 until the reporting of the data in December 2016. An independent coder was also used to ensure the dependability of the results, and the themes and categories derived by the independent coder were similar to that of the researcher. After some deliberations between the supervisor and the researcher the final themes were confirmed. Continuous engagement with the research supervisor about the research enhanced confirmability.

Results

Demographic Characteristics

The study was conducted with a total of 29 participants from four universities in the south-west region of Nigeria.

Table 1: Graduate demographics

| University | Average years at work (minimum-maximum years) | Sample Size | Sample size per gender | Average age (minimum- maximum age) |
|-------------------|--|------------------------|-----------------------------------|---|
| | | | | |

| | | | | |
|-------------------|-------------|---|-----------|---------------------|
| First university | 5 years | 7 | Female: 4 | 32 (27–34 years) |
| | (2–7 Years) | | Male: 3 | |
| Second university | 5.4 years | 7 | Female: 2 | 30 (25–40 years) |
| | (3–10years) | | Male: 5 | |
| Third university | 5.4 years | 7 | Female: 4 | 32 (25–37 years) |
| | (3–7 years) | | Male: 3 | |
| Fourth university | 5.3 years | 8 | Female: 2 | 27 (25–35 years) |
| | (2–9 years) | | Male: 6 | |

Findings

The findings from the study described the perceptions that the graduates held concerning their clinical education. Two broad themes emerged from the data: the impact of the nursing curriculum design on the clinical nursing education and the acquisition of professional skills; and factors affecting quality learning in the clinical component of the programme.

Theme 1: The impact of the nursing curriculum design on the clinical education and acquisition of professional skills

This theme has three sub-themes, which relate to the nursing curriculum at the universities being overloaded with theory in the bid to meet the standard requirements for a university degree. This left little time for the clinical component of the nursing programme. The graduates regarded the substantial theoretical component in their curriculum as an added advantage to their proficiency at work.

Sub-theme 1.1: The structure of the curriculum leaves little room for students' clinical exposure and learning

The baccalaureate nursing curriculum in Nigeria is very broad with courses from different disciplines. Some of the participants viewed it as a weakness in comparison to the diploma programme.

For instance, we were made to undergo courses that were inconsequential to my discipline. This is unlike diploma nurses that were taught what they should know. Secondly, they spend longer hours at the hospital than we do. (Graduate 9)

They reported that the packed theoretical timetable left few days per week for clinical placement during the semester.

We do postings [clinical placement] just Tuesdays and Thursdays, which I feel is not sufficient and we start eight in the morning and leave three in the afternoon. (Graduate 27)

Participants pointed out that the structure of the university academic calendar affects the balance between clinical placement and theory.

I will say we needed more days to spend on the ward, the challenge also is the academic calendar, because it specifies the number of days for theory and clinical somehow, we need to be able to balance it. (Graduate 27)

However, the imbalance with the practice and theory experienced during the normal semester is remedied with a clinical placement of three months during the long university vacation period.

For those in 200–400 level there is what we call industrial training, so you will do three months posting at a stretch. (Graduate 10)

Sub-theme 1.2: The theoretical component of the nursing curriculum was handy in practice

The participants reported that though the theoretical component is vast and left little room for their clinical placement, it places them at an advantage over the diploma nurses. It contributed to the accuracy of their clinical judgement and efficiency of care. From their experience they perceived that the theoretical component prepared them for their work as a clinician. The commendation from their patients and colleagues as being well-prepared nurses boosted their confidence.

... I understand why I do things and do them differently. And whenever I practise, I get lots of commendations from my patients. In fact, one of my colleagues confessed to me that she used to think that degree nurses don't know the practical but changed her opinion after watching me discharge my duties efficiently. (Graduate 10)

And:

The clinical training helped because it helped me to discharge my duties to the ideal level or close to it. For instance, I rarely see a nurse ask a patient after a procedure if they need something more or [if they are] comfortable. I do ask my patients and they are always pleasantly surprised. (Graduate 13)

Sub-theme 1.3: The University graduates proved to be more resourceful and skilled in the long run

This sub-theme relates to the graduates' perceptions of their clinical education and its effectiveness in the delivery of care.

One of the strong views shared by the participants was that earlier in their practice as professional nurses they perceived the diploma nurse to be better in practice, but with time they recognised that the baccalaureate nurses are better prepared than the diploma nurses.

My education placed me at a better advantage because, theoretically I know what I am doing. Clinically I have the experience. I might not have the more [as much as] they have, the level of exposure they have on the ward because they are always there but with time as I interacted with them I was able to get all that I need within few months [after] I started working I was able to blend and I can say that I am good. (Graduate 22)

The inadequacy of clinical placement time created pressure, and the graduates reported that as students they had to learn a lot in a short period. This tension proved useful in practice, where they were required to work under pressure.

And one thing my education has helped with is that somehow you were trained to do the right thing and we learnt under tension [pressure] and there is no amount of tension [pressure] on the ward that can distract me because I am used to the tension [pressure]. (Graduate 15)

Theme 2: Factors affecting the quality of learning in the clinical component of the programme

This theme has two sub-themes and expresses the perceptions of the graduates about the factors that affected the quality of their clinical education. The graduates perceived that the inadequate number of professional nurses on the wards and their negative attitudes towards the students affected the quality of learning during their clinical placements.

Sub-theme 2.1: Inadequate number of professional nurses negatively affects the clinical learning experience during clinical placements

Participants in the study reported that the chronic shortage of nursing staff in the hospital impacted negatively on their clinical learning experience. The professional nurses are already overworked with the care of patients and had limited time to mentor students in practice.

... most times you are in encounter with a nurse who maybe a [is one] nurse to about 25 patients. I mean how she would teach you? ... there is no way she is going to still attend to you. (Graduate 2)

And:

The staff don't even have time for us. They may even allow you to witness once. They may try but they don't care if you do it well or not because they are interested in their primary work not teaching you. (Graduate 14)

Participants reported their perception that professional nurses viewed the students as workers who had come to alleviate the workload, instead of students who were placed for clinical learning.

It does not come like learning; it comes like a work. So, we must blend into the work. You must do what you are told. The nurses tell you, do this, do this ... So, you must do what you are told. So, it becomes like a job. It's not coming to you like an education now. (Graduate 2)

Sub-theme 2.2: Negative attitudes of professional nurses towards the degree student nurses

At the time of the study, most of the professional nurses were not baccalaureate nurses. Participants believed this influenced the attitude of the professional nurses toward them while they were students. The baccalaureate students suffered discrimination and were viewed as “only good at theory nurses.” This made the environment hostile for students and restricted their exposure to hands-on experience.

It is not always an interesting ... it is a hostile environment then because those practising nurses ... majority of them, they're graduates of schools of nursing. They don't like us. (Graduate 20)

One of the participants related an experience during her professional examinations, which clearly depicted the discrimination against baccalaureate students by the professional nurses.

I recollect when I was to write my qualifying exam, on getting to the ward, the matron in charge of the female medical ward, defer the bed bath which should be a morning procedure because the school of nursing [diploma] students were to have their own practical about the same time. ... That same day, the moment the school of nursing [diploma] students finished their own exams all the matrons at the wards left, leaving the degree students with no supervision. So, I was like why would they dislike BNSc students like this, so that has been the situation. (Graduate 12)

Participants perceived this as preventing baccalaureate students from having hands-on experiences, as professional nurses believe they will get them into trouble.

This is because there were several things that we were not allowed to do while we were at the wards. Some of the nurses don't allow us to do anything; they will say they don't want trouble and that really affects us. (Graduate 13)

The participants expressed that you must ask them to teach you. “If you don't ask, they won't teach.”

... if you don't ask the matrons and the nurses questions, they are not ready to carry you along. They will just be looking at you ... so you must prove to them that you want to learn, if you are the type that don't care, they too will be looking at you. (Graduate 12)

Discussion

The purpose of this paper was to describe the perceptions of baccalaureate graduates on their clinical education and the effectiveness of the clinical education in their service delivery. One of the findings was the impact of the nursing curriculum design on the clinical education and the acquisition of professional skills. The graduates reported on how the substantial content of the curriculum left little time for clinical practice. This is supported by the findings of Agbedia (2012) who contends that the Nigerian baccalaureate nursing curriculum is overloaded with content and leaves little room for clinical experience. At first glance this seems to be a major disadvantage to students; however, an in-depth look reveals the advantages it holds for the graduates in their world of work. The knowledge gained from the other courses can be applied in the care of patients and contributes to the good clinical judgement of the baccalaureate nurses compared to the diploma nurses. The graduates in the study reported having better and more accurate clinical judgement compared to the diploma nurses. This is in agreement with previous studies that baccalaureate nurses demonstrate precision in their judgement and critical thinking (Aiken 2014; Aiken et al. 2014; Cho et al. 2015; O'Brien, Knowlton, and Whichello 2018). Clinical judgement is an important component in good nursing practice and the ability for sound clinical judgement is dependent on a good theoretical foundation and clinical experience (Van Graan, Williams, and Koen 2016).

The lack of good clinical judgement in a nurse—amongst other factors such as the complexity of patient conditions, shortage of staff and negative work environment—can lead to burn-out and nurses quitting the nursing profession. However, researchers have identified that a nurse with resilience will have a better coping mechanism and is more likely to remain in the profession (Amsrud, Lyberg, and Severinsson 2019; Mathad, Pradhan, and Rajesh 2017). Resilience is an attribute that the graduates in this study reported having developed as a result of the stressful conditions in which their clinical education occurred.

In addition to the challenging curriculum and little time for clinical exposure, the graduates reported on factors that affected the quality of their clinical learning experience. Amongst the factors reported by the participants is the shortage of nursing staff in the facilities for clinical supervision. Professional nurses form a vital part of a positive clinical learning environment. They contribute to the supervision of the students during clinical education. They guide and help students with the integration of theory into practice. Graduates reported that the shortage of nursing staff affected the quality of their clinical learning experience, as was also found by Kamphinda and Chilemba (2019). In addition, the shortage of staff, according to the graduates, resulted in nurses being overworked and exhausted by patient care, leaving little or no time to supervise or teach the students. With little or no time, the support of the students becomes secondary. Provision of support to students during clinical placement is very important for the successful achievement of the students' learning outcomes (Anderson, Moxham, and Broadbent 2016; Courtney-Pratt, Ford, and Marlow 2015). In this study,

the graduates reported that not only were the professional nurses unavailable, they were also not friendly towards the baccalaureate students. The graduates assumed that the lack of cordial relationships with the baccalaureate students was because of differences in the educational status of most of the professional nurses. Having a good relationship with the students creates a good and supportive clinical learning environment, thereby providing effective clinical experiences for the students (Ford et al. 2016). From the study, the graduates reported that although their clinical education had its challenges, it prepared them for the world of work. The hostility they encountered from the professional nurses and the challenges in the clinical learning environment prepared them for their future work life in similar environments. Coping with these obstacles enabled them to build resilience and a coping strategy, which is useful in their present work environment.

Recommendations

Recommendations for the following three findings are proposed: limited clinical practice hours; lack of adequate clinical supervision; and negative attitudes of staff towards students. The researchers recommend that the curriculum be reviewed to create a balance between the learning time for theory and clinical practice. Furthermore, conscious efforts should be made towards the improvement of clinical supervision of the students during clinical practice. While the university may not be able to employ more staff in the hospital, the university should employ more clinical supervisors to accompany the students during clinical practice. Stakeholder meetings between the staff of the university and the clinical facilities should be scheduled at least bi-annually to discuss student matters. This should improve relationships between education and practice and between staff at the clinical facilities and students placed for clinical learning.

Limitations of the Study

The paper intends to reflect the perception of baccalaureate graduates on their clinical nursing education and its effectiveness in their service delivery in Nigeria. However, it can be argued that the study was limited to four universities in the south-western region of Nigeria, and may therefore not be generalised to the whole of Nigeria. In addition, the snowballing sampling method used may not have been a fair representation of the graduates of the universities because participants referred those whom they knew and who agreed to participate in the study.

Conclusion

This paper sought to describe the perceptions of baccalaureate graduates on their clinical education and the effectiveness of the clinical education in their service delivery. The study found that despite some challenges with the curriculum, the graduates perceived the clinical education they received as adequate preparation for them to deliver effective and quality nursing care. In addition, they suggested that on reflection the “additional”

theoretical knowledge they had received was an added advantage to them during their practice.

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