Challenges in clinical learning: experiences of Maldivian nursing students

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ABSTRACT *Background: Clinical practice is an essential part of nursing education. It provides opportunity to apply theoretical knowledge, and develop skills. Nursing faculty need to identify ways to improve clinical learning for students. The aim of this paper was to obtain an understanding of experiences of clinical learning environment for Maldivian nursing students. A qualitative descriptive design was used and informed consent was obtained from all students. Data was collected from 20 students of Maldives National University, using four focus group discussions. Focus group interviews that lasted approximately one hour were conducted. The interviews were audio taped and transcribed verbatim. The transcripts were red multiple times to gain an understanding of students experiences. Discussions that related to students clinical experiences were extracted and coded under different themes. Mentors, clinical learning opportunities, clinical evaluation, and student feelings were found to be important components of clinical learning. Interpersonal relationships and communication with mentors were found to be important for motivation of students. Factors in the CLE enabled students to make good use of learning opportunities while other factors hindered their learning. Students felt that clinical evaluation was unfair and not reflective of their achievements. Students experienced a number of positive and negative feelings due to their experiences in the CLE. A number of factors present in the CLE could prevent it from becoming an effective learning environment for student nurses. It is important that nurse educators identify these and find ways to improve the effectiveness of the CLE.*

Keywords: inclusive education, readiness, leadership, school climate, curriculum instruction, assessment, individual student support, knowledge, skills, teacher attitude, Maldives

Introduction

Clinical practice is an essential prerequisite component in the education and training of competent of professional nurses. Clinical practice settings are important in preparing undergraduate nursing students for the role of registered nurse (Jonsén, Melender, & Hilli, 2013). Additionally clinical practice provide opportunity to directly apply nursing theories learned in class to practice where by real-world nursing student's get the opportunity to experience of communicating with patients and other members of the healthcare (O Mara et al., 2014, Ha, 2015) . Hence, clinical experience is where the most crucial learning outcome occurs. Dyson & Millward, 2003). The Clinical Learning Environment (CLE) plays an important role for students to achieve their desired learning outcomes (Bisholt et al., 2014). Exploration of this environment provides useful insight into the educational functioning of the clinical areas and allows nurse educators and instructors to enrich students'

opportunities for learning (Papastavrou et al., 2010). This can assist nursing educators and clinical nurses to develop conducive learning experiences in the clinical setting.

However, since the inception of nursing programs in the Maldives over few decades back, there has never been any research conducted to explore experiences of students' learning in the clinical environment. The aim of this research was to explore the perceptions of student nurses regarding their clinical learning environment.

In the Maldives, nursing and midwifery education and trainings are provided only by Faculty of Health Sciences (FHS), the Maldives National University (MNU). Nursing and midwifery training is offered at main campus in Male', as well as in campuses at four different regions of the country, namely, Kulhudufushi Campus, Gan Campus, Thinadhoo Campus and Hithadoo Campus. At present four different levels of nursing programs are being offered at FHS: Advanced Certificate in Nursing (ACN), Diploma in Nursing (DN), Bachelor of Nursing (BN) and Master of Nursing (MN). Specialized nursing courses such as Advancedas Advanced Diploma in Midwifery and Advanced Diploma in Critical care are also offered. All the programmes have larger clinical components approximately – hours or --- credit points. During clinical posting students are attached to mentors who guide students. These mentors with pre-mentor training and only assigned as a supervisors or mentors, are nurses from the clinical area, and so when students change the clinical area, they are assigned new mentors from the new clinical area.

Literature Review

Clinical experience provides an opportunity to integrate nursing theories to practice and help to improve both nursing knowledge and skills. Placement in the clinical improve aspects such as critical thinking and problem-solving, increase confidence (Moonaghi et al., 2015), develop empathy (Sockhausen, 2005), and a strong sense of belonging (Courtney-Pratt et al., 2012). The quality of clinical experience has a significant influence on the students' ability to become a competent nurse (Peters, Halcomb & McInnes, 2013).

There is a growing body of research to explore the quality and impact of nursing students' learning in the clinical setting (Andrew & Roberts, 2003; Levett-Jones & Lathlean, 2008; Mattila, Pitkäjärvi & Eriksson, 2010; Awuah-Peasah, Sarfo, & Asamoah, 2013; Jonsén et al., 2013; Sedgwick, Oosterbroek, & Ponomar, 2014; Fotheringham, et al, 2015; Ha, 2015; Matchim & Kongsuwan, 2015; Sun et al., 2016). These studies have been conducted across the globe. The findings indicate that clinical learning has many challenges and has positive and negative impacts on students.

A study done by Warne et al., (2010) to explore the clinical learning experience of nursing students in nine European countries revealed that the participants were generally satisfied with their clinical placements. A qualitative etting (Walker et al., 2014).

Positive learning experiences included having visible preceptors and a permissive atmosphere (Jonsén et al., 2013), in addition to being part of team and participating in patients care (D'Souza et al., 2015; Bradbury-Jones, Sambrook and Irvine, 2011). In contrast, adverse experiences of clinical

learning environment were related to feelings of abandonment and powerlessness when preceptors were invisible and the atmosphere of the ward was non-permissive to learning (Jonsén et al., 2013). Furthermore, feelings of being devalued by care team members had detrimental influence on their learning and intent to continue nursing (D'Souza et al., 2015; Bradbury-Jones et al., 2011).

The CLE becomes a challenging area for students due to a number of reasons. They include design and delivery of curriculum (O'Mara, et al., 2014), placement in specialist areas where higher levels of skills are needed (McCallum, Lamont & Kerr, 2016; Meyer, Van Schalkwyk, & Prakaschandra, 2016; Gallagher, 2014; Coyne & Needham, 2012; Mott, 2012), and inadequate preparation of students in practice labs (Nalbosi et al., 2012).

These challenges cause the CLE to become a source of high anxiety for students (Cordeau, 2010; Melincavage, 2011). This can be debilitating and inhibit successful learning (Moscaritolo, 2009). Students experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting (Sharif & Masoumi, 2005). Research shows that students need adequate time in clinical area to overcome this. In addition to anxiety students also experienced frustration (Brown, Stevens & Kermode, 2012), disappointment related to hands-on nursing performance, alienation, degraded self-esteem (Mattila et al., 2010; Ha, 2015), and lack of belongingness (Sedgwick et al., 2014).

In addition to adequate time in clinical (Wawire et al., 2014), involvement of nursing professors in clinical practice led to improvements in clinical learning (Fotheringham et al., 2015). Studies have also shown mentors or preceptors to be an important part of clinical learning (Hegenbarth et al., 2015; Jonsén et al., 2013). When preceptors gave attention and consideration for clinical practice and cultivated a student-friendly educational atmosphere, it helped to achieve learning outcomes (Ha, 2015). In contrast, lack of supervisory support and guidance by lecturers, supervisors and preceptors have been found to be a hindering factor for clinical learning (Anarado, Agu & Nwonu, 2016). Hence, it is crucial for clinical nursing faculty to foster a supportive and conducive learning environment (Moscaritolo, 2009). It is important to identify good role models from nurses in order to ensure facilitation of positive patient care experiences that can in turn lead to good learning experiences (Payne, 2016). A good clinical learning environment could be established through good co-operation and collaboration between academia and clinical site (Chesser-Smyth, 2005; Papp et al., 2003).

Methodology

This study used a descriptive qualitative design. This design is suited to nursing practice research and emphasizes inclusion of existing knowledge in an analytic framework, use of purposive sampling, multiple data sources and inductive data analysis (Polit & Beck, 2014). Focus group interviews were used to obtain detailed description of studentsstudents' clinical experiences, from students who were in different terms of their study.

Participants

Twenty nursing students from the DN and BN programmes who were studying in the Male' campuses were selected using purposive sampling.

The logic behind a purposive sample being used was to provide information rich cases central to the study (Polit & Beck, 2014). Some of the participants had earlier experience of education and work as assistant nurses. Students have had different hours of clinical exposure and were at different levels of study.

Data collection

Data was collected using focus group interviews. There were four focus groups, with five students in each. Each focus group interview lasted approximately one hour. The interviews were audio taped. theThe following questions were used to guide this study: (1) How do you perceive the clinical learning environment? (2) How do you perceive the impact of clinical environment on your learning? (3) What are the positive and negative experiences of clinical learning environment?

Data analysis

Recorded interviews were transcribed verbatim in English language. Each single interview was read several times in order to obtain the actual meaning and then from each transcript significant statements and phrases that directly related to clinical experience of students was extracted. These extractions were categorized under different themes. First of all, extractions were brought together under the individual themes, and then the whole narrative was written together based on these themes. Main themes that were identified were: mentors, learning opportunities, clinical evaluation, and student feelings. The findings will be discussed based on the students' clinical experiences under these main themes.

Ethical Considerations

After recruiting students, a written consent was taken, which included a clear description of the study, including its aim and structure, and that it will be audio taped. The consent mentioned that participation in the study was voluntary and that refusing to participate and any information they shared will not have any effect on their education. The consent also mentioned that all information would be treated with confidentiality. This was a vital aspect of this study because, it allowed students to communicate openly and talk about their experiences in the clinical setting without fear of repercussions.

Findings

The analysis of focus group interviews revealed four key components that students believed to be important in clinical learning: mentors, learning opportunities, clinical evaluation, and student feelings (see figure 1).

Figure 1: key components of clinical learning

Mentors

Participants believed that their learning in the clinical were very much dependent on the mentors. They experienced a number of positive and negative reactions from mentors. Mentors were a motivating factor as well as a demotivating factor for learning. Mentors who motivated, gave advice and encouraged students to ask questions, in addition to having a good relationship with students:

"that mentor is very good, she will say whenever she is going out or if there is a procedure and she will also tell there is a procedure in certain timings so to be ready for it... also she will tell when you get free time to take a patient and write a care plan and to show it to me [mentor]"

"Because of good mentors we wanted to go to clinical"

Good mentors also took an active teaching role, showed concern, and encouraged students to care for patients independently. As one student explained:

"Some mentors are very good. During the short time they try to give us all signatures, and complete all requirements. … with the support of mentors we are able to full fill the requirements".

On the other hand, lack of communication and guidance from mentors made it difficult for students to manage and provide patient care. According to students:

"… we give them our numbers to call us if their duty gets changed but they don't call us"

"They don't even tell us when they are doing a procedure or attending a patient, we have to run after them even when we do like that [run after them], they don't care"

"Then I had a mentor. What she did to me was she just gives me the patient and vanished. Most of the time during hand over also I won't see her. So I had difficulty in managing chronic and sick cases"

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Mentors who were not helpful made the students feel useless and demotivated them. Students believed that mentor training would help to improve their learning in the clinical environment:

"If there is a mentor who don't know anything about teaching then that mentor cannot perform well with students so it is like a waste. The relationship with mentor and student will be good with proper training".

"It is much better in wards now specially for those who have had mentoring workshops"

Clinical Learning Opportunities

Participants believed that the clinical environment comprised of a number of learning opportunities for them. They identified certain conditions in the clinical learning environment that made it possible for them to make good use of learning opportunities: teaching oriented mentors and clinical staff, and opportunity to practice independently and provide patient care. Students expressed their views as follows:

"We felt very good and satisfied during …[a clinical area] posting. We worked in many areas medical, surgical, there sisters are very helpful"

"My best experience is in …[a clinical area] it was very good. We were given to practice independently during last term and this[term]"

Conversely, a number of conditions were identified that prevented students from making the most of their learning opportunities effectively (Table 1).

Main conditions under which students were not able to make best use of clinical learning opportunities:

- Being new to clinical or particular area
- Mentors and ward staff were not teaching oriented
- Students unaware of learning opportunities
- Work management structure
- Clinical placement schedule

Table 1: conditions that prevented students from making good use of clinical learning opportunities

Students experienced difficulties when they started their clinical for the first time, and when they were posted to a new area, especially the specialised

areas like NICU, CCU or Theater. Feeling scared, unfamiliarity with place and equipments, what the mentors expect from them, mentors not providing adequate learning opportunities, mentors expecting same amount of skill from new students as from senior students, and inadequate orientation to the specific area were some of the main reasons identified. When students were too slow or made mistakes, mentors hesitated to let students practice their skills. As students took longer time to complete the procedures, it interfered with the work of mentors and slowed them down:

"Since we are new students, we ask questions from mentors and we ask them to come for procedures with us so they don't like it because we depend on them. They prefer [experienced] students because they know things and are experienced"

"We [new students] take time in doing procedures therefore they [mentors] don't want to give it [procedure] to us most of the time"

One major hindrance for learning was that students were given work such as taking vitals for all the patients in the ward. By the time students finished taking vitals, all patient care was completed. One student summarised these issues:

"We have noticed that vital checking is for students. We also want to practice other procedures... We have had lot of experience in checking vital signs... we want to go for rounds as well. Sometimes they will give 32 patients to check vital signs for one student. That is about one hour- two hours specially in some wards. During rounds doctors explain lot of things, so we learn a lot during rounds. However due to this problem we can't even attempt ward rounds"

"When we come back after checking vitals all the other work will be finished"

Participants stated that such practices were changing in some wards, and students are getting more opportunities to practice their skills. They recommended that faculty could provide specific written tasks to improve the experience for students. However, some students were of the opinion that this will have no effect.

Students were not able to make best use of learning opportunities because of the way clinical posting was structured. The findings revealed a number of issues related to this: students were posted to clinical area without completing related theory component or adequate practice in the labs, the duration of clinical were not adequate, the area that student was posted was not ideal learning environment, and the timing of students duty:

"... lab practice time is not enough. It is very less. For us during our first semester we had few hours and some times in the diploma course students go to

"… at the beginning of semester we had to go to clinical without studying anything from the subject, so we had difficulty in relating the theory to practice. Especially we were in an area which was new so we were quite lost"

Clinical Evaluation

The results revealed two main issues related to clinical evaluation: difficulties orm"

"Sometimes we don't get the mark we deserve in the evaluation. There may be a student who doesn't do that much work but because of a sweet mentor she may get good marks, which is very unfair"

"It also shows the weaker student may get a very high mark than the student who is working hard. Some mentors give equal marks to both students if she is supervising in order to be fair for the students"

Students face a number of difficulties in filling their evaluation forms. Mentors not being able to complete the form on time, and changing of mentors are common reasons for this:

"So when we come there will be another mentor so this affects our evaluation form. So the ward in-charge may say to fill the form by another staff. They will also say I have done few days duty with you so I don't know about you. So get it filled by some other mentor"

Unfamiliarity of mentors with the evaluation was also found to be an issue related to clinical evaluation. According to one student:

"when we give them the evaluation form they will say to keep it and by the time the posting finish and they don't even know what is written in the form. Actually if they see it before only they will know if we are following the right way"

Participants were concerned with how evaluation is conducted because marks are taken from evaluation and added to the final subject marks. According to one student:

"We are concerned because marks are taken from here [clinical evaluation] to it [final subject marks]"

with getting the clinical evaluation form filled, and a perception of unfairness in the method of evaluation. Participants were of the opinion that mentors gave equal marks to students regardless of their performance, in order to be fair to all students. Furthermore, mentors differed in the way they did the evaluation: some mentors asked questions to assess knowledge of students while other mentors filled the form without asking any questions:

"Some mentors fill our forms without checking the student [knowledge/skill] properly.... Some students may get very high in the evaluation form like 99 for their evaluation... We cannot say that mark is appropriate. For example, there might be a very hard working student and one who does not work hard. When we see the evaluation form there is no change from the form"

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Student Feelings

Participants described fears, and positive and negative feelings that resulted from their experiences in the CLE. This had a huge impact on student motivation and performance.

Participants stated that appreciation, and adequate learning opportunities made them feel good and satisfied. Helpful mentors were the main reason for this. Teaching oriented staff and managers lead to a learning focused environment where mentors took an active teaching role. In turn, students had a clear idea of what they were expected to do. In addition to knowledge related teaching, staff also gave instructions regarding improvement of behaviour and attitude. Students described their experiences:

"For me the best experience is from …[a clinical area]…that sister comes and asks us to do things and dressing... She also tells us not to sit or stand without doing work"

"We felt very good and satisfied during …[a hospital] posting. We worked in many areas medical, surgical… sisters are very helpful. I like to go to clinical more than coming to college. Because we get to do things"

Opportunity to provide care independently was a very satisfying experience for the participants:

"My best experience is in ... it was very good. We were given to practice independently"

"I was given a cubicle and was given opportunity to give all the care for patients. That was a very good experience"

Trust from the mentor played an important role in leading to satisfaction of students. Participants believed that trust of mentor allowed student to work independently and provide total patient care.

In addition to mentors, other health professionals on the ward also played a role in feeling of happiness and satisfaction. According to one student:

"doctors teach us …They will explain things and ask questions if we give them answers they will say very good"

Participants also experienced some negative feelings and worries during their clinical placements. All focus groups reported that their main worry was that the clinical requirements might not be completed. Lack of information regarding clinical requirements, and not getting adequate opportunity to practice skills

were the main reasons for this:

"We are very much worried about, that by the time we finish clinical our procedures and signs will not be able to get… for example this semester we have learnt many new things. But if we don't get to practice those and the posting finishes then we are very sad and upset"

"We fear that we may not get the required signature for procedures. We also don't know that what signs we should get… we don't know which ones to get sign for practice, or which ones to get satisfactory"

The negative feelings that participants experienced resulted from lack of communication and feelings of being humiliated. Lack of communication led to feelings of not being cared for while criticizing in front of others made students feel humiliated. This had an extremely negative effect on students:

"Sometimes we are fed up; don't want to go for duty. Because mentors don't care about us"

"Once I went to give bed bath that was my first time and I was slow and shaky and scared. That time also the mentor humiliated me in front of other staff. Now I am totally fed up of that ward and I never want to go to that ward again"

"Every day I was humiliated and demotivated [student crying]".

Experience of previous students in a ward or with a mentor also led to feelings of fear. According to one student:

"The first day even another student asked me who my mentor was. Then I told her … the girl said, you will think and wish that you would have never got this mentor"

Fear was also a result of lack of self-confidence, especially in specialized clinical areas:

"I got very scared to work alone even though we knew the procedures we did not have that much confidence to work alone. Because that was the first experience of that kind in [that placement area]"

Participants stated that with experience, their fear of wards and mentors decreased:

"When we start to work or get to know the mentor [and ward] we come alright".

From the findings it could be seen that students believed mentors to be an essential part of clinical learning, the learning environment affected students, even though learning opportunities are present in CLE, students are not always able to make best use of them, and students feel satisfied and happy when they are able to make good use of learning opportunities that are present.

Discussion

This study has highlighted significant issues in clinical learning of student nurses: 1) Mentors are an essential part of clinical learning 2) CLEs have a number of psychological effects on students 3) students are sometimes not able to make best use of their learning opportunities 4) students feel satisfied and happy when they are able to make good use of learning opportunities in the CLE. This study's findings are in line with existing knowledge regarding clinical learning of nursing students. This study is also a novel contribution to the study of clinical learning in the Maldives.

Relationships with mentors, curriculum design and delivery, clinical unit, staff lack of familiarity with study programme, interdisciplinary team members, and fear of students from personal experiences and stories heard have been identified

as challenges in the CLE (O'Mara et al., 2014). The participants of the current study also agree that relationships, curriculum, clinical area, staff reactions to students, other health care team members, and fears affected their learning in the CLE. The fear they experienced came from personal experience and stories

stories of peers.

Mentors

In the setting of the current study, the mentor was the main clinical educator of the students. Hence this discussion includes the clinical educator role under different names such as mentor, preceptor, clinical teacher and clinical educator.

Participants of the present study believed mentors to be an important part of the CLE. They stated that mentors could make clinical learning a positive experience or a negative experience for students. Previous studies also have linked good CLEs to good mentors (Cooper et al., 2015; Shoqirat & Abu-Qamar, 2013). Mentor should be a good role model for students to learn from (Foster et al., 2015). Mentors need to identify learning needs and facilitate learning in clinical area (Bradbury-Jones et al., 2011). Similar to current study, teaching and explaining were found to be important mentor activities (Foster et al., 2015). Nurses' passion about teaching students have been identified as a significant criteria to measure the quality and quantity of learning through clinical (Ha, 2015).

The current study showed that communication between mentor and students affected their learning. When mentors communicated well with students, they felt cared for, and were motivated to do well. Previous studies have also highlighted the importance of effective communication between mentor and student. This communication should be based on respect, openness, fairness and justice (Moonaghi et al, (2015). Poor communication has been shown to lead to disappointment and feelings of being ignored (Shoqirat & Abu-Qamar, 2013). Students valued interpersonal relationships as an important part of positive CLEs (D'Souza et al., 2015). These relationships were found to make the CLEs challenging for students (O'Mara et al, 2014). When teachers were unkind and not helpful, students felt less motivated to learn (Moonaghi et al., 2015). Preceptors' attitudes and approaches have been found to be the most common causes for students' dissatisfaction with clinical learning (Cooper et al., 2015; Sundler et al., 2014). The current study participants reflected this view when they stated that mentors who communicate well and were interested in teaching, encouraged students to attend clinical, while mentors who did not communicate and did not guide students, demotivated students.

Participants of present study believed that a number of issues related to mentoring could be enhanced through mentor training. They stated that mentor training is important for their learning, and believed that trained mentors were able to provide a better learning experience. Cooper et al (2015) study on key influences impacting quality of clinical placement also showed that students wanted their preceptors to be well trained to carry out their role.

Clinical learning opportunities

Participants of the study believed that clinical environment provided a number of learning opportunities, and certain conditions present in the CLE enabled students to make good use of these opportunities. Literature demonstrates ample evidence on importance of experiences gained in the CLEs to the development

of knowledge and skills of student nurses (D'Souza et al., 2015; Shoqirat & Abu-Qamar, 2013). Current study showed that teaching oriented mentors and clinical staff, and opportunity for independent practice by students, enabled students to make good use of learning opportunities.

Participants of this study were posted in different wards in hospitals to obtain their clinical experience. They posted medical, surgical, and paediatric wards, in addition to operating theatre, intensive care unit, reproductive health unit, and outpatient services. Previous studies have identified hospital wards as good learning environments where meaningful learning situations were present (Bisholt et al., 2014).

However, all CLEs are not positive and meaningful. Unsupportive CLEs have a negative impact on student learning (O'Mara et al., 2014). Participants of current study identified a number of issues that prevented them from making best use of opportunities present in their CLEs: being new to clinical area, mentors and clinical staff who are not teaching oriented, lack of awareness regarding learning opportunities, work structure, and arrangement of clinical schedule were the main issues.

This study showed that students missed a number of clinical learning opportunities due to being given to measure vital signs of the whole ward. Previous studies have also identified that being used as a pair of hands lead to lack of learning opportunity for students (Bradbury-Jones et al., 2011). Due to taking vital signs of many patients, participants of current study missed ward rounds, which they considered an important part of their learning. Ward rounds have been found to be a good opportunity for students to gain in-depth knowledge (Awuah-Peasah et al., 2013).

Another obstacle to learning identified by previous studies was lack of opportunity to work independently (Bisholt et al., 2014). This corroborates with findings of current study, as students identified opportunity for independent practice as an important learning factor that led to increased level of confidence.

Similar to current study, previous studies have also identified that relationships with other members in clinical care team also affected learning. A Canadian study using focus groups showed that students percieved the CLE to be challenging due to relationships with clinical staff, and felt unwelcomed to the clinical area (O'Mara et al., 2014).

The curriculum delivery also contributed to difficulties faced by students. In the current study, students identified a number of issues related to curriculum delivery that had a negative impact on learning: students posted to clinical area before covering related theory component or laboratory demonstrations, and inadequate duration of clinical. Nursing students from Nigeria also believed that incomplete classroom instructions, and inadequate practical demonstrations before clinical experience, can hinder clinical learning (Anarado, Agu & Nwonu, 2016).

Communication between faculty instructors and hospital staff can affect learning of students (Serçekus & Baskale, 2016). Bisholt et al (2014) recommendsclose cooperation between clinical staff and educational staff in order to ensure conducive clinical learning experiences. Participants of current study also reiterated this view when they proposed closer communication between faculty and clinical staff in order to ensure clinical staff are aware of clinical requirements of students.

Students feelings

Participants described a number of fears in addition to positive and negative feelings that resulted from their CLE. These resulted from students' interactions with mentors and other clinical staff, and played an important role in student motivation and learning.

The current study showed that being new to the clinical, or new to a specific area of the clinical made the students more anxious and affected their learning. A number of researches conducted to explore the experiences of the new student resulted in similar conclusions. Sun et al. (2016) found self-doubt, worry and difficulty coping as reasons for anxiety in students new to the clinical area. Studies have shown that good mentors who are visible to students and an atmosphere that promoted learning were positive experiences that encouraged learning for new students (Moonaghi et al., 2015; Jonsén et al., 2013).

When students were not allowed to participate in clinical care, their confidence decreased (Moonaghi et al., 2015). Similarly, when the preceptor was not interested in students or they did not have skills of supervision, the students felt insecure, foolish, and abandoned. In contrast, students felt comfortable and their confidence increased when they are provided with adequate support (Jonsén et al., 2013).

Students felt happy and satisfied when they had opportunity to practice skills and gain knowledge, in addition to being appreciated. Previous studies also have found a positive relationship between appreciation, participation in care, and satisfaction of student nurses (D'Souza et al., 2015; Bradbury-Jones et al., 2011). Lack of encouragement and not being made responsible had a negative impact on knowledge and confidence of students (Bradbury-Jones et al., 2011).

Participants of current study experienced a number of negative feelings that resulted from lack of communication and actions of mentors and clinical staff that led to humiliation for students. These led to feelings of being fed up with clinicals. A study carried out to study nursing students' attitude towards clinical practice showed that students became dissatisfied with clinical practice when they were stressed and frustrated, and when nursing staff were not interested in teaching students and building relationships (Ha, 2015). Unsupportive staff also led to unpleasant experiences that retracted from effective clinical learning.

When the mentor was not visible, students felt abandoned, powerless, and discouraged to learn. On the other hand, visible mentors who involved students in patient care made students feel safe, secure, and respected. However, a Turkish study resulted in mixed views. Some students found the constant presence of instructors a source of comfort, while other students found it to be a source of stress (Serçekus & Baskale, 2016). Nevertheless, the study concluded that learning was positively affected when instructors provided information, demonstrated skills, and gave support.

Even though it can be argued that a moderate amount of anxiety is necessary for learning to occur, research has shown that a high level of anxiety, and a negative attitude towards learning might prevent adequate clinical learning from taking place (Awuah-Peasah et al., 2013). The current study participants believed that one reason for stress and anxiety was stories of other students. Other studies have resulted in similar views (O'Mara et al., 2014; Jonsén et al., 2013).Participants in current study stated that with experience they gained more confidence and felt less stressed with clinical. Previous studies have also shown that positive

One of the main causes of fear for participants of current study was their fear of not completing their clinical requirements and objectives by the end of placement. Their clinical requirements included gaining signatures for procedures and completion of evaluation form. Many times students felt difficulties in obtaining the signatures and getting the form filled by mentors. Although this has not been widely discussed in literature, signing the procedure book was found to be a difficult work for students (Foster et al., 2015). Furthermore, other studies have also shown that failure to achieve learning objectives led to dissatisfaction with the CLE (Bisholt et al., 2014).

Clinical evaluation

Participants in current study found clinical evaluation to be an important part of their learning. They found a number of issues related to evaluation that affected their learning and subject grades. They experienced difficulties in getting evaluation forms signed by mentors, and believed that the marks did not demonstrate their skills and abilities. Literature shows few studies that discussed clinical evaluation as a part of clinical learning. However, the few studies that explored evaluation found similar results. There is consensus that evaluation is an important part of clinical learning. Even though students believed clinical evaluation should be a fair process (Moonaghi et al., 2015), many students do not believe that mentors are conducting evaluation fairly (Shoqirat & Abu-Qamar, 2013). Current study participants believed that there were discrepancies between mentors when filling the forms. Some mentors asked questions from students while others, just filled the form. This was found to be a source of concern for students, as the marks obtained in these forms could influence the overall subject and course results.

Implications for Nursing Education

The CLE is an integral part of nursing education. Measures need to be taken to make students feel comfortable and cared for in the CLE. Similarly, steps need to be taken to ensure that discomforts are minimized. When choosing mentors for students, it is important that registered nurses who are interested in mentoring be chosen. In addition, mentoring guidance need to be provided for those who are interested in mentoring. The clinical placement timings and structure need to be evaluated to identify how the time spent in clinical could be of maximum benefit for students.

Further studies need to be conducted to explore the issues from the perspective of mentors, in order to provide further support to them.

Limitations

The study has used participants from one campus of the only faculty of nursing in a small Asian country. Hence, generalization to other populations should be made with caution. Inclusion of mentors and students from other campuses might have provided a wider and balanced look.

As the focus groups were arranged and conducted by one of the researchers, and the researcher was a faculty teacher, this might have influenced the answers provided by participants. However, students were made fully aware that the answer they provided would not affect their studies in any way.

Conclusion

This study has focused on understanding students experiences of the CLE in a Maldivian culture. Mentors, clinical learning opportunities, clinical evaluation, and student feelings were found to be important components of the CLE. There

were many situations in the CLE which made it an anxiety provoking situation for students. It is important that nurse educators identify ways to decrease this anxiety and endeavour to improve the effectiveness of the CLE.

The data presented will provide an understanding of how the higher education provider can make the clinical learning experience a better one, not only for the students, but also for the mentors. Findings from the research could be utilized to improve the mentor-training programme, and align the programme with students' needs. Most of the findings of the study were supported by existing literature, while other findings have not been widely discussed in the literature.

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