Clinical Learning Environment and Supervision: Student Nurses' experiences within private health care settings in the Western Cape.

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Cover Letter

I, Filomena Borrageiro, hereby submit a research manuscript in the form of an article, in fulfilment for the Master in Philosophy (Health Professions Education).

I declare that the work contained in this manuscript is my original work (context of study, literature review, and methodology) and that I have not previously submitted it, in it's entirely or in part, at any other university for a degree.

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Signature Date

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Abstract

Background

Student nurses indicated that the clinical environment was not conducive to learning because they were part of the ward staff ratio and clinical supervision was inadequate. Upon observations by the researcher and feedback from student nurses' a study was planned to identify the clinical experiences and supervision. The study itself was conducted within private health care settings in the Western Cape Province of South Africa.

Objectives

The objective of this study was to determine the experiences of student nurses of the clinical learning environment. To also identify the support and clinical supervision that the student nurses received from ward staff, clinical facilitators and lecturers.

Methods and analysis

The CLES+T is a reliable and valid evaluation scale for the gathering of information on the clinical learning environment and supervision of student nurses. The CLES+T evaluation scale was completed by 234 student nurses within the selected sites. A quantitative, descriptive cross-sectional survey was conducted by making use of the CLES+T evaluation scale. The CLES+T evaluation scale is subdivided into three main sections with additional sub-sections: (1) the Learning environment, (2) the Supervisory relationship and (3) the Role of the nurse teacher (lecturer).

Results

The clinical learning environment was experienced as mostly positive by the student nurses; however the format and type of clinical accompaniment and supervision students received varied.

Conclusion

This study gave valuable insights into the status of the clinical learning environment, the clinical accompaniment and supervision of student nurses which can be useful to the nursing school in order to enhance existing nursing programmes.

Introduction

Clinical learning[1] can be divided into two distinct spheres. The first is that of patient contact within the wards and the second is that of clinical supervision by senior staff (either individually or as a group).[1] Clinical learning is promoted when the student nurses are exposed to real patients and when integration and practice of skills such as interpersonal skills and clinical skills can occur.[2] Henderson, Twentyman, Heel & Lloyd[3] further confirm that the transmission of clinical learning is promoted within an environment that is based upon support, reliable ward staff and development of professional relationships. The clinical learning environment assists student nurses to integrate the theoretical and clinical components[4] and it is the ideal place where cognitive knowledge can be applied.[5]

Chan[6] states that the clinical setting allows student nurses to learn how to integrate affective; cognitive and psychomotor skills by observing the actions and the practice of nursing in the clinical setting, which can be applied to their own practise.[4] Papp, Markkanen, and von Bonsdorff[7] also state that qualified professionals are very powerful components within the clinical setting.

The role players involved in clinical accompaniment and supervision of student nurses are the ward registered nurses and the clinical facilitators.[8][9] Student nurses learn by having a point of contact and open communication with a clinical facilitator.[3] The clinical facilitator is a qualified nurse educator, who is employed by the hospital and her / his function of the clinical facilitator encompasses the daily clinical accompaniment and supervision of student nurses.[9] Clinical accompaniment and supervision can take place in a formalised and scheduled or unscheduled (private) and informal manner. Furthermore, the role of the clinical facilitator are often the development of teaching programs, identification of student nurses' clinical needs, student assessments, and feedback.[9]

Clinical supervision in nursing can be defined as the 'guidance, support, assessment'[10p408] and the clinical teaching of student nurses.[1] Clinical supervision is a key aspect of health professions education[11] and it typically happens at the bedside.[12] It can take various formats such as group supervision[10][13] peer supervision, direct supervision[10][13] and individual supervision.[2]

Clinical accompaniment and supervision entails the support and guidance of student nurses based on the students' specific clinical needs by creating clinical learning opportunities in order to develop a critical thinking nurse practioner.[9] The clinical accompaniment process also prepares the student nurses for their clinical assessments.[1]

Chan[14] identifies six independent variables that characterize the clinical learning environment of student nurses, namely autonomy and recognition, role clarity, job satisfaction, quality of supervision, peer support, and opportunity for learning. These variables enhance student learning and growth from that of a novice to a professionally mature nurse practioner.[14]

However, literature has identified challenges within the clinical learning environment, such as inadequate clinical supervision of student nurses; a lack of theory to practice integration [15][16][17] a lack of learning opportunities and resources, a lack of awareness of student clinical needs [18] ,inadequate student support and poor communication between the nursing students, ward staff and academic staff.[19]

Background and Context of study

This study was conducted in a private nursing school in the Western Cape, which is accredited by the South African Nursing Council, and complies with training and education regulations and policies. [20] The private nursing school is responsible for the theoretical and clinical component of the four student nurse programmes that are offered. The programmes are designed to meet programme objectives and learning outcomes.. There are two group intakes per year, per respective programme one group in January and one group in May. The programmes involved are first years Pupil enrolled nurse (PEN 1); second year Pupil enrolled nurse (PEN 2) and the bridging programme (BP) both first year (BP) 1 and second year BP 2.

Each programme is one academic year long and consists of 44 weeks: twelve weeks are theoretical blocks and thirty-two weeks take place in the clinical setting. Clinical setting rotations are set for monthly intervals and student nurses rotate between the medical, surgical, gynaecological, orthopaedic, paediatric wards, theatre, trauma, high care, and the intensive care unit. The clinical setting is the inpatients setting, and will be referred to as ‘the ward’ in this study.

Within the private health care setting, student nurses are not supranumery which means they form part of a designated shift and team where their role is to work within the wards. The junior students predominantly do basic nursing tasks while the more senior students assist with the doctors’ ward rounds, administration of medication, patient wound care, admissions, and discharges. In addition to this, the senior students are also expected to take responsibility for eight to twelve patients while assisting junior students and ward staff members as needed.

The private nursing school employs registered nurses in lecturer posts. They are predominantly responsible for the theoretical teaching and some clinical accompaniment and supervision. Lecturers however do not spend a lot of time on the latter. In this study, a clinical facilitator refers to registered nurses that are employed by the various hospitals (private health care settings).

Clinical facilitators are responsible for the structured clinical sessions of the student nurses during clinical placement in the wards. This includes teaching and assessment sessions and feedback, with student nurses and should occur one day per month.[21] In addition to the structured clinical sessions, an additional role of the clinical facilitators is to maximise teachable moments and to create clinical learning opportunities at the patient's bedside.[21] In this study, this is referred to as unscheduled (private) clinical accompaniment and supervision, and the requirement is a minimum of two hours per month per student.[21] Clearly, the clinical facilitators have an integral responsibility for guiding student nurses to complete their clinical programme objectives, while being role models to student nurses within the practice of nursing.[9]

In addition to the clinical facilitators, clinical accompaniment and supervision is also an expected role of registered nurses working within the wards. Registered nurses include the ward registered nurses, senior registered nurses, nurse specialists and unit managers. In addition, clinical teaching and accompaniment is described by hospital management as an expected role of the registered nurses working in the wards[22] however, this role is not formalised within each ward.

Clinical Learning Environment, Supervision and Nurse Teacher (Lecturer) (CLES+T)-

Soemantri, Herrera, Riquelme[23] conducted a systematic review of various instruments to measure the educational environments in Health Professions Education.[23] Various instruments were identified and according to the article the most appropriate instrument for the learning environment of undergraduate medical students was the Dundee Ready Education Environment Measure (DREEM), and for postgraduate medical students was the Postgraduate Hospital Educational Environment Measure (PHEEM).[23] Furthermore, within nursing, the Clinical Learning Environment scale (CLE), Clinical Learning Environment Inventory (CLEI) and Clinical Learning Environment and Supervision (CLES) were identified. When comparing these three nursing clinical learning environment instruments, it was determined that the CLEI had an internal consistency that was poor, and the CLE had a lower internal consistency than the CLES. [23] As a result, the CLES, designed in 2002[1] and was identified as the most appropriate instrument to use to determine the student nurses'

experiences of the clinical learning environment. In 2008, an additional item, the Nurse Teacher [24] was added to the CLES and then it became the CLES+T evaluation scale. This additional item was included to measure the quality of the education and clinical support by the nurse educator (Lecturer).[24]

The Clinical Learning Environment and Supervision (CLES) scale's reliability is measured by the Cronbach's alpha coefficient that ranged from 0.73 to 0.94[1] and the Clinical Learning Environment, Supervision and Nurse Teacher scale (CLES+T) had a reliability coefficient which ranged from high 0.96 to marginal 0.77.[24] The CLES and the CLES+T have been used in 30 countries worldwide and were translated into 19 languages.[25]

Items within the CLES+T scale address components of the clinical environment and supervision that allows the us to investigate and gather evidence from the student nurses experiences.[24] This tool was selected as being the most suitable validated tool for this study since it can be used to determine student nurses experiences of the clinical learning environment and supervision.

Problem Statement

At the private nursing institution, quarterly feedback and review meetings are conducted with the student nurses as part of the quality management system. From 2011 to 2012, it became evident that many of the clinical experiences by the student nurses were negative and the following documented [26] concerns arose:

- Most ward staff, namely unit managers, senior registered nurses, registered nurses and nurses were described by students as being unapporachable.
- Students indicated that there was inadequate time for them to complete their clinical learning objectives because their role and needs as students were not supported in the wards.
- Students complained that scheduled structured (formalised) learning days were often cancelled due to inadequate ward staff.
- Students alleged that no unscheduled private (informal) clinical accompaniment and supervision occurred in the wards by the clinical facilitator.

Aims

The aim of this study was to investigate the documented concerns raised by the student nurses regarding their experiences of the clinical learning environment and clinical supervision in order to provide evidence based information which can be used to underpin future planning for existing nursing programmes.

Objectives

1. To determine the experiences by the student nurses of the clinical learning environment.
2. To identify the support and clinical supervision that the student nurses received from ward staff, the clinical facilitator and the lecturer.

Methods

In order to investigate the clinical learning environment and supervision of student nurses in the private health care setting, a descriptive, cross-sectional study was conducted, using a quantitative approach. In this study the Clinical Learning Environment, Supervision and Nurse Teacher (Lecturer) (CLES+T) evaluation scale was used.[24]

The participants for this study were all registered at the private nursing school as student nurses within a basic nursing programme. This included the PEN 1 (first year), PEN 2(second year), BP 1(first year) and BP 2 (second year) student nurses. All the student nurses were invited to participate in this study and at the time of this study, their clinical experiences had been more than five months upon which they could base their clinical experiences. The population of this study was 234 students and the response rate was 100%.

The CLES+T evaluation scale[24] consists of three main sections namely: *'The Learning Environment',' The Supervisory Relationship'* and *'The Role of the Nurse Teacher (Lecturer*). Within these subsections 34 items are specifically linked to a 5 point Likert scale which was set up as follows: (1) fully disagree, (2) disagree to some extent, (3) neither agree nor disagree, (4) agree to some extent, and (5) fully agree. The experiences of the student nurses were guided and interpreted by the mean value obtained from the descriptive statistics[27]. In the main section, '*The Supervisory Relationship'*, the title of supervisor, occurrences and frequency of supervision were linked to specific statements, from which the students had to select the most appropriate statement, based on their experiences.

The CLES+T evaluation scale has been validated internationally in various contexts and the Cronbach alpha has been high in all the studies.[2][15][24][27]

To ensure the face and content validity of the CLES+T evaluation scale for this study, a panel of five expert nurse educators identified specific terminology that could possibly inhibit the student nurses' interpretation of the CLES+T evaluation scale. On their recommendations the following changes were made, to keep within the South African context: 'staff meeting before shift' was changed to 'handover'; 'staff nurse' was changed to 'registered nurse', 'ward manager' was changed to 'unit manager' ; 'clinical staff nurse was changed to 'clinical facilitator' and 'nurse teacher' was indicated as 'lecturer'. The CLES+T evaluation scale was then translated from English into Afrikaans to accommodate the language preferences of the respondents. The translation of the CLES+T evaluation scale was done by the panel of expert nurse educators, using the back-to back technique, i.e. translating from English into Afrikaans and then back into English to ensure that the meaning was not lost in the process of translation.[28]

The primary researcher distributed a hard copy of the CLES+T evaluation scale to each student during various contact sessions and the duration for completing the CLES+T scale was approximately 20 minutes. Following the completion of CLES + T evaluation scale, the completed documents were placed into envelopes, sealed and submitted to the University of Stellenbosch's research data capturing department. Confidentiality and anonymity were maintained because neither student name, student number nor hospital name was required on the evaluation scale.

MS Excel was used to capture the data and STATISTICA version 10 (StatSoft Inc. 2011) (data analysis software system), (www.statsoft.com.) was used for the analysis of the data. Since most of the variables were Likert scale type, the data was analysed using descriptive statistics with the mean used to measure the central location of the continuous responses and standard deviations (SD) as indicators of spread. For clinical supervision (subsection of supervisory relationship), the distribution of the variables were presented in bar charts with percentages.[29]

The internal reliability of the CLES+T evaluation scale was determined by calculating the Cronbach Alpha coefficient and measurements closer to one (0.8-0.9) indicated a highly reliable scale. [30]

This study was granted ethics approval by the Committee of Human Research at the University of Stellenbosch (Ethics Reference #:S12/07/205) as well as from the two groups of private health care settings that were involved.

Results

The results of this study are divided into the three main sections, as per the CLES+T evaluation scale. The sections are; '*The Learning Environment'*; '*The Supervisory Relationship'* and '*The Role of the Nurse Teacher (Lecturer)'*.

The Learning Environment

The Learning Environment (Table 1) consists of three sub-sections namely, educational atmosphere, leadership style of the unit manager and the nursing care on the ward.

The Cronbach alpha coefficients calculated per subsections were as follows:

- Educational atmosphere 0.86
- Leadership style of the unit manager 0.82
- Nursing care in the ward 0.74

The '*Educational Atmosphere'* sub-section (Table 1) shows vital components which contribute to creating an education atmosphere within the ward. The ward has various categories of staff and being part of the team in the ward contributes to open communication that allows learning opportunities to be optimised.

The response of the student nurses to the statement '*The registered nurses were generally interested in student supervision'* , obtained a mean value of 2.89 which equates to 57% therefore 43% of the student nurses did not experience the registered nurses as interested in student supervision

In relation to the experience of '*The registered nurses were easy to approach'*, the mean value was 3.58 and this equates to 71%; therefore 29 % of the student nurse experienced the registered nurse as not easy to approach. The students experienced that *'There were sufficient meaningful learning situation on the ward'* with a mean value of 3.58 and this equates to 72% of the student nurses.

The '*Leadership style of the Unit Manager'* sub-section points to the Unit Manager being in charge of the ward. Part of the leadership role by the Unit Manager is acknowledging the ward staff and by giving feedback. These components contribute to team work; communication and to learning within the ward.[8]

The student nurses experienced the Leadership style of the Unit Manager as positive because the range of mean values was between 3.40 and 3.64. The item '*The UM was a team player'* obtained a mean value of 3.40 which equates to 62%. However 32% did not experience the UM as a team player.

The '*Nursing Care'* on the ward sub section indicates that the ward philosophy which encompasses the vision and mission of the ward gives direction to the ward staff. The nursing care in the ward, patient documentation, and communication related to the patient allows individualized nursing care. The student nurses experienced the Nursing Care in the ward as positive as the mean values ranged between 3.48 and 3.71.

Table 1: The Learning Environment.

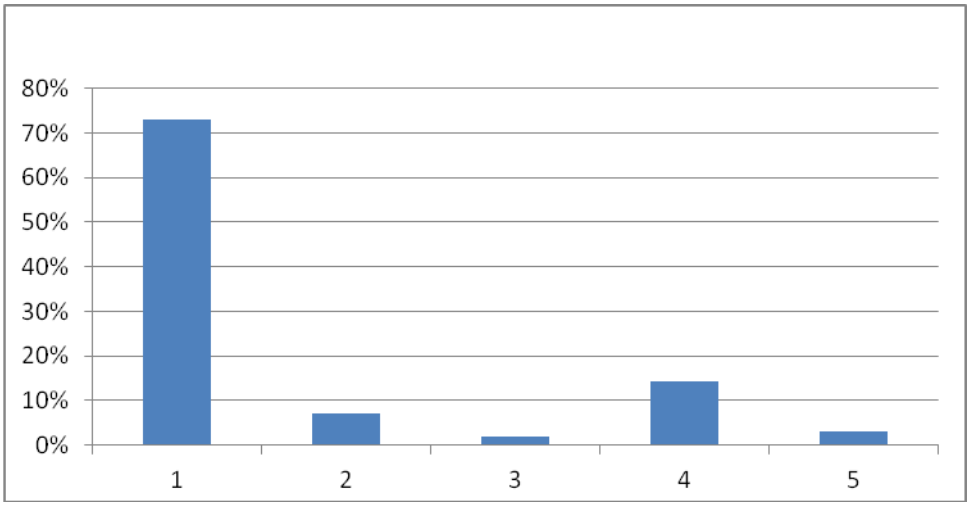
Educational atmosphere: (N=232)	**Mean (M)**	**Standard Deviation (SD)**
The registered nurses were generally interested in student supervision'	2.89	1.2
There is a positive atmosphere on the ward	3.27	1.1
During handover (before shifts) I felt comfortable taking part in the discussions	3.37	1.3
The learning situations were multi-dimensional in terms of content.	3.39	1.0
I felt comfortable going to the ward at the start of my shift.	3.48	1.1
The registered nurses were easy to approach.	3.58	1.1
There were sufficient meaningful learning situations on the ward.	3.58	1.2
The ward can be regarded as a good learning environment.	3.63	1.2
The ward staff learned to know the student by their personal name.	3.64	1.3
Leadership style of the Unit Manager:(N=233)	**Mean (M)**	**Standard Deviation (SD)**
The UM was a team player.	3.40	1.2
The effort of the ward staff was appreciated.	3.41	1.2
Feedback from the UM could easily be considered as a learning situation..	3.63	1.2
The UM regarded the staff on her / his ward a key resource.	3.64	1.1
The nursing care on the ward: (N=232)	**Mean (M)**	**Standard Deviation (SD)**
Documentation of nursing (e.g. nursing plans; daily recoding of nursing procedures etc.) was clear.	3.48	1.3
The nursing philosophy of wards was clearly defined.	3.52	1.2
There were no problems in the communication related to patient care.	3.52	1.2
Patients' received individual care.	3.71	1.2

The Supervisory Relationship.

Within the '*Supervisory Relationship'* sub-section, the results determined the role players, the format and type of clinical accompaniment and supervision within the clinical environment, and the relationship with the clinical facilitator.

The hospital clinical facilitator (CF) was indicated by 73% of the student nurses as the primary role player for clinical accompaniment and supervision (Figure 1). Further role-players identified as providing clinical supervision within the wards, was the senior registered nurses, (14.1%), nurses (7.2%), unit managers (3.4%), and the nurse specialists (2.1%).

Figure 1: Occupational title (role players) of clinical supervisor providing, clinical accompaniment and supervision in the ward (N=234).

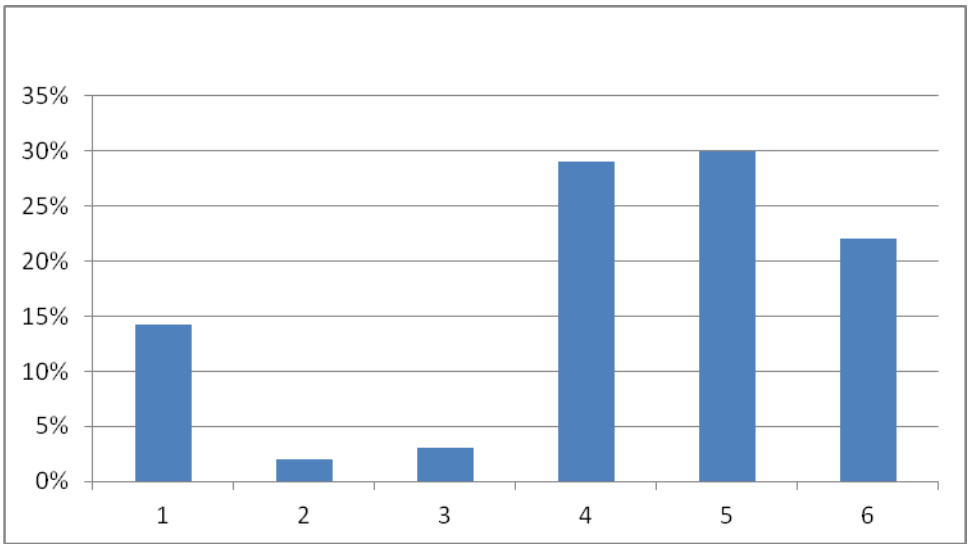


1. Clinical facilitator
2 Nurse
3 Nurse specialist
4 Senior registered nurse
5 Unit manager (UM)

The occurrences (format and type) of clinical accompaniment and supervision in the ward by various role players**.**

These results indicated that clinical accompaniment and supervision took place in various formats. The same supervisor had several students and did group supervision and this was indicated by 30% of the student nurses. The remaining items were experienced by the students as: a personally named supervisor was identified and the clinical supervision varied according to the shift (29%); the relationship worked during placement (22%). Some respondents (2%) indicated that the specific relationship with their named supervisor did not work during the ward placement, while (3%), reported that their named supervisor changed unexpectedly. It was indicated by (14%) of the student nurses that they did not have a supervisor at all.

Figure 2: Occurrences of clinical accompaniment and supervision (N=215).



1 I did not have a supervisor at all.

2 A personal supervisor was named, but the relationship with this person did not work during the placement.

3 The named supervisor changed during the placement, even though no change had been planned;

4 The supervisor varied according to shift or place of work.

5 Same supervisor had several students and was a group's supervisor rather than an individual supervisor**.**

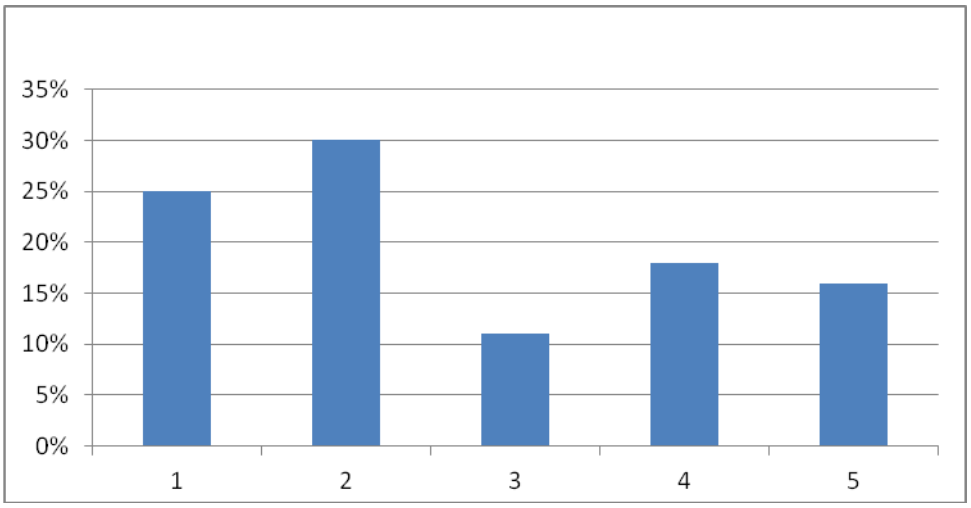
6 A personal supervisor was named and our relationship worked during this placement.

Frequency of unscheduled (private) clinical accompaniment and supervision (without the lecturer).

The frequency of unscheduled (private) clinical accompaniment and supervision was done by the clinical facilitator. The clinical facilitator would use unscheduled (private) clinical accompaniment and supervision to facilitate clinical teachable moments within the ward.

The frequency of unscheduled clinical accompaniment and supervision, (Figure 3) with the clinical facilitator was indicated by 30% of student nurses taking place only once or twice during their programme and 25% indicated that this did not take place at all. Furthermore 11% indicated that clinical accompaniment and clinical supervision occurred less than once a week, 18% received such supervision about once a week, while 16 % indicated that it happened more than once a week in their training.

Figure 3: Frequency of unscheduled (private) clinical accompaniment and supervision (without the lecturer) (N=232).



1. Not at all
2. Once or twice during the course
3. Less than once a week
4. About once a week
5. More often (more than once a week)

The Content of Supervisory Relationship

The Cronbach alpha coefficient calculated for this sub-section was 0.94.

The Supervisory relationship with the clinical facilitator (Table 2) illustrates a professional relationship between the clinical facilitator and the student nurses. This should ideally be an interaction with open communication, trust, respect, and feedback as this influences relationship with the student nurse.[9]

The student nurses experienced the relationship with the clinical facilitator as positive as indicated by the mean values between 3.39 and 3.96. Within Table 2, the three items related to clinical supervision are as follows:

'*I felt that I received individual supervision'* mean value was 3.39 that equates to 67%, '*Overall I am satisfied with the supervision I received*' and '*I continuously received feedback from my supervisor'* had a mean value of 3.57 which equates to 71 % of student nurses respectively.

Table 2: The Content of Supervisory Relationship.

The Content of Supervisory Relationship: (N=228)	**Mean (M)**	**Standard Deviation (SD)**
I felt that I received individual supervision.	3.39	1.3
Overall I am satisfied with the supervision I received.	3.57	1.4
I continuously received feedback from my supervisor.	3.57	1.4
The supervision was based on a relationship of equality and promoted my learning.	3.72	1.3
There was a mutual interaction in the supervisory relationship.	3.75	1.2
The supervisory relationship was characterized by a sense of trust.	3.82	1.3
Mutual respect and approval prevailed in the supervisory relationship	3.95	1.2
My supervisor showed a positive attitude toward supervision.	3.96	1.2

The Role of the Nurse Teacher (Lecturer).

The Cronbach alpha coefficient calculated for this sub-section was 0.90

The '*Role of the Nurse Teacher (Lecturer)'* (illustrated within Table 3), indicates the role that the lecturer has in facilitating the student nurses to integrate theory to practice while they are working within the ward. The co-operation between the hospital and the private nursing school (where the lecturer is appointed) is necessary to ensure continued open communication and adequate team work. Within Table 3 the lowest mean value was given to '*The lecturer was capable to give her educational expertise to the clinical team'* 3.68 and '*In our common meeting I felt that we are colleagues*' 3.68 consisting of 73 % of the student nurses. The student nurses experience of the *Lecturer* was very positive because these results had higher mean values that ranged between 4.05 to 4.43.

Table 3: The role of the Nurse Teacher (Lecturer).

The Role of the Nurse Teacher (Lecturer): (N=198)	**Mean**	**Standard Deviation**
The nursing lecture as link between integration of theory and practice.		
The lecturer helped me to reduce the theory-practice gap	4.17	1.0
The lecturer was capable to operationalising the learning goals of the clinical placement.	4.25	0.9
In my opinion, the lecturer was capable to integrate theoretical knowledge and everyday practice of nursing.	4.43	0.9
The cooperation between hospital clinical (department) and lecturer.		
The lecturer was capable to give her educational expertise to the clinical team'	3.68	1.2
The lecturer and the hospital clinical team worked together in supporting my learning'	4.050	1.1
The lecturer was like a member of the nursing team.	4.080	1.1
The relationships among student, mentor and lecturer.		
In our common meeting I felt that we are colleagues	3.68	1.2
Focus on the meeting was in my learning needs.	4.04	1.1
The common meeting between myself, mentor and lecturer was a comfortable experience.	4.08	1.1

From the results it was determined that the student's nurses experienced the clinical learning environment and supervision as mostly positive. A discussion of the results will follow.

Discussion

This study appears to be the first quantitative study done in the Western Cape that makes use of CLES+T evaluation scale. In this study the overall experiences by the student nurses of the clinical learning environment and of clinical accompaniment and supervision were positive.

The learning environment

The learning enviroment in this study was experienced by the student nurses as positive which is congruent with an international study conducted in Europe. The educational atmosphere was identified as an important element contributing to the clinical learning environment.[2]

In this study, 57% of the student nurses experienced that '*The registered nurses were generally interested in student supervision'*, however, 43% did not experience the registered nurses as generally interested in student supervision and this latter statement would have to be put forward on recommendation for investigation. In previous studies that have used the CLES+T evaluation scale, this item was not identified as being problematic[2][15][27] The significance of this finding in this study is because findings in literature have indicated that the ward registered nurses contribute hugely to the clinical learning of student nurses. These ward registered nurses can offer guidance, support, supervision and do clinical teaching in the wards.[19][31][32]

Clinical accompaniment and supervision

The clinical facilitator was identified as the primary role player responsible for clinical accompaniment and supervision by the majority of the student nurses within the clinical setting.

In this study the occurrences of clinical accompaniment and supervision had various formats and 30% of the population identified that the format of clinical teaching was group supervision, while individual clinical supervision (in varying format) occurred with 56% of the students. It is noted 14% of the student nurses reported not to have had a clinical supervisor at all. This is surprising as each private health care setting has a designated clinical facilitator per group of student nurses.

Carver, Ashmore and Clibbens [33] state that the value of small group learning is that the student nurses can discuss clinical issues while being guided by a clinical facilitator. In this study most of the

student nurses received individual supervision which is in line with the trend that emerged from studies done by Saarikoski[10] and Warn[2] who suggests that the format of clinical supervision is moving towards unscheduled (private) instead of group clinical supervision.

Frequency of unscheduled (private) clinical accompaniment and supervision (without Lecturer)

Unscheduled (private) clinical accompaniment and supervision of student nurses accounts to 45 % therefore leaving 55% of the student population that experienced an infrequency of the unscheduled private clinical accompaniment and supervision by the clinical facilitator. The value of this format of clinical supervision is that a discussion between the clinical supervisor and student nurse can occur at anytime in the ward.[2][32] The open communication allows the student nurse to verbalize any concerns and, simultaneously, the clinical facilitator can observe the professional development of the student nurse within the ward.[32]

The Supervisory relationship

The supervisory relationship with the clinical facilitator in this study was experienced positively by the student nurses and this is congruent with international studies as the supervisory relationship between student and supervisor was positive and could contributes to clinical learning.[2][10] Saarikoski, Marrow, Abreu, Riklikiene and Özbicakçi[10] indicated that poor clinical performance was linked to a poor relationship with the clinical supervisor.

The role of the Nurse Teacher (Lecturer)

The role of the Nurse Teacher (Lecturer) was experienced as being positive because she provided a link between theory and practice, ensuring co-operation between hospital and lecturer. The relationship amongst the student, clinical facilitator and lecturer was experienced positively by the student nurses. In this study the role of the Lecturer received better results than a study done in Sweden[15] and the reason for the lower values is because the Nurse teacher is not employed by the hospital and the students don't perceive them as clinical staff and communication between the hospital and nursing school is not optimal.[15]

The Cronbach alpha scale ratings in this study per section were: Educational atmosphere 0.86, Leadership style of the Unit Manager 0.82, Nursing Care in the ward 0.74, The Content of Supervisory Relationship 0.94 and the Role of the Nurse Teacher (Lecturer) 0.90. When compared to the international studies done in Europe[2], Sweden[15] and Finland[27] they were similarly high.

Limitations of the study

A possible limitation was that the questionnaire was lengthy and the layout moderately complex, even though some of the terminology was changed to accommodate the South African context. Another limitation was that the respondents' data was not divided according to their year of study, therefore the results could not indicate the specific experiences by the different groups of students and a comparison could not be done. The fact that the researcher who distributed the questionnaires to all the participants of the study is also a lecturer at the private nursing school, this could have contributed to a possible bias response by the student nurses.

The recommendations

The following recommendations are made in relation to the results obtained from this study.

- To obtain feedback from the student nurses after every clinical placement by using a standardised and validated feedback forms.
- To undertake a broader study that will aim to identify the perceptions and understanding of the ward registered nurses towards their role in the clinical accompaniment and supervision of student nurses.
- Prior to the commencement of each academic year a meeting with hospital role players to should be arranged to discuss the expected format and frequency of clinical accompaniment and supervision.
- To increase the hours of private unscheduled clinical accompaniment and supervision at the bedside with the clinical facilitator and to include the lecturer in this process..
- Increase the frequency of the unscheduled (private) clinical accompaniment and supervision to two hours per week per student nurses and all sessions to be documented.

Conclusion

The results obtained in this study have contributed to evidence of student nurse experiences of the clinical learning environment and supervision of the private health care setting in the Western Cape.

The results from this study show that the clinical learning environment and the relationships with the clinical facilitator and Nurse Teacher (Lecturer) were experienced as positive by the student nurses.. These elements according to Warne, Johansson, Papastavrou et al[2], Kaphagawani and Useh[35] and contributes directly to student clinical learning. However, student experience is a small part of clinical learning as a whole. The effects of the registered nurse, ward staff, the clinical facilitators, the lecturing staff as well as the students, on clinical learning is complicated. In order to understand the complexities of clinical learning a broader study will be required.

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