

Determinants Of Effective Clinical Learning Among Nursing Students In Middle Level Colleges In Nairobi County Kenya

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ABSTRACT

Back ground: Effective student nurses' clinical learning is compulsory. However, the students often face many hurdles in clinical placements, which puts negative perception on their personality and professional growth. Clinical placements are the most challenging part of learning because of several policies and requirements to be followed. Inadequate health workforce recruitment serves as a critical tool for their ineffective clinical learning.

Objectives: Broadly, the study sought to establish determinants of effective clinical learning for nursing students in the middle level colleges. The specific objectives aimed at assessing factors related to students, external practice sites, identifying impacts of conditions at the primary training institutions, and establishing the students' perceptions on the existing clinical learner support systems.

Methodology: Descriptive method with cross-sectional survey design was used with a mixed approach of qualitative and quantitative methods. Simple random sampling method was used to select a sample size 394 nursing students. The sampling criteria was determined using the PPS from a total population 3368 of nursing students in 12 nurse training facilities. Google forms were adopted to administer questionnaire, register analysis and focused group discussion to collect data. Data was stored in a cloud server before being coded and analyzed using excel and SPSS version 26. The qualitative data were narrated and the analysis done thematically. The findings are presented using tables, pie charts bar graphs.

The questionnaires response rate was quite high at 83% with 325 questionnaires returned. From the results in terms of gender, majority of the respondents were females (55%) while male students were 45 %. Factors associated with effective clinical leaning included marital status and course of the study p values =0.005 and 0.000 respectively Effectiveness of legislation and accreditation standards of different institutions to affect clinical learning by student nurse was also significantly associated with effective clinical learning P value = 0.006

Conclusion

Marital status and course of study had a significant association to effective clinical learning among the nursing students. Perception on the support system affecting clinical learning of nursing students was very positive based in the findings.

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I. Introduction

Nursing education is composed of two complementary parts: theoretical and clinical learning. A large proportion of effective learning is carried out in a complex clinical environment, hence, the failure to identify challenges faced by students in clinical areas, impacts directly on the growth and development of their skills, which can be influenced negatively (Jamshidi et al. 2016 p. 1). Effective clinical learning is a compulsory requirement for nursing students during their training. However, during the period of training student nurses often face many hurdles especially in areas of clinical placement, which ultimately put a negative perception on the personality and their professional growth(Hussain et al., 2019; Cannon &Newble, 2000).

In the African context, most reported factors that improve effective clinical learning for nursing students can be linked to evidence as reported in a study done in Tanzania showing the impact of effective supervision and assessment. The study done by Gemuhay on Factors Affecting Performance in Clinical Practice among Pre-service Diploma Nursing Students in Northern Tanzania it divulges both barriers and enablers in clinical learning, based on personal experiences of diploma students (Gemuhay et al., 2019). In Kenya, great improvement has been registered in the health care delivery following devolution of health care services since the year 2013, which includes improved training of nurses in various middle training colleges for nurses across

the country (Chelagat et al., 2019). The lessons learned from these gains made since devolution demonstrate how knowledge transfer at the training schools can, therefore, be improved if transfer outcomes are evaluated frequently. Better outcomes can always be achieved if transfer enablers and barriers could be further unpacked (Negarandeh, 2019).

In a nutshell, subsequently, Santos (2012) describes five major barriers to nurses' learning as time constraints, financial constraints, work-place culture, application of new knowledge, and competency in accessing electronic evidence-based practice literature.

II. Methodology

Study Design: This study applied a cross-sectional survey design combining both quantitative and qualitative methods. A cross-sectional design allows data to be sourced at only one point in time, thus making it cost effective and efficient in controlling the effect of confounding factors, including social, environmental, or cultural changes over time. The design helps to elicit measurable data at a specific point in time to maximize evidence for the hypothesis. Hence, this study transcended the approach for selecting methods limited to "the nature of the research problem" (Edström et al., 2015), but also analyses the population context by focusing on the best interest of the intended audience, being nursing education students. This ensures that the research process is rigorous enough by building a design that is participant centered.

Study population: The population for this study comprises of the students enrolled in the middle level Nursing Colleges in Nairobi County cutting across the privately-owned training institutions, faith affiliated training institutions and the public training institutions. Hence, the population of this study comprises of the twelve (12) middle level colleges for nurse trainings in Nairobi County, with a student population of 3,368.

Sampling frame: Drawing from the population of students in the twelve-middle-level (diploma) training colleges, the sampling frame is taken to comprise of 3,368 possible participants. It is the clustered population framework that also defines the sampling frame upon which the sampling design is applied. The table below reorganizes the population frame according to each cluster that provides the ration of selecting the sample size. The sampling frame, therefore, comprises of three clusters divided into public institution cluster 1,975 (58.65%); Private institution cluster 1,056 (31.35%); Faith affiliated cluster 337 (10%). It is based on these percentages that the individual respondents will be distributed.

Sampling technique: Since this study used a mixed paradigm approach, it is imperative that "the mixed sampling design" (Etikan&Bala, 2017, pp. 1–3) is the most appropriate for selecting a representative sample size. This sampling design comprise of a blend of both "probability random sampling and non-probability sampling procedure for the selection of a sample" (Etikan&Bala, 2017, p. 2).

Secondly, the study also used non-probability sampling to complement the probability sampling, as a means of bringing about the "deviant or extreme location of cases where by selection is done best on specific purpose of interest instead of deliberate selection" (Etikan&Bala, 2017, p. 3). This sampling design helps in purposively selecting the respondents for qualitative data as opposed to the probability techniques which focus on representative quantitative data participants.

Sample size determination: Sample size is a statistical concept that involves determining the number of observations that shall be included in a statistical sample. Hence, the sample size in this study is determined using the following probability formula based on the population size of 3,368. Since the population size is known, the most appropriate formula for probability sampling that can help in deriving a representative sample size is:

Where: n is the sample size to be determined

N is the Population as given in the sample frame (3,368)

e is the sampling error (0.05)

Calculating the sample size for the study based on the known population gives $n=357.54$ participants. Given that traditionally surveys have instances non-response, this sample size should be adjusted to cater for non-response. Therefore, a 10% non-response adjustment is proposed for the sample thus the adjusted sample will be $357.54*1.1=393.3$, which can be rounded up to the nearest person $n=394$. This sample size was distributed proportionately across the clusters of 12 training institutions. The distribution of sample size is called Probability Proportional to Size (PPS).

Data management: All the data required was collected using three techniques to capture quantitative data, qualitative data and data from school records and secondary sources. These variety of data sets were thus gathered through key questionnaire, informant interviews (KIIs), and focus group discussions (FGDs). Secondary data from existing records were collected by use of a checklist. Research instruments included self-administered tools which were shared online, except for the FGDs that will be administered by the researcher. All the data sets from the online questionnaire were transmitted directly from the phones from where it was uploaded on submission onto the cloud server hosted by the researcher. All the data were then be stored in the researcher's computer that is protected by a password. The cloud server can only be accessed by the Researcher.

III. THEORY

According to Kolb's theory, the learning process is an interaction in which knowledge is produced by the combination of gaining an understanding of, and then modifying, an experience (Morris, 2019). The Kolb theory provides an explanation of the four fundamental notions that, when taken in order, facilitate and improve learning. To acquire new information, all stages must be finished, as each one is dependent on the ones that came before it. It is possible to use these stages as a model to describe the stages of effective clinical learning for nursing students attending middle-level colleges by borrowing them. Kolb's Experiential Learning Theory and Learning Styles (1984). In the first step of the process, we talk about how concrete experience is the foundation of the learning process. This can either be a brand-new experience or a reimagined version of an experience that has previously taken place. At this point, every learner participates in an activity or skill; hence, involvement is the most important factor in learning. This stage provides an explanation that is rather clear about why nursing students should also follow the contents of newly reinvented simulation-based learning and new clinical area experiences to improve the effectiveness of their clinical learning. The student has the opportunity to engage in conversation about the experience with the teacher, a supervisor, or other learners after engaging in reflective observation. Communication of a professional nature at the concrete stage is essential to the maintenance of professionalism in the nursing profession. This is because it enables the learner to identify any gaps in knowledge that exist between their understanding and the experience itself. (Burke, 2020).

William and Green (2020) describe stage two of their theory as "abstract conceptualization." This stage looks at ways to make sense of the information received in earlier stages. For instance, in nursing, this step can be the physical examination of the patient, the administration of drugs, or the dressing of wounds, amongst many other things. The learner will seek to draw inferences from the experience by reflecting on their past knowledge from the theoretical classes, demonstrations, and return demonstrations; as a result, they will use ideas that they are already familiar with or discuss with their peers. Interpreting the experience and establishing analogies to their existing grasp of the subject are required steps in this process. Within the context of clinical education, active experimentation refers to the testing phase, during which students return to actively engage in a skill with the intention of applying their conclusions to the experiences they have had. They are capable of making predictions, analyzing tasks and skills, and making plans for the future based on the knowledge that they have obtained. If you provide students the opportunity to apply what they have learned and demonstrate how the material is applicable to their life, you will increase the likelihood that they will remember the material in the future, which is essential for maintaining their nursing competency. According to William and Green's 2020 research, the development of new information, abilities, and attitudes in nursing students is dependent on the successful completion of each stage in the process.

IV. LITERATURE REVIEW

Bedside clinical learning has been urged to be employed the majority of the time in the clinical education of student nurses. When bedside instruction and simulation that places an emphasis on patient and client safety are combined, nursing students believe that the training colleges are better able to achieve their goal of providing effective clinical learning opportunities for their students. When it comes to bedside nursing, having a command of the relevant skills and information is anticipated to be effective, yet clinical learning very seldom puts this expectation into practice. However, this presents a barrier to successful clinical education due to the rights of clients, the conditions of clients, and the difficulties associated with containing the COVID 19 pandemic. Therefore, despite the fact that Simulation-Based Learning (SBL) is extremely important in clinical education, there appear to be barriers that prevent the technology from being utilized in efficient clinical instruction. According to O'Brien et al.'s 2019 study, although the problem of preparing learners for an uncertain and fast changing practice in a clinical learning environment is well organized, it is unclear how well this challenge is being met by the clinical learning environment. In addition, O'Brien and the rest of the team state that while training the students in clinical learning, the most important information to always keep in mind is that "The blessing and curse of clinical learning is that much learning occurs in practice areas through delivery of health care via the systems." Because of this, it is essential for the nursing students to always perceive this.

In their clinical training, the student nurses had the impression that the methods that were employed were effective in most cases, including demonstrations and return demonstrations, with the exception of some complicated operations and owing to some technical problems in using equipment that were not applied in SBL. In general, the student nurses found that the strategies worked effectively. The student nurses experienced several advantages towards effective clinical learning in clinical areas, that is, through ongoing professional development, and preferred it in favor of conventional classroom learning (Susanna Pusa, AsaDorell, ChristanErlingsson, Helena Antosson, 2019). This was found in a study conducted by Susanna Pusa, AsaDorell, ChristanErlingsson, and Helena Antosson.

After participating in multiple clinical rotations in which students are expected to effectively learn the skills, Motsanaka et al. (2020) reported having bad experiences due to the overcrowding that occurred in clinical learning settings. They made the observation that professional nurses had trouble handling large numbers of students from a variety of disciplines, and that students were competing for clinical operations in situations when others had no possibility of executing them. Their unfavorable encounters with overpopulation in clinical areas led to a reduction in the number of clinical learning chances available for efficient clinical learning, and the majority of them did not get their clinical books signed.

Students of nursing can protect themselves from becoming infected in clinical settings by implementing appropriate infection control measures and determining the likelihood that they will come into contact with infectious diseases such as COVID 19, hepatitis, tuberculosis, and HIV while participating in clinical learning experiences. The majority of training facilities, and even the practice sites, lack policies and practices on how to manage these students in the event that they catch illnesses while they are practicing in clinical settings. In addition to this, there are notable inconsistencies and a lack of ability or opportunity to give accurate feedback on students' infection in clinical learning as feedback. Since this is the case, if student nurses are not asked for feedback regarding their clinical learning and challenges, there cannot be any descriptions of or improvements made to the experiences, existing gaps, or support that is provided. Given the evidence presented above, it is clear that nursing students do not receive adequate clinical support in the form of preceptorship, supervision, mentoring, and coaching during clinical practice and placement. This lack of support has the potential to result in clinical incompetence on the part of the nursing students (TshegofatsoSiphoraMekgoe, KelebogileLepedi, Patricia TshepoMakhutle, LufunoMakhado, and KaraboMadiba, 2019).

When students begin their time in clinical learning environments for the first time, they are quite appreciative of the organized orientation days that are held there. They felt that the time they spent with engaged and informed clinical facilitators over these days was both educational and relevant to their work. Students have a better chance of feeling comfortable and gaining knowledge in a risk-free setting when the required orientation is carried out and they are welcomed with positive support. For instance, the clinical facilitators spoke with one another before to seeing the students for the first time on the first day, saying something along the lines of, "A lot of things are frightening in the clinical areas for the students, so you shouldn't be frightening as well with the clinical support put in place." (Elton & Borges, 2019).

Students frequently bring up the issue of inadequate communication skills among qualified nurses as a topic for discussion in clinical learning environments. Students are aware of the benefits that come from receiving correction from qualified nurses or tutors during their time spent in clinical rotations; however, the absence of privacy and confidentiality as well as criticism when correcting students robs them of the dignity and confidence necessary to try out new skills, which in turn hinders their ability to learn effectively in the clinical setting. Students, like any other group of people, do not appreciate being yelled at in front of their colleagues, patients, or other members of the health care team (B. C. Mbakaya1, F. W. Kalembo, M. Zgambo1, A. Konyani, Lungu et al., 2020).

V. RESULTS

Analysis of demographic information provides a description of participant characteristics to help understand the perceptions upon which results have been generalized. The background information also allows for comparisons to be made across replications of studies, based on methods and attributes of respondents whose voices are captured at different points. In this section, therefore, some demographic information about the participants has been presented to stipulate key variables about the respondents which are necessary in determining the how representative individual units have been considered in the sample frame. These characteristics include gendered distribution of participants, age distribution, marital status, religious affiliation, and the levels of education as pertinent factors in determining clinical learning. The survey met the target number of student participants who filled the online questionnaire.

From the results in terms of gender, majority of the respondents were females (55%) while male students were 45 %. These results reflect the 'normal' ratio of students by gender in many training programmes for nursing where women are more likely to be more than men. The gender imbalance in favor of female students can be attributed to social constructions in many Kenyan communities affecting choice of courses in tertiary levels of education. Nursing for that matter is often seen as a course for women before being considered as a professional programme in healthcare. Hence, it is not surprising for example to find more female students pursuing nursing courses while male students tend to dominate clinical medicine. Emerging patterns of age distribution among participants show that the modal age of students fall within the bracket between 28 to 32 years old accounting for 115 out of the total 325 number students who participated in the survey.

These results demonstrate that many students, especially the female learners, join the nursing education at the median age of 30 years. However, male students are more likely to join at the later years than their female

counterparts. This age distribution reflects on the marital status reported by students. For example, more than half (52%) of the total number of students are married. Among the female students, only 47% of the participants are married compared to the male students accounting for 59% of participants who are married. Qualitative data confirms that age is a major factor in studying as observed by one student taking basic education.

Age of a student determines whether one is young enough to concentrate or to engage in many other activities and responsibility that comes with age. Am young and single so it doesn't affect me as I have enough time to study and concentrate in schoolwork. (Interview #1, male student).

Age is displayed as a demographic characteristic which influences whether one concentrates in studies or not. Some of the age-related issues are the social responsibilities that come with age, hence competing with the time allocated for studies.

A per the marital status of the students, majority of them were married. This translate to 52.3 % of the students translating to 170 students out of the possible 325. The rest were single at 46.2 % (150) and the separated 1.5% (5). These proportions of marital status are consistent with the previous findings that male students are likely to join the training programmes at higher age brackets which explains why more male than female students are in the nursing school. Likewise, a higher proportion of female students 50% compared to the male students (41%) are single because the female learners join the training at lower age brackets.

Just like age, marital status is a great concern. If someone is single, they are likely to focus on looking up for a partner or boyfriend while in school. This time taken in hanging around to get a partner disrupts full concentration on studies. At the same time, the married students also find distractions from family matters and even children. (Interview #3, Male student).

These demographic findings are important in understanding the different challenges based on practical and strategic needs by gender of different student categories. It is for instance a very significant pointer that about 3% of the female students have to deal with challenges associated to separated families or divorce. This can reflect the challenges that women students particularly go through during or before they join the nursing training.

Demographic characteristics of participants in terms of religious affiliations, show that a vast majority 96.9% of students are Christians and the rest being Muslims. While the proportions indicate how support should be apportioned among students based on religious differences, it is important considering that the different needs based on religion are equally important irrespective the number of students falling in each category.

Qualitative data confirms that;

Religion only affects the choice of training institution because some institutions have very unfavorable conditions for Muslims. For example, I have to create time to worship during class time, but some school rules may not allow. Others may have to go for worship at different times other than the normal days to attend to church. They can also be affected. (Interview #4, female student).

This voice of a student shows that religious factors affect one's convenience due to the existing rules. However, there are no connections pointed directly to the learning environment.

While all the middle level training institutions were intended to be surveyed, the trainees were stratified according to their level of training and areas of specialization. Stratified random sampling technique helped in realizing the principle of randomized distribution that enabled the study method to derive reliable results from a sample of 365 learners who responded to this question. The findings show that at least six out of ten students (65%) were undertaking basic nursing education while at least 35% were at the higher diploma level. Among those taking basic nursing level, most of them were in year 3 (38.5%), year 2 (23.1%) and year 1 (27.7 %).

Interview data shows that,

Choice of a course is very important for me. I started admiring to be a nurse when I was involved in helping my aunty who had been bed ridden for 16 years, so, I wanted to pursue the course because I found some motivation to give back to the society. I'm now happy that my dream is coming to be true. (Interview #2, female student).

Perceptions of students on effectiveness of clinical learning

Opinion on whether clinical experience is affective.

Students were asked if they think their clinical learning was effective and majority of the students (69%) were of the opinion that the clinical learning experience was effective while another 31% said that clinical learning was not effective. This is an indication that most of the learners experience good clinical instructions during their learning experience.

Descriptive analysis on Perception of student on students related factors to effective clinical learning.

Analysis was also done to establish the perception of students on the influence of gender, age, religion and marital status on their effects on clinical learning experience. The figures below indicate of the factors as responded to by the students.

Opinion whether age, marital status and gender influences clinical learning experience in nursing education

The students were asked if they consider gender of student to be affecting effective clinical learning of nurses. From 4-2 above, 69% (224) of the students acknowledged that gender influences the outcome while another 31% (101) decried to the fact that gender has no influence on the clinical training of nurses.

Religious affiliation have some effect on clinical learning

The participants were further asked if they consider course of the study by the student to be affecting effective clinical learning of nurses. From 4-2 above, the responses were as follows agree 46.2 % (150) , disagree 16.9% (55) , strongly disagree 30.8% (100) and 6.2% (20) of the students acknowledged that course of the study influences the experience of clinical training for nurses.

Course preference as a career choice have some effect on clinical learning

The participants were further asked if course preference as a career choice be affects effective clinical learning of nurses. From 4-4 above, the responses were as follows agree 46.2 % (150) , disagree 16.9% (55) , strongly disagree 24.6% (80) and 12.3% (40) of the students acknowledged that course preference as a career choice influences the experience of clinical training for nurses.

Qualitative findings explain how personal issues like marital status affect effective clinical learning of nursing students by mentioning factors like extra responsibilities that come with it. Some students argue that,

Because I am single, it gives me enough time to study unlike those students who are married and have additional responsibilities like childcare to cater for. (Interview # 14, female student).

I am single which a good thing for my studies is as I have all the time to concentrate on schoolwork. Students who are married are disadvantaged because they must balance the time between studies and taking care of their spouses in case their partner is ill and offering motherly duties to their children. At times married students may miss classes tending to those responsibilities and they miss out on placement. (Interview #9, female student).

These views show that marital status is a major factor in effective learning due to the constraints that come with marital responsibilities. While it portrays how institutions may need to prepare gender responsive opportunities for different students based on gender and marital status, it delves into exposing the personal challenges that learners find themselves in. Senior students in higher levels of study or the by age are the most affected.

Closely linked to the marital status as a factor that affect the effective clinical learning for nursing students are the gender related issues. Female students are more likely to remain comfortable during their studies when they are young and under twenty-five years of age. Those who approach their thirties start getting concerned about getting married than they concentrate in studies. At this age, social expectations of a woman start weighing in more than the career. Hence, some students bow out of the career, or they can't just perform well due to personal stress and pressure by the society expecting them to get married.

Some of us have been victimized after going on a date because of flouting school rules, but we have to get lifelong partners as well. Career is not an end on itself. (Interview #10, female student).

Another interview brings out the health perspective on gender,

Health wise gender is a factor for female students. in cases of prolonged menstrual cycle, they are unable to attend to shift because of pain which will lag them behind other students continuing with lessons. (Interview #19, female student).

Gender roles also recur,

Female parenting responsibility is mere burdensome than male responsibility. This affects effective learning more for women than men because of the responsibilities they have to take. (Interview #28, female student).

Another gender issue is about gender stereoty stereotype often affects male students as they must keep explaining themselves to others as a way of coping around. In other circumstances, patients perpetuate this stereotype in the practice sites. In such cases it becomes difficult to excel unless one gets adequate support from the instructors. A student lament that,

During our practice in the hospital, some elderly male patients prefer to be tended to by male nurses only but who are already few in the hospital. It makes the male students to either bear heavy workload or it makes female students to be unable to support. Since female students are constrained in tending to such patients due to their preferences, we can't learn much on the diseases and infections affecting men. (Interview #12, female student).

This discussion is a clear manifestation that gender of a student affects their effective learning especially at the practice level. Both male and female students are affected in different ways, whether it is by discrimination, stigma, or gender preference. Either their study time is lost, or the students are constrained in learning some aspects of the nursing course. Some other personal factors considered by study participants as having impact on clinical learning of nursing students include the distance between the training institutions from

home. While some students find it convenient to be far from home because they minimize family interference, others are adversely affected as sometimes they get worried about how their families are faring on. These are issues that are connected to gender, marital status, and age of the respective students.

Navigating through the qualitative data from interviews reveal that religious beliefs systems affect nursing students' clinical learning due to restriction put in place by the institution or where some religious practices conflict with the requirements in the primary institution. For example, some religious beliefs do not promote clinical procedures like abortion, so if one is strong in their beliefs as a nurse one is unable to take part in the procedure even where they are the most skilled in performing the procedure. In some faith systems, the training itself is discouraged and that may affect the commitment of the students.

Some religions do not promote male nurses' education as they believe it is a demeaning job for the men. (Interview #18, male student).

In other circumstances there are religions which do not consider particular health practices, for example, early circumcision, which they consider as risky for the child, while other practices uphold dangerous practices like female circumcision, and they would demand for such services against the training code of ethics. These issues explain how religion can affect the effectiveness of learning process either as an obstacle or as determinant of ethical considerations.

Other student related factors mentioned in the interviews are ethnic or cultural identity and physical disabilities. Ethnic or cultural identity, for instance affects clinical learning of nursing students due to differences in some cultures which may not allow some practice of nursing by men. Just like religion, some communities like the Somali culture in Northern Kenya do not approve of training of male nurses. Even if one continues to train, you cannot practice in hospitals in those regions. A few who manage to break the barrier are still not allowed to attend to female patients, especially when it comes to delivery. Such students from these communities may find it difficult learning such practices like delivery while they take the course of midwifery. This is a contradiction that some students may have to contend with, but at a great sacrifice to succeed.

Finally, a few participants talk about physical disabilities as a factor affecting nursing students and determine their effective clinical learning. While it is the responsibility of the training facilities and practice sites to ensure that the learning environment is disability friendly, much of the burden lies on the students. Those who are handicapped in some ways can't perform procedures if the hospital setting is not favorable at the movement. This is as simple as accessing the training facilities if the hospital has staircases which makes it difficult for free movement for the physically handicapped. These student related factors contribute to significantly to the effectiveness of learning in all cadres and in any environment.

Student related factors affecting clinical learning of nursing students

In order to determine the student related factors affecting clinical learning experiences, a Chi square analysis was done with a 95 % confidence level or $\alpha = 0.05$. Upon performing this analysis it was found that marital status (Chi square =10.564, df = 2 $\alpha= 0.005$ and the course of study (Chi square =16. 692, df = 1 $\alpha= 0.000$) were found to be significantly associated with perception of the students on effective learning. The other student related factors such as age, sex, religious affiliation and year of study did not indicate any statistical significance in association as indicated in table 4-2 below.

Student related factors affecting clinical learning of nursing students

		Learning effective		Chi Square	Df	P value
		Yes	No			
Age of participant	18-22	50	15	5.731	4	0.22
	23-27	40	25			
	28-32	75	40			
	33-38	45	15			
	38 and above	15	5			
Sex of participant	Female	130	50	1.6957	0.229	0.11
	Male	95	50			
Marital status	Married	105	65	10.564	2	.005
	Separate	5	0			
	Single	115	35			

Religious affiliation	Christian	220	95	1.79	1	0.18
	Muslim	5	5			
Course of study	Basic	155	45	16.6	1	0.00
	nursing			92	0	
	Higherdi	70	55			
	ploma					
Level of study for		25	10	6.04	3	0.10
Basic Nursing				6	9	
	Year 1	60	30			
	Year 2	60	15			
	Year 3	80	45			

VI. Discussion

Nursing students particularly those who did not choose the career find it difficult during the clinical learning because these students did not themselves choose to undertake their nursing training, but rather they are there because it is required by their parents and often also their own financial supporters during the schooling. (Black, 2019). On the other hand, nursing students have limited information about nursing profession as a service to the society, therefore during the training that is when they are trying to determine if they will continue with their nursing education (Marcinowicz et al., 2016). As per Blacks' remarks such students who are disinterested in the course might opt not to value their clinical learning terming it as very frustrating environment. The student related factors that show significance association with clinical learning experiences marital status (Chi square =10.564, df = 2 α = 0.005 and the course of study (Chi square =16. 692, df = 1 α = 0.000) The other student related factors such as age, sex, religious affiliation and year of study did not indicate any statistical significance in association.

The interviews indicated some of the students saying that marital status affects learning experience as noted in one of the interviews

"I am single which a good thing for my studies is as I have all the time to concentrate on schoolwork". Even though gender or sex did was not significantly associated as one of the factors affecting clinical leaning in this study, gender issues have dominated in some countries whereby the masculine is highly affected. According to Mervat and Youssef (2018), the nursing profession has suffered greatly from public stereotyping and for being strictly linked with femininity and non-masculinity. In some countries the male students who choose nursing as their career end up being stigmatized in the area of practice which they term as feminine hence affecting the male gender students' clinical learning negatively (Mervat& Youssef, 2018). Gender tailoring of allocating students and mentors with the same gender category proved to increase learning experiences (Negarandeh, et.al., 2019).

The improper person for nursing training can have major effects during practical learning, affecting an organization and most crucially the patient. Self-selection, where applicants decide if nursing suits their skills, abilities, and values, should be encouraged. After selection judgments are made and accepted candidates join training, trainees' performance on the original selection criteria should be utilized to assess the predictive validity of the selection procedures to avoid too many obstacles during clinical learning (Patterson et al., 2019).

Clinical learning that is effective normally begins with enrolling the appropriate students or trainees in the appropriate subspecialty of nursing courses, which is essential in maximizing the effectiveness of their training. According to Swanwick et al. (2019 page 4), in a litigious and competitive climate for effective clinical learning, the relevance of having demonstrated fair selection processes with persons for the nursing course requirements is unarguable at the entry level of nurse training. This is due to certain explanations offered by Patterson and team, who claim that most of the trainees seem to have preferred nursing as a profession for various reasons such as readily available employment opportunity, family preferences, and decent compensation. The reason for this is that Patterson and team indicate that most of the trainees seem to have preferred nursing as a profession.

VII. Conclusion

Based on the results from the study the conclusion made was that,the student related factors showed that marital status and course of study had a significant association to effective clinical learning among the nursing students.

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