Clinical Learning Experiences of Advanced Post Graduate Midwives and Neonatal Nursing Care Student Nurses, Khomas Region, Namibia

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Abstract

Background: The clinical learning experience is an interactive network of forces within the clinical setting that influences the learning outcomes of nursing students. It includes all experiences that surround students including their professional development in the clinical setting. Aim of the study: This study aimed to investigate the experience of advanced midwives and neonatal care nursing students regarding their clinical practice at the University of Namibia, Khomas region. Subject and methods: Research design: This study adopted a qualitative research design. Setting: This study was conducted at University of Namibia main campus Windhoek Khomas region, Namibia. Subjects: Purposive sampling was utilized to select 12 participants who were achieved at a point of saturation and took part in the study through a face-to-face interview. Tool of data collection: Data for this study was analysed using thematic analysis, **Results**: The study found that there was a mixture of good and bad experiences when it came to clinical learning in the maternity ward. The good experiences revolved around gaining the much-needed practical experience and skills to handle various procedures and use various machines and equipment in the ward. On the other hand, the bad experiences revolved around the lack of adequate support and negative attitudes from registered nurses which made the experience unpleasant. Conclusion: Some experiences were negative and some positive relating to struggling with complicated procedures, lack of adequate knowledge on using equipment and machines, busy schedule between classes and practical's and ill-treatment from registered nurses and doctors. Getting the much-needed experiences, carrying for mothers and babies and being involved in various successful procedures were part of the good experiences. Recommendations: The study recommended that ongoing training for student nurses, adequate resources and knowledge should be established in the clinical settings.

Keywords: Clinical learning, Midwives, Neonatal care, Perception, Student nurses.

Introduction

The clinical learning experience is an interactive network of forces within the clinical setting that influences the learning outcomes of nursing students. It includes all experiences that surround students including their professional development in the clinical setting (Papastavrou et al., **2016)**. An effective strategy to enhance the development of students in becoming independent and knowledgeable in rendering comprehensive nursing care is through the facilitation of clinical teaching (Mellish et al., 2018). For student nurses, clinical placements involve being in direct contact with un-well people, studying and learning how to assess and provide nursing care while integrating knowledge, theories and skills acquired in the academic setting. Achieving clinical competence in these placements also involves understanding

how to work in teams and how to manage and organize general nursing in healthcare settings. Clinical training is regarded as the heart and essence of learning and education in nursing (Kalyani et al., 2019). The post graduate advanced midwifery and neonatal care course was introduced in (2022) at the University of Namibia, making the current students for 2023 the second intake to be trained at the University of Namibia. The researcher overheard complaints by students in the clinical settings, this raised concern within the researcher to investigate the clinical learning experiences of advanced post graduate midwives and neonatal nursing care student nurses at a university.

Significance of the study

The findings might help the University establish the gap in the curriculum either in the practical or the learning done in the classroom. It may generate new ideas, suggestions and contributions that helped contribute to the learning of the future student midwives. This study helped to smoothly transit between the classroom learning theory and practical/clinical learning.

Aim of the study

The aim was to investigate the clinical learning experiences of advanced post graduate midwives and neonatal nursing care student nurses at a university.

Research question:

1. What are the clinical learning experiences of advanced postgraduate midwives and neonatal nursing care students at the university of Namibia?

Subjects and methods

Research design

This study utilized a qualitative, descriptive contextual design.

Study setting

The study was conducted at the University of Namibia main campus Windhoek Khomas region, Namibia.

Study subjects

The population of 12 students was determined by theoretical data saturation using purposive sampling. Inclusion criteria – all Student nurses that were willing to participate. Exclusion criteria were all student nurses that were not on duty from September to October 2023 at the University of Namibia main campus Windhoek Khomas region, Namibia.

Tool of data collection

A face to face interview guide was compiled by the researcher with one central question: tell me about your experiences as a post midwife and neonatal care student? Data collection commenced as the ethical clearance was received from the School of Nursing and Public Health and written informed consent was received from the participants. The researcher approached the students and explain the aim of the study to them after they have agreed to partake in the study, at the university board room at suitable times for the participants. The interviews took approximately 20 to 35 minutes using a tape recorder and field notes were taken. Data was analyzed thematically, coded and grouped into themes and sub themes and kept in a safe place for privacy and confidentiality. Trustworthiness was ensured through credibility, dependability, transferability and confirmability.

Content validity and reliability

Trustworthiness

Trustworthiness refers to the degree of confidence qualitative researchers have in the data assessed using criteria of credibility, dependability, confirmability and transferability.

Fieldwork

Data collection commenced as soon as ethical clearance was received from SoNEC, University of Namibia. An appointment was made with participants. Participants were informed about the date, time and venue for data collection. Informed consent was obtained from participants after the researcher had explained the aims and objectives of the study and what was expected from the participants. The researcher personally conducted the interview using the interview guide for a month. Data collection seize upon data saturation at 12 participants and the data was kept in a safe place.

Pilot study

The pilot study was conducted on 3 participants at the university of Namibia main campus, Windhoek Khomas region, Namibia.

Administrative and ethical consideration

The four principles required to guide research included, respect of persons, beneficence, non-maleficence and justice. Permission to carry out this study was obtained from the University (SoNEC 10/2023) and written informed consent from the participants.

Statistical analysis

Data was analyzed thematically. The researcher did this by familiarizing himself with data, generating initial codes across the data set, search for themes and grouped common experiences together and place them under respective themes, then lastly define and rename the themes.

Findings

Demographic data

As shown in table 1 below, all participants were female. Additionally, majority of the participants were aged between 30 to 39 years while 4 were between 20 - 29 years old with only 1 aged between 40 - 49. Both participants had a bachelor's degree, residing in Windhoek and their work experiences ranged from 4 vears to 15 years. This section presented the results of the study based on themes. In total there were 3 themes as well as 11 subthemes that were pivotal in investigating the perceptions of clinical learning at the maternity ward table 2.

Theme 1: Good clinical experiences in maternity ward

This theme was important in establishing the various experiences that student nurses had during clinical learning at the maternity ward. The experiences varied from good, bad, challenging, complicated and educational depending on what that student went through during the process. The experiences are presented below.

Subtheme 1: Good experiences

Some of the participants stated that their experiences at the maternity ward were good. The reasons for this revolved around being able to do what is required successful as well as helping in giving birth to the time the patient is discharged. Participant stated the following:

"My clinical experience in the maternity ward in prem-unit was quite good since they have all the resources. Clinical experience in labour department most pregnant mothers getting in labour have to be done CTG print and patient are being discharged on family planning already e.g. putting implanon before discharges and i was able to help with most of this". P7

"Maternity ward is the best ward one can work. You work with pregnant women and see them carry their pregnancy to 9 months. You see them in labour pain and giving birth to their beautiful babies and you see neonates growing into full term babies". P9 "Most nurses are so helpful and allow me to do my procedures. I gained more experiences on new things like CTG, scrubbing of Caesarean section and insertion of implanon and witnessing of procedures that are not being done (performed at district hospitals). Managing complications like cord collapse and hypertensive disorders". P5

Subtheme2: Educational

Most of the participants however found their experiences educational. This is because they got to learn a significant number of procedures beyond the theoretical aspects and this also helped them to gain confidence about their skills. Participant states the following:

"I learn how to do CTG. Insertion of implants. Interpreting artery blood gasses. Commencing and changing TPN. Nursing neonates on CPAP and ventilators". P10

"The experience I got in maternity ward during my clinical practice is the printing and interpretation of CTG. Management of cord prolapse within filling up of the bladder with 500mls and clamping of the catheter. Treatment of hypotension disorder and diabetes mellitus. Blood transfusion exchange for neonatal. Preparation of ventilator and CPAP machine. Caring and administration of Total Parental Nutrition. The implementation of sonar and practicing it". P11

Subtheme 3: Bad experiences

Other participants in the study described their experience as bad. The reasons that

were cited for this included other more experienced nurses not being welcoming, incompetent staff and just general negative attitudes towards students. Participant 6 stated the following:

"My experience in the maternity was bad because some nurses are not welcoming, and they are not helping patients and clients with respect". P6

Theme 2: Bad experiences

Beyond establishing the experiences of the at an overall level, the participants researcher was also interested in establishing the most unforgettable experiences that the clinical learning students have had. This was pivotal in identifying if their time there is mostly remembered for good or bad experiences. The experiences mentioned revolved around complications in births, lack of adequate knowledge among staff, bad staff, mishaps and getting involved in procedures that brought experience.

Subtheme 4: Challenging and complicated experiences

Some participants highlighted that clinical learning was challenging and complicated for them for various reasons. These included challenges with rare procedures as well as having to use machinery and equipment that they were not used to. This made it quite challenging to implement or do some procedures effortlessly. Participant stated the following:

"There are challenges when it comes to the rare procedures in our practical registers". P5

"The environment of prem unit WCH was something that gave me tough time because the CPAP machine and ventilator machine I was not exposed to it in my clinical experience. In addition, some staff were unfriendly". P8

"It was very complicated because it was Theory and practical that needed to be covered. On one side you have tests that you need to study for, but the practical book is also having certain things that you need to cover. Secondly the practical book consisted of some procedures that are

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rare to find in the clinic areas, so it was always a struggle". P12

Subtheme 5: Complicated birth

Some of the participants highlighted that their most unforgettable experiences revolved around having to deal with complicated births. Participant stated the following:

"A bad experience that I will never forget is to stimulate an infant in a breech delivery while the head was not yet born". P1

Subtheme 6: Lack of knowledge among nurses

One of the participants stated that their most unforgettable experience was with regards to how some nurses lack the knowledge to implement and follow the right procedures. Participant stated the following:

"Most of the staff members (registered nurses) do not know or lack the knowledge on neonatal resuscitation and it is hard to correct them because they feel they are in charge and you are just a student but at the end the patient suffers". P2

Subtheme 7: Bad attitudes of doctors/nurses

Some of the participants stated that their most unforgettable memories revolved around the bad treatment and attitudes they received during clinical learning. Participant 3 stated the following with regards to this:

"Doctors not having enough time to cater for us in the clinical area since they are the ones that are experienced with most of the things that are needed to know". P3

Theme 3: Recommendations

Under this theme the participants were given the opportunity to present any information or views that they wanted to share about their experiences Beyond what was asked by the interviewer. This was pivotal in obtaining any information that may have been missed. The additional views revolved around training and education, having more knowledgeable lecturers, having adequate equipment at the wards, keeping calm during clinical learning and adequately equipping the maternity ward.

Subtheme 8: Training and education

The participants highlighted that there was a need for various training programs that will enable clinical learning students to learn how to apply their knowledge in a practical setting without panicking or forgetting what needs to be done. The participants stated that in clinical learning the environment can get tense such that one easily forgets what they know. Participant 1 stated the following:

"Spot training should be encouraged on emergency procedures because health care workers we tend to forget once on emergency procedure occurs and to be calmed and learn from doctor". P1

"The other thing that I learned or experienced about nurses sometimes when it comes to the delivery tend to panic. The process is normal anything that can happen the doctor is within the unit. Just calm down and deliver you patient". P4

Subtheme 9: Convincing more knowledge lecturers to share their knowledge

The participants also mentioned that the institution could not get more qualified lecturers to come and teach them especially with regards to more specialized topics that the lecturers were not well acquainted with. Participant stated the following:

"Yes, there was also a struggle with getting guest lecturers to come and teach us more on things that our lecturers did not have enough knowledge and background of. Even though we could get some, I feel like we needed more". P3

Subtheme10: Curriculum and clinical alignment

The participants also stated that there is a need for better alignment of the curriculum and clinical learning. This is because there are certain things that are not covered on both sides due to schedules and time while also considering that some procedures are only done at certain hospitals. Participant stated the following:

"I am suggesting that the university should communicate with the doctors to set up a schedule to assist advanced midwifery students with teaching them some procedures which are rare example ABG (Aterial Blood Gas) interpretation and SONAR to allow students to practice we need more experience". P5

"Suggesting for postgraduate to have clinical mentor to assist with procedures and demonstrations with the course also being extended to 2 years due to the course content is too much for one year". P10

"The advance midwifery student should be allowed to work at other intermediate hospitals in Namibia as most procedures are rare to get at Katutura and central hospital which are overcrowded with students. There should be a request for student to work for their practical hours in advance like during weekends". P11

Subtheme 11: Adequately equipped Maternity ward

The participants highlighted that the maternity ward should be well equipped to ensure that

Maternity ward should be prioritized when it comes to equipment and machines like HGT, HB, Suction machines, ambulance etc. P9

Discussion

Theme 1: Good clinical experiences in maternity ward

The study found that the participants had various experiences when it came to do their clinical learning at the maternity ward. The study found that some experiences were good because of the experience gained in helping mothers from labour to giving birth, conducting CTG printings scrubbing of caesarean section and insertion of implanon and managing complications like cord collapse and hypertensive disorders. This is similar to the findings of Amoo and Envan, (2022) who point out the importance of clinical learning to the nursing education because it equips nursing students with the requisite skills to develop clinical competence in doing various procedures as well as experience in dealing with different types of patients as well as environments.

The study also found that there were complicated experiences that were a

result of schedule issues and students having to try and find balance between theory lectures and practical. **Mellish et al.** (2018) highlighted the same view stating that student nurses have to find time to balance theory that is taught in the classrooms with clinical practice which is mainly taught in hospitals, health centres and clinics where students learn to apply theory into practice.

These finding were similar to those of Mashamba and Ramavhoya, (2021) who stated that in some cases student nurse have They had to deal and work without the basic resources such as urinary catheters, infusion administration sets, suturing materials and delivery packs disabling them from managing various procedures. The challenging aspect was also found to be as a result of limited practical spaces, a significant number of students and undergraduates seeking these opportunities. According to Benamer et al. (2023) in developed countries, there is a more balanced distribution of clinical placements across private and public sectors enabling for the students to have wider opportunities to get their experiences from. Baird, (2022) stated that student nurses tend to get frustrated due to the lack of independence and commitment by newly qualified nurses to teach them effectively and help them when they are struggling with certain things. Moreover, the study found that the experiences were also educational with student nurses learning a variety of things such as how to do CTU, commencing and changing TPN, CPAP and ventilators to meet their practical targets. Similarly, according to Adnani et al. (2021) nowadays student nurses tend to try to do a significant number of procedures within a short space of time so that they may gain as much knowledge as possible within that short period.

5.2.2 Theme 2: Bad clinical experiences

The study found a wide array of unforgettable experiences that have stayed with the participants beyond their occurrence. The study found that some experiences were complicated with the students having to help with breech deliveries that can be complicated.

Amoo and Enyan, (2022) in Ghana also established similar results stating that in some cases the wrong techniques are used at hospitals leading to student nurses being shown or taught the wrong things.

The bad experiences were also found to include the attitudes of nurses and doctors who were labelled as not being helpful, accepting and having bad attitudes towards student learners. Mpho et al. (2020) stated that lack of support, supervision, lack of communication and poor interpersonal relationships between college lecturers, professional nurses and student nurses has become a contributing factor that created negative clinical experiences, blocking opportunities to learning and achieving student's objectives. The study found that the student also could not forget the experiences of nursing babies in various situations such as the prem-unit especially those on CPAP and vents as well as those with congenital abnormalities.

The study also found that some unforgettable experiences included dealing with mishaps where complications happen because of various reasons such as mother touching the tubes while a baby is on CPAP and then the baby's condition starts to drop. **Rodziewicz et al. (2023)** similarly highlighted that there is a need for vigilance at hospitals to avoid medical errors as well as negligence be it from nurses, student or patients as these may be fatal.

5.2.3 Theme 3: Recommendations

There were several additional views in the study that were of note. Firstly, it was found that there is a need for ongoing training and education initiatives to play as refreshers for the practical environment as well as to help nurses improve on how to take care of patients and applying the best procedures. appropriate Amoo and Enyan, (2022) also emphasized the importance of education and training initiatives being constant even for registered nurses to ensure that standards

are kept high. Additionally, it was found that there is a need for more expert lecturers or field professionals especially those who did specialized courses to help teach the deeper aspects of modules. Similarly, **Fukada, (2018)** highlighted that employers should pursue instructors whose competencies are compatible with the practice settings demands, can function potently in inter-disciplinary teams across a wide range of healthcare environments. Do that they are available when needed.

The study further found that there is a need to align the curriculum with the practical activities and find ways to involve student nurses in as many procedures that they learn in class so that they are more competent. Jamshidi et al. (2016) also highlighted the need to have a clear and effective link between what is learnt in theory and what is learnt in practice. Additionally, it was found that students should be sent to relevant hospitals that do different procedures so that they get the experience while also extending the period program to allow enough time for the students to cover their practical effectively. Similarly, according to Ziba et al. (2021) clinical placement is a requirement for nursing and midwifery education and can occur in only hospitals therefore leading to inadequate spaces and time for enough

Table 1: Demographic characteristics

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practical for each student. Moreover, it was found that there is a need to adequately equip the maternity ward so that the right equipment may be used and for learners to gain the relevant experience through using this equipment as well as machines.

Conclusion

It was concluded that nursing student had a wide range of experience when they did clinical learning. Some experiences were negative relating to struggling with complicated procedures, lack of adequate knowledge on using equipment and machines, busy schedule between classes and practical's and illtreatment from registered nurses and doctors. The good experiences were getting the much-needed experiences, carrying for mothers and babies and being involved in various successful procedures.

Recommendations

The study recommended that ongoing training for student nurses, adequate resources and knowledge on the use of equipment's be established in the clinical settings. The study further recommended that a quantitative study in other regions be conducted.

Participants	Gender	Age	Level of education	Residence	Years of experience
P1	Female	38	Bachelor's Degree	Windhoek	15 years
P2	Female	27	Bachelor's Degree	Windhoek	4 years
P3	Female	28	Bachelor's Degree	Windhoek	4 years
P4	Female	38	Bachelor's Degree	Windhoek	14 years
P5	Female	30	Bachelor's Degree	Windhoek	6 years
P6	Female	31	Bachelor's Degree	Windhoek	6 years
P7	Female	26	Bachelor's Degree	Windhoek	2 years

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P8	Female	38	Bachelor's	Windhoek	10 years
			Degree		
P9	Female	35	Bachelor's	Windhoek	7 years
			Degree		
P10	Female	40	Bachelor's	Windhoek	15 years
			Degree		
P11	Female	30	Bachelor's	Windhoek	6 years
			Degree		2
P12	Female	28	Bachelor's	Windhoek	3 years
			Degree		-

Table 2: Themes and sub themes

Themes	Sub-themes			
Theme 1: Good Clinical experiences in maternity ward	 Good clinical experiences Educational Bad experiences 			
Theme 2: Bad clinical experiences in the maternity ward.	 Challenging and complicated experiences Complicated birth Lack of knowledge among nurses Lack of knowledge among nurses Bad attitudes of doctors/nurses 			
Theme 3: Recommendations from participants.	 Training and education of nurses Convincing more knowledge lecturers to share their knowledge Curriculum and clinical alignment Adequately equipping Maternity ward 			

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