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## Mentoring Student Nurses – Are Nurses Prepared, Recognized, and Supported to Teach Nursing Students in Clinical Settings?

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### ABSTRACT

**Background:** Clinical teaching and supervision of undergraduate nursing students is one continuous, high volume, high impact responsibility of registered nurses at clinical environment. **Objective:** The objective of the study was to identify the level of preparedness, recognition and support in their role to teach and supervise the nursing students. **Methodology:** A cross-sectional study was conducted at a tertiary care hospital in Karachi, Pakistan, from July to October, 2023. The convenient sampling technique was used to collect data followed by written informed consent, calculated sample size was 81. All the RN, GBSN, Post-RN BSN, MSN nurses having valid PNC license and working at clinical setting were included and those nurses who were already involved in teaching were excluded. Data were analyzed via SPSS version 26.0. **Results:** Among all participants, 51% (n=41) were aged between 25-45 years, 48.1% (n=39) were males and 51.9% (n=42) were females participated in the study. Out of the total participants, 37.0% (n=30) of participants from Post RN BSN and 4.9% (n=4) of the participants from Master of Science in Nursing (MSN). 43.2% (n = 35) was the number of respondents who had previous experience of supervising. **Conclusion:** The current model of clinical placement has to be revised due to the growing difficulty of the practice environment, the rise in need of the nursing student's professional growth and the hopes placed on RNs.

### INTRODUCTION

Clinical teaching and supervision of undergraduate nursing students is one continuous, high volume, high impact responsibility of registered nursing personnel. Nurses are essential in teaching nursing students how to deliver safe, high-quality care in a practicing setting. On the other hand, there are unique challenges for nurses who supervise and teach nursing students (1). Maintaining both the quantity and quality of a healthy existence is crucial for nurses in order to fulfill their primary purpose in life (2). An essential part of nursing education is clinical practice. It is thought that clinical placement experiences can have an impact on learning results, student satisfaction, and future career choice for nursing students (3). To improve their nursing skills, nursing students participate in a variety of activities such as observation, imitation, ongoing evaluation, research, practical application, and reflective processes (4).

Mistakes made in professional practice can have major and occasionally harmful repercussions on patients (5). In clinical learning settings, where patients are cared for, nursing students are assessed based on their knowledge and abilities. These settings influence students' happiness with the nursing profession, practice readiness, and the attainment of learning objectives (6). Clarifying this idea for nursing education will help in determining the factors, characteristics, and effects that influence a student's transition from theory to practice (7). Undergraduate schools must maximize the work ready outcomes of newly graduated nurses due to anticipated shortages in the nursing workforce (8). Clinical experiences are a hallmark technique used to prepare nursing students for practice in the real world (9). The expectations of nursing supervisors and the actual state of students' readiness for clinical

assignments differ. Furthermore, it appeared that nursing supervisors were not concentrating on their own part in preparing students (10). Clinical Coaches need to have their training and development critically examined and updated on a regular basis in order to support a great student experience (11). In order to overcome the shortage of staffing manpower, novice Nurses are expected to function independently as quickly as possible. Studies have reported that new graduate nurses lack adequate levels of competence that are needed in the real world of clinical nursing practice to meet the ever-increasing demands in today's complicated healthcare environment (12). Because nurses spend more time with patients than other healthcare providers, there is a risk to the patients' physical and mental well-being. For a nurse, ensuring the quantity and quality of a healthy life is essential to achieving life's greatest purpose it is only possible to fulfill the need of students nurses by the registered nurses because the students nurses count to be the future of nurses (13). A number of factors affect the very complex process of clinical education. One of the most significant variables influencing the quality of clinical education is without a doubt the competencies of nursing educators' clinical education. Specialized knowledge in curriculum building, instructional tactics, and assessment techniques is required of qualified clinical educators (14). Based on this justification, the current study was created to assess the staff nurses' readiness to instruct nursing students in a clinical setting in Karachi, Pakistan.

## METHODOLOGY

The level of preparedness and support to teach nursing students during clinical in a tertiary care hospital were assessed using descriptive cross sectional study design from July to October, 2023, sample sized was calculated via open epi with 95% confidence interval calculated sample size was 81 and convenient sampling technique were used. Data were collected through an adopted validated questionnaire (1). Permission has been taken. It was a 5-point Likert scale survey, ranging from "Strongly Disagree" to "Strongly Agree." All the registered nurses having valid PNC license including diploma nurses, Generic BSN, Post RN BSN, Master of Science in Nursing who were working as staff nurse at clinical site were included in the study while all nursing Interns, Nursing Managers, Head Nurses, Nurses without having PNC license and those who already involved part time in teaching and supervision of the student's nurses were excluded from the study. Ethical approval was taken from the internal review board (IRB) of the hospital as well a written consent has been taken from the study participants and confidentiality and

anonymity of the participant were maintained. The data were analyzed by using "SPSS" version 26, with demographic data presented using frequency percentages.

## RESULT

**Table 1**

*Demographic Characteristics of the Study Participants*

Variables	(N=81)f	%
<b>Age</b>		
Less than 25	18	22.2
25-45	41	51.6
More than 45	22	27.2
<b>Gender</b>		
Male	39	48.1
Female	42	51.9
<b>Professional Qualification</b>		
RN	30	37.0
Post RN	30	37.0
Generic BSN	17	21.0
MSN	4	4.9

Table 1 displays participants' demographic factors, including age, gender and professional qualification level. The average age of the study participants was 2.05 with a standard deviation of  $\pm 0.70$ . Out of the total participants (n=81), 51% (n=41) were aged between 25-45 years, 22.2% (n=18) were aged between less than 25 years, 27.2% (n=22) were aged more than 45 years. Regarding gender, 48.1% (n=39) were males and 51.9% (n=42) were females participated in the study. Out of the total participants, 37.0% (n=30) of the participants from RN Diploma, 21.0% (n=17) from Generic BSN, 37.0% (n=30) of participants from Post RN BSN and 4.9% (n=4) of the participants from Master of Science in Nursing (MSN).

**Table 2**

*Have you had previous experience providing clinical training and supervision to undergraduate nursing students?*

Previous experience of clinical training and supervision	Frequency	Percentage
Yes	35	43.2%
No	46	56.8%

Table 2 shows the previous experience of providing clinical training and supervision to the undergraduate nursing students of the research participants. Out of the total population (n=81) 43.2% (n = 35) was the number of respondents who had previous experience of supervising NSs and those who had previously received formal training to prepare for their supervising of NSs while a relatively larger number (n =46) 56.8% of those who did not had previously received formal training to prepare for their supervising of NSs and previous experience of supervising the NSs.

**Table 3**

*Participant's overall survey score for preparedness level, support level and recognition levels*

Domain	N	Minimum score	Maximum score	Mean Score	Standard Deviation
Preparedness level	81	8.00	70.00	16.03	6.55
Support level	81	6.00	34.00	11.17	3.48
Recognition level	81	15.00	34.00	24.35	4.21

Table 3 demonstrate the overall three domains with the distinct mean score with standard deviation for preparedness level,  $(16.03) \pm 6.55$ , support level  $(11.17) \pm 3.48$  and recognition level  $(24.35) \pm 4.21$ . Minimum score, (8.00), (6.00) and (15.00) respectively and the maximum score for all the three levels was (70.00), (34.00) and (34.00) harmoniously.

## DISCUSSION

Clinical experiences are a hallmark approach used to prepare nursing students for practice in the real world. Nursing education was impacted by the global shift away from apprenticeship-based training and toward higher education. This shift resulted in curricula being streamlined, nursing being more closely aligned with other healthcare professions, and nursing students being given more time to learn as well as work (15). In the present study when participants of research asked if they have had previous experience providing clinical training and supervision to undergraduate nursing students? 43.2% of the participants responded this particular question as "YES" and 56.8% of the participants responded expectedly "NO". Concurrently a study conducted in Tasmania conclude that healthcare practitioners typically view learning and teaching as a secondary benefit because their primary focus is on providing care to patients (16). In current study, professional level of the participants were as 37.0% of RN Diploma, 21.0% , Generic BSN, 37.0% , Post RN BSN and 4.9% Master of Science in Nursing (MSN). Likewise in another study, the professional educational level of the study participants was as RN Diploma 30.68%, Generic BSN 29.55%, and Post RN BSN 34% MSN 5.60% (17). In our study the maximum score for preparedness level was (70.00), support level was (34.00) and recognition level was (34.00). In the same way, in a study, conducted in United Arab Emirate in 2021, reported that the Nursing preceptors said they could support, involve, and motivate the students; however, they requested more assistance from the nursing teams and a reduced caseload in order to have more time to observe and address the queries of the

students (18). Dissimilarly, a study conducted in Malawi in 2020 reported that the nursing students experience multiple other problem precisely the poor relationship with registered nurses at clinical environment (19). In the current study, the minimum score for preparedness level (8.00), support level (6.00) and recognition level (15.00) consecutively another study conducted in northern Spain findings illustrated that the participating nurses had good perceptions and high levels of enthusiasm, dedication, and involvement, all of which are appropriate for undergraduate nursing students who are developing their clinical expertise (20). Correspondingly, another study revealed that staff nurses felt unprepared and unsupported in their duty as teachers and supervisors of nursing students during clinical placements, and that the system did not acknowledge or support these nurses' training (21). Respect and consideration should be given to RNs' stories of how NS postings are affecting them. Due to the growing number of NSs on placement and the lack of additional staff to support this development, this is especially crucial.

## CONCLUSION

The current model of clinical placement has to be revised due to the growing difficulty of the practice environment, the rise in need of the nursing student's professional growth and the hopes placed on RNs. Even though the participants acknowledged the value of NSs gaining placement experience, more attention has to be given to the complications faced by RNs in order to handy the gap between the many stake holders involved in NS education. Protecting the interests of the patients care, RNs, and the nursing profession will require addressing these issues.

## Recommendation

During clinical placements, it is expected that the registered nurse will actively participate in the learning and training process. Opportunities for theoretical and practical connections can be adopted and a clinical learning environment can be fostered with support and supervision. Putting together a committed work team is a good way to help nursing students learn more from their clinical experiences.as there is no such studies conducted in our context, subsequently research at larger level need to be conducted.

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