SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT AMONG NURSING AND MIDWIFERY STUDENTS FROM UNIVERSITY OF RWANDA

MUSABYIMANA Catherine

College of Medicine and Health Sciences

School of Nursing and Midwifery

Master of Science in Nursing / Education Leadership and Management

2017

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By

MUSABYIMANA Catherine

Student Registration Number: 216338948

A Dissertation Submitted in Partial Fulfilment of the Requirements for the Degree of

MASTER IN NURSING EDUCATION LEADERSHIP AND MANAGEMENT

In the College of Medicine and Health Sciences / School of Nursing and Midwifery

Supervisor: Mr. MUGARURA John

June, 2017

DECLARATION

This research study is my original work and has not been presented to any other Institution. I do declare that a complete list of references is provided indicating all the sources of information quoted or cited. No part of this research should be reproduced without the author's consent or that of UR/CMHS.

Student's name: MUSABYIMANA Catherine

Signature _____ Date _____

I conform that the work reported in this Research proposal was carried out by the candidate under my supervision.

Supervisor's name: Mr. MUGARURA John

Signature _____ Date _____

DEDICATION

This research is dedicated to my dear husband NSABIMANA Elie and my lovely daughters, KAYITESI Angelique and DUSABIMANA Liliane respectively for their encouragement, assistance, and patience during this endeavor.

The dedication of this research goes also to the Rwandan Ministry of Health for sponsorship provided and to the Director of Rwamagana School of Nursing and Midwifery (RSNM), Sister MUKABARANGA Epiphanie and all RSNM staff.

ACKNOWLEDGEMENTSDEDICATION

Above all, I would like to thank the Almighty God for his provision of the ability to pass all the hardship and completion of the study successfully. Special thanks go to Adjunct Professor Dr. Mikko Saarikoski who humbly accepted to provide freely the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) Evaluation Scale to the researcher, with permission to use the tool in its original form. The researcher appreciates him for the effort made in developing this tool. The researcher will never forget the role played by CAMILLA Strandell-Laine for her constructive communication done with the researcher on behalf of Dr. Mikko Saarikoski. Her kindness motivated the researcher and gave the greatest relief.

The researcher would like to express her sincere gratitude to her supervisor M[r.] MUGARURA John for his support and guidance throughout this research. He did a great job with the invaluable comments, suggestions, and encouragement. He deserves special appreciation for the input they added on my work from the initial proposal to the final research writing.

The researcher thanks also UR/CMHS, Nyarugenge campus and all their lecturers for equipping the researcher with the enabling knowledge to scientifically conduct this research. The nursing and midwifery students, as sample respondents also merit special thanks for their cooperation, warm hospitability and because they generously shared their views and made this work possible. The researcher would also like to thank all individuals who contributed to the enrichment of this research project particularly, Dr. Madeleine Mukeshimana, programme coordinator, Etienne Nsereko, the research centre staff and her fellow classmates for their assistance and encouragement during the two years of studies at our distinguished University.

ABSTRACT

Background: The clinical learning environment is an essential part of the nursing education program. To be satisfied, nursing/midwifery students need quality clinical learning environment to exhibit good practice, demonstrate knowledge, skills and professional attitudes when interacting with clinical setting's staff, patients, supervisors with the support of the ward manager where clinical placement takes place.

Aim: The aim of the study was to assess the level of satisfaction with the clinical learning environment among nursing/midwifery students from the University of Rwanda.

Approach and design: The study used a quantitative approach, descriptive cross sectional study design applied to 280 undergraduate nursing /midwifery students using the CLES+T tool to collect information with little modification based on agreement between the principal author and researcher.

Findings: The findings indicated that in overall 162 (58 %) of the students were highly satisfied with clinical learning environment with 150 (54 %) highly satisfied with ward atmosphere, 162 (58 %) highly satisfied with the leadership of the word manager and 174 (62 %) highly satisfied with the supervisory relationship with significance association to class level (p- value 0.001) and the last clinical placement (p- value 0.000). Despite the level of satisfaction, findings showed a no negligible number of the participants in this research who were dissatisfied with clinical learning environment in its CLES+T dimension which mean that the system is still having a big room for improvement.

Conclusion:

The main finding in this study indicated moderate nursing/midwifery students' satisfaction with CLE. However, some participants expressed dissatisfaction which showed that the CLE still have an area for improvement as shown by none negligible disagreement in the presented results. This improvement is needed to respond to quality education corresponding to the fourth sustainable development goal.

Key words: Satisfaction, Clinical learning environment, nursing, midwifery, student, university.

DEFINITION OF KEY TERMS

Satisfaction

Satisfaction is recognized as a response to the client to organizational success. Which is represent the level of client's pleasure that the client has in response to the specificity of service or items purchased (Oliver, R.L., 2014). In this study context, satisfaction refers to an extent to which nursing/midwifery students are happy with their learning environment.

Clinical learning environment

Clinical learning environment is a setting where learner can learn clinical skills with or a direct or a distant supervision (Haraldseid, Friberg, & Aase, 2015). In this specific context clinical setting refers to health facility (ward in hospital or Health Center) where students participate in providing patients nursing need in clinical learning context whereby supervision is close or distant.

Midwife

A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the International confederation of midwives (ICM) essential competencies for the basic midwifery practice and the framework of the ICM global standards for midwifery; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title "midwife" and who demonstrates competency in the practice of midwifery (ICM, 2011). This study is looking for student students in midwifery program from second year up to third year full time with experience of clinical practice.

Nurse

A nurse is a healthcare professional who focuses on caring for individuals, families, and communities, ensuring that they attain, maintain, or recover optimal health and functioning (LeMone et al., 2015). This study is looking for students registered in nursing program from second to fourth year full time with experience of clinical practice.

Nurse teacher

A nurse teacher a registered nurse who learned recognized teaching preparation either previously or soon after engagement as an educator to support the professional competence and maintain professional competence of multidisciplinary healthcare workers (Walsh, 2014). This study considers nurse teacher, the registered nurse from the university who ensure the role of clinical instructor.

University

University is an institution of higher education with the authority to offer bachelor's and higher degrees and research abilities (Johnson, Adams Becker, Estrada, & Freeman, 2015). For this study university refers to the University of Rwanda as it provides nursing and midwifery education at different level at the college of medicine and Heath sciences / School of Nursing and Midwifery.

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LIST OF ABREVIATIONS AND SYMBOLS

CMHS: College of Medicine and Health Sciences

CLE: Clinical Learning Environment

CLES: Clinical Learning Environment and Supervision

CLES+T: Clinical Learning Environment, Supervision and Nurse Teacher

ICM: International Confederation of Midwives

P: page

RSNM: Rwamagana School of Nursing and Midwifery

SoN: School of Nursing

UR: university of Rwanda

WHO: World Health Organization

WM: Ward Manager

%: Percentage

= equal

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CHAPTER ONE: INTRODUCTION TO THE STUDY

1.0. Introduction

Institutions who teach hands on oriented carriers are always concerned with finding the equality clinical settings with a supportive and pedagogically adjusted clinical learning environment (D'Souza et al., 2015). The quality of clinical learning goes together with the curriculum structure and supporting environment. The contemporarily nursing education is facing a growing concern to match both side and emphasize on nursing students satisfaction which is an important factors necessary to reform or optimize the benefits of clinical teaching and learning

1.1. Background to the study

In the nursing profession, clinical learning is an important opportunity for competence development for students (Bigdeli et al., 2015). It allows the integration of theoretical and clinical teaching. Additionally, students' experience in clinical placement influences their professionalism (Antohe et al., 2016).

Historically, nursing education in Rwanda started by the colonial period (Harerimana et al., 2015), it used to be informal training done by church' cleric for the purpose of helping colonial power in providing basic care (Harerimana et al., 2015). Later nursing education became more structured and was integrated into formal 6 years secondary education (Mukamana et al., 2015). By that time nursing education was more of hospital-based rather than academically oriented (Harerimana et al., 2015).

After the 1994 genocide against Tutsis, Nursing Education at Secondary education was replaced by academic teaching (Harerimana et al., 2015, ; Murebwayire et al. 2015). However, despite changes, clinical settings are still recognized as unique in developing students' competencies (Chan, 2001) and students are still going to different health facilities to acquire clinical skills.

Health facilities are learning environment whereby clinicians, patients, mentors and nurse educators collaborate to Clinical Teaching and Learning (CTL) (Jessee, 2016). Teaching in health facilities become cumbersome when it is compared to a typical classroom. In clinical settings, students learn in a complex social context. Learning the process to be effective in such environment there is a need to put together cognitive, psychomotor and appropriate attitude to the benefits of students learning need and client's nursing care needs (Chan, 2001).

Researchers explored factors that contribute to successful skills learning during clinical placement (Tomietto et al,. 2014; Helgesen et al., 2016). According to those studies, the psychosocial ambiance of the ward which is known as Pedagogical sensation from students' perspective is the most important ingredient that contributes to effective learning (Hakim 2014; Bigdeli et al., 2015). Clinical placements where for imperfection can accept as part of the learning process which offers a strong ground to students for developing problem-solving culture (Warne et al., 2010).

Enabling environments that allow students to feel supported in clinical placement was proved efficient in making students more confident in taking initiative within the sensible limit (Warne et al., 2010).

Such environment assumes that a ward atmosphere, leadership of the ward manager and supervisory relationship involving nurse teacher and other premises are prepared to create a conducive clinical learning environment. For the context of nursing education history in Rwanda, where nursing was completely shifting from a helping to independent profession suffered from the lack of cadres in clinical settings, equipped to be role model, teachers and mentors (Mukamana et al., 2015; Murebwayire et al. , 2015, p. 106; Harerimana, 2015).

To overcome the challenge, nurse educators at university level had chosen different clinical placement teaching models. One of the tried models was described in the literature is the one to one coaching which was proved to be among beneficial model of students' clinical learning and professional development (Wang et al., 2016). The implementation of this model required coaches named "Clinical Instructors" from the university; those clinical instructors have to be in clinical settings for clinical teaching purpose.

At the start , the teaching approach was suitable but shortly it was no longer effective because preceptors were not part of Health facility staff. Additionally, members of staff in different settings developed a reluctant attitude of not being part of clinical teaching while the students need to get involved in nursing procedures (Omer et al., 2016, p. 54). At the same time, nursing students increased in number and this made the model more difficult to implement.

Given the discussed changes, nurses' educators restructured the approach into group supervisory model. With this approach, the mentorship task was shared to staff nurses from different health facilities.

Hence the knowledge nursing/midwifery student's satisfaction with clinical placement is little known at the University of Rwanda, it is against this background that this study will be conducted to explore student's satisfaction with clinical placement.

1.2. PROBLEM STATEMENT

At College of Medicine and Health Sciences, despite the use of skills laboratory all students who need clinical competencies in their curriculum use health facilities to gain clinical skills as its offer an important space for students to apply knowledge acquired in the classroom for competency development. In clinical settings, nursing/midwifery students are not highly satisfied with the clinical learning environment, this may be related to the following reasons:

1. Nursing/midwifery from the University of Rwanda are mostly under the supervision of clinical staff including a senior and junior nurses / midwives, and others health professionals instead of applying the existing clinical teaching model as adopted by the Nursing/midwifery school.

2. The clinical teaching model implemented at Nursing/midwifery school, use nurse teachers from University as principal preceptor who takes care of students in different clinical settings. Such model assumes that nurse from University has necessary competencies to successfully complete the task.

However, the supervisor from University is not full time in the clinical placement which means that others professionals (nurse in hospitals) play a pivotal role in clinical teaching (Lamont et al., 2015; Bigdeli et al., 2015; Chan, 2002). This can lower students' satisfaction with the clinical learning environment.

3. Some nurses/midwives in clinical placement do not engage themselves to clinical teaching or do not feel at the level of clinical teaching task which is a knowledge gap that can hamper students' satisfaction with the clinical learning environment.

4. Nurses/midwives in health facilities' might have a heavy workload that can affect the necessary time to meet students learning needs (Lamont et al., 2015) and lead to deep dissatisfaction among nursing and midwifery students (Morrison et al., 2016) with low nursing/midwifery competence acquisition that will negatively influence quality care.

For the research, in the limit of our knowledge, little is known about students' satisfaction with their clinical learning environment at the University of Rwanda. Therefore, no one knows if a gap exists for future improvement.

1.3. Aim of the study

The overall aim of the study was to assess the level of nursing/midwifery students' satisfaction with the clinical learning environment.

1.4. Research objectives

- To identify the level of satisfaction with ward atmosphere among nursing/midwifery students.
- To determine the level of satisfaction with leadership of the ward manager among nursing/midwifery students.
- To investigate the level of satisfaction with supervisory relationship among nursing /midwifery students.

1.5. Research questions

- What is the level of satisfaction with leadership of ward the ward manager?
- What is the level of satisfaction with ward atmosphere?
- What is the level of satisfaction with supervisory relationship?

1.6. Significance of the study

Conventionally, health care institutions are considered as in charge of care for patients. But currently, they have the additional responsibility of offering a ground for health research and teaching (Ayanian & Weissman, 2002). In that context, health facilities are an avenue to clinical teaching.

The value of clinical learning environment depends on the quality of clinical supervision as well as on how the conducive the learning environment is (Lamont et al., 2015).

Dissatisfaction with clinical learning results from health facilities organization, and staffs motivation is supporting students (Lamont et al., 2015; Henriksen et al. 2012). Supporting environment can be observed through a friendly communication; interpersonal relationship (staff versus students) and accommodating students as learners who can contribute to the quality of care (Tomietto et al.,2014).

Because there is no study on clinical placement satisfaction, we believe that the results of this research will contribute to the limited body of knowledge on clinical teaching and will serve as a baseline to clinical teaching satisfaction from students' point of view. Findings can serve as baseline necessary to initiate a more integrative model of teaching whereby people from clinical settings are part of the supervisory team that is benefiting refresher courses on how to guide students in the clinical learning environment.

The findings from this research project study will help in revisiting the partnership between health facilities and nursing schools because not only the school is source of challenges of clinical learning and teaching but challenges can be from both sides (University versus health facilities). The findings will also be useful in the area of education, research, nursing practice and administration.

- For education, the study findings will provide knowledge on factors associated with student's satisfaction with the clinical learning environment and provide a guide for UR-CHMS/ to develop and avail guidelines for clinical practice.

- With regard to research, the more elaborated studies can use this study as a benchmark.
- For practice, the study findings will create awareness on the role of ward manager, clinicians and others who influence student's satisfaction in the clinical learning environment.
- For administration to avail policy on clinical teaching and learning for nursing and midwifery students at University level as well as at health facilities.

1.7. Conclusion

This chapter presented a back ground to the study which elaborates what is already known on the satisfaction with clinical learning environment among nursing/midwifery students and research gap that need to be addressed in research questions along with the interest of the study that researcher were intended conduct.

CHAPTER TWO: LITERATURE REVIEW

2.0. Introduction

This literature review was developed to present the existing body of knowledge regarding the satisfaction with clinical learning environment and different opinions of researchers explaining clinical learning environment which is a product of network forces in the clinical learning environment and has an impact on students learning outcome.

The dimensions of clinical learning environment include all background around the students that play an influence on his/her clinical learning outcome. Evidence proved that clinical learning environment as an important tool to help the student to in getting familiar ***"****with clinical judgment and decision–making"* (Warne et al., 2010), by stimulating their critical thinking, the more challenging the clinical cases the more critical thinking develops (D'Souza et al., 2015).

2.1. Theoretical literature

The theoretical literature of this study is based on clinical Learning Environment theory developed by Chan, (2001). The theory is based on the assumption that the quality of clinical learning environment depends on leadership style in clinical placement (ward manager) which has an influence onward atmosphere (Chan, 2001). The model kept defining the role of a nurse teacher which aims at reinforcing students' clinical competencies that need to be taught and evaluated.

The model identified the role modeling, effective supervision and supporting clinical environment to be crucial in meeting individual clinical learning needs. The model, in summary, outlined three important constructs which are leadership of the ward manager, ard atmosphere and supervisory relationship involving the role of nurse teacher who is the facilitating the integration of theory into practice (Fulmer et al., 2011).

The model applied to the context of this study, it is assumed that students satisfaction with their clinical learning environment results from an interaction between leadership style in clinical placement, nurse staff and students relationship, know-how and knowledge transfer of the clinical teacher. The literature did not show the scale in nursing/midwifery students' satisfaction with CLE, to clarify the level of satisfaction.

The relationship between the aforementioned concept was depicted in the diagram by Melba and colleague (D'Souza et al., 2015).

Figure 2.1 : Conceptual model of Clinical Learning Environment (CLE) among nurse students

Source: Melba Sheila, (2015).

The framework clarified the linear relationship between the leadership of the ward manager, ward atmosphere, supervisory relationship and the quality of clinical learning environment. Evidence showed that when a ward manager adopt a positive leadership, this will lead to good ward atmosphere as longer as the ward team enables students to develop the interpersonal relationship the supervisory relationship will be enhanced and ending to nursing/midwifery students to quality of clinical learning environment with high impact on students satisfactions meaning achievement of their learning outcomes or professional competence developed (Cisic & Frankovic, 2015).

2.2. Ward atmosphere as clinical learning environment

Learning premises were identified to be an important factor that defines the success of an efficient teaching program (Nepal et al., 2016). The atmosphere in the learning environment is a crucial ingredient for successful learning process (Nepal et al., 2016). Academically, students who are in nursing and midwifery and others related field learn from classes and clinical teaching environment to enable students to achieve clinical learning outcomes (Peyman et al., 2013; Serçekuş & Başkale, 2015; Nepal et al., 2016).

The clinical learning environment is all items that surround students such as clinical material, personnel including nurses and others (Tomietto et al., 2014). Literature describe clinical settings as a transition period for consolidation of what student learned from classrooms and it is preparing students for their future professionalism (Warne et al., 2010). Classrooms and clinical settings are both learning environments.

However, given the way learning and teaching take place, researchers discussed how different they are. For example, Papathanasiou and colleagues identified that in the academic premises teaching and learning process involve nurse teacher and students. When in clinical settings there are many learning events, sometimes students come in as emergency and not planned, this can create students confusion (Papathanasiou et al., 2014).

What makes the clinical setting more challenging is that teachers, called supervisors should arrange clinical learning in a manner that both patient safety needs and students clinical learning needs have to be achieved (Warne et al., 2010). Dissimilarity is that classical classroom activities are planned while in clinical placement some of the patient care come in as emergency and hence bring more of unplanned activities. Such situation can be stressful because it needs a quick reaction under a watching eye of senior staff (Warne et al., 2010).

Clinical setting as a learning environment was purported to shape the future professional nurses who master core competencies of the profession (Ludin & Fathullah, 2016). Such aim is achieved through the key factors that play a role in a successful clinical teaching that involve clinical supervision, clear role definition and a supporting environment that help students to active learning (Ludin et al., 2016).

While a nurse's teacher is in charge of organizing a classroom to make it conducive to teaching and learning process, the ward organization is beyond her/his control. Therefore, an organization of clinical learning environment in term of ward atmosphere involves ward manager rather than university nurse teacher.

2.3. Leadership of the ward manager

The ward manager in nursing education has overlapping roles and abilities to adapt the leadership style to challenging changes in students learning and providing care to patients, affect work unit's success, students and staff satisfaction (Vesterinen et al., 2013). In such context, ward manager is the one to make the ward a conducive environment for learning, nursing care, patient safety, and satisfaction (D'Souza et al., 2015).

Literature have described a conducive environment for clinical learning as the one designed to stimulate critical thinking to help students to acquire hands-on skills, integrate the learner in clinical decision-making, that will help him/her to develop effective skills (Haraldseid et al., 2015).

Currently, nurse managers complain about students. One of the most common words that come in their language was described by Morrison and colleague. According to the mentioned authors, the following sentence is routinely heard when new students come in clinical settings "Where are we going to put them all**?" (**Morrison et al., 2016**)**.

The mentioned language is reflecting a shortage of clinical placement necessary for skills learning and a shortage of preceptors from nursing school as well as staff nursing in different clinical settings. In this context, students are perceived as an additional burden to existing heavy workload. In that case, student nurse and staff nurses are both at risk of deep dissatisfaction (Morrison et al., 2016).

2.4. Supervisory relationship and quality clinical learning environment

The conducive learning environment was described as the one that allows humanistic approach between staff nurses and students. When staffs nurses are approachable and support students learning, it improves the self-esteem among nurses students (Cisic & Frankovic, 2015). When students are integrated into nursing team it improves the relationship and this creates a positive atmosphere for learning.

The teamwork depends on leadership skills and this create the ground for positive atmosphere whereby, ward manager allow students to follow what is going on in the ward including attending ward round. In whatever students are involved in, there is a need for a close supervision for immediate feedback and patient safety (Saarikoski et al., 2002). A feedback that stimulate a positive atmosphere helps in building up confidence in students nursing skills (Chan, 2002).

2.5 Conclusion

Clinical learning environment as it is related to nursing students' critical thinking development.

It showed what is already known in the literature and showed the gap that still need to be addressed and this was the source of our research questions. Thus the literature said negative, positive, conducive or unconducive CLE, in this study, researcher estimated the level of satisfaction based on the fixed following scale:

- 75 % - 100 % = high level of satisfaction
- 50 % - 74 % = moderate level of satisfaction
- 50 % = lower level of satisfaction

CHAPTER THREE: RESEARCH METHODOLOGY

3.0. Introduction

This chapter is describing the research approach and design, study area, study population, target population, sampling strategy, sample size, data collection instrument, data collection procedure, limitation to the study and ethical consideration.

3.1. Research approach

This study used a quantitative approach. The quantitative research is a recognized, objective, systematic process in which the researcher obtained numerical data to collect information about the phenomenon (Kothari et al., 2014).

A survey of undergraduate nursing /midwifery students' experience in their clinical placement was used to gather information necessary for an appreciation of their level of satisfaction.

3.2. Research design

The study used a descriptive, cross sectional design to gather information on nursing/midwifery students' satisfaction with CLE. The descriptive cross sectional design is on its part used to provide a picture of a situation as it naturally happens during the period of the study (Burns & Grove, 2011). The data for this research was collected from February to May 2017, and this did not lasted later than 24 hours each site of the study.

3.3. Study area

Clinical placement is a transition to practice, and help students to develop clinical competencies, given that fact, depending on the level of students, clinical placement differs according to their level of understanding and clinical competence expected (Lawal et al. 2015).

This study was conducted at the University of Rwanda in College of Medicine and Health Sciences (CMHS), specifically in the School of Nursing and Midwifery with emphasis to six campuses that offer nursing and midwifery program. Those campuses are Kibungo, Nyagatare, Rwamagana which are located in eastern province, Kabgayi situated in southern province, Byumba placed in north and Nyarugenge situated in Kigali town.

3.4. Study population

The population is a particular group of individuals or elements or the research target group. The entire population is the target population of the study as it is small and well defined (Kothari et al. 2014). The study population for this study was composed by nursing and midwifery students enrolled in the six campuses that offer nursing and midwifery program at the University of Rwanda in College of Medicine and Health Sciences.

3.4.1. Target population

This study targeted continuing from second up to the fourth year full time students registered at the University of Rwanda in nursing/midwifery program in 2016/2017 academic year as they have been experienced the clinical environment and easily accessible for data collection.

3.4.2. Sample size

Campuses that host nursing and midwifery program at the University of Rwanda are 6 and according to data from registrar' office, the aforementioned campus totalize 782 students (= N) from the second year to the fourth year. Therefore to estimate a representative sample size, a stratified sampling using the formula of Taro Yamane, (1967) was applied to calculate sample size as follow:

$$n = \frac{N}{1 + Ne^2}$$ n= 782/1+ $(782*0.05)^2$

Where: n = sample size N = number of total population e = value of accepted error and 1= degree of freedom. Therefore, the sample of participants is estimated at 264 students (participants).

3.4.3. Sampling strategy

To obtain simple size, the researcher calculated representative sample for each campus by applying the proportional sampling.

Table 3.1: Sampling strategy

Campus	Number of students per Campus	% of students	Sample size per Campus
Kibungo	118	118*100/782=15	264*15/100=40
Rwamangana	134	134*100/782=17	264*17/100=45
Kabgayi	104	104*100/782=13	264*13/100=34
Nyagatare	96	96*100/782=12	264*12/100=32
Byumba	84	84*100/782=11	264*11/100=29
Nyarugenge Campus	246	246*100/782=32	264*32/100=84
Total	782	100	264

Therefore, based on the proportion of students from each Campus, the sample size from each Campus followed the proportion distribution as mentioned in Table 1.

Hence for the 264 students, Kibungo contribute with 40, Rwamagana 45, Kabgayi 34, Nyagatare 32, Byumba 29, and Nyarugenge 84. To minimize none response rate, researcher added 10 % and distributed questionnaires to 290 participants.

3.4.4. Inclusion criteria

The inclusion criteria into the study was:

- All available nurses and midwives students registered at the University of Rwanda in nursing/midwifery program in 2016/2017 academic year willing to participate in the study.

- Nursing and midwifery students from the second year up to the fourth year full time as they was easily accessible and have experienced the clinical environment.

3.4.5. Exclusion criteria

The exclusion criteria into the study was:

- Nursing and midwifery students who was registered at the University of Rwanda in nursing/midwifery program in 2016/2017 in the first year as they was not experienced the clinical learning environment.
- Others part time nursing and midwifery students who was registered in level four and five was excluded as it was not easy to access them.
- Students who was in level two up to level four full time who was absent for any reason and/or unwilling to participate in the study was also excluded in the study.
- Nursing and midwifery students who participated in the pilot study.

3.5. Data collection method and procedure

The tool was searched from the internet by the researcher who after retrieval had accessed it and proceeded to request for permission to use it through email. The author approved the request, and a signed agreement between the researcher and the author was signed via shared email.

To collect the data, this study used a data collection tool developed by Saarikoski and revised in 2008 by Saarikoski and Leino Kilpi which was little modified by the researcher in order to make it easily for student understanding and completion. The instrument used here is a self-reported questionnaire with 34 items which cover three domains which are word atmosphere, leadership of the word manager, supervisory relationship, scored from 1 to 5 for each underlined statement.

Participant had specified their answer by encircling the appropriate number describing individual opinion. The scoring used Likert scale where number 1 correspond to full disagree, disagree to some extent (2), neither agree nor agree (3), agree to same extent(4)and fully agree (5). The researcher estimated that the lowest level of student' satisfaction ranged under 50 %, moderate level of student' satisfaction ranged between 50 % and 74 % while the highest level of student' satisfaction was considered the score ranged between 75 % and 100 %.

3.5.1. Content validity

Content validity is defined as an extent to which a data collection tool measure all aspect of a given construct (Kimberlin & Winterstein 2008). In this study, it was covered by assuring that items in the research questions covered the research objectives.

With regard to face validity which refers to an extent to which a tool subjectively appears covering the concepts, it is supposed to measure (Romero Morales et al. 2017) was guaranteed by presenting the data collection tool to the experts to judge their suitability of the tool. The table 2 shows the relation between research questions, objectives, construct, and instruments used to gather information.

Table 3.2: Content validity of the questionnaire

N^0	Research question	Objective	Construct	Outcome
1	What is the level of satisfaction with ward atmosphere?	To identify the level of satisfaction with ward atmosphere among nursing/midwifery students.	Leadership style of the ward manager (related questions on CLE are: 1, 2, 3, 4, 5, 6, 7, 8, 9)	Student satisfaction
2	What is the level of satisfaction with leadership of ward manager?	To determine the level of satisfaction with leadership of the ward manager	Ward atmosphere (related questions on CLE are: 10, 11, 12, 13, 14, 15, 16, 17)	Student satisfaction
3	What is the level of satisfaction with supervisory relationship?	To assess the level of satisfaction with the supervisory relationship	Supervisory relationship (related questions on CLE are: 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34)	Student satisfaction

3.5.2. Reliability of the questionnaire

Reliability was defined as an extent to which a data collection tool can produce a repeatable and consistency results (Romero Morales et al., 2017). It is known that the most challenging aspect of cross-cultural translation is to modify the instrument in a complete and suitable cultural form while respecting the sense of original items (Van Widenfelt et al., 2005). Alongside linguistic problems, there is always a challenge of accurately matching cultural differences of the second language.

To prevent some semantic difference to the original tool, the questionnaire was kept in English as nursing/midwifery students was able to read and answer in English language. The original questionnaire was analyzed with factor analyses method using Varimax rotation with an eigenvalue greater than 1. Results showed all factors as mentioned in the conceptual framework and in many cases, reliability coefficient (**Cronbach's Alpha**) ranged between .63 and .83 indicating a sufficient reliability (Romero Morales et al. 2017).

As the researcher have little modified the CLES+T tool, a plot study among 10 % (26 students) of calculated sample size was conducted before starting the main study to identify the discrepancies which needed clarification, to know how long data collection take and to check for reliability. The tool used, and the coefficient reliability was .70.

3.6. Procedure

After securing the permission to collect the data from the University of Rwanda, the researcher approached class representative and explained about research' aims and the data collection process. With his/her approval, the researcher sent recruitment messages to students during the morning, before class sessions.

From available participants, the researcher used a systematic sampling, using class lists as the sampling frame. From the list researcher selected one participant out of 2, the process continued until the sample size expected from each campus completed.

Participants who accepted to participate signed an informed consent prior to their participation. Before signature, they mentioned their class level and department registered for to respect confidentiality. Thereafter, they got a self-administered questionnaires to be collected within 24 hours.

3.7. Data analysis and Management

3.7.1. Data analysis

To prepare the data, the researcher recorded and replaced the variable of interest using SPSS version 18. This was followed by descriptive analysis and results was presented in the descriptive tables. The Chi square test was used to test the association between demographic data and the three concept described in the conceptual framework (ward atmosphere, leadership of the ward manager and supervisory relationship).

3.7.2. Data management

Security of the data was ensured by keeping the answered all questionnaires in a locked cupboard for hard copies which was only accessed by the researcher and soft copies was kept safely with a password in the researcher's computer to respect the privacy.

3.7.3. Data dissemination

After defending the research report, correction will be done based on comments from the members of panel, a hard copy will be available to UR/CMHS library and the researcher will plan to submit a manuscript of final report for publication in a peer-reviewed journal. Study results will be shared with partners at the national and global level through seminars, workshop and conferences.

3.8. Study limitation

The study used a standardized questionnaire, the researcher did not have the possibility to go in-depth to listen to participants what exactly they are appreciating or not.

3.9. Ethical consideration

Ethical clearance to collect data was approved by the IRB of UR/CMHS, and the permission to conduct this study was provided by the dean of School Nursing and Midwifery, followed by the authorization from the administration of each campus. Confidentiality was entirely assured to participants and consent was given to each.

The following ethical principles have been respected in this study:

Autonomy/ right

Participants had a full right to withdraw from study at any time without prejudice.

Anonymity

A unique identifier was used without exposing participant's identification.

Confidentiality

The filled in the questionnaire were kept confidential in a locked cupboard, only principal investigator, as well as supervisor, are able to access the data that shall be destroyed after five years.

Benefíciense

Participants signed an informed consent prior to their participation without any remuneration, the researcher believe to seek if gap exist with regards to nursing/midwifery students'satisfaction with clinical learning environment and contribute to improvement through recommendations.

Non-maleficence

There were no physical implications or social involvement to the participant.

3.10. Conclusion

This chapter has presented the complete description of the methodology of the study. The approach, design, population and sampling strategy was explained. Data collection and analysis, limitation was also discussed, and finally measures to ensure reliability were described and ethical considerations clarified.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0. Introduction

This chapter present the results from data collection on demographic data and clinical learning environment including word atmosphere, leadership of the word manager and supervisory relationship. Considering the calculated sample size (264) plus 10 % of none response rate, 290 questionnaires was distributed and collected questionnaires was 280 (response rate = 96.5 %), with answers to all content. Results was presented in frequency and percentage tables.

4.1. Results on demographic data

Frequency and percentage of the results on demographic data are presented in the table 4.1

The findings showed that male were represented at 47.9 %, female 52.1 %. Regarding to the age of participants, 1.4 % represented those aged under 20 years old, between 20 and 24 were 92.1 %, from 25 to 29 years old were 5.7% while 30 years old and above were 0.7 %.).

Based on department, Nursing were represented at 61.4 % while midwifery students were 38.6 %. Looked at the class level, level two were represented at 56.1 %, level three represented at 37.5 % and level four represented at 6.4 %. Nyarugenge campus were highly represented (32.9 %), followed by Rwamagana (17.5 %), then Kibungo (15.4 %), Kabgayei (12.1 %), Nyagatare (11.4 %) and Byumba (10.7 %).

Table 4.1: Student's distribution according to demographic data (n = 280)

Variables		Frequency	Percent
Gender	**Male**	**134**	**47.9**
	Female	**146**	**52.1**
Ages	**Less than 20**	**4**	**1.4**
	20 to 24 years old	**258**	**92.1**
	25 to 29 years old	**16**	**5.7**
	30 years and above	**2**	**0.7**
Department	**Nursing**	**172**	**61.4**
	Midwifery	**108**	**38.6**
Class level	**Level two**	**157**	**56.1**
	Level three	**105**	**37.5**
	Level four	**18**	**6.4**
Last clinical learning environment	**Health center**	**156**	**55.7**
	District hospital	**106**	**37.9**
	Referral hospital	**18**	**6.4**
Campus	**Byumba**	**30**	**10.7**
	Kabgayi	**34**	**12.1**
	Kibungo	**43**	**15.4**
	Nyagatare	**32**	**11.4**
	Nyarugenge	**92**	**32.9**
	Rwamagana	**49**	**17.5**

The results showed that female are more represented than male, most of participants aged between 20 and 24 years with high representation from Nyarugenge campus.

4.1. Results on clinical learning environment

4.2.1. Results on satisfaction with ward atmosphere

Results on the level of satisfaction with clinical learning environments regarding the ward atmosphere among the participants are depicted in table 4.2. According to the table, 45.7 % of the responded agreed to some extent that the staff in clinical settings were easy to approach, those who fully agreed were 19.6 % while 16.8 % was disagreed.

On the other hand 10.7 % of the participants to some extent, they disagreed with the easy approachability of the staff. Those who fully disagreed represented 6.1 %. When asked if they felt comfortable going to the ward at the start of their shift, 37.1 % of the participants agreed to some extent whiles those who fully agreed represented 31.8 %.

Participants who disagreed with the statement represented 8.2 % followed with participants who fully disagree in the proportion of 3.6 %. When asked if they felt comfortable in taking part in the discussions during staff meetings 22.5% of the respondent fully agreed while 34.3 % agreed to some extent.

Participants who did not feel comfortable represented respectively 12.1 % (Disagree to some extent) and 8.2 % (Fully disagree).

When asked their position on the positive atmosphere on the ward, 25 % of the participants fully agreed that the atmosphere was positive while 45.4 % agreed to some extent. Other participants in a proportion of 3.9 % and 6.1 % respectively fully disagreed or disagreed to some extent.

In this study, 24.6 % of the participants agreed fully that the staff was generally interested in the students' supervision and they were 35 % to believe that staff in the hospital were interested at

some extent while 19.6 were disagreed.

Participants on the statement asking if staff learned to know the student by their personal names, 30% of them fully agreed that it was the case while 35 % of them agreed to some extent. However, 12.1 % of the participants and disagree to some extent while 7.1 % fully disagreed.

When asked if they saw sufficient meaningful learning situation on the ward, 20.4 %, of them fully agreed that the material was available and 42.1 % of them were agreeing to some extent. A certain number of participants disagreed, 11.1 % of them disagreed to some extent while 2.9 % fully disagreed.

On the items related the learning situations, if it was multidimensional in terms of content, 17.1% fully agreed and 43.2 % agreed to some extent. On the other side of the coin, 14.6 % of the participant disagreed and 1.8 % fully disagreed.

On the statement asking if the ward can be regarded as a good learning environment, respectively 40 % of the participants fully agreed and 30.4 % agreed to some extent. Participants who disagreed with the statement were respectively 11.1 % (disagree to some extent) and 1.4 % (fully disagree).

Table 3.2: Student's distribution according to satisfaction with ward atmosphere (n = 280)

Statement	Frequency and percentage respondents				
	Fully disagree n (%)	**Disagree to Some extent n (%)**	**Neither agree nor disagree n (%)**	**Agree to some extent n (%)**	**Fully agree n (%)**
The staff were easy to approach	17 (6.1)	30 (10.7)	50 (17.9)	128 (45.7)	55 (19.6)
I felt comfortable going to the ward at the start of my shift	10 (3.6)	23 (8.2)	55 (19.3)	104 (37.1)	89 (31.8)
During staff meetings (e.g. before shifts) I left comfortable taking part in the discussions	23 (8.2)	34 (12.1)	64 (22.9)	96 (34.3)	63 (22.5)
There was a positive atmosphere on the ward	11(3.9)	17 (6.1)	55 (19.3)	127(45.4)	70 (25)
The staffs were generally interested in student supervision	13 (4.6)	42 (15)	58 (20.7)	98 (35)	69 (24.6)
The staff learned to know the student by their personal names	20 (7.1)	34 (12.1)	43 (15.4)	99 (35.4)	84 (30)
There were sufficient meaningful learning situations on the ward	8 (2.9)	31(11.1)	66 (23.6)	118 (42.1)	57(20.4)
The learning situations were multi-dimensional in terms of content	5 (1.8)	41 (14.6)	65 (23.2)	121 (43.2)	48 (17.1)
The ward can be regarded as a good learning environment	4 (1.4)	31 (11.1)	48 (17.1)	85 (30.4)	112 (40)

The table 4.2 showed the lowest (the first blue column = fully disagree) and highest (last pink column = fully agree) score for each variable. The above scores helped to calculate the total score of the ward atmosphere as the researcher have to classify the satisfaction level.

Based those results, the nursing/midwifery students' level of satisfaction was calculated with

emphasis on the total to frequency and calculate the percentage mentioned in the first and second columns of table 4.3.

Table 4.3: Scores for the level of satisfaction with ward atmosphere (n=280)

Total ward atmosphere **out of 45**	**Percentage**	**frequency**	**Percentage**
12	27	2	0.70 %
15	33	1	0.40 %
16	36	1	0.40 %
17	38	1	0.40 %
18	40	2	0.70 %
20	44	5	18 %
21	47	2	0.70 %
23	51	3	1.1%
24	53	5	1.8 %
25	56	6	2.1 %
26	58	5	1.8 %
27	60	4	1.4 %
28	62	12	4.3 %
29	64	14	5 %
30	67	14	5 %
31	69	15	5.4 %
32	71	16	5.7 %
33	73	22	7.9 %
34	76	13	4.6 %
35	78	21	7.5 %
36	80	22	7.9 %
37	82	28	10 %
38	84	16	5.7 %
39	87	18	6.4 %
40	89	9	3.2 %
41	91	15	5.4 %
42	93	3	1.1 %
43	96	4	1.4 %
45	100	1	0.40 %

The table 4.3 indicates the total ward atmosphere score out of 45 with the lowest (12) the first column and 45 as the highest score and the mean score was 33, median 34 while the mode was 37.

The total ward atmosphere scores helped researcher to calculate percentage (second column) for total score and to classify the satisfaction level with ward atmosphere among nursing/midwifery students.

Results showed that 150 out of 280 participants (54 %) was scored between 75 % - 100 %, so they had a high level of satisfaction with ward atmosphere, for the moderate level of satisfaction (50 % - 74 %) there was 116 participants corresponding to 41 % while 14 out of 280 (5 %) had a low level of satisfaction (< 50 %).

4.2.2. Results on the satisfaction with leadership style of the ward manager

The results on leadership style of the ward manager are summarized in table 4.4. According to the figure, 26.8 % of the participants fully agreed that WM regarded the staff on his/her ward as a key resource and 11.8 % agreed to some extent. Participants who fully disagreed represented 3.9 % while 11.8 % were disagreed to some extent.

When asked if WM was a team member in clinical teaching, participants respectively agreed to some extent (32.5 %) and fully agreed (43.6 %). Some other participants disagreed and they were 2.1% to fully disagree and 7.5 % to disagree to some extent.

When asked if feedback from the WM could easily be considered as a learning situation, 40 % of participants were agreed to some extent and other 27.1 % respectively fully agreed. Those who fully disagreed or disagreed to some extent were respectively 1.4 % and 9.6 %.

With regard to the statements asking whether individual effort among employee was appreciated

by the WM, 28.9 % of the respondent and 38.6 % of the participants respectively fully agreed or agreed to some extent. However, some others respectively disagreed to some extent (10 %) or fully agreed (2.1 %).

When asked the organization of nursing care in the ward, findings revealed that 23.6 % and 37.1 % of the participants respectively fully agreed or agreed to some extent the statement asking if the ward nursing procedure was clearly defined. Other 15 % of participants were disagreed to some extent and 4.3 %fully disagreed.

When asked if patients received individual nursing care, 30 % of the participants fully agreed and 40 % agreed to some extent. 4.3 % together with 9.6 % of the participants respectively disagreed to some extent or fully disagreed.

Results on the question asking if there were no problems in the information flow related to patients' care show that 20.7 % of the participants fully agreed while 43.2 % agreed to some extent. Other participants disagreed at different levels, 5 % fully disagreed and 13.9 % disagreed to some extent.

On the question asking, if the documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear, results illustrate that 33.2 % of the participants fully agreed and 33.9 % agreed to some extent. Others fully disagreed (4.6 %) or disagreed to some extent (13.9 %).

Table 4.4: Student's distribution according to leadership style of the ward manager (n = 280)

Statement	Frequency and percentage respondents				
	Fully disagree n (%)	**Disagree to Some extent n (%)**	**Neither agree nor disagree n (%)**	**Agree to some extent n (%)**	**Fully agree n (%)**
The WM regarded the staff on her/his ward as key resource	11 (3.9)	33 (11.8)	57 (20.4)	104 (37.1)	75 (26.8)
The WM was a team member	6 (2.1)	21 (7.1)	40 (14.3)	91(32.5)	122 (43.6
Feedback from the WM could easily be considered as a learning situation	4 (1.4)	27 (9.6)	61 (21.8)	112 (40)	76 (27.1)
The effort of individual employees was appreciated	6 (2.1)	28 (10)	57 (20.4)	108 (38.6)	81 (28.9)
The ward's nursing procedure / protocol was clearly defined	12 (4.3)	42 (15)	56 (20)	104 (37.1)	66 (23.6)
The patients received individual nursing care	12 (4.3)	27 (9.6)	45 (16.1)	112 (40)	84 (30)
There were no problems in the information flow related to patients' care	14 (5)	39 (13.9)	48 (17.1)	121 (43.2)	58 (20.7)
Documentation of nursing was clear	13 (4.6)	39 (13.9)	40 (14.3)	95 (33.9)	93 (33.2)

The table 4.4 showed the lowest (the first blue column = fully disagree) and highest (last pink column = fully agree) score for each variable. The above scores helped to calculate the total score of the leadership of the WM as the researcher have to classify the satisfaction level. According to the results, the nursing/midwifery students' level of satisfaction with the leadership of the WM was calculated based on its total of frequencies in relation to the fixed satisfaction scale as presented in the first and second columns of table 4.5.

Table 4.5: Scores for the level of satisfaction with the leadership of ward manager (n = 280)

Total leadership of the WM out of 40	Percentage	Frequency	Percentage
10	25	1	0. 40 %
14	35	1	0.40 %
16	40	3	11 %
17	43	2	0.70 %
18	45	2	0.70 %
19	48	1	0.40 %
20	50	2	0.70 %
21	53	3	11 %
22	55	5	18 %
23	58	6	21 %
24	60	10	36 %
25	63	13	46 %
26	65	13	46 %
27	68	15	54 %
28	70	16	57 %
29	73	25	89 %
30	75	20	71 %
31	78	18	61 %
32	80	18	61 %
33	83	23	82 %
34	85	17	61 %
35	88	20	71 %
36	90	20	71 %
37	93	11	33 %
38	95	12	43 %
39	98	2	0.70 %
40	100	1	0.40 %

Results showed that 162 out of 280 participants (58 %) was scored between 75 % - 100 %, means that that they had a high level of satisfaction with the leadership of the WM. The moderate level of satisfaction (50 % - 74 %) was among 108 participants corresponding to 38 % while 10 out of 280 representing 4 % had a low level of satisfaction (< 50 %).

4.2.3. Results on supervisory relationship

The results on the supervisory relationship are summarized in table 4.6. According to the table results on a statement asking about positive attitude showed during the supervision process, 30.4 % of participants were fully agreed and 46.1 % of them respectively disagreed at some extent. Participants who fully disagreed were 6.4 % and those who disagreed at some extent represented 4.3 %.

Participants when they were asked if they felt that they received individual supervision, 36.1 % agreed at some extent and fully agreed at 18.9 %. Participants who disagreed where 9.3 % (Fully disagree) and 14.6 % for disagree at some extent.

On a statement that ask on a continuously feedback from my supervisor, respondent fully agreed (35.4 %) and agreed at some extent (32.9 %). On the side of those who disagreed 11.8 % disagreed to some extent or fully disagreed (5.4 %).

Results on the question asking if the supervision was based on a relationship of equality and promoted my learning, the overall satisfaction with the supervision participants received, 68.9 % of the respondent agreed (fully agreed 33.9 5%, agreed to some extent 35 %). A certain number of the participants disagreed (16.4 %) where 4.6 % full disagreed and 11.8 % disagreed at some extent.

The question related to the mutual respect and approval prevailed in the supervisory 41.4 % of the participants agreed to some extent and 23.9 % fully agreed. But 2.1 % fully disagreed and 10 % disagreed at some extent.

When asked if the supervisory relationship was characterized by a sense of trust 32.9 % fully agreed and 42.1 % greed to some extent. Among respondent 3.6% were fully disagreed and 6.8 % disagreed to some extent.

The supervisory relations included also the content on nurse teacher role. Participants were asked if, in their opinion, the nurse teacher was capable of integrating theoretical knowledge and everyday practice nursing, and 32.9 3% fully agreed while 37.1 % agreed to some extent. However, 12.7 % disagreed to some extent while 3.2 % fully disagreed.

On the statement asking if the teacher was capable of operationalising the learning goals of their clinical placement, a certain number of participants fully disagreed (2.5 %) or disagreed to some extent (8.6 %). on the other hand 42.1 % agreed to some extent while 30 % fully agreed.

When asked whether the nurse teacher was like a member of the nursing team, participants were fully agreed at 37.9 % and 38.2 % agreed to some extent. Other 10.3 % were disagreed. When asked whether nurses' teacher helped them to reduce the theory-practice gap majority of the participants (70 %) agreed at different levels (fully agree 32.9 % and 37.1 % agreed to some extent).

The results of the cooperation between placement staff and nurse teacher are summarized in same table as well. According to the results respondent full agreed (37.9 %) or agreed to some extent (38.2 %) that nurse teacher was a member of the nursing team (38.5%). on the other hand, 10.3% of the participants they either disagreed to some extent (4.6 %) or fully agreed (5.7 %).

When asked if nurse teacher was able to give his pedagogical expertise to the clinical team, 71.3 % agreed at different levels, where 28.9% fully agreed and 42.5 % agreed to some extent. Those who disagreed represented 12.1 %.

The results on the subsection related to the nurse teacher relationship with clinical staff are presented in the same figure (supervisory relationship, figure 6). According to the findings, 66.7 % agreed at different levels that the common meetings between students (participants), mentor and nurse teacher were a comfortable experience. However, 11.4 % of the participants disagreed with the statement.

When asked if in their common meetings they felt that we are colleagues 63.9 % fully agreed or agreed to some extent. But 17.9 % of them disagreed at different levels.

Table 4.6: Student's distribution according to supervisory relationship (n = 280)

Statement	Frequency and percentage respondents / scale				
	Fully disagree n (%)	**Disagree to Some extent n (%)**	**Neither agree nor disagree n (%)**	**Agree to some extent n (%)**	**Fully agree n (%)**
My supervisor shows a positive attitude towards supervision	12 (4.3)	18 (6.4)	36 (12.9)	129 (46.1)	85 (30.4)
I felt that I received individual supervision	41 (14.6)	26 (9.3)	59 (21.1)	101 (36.1)	53 (18.9)
I continuously received feedback from my supervisor	15 (5.4)	33 (11.8)	41 (14.6)	92 (32.9)	99 (35.4)
The supervision was based on a relationship of equality and promoted my learning	13 (4.6)	33 (11.8)	41 (14.6)	98 (35)	95 (33.9)
There was a mutual interaction in the supervisory relationship	14 (5)	29 (10.4)	56 (20)	110 (39.3)	71 (25.4)
Mutual respect and approval prevailed in the supervisory relationship	6 (2.1)	28 (10)	63 (22.5)	116 (41.4)	67 (23.9)
The supervisory relationship was characterized by a sense of trust	10 (3.6)	19 (6.8)	41 (14.6)	118 (42.1)	92 (32.9)
In my opinion , the nurse teacher was capable to integrate theoretical knowledge and every practice of nursing	9 (3.2)	35 (12.5)	40 (14.3)	104 (37.1)	92 (32.9)
The teacher was capable of operationalizing the learning goals of this clinical placement	7 (2.5)	24 (8.6)	47 (16.8)	118 (42.1)	84 (30)
The nurse teacher helped me to reduce the theory-practice gap	9 (3.2)	35 (12.5)	40 (14.3)	104 (37.1)	92 (32.9)
The nurse teacher was like a member of the nursing team	16 (5.7)	13 (4.6)	38 (13.6)	107 (38.2)	106 (37.9)
The nurse teacher was able to give his or her pedagogical expertise to the clinical team	13 (4.6)	21 (7.5)	46 (16.4)	119 (42.5)	81 (28.9)

The table 4.6 showed the lowest (the first blue column = fully disagree) and highest (last pink column = fully agree) score for each variable. The above scores helped to calculate the total score of the supervisory relationship as the researcher have to classify the respective satisfaction level. According to the results, the nursing/midwifery students' level of satisfaction with supervisory relationship was obtained in calculating the score of underlined variables presented in the first column and it related percentage in second column of table 4.7.

Table 4.7: Student's distribution according to the level of satisfaction with supervisory relationship (n = 280)

Total supervisory relationship out of 65	Percentage	Frequency	Percentage
16	25	1	0.40 %
17	26	1	0.40 %
20	31	2	0.70 %
21	32	1	0.40 %
22	34	2	0.70 %
24	37	1	0.40 %
25	38	1	0.40 %
26	40	2	0.70 %
27	42	2	0.70 %
28	43	1	0.40 %
29	45	2	0.70 %
30	46	1	0.40 %
31	48	2	0.70 %
32	49	1	0.40 %
37	57	1	0.40 %
38	58	2	0.70 %
39	60	1	0.40 %
40	62	6	21 %
41	63	3	11 %
42	65	9	32 %
43	66	9	32 %
44	68	8	29 %
45	69	9	32 %
46	71	10	36 %
47	73	16	57 %
48	74	12	43 %
49	75	13	46 %
50	77	8	29 %
51	78	11	39 %
52	80	6	21 %
53	82	25	89 %
54	83	11	39 %
55	85	18	64 %
56	86	15	54 %
57	88	7	25 %
58	89	9	32 %
59	91	12	43 %
60	92	14	50 %
61	94	8	29 %
62	95	6	21 %
63	96	5	18 %
64	98	1	0.40 %
65	100 %	5	18 %

Results showed that 117 out of 280 (62 %) participants was classified between 75 % - 100 % as they was highly satisfied with the supervisory relationship. The moderate level of satisfaction (50 % - 74 %) was observed among 86 (31 %) participants, the 20 (7 %) remaining had a low level of satisfaction (< 50 %).

4.3. Results the association between demographic data and the three domains of CLE

The table 4.8 represent the association between gender, department, age, class level, last clinical placement, campus and the ward atmosphere.

Table 4.8: Inferential statistics of association between demographic data and ward atmosphere

Demographic data	**Pearson chi-square value**	**Degrees of freedom**	**p- value**
Gender	27.119	28	0.512
Department	21.686[a]	28	0.796
Age	74.089[a]	84	0.774
Class level	63.911[a]	56	0.218
Last clinical placement	65.502[a]	56	0.180
Campus	165.620[a]	140	0.069

Using the Chi square test, results indicated that there was no statistically significant association across the described demographic data and ward atmosphere (p- value > 0.005).

The table 4.9 represent the association between gender, department, age, class level, last clinical placement, campus and the leadership style of the ward manager.

Table 4.9: Inferential statistics of association between demographic data and leadership style of the WM

Demographic data	Pearson chi-square value	Degrees of freedom	p- value
Gender	48.000[a]	26	0.005
Department	22.534[a]	26	0.569
Age	60.484[a]	78	0.929
Class level	40.212[a]	52	0.883
Last clinical placement	41.345[a]	52	0.855
Campus	167.530[a]	130	0.15

The Chi square test showed only statistical significance association between gender and the leadership style of the WM (p- value = 0.005).

The table 4.10 represent the association between gender, department, age, class level, last clinical placement, campus and the supervisory relationship.

Table 4.10: Inferential statistics of association between demographic data and supervisory relationship

Demographic data	Pearson chi-square value	Degrees of freedom	p- value
Gender	40.736[a]	42	0.526
Department	35.943[a]	42	0.733
Age	86.333[a]	126	0.997
Class level	131.392[a]	84	0.001
Last clinical placement	134.466 [a]	84	0.000
Campus	216.734 [a]	210	0.360

The Chi square test showed that there is only statistical significance association between demographic data and supervisory relationship for the class level (p- value = 0.001) and the last clinical placement (p- value = 0.000).

4.4. Conclusion on presentation of results

The nursing/midwifery students' satisfaction was measured at three domains of CLE respectively ward atmosphere, leadership style of the ward manager and the supervisory relationship. The overall satisfaction was calculated based on the average of all three level of satisfaction and findings indicated over 280, 162 (58 %) of the students were highly satisfied with clinical learning environment where by 150 (54 %) was highly satisfied with ward atmosphere, 162 (58 %) highly satisfied with the leadership of the word manager and 174 (62 %) highly satisfied with the supervisory relationship with statically significance association to class level (p- value 0.001), last clinical placement (p- value 0.000) and supervisory relationship.

CHAPTER FIVE: DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Discussion

5.1.0. Introduction

This chapter discussed the study findings related to the study objectives and their corresponding concepts discussed in the literature as grouped in three domains which are ward atmosphere, leadership style of the ward manager and supervisory relationship. The main objective was to assess the level of nursing/midwifery students' satisfaction with the clinical learning environment. The discussion of findings is organized according to the specific objectives respectively to identify the level of satisfaction with ward atmosphere among nursing/midwifery students, to determine the level of satisfaction with leadership of the ward manager among nursing/midwifery students and to investigate the level of satisfaction with supervisory relationship among nursing /midwifery students.

5.1.1. Discussion on demographic data

In this study results showed that female (52.1 %) are more represented than male (47.9 %), this shows the success of gender balance policy in Rwanda. The indicates an important difference with the historical background where feminization were promoted in nursing profession (Ross, 2017) which is not different from the contemporary nursing where constituted about 10 % of nursing professionals (Walsh, 2016).

Based on age, the most of participants aged between 20 and 24 years, this is not extraordinary because majority of them joined university after secondary school which means they are around 20 years as they started primary school no later than 7 years plus 6 years for primary school, plus 6 years of secondary school.

Based on campuses, the highest representation was from Nyarugenge campus which is in line with the big number enrolled there in the period of the study (246) while the lowest number of nursing/midwifery in one campus was 84 as found in students list from the academic registrar office.

5.1.2. Discussion satisfaction with ward atmosphere

Based on the classification level of satisfaction fixed by the researcher, the finding of this study showed 54 % of participants highly satisfied, 41 % with moderate level of satisfaction and 5 % with lower satisfaction level and the mean score (33) situated in the moderate class level of satisfaction with ward atmosphere (73%). The results showed a little change to the 49. 35 % of agreement on satisfaction with ward atmosphere (d'Souza, Karkada, Parahoo, & Venkatesaperumal, 2015) even if the author did not classify the level of satisfaction as it was done in this study.

To be satisfied at high level student should have comfortable ward atmosphere (Onuoha, Prescott, & Daniel, 2016), as the ward atmosphere plays an important role in students satisfaction (d'Souza et al., 2015).

When you look at the dimension of the ward can be regarded as a good learning environment ward atmosphere, the findings showed that only 112 (40 %) participants were fully agree which means there is a need to improve CLE, mostly in nursing team work to develop effective nursing/midwifery student education (Tomietto et al., 2016).

Regarding the inferential statistics of association between demographic data and ward atmosphere, results showed that there is no statistical signifance (p- value > 0.005) across the described demographic data and ward atmosphere even in the previous studies on nursing students' satisfaction of clinical learning environment, some students stated that the atmosphere of clinical placement made learning problematic to achieve the objectives (Bisholt, Ohlsson, Engström, Johansson, & Gustafsson, 2014).

This may result in lower student's acceptance within the nursing team (Papastavrou, Dimitriadou, Tsangari, & Andreou, 2016);(Skaalvik, Normann, & Henriksen, 2011) as the finding of this study mentioned in the statement, "during staff meetings (e.g. before shifts) I left comfortable taking part in the discussions), where student was fully disagree at 8.2 %, which is none negligible rate, there is a need to improve ward atmosphere.

5.1.2. Discussion satisfaction with leadership style of the WM

The results of this study showed 58 % of participants highly satisfied, 38 % with moderate level of satisfaction and 4 % with lower satisfaction level. Despite the fact that 58 % of participants were in high the level of satisfaction with the leadership style of WM, the remaining participants showed that there is need to improve mostly on the last two statement (There were no problems in the information flow related to patients' care, documentation of nursing was clear) on which some students reported disagree respectively at 18.9 % and 18.5 %.

This disagreement leaded to obtain the mean score of satisfaction with leadership of the WM less than 76 % as showed in the study done on "*nursing students' experience of clinical learning environment in nursing homes*" where the leadership of the WM was scored as lowest (Carlson & Idvall, 2014). For nursing/midwifery students to be satisfied the WM should engage actively nursing team in students education (Tomietto et al., 2016)

About the inferential statistics of association between demographic data and leadership of the WM, results revealed that only statistical significance association was observed between gender and the leadership style of the WM (p- value = 0.005), this contradict the study done in four universities of Cyprus Republic which showed no statistical significance with p – value of 0.85 (Papastavrou, E. et al., 2016).

No surprise for discrepency in results as majority of participants was female (52.1 %) and majority of nursing leaders are female in rwandan clinical placement was female based on researcher observation which is in congruent with nursing historical background where nursing was female profession (Ross, 2017).

5.1.3. Discussion satisfaction with supervisory relationship

According to the results, 62 % of participants was highly satisfied, 31 % with moderate level of satisfaction and 7 % with lower satisfaction level with the supervisory relationship.

Even if the participants showed a high the level of satisfaction with the supervisory relationship, some participants showed that there is need to improve mostly on the majority of statements as they was responded negatively, between 10 and 40 % disagreement.

To be competent nursing/midwifery student should be satisfied with all domains of CLE, especially on supervisory relationship as they have to acquire knowledge, skills and attitude step by step, an ascending from novice to expert as defined by Benner (1994). This need a closed supervision and good role model which is in line with statistical significance association between demographic data and supervisory relationship for the class level (p- value = 0.001) and the last clinical placement (p- value = 0.000).

From the results researcher understand that at every class level, in each clinical placement there is a need for individual student supervision. This is not different from what was explained in the study on nurses' experiences of CLE focusing on supervision organization where by supervisory relationship was more positive in students who had regularly a same preceptor (Sundler et al., 2014).

So there is a need to improve the supervisory relationship based on gap shown by disagree answers, mainly on the statement my supervisor shows a positive attitude towards supervision (10.7 %), I felt that I received individual supervision (23.9 %), I continuously received feedback from my supervisor (17.2 %), In my opinion, the nurse teacher was capable to integrate theoretical knowledge and every practice of nursing and the nurse teacher helped me to reduce the theory-practice gap (15.7 %).

5.2. Summary

The purpose of the study was to describe the level of satisfaction among nursing students at the University of Rwanda. The study was done using a descriptive approach, cross-sectional design and involved 280 undergraduate full time nursing /midwifery students from level two to level 4.

The data were collected using a standardized a self-reported questionnaire with 34 items which cover 3 principle domains of the clinical learning environment (ward atmosphere, leadership of the WM and supervisory relationship).

This study found that in overall 58 % of the participants were satisfied with learning environments at high level, 37 % satisfied at moderate level and the lower satisfaction was observed in 5 % of participants.

When it comes to the satisfaction with the ward manager, 150 out of 280 participant (54 %) was scored between 75 % - 100 % (high level of satisfaction), 116 participants (41 %) was in moderate level of satisfaction (50 % - 74 %), while 14 out of 280 (5 %) had a lower satisfaction level (< 50 %).

Based on leadership style of the ward manager, results showed high level of satisfaction in 162 (58 %) participants, moderate level of satisfaction was observed in 108 (38 %) participants and lowest scale was found in 10 (4 %) students. With regard to the supervisory relationship, 174 (62 %) participants was highly satisfied, 86 (31%) satisfied moderately while 20 (7 %) was satisfied at lower level. The supervisory relationship showed a statistically significance association with demographic data it the rubric of class level (p- value 0.001) and the last clinical placement (p-value 0.000)

5.3. Conclusion

This study was interested in 280 nursing/midwifery students' satisfaction with the clinical learning environment. From overall satisfaction level, it can be concluded that students satisfaction are resulting from supervisory relationship combined with the regularity of individualized meetings, the close supporting presence of the nurse teacher create a sense of team working in a well-structured nursing care environment.

Based the results, the findings on dissatisfaction, students are expecting much more than they are getting, in their clinical learning environment because a certain number of them disagreed or simply restrained from giving comments. It appears that learning environment is more satisfactory when students are more involved in patients nursing care because students learn through role modeling and effective supervision.

Additionally, positive appreciation on clinical learning environment, reflect the role of unity managers related to the creation and maintenance of a conducive clinical learning environment by ensuring that the correct behavior is modeled in the clinical environment and more dissatisfaction was observed when asked about individuals concerns indicating that learning need and expectations should be satisfied. Regardless the observed the moderate overall level of satisfaction (58 %), this concludes that there is a need to improve CLE based on formulated recommendations.

5.4. Recommendation

To further researchers:

This is the first study conducted on our premises; it is descriptive in nature and did not explore the factors that influence students' satisfaction such as, type of the health facilities, type of nursing ward etc. A further research that will tackle the effects of the mentioned factors will help in tailored clinical teaching that addresses environmental and supervisory style.

To University

According to the literature some nurses complain about students and not feel part of teaching staff while nurse teacher are not regularly in clinical supervision. The results on supervisory relationship show that only the supervisory relationship was characterized by a sense of trust at 33% fully agreed.

The researcher recommend that all stakeholders who deal with clinical teaching should understand the role played by the unity managers in preparing for clinical teaching and hence integrate ward managers from different health facilities where students will learn clinical competencies and adopt a model of clinical teaching where nurses teachers are involved in nursing care and clinical nurses involved in teaching and provide them continuous training in clinical teaching as literature revealed that some nurses do not fell at level of clinical teaching.

To Ward Managers

The literature described a conducive environment for clinical learning as the one designed to stimulate critical thinking to help students to acquire hands-on skills, integrate the learner in clinical decision-making, unit managers should understand their role in making successful clinical learning and should organize ward in a way that makes Ward more conducive for clinical teaching and learning.

The results on the question asking if there were no problems in the information flow related to patients' care show that only 20.7% of the participants were fully agreed while 43.2% agreed to some extent. The researcher recommends that the ward managers should request to their nursing staff to adopt a professional behavior as role model to nursing students. Additionally, ward managers should extend and integrate students' supervision in the duties of nurse staff.

To Administrators

Based on literature that shown some nurses do not feel themselves teachers for students who are in clinical practice or do not feel at the level of mentoring them, the researcher recommends to avail policy on clinical teaching and learning for nursing and midwifery students at University level as well as at all level of health facilities, sign the memorandum of understanding for nursing and midwifery clinical teaching and learning, and include clinical teaching in nursing job description.

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APPENDICES

Gmail Catherine MUSABYIMANA <cathymusabyimana@gmail.com>

Request for permission to use of your tool

1 message

Catherine MUSABYIMANA <cathymusabyimana@gmail.com> Wed, Nov 9, 2016 at 8:30 PM
To: mikko@mikkosaarikoski.fi, mikkoJsaarikoski@gmail.com

Dear Mikko,

I am Catherine MUSABYIMANA, with Nursing and Midwifery background, working at Rwamagana School of Nursing and Midwifery. I am doing my masters in nursing Education Leadership and Management. I intend to do a research entitled:

SATISFACTION WITH CLINICAL PLACEMENT: THE VIEWS OF NURSING AND MIDWIFERY STUDENTS FROM THE UNIVERSITY OF RWANDA.

I realized that CLES+T Tool, English version you developed may help me to collect data.

For this reason, I request you a permission to use it.

Kindly regards

MUSABYIMANA Catherine. BNE. RM

Rwamagana School of Nursing and Midwifery

Mobile phone: 0788534078 / 0726106710

Email: cathymusabyimana@gmail.com

:

Gmail **Catherine MUSABYIMANA <cathymusabyimana@gmail.com>**

CLES+T
2 messages

Nils Oddbjørn Henriksen <nils.henriksen@uit.no> Fri, Nov 4, 2016 at 4:08 PM
To: "cathymusabyimana@gmail.com" <cathymusabyimana@gmail.com>
Cc: Hans Ketil Normann <ketil.normann@uit.no>

Dear Cathy,

Thank you for your request regarding use of the CLES+T instrument in your research. As I expect you will use the English language version, I kindly recommend you to ask Professor Mikko Saarikoski, University of Turku, Finland for permission to use the instrument. He is the copyright holder of the original English version of the instrument. His e-mail address according to the Internet:

mikko@mikkosaarikoski.fi

or: mikkoJsaarikoski@gmail.com

If for any reason these addresses should fail to work, my best advice is to perform an Internet search at the homepages for The University of Turku, Finland.

I wish you the best of luck with your research!

Yours sincerely

Nils Henriksen

professor

Department of Health and Care Sciences

The faculty of Health Sciences

UiT The Arctic University of Norway

9037 Tromsø

Norway

e-mail: nils.henriksen@uit.no

Gmail Catherine MUJADYIMANA <cathymusabyimana@gmail.com>

CLES+T Scale

3 messages

Camilla Strandell-Laine <camilla.strandell-laine@utu.fi> Mon, Nov 14, 2016 at 2:46 PM
To: "cathymusabyimana@gmail.com" <cathymusabyimana@gmail.com>

Dear Cathy,

Thank you for your e-mail and your interest to the research work of Mikko Saarikoski. I am a PhD -student of Mikko Saarikoski and also using the CLES+T in my doctoral research. I am writing this e-mail on behalf of Mikko Saarikoski. Please read the information letter below from Saarikoski and check the CLES+T instrument. Please visit the address www.mikkosaarikoski.fi to find the publications of Saarikoski. If you have any questions concerning the instrument, do not hesitate to contact me (castla@utu.fi).

I'm the author of the scales CLES and CLES+T and can give the permission for its using. The instrument usage is OK if it will stay mainly in the original form. You can make the background variables by your own research aims and your national culture can influence to terms used with some concepts (e.g. mentor or preceptor etc.). You have to remember to mark sources and copyright issues correctly. The instrument using is free (in financial meaning).

I have done my instrument developing work since 2002 when I published the original version (CLES) of the scale. During couple past years, I have developed a new sub-dimension to the original CLES scale. That new sub-dimension covers also the role of nurse teacher in clinical practice of nursing students. This new wholeness is called CLES+T scale (2008). I prefer that latest version. It has been published on 2008 (as a short methodological paper): Saarikoski, M., Isoaho, H., Warne, T., Leino-Kilpi, H., 2008. The nurse teacher in clinical practice: Developing the new sub-dimension to the clinical learning environment and supervision (CLES) scale. International Journal of Nursing Studies 45; 1233-1237.

I am keeping "book" how much CLES/ CLES+T scales spreads and extend to the different countries, so I hope that you should print and fill the Agreement form and send it as a *.pdf file to Camilla Strandell-Laine by email (castla@utu.fi) and Camilla will send a scanned document back to you by email. So we confirm that all copyright issues will be OK. At this moment, the initial CLES (2002) or the later CLES+T version (2008) has been used as a research instrument in over 50 countries (e.g. in Australia, Canada, England, Germany, Hong Kong, Italy, Japan, Jordan, Malaysian, New Zealand, Norway, Spain, Sweden, US) and has been translated in 30 languages.

I got ready my dissertation on 2002. It is so called 'article based thesis' which is including 4 original papers and the wide summary (59 pages). This part of the book includes the validation process of the CLES scale and is available: http://mikkosaarikoski.fi/wp-content/uploads/summary_saarikoski.pdf

My thesis is only that 59 pages summary (+ References). The reason for that is that my study is an article based dissertation. I got the permission to publish the articles only in the 'paper version' of the research report. In my publication list (on web-site) you can find CLES/CLES+T articles which I have joined with.

Please find the CLES+T scale and Agreement form as *.pdf files.

Kind regards

Mikko Saarikoski
RN, PhD, Adjunct Professor / Docent
Camilla Strandell-Laine
RN, MNSc, Doctoral candidate
castla@utu.fi
University of Turku, Department of Nursing Science, Finland

Agreement form

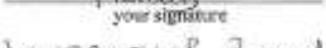
01.01.2015

Agreement for using the Clinical Learning Environment, Supervision and Nurse Teacher (*CLES+T*) evaluation scale

I agree to abide by the following principles in using the *CLES+T* evaluation scale as a research tool in my/ our empirical study:

- The CLES+T should only be used in its original form (minor alternations are permissible, for example in order to ensure the terminology of *CLES+T* reflects different cultural aspects). All other changes should be reported to the authors.
- Any research reports that have used the *CLES+T* should acknowledge the original source by using the following reference: Saarikoski et al. 2008. The nurse teacher in clinical practice: Developing the new sub-dimension to the Clinical Learning Environment and Supervision (CLES) scale. International Journal of Nursing Studies 45: 1233-1237.
- The instrument cannot be published in its original form (e.g. as Appendix) without the permission of the copyright holder, Elsevier Science Ltd. UK. The *CLES+T* scale has been published originally in the above article.
- Authors should be sent one copy of publications in which the *CLES+T* scale has been used as a research instrument (see the address above)

Name of the re-user: MUSABYIMANA Catherine



your signature

Research organisation: UNIVERSITY OF Rwanda - College of Medecine and Health Science / School of Nursing and Midwifery

Address: Po Box 3286 Kigali

Name of the research (or research project): Satisfaction with clinical placement: The views of Nursing and Midwifery students from The University of Rwanda

Language version: English

We give the permission: Camilla Strandell-Laine

Date: 1.12.2016

Please, complete this agreement form informing about your study and send the scanned *.pdf -document to the following email: castla@utu.fi . The filled form (signed by Strandell-Laine) will be returned to you be email.

UNIVERSITY OF RWANDA

College of Medicine and Health Sciences

Master's proposal Presentation

Academic year: 2016/2017 Date: 4/10/2016

Student name and Reg. number: MUSABYIMANA Consolée, 216633894[illegible]

Speciality track: ELM

Topic: Satisfaction with clinical placement: The perspective of nursing and midwifery students from University of Rwanda

Decision from members of the panel

Decision	Main points to address for corrections
Approved without corrections	
Approved with minor corrections	✓
Major corrections to be resubmitted to the panel members	
Repeat and represent to the Panel	

Signatures:

President of the Panel: [signature]

Secretary of the panel: [signature]

Member 1: [signature]

Member 2: [signature]

Catherine MUSABYIMANA

Gasabo- Kigali City

E-mail:cathymusabyimana@gmail.com

Contact:0788534078

December 14th,

2016

Respected Sir,

Re: Application for fee Waiver of protocol review

I humbly request for fee waiver of protocol review in CMHS institution Review Board (IRB).

In fact Sir, I am a student in Master program, Education Leadership and Management track at UR- CMHS and I would like to conduct a research on SATISFACTION WITH CLINICAL PLACEMENT: The Views of Nursing and Midwifery students from the University of Rwanda. I truly need the fee waiver as my research will not be granted and as a student is hard to pay the protocol review fee.

I am looking forward to your positive attitude

Yours sincerely,

Catherine MUSABYIMANA

Supervisor approval

MUGAMURA John

UNIVERSITY OF RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

CMHS INSTITUTIONAL REVIEW BOARD (IRB)

Kigali, 09/01/2017
Ref: CMHS/IRB/**025**/2017

MUSABYIMANA Catherine
School of Nursing and Midwifery, CMHS, UR

Dear MUSABYIMANA Catherine

RE: ETHICAL CLEARANCE

Reference is made to your application for ethical clearance for the study entitled ***"Satisfaction With Clinical Learning Environment: The Views Of Nursing And Midwifery Students From University Of Rwanda".***

Having reviewed your protocol and found it satisfying the ethical requirements, your study is hereby granted ethical clearance. The ethical clearance is valid for one year starting from the date it is issued and shall be renewed on request. You will be required to submit the progress report and any major changes made in the proposal during the implementation stage. In addition, at the end, the IRB shall need to be given the final report of your study.

We wish you success in this important study.

For Professor Kato J. NJUNWA
Chairperson Institutional Review Board,
College of Medicine and Health Sciences, UR

Prof. JB Gahutu
Vice Chair

Cc:
- Principal College of Medicine and Health Sciences, UR
- University Director of Research and Postgraduate studies, UR

EMAIL: *researchcenter@ur.ac.rw* P.O. Box: 3286, Kigali, Rwanda WEBSITE: http://cmhs.ur.ac.rw/

UNIVERSITY OF RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

Kigali, on 30 / 01 /2017

Ref. No: 55 / UR-CMHS/SoNM/17

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re: Request to collect data

Referring to the above subject, I am requesting for permission for **MUSABYIMANA Catherine,** a final year student in the Masters of Science in Nursing at the University of Rwanda/College of Medicine and Health Science to collect data for her research dissertation entitled "**Satisfaction with clinical learning environment: The Views Of Nursing And Midwifery Students From The University Of Rwanda".**

This exercise that is going to take a period of 2 months starting from 13th February 2017 to 12th April 2017 will be done in **the School of Nursing,** campuses of Byumba, Kabgayi, Kibungo, Nyarugenge, Nyagatare and Rwamagana.

We are looking forward for your usual cooperation.

Sincerely,

Dr. Donatilla MUKAMANA, RN, PhD
Dean, School of Nursing and Midwifery
College of Medicine and Health Sciences

Email: schoolofnursingandmidwifery@ur.ac.rw, P.O.Box: 3286 Kigali-Rwanda, Website: www.ur.ac.rw

College of Medicine and Health Sciences/

School of Nursing and Midwifery

Nursing Department

University of Rwanda

Date 10th February 2017

To: Campus manager

Re: Request for permission of conducting research

I hereby write this letter for request permission of conducting research in Rwamanagana campus.

In fact, I am a student enrolled in master's program, Education, Leadership and Management track in the College of Medicine and Health Sciences **(CMHS).** I would like to conduct a research entitled:**" SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT: The Views of Nursing and Midwifery Students from the University of Rwanda"**. It is in this regards I request for a permission to collect data in Rwamagana campus. I will need the students from level two and three included in the study population.

I take this opportunity to ensure that I already obtained ethical clearance from CMHS and the permission from the School of Nursing and Midwifery. Those document are attached to this letter.

Your response will be highly appreciated

Sincerely yours,

MUSABYIMANA Catherine

RWAMAGANA SCHOOL OF
NURSING AND MIDWIFERY (RSNM)

P.O BOX 02 Rwamagana, E-mail: rwamaganarsnm@gmail.com

Rwamagana, on 15th February/2017

Ref.N° .../RSNM.DIR/2017.01

MUSABYIMANA Catherine
School of Nursing and Midwifery
CMHS
Kigali

Dear Mrs Catherine,

Re: Permission to conduct Research

Reference is made to your letter dated 10th February 2017, which was requesting to conduct research entitled « **Satification with Clinical learning Environment : The views of Nurising and Midwifery Students from the University of Rwanda** » in Rwamagana School of Nursing and Midwifery. I would like to authorize you to conduct that research as you requested.

Please contact Mr. Ndateba Innocent, the Director of Academic Affairs to facilitate you in this task.

Your Sincerely,

Sister MUKABARAMIRA Euphrasie
Principal of RSNM

Cc:

- NDATEBA Innocent, Academic Director / RSNM

College of Medicine and Health Sciences

/ School of Nursing and Midwifery

Nursing Department

University of Rwanda

Date: 14th February 2017

To: Campus Coordinator

Re: Request for permission of conducting research

I hereby write this letter for request for permission of conducting research in Nyagatare campus that you are heading.

In fact, I am a student enrolled in master's program, Education Leadership and Management track in the College of Medicine and Health Sciences (**CMHS**). I would like to conduct a research entitled: **'SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT: The Views of Students Nurses and Midwives from the University of Rwanda".** It is in this regards I request for a permission to collect data in Nyagatare Campus. I will need students from level two and three included in the study population.

I take this opportunity to ensure that I already obtained ethical clearance from CMHS and the permission from the School of Nursing and Midwifery. Those documents are attached to this letter.

Your response will be highly appreciated.

Sincerely yours,

MUSABYIMANA Catherine.

UNIVERSITY OF RWANDA

NYAGATARE CAMPUS

OFFICE OF THE COORDINATOR

28th February 2017
Ref: UR-NYA-COOR/026/2017

Ms Musabyimana Catherine
School of Nursing and Midwifery
CMHS
Kigali

Dear Ms Musabyimana,

Re: Permission to Conduct Research

I have seen your letter of 14th February 2017 requesting for permission to conduct research at UR-Nyagatare Campus. I have no objection and have confirmed with the CMHS College Programs Coordinator, Mr Nsabimana Samuel at this campus. You are welcome.

Please liaise with Mr Nsabimana on nsabsa2@gmail.com (0788862710).

Yours sincerely,

Dr James Gashumba
Coordinator, UR-Nyagatare Campus

Cc: Nsabimana Samuel, UR-Nyagatare Campus

College of Medicine and Health Sciences

/ School of Nursing and Midwifery

Nursing Department

University of Rwanda

Received on 14/02/2017

Date: 14th February 2017

To: Campus Manager

Re: Request for permission of conducting research

I hereby write this letter for request for permission of conducting research in Byumba campus that you are heading.

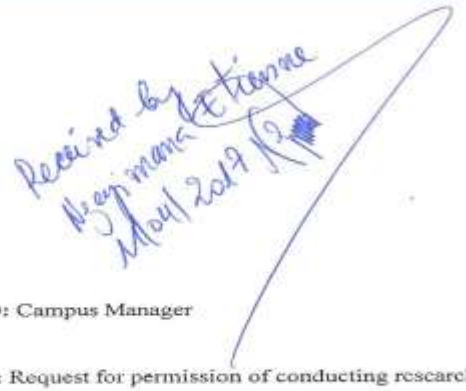
In fact, I am a student enrolled in master's program, Education Leadership and Management track in the College of Medicine and Health Sciences (**CMHS**). I would like to conduct a research entitled: **'SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT: The Views Of Students Nurses And Midwives From The University of Rwnda".** It is in this regards I request for a permission to collect data in Byumba Campus. I will need students from level two and three included in the study population.

I take this opportunity to ensure that I already obtained ethical clearance from CMHS and the permission from the School of Nursing and Midwifery. Those documents are attached to this letter.

Your response will be highly appreciated.

Sincerely yours,

MUSABYIMANA Catherine.



College of medicine and health science
/school of Nursing and Midwifery
Nursing Department
University of Rwanda
Date: 14th February 2017

TO: Campus Manager

Re: Request for permission of conducting research

I hereby write this letter for request for permission of conducting research in Kabgayi campus that you are heading.

In fact, I am a student enrolled in master's program, education Leadership and Management track in the college of Medicine and health science (**CMHS**). I would like to conducta research entitled: ' **SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT the views of Students Nurses and Midwives from University of Rwanda'.**it is in this regards I request for a permission to collect data In Kabgayi campus. I will need students from level two and three included in the study population.

I take this opportunity to ensure that I already obtained ethical clearance from CMHS and the permission from the School of Nursing and Midwifery. Those documents are attached to this letter.

Your response will be highly appreciated.

Sincerely yours,

Musabyimana Catherine

Received by: NKENGIMANA Alphere
Date: 15/02/2017
KIBUNGO CAMPUS SECRETARIAT

College of Medicine and Health Sciences

/ School of Nursing and Midwifery

Nursing Department

University of Rwanda

Date: 14th February 2017

To: Campus Manager

Re: Request for permission of conducting research

I hereby write this letter for request for permission of conducting research in Kibungo campus that you are heading.

In fact, I am a student enrolled in master's program, Education Leadership and Management track in the College of Medicine and Health Sciences (**CMHS**). I would like to conduct a research entitled: **'SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT: The Views Of Students Nurses And Midwives From The University of Rwanda".** It is in this regards I request for a permission to collect data in Kibungo Campus. I will need students from level two and three included in the study population.

I take this opportunity to ensure that I already obtained ethical clearance from CMHS and the permission from the School of Nursing and Midwifery. Those documents are attached to this letter.

Your response will be highly appreciated

Sincerely yours,

MUSABYIMANA Catherine.

INFORMATION TO PARTICIPATE IN A RESEARCH STUDY

Title of the study: SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT AMONG NURSING AND MIDWIFERY STUDENTS FROM UNIVERSITY OF RWANDA

Dear Mr./Mrs./Ms.

I hereby would like to request you to participate in this research study on: **SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT AMONG NURSING AND MIDWIFERY STUDENTS FROM UNIVERSITY OF RWANDA.** I am a Master's student at the University Of Rwanda (UR). This study aims to assess the level of nursing/midwifery students 'satisfaction with clinical learning environment at the University of Rwanda.

Your participation will involve the completion of a self-administered questionnaire that will take about twenty (20) minutes. No names will be mentioned on the questionnaire and the data will be kept in a safe place by the researcher for confidentiality. Your participation in this research study is fully voluntary, and you can withdraw your participation at any time without having any consequences. If you have any question regarding the study or your participation in the study. Please feel free to contact the researcher, Mrs. MUSABYIMANA Catherine, on 0788534078, cathymusabyimana@gmail.com or Mr. MUGARURA John, on 0788356351, johmuk@yahoo.co.uk.

I would appreciate your participation as your answers will be valuable to my study and will contribute to addressing the challenges confronted by midwifery nursing students in the clinical Learning Environment.

You are kindly requested, if you agree to participate, to sign the consent form to confirm that you are willing to participate in this study.

CONSENT FORM

RESEARCH TITLE: SATISFACTION WITH CLINICAL LEARNING ENVIRONMENT: THE VIEWS OF NURING AND MIDWIFERY STUDENTS FROM UNIVERSITY OF RWANDA

The researcher,

I have discussed the benefits and obligations involved in this research with the participants and in my opinion, the participants understand this information.

Researcher's signature **Date**

The participant

I hereby give informed consent to voluntarily participate in the above research study. I agree to complete a self-administered questionnaire. I have read the information leaflet and understood that my participation is voluntary and that I may refuse to participate or withdraw from the study at any time.

Participant's signature **Date**

QUESTIONNAIRE

Please specify your answer by encircling the appropriate number

Section A: Biographic data

1. Gender

Male	1
Female	2

2. Age in year

< 20 years	1
[20 – 25 years [	2
[25 - 30 years]	3
[30 years and above	4

3. Level / Class

Level two / Second year	1
Level three / Third year	2
Level four / Fourth year	3

5. What was the last clinical learning environment (CLE) experienced

Health center	1
District hospital	2
Referral hospital	3

6. Campus

Byumba	1
Kabgayi	2
Kibungo	3
Nyagatare	4
Nyarugenge	5
Rwamagana	6

Section B: The Clinical Learning Environment (CLE) experience

Please specify your answer by encircling the appropriate number. For each statement, please choose the statement that describes your opinion as an evaluation scale.
Full disagree = 1
Disagree to some extent = 2
Neither agree nor agree = 3
Agree to same extent = 4
Fully agree = 5

7. Clinical Learning environment					
Ward atmosphere					
Content	1	2	3	4	5
1.The staff were easy to approach	1	2	3	4	5
2.I felt comfortable going to the ward at the start of my shift	1	2	3	4	5
3.During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions	1	2	3	4	5
4.There was a positive atmosphere on the ward	1	2	3	4	5

5.The staff were generally interested in student supervision	1	2	3	4	5
6.The staff learned to know the student by their personal name	1	2	3	4	5
7.There were sufficient meaningful learning situations on the ward	1	2	3	4	5
8.The learning situations were multi-dimensional in terms of content	1	2	3	4	5
9.The ward can be regarded as a good learning environment	1	2	3	4	5
Leadership style of the ward manager					
Content	1	2	3	4	5
10. The Ward Manager regarded the staff on his/her ward as a key resource	1	2	3	4	5
11. The Ward Manager was a team member	1	2	3	4	5
12. Feedback from the Ward Manager could easily be considered a learning opportunity	1	2	3	4	5
13. The effort of individual employees was valued	1	2	3	4	5
Leadership of the ward manager to nursing care					
Content	1	2	3	4	5
14. The ward's nursing procedure / protocol was clearly defined	1	2	3	4	5
15. Patients received individual nursing care	1	2	3	4	5
16. There were no problems in the information flow related to patients' care	1	2	3	4	5
17. Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures, etc.) was clear	1	2	3	4	5
Supervisory relationship					
Content	1	2	3	4	5
18. My supervisor showed a positive attitude towards supervision	1	2	3	4	5
19. I felt that I received individual supervision	1	2	3	4	5
20. I continuously received feedback from my supervisor	1	2	3	4	5
21. Overall I am satisfied with the supervision I received	1	2	3	4	5
22. The supervision was based on a relationship of equality and promoted my learning	1	2	3	4	5
23. There was a mutual interaction in the supervisory relationship	1	2	3	4	5

24. Mutual respect and approval prevailed in the supervisory relationship	1	2	3	4	5
25. The supervisory relationship was characterized by a sense of trust	1	2		4	5
Role of nurse teacher					
Nurse teacher as enabling the integration of theory and practice					
26. In my opinion, the nurse teacher was capable to integrate theoretical knowledge and everyday practice of nursing	1	2	3	4	5
27. The teacher was capable of operationalising the learning goals of this clinical placement	1	2	3	4	5
28. The nurse teacher helped me to reduce the theory-practice gap	1	2	3	4	5
Cooperation between placement staff and nurse teacher					
29. The nurse teacher was like a member of the nursing team	1	2	3	4	5
30. The nurse teacher was able to give his or her pedagogical expertise to the clinical team	1	2	3	4	5
31. The nurse teacher and the clinical team worked together in supporting my learning	1	2	3	4	5
Relationship among student, mentor and nurse teacher					
32. The common meetings between myself, mentor and nurse teacher were comfortable experience	1	2	3	4	5
33. In our common meetings I felt that we are colleagues	1	2	3	4	5
34. Focus on the meetings was in my learning needs	1	2	3	4	5