

Nursing Students' Perceptions of the Quality of Teaching Supervision During Clinical Placements

Fabien Fula Mutumubi¹, Erick Mukala Mayoyo¹, Didier Mangbala Ekibe^{1*}, Jean-Pierre Amuli Jiwe¹, Leyka Mukandu Basua Babintu¹

¹Institut Supérieur des Techniques Médicales de Bandundu, Bandundu, Congo - Kinshasa

DOI: [10.36348/sjnhc.2024.v07i02.003](https://doi.org/10.36348/sjnhc.2024.v07i02.003)

| Received: 13.01.2024 | Accepted: 20.02.2024 | Published: 24.02.2024

*Corresponding author: Didier Mangbala Ekibe

Institut Supérieur des Techniques Médicales de Bandundu, Bandundu, Congo - Kinshasa

Abstract

Introduction: During their placements in healthcare establishments, nursing students are assigned to members of the nursing staff who, as tutors, are responsible for supporting and assessing them as part of their professional training [1]. As such, it is vital that the hospital environments hosting these students pay the utmost attention to how these placements are carried out. This study explored our respondents' perceptions of the quality of teaching supervision during their clinical placements at the Bandundu general referral hospital (HGR). We opted for a qualitative, case study approach. Data were collected from individual, semi-structured, face-to-face interviews with 9 third-year graduate students. The aim of these interviews was to gather information based on the students' previous experiences of their placements. **Materials and Method:** The analysis method used for this research was content analysis, also known as thematic content analysis. The data were analysed using ATLAS.ti7 software. A main theme was identified for this study. Three sub-themes emerged from this central theme: students' perceptions of their needs in terms of teaching support, their perceptions of the teaching strategies used by the support staff, and their perceptions of the quality of the training provided by the support staff in the field. **Results:** With regard to teaching support needs, it is important to emphasise the lack of prior and intermediate assessment, the inadequacy of care materials, the excessive number of trainees, the lack of support for assessment, the failure to comply with placement objectives and the lack of autonomy, all of which appear to hinder students' learning progress in the clinical environment. With regard to teaching strategies, it is interesting to note that the methods of education, training and advice were more frequently mentioned than those of confrontation. With regard to the quality of training, the majority of participants judged supervision at the placement to be satisfactory. **Conclusion:** Although the majority of students were satisfied with the quality of the supervision they received at their placement, the results suggest the need for innovation in current approaches to clinical teaching in order to foster student autonomy and enable them to develop essential skills.

Keywords: Student perception, nursing, quality, teaching support, clinical placements.

Copyright © 2024 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Nursing placements are of vital importance in the training of future nurses. It is a crucial time for students as it allows them to come into direct contact with patients [2]. These encounters take place in healthcare facilities or in the community [3, 4]. During the placement, the field supervisor uses a variety of teaching strategies to impart practical knowledge to the nursing student and to help him or her become aware of his or her responsibilities towards patients.

However, student nurses expressed some concerns about their supervision needs being met and

about the teaching strategies used by supervisors during their clinical training. These concerns suggest that the clinical education of student nurses is problematic [5, 6].

In every country in the world, students enrolled on bachelor's and master's degree programmes in nursing carry out a number of practical placements in care and/or teaching, depending on their course of study. These placements enable them to put the theories they have learned into practice. However, during these placements, the transfer of learning does not take place adequately [7, 8].

Citation: Fabien Fula Mutumubi, Erick Mukala Mayoyo, Didier Mangbala Ekibe, Jean-Pierre Amuli Jiwe, Leyka Mukandu Basua Babintu (2024). Nursing Students' Perceptions of the Quality of Teaching Supervision During Clinical Placements. *Saudi J Nurs Health Care*, 7(2): 33-43.

Furthermore, the pedagogical methods used by supervisors do not seem to meet students' needs for pedagogical supervision [9, 10]. This is why studies [7, 8] point out that the task of supervising the teaching of paramedical students is currently, more than ever before, generating a certain amount of dissatisfaction.

It has also been noted that trainees in this field are somewhat dissatisfied with the way in which they are currently supported during their clinical placements in various hospitals. Yet adequate supervision of nursing trainees is of prime importance, both for the quality of the placement and for immediate and future patient safety [11].

The method of supervision currently in place does not provide adequate support for the student from the nurse. Most nurses pass on their knowledge to trainee nurses in a purely empirical manner, without taking into account recommended teaching strategies [12].

Nursing students' perception of the importance of the link between theory and practice within the programme, and of the role of each player in this link, is a first step towards developing a teaching system that is better adapted to their needs and to the requirements of the profession. [13]. However, trainees express dissatisfaction with the level of training provided by hospital placement supervisors, which does not seem to meet their needs in terms of educational supervision [14].

The knowledge imparted by university lecturers enables students to theorise their scientific knowledge, while placements provide an opportunity to put this knowledge into practice, under the appropriate supervision of competent healthcare professionals [15].

According to information provided by [16] it would appear that placement tutors lack specific on-the-job training in this field. These factors could potentially influence the transfer of knowledge between supervisors and students [17, 18].

It was shown in a qualitative descriptive and quantitative cross-sectional study conducted in July 2013 by Otti A, Pirson M and Piette D, on the perception of students at Benin's Institut national médico-sanitaire (INMeS) regarding the management process and quality of clinical teaching supervision in nursing and obstetrics, revealed a lack of skills in clinical teaching methodology on the part of placement supervisors [19].

In an environment where simulation-based learning is limited or unavailable at all, learning occurs in the actual hospital environment. However, most clinical training facilities in sub-Saharan Africa are limited by logistics and equipment, which tends to affect students' learning experiences [11].

In the current context, where the Democratic Republic of Congo (DRC) is facing a proliferation of higher institutes of "medical techniques" in the field of health sciences, hospital institutions are not spared by this phenomenon. They have to cope with a growing demand for clinical placements due to the increase in the number of nursing students [20].

There is a consistent view that, despite the considerable efforts made on a daily basis to resolve this problem, the current credibility of clinical training for nursing trainees in health establishments in the Democratic Republic of Congo (DRC) is being called into question [4].

We believe that this situation does not allow learners to benefit from quality teaching that will enable them to develop their professional skills and integrate easily into the life of a carer. This situation can be attributed to the lack of rigour with which nursing placements are carried out in various hospitals.

It should be noted that the Bandundu General Reference Hospital is no exception to this problem of educational supervision of trainees. The lack of preparation and support from clinical teachers and preceptors during clinical placements is a factor contributing to the scarcity of quality placements and the lack of knowledge and clinical skills among future nurses.

As a result, there is often an imbalance between the number of supervisors and trainee nurses, which can affect the quality of practical training.

However, it is generally accepted that placements are the best way of acquiring nursing skills and becoming more professional. However, finding really meaningful and instructive placements remains a real problem.

Consequently, it should be emphasised that the aforementioned hospital is not immune to the didactic problems inherent in the supervision of nursing students. It is therefore regrettable to note that the quality of the clinical supervision these students receive on placement cannot be guaranteed.

Furthermore, we believe that improving the quality of clinical teaching will enable nursing students, who are the future healthcare professionals, to develop the skills needed to meet changing healthcare needs. It is therefore imperative to point out that, to our knowledge, few large-scale studies have been carried out to date to explore in depth the need for supervision, the teaching strategies implemented by supervisors, and the quality of the training provided to students on nursing placements [17, 21].

With this in mind, it is essential to carry out in-depth research into supervision needs, the educational strategies employed and the quality of the training provided, as well as taking into account other related issues, in order to anticipate possible dissatisfaction on the part of nursing students [22, 23]. These studies will give them the opportunity to express their views and degree of satisfaction with the clinical teaching provided by field supervisors, with a view to formulating suggestions for improvement.

As previously mentioned, the acquisition of skills and the professionalization of future nurses require high-quality supervision based on the identification of learners' coaching needs and the use of appropriate teaching strategies. In the light of the approaches mentioned, three research questions were formulated, namely:

- What teaching supervision needs do students perceive during hospital placements?
- What are students' perceptions of the teaching strategies used by field supervisors during practical training?
- What are students' perceptions of the quality of the training provided by field supervisors during their nursing placement?

The main aim of this study is therefore to describe nursing students' perceptions of the quality of educational supervision associated with the hospital placement offered, in order to help improve the clinical training of student nursing trainees at the Bandundu general referral hospital. With this in mind, our study aims to:

- Identify the educational supervision needs expressed by students on nursing placements;
- Gather the opinions of nursing students on the teaching strategies used by field supervisors during practical training;
- To assess the quality of training as perceived by students admitted to nursing placements.

MATERIALS AND METHODS

The study took place at the major medical institution in the town of Bandundu, the Bandundu General Reference Hospital (HGR), located in the Mayoyo area. This choice was made because of its organisational and operational relevance in line with the specific objective of our research, which aims to study the material, environmental and human resources as well as the influx of patients, factors that are of great interest to a large number of students wishing to put into practice the techniques learned at school.

This study is qualitative in nature, based on a phenomenological approach aimed at describing and understanding individual phenomena based on the experiences of the people interviewed.

The population selected for this research consisted of students from the Bandundu Institut Supérieur des Techniques Médicales (ISTM) doing their nursing placement at the HGR/Bandundu. In order to obtain data based on their previous placement experiences, only third-year nursing students from the ISTM Bandundu were considered.

We used a purposive sampling method to recruit the subjects to be interviewed. The number of participants was determined at the end of data collection. Using the principle of saturation, the sample size was set a posteriori at 9 students, as the information collected was becoming redundant.

Data Collection, Processing and Analysis

In order to collect the data for this study, we chose to use a semi-structured face-to-face interview. The tool used in this process is the interview guide, which was developed taking into consideration the objectives, the initial questions and the preliminary literature review.

Once the tool had been developed, we subjected it to a pre-test. This pre-test was carried out with third-year graduate students from the ISTM Marie Reine de la Paix, on placement at the Musaba Health Centre in Bandundu-ville. The aim of the pre-test was to check the relevance, clarity and understanding of the questions by the students on placement. The results played a key role in the development of the final version of the questionnaire and also confirmed the validity of the data collection tool.

We also compared our data encoding with that carried out by two external people. The differences observed were discussed and a compromise was reached with these external encoders.

Data Analysis

The data collected from the recorders was entered into Word 2007 word processing software and then exported to Atlas.ti7 qualitative analysis software. After the cleaning stages, a qualitative descriptive analysis was carried out. Units of meaning were identified and translated into verbatim. The results were presented in narrative form. A coding key was developed for identifying and classifying information and informants.

The analysis method chosen for this research was content analysis, also known as thematic content analysis. The technique consisted of recording the entire speech of the respondents and then preserving an audio trace to allow precise listening and in-depth analysis of the interviewees' speeches (verbatim).

Next, a thematic analysis was carried out to extract from the interviews the main themes addressed by the interviewees. Four specific types of work were

carried out: two analyses (vertical and horizontal) and two summaries (vertical and horizontal).

In the results section, the verbatims are listed as follows: interview (ENT), number of interviewee (1-9), student nurse (EINF), sex of interviewee (M/F), location (BDD). Example: ENT-1-EINF-H-BDD.

Ethical Considerations

Participants were clearly informed of the nature and implications of the study. At the end of this exercise, the free and informed consent of the study subjects was sought and obtained prior to the interview. We regarded the students as free and autonomous collaborators. We

then explained the benefits of the study to the participants, in particular the defence of improving the quality of practical training for future nurses. The research was strictly anonymous and confidential. By taking part in the research, the participants were not running any known risks, either on our part as researchers, or on the part of their field supervisors. It was agreed that the research materials, including data and recordings, would be treated as confidential.

RESULTS

Profile of Study Participants

Table I: Presentation of results relating to participants' socio-demographic characteristics

Features	Person 1	Person 2	No one 3	Nobody 4	Nobody 5	No one 6	No one 7	No one 8	No one 9
Gender	Male	Male	Male	Female	Male	Male	Female	Male	Female
Age (years)	39	25	28	35	25	40	25	43	23
Humanities option	Hospital	Biochemistry	Biochemistry	General Pedagogy	Biochemistry	Hospital	General Pedagogy	Hospital	General Pedagogy
Channel	Hospital	Hospital	Hospital	Paediatrics	Hospital	Hospital	Paediatrics	Hospital	Paediatrics

Table I shows that there were 6 male subjects and 3 female subjects; a total of 9 subjects. The age expressed by the participants at the time of the interview ranged from 23 to 43 years. Of the 9 trainees interviewed, 3 are state graduates in biology-chemistry, 3 are state graduates in general education and 3 are graduates in medical humanities, nursing option. Of these, 6 are following the hospital pathway and 3 the paediatrics pathway.

Presentation of the Results of the Thematic Analyses

On the basis of our analyses of the transcripts, we have retained the following theme, sub-themes and categories

Thematic analysis enabled us to identify a single central theme: "nursing students' perceptions of the quality of teaching support during clinical placements", from which three sub-themes emerged: students' perceptions of their needs for teaching support, students' perceptions of teaching strategies and students' perceptions of the quality of training. After thematic analysis, we proceeded to categorical analysis, which revealed several categories for each sub-theme.

Sub-theme 1: Students' perceptions of their needs in terms of teaching support

Category 1: Student needs in terms of reception

On this subject, the following verbatims emerged from respondents' statements:

INT-1-EINF-H-BDD *"We weren't introduced to the hospital staff when we were welcomed at the beginning of our placement, we got to know them as we went along during our placement"*.

INT-2-EINF-H-BDD *"When it came to introducing the staff, the course coordinator only introduced us to the head of department, so we had difficulty distinguishing between doctors and nurses, etc."*.

INT-3-EINF-H-BDD *"...no, the field supervisors didn't introduce us to the hospital staff. The placement coordinator only introduced us to the head of department"*.

INT-4-EINF-F-BDD *"We need them to introduce us to the hospital from day one and the staff who work there"*.

INT-5-EINF-H-BDD *"We weren't introduced to all the staff because there were others on duty, resting and in the afternoon. However, during the handover and handover, we had the opportunity to get to know each other"*.

INT-6-EINF-H-BDD *"Unfortunately they didn't introduce us to the hospital or the department we were assigned to"*.

INT-7-EINF-F-BDD *"...no, they didn't introduce us to the staff either in the department where we were assigned or in the hospital in general"*.

INT-8-EINF-H-BDD *"The welcome was good, but they didn't show us how the departments worked or where any of the equipment was located in the department."*

INT-9-EINF-F-BDD *"It would be better if they explained the hospital's policy on the supervision of trainees. What's more, they should give trainees a tour of the different departments and/or wards in the hospital."*

Meaning: Although the majority of students were satisfied with the welcome they received, according to the information gathered from the verbatim report, some felt that there were a number of needs that were not being met. Among these unmet needs, the majority cited: a tour of the department and/or hospital, an explanation of how the placement works and an introduction to the staff, especially at the start of the placement.

Category 2: Students' needs regarding the coaching process

In this category, respondents reported the following:

INT-1-EINF-H-BDD *"We would like there to be mid-term (mid-course) evaluations to enable us to improve our way of doing things. We are not involved in administrative meetings except for technical ones. And yet we need them to teach us about administration too."*

INT-2-EINF-H-BDD *"There was no mid-course assessment, to supervise us properly, we need to add the necessary materials so that the nurse can teach us properly."*

INT-3-EINF-H-BDD *"No mid-course assessment, they only assessed us once at the end of the course;" "I need them to respect the recommendations or planning of our supervisors at school, that they also have the materials to enable us to perform all the possible techniques."*

INT-4-EINF-F-BDD *"They didn't respect the planning made by the institute. For example, I was supposed to be working in internal medicine, but they posted me elsewhere."*

INT-5-EINF-H-BDD *"Each department must appoint a person to supervise trainees and monitor them on a daily basis. This should be done in each team."*

INT-6-EINF-H-BDD *"The main need for me is to be allowed to work (perform the techniques) but under the observation of a nurse, the mid-course evaluation was not carried out."*

INT-7-EINF-F-BDD *"I need them to let me do it anyway and watch me closely because we've come to learn."*

INT-8-EINF-H-BDD *"The mid-course evaluation as such did not take place. We suggest that they subject the trainees to a mid-course evaluation to enable them to identify their strong points and certain areas for improvement."*

INT-9-EINF-F-BDD *"They must give trainees the opportunity to apply all the techniques recommended by the school, because it is by practising that you will master the techniques."*

Significance: Concerning the students' needs in terms of supervision at hospital level, the respondents emphasised the following: no mid-course assessment to evaluate the

progress made by the student in relation to the initial objectives, lack of respect for the recommendations and plans of the school supervisors, lack of supervisors responsible for the courses in each department and nursing team, lack of care materials, lack of supervision when carrying out certain techniques and lack of participation by the trainees in administrative meetings.

Category 3: Trainee needs in relation to the final assessment

With regard to this category, respondents expressed themselves as follows:

INT-9-EINF-F-BDD *"They didn't ask us to do our self-assessment. After the rating, they didn't show us our scores, but only asked us to sign the rating sheets."*

INT-3-EINF-H-BDD *"...But they didn't show me my ribs, they didn't ask me to assess myself."*

INT-6-EINF-H-BDD *"I need them to explain to us what criteria they use for the rating and also to explain to us how they rated us and show us the rating they gave us."*

INT-1-EINF-H-BDD *"that the supervisors avoid feelings during the assessment because you'll notice that the one who was more assiduous during the course gets fewer points than the one who wasn't. This discourages the students". This discourages the students"*

INT-2-EINF-H-BDD *"Nobody asked us to do our self-assessment"*

INT-4-EINF-F-BDD *"No, I did not have an end-of-course evaluation interview, nor did they ask me to do a self-evaluation"*

INT-5-EINF-H-BDD *"The supervisors didn't give me any feedback on the technique used, they should also involve the field supervisors in the final assessment"*

Meaning: According to the analysis of the above verbatim, the students identified a number of concerns and would like the field supervisors to take them into account. Generally speaking, the verbatim gathered suggests that the students want to know their grades and also want explanations from the supervisors about the assessment criteria, as this final assessment will result in a grade for the placement. Some deplored the fanciful grading and the lack of self-assessment.

Sub-theme 2: Student perceptions of teaching strategies

As for teaching strategies, respondents expressed themselves in this way:

INT-9-EINF-F-BDD *"He does this: when there is a new case, he lets the trainee work and observes him. If the trainee does it well, he'll start giving him the work and little by little he becomes autonomous"; "...some supervisors show us what we have to do. For example, to find a vein for an intravenous injection, they first explain the technique and then ask us to practise"*

INT-1-EINF-H-BDD *"To link theory and practice, it's done this way, if there's a (technical) activity and you're in front of a nurse who wants to train you, he starts to ask you questions about the technique and then carries out the technique while explaining it step by step"*

INT-1-EINF-H-BDD "...first he explains the technique or the situation to which the student was stymied, then when the same situation or the same case arises again, he asks the trainee to do it, and he observes him to see if he had really understood the situation to which he was stymied".

INT-6-EINF-H-BDD "...it depends, sometimes the supervisor starts working and the trainee observes. Then he asks the trainee to do as he does and guides him".

INT-6-EINF-H-BDD "Sometimes they tell me to work, sometimes they work and I observe. And when I'm working, if they're having trouble they ask me to let them work, and then they let me carry on, after explaining things to me".

INT-3-EINF-H-BDD "If he realises that you're making progress, he'll start to let you work on your own, observing you from a distance. Sometimes he'll take you aside to explain things in depth, then put you through a number of practices".

INT-5-EINF-H-BDD "In the event of difficulties, he performs the technique himself and then calls you aside to explain how to perform the technique in question".

INT-5-EINF-H-BDD "...They tell me that you're too weak, you need to make a lot of effort".

INT-4-EINF-F-BDD "First they explained, then they worked and we observed. Sometimes we worked and they observed and guided us at the same time.

INT-2-EINF-H-BDD "Where we have difficulties, they explain and guide us, ... they ask you little questions or observe how the trainee works to reassure themselves that they have understood the situation. They ask you to practise the same technique in case a similar situation arises again".

INT-7-EINF-F-BDD INT-6-EINF-H-BDD "They tell us, go and administer care to the sick, if you have any problems, call me. Some call us to tell us, 'Look how I'm doing, then it's your turn to do what I do', but some still don't even look after us, sometimes we're on our own".

INT-7-EINF-F-BDD "Some said, come on, I want to explain, others said, work first, I want to explain later, and some said, go to work, some work and explain at the same time".

INT-8-EINF-H-BDD "Generally, they ask us to work and they observe and guide us. If we run into difficulties, they intervene directly. Some give us the opportunity to apply the same technique several times, others don't. Some supervisors don't make any effort, but others guide the trainees to carry out the treatments properly".

Significance: As far as teaching strategies are concerned, the data collected from the student trainees during the interviews showed that the strategies of educating, training and advising were mentioned more often than those of confronting.

Sub-theme 3: Students' perceptions of training quality

INT-9-EINF-F-BDD "Yes, I'm satisfied despite everything and my colleagues tell me they're satisfied

too. The proof is that some of them want to extend their placement because they're happy.

INT-8-EINF-H-BDD "The quality is good for some but not for all framers, but I'm satisfied because I've learned to use quite a few techniques.

INT-1-EINF-H-BDD "If we have to assess the quality of the training they offer us, I'd say it's average, because of the material difficulties and the hostility of some supervisors towards us trainees".

INT-1-EINF-H-BDD "We have a few administrative problems, but at the end of the day we're satisfied with the service.

INT-2-EINF-H-BDD "I think the quality is neither mediocre nor better, i.e. it is acceptable because there is a shortage of care equipment".

INT-4-EINF-F-BDD "The quality of training is acceptable, so it's not bad".

INT-5-EINF-H-BDD "The quality of training is good in relation to the methods used".

INT-7-EINF-F-BDD "The quality is quite good, because they don't teach us how to write a service report, for example.

INT-3-EINF-H-BDD "...it's not very good but it's acceptable because I have the impression that there was a lack of effective collaboration between the supervisors and us".

Significance: In all the data collected during the interviews, all the students agree that the quality of supervision is not bad, despite everything.

Category 1: Difficulties encountered by students on nursing placements

INT-1-EINF-H-BDD "... when we first arrived, we came up against difficulties with nurses who have a lower level (A level₂ and A level₃), they see us as people who have come to replace them, which poses problems of integration".

INT-2-EINF-H-BDD "I had difficulty integrating into the nursing team for the first few days, but then I gradually adapted".

INT-3-EINF-H-BDD "The major difficulty was the lack of care equipment".

INT-6-EINF-H-BDD "The difficulties were mainly with the treatment equipment. We had problems performing certain techniques".

INT-5-EINF-H-BDD "We had great difficulty with money at the beginning because before starting the course, they obliged us to pay the fees first. There was also a shortage of equipment and a plethora of trainees,

INT-7-EINF-F-BDD "Some field supervisors were not available to train us, when you asked them questions, they replied: 'Leave me alone, you're not giving me anything and you're bothering me with questions'.

INT-9-EINF-F-BDD "On the first day, we weren't very well received because the letter sent by the school wasn't addressed to the hospital's managing doctor but to the zone's head doctor. That's why he refused to see us until they sent him a new letter.

Meaning: It should be noted that in the coaching process, potential difficulties may be encountered. For the students, the difficulties encountered are of different kinds. For some, there were difficulties with integration, some students mentioned difficulties with nursing equipment, some deplored the overcrowding of trainees, the problem of the availability of the supervisor was raised by a student, and so on.

DISCUSSION

Teaching Strategies During the Course

According to the data on teaching strategies, training and instruction are the two strategies mentioned by the majority of student trainees as being the most frequently used by supervisors in the field.

The data from the interviews with the students show that the supervisors used the instruction strategy at the beginning of the placement and particularly throughout the placement, in particular to inform the students about how the department or hospital works, and to ensure that the theoretical bases are fully understood, acquired and integrated by the trainee during the practical application of care.

With regard to the use of the training strategy, the data collected from the students show that the field supervisors used this strategy to help the students with their technical needs. In this respect, supervisors guide and correct students by assisting them in the application of nursing techniques. In this way, the training strategy allows supervisors to share advice with students in order to improve their dexterity and know-how.

The results of this study show that the counselling strategy was used by the field supervisors to enable trainees who had repeatedly under-performed and had enormous difficulties performing care techniques to become aware of their level, to progress and to get out of the situation in which they found themselves.

In the case of students who show a high capacity for learning, supervisors have often used the mentoring strategy to help them learn from experience and maximise their effectiveness in making intrinsic links between theory and practice. This element is in line with Laberge's opinion that, sponsoring is the strategy that maximises the student's potential [25].

In the work placement approach, the supervisor must not lock the student into dependence and assistance. On the other hand, they must provide guidance, mediation, support, etc., because the main objective of educational supervision is the gradual acquisition of the student's autonomy. In this respect, training in a hospital environment must enable student trainees not to sit back and wait for practical knowledge to be transferred, but to take an active role in their training and develop their own professional identity. This cannot be achieved without field supervisors improving their learning techniques.

This cannot be achieved without improving learning techniques on the part of field supervisors.

Summing up, we can see that, in relation to the teaching strategies used by the hospital placement supervisors, education and training are central to the model. They are perceived by the students as being the most widely used. As for the sponsorship strategy, it is little perceived by students as being commonly used. Finally, the confrontation strategy is the weak link in the integrated coaching supervision model [26]. This is due to the fact that it is rarely used by field supervisors in hospitals.

Students' needs in terms of teaching support

Hospital welcome

The results show that students most often feel welcome in the clinical environment. This could be explained by the fact that they have more experience and can be seen by nursing teams as an additional workforce.

The induction helps the student to find their place in the work team and helps the team to identify the student's needs. This is why the initial contact should not be neglected, as it is essential to the smooth running of the placement, the student's experience and his or her vision of the profession. Right from the start of the placement, it is imperative that the student does not perceive his presence as an additional burden for the supervisors in their attitude on the placement site.

In fact, the welcome determines the quality of the placement, as it represents the starting point, the moment when we assess whether the student will feel at ease in their placement, where they can gain confidence or not. A poor start will result in the student feeling intimidated, distrustful, not daring to ask questions of the team, or even freezing up, which could continue for the rest of the placement [27].

According to the results of this study some students admitted that they had not encountered any difficulties in integrating into the nursing team, as they already knew most of the supervisors outside the hospital, i.e. in their neighbourhood. However, we feel that despite the pre-existing links between students and certain supervisors outside the hospital, it is essential to always establish initial contact, so that students feel safe in their placement, as each placement is unique.

The data from this study also reveal that the assessment of prerequisites remains a major concern and a demand expressed significantly by students. For [27] mid-course evaluation will make it possible to measure the progress made by the student in relation to the initial objectives, to adjust the objectives to be achieved by the student and to facilitate supervision by nurses or other staff.

Course of Pedagogical Supervision

Supervision, like induction, is a key part of the work placement. Field supervisors must be available and attentive to the student's needs; they must stimulate him and give him their trust. In the third year, students have more experience and can therefore be more autonomous in most areas of care.

For this reason, a certain amount of autonomy may be granted to the student, particularly if the supervisors have noted that they are capable of carrying out the care independently. However, they must work in close collaboration with all the nursing staff, otherwise this autonomy could lead to mistakes or bad habits that would be detrimental to their success in the final exam.

The need to be assessed (mid-course assessment) and to be able to position oneself in the process of acquiring knowledge was stressed several times by student trainees. In the light of their various comments on assessment, it was noted that this should take the form of a skills assessment with two objectives: to give the student the opportunity to situate himself in his learning process and to enable the supervisory team to better position the student in his learning process in order to offer him supervision adapted to his level. This assessment will help students to objectify what they have learnt, thus providing a tool for reflecting on the progress they have made.

If students require a mid-course assessment, it is possible to think that this is very necessary for them to progress in their learning and to correct their mistakes. However, if this assessment is considered optional by the field supervisors, this may be due to the fact that they already provide feedback to the students after each treatment.

In fact, the lack of information about the placement site, the absence of an assessment of the prerequisites, the lack of care equipment, the high number of trainees, the lack of a means of assessing the student's level and progress, and the assignment of the student to the department without consideration of the placement objectives, seem to hinder the student's learning progress in the clinical environment.

The majority of participants noted that medical equipment was inadequate, which meant that they were limited in what they could do. This observation was reported by Sarah AmaAmoo [11] highlighting the recurring challenge of shortages of medical supplies in developing countries.

Similarly, the study by André Otti *et al.*, [27] in Benin, also raises the scarcity of care equipment for the organisation of learning activities for the benefit of trainees. This shortcoming could be at the root of a reduction in the motivation of training supervisors to ask trainees to carry out certain treatments, out of concern for preserving the meagre resources at their disposal.

The present results are similar to those reported in previous studies. More specifically, they correspond to the study conducted by Kaki, M.K *et al.*, which was published in the prestigious journal of the Congolese nurse. For many decades, we have witnessed a considerable influx of student trainees into hospitals. This situation stems from the anarchic proliferation of health schools.

In addition, if a large number of field supervisors take it in turns to supervise the same student, it can be difficult to determine the student's level of learning and progress. For their part, the students cannot put their experience to good use and may miss out on the opportunity to develop their skills. That's why you shouldn't give them the opportunity to do so, but rather simply show them. After all, it's through practical experience that skills are transformed into competencies.

Quality of Teaching Staff

The majority of students said that they were satisfied with the quality of the pedagogical support provided by the field supervisors. This is vitally important because satisfaction can be considered an indicator of good supervision. This implies that, despite the difficulties of all kinds associated with the field placement, the field supervisors manage in most cases to provide quality supervision, adapted to the level of the students.

As far as the actual conduct or execution of the placement is concerned, the data collected show that a special effort needs to be made by placement supervisors to improve the quality of supervision of students at this level.

As far as induction is concerned, more information needs to be provided to students about the placement site and the site's policy on supervising trainees.

With regard to the performance of the placement, the students highlighted a number of difficulties that prevented them from being fully satisfied. Among these difficulties, they unanimously mentioned the lack of care equipment. This problem on the placement site prevented them from achieving their objectives, as they encountered obstacles in putting into practice all the techniques mentioned in the placement objectives.

Apart from this problem, the large number of students combined with the workload of the nursing teams in the field reduces the capacity of the field supervisors to supervise the students.

As a result, supervisors in the field do not have the same resources, procedures and care protocols. As a result, students are forced to adapt to the placement site, under the pretext that "*nurses sometimes have to work*

even in difficult conditions". On this subject [28], considers that, given the importance of field staff in the training of students, it is essential to establish a negotiated partnership with professionals.

Undeniably, the professional experience, motivation and involvement of the various healthcare teams in the supervision of nursing trainees, including the collaboration between the school and professionals in the field, are considerable assets, enabling the student to benefit from even more optimal supervision in ideal conditions.

With regard to the partnership between the school and the placement site, according to the students' testimonies, some of them started their placement a little late because the letter of recommendation for placement issued by the school was addressed to the head doctor of the health zone instead of the hospital's managing doctor. This clearly demonstrates the lack of partnership between the hospital and the school. A similar observation was made by [28] who considers that *"very often, training places are negotiated from one institution to another, without there being any contact between the trainers and the professionals"*.

CONCLUSION

In conclusion, this study explored nursing students' perceptions of the quality of teaching supervision during their clinical placements at the Bandundu general referral hospital. Although the majority of students judged the quality of the supervision offered to them at their placement to be satisfactory, the results suggest the need for innovation in current approaches to clinical teaching in order to encourage student autonomy and enable them to develop essential skills.

Such a task requires the active participation of all those involved, i.e. field supervisors, school supervisors and the students themselves. It is also worth noting the material investment required to carry out this task. It can be said that this study has enabled us to grasp the full complexity of supervising nursing students during their experience in a clinical setting.

Given the importance attached by the general public to patient care, clinical placements play a vital role in the training of nursing students, as they provide the only opportunity for learners to put their theoretical knowledge into practice by developing their technical skills and personal qualities.

Limits of the Study

The main limitation of our study lies in the fact that the interviews were not conducted on the basis of a representative sample, due to our decision to use a qualitative approach. For this reason, it is not possible to generalise the results.

Prospects for Improvement

As far as prospects for improvement are concerned, we believe that it would be appropriate to introduce certain measures to promote the quality of supervision in hospitals. These could relate in particular to the welcome given to trainees, the supervision process itself, and the final assessment of trainees. Improvements of this kind would make the most of students' skills and ensure that hospital supervision is of the highest quality.

Research Prospects

In terms of research prospects, it would also be particularly rewarding to consider developing tools to facilitate the supervision of student nurses during their clinical placements. In this respect, it would be a good idea to draw up a specific document for those involved in supervising trainees in hospitals. This initiative would make it possible to further optimise the supervision provided and guarantee optimal placement conditions for students.

Authors' Contributions

All the authors have scrupulously respected the criteria for the preparation of a scientific work. Each of the authors has undoubtedly contributed to the conduct of this research and to the drafting of the manuscript. They have carefully read and approved the final version.

Financing

This study was carried out thanks to the financial contribution of the authors, without any support from any partner.

ACKNOWLEDGEMENTS

We would like to express our deep gratitude to the eminent scientists and expert advisors who made their valuable contributions. Our sincere thanks go in particular to Mr NGOMA MADEMVO Oscar and Mr MANGBALA EKIBE Didier, for their essential contribution which enriched our thinking in this study. We would also like to thank all the staff at the Bandundu General Reference Hospital for their frank and loyal collaboration during our investigations.

Declaration of Conflict of Interest

The authors wish to formally declare that they have no conflict of interest with regard to this article.

Ethical Considerations

Ethical principles were scrupulously observed to avoid any unscientific blackmail. We attached great importance to aspects such as the confidentiality and anonymity of the results, and respect for the dignity of the people interviewed.

In addition, participants diligently signed informed consent forms before data collection began. Pseudonyms were systematically used throughout the study to ensure that anonymity and confidentiality were rigorously preserved.

BIBLIOGRAPHY

1. Kaki, M. K., Imvar, E. K., Mudisu, L. K., Nkulu, K., & Kabamba, M. N. (2018). Perception des étudiants infirmiers face à leurs encadreurs de stage: Cas des stagiaires évoluant aux Cliniques Universitaires de Lubumbashi. *Revue de l'Infirmier Congolais*, 2(1), 45-49.
2. Salifu, D. A., Heymans, Y., & Christmals, C. D. (2022, March). Teaching and learning of clinical competence in Ghana: Experiences of students and post-registration nurses. In *Healthcare* (Vol. 10, No. 3, p. 538). MDPI. doi: 10.3390/healthcare10030538.
3. Fego, M. W., Olani, A., & Tesfaye, T. (2022). Nursing students' perception towards educational environment in governmental Universities of Southwest Ethiopia: A qualitative study. *PloS one*, 17(3), e0263169. doi: 10.1371/journal.pone.0263169.
4. Widobana, D. M. (2022). Encadrement des étudiants pendant les enseignements pratiques de l'Institut Supérieur des Techniques Médicales de Gemena en RDC: De 2019 à 2021. *International Journal of Innovation and Applied Studies*, 37(4), 861-873.
5. Allert, C., Dellkvist, H., Hjelm, M., & Andersson, E. K. (2022). Nursing students' experiences of applying problem-based learning to train the core competence teamwork and collaboration: An interview study. *Nursing open*, 9(1), 569-577. doi: 10.1002/nop2.1098.
6. Longo, D., Gili, A., Ramacciati, N., Morcellini, R., & Ramacciati, N. (2023). How teaching and internship influence the evidence-based practice approach of nursing students: a longitudinal study. *Florence Nightingale Journal of Nursing*, 31(3), 194-202. doi: 10.5152/FNJJN.2023.22288.
7. Keramati, A., Rezaei, M., Veisipour, M., & Esmaeli, M. (2023). Evaluations of Student's Satisfaction with Externship Education in the Academic Departments of the Medical School of Kermanshah University of Medical Sciences in July and August 2021. *Journal of Medical Education and Curricular Development*, 10, 23821205231207213. doi: 10.1177/23821205231207213.
8. Schwingrouber, J., Loschi, A., Gentile, S., & Colson, S. (2021). Étude exploratoire de la perception des parties prenantes hospitalières vis-à-vis de l'implantation des infirmiers en pratique avancée. *Recherche en soins infirmiers*, (2), 104-121.
9. Alanazi, F. J., Alenezi, M. H. M., Alanazi, A. A. N., & Alanazi, T. S. R. (2023). Do internship students do well in a clinical environment? A qualitative naturistic study. *Belitung Nursing Journal*, 9(6), 539-546. doi: 10.33546/bnj.2938.
10. Lecocq, D. (2023). Expériences d'apprentissages-enseignements des stagiaires infirmiers bacheliers en relation avec le prendre soin humaniste-caring. Consulté le: 16 janvier 2024. [En ligne]. Disponible sur: https://orbilu.uni.lu/bitstream/10993/54915/1/2023_0209_LECOCQ_presentation_LLN.pdf
11. Amoo, S. A., Aderoju, Y. B. G., Sarfo-Walters, R., Doe, P. F., Okantey, C., Boso, C. M., ... & Ebu Enyan, N. I. (2022). Nursing students' perception of clinical teaching and learning in Ghana: A descriptive qualitative study. *Nursing Research and Practice*, 2022. doi: 10.1155/2022/7222196.
12. Jahromi, M. K., Momennasab, M., Yektatalab, S., Pasyar, N., & Rivaz, M. (2023). Live experience of nursing students with internship program: A phenomenological study. *Journal of Education and Health Promotion*, 12(1), 124. doi: 10.4103/jehp.jehp_677_22.
13. Lauzon, O. (2020). *Exploration de l'expérience d'étudiantes en sciences infirmières lors d'un stage clinique en regard de l'expression des incertitudes à leur superviseure* (Doctoral dissertation, Université Laval). Consulté le: 16 janvier 2024. [En ligne]. Disponible sur: <https://library-archives.canada.ca/eng/services/services-libraries/theses/Pages/item.aspx?idNumber=1204201830>
14. Abuadas, M. H. (2022, December). A Multisite Assessment of Saudi Bachelor Nursing Students' Perceptions of Clinical Competence and Learning Environments: A Multivariate Conceptual Model Testing. In *Healthcare* (Vol. 10, No. 12, p. 2554). MDPI. doi: 10.3390/healthcare10122554.
15. Jonsén, E., Melender, H. L., & Hilli, Y. (2013). Finnish and Swedish nursing students' experiences of their first clinical practice placement—A qualitative study. *Nurse Education Today*, 33(3), 297-302. doi: 10.1016/j.nedt.2012.06.012.
16. Kim, H. O., Lee, I., & Lee, B. S. (2022). Nursing leaders' perceptions of the state of nursing leadership and the need for nursing leadership education reform: A qualitative content analysis from South Korea. *Journal of Nursing Management*, 30(7), 2216-2226. doi: 10.1111/jonm.13596.
17. Darraj, B., Gourja, B., Faiq, A., & Belaouad, S. (2020). Difficultés du développement des compétences nécessaires au raisonnement diagnostique chez les étudiants infirmiers à Casablanca (Maroc): étude descriptive. *Revue Francophone Internationale de Recherche Infirmière*, 6(3), 100204.
18. Masutha, T. C., Maluleke, M., Raliphaswa, N. S., Rangwaneni, M. E., Thabathi, T. E., Lavhelani, N. R., & Manyuma, D. (2023). Professional Nurses' Experiences of Student Nurses' Absenteeism during Psychiatric Clinical Placement in Limpopo Province, South Africa: A Qualitative Study. *Nursing Reports*, 13(2), 670-678. doi: 10.3390/nursrep13020059.
19. Larsson, M., Sundler, A. J., Blomberg, K., & Bisholt, B. (2023). The clinical learning environment during clinical practice in postgraduate district nursing students' education: a cross-sectional

- study. *Nursing Open*, 10(2), 879-888. doi: 10.1002/nop2.1356.
20. Papp, I., Markkanen, M., & von Bonsdorff, M. (2003). Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse education today*, 23(4), 262-268. doi: 10.1016/S0260-6917(02)00185-5.
21. Harsi, E. M. E., & Aouzal, M. (2021). Les facteurs influençant l'évaluation des apprentissages en milieu clinique des étudiants d'un institut supérieur des professions infirmières et techniques de santé au Maroc: étude descriptive exploratoire. *Revue Francophone Internationale de Recherche Infirmière*, 7(4), 100248.
22. Kibler, S. (2020). L'Analyse des pratiques professionnelles entre élèves aides-soignants et étudiants infirmiers. *L'Aide-Soignante*, 34(216-217), 30-32.
23. Otti, A., Pirson, M., & Piette, D. (2015). Perception de la gestion et de la qualité de l'encadrement pédagogique clinique en sciences infirmières et obstétricales par des étudiants béninois de l'INMeS, une étude descriptive transversale quantitative et qualitative. *Revue francophone internationale de recherche infirmière*, 1(3), 169-178. doi: 10.1016/j.refiri.2015.06.001.
24. Richardson, C., Wicking, K., Biedermann, N., & Langtree, T. (2023). Coaching in nursing: An integrative literature review. *Nursing Open*, 10(10), 6635-6649. doi: 10.1002/nop2.1925.
25. Renard, M., & Doussot, P. (2009). Bénéficiaire d'un parrainage tout au long du parcours de formation. *Revue de l'infirmière*, (147), 41-42. Disponible sur: <https://www.em-consulte.com/article/199903/resume/beneficiaire-dun-parrainage-tout-au-long-du-parcours>
26. Huot, A. (2006). *Analyse de la perception des stagiaires en soins infirmiers et de leur superviseur sur les éléments constitutifs d'un modèle intégré de supervision par coaching* (Doctoral dissertation, Université du Québec à Rimouski). Consulté le: 22 janvier 2024. [En ligne]. Disponible sur: <https://semaphore.uqar.ca/id/eprint/15/>
27. Otti, A., Pirson, M., Piette, D., & Coppieters, Y. (2017). Analyse d'interventions pour améliorer l'encadrement clinique des étudiants infirmiers au Bénin. *Santé publique*, 29(5), 731-739. doi: 10.3917/spub.175.0731.
28. Otti, A., Pirson, M., & Piette, D. (2015). Perception des encadrants de stage du processus de gestion et de la qualité de l'encadrement pédagogique clinique en sciences infirmières et obstétricales au Bénin. *Recherches en soins infirmiers*, (4), 77-88. doi: 10.3917/rsi.123.0077.