

Daily Experience of Finalist Nursing Learners on Their Support in Clinical Internship by Supervisors

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Abstract

Introduction: Nursing education aims to introduce future nurses to the realities of social and professional life. In the context of professional education, all these learning activities are based on two interacting poles, namely, learning in an academic situation (simulation) and clinical learning, which means alongside the patient (patient). The primary goal of our study is to understand the daily experience of finalist nursing learners regarding support during clinical internships by supervisors.

Method: This study is qualitative phenomenological. She used the phenomenological survey method, the free face-to-face and individual interview technique, with the aim of allowing the interviewee to express all their thoughts. And also made use of the interview guide, the recording device, papers and pens as data collection instruments. **Results:** After analysis, the results show that the learners have an unpleasant experience of support during clinical internship. And for this, they propose as strategies the appropriate training of supervisors on support, supervision of supervisors, awareness of the supervision task and the development of expected skills. **Conclusion:** In view of these results, we suggest that the nursing science section look into the supervision of the scientific staff assigned to support learners in clinical internships.

Keywords: Daily Experience, Finalist Learners, Nursing Sciences, Support, Clinical Internship, Supervisor.

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1. INTRODUCTION

The training of health professionals, especially that of nurses, is nowadays subject to a movement of reforms characterized by a revision of the standards of training, skills and activities of nurses. These reforms were mainly motivated by the evolution of science and medical practice, the increase and complexity of the health needs of individuals, families and populations. In addition, the quality concept, as it is understood in the company according to the customer-supplier framework, is today transposed into the health sector. Patients have become customers with greater expectations regarding the quality of care provided to them. The caregiver-patient relationship from before today becomes a client-caregiver relationship (Otti, Magali Pirson, Danielle Piette, 2015).

To address these challenges, Belghezli *et al.*, (2012) believe that the solution that would find increasing success is to employ nurses with increased skills and knowledge. It is therefore necessary to redefine the profile of skills expected of the nurse, taking into account the current and foreseeable characteristics of the

care and support that they will have to assume. Nurses must then be versatile, autonomous, flexible, use their expertise, and redefine their functions as educator and care coordinator (Bouchard MC, 2015).

In addition to being autonomous, they must now demonstrate maturity and possess the values, attitudes, knowledge and intellectual skills necessary for their increasingly considerable responsibilities towards society (Kérouac S, Pépin J, Ducharme F, Duquette A, 1994). For nurses to develop these skills that can enable them to effectively cope with new health realities, Belghezli *et al.*, (2012) propose that adequate clinical educational supervision be preserved, or even improved, since “the construction of the professional identity of the nurse requires compulsory passage in the different care teams where their most experienced peers work” (Lamasse V, 2015). Indeed, “the practical internship is a strong and valuable time in nursing training whose aim is to allow students to put into practice their knowledge, know-how, know-how and know-how according to their level of learning. And in compliance with professional rules and values” (Formaux V, 2002). Since a skill can

only emerge in a clinical situation, it is important to pay particular attention to the quality of supervision during internships for nursing students.

Indeed, Rebnand (1995) states that supervising a learner is not limited to helping them progress technically, but also to revealing to them a reflection on care and how to disperse it. In the way that the theory accumulated in the audience by the learners must be put into practice while linking it to professional reality or the clinical practice environment.

Thus Ntambwe, Akumbakinay and Kiyoko (2005) state that the nurse must be a professional model and that due to lack of experience, the trainee will get an idea of this profession mainly thanks to what he will see during his internship. They go very far by showing that to receive a student, the nurse on internship therefore requires a lot of patience and time for any nurse, the supervisor must have in-depth or sufficient intellectual capacity on the pedagogy of practical supervision and especially in his field of training including information.

Contrary, in the field there are many internship supervisors who do not first master the subjects of their field of study and the practice or experience of their profession. The others are irregular in the clinical environment, lack of trust in students by ward nurses, refusal of collaboration towards students, lack of motivation in clinical environments. Thus, countless problems are observed during the supervision of trainees.

In Ile de France, 77% of students according to Lamaurt F *et al.*, (2014), find the quality of supervision quite good or poor. These results are consistent with those of the survey on interruptions and abandonment of nursing training.

Kamelis Idriss (2019), believes that in Africa, this problem poses too many consequences on the future life of nursing learners. Algeria, nearly 61% of student interns experience concerns and difficulties during the internship.

In Morocco, a study carried out on the perception of internship supervisors of the management process and the quality of clinical supervision of students at the National Medical and Health Institute (INMeS) demonstrated that 92% of supervisors did not receive no specific management training. There is neither a formal and regulatory framework conducive to supervision, nor a framework for supervision. Collaboration between INMeS and internship sites is weak. Supervision is not integrated into the missions of the services, but rather linked to a contextual opportunity. The daily duration of the internship is considered short for real learning. The summative evaluation whose criteria grid is unsuitable is carried out in the absence of the student (Otti A, Pirson M, Piette D, 2015).

Kaki *et al.*, (2017), estimate that in Congo DR, there is a difficulty in exchange between supervisor and supervised and that nearly 60% of the latter recognized that they are not corrected in the event of an error and that they are not supervising or assisting during the execution of care due to the ignorance of the supervisors.

In Kinshasa specifically the medical technology institutes, future nurses find their profession less important given the negligence of supervisors, almost 75% think they left the profession after their defense, at the Institute/ kin more than 89% students are surprised to see themselves alone in the internship without supervision from the institute and the inconsideration in the practice environment (clinical) by the tutor or associated nurse. They are dissatisfied with the supervision coming from the Institute or the internship environment.

Congolese medical technology training institutions in nursing are putting in place different means and strategies to effectively prepare future healthcare workers for the recommendations of professional life. After training in the academic environment, each student must acquire multiple skills in the clinical environment. As a result, a practical internship in the health establishment is scheduled at the end of each year or at the end of each cycle. Thus, a professional in nursing science is made available to the trainees with the mission of supervision. The primary goal of our study is to understand the daily experience of finalist nursing learners regarding support during clinical internships by supervisors.

2. MATERIAL AND METHOD

2.1 Type of Study and Study Setting

This qualitative study is part of a phenomenological approach which aims to describe and understand phenomena based on the person's experience. This study took place at the University Clinics of Kinshasa (CUK), in the Democratic Republic of Congo.

2.2 Study Sample

The study population consists of nursing learners assigned to clinical internships at university clinics. Thus, 25 learners who were part of this study were obtained from the target population using the theoretical and purposive sampling technique. That is to say that the sample is gradually constituted until saturation or redundancy of the answers given by the respondents.

2.3 Data Collection Method, Technique and Instrument

The method used for this study is that of phenomenological investigation. Being a qualitative investigation, it made it possible to question the subjects forming part of the object of study. This method was accompanied by the free, face-to-face and individual interview technique, to allow the interviewee to express

all their thoughts. The interview guide, the recording device, the papers and pens were used as data collection instruments, making it possible to record, transcribe the data and transcribe the verbatim statements.

2.4 Data Analysis Plan

The data analysis process was thematic, meaning that from the themes that emerged, we retained subthemes supported by verbatim statements. This analysis was carried out following the steps below:

1. Perception of the overall meaning of the research interview;
2. The delineation of the central theme;
3. Analysis of central themes according to the research objectives;
4. The definition of the fundamental structure of the phenomenon studied.

More precisely : listen completely to the elements recorded in the audio telephone device and transcribe; read the *verbatim* so as to develop a meaning of these *verbatim*; identify the data under the statements and significant expressions relating to it; eliminate redundancies and group the main themes according to their subcategories; formulate meanings in groups for each of the elements or expressions retained according to

the central themes; integrate the results of the analysis into a general description of the research objectives; summarize the results collected; compare or compare the results using theoretical elements from the literature review; submit the general descriptions for reading by a few interviewees.

Ethical Considerations

A consent form was made available to them and, in the same vein, we committed to respecting the principle of confidentiality and anonymity of the information collected, to answering questions that the respondent might ask. And to explain the methods of data collection. We also inform the respondent that he or she had the freedom to refuse the interview or interrupt it at any time.

To do this, we chose a setting where the environment was calm, sheltered from noise and solicitous looks, and this in collaboration with the interviewee.

3. RESULTS

3.1. Sociodemographic Characteristics

Table 1: Sociodemographic characteristics

INITIALS	Age	Sex	Promotion	Orientation	Marital status
APPR1	22 years old	Feminine	L3	General Care	Bachelor
APPR2	23 years	Male	L3	General Care	Bachelor
APPR3	26 years	Male	L3	General Care	Bachelor
APPR4	23 years	Male	L3	Pediatrics	Bachelor
APPR5	28 years	Feminine	L3	Pediatrics	Bachelor
APPR6	25 years	Feminine	L3	General Care	Bachelor
APPR7	28 years	Feminine	L3	Pediatrics	Bachelor
APPR8	24 years	Feminine	L3	General Care	Bachelor
APPR9	30 years	Male	L3	General Care	Bachelor
APPR10	29 years	Feminine	L3	Pediatrics	Bachelor
APPR11	26 years	Feminine	L3	General Care	Bachelor
APPR13	28 years	Male	L3	Pediatrics	Bachelor
APPR14	23 years	Male	L3	Pediatrics	Bachelor
APPR15	28 years	Feminine	L3	Pediatrics	Bachelor
APPR16	23 years	Male	L3	Pediatrics	Bachelor
APPR17	23 years	Feminine	L3	Pediatrics	Bachelor
APPR18	29 years	Feminine	L3	Pediatrics	Bachelor
APPR19	26 years	Feminine	L3	General Care	Bachelor
APPR20	22 years old	Feminine	L3	General Care	Bachelor
APPR21	25 years	Feminine	L3	General Care	Bachelor
APPR22	26 years	Feminine	L3	General Care	Bachelor
APPR23	30 years	Male	L3	General Care	Bachelor
APPR24	26 years	Male	L3	General Care	Bachelor
APPR25	30 years	Male	L3	General Care	Bachelor

Legend: L3 (3rd License); APPR (Learner).

Considering this table, the age of the learners who participated in our study ranges from 22 to 30 years old, the female gender is predominant with 15 compared

to 10 male learners, coming from two orientations general care and pediatrics; finally all are single.

3.2 Related Results of the Qualitative Analysis

After reading our full transcripts of recorded interviews with 25 learners; having used the syntactic analysis unit in a closed coding of the interviews, the central theme retained is: “daily experience of learners on support in clinical internship”. From this central theme retained, two sub-themes arise, namely: Learners' experiences of support and effective strategies for better support.

3.2.1 Experience of Learners on Support

▪ Lived Experience Accompanying Him in Clinical Internship

Learners who have spent their clinical internship at university clinics have an unpleasant experience which they express in the form of disappointment and lack of support. Some learners approve of it, saying: *support EEEH even intolerable... APPR14: ...really EEEH this mode of support will never make you advance in practice. It is therefore EEEH an unprofitable mode of support on the part of the trainee... APPR 17:...EEEEH, my comrade how can we experience what we do not see? It's safe to say that we don't experience this mode of support in our clinical internships... APPR21: ...Always strange my dear, we've never seen even an ISTM support person here at the university clinics except EEEH the EEEEEH day of the evaluation if I'm not mistaken. APPR24:... It is not EEEH profitable because the supervisors of our institution even for 70 minutes only they do not EEEH come on site and they only come during the evaluation.*

▪ Perception of the Support Received

Compared to the learners' perception, it is both positive and negative. The positive perception is linked to the opportunity granted for them to put the practical lessons into practice; and the negative perception is dependent on the abandonment observed in the stronghold of the supervisors. This is what these learners say: *APPR12: ... This support kills the nursing profession and in the long run, the profession will be ruined, EEEH I was going to say so as not to say too much..., it is not at all beneficial EEEH There.... it will lead to stupidity in the profession in the long run...*

▪ Felt in Front of a Supervisor During a Clinical Internship

The learners explain that each time they are in front of a supervisor, the first feeling that is inspired is fear. They express themselves in these words: *APPR15: ... EEEH my brother!, we make it clear that EEEH we only see it on the day of the evaluation, and looking at it we have AAAAAH therefore fear for their way of reacting... APPR4: ...it's like we're becoming a monster, we're so eeeeh , frightening without strength because he insults us a lot and looks at us with anger, not even smiling...APPR 5:we aaah so tend to get lost seen his appearance, and the way he answers us questions eeh Well, it's complicated. ...*

▪ Difficulties (Obstacles) Encountered

In their experiences, they noted two main difficulties preventing good supervision: the irregularity of supervisors in providing support and the lack of a guiding person in practice. They declare it in these stories: *APPR15: ...EEEEEH we have several difficulties in particular EEEH: the irregularity of the supervisors, we are not so careful that we practice our techniques according to recommended rules EEEEEH really it's fishy....APPR14: ... Irregularity of course supervisors EEEEAnd also we always feel limited in the practice of technique.... APPR4: EEEH In the support so eeh everything is complicated on the whole level eeh practical without a guide, we get by especially if we have had the hospital staff willingly EEEH otherwise it's serious.....*

3.2.2 Effective Strategies for Support to Make Things Better

Appropriate training on the support and supervision of supervisors; among supervisors, awareness of the supervisory task and the development of expected skills. Here are the testimonies: *R16. Supervisors must have love towards students; eeehhhh ! also kindness, so eeehhhh ! they must be responsible in their way of know-how, know how to react and so on . eeeeh !*

4. DISCUSSION

Considering the results on socio-demographic characteristics, the age of the learners who participated in our study ranges from 22 to 30 years old, the female gender is predominant with 15 compared to 10 male learners, coming from two orientations general care and pediatrics; finally all are single. Our results are very close to those found in the city of Lubumbashi by Kaki *et al.*, (2018) on the perception of nursing students towards their internship supervisors: Case of interns working at the University Clinics of Lubumbashi, it emerges from this study that 54.1% of the trainees were female, 47.3% were aged between 21 and 25 years old.

Addressing the learners' experience of supervision, they have an unpleasant experience which they express in the form of disappointment and lack of support. But the perception of learners is both positive and negative. The positive perception is linked to the opportunity granted for them to put the practical lessons into practice; and the negative perception is dependent on the abandonment observed in the stronghold of the supervisors.

Compared to the Lubumbashi study, the attitude of the supervisees was suspicious in 36% of cases towards the internship supervisors, positive in 27% and indifferent in 26%. Internship objectives were not available in 24.3% and were not clearly defined in 20.3%. As for healthcare materials, they were not available in 52.7% and were not sufficient in 39.2%. While performing care, students reported not receiving

error corrections in 58.1%, assistance in 51.4%, or easy exchange in 64.9%. In relation to the quality of supervision, 38% of students found it to be of poor quality and 39% said that it was quite good (Kaki *et al.*, 2018).

This experience remains similar in the two provinces, hence a commitment from all is necessary to successfully carry out this mission of supervising student interns.

The learners explain that each time they are in front of a supervisor, the first feeling they are inspired with is fear. Furthermore, in their experiences, they noted two main difficulties preventing good supervision: the irregularity of supervisors in providing support and the lack of a guiding person in practice. A study shows that discussing and reflecting on a healthcare situation in a small group of peers, while being guided by the trainer's questions, would have been another positive factor (Lavoie, Pepin, & Cossette, 2017). For this, guidance remains of capital importance for a nurse in training.

To overcome the difficulties, the learners proposed at the section level, the organization of appropriate training on the support and supervision of supervisors; for supervisors, awareness of the supervisory task and the development expected skills. Another study demonstrates that learning a model of clinical reflection to support nursing learners had provided a better understanding of the care situation and how they came to make certain decisions in the simulation. They also perceived that this exercise could help improve the prioritization and organization of their care, their clinical assessment skills and their clinical judgment in a similar situation. More recently, work on developing the model was continued so that it is suitable for debriefing a clinical simulation scenario where a patient presents a deterioration in his state of health (Lavoie, Pepin, & Cossette, 2015).

On the other hand, Otti A, Pirson M, Piette D (2015) demonstrate in their results that the lack of specific training in management among 92% of supervisors and the non-existence of a formal and regulatory framework conducive to supervision and the supervision framework do not allow good support for learners in clinical internships.

CONCLUSION

The results of this study show that learners have an unpleasant experience of support during clinical internships. And for this, they propose as strategies the appropriate training of supervisors on support, supervision of supervisors, awareness of the supervision task and the development of expected skills.

In view of these results, we suggest that the nursing science section look into the supervision of the

scientific staff assigned to support learners in clinical internships.

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