

Counselling as a Correlate of Internship Training of Nursing Students in the Fako Health District of the Southwest Region of Cameroon

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ABSTRACT

The aim of this study was to investigate the effect of counselling support on the internship training of nursing students in the Fako Health District of the Southwest Region Cameroon. Counselling support entails the provision of special advice and guidance from more experienced colleagues to percept and implement individualized patient care. It also addresses emotional, social, and personal guidance and advice in the learning environment. Specifically, it sought to establish whether there were any links between counselling and the training of students. The sequential explanatory design with the mixed method was adopted for the study. A sample of 345, including 325 second, third and fourth year students and 20 guidance counsellors were considered for the study. This sample was purposefully and conveniently selected. Data was collected quantitatively and qualitatively using questionnaires, focus group discussion guides and interviews. Data was entered using Epidata verse on 3.1 and exploratory statistics were ran to identify questionable entries, inconsistency in responses and others. Descriptive statistics were used to present distributions between and within subsets using frequency distributions, percentages and multiple response sets. Hypotheses were verified using binary logistic regression analysis and omnibus test of model coefficient, the likelihood ratio test and Wald statistics were used to appraise the degree of significance of relationships between psychosocial support indicators and internship training of nursing students. Here the Cox & Snell R Square were used to determine the explanatory power. Thematic analyses were used to analyse focus group discussions and interview data. Findings showed that counselling support was a necessary ingredient in internship training of nurses. The findings showed that, counselling ($\chi^2=37.047$; $P=0.000$) had a predictive power of 13.9%. Overall, 94.5% of students emphasized the importance of counselling during training. It was concluded that given the high levels of challenges and stressors associated with training, counselling should be considered as an unavoidable variable in elevating supportive, healthy and psychologically stable learning environments for students during training. It is therefore recommended that there should be an effective provision of counselling support through the creation of more emotionally welcoming spaces in the academic environment, more mentorship programs, a clinical environment of personal support which is sensitive to student's psychosocial needs being a critical factor that will transform student's anti-academic attitude towards learning, periodic debriefing and counseling sessions that will assist the students to socialize to become a professional, which will also allay their anxiety levels during their educational training and thus increase academic performance.

KEYWORDS: *Counseling, Internship Training, Nursing Student*

INTRODUCTION

Internship training applies the profession's underlying theory to real patient care. It's a holistic philosophy, a conceptual model from college or the health care environment; it demonstrates the nursing process and

diagnosis. Internship training fosters different types of growth. It's an excellent opportunity to use emotional intelligence, an ideal place to learn to work independently, and it's an important period in the

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student's progressing terms of the acquisition of skills. Other advantages of learning in a clinical setting is, learning is complementary to and a continuation of theoretical and laboratory learning and is direct preparation for the student's future practice (Edwards, Smith, Finlayson & Chapman, 2004). It makes it possible for the student to apply principles and technical skills in real situations, thereby fostering better assimilation of learning in the student's mental representations of her knowledge. The student can adapt to reality, learn from role models and grasp the ethical, interpersonal and organizational implications of her work. It fosters the development of a professional identity (Ousey, Gallagher, 2007).

The education provided in clinical settings is a form of communication involving the application of theoretical and technical knowledge as well as knowledge about the organization of work and interpersonal relationships. It takes place in an environment where the student will see how her knowledge fits into a comprehensive, real-world view of clients and allows her to make the shift from theoretical knowledge to the application of her knowledge in practice (Phaneuf, Margot, 2002). It fosters the assimilation of knowledge through repetition.

Since nursing is a performance-based profession, clinical learning environments play an important role in the acquisition of professional abilities and train the nursing students to enter the nursing profession. Unlike classroom education, internship training in nursing occurs in a complex clinical learning environment which is influenced by many factors. Moreover an optimal clinical learning environment has a positive effect on the students' professional development; a poor learning environment can have adverse effects on their professional development process. The unpredictable nature of the clinical training environment can create some problems for nursing students. Nursing students' behaviours and performances change negatively in the clinical setting as a result of a non-supportive learning environment and negative clinical experiences (Delaram, 2013).

Although moderate amounts of stress may motivate people and enhance their wellbeing and performance, the need to alleviate distress by improving training practice and creating supportive environments, becomes important to foster success and professional socialization of future nurses (Chan 2001, 2002, Saarikoski Leino-Kilpi 2002, Saarikoski 2008, Sand-Jecklin 2009).

Issues such as mismatch regarding personality, values, and working style, more depressed mood,

psychological stress which occurs when (physical, emotional, mental) demands require sustained psychological (cognitive and emotional) efforts and skills that are not balanced by adequate individual or organizational resources (for example support, autonomy, feedback), poor exchange relationship between nurse tutor and student which leads to a high risk for role ambiguity and conflict for the student, inadequate direct observation of learners and feedback, insufficient time for reflection and discussion, lack of congruence with the rest of the curriculum, expectations of the student nurses not being met as the staff members are sometimes not aware of student nurses learning objectives, frustrations experienced during daily practice due to poor integration of theory and practice, lack of counselling, tutorial support and guidance by clinical educators (Happel, 2002, Robinson Cubit 2007, Brown 2008), students been faced with diverse real clinical situations which leave them unable to generalize what they learned in theory, lack of access to direct experience, disrespect, lack of cooperation, inadequate monitoring, task not clear in clinical settings, lack of attention to students' individualization, fear and anxiety by the instructors while performing the procedure (Holmsen, 2010) and scarcity of materials in the hospital illuminates the limitations of counselling support practice in clinical instruction (Moscato, 2007; NLN, 2008; Benner 2010; Niederhauser 2012).

Moreover being unfamiliar with experiences, inadequate support, a diminished sense of belongingness, distress, depression, anger, lack of self-confidence, inadequate monitoring, poor training, lack of motivation, emotional instability, lack of attention to students' individualization, lack of empathy, increased workload, poor allocation of students to patients as such students cannot fully meet up with objectives, lack of both recognition and positive feedback, difficult patients, fear of making mistakes and being evaluated by faculty members are stress and anxiety-producing situations which can cause detrimental effects on learning, patient care, and professional performance. If students were provided with counselling support, they would not go through stress and anxiety producing situations and they will be able to adapt and achieve effective learning. The more psychosocially healthy the nursing students are, the more likely they will be productive and successful in their clinical training.

Failure to identify the challenges and problems the students are faced with in the clinical learning environment prevents them from effective learning and growth as they experience lack of motivation,

emotional instability and more (Robinson Cubit, 2007). As a result, the growth and development of their skills will be influenced. What makes this challenge more intense is the technological advancement, the complexity of health care and the increasing consumer demand for competent practitioners (Myrick, 1988). Thus the need for counselling support which covers those aspects of a relationship that enhance a student's sense of competence, identity and effectiveness in a professional role (Kram, 1985, p. 32), conveying unconditional positive regard toward students through unconditional acceptance and confirmation, encouraging student to discuss his anxieties and fears without any hesitation and counselling him by informally interacting with him by becoming his friend (Kram, 1985; Noe, 1988).

These functions promote the personal growth of the student with the aid of the clinical educator's support and guidance (Chao, 1998). According to Simon, Perry and Roff (2008), counselling support functions in clinical education operate at an interpersonal level and represent a deeper and a more intense aspect of learning relationships (Allen, Eby, Poteet, Lentz, & Lima, 2004). Such type of support often evolves into a more emotional bond and a pleasurable positive interpersonal contact develops between the educator and the student (Raabe & Beehr, 2003). Therefore counselling provided by the clinical educator is influential in motivating them to be resilient in every situation.

An organized guidance and counselling program in educational institutions is essential in assisting students cope with the stresses they face while in and out of school. Some of these stresses make it difficult in adapting to their new environment, facing the growing academic demands, establishing vocational goals, emotional and psychological independence from their parents (Melgosa, 2001). Some of the learners are at the adolescent stage and an effective counselling support must be availed to assist these nursing students. Moreover, clinical counsellor is responsible for collecting, storing and disseminating information on training fields and job opportunities for students, parents, teachers, education officials and others. Added to that, assistance in adaptation to the learning environment; the counsellor helps students to succeed by making them discover their potentials through psycho technical tests, or standardized educational knowledge tests and teaching them time management, appropriate learning methods and helping them have a better knowledge of the learning environment. Also, through Counselling support, interpersonal discussions, helps students to; raise their

behavioural, psychological, relational and socio-professional problems, identify possible solutions, take consistent decisions and implement them.

Counselling support is human oriented, which is based on helping the individual to define and redefine his goals and aspirations in life pursuits for greater productivity and outcome. The major goals of counselling are to promote personal growth and to prepare students to become motivated workers and responsible citizens. Educators recognized that in addition to intellectual challenge, School guidance and counselling program need to address these challenges and to promote educational success. This service is an integral part of a school's total educational program. It is developmental by design, and includes the following components (Cooley, 2010; coy, 2004): Personal/Social which addresses dropping out, substance abuse, suicide, irresponsible sexual behaviour, etc. must be addressed.

With Educational service, Students must develop skills that will assist them as they learn and Career/Vocational service which entails, planning for future, and analysing skills and interests are some of the goal's students must develop in school. Career information must be available to students. The primary mission therefore of counselling support is to provide a broad spectrum of personnel services to the students. These services include; Orientation services, Counselling services, Placement service, Follow up service, Research and Evaluation service, Appraisal services, Referral service, Consultation with teachers and parents, Administration and Organisation of services, Community counselling and Family counselling. (Nwachuku, 2000).

Modo; Sanni; UWAH; & Mogbo (2013) also identified three major guidance and counselling programs which helps students succeed in their educational pursuit. This includes educational, vocational and personal social programs. The Educational services in guidance and counselling takes care of educational problems of students as they relate to the physical environment of the school, student's intake, progress and adaptability within the school (Olayinka, 1999 and Egbule, 2006). Vocational services assist individual to choose occupation and prepare them to enter into it and make progress. It also involves services provided by the counsellor to assist students start early enough to plan for proper vocation in terms of their interest, abilities, aptitudes and duration of training, sponsors, family and societal need (Egbule, 2006). While Personal social guidance and counselling services help the students to take care of socio personal problems

relating to personality mal adjustments (Ugwuebulem & Igbokwe, 1996).

Therefore, to effectively manage and utilize these programmes in school calls for adequate deployment of professionals (Counsellors) with the use of strategies to help their beneficiaries achieve maximally in spite of all limitations. Counselling support for behaviour modification will properly direct students on how to go about their challenges, through interpersonal and group counselling for better results and a sense of focus. The guidance counsellors will develop an effective, helpful relationship with the client for building awareness of peace and modify undesirable behaviours.

Also this support, will help nursing students become aware of, and overcome, their blind spots, and develop new perspectives about themselves and their problems; help them develop a range of future possibilities (appropriate and realistic models), help clients choose a set of strategies that best fits their environment and resources, help clients formulate a plan, a step by step procedure for reaching each goal through the use of a time table; help clients search for leverage by identifying and work on problems, issues, concerns or opportunities that make a difference, and help clients brainstorm various strategies for implementing their agendas by asking themselves questions like, “ how can I get where I want to go?”(Winsone, Allen, 2000).

Psychosocial well-being is important for learning and development as it highlight that for a healthy and balanced development and well-being, students need: to have a secure attachments with caregivers, to have meaningful peer relations and social competence, to form a sense of identity and belonging, to maintain their resilience, to develop a sense of self-worth and

value, self-esteem, to have access to opportunities, to be able to trust others, intellectual and physical stimulation, physical and psychological security, hopefulness / optimism about the future, to develop responsibility and empathy and to have adaptability and creativity (Layne, 2008;International Rescue Committee, 2012).

The counsellor needs to acquire wealth of experiences through continuous training and development, use strategies to address problems and stressors of nursing students during internship the major reason why this study was conducted.

Method

A sequential explanatory design was used including structured questionnaires, focus group discussions and interview. This study was conducted in Fako health district of the South West Region of Cameroon. The accessible population comprised of six nursing institutions and 777 nursing students from level two to level four who are on internship as well as 20 clinical educators in the Fako health district of the Southwest Region. Specifically, 345, including 325 second, third and fourth year nursing students and 20 clinical educators where purposively and conveniently selected. Triangulations of instruments were used to conduct this study. In this regard questionnaires, focus group discussions (FGDs) and an in-depth interview with semi structured and open ended questions were used in collecting data. The semi structured interview was used because it allows room for open ended questions, allows for the possibility of probing by the interviewer, allows room for spontaneous comments by the respondents and, thus, helps in the collection of in-depth responses for qualitative data.

Findings

Table1: Characterization of counselling

Item	Stretched					Collapsed	
	SA	A	N	D	SD	Agree	Disagree
Actively listen to student	9.5% (31)	24.6% (80)	32.9% (107)	59.4% (193)	6.5% (21)	34.2% (111)	65.8% (214)
Gives direction	12.9% (42)	33.5% (109)	46.5% (151)	45.8% (149)	7.7% (25)	46.5% (151)	53.5% (174)
Reassures students and provides special assistance	10.8% (35)	25.8% (84)	42.8% (139)	33.2% (108)	30.2% (98)	36.6% (119)	63.4% (206)
Explores students' problems and provides solution	11.7% (38)	23.1% (75)	44.3% (144)	49.8% (162)	15.4% (50)	34.8% (113)	65.2% (212)
Has unconditional regard for students.	12.0% (39)	22.2% (72)	42.5% (138)	38.2% (124)	27.7% (90)	34.2% (111)	65.8% (214)
Develops a relationship of trust and confidence.	8.6% (28)	38.5% (125)	39.4% (128)	34.5% (112)	18.5% (60)	47.1% (153)	52.9% (172)

Helps student solve problems independently	13.8% (45)	28.3% (92)	45.8% (149)	34.5% (112)	23.4% (76)	42.2% (137)	57.8% (188)
Ensures warm communication	17.2% (56)	31.7% (103)	50.2% (163)	31.7% (103)	19.4% (63)	48.9% (159)	51.1% (166)
Provides constructive guidance and praises	13.2% (43)	38.8% (126)	48.9% (159)	30.8% (100)	17.2% (56)	52.0% (169)	48.0% (156)
Advices students	21.5% (70)	33.8% (110)	39.4% (128)	24.9% (81)	19.7% (64)	55.4% (180)	44.6% (145)
Assist in decision making	17.5% (57)	28.9% (94)	37.5% (122)	33.2% (108)	20.3% (66)	46.5% (151)	53.5% (174)
Establishes a feeling of mutual understanding	14.2% (46)	33.5% (109)	43.1% (140)	34.8% (113)	17.5% (57)	47.7% (155)	52.3% (170)
Helps the student becomes self-actualizing	15.1% (49)	33.5% (109)	47.7% (155)	31.7% (103)	19.7% (64)	48.6% (158)	51.4% (167)
Understands individual need of student	12.6% (41)	24.6% (80)	41.8% (136)	45.8% (149)	16.9% (55)	37.2% (121)	62.8% (204)
Suggest strategies to help improve difficulties	14.8% (48)	26.8% (87)	44.9% (146)	41.8% (136)	16.6% (54)	41.5% (135)	58.5% (190)
Enables student to best understand and respect themselves and others	12.3% (40)	35.1% (114)	43.7% (142)	37.2% (121)	15.4% (50)	47.4% (154)	52.6% (171)
Assist In improving self-concept	14.2% (46)	30.8% (100)	39.7% (129)	40.3% (131)	14.8% (48)	44.9% (146)	55.1% (179)
Assist student in planning for educational and vocational choices.	16.0% (52)	29.5% (96)	40.6% (132)	41.8% (136)	12.6% (41)	45.5% (148)	54.5% (177)
MRS	13.8% (806)	30.2% (1765)	42.9% (2508)	38.3% (2241)	17.7% (1038)	43.9% (2571)	56.1% (3279)

$N_{cases}=325$ $N_{responses}=5850$; SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree

Students in their majority were not satisfied with counselling they received during their training with a weight of unsatisfactory of 56.1%. They were mostly dissatisfied with the fact that educators do not actively listen to students 65.8% (214) whereby 6.5% (21) were very dissatisfied. As well as 65.8% (214) were mostly dissatisfied with the fact that educators do not have unconditional regard for students, whereby 27.7(90) were very dissatisfied. A proportion of 65.2% (212) perceived that educators do not explore students' problems and provides solution whereby 50.4% (15) were very dissatisfied. A proportion of 63.4% (206) perceived that educators do not reassure students and provides special assistance whereby 30.2% (98) were very dissatisfied. Another proportion of 62.8(204) perceived that educators don't understand individual needs of students whereby 16.9 % (55) were very dissatisfied. Another proportion stated that educators do not suggest strategies to help improve difficulties 58.5% (190) whereby 16.6% (54) were very dissatisfied. A proportion of 57.8% (188) perceived that educators do not help students solve problems independently whereby 23.4% (76) were very dissatisfied.

As for those that perceived that educators do not assist in improving self-concept they were 55.1% (179) whereby 14.8% (48) were very dissatisfied. As for those that were of the opinion that educators do not assist students in planning for educational and vocational choices, they were 54.5% (177) among which 12.6% (41) were very dissatisfied. A proportion of 53.5% (174) perceived that educators do not give direction whereby 7.7% (25) were very dissatisfied. The same proportion stated that educators do not assist in decision making whereby 20.3% (66) were very dissatisfied. In addition a proportion of 52.9% (172) disagreed with the fact that educators develop a relationship of trust and confidence whereby 18.5% (60) strongly disagreed. The proportion of 52.6% (171) disagreed with that educator's enable students to best understand and respect themselves and others whereby 15.4% (50) strongly disagreed. Those that perceived that educators do not establish a feeling of mutual understanding were 52.3% (170) among which 17.5% (57) were very dissatisfied.

The majority as well making 51.4 % (167) were of the opinion that educators do not help the students become self-actualizing which 19.7% (64) were very dissatisfied. Those that were dissatisfied with ensuring a warm communication were 51.1% (166) whereby 19.4% (63) were very dissatisfied. A proportion of 48.0% (156) was of the opinion that educators do not provide constructive guidance and praises whereby 17.2% (56) were very

dissatisfied. A proportion of 44.6% (145) perceived that educators do not advise students whereby 19.7% (64) were very dissatisfied.

Table 2: Students’ characterization of counselling with respect to background indicators

Background indicators	Categories	Agree	Disagree	N	χ^2 -test
Age	≤25	44.9% (1833)	55.1% (2253)	4086	$\chi^2=0.27$
	26+	41.8% (738)	58.2% (1026)	1764	P=0.606
Gender	Male	34.4% (868)	65.6% (1652)	2520	$\chi^2=9.42$
	Female	51.1% (1703)	48.9% (1627)	3330	P=0.002
Level of study	2 nd year	55.1% (883)	44.9% (719)	1602	$\chi^2=7.05$
	3 rd year	40.8% (1541)	59.2% (2239)	3780	P=0.029
	4 th year	31.4% (147)	68.6% (321)	468	
Marital status	Single	44.9% (1979)	55.1% (2431)	4410	$\chi^2=0.33$
	Married	41.1% (592)	58.9% (848)	1440	P=0.568

Students’ perception of counselling was not significantly dependent of age and marital status ($P>0.05$), but was significantly dependent ($P<0.05$) of gender and level of study. Concerning gender, the male were more dissatisfied with weight of 65.6% as compared to 48.9% for the female. As for level of study, students of 4th year were the most dissatisfied whereby those of 2nd year were the least dissatisfied with weight of 44.9%. We then see that dissatisfaction with counselling increase with level of study.

Provision of counselling received

Table 3: Students’ perceptions of whether they have been counselled in their institution and the person that counselled them

Code	Grounding		Quotation	Person that counselled
	Fre	%		
Yes	7	2.1	“No counsellor”	“Teacher”
No	318	97.8		
“No mentors nor psychologist” “Unavailability of educators”				

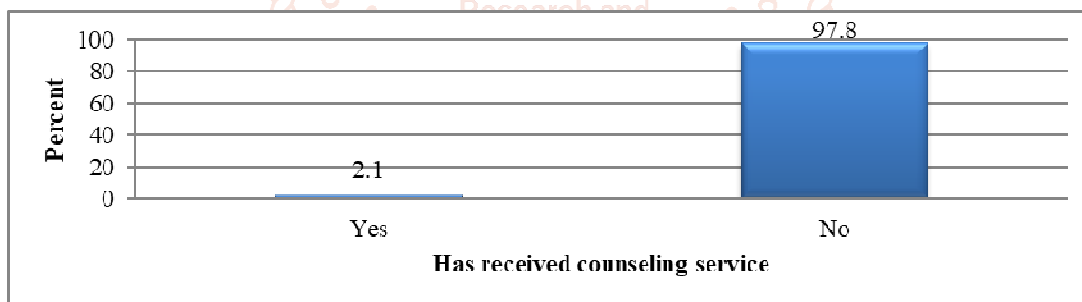


Figure: Students’ perceptions of whether they have been counselled in their institution and the person that counselled them

The majority of students say they have not being counselled before with the proportion of 97.8% (318), only 2.1% (7) agreed they have being counselled before insinuating that there is little or no counselling done at the various institutions.

Table 4: Students’ perception of frequency of provision of counselling by educators with respect to background indicators

Background indicators	Categories	Never	Rarely	n	χ^2 -test
Age	≤25	41.9% (95)	58.1% (132)	227	$\chi^2=5.131$
	26+	28.6% (28)	71.4% (70)	98	P=0.024
Gender	Male	35.0% (49)	65.0% (91)	140	$\chi^2=0.847$
	Female	40.0% (74)	60.0% (111)	185	P=0.357
Level of study	2 nd year	56.2% (50)	43.8% (39)	89	$\chi^2=19.214$
	3 rd year	32.4% (68)	67.6% (142)	210	P=0.000
	4 th year	19.2% (5)	80.8% (21)	26	
Marital status	Single	40.4% (99)	59.6% (146)	245	$\chi^2=2.777$
	Married	30.0% (24)	70.0% (56)	80	P=0.096

Students' perception of frequency of provision of counselling was not significantly dependent on gender and marital status ($P > 0.05$), but was significantly dependent ($P < 0.05$) of age and level of study. Concerning level of study, the 2nd year were more dissatisfied as a proportion of 56.2% (50) said to have never received counselling, as compared to the 3rd year 32.4% (68) and the fourth year with 19.2% (5). As for age, the younger ones were more dissatisfied as 41.9% (95) said to have never received counselling, as compared to 28.6% (28) for the elder ones aged 26 years and above.

Nature of the impact of counselling received

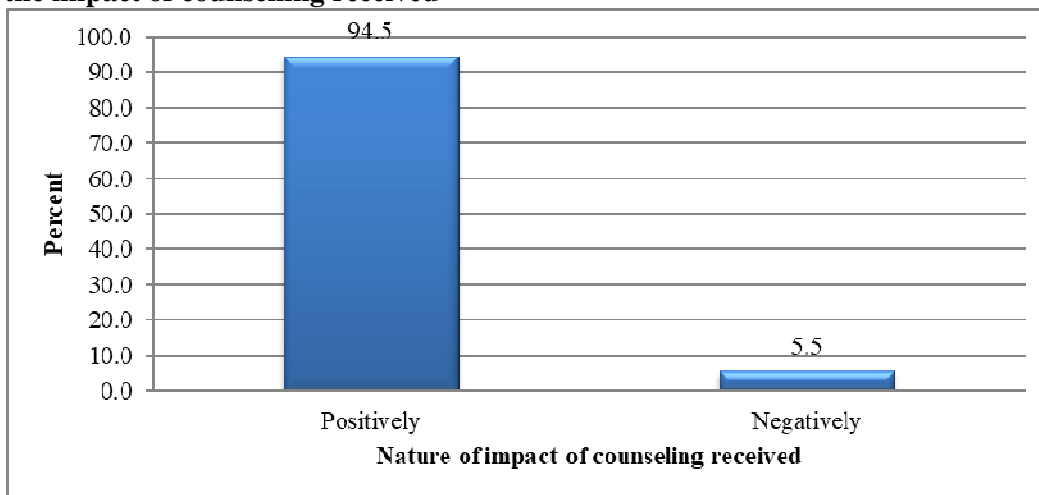


Figure 1: Students' perception of the nature of impact of counselling on their training

Though students were mostly dissatisfied with counselling received, they generally perceived that the bit they received had a positive impact on their training 94.5% (307).

Table 5: Students' perception of the impact of counselling on their training with respect to background indicators

Background indicators	Categories	Positively	Negatively	n	χ^2 -test
Age	≤25	93.8% (213)	6.2% (14)	227	$\chi^2=0.569$ P=0.451
	26+	95.9% (94)	4.1% (4)	98	
Gender	Male	92.1% (129)	7.9% (11)	140	$\chi^2=2.527$ P=0.112
	Female	96.2% (178)	3.8% (7)	185	
Level of study	2 nd year	96.6% (86)	3.4% (3)	89	$\chi^2=5.654$ P=0.059
	3 rd year	94.8% (199)	5.2% (11)	210	
	4 th year	84.6% (22)	15.4% (4)	26	
Marital status	Single	95.5% (234)	4.5% (11)	245	$\chi^2=2.092$ P=0.148
	Married	91.2% (73)	8.8% (7)	80	

Students' perception of the impact of counselling on their training was not significantly dependent of age, gender, level of study and marital status ($P > 0.05$).

Table 6: Students' perceptions of whether they perceived counselling necessary to their training

Code	Grounding	Quotation
Yes	289	
Decision making	16	"It helps in decision making"
Constructive guidance	16	"It guides me and builds maturity in me"
Counselling	11	"It helps me counsel patients"
Sense of belonging	18	"It establishes a feeling of belonging"
	21	"It helps students solve problems independently"
Self-concept	9	"It assist in improving self-concept"
Morality	27	"It debriefs students of their wrong ideas" "It helps me deviate from negative aspects to positive aspects"
Direction	19	"It directs me" "It orientates us to choose a good direction so as to resolve self-difficulties"

Enhances professionalism	15	“It helps me deal with the psychology of patients and others”
Responsibility and confidentiality	16	“It makes me responsible and confidential”
No	36	
Lack of time	13	“Time limitation”
	17	“Problems are not solved independently”
Poor strategies	6	“Strategies used to help improve difficulties are bad”

Students stated that counselling affected their training which was highlighted for several reasons; decision making, constructive guidance, counselling, sense of belonging, self-concept, morality, direction, enhances professionalism and responsibility and confidentiality.

Table 7: Students’ perceptions of whether quality of counselling from their clinical educator can be improved

Code	Grounding	Quotation
Yes	128	
More mentorship and counselling programs	19	“More educational programs on counselling and mentorship” “They should learn techniques handling social, emotional and moral health”
Effective training	8	“More training”
More confidentiality	16	“Educators should develop a relationship of trust and confidence”
Encouraging and more room for counselling	21	“They should continue encouraging us and giving us advice”
Constructive guidance	11	“Provide guidance and direction to student”
Listen ear	21	“Educators should listen to students”
Empathy	9	“Educators should explore students problems and give solutions to them”
More counselling	23	“More counselling sessions”
No	197	

Students suggested various aspects through which counselling from clinical educators can be improved, which are; more mentorship and counselling programs, effective training, more confidentiality, encouraging and more room for counselling, constructive guidance, providing a listening ear, empathy and more counselling.

Table 7: Thematic analysis depicting student nurses’ perception of the importance of counselling in nursing training

Code	Code description	Grounding	Quotation
Decision-making	Counselling improves awareness of various problems and the decision-making potential	18	“It creates awareness to different problems” “Assist in decision making” “Promote and understanding and respect when making decisions” “It helps to make vocational decisions” “It helps students to think rationally”
Encouraging	It is a motivating factor that encourages the student to learn	5	“Encouragement” It acts as an encouragement “it helps to motivate me
Improve self-confidence	Makes the student to be more self-confidence	10	“To be more confident” “Help cope with my difficulties in self-concept” “Help clear my doubt towards some facts” “it assist in improving self-concept”
Improves behaviour	Improves behaviour	8	“Improves personal behaviour” Improves self-concept “It helps me to understand my abilities and temperaments better” “Built maturity in me”

Social recognition	Good behaviour will lead to social recognition	li	“It helps students to understand and respect others” “It promotes autonomy”
Goal-oriented training/Effective training	Makes training more goal-oriented and effective	8	“It is a directive to our study and goal” “Make the students to go in the right direction” “Makes the training to go on well”
Management	Situations are better managed	3	It helps nurses to better manage some situations
Enhances professionalism/ability to counsel patients	Enhances professionalism as patients can be better taken care of as well as special cases, improves ability to counsel patients	19	“We can better provide assistance to our patients” “It helps the nurse to know how to manage some particular cases” “Increases knowledge on the profession and seriousness” “Helps them better understand their roles” “Helps students to deal with patients problems” “Changing patient’s mind”
Improve socialization	Also develops in the students the sense of socialization, the ability to understand differences, acceptance and relate with patients	11	“It helps the nurse to know how to deal with people from different cultures” “Provides an intimate relationship with client” “Help develop a relationship of love” “It helps students to freely express their worries”
Creates room for counselling	The formal introduction of counselling in the training of students creates room for students to be effectively and formally counselled by educators	6	“Helps advise students”
Improve discernment	Improve discernment, that is the ability to choose or understanding client specific needs	3	“It helps the nurse to know how to manage particular cases and deal with others”

The importance of counselling on nursing training was highlighted for several reasons; decision-making, encouraging, improve self-confidence, improves behaviour, social recognition, goal-oriented training/effective training, management, enhances professionalism/ability to counsel patients, improves socialization, creates room for counselling and improves discernment.

Table 8: Thematic analysis depicting student nurses’ perception of the loopholes found in the quality of counselling from clinical educator

Code	Code description	Grounding	Quotation
Counselling inadequate	Counselling perceived not satisfactory, not enough	7	“Some strategies to be used to improves or solving lapses” “They rarely organize counselling sessions “
Inadequate follow up	Follow up of students perceived not adequate	2	“Lack of follow up” “They don’t have time to put students down for advice”

The following loopholes related to counselling from nurse educators were pointed out; inadequate counselling and inadequate follow up.

Table 14: Model Fitting Information and Model Explanatory Power predicting the effect counselling on nursing training

Omnibus Tests of Model Coefficient	Likelihood Ratio test	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox & Snell *			
$\chi^2=40.292$	$\chi^2=37.047$	0.139			
df=18	df=18				
P=0.002	P=0.005				
Wald	B	S.E.	Wald	Df	Sig.
	.821	.191	35.519	1	.000

*Dependent variable: nursing training

The influence of counselling on nursing training was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Tests of Model Coefficient: $\chi^2=40.292$; P=0.000) and this was supported by the Likelihood Ratio test (Overall statistics: $\chi^2=37.047$; P=0.000) and the Wald statistics (P=0.000). The Explanatory Power (EP) / Predictive Power was 13.9% (Cox & Snell R Square=0.139). The hypothesis that there is no significant relationship between counselling and the training of nursing students on internship was rejected while the alternative was retained; therefore implying that the better the counselling, the better the outcome of nursing training as testified by the positive sign of the Standardize Coefficient Beta (B), and this influence, though somehow moderate was perceptible (13.9%). If the overall influence of counselling on nursing training was significant, but how do individual predictors contribute to this effect? Using Wald statistics, the answers were as depicted on the table below.

Table 15: Wald statistics depicting the influence of predictive indicators of counselling on nursing training

Counselling	B	S.E.	Wald	df	Sig.	Exp(B)
Gives direction	.002	.524	.000	1	.996	1.002
Reassures students and provides special assistance	-1.361	.514	7.003	1	.008	.256
Explores students' problems and provides solution	.982	.579	2.877	1	.090	2.668
Has unconditional regard for students.	.304	.539	.317	1	.573	1.355
Develops a relationship of trust and confidence.	-.041	.438	.009	1	.926	.960
Helps student solve problems independently	-.414	.391	1.125	1	.289	.661
Ensures warm communication	.689	.426	2.623	1	.105	1.992
Provides constructive guidance and praises	.661	.377	3.083	1	.079	1.938
Advices students	.175	.381	.211	1	.646	1.191
Assist in decision making	.669	.418	2.561	1	.110	1.953
Establishes a feeling of mutual understanding	-.719	.427	2.839	1	.092	.487
Helps the student becomes self-actualizing	-.435	.425	1.047	1	.306	.648
Understands individual need of student	-1.438	.505	8.095	1	.004	.237
Suggest strategies to help improve difficulties	.171	.432	.156	1	.693	1.186
Enables student to best understand and respect themselves and others	-.683	.476	2.058	1	.151	.505
Assist in improving self-concept	.993	.492	4.079	1	.043	2.700
Assist student in planning for educational and vocational choices.	.531	.530	1.004	1	.316	1.701
Gives direction	-.783	.513	2.329	1	.127	.457

Out of the 18 indicators making up the predictive component counselling, three emerged as critically predicting the outcome of nursing training; they were:

Reassuring students and providing special assistance: The positive sign of Beta (B) indicates that the more educators reassures students and

provides special assistance, the better the outcome of nursing training.

Understanding individual need of student: The positive sign of Beta (B) indicates that the more educators understand individual need of student, the better the outcome of nursing training.

Assisting in improving self-concept: The positive sign of Beta (B) indicates that the more educators assist in improving self-concept, the better the outcome of nursing training.

Discussion

Counselling and the training of nursing students on internship

Findings generally showed that counselling was a major factor of internship training of student nurses and supported by rich qualitative and quantitative data. The variability between counselling and internship training was significant (Omnibus Tests of Model Coefficient: $\chi^2=40.292$; $P=0.000$) and this was supported by the Likelihood Ratio test (Overall statistics: $\chi^2=37.047$; $P=0.000$) and the Wald statistics ($P=0.000$). The Explanatory Power (EP) / Predictive Power was 13.9% (Cox & Snell R Square=0.139) showing the importance of counselling indicators such as reassuring students and providing special assistance, understanding individual need of student, assisting in improving self-concept. Students in their majority were not satisfied with counselling they received during their training. They were mostly dissatisfied with the fact that educators do not actively listen to students as well as some were mostly dissatisfied with the fact that educators do not have unconditional regard for students, educators do not explore students' problems and provides solution and educators do not reassure students and provides special assistance.

A proportion of students perceived that educators do not understand individual needs of students. Another proportion stated that educators do not suggest strategies to help improve difficulties, do not help students solve problems independently and do not assist in improving self-concept. Moreover some of them were of the opinion that educators do not assist students in planning for educational and vocational choices. As well as do not give direction nor assist in decision making (Samari, 2006). Some students disagreed with the fact that educators develop a relationship of trust and confidence while some disagreed with the fact that educator's enable students to best understand and respect themselves. In addition some students perceived that educators do not establish a feeling of mutual understanding. The majority as well were of the opinion that educators do not help the students become self-actualizing, do not provide constructive guidance and praises, do not advise students as well as do not ensure a warm communication.

Though students were mostly dissatisfied with counselling received, they generally perceived that the bit they received had a positive impact on their

training 94.5% (307) even though most of the students as in 97.8% (318) of them did admit that they have not been counselled in their institutions of which they were aware of. Just a few as in admitted they had counselled. Students stated that counselling affected their training which was highlighted for several reasons; decision making, constructive guidance, counselling, sense of belonging, self-concept, morality, direction, enhances professionalism and responsibility and confidentiality (Parloff, 1961; Patterson, 1970).

They however suggested various aspects through which counselling from clinical educators can be improved, which are; more mentorship and counselling programs, effective training, more confidentiality, encouraging and more room for counselling, constructive guidance, providing a listening ear, empathy and more counselling.

The importance of counselling on nursing training was highlighted for several reasons; decision-making, encouraging, improve self-confidence, improves behaviour, social recognition, goal-oriented training / effective training, management, enhances professionalism / ability to counsel patients, improves socialization, creates room for counselling and improves discernment. These findings are in line with Rogers (1994) whose core theme in therapy is non-judgemental listening and acceptance of the individual, better known as unconditional love and positive regard. These concepts share the idea that the student being human can make positive and constructive choices as well as need help and guidance from clinical educators to fulfil their potential and maximize their well-being (Rogers, 1969).

Among the many things that students instinctively value is positive regard, Roger's umbrella term for things like love, affection, attention and nurturance. It is clear that students need love and attention. Moreover students value positive self-regard, that is, self-esteem, self-worth and a positive self-image. They achieve this positive self-regard by experiencing the positive regard others show us over our years of growing up. Without this self-regard, students feel small and helpless, and again they fail to become all that they can be (Rogers 1977, p. 243). Besides personal needs, humanists contend that self-concept and self-esteem are necessary considerations in any learning situation.

This is in line with the therapist, Carl Rogers (1961, 1994) who argued that what students want is unconditional positive self-regard (the feeling of being loved without strings attached). Experiences that are threatening, coercive, and judgmental

undermine the ability and enthusiasm of students to learn. It is essential that clinical educators convey a fundamental respect for the students with whom they work. Rather than acting as an authority, the role of any educator is to be a facilitator (Rogers, 1994). Listening rather than talking is the skill needed. Because the uniqueness of the individual is fundamental to the humanistic perspective, much of the learning experience requires a direct relationship between the educator and the student on internship with instruction tailored to the needs, self-esteem and positive growth of each learner (Snowman & Biehler, 2006).

In line with this argument, Egan (1990) gave very useful ways of showing concern for students. He identified respect, genuineness and empathy as important skills of building good relationships. These skills can be demonstrated when educators interact with students. Here two persons are in contact, educators show respect for students, when they value them, care about their wellbeing and feel that each student is worth the time spent with him or her.

Educators should also show genuineness by not playing roles or putting up unnecessary barriers between themselves and students, this means that educators should be open, honest and willing to share their own experience with the students. Empathy is shown when an educator appears to understand how a student feels, so the educator is able to see the world as the student see it. The more the educator is able to see the world from the student's perspective, the more likely the educator is able to help (Rogers, 1962).

Vygotsky (1962) first stated that students learn through interactions and communication with others. He suggested that learning takes place through the quality of interactions students have with their peers, teachers, and other experts. Consequently, teachers can create a learning environment that maximizes the learner's ability to interact with each other through discussion, collaboration, and feedback. Bankert and Kozel suggested that creating a supportive clinical environment that demonstrates value, respect, and support as a collaborative enterprise between clinical educators and students not only fosters relationships but also promotes learning in a non-stressful manner. They explain a supportive clinical learning environment is based on genuine dialog, engagement, and reflection (Happel, 2008).

Johnson (2007) suggests that counselling support is particularly important in the eyes of students and argues that consistent support creates a safe climate in which students can take risks and do the work of developing personally and professionally (Johnson, 2007). Such support is needed to reassure, guide

students and to reduce their anxieties and frustrations with in the current demanding clinical experience. A nurturing environment that meets personal and emotional needs results in students being better able to meet their daily demands and challenges (Kilburg, 2007).

In view of the students' challenges in confrontation with the clinical learning environment and the necessity of learning and providing patients with care in a peaceful environment free of any tension, educational authorities and nursing faculties are required to pay particular attention to these issues and try to facilitate the nursing students' learning and professionalization by providing psychosocial support which entails clinical educators addressing emotional, social, personal and moral needs, being approachable, demonstrating respect for and confidence in students, correcting students without belittling them, listening, acknowledging when students have done well, being patient with students, and having a genuine interest in students (Neville and French, 1991; Dunn and Hansford, 1997; Warne and McAndrew, 2008).

Thus the need for counselling which covers those aspects of a relationship that enhance a student's sense of competence, identity and effectiveness in a professional role (Kram, 1985, p. 32), conveying unconditional positive regard toward students through unconditional acceptance and confirmation, encouraging student to discuss his anxieties and fears without any hesitation and counselling him by informally interacting with him by becoming his friend (Kram, 1985; Noe, 1988). These functions promote the personal growth of the student with the aid of the clinical educators emotional support and guidance (Chao, 1998). In the light of educators, pertaining to the research findings a good number of educators highlighted counselling to be very important in the training of nursing student's as it promotes effective learning, helps in decision making, boost up self-confidence, self-esteem, it establishes a sense of belonging, increases morality, promotes responsibility, thus fostering learning (Chao, 1998).

In view of thematic analysis depicting student nurses' perception of the importance of counseling support on nursing training several reasons were highlighted including; decision-making, encouraging, improve self-confidence, improves behaviour, social recognition, goal-oriented training/effective training, management, enhances professionalism/ability to counsel patients, improves socialization, creates room for counselling and improves discernment.

Improve discernment, that is the ability to choose or understanding client specific needs, it enhances counseling ability in the student as he or she can now

counsel others, it is a motivating factor that encourages the student to learn, it makes the student to be more self-confident, it improves the ability to care for patient, more essentially on how to calm the patient down, it enables the provision of holistic care, enhances duty consciousness, shapes students' behaviour making it more conducive for the profession and social life, it improves the understanding of lessons and much more practical's, it enables educators to understand students' specificities and interest, it makes sure that educators do not shout at students, as well as it should create a friendly atmosphere for learning. In addition, it enables students to be aware of their needs as well.

The theme 'encouragement of students' demonstrates caring relationships, highlights the importance of forming strong, caring and supportive relationships with students to underpin their learning process and development. It entails strengthening the student morally and mentally, thus helping student to overcome difficulties. Most of the participating nursing students explicitly reported that the care and support they received from others, including educators, were crucial to their success. Nursing students emphasized that encouragement was essential for managing their emotions and coping with emotional events in clinical placements. Some stated that 'It makes me feel am in the right profession'.

With regards to enhancement of learning and professionalism it reflects nursing students' perception on the importance of counseling as they state that it improves the ability to care for patients, more essential how to calm the patient down, as well as provision of holistic care. Furthermore, it emphasizes that the quality of the relationship between educators and students will impact on the students' nursing career. It also enables educator to understand students' specificities, needs and interest as well as helps students to collaborate with friends and to have a more friendly relationship, thus enhancing team work spirit. Some quoted that, "It helps the student to perfect his or her skills, 'It makes student skilful", "It helps in decision making", "It helps increase my engagement ability", "it helps me give good productivity at work". It recognizes and value students' individual interest, needs and future goals", "Motivates students' interest", "it helps increase value of students It recognizes and value students individual interest, needs and future goals".

Nursing student's also highlighted the importance of counseling as it enables them improve discernment; that is the ability to choose or understanding client specific needs. 'Make better choices", "Create

awareness on client needs", "It helps better our understanding of patients' needs", "It helps students to think before they act", "It helps me to know how I can help myself in difficult situations". Some students perceived that it improves their understanding during the work. Furthermore they stated that counseling creates a friendly atmosphere "It creates a suitable training atmosphere,' it helps training moves swiftly", "Creates a conducive environment for work", "it makes students feel comfortable"

In addition, nursing students' perception on the importance of counseling stated that it improves their self-esteem, self-efficacy and self-confidence. 'To feel confidence or to trust in what I am doing", 'Increases students' engagement and autonomy", "It makes students comfortable and protect them", "It gives students the opportunity to speak their minds", "Helps students to be ready in any situation where they find themselves"

The following loopholes related to counseling support from nurse educators were pointed out; inadequate counselling, inadequacy of problem-solving, unsatisfactory role modelling and inadequate support programs. Nursing students complained that there was inadequate counselling from clinical educators following reports from these quotations "Counselling is not often done", "Give students the floor to speak and make decisions". As explained by some nursing students, the inadequate and insufficient counseling raised to contextualize solutions to problems was another issue that hindered clinical learning. "Poor solving of problem", 'Most of them only want to receive'.

Conclusion

According to Pearcey and Elliott (2007), the success of nursing programs is strongly linked to the effectiveness of the clinical experience. Our findings support the argument that contemporary nursing education programs face a number of challenges. Some of these challenges may invariably prove stressful for students. Therefore, universities and hospitals as well as clinical educators should aim to provide effective counselling, deepen their collaboration, and look to investigate and understand the factors that facilitate effective learning in the clinical environment. Having a clearer and shared understanding of the role of a clinical educator in terms of the provision of counselling support, in terms of duties and activities during clinical placements, would certainly provide a starting point in the establishment of a healthier learning environment.

It could be inferred from this investigation that student nurses in the Fako health district of the

Southwest Region of Cameroon, especially junior students were exposed to different stressors and diverse challenges during their internship, additionally; their psychosocial health in general was poor. Results clearly show that the lack of counselling has an impact on the psychosocial health of the students and thus their learning. Therefore, this study strengthens the effective use of counselling to bring about effective learning. A study by Shelton (2017) found that counselling was just as important to student persistence as functional support as it is directed at facilitating a sense of competency, self-efficacy, and self-worth and functional support and aimed at the accomplishment of academic tasks.

The more psychosocially healthy the students are, the more they will be productive and successful in their academic and clinical training. Ultimately, health and productive nurses will be able to handle the challenges of the nursing profession and provide good patient care as well as contribute to the nursing profession.

The findings provided essential and useful information for nurse educators in identifying students' needs, facilitating their learning both in the academic and clinical setting, and planning effective interventions and strategies to reduce or prevent stress in nursing education and training. Moreover, nursing educators must be perceptive of these stressors and should strengthen students' coping skills to deal with the different stressors during nurse education and training. Furthermore, curricular revisiting and review should be conducted especially on the related learning experiences or training hour's requirement.

One of the strengths of this study is the inclusion of a vast population of junior and senior student nurses from different universities and institutions as respondents in the investigation. This ensures that there is no selection bias. Knowledge on student nurses' stress levels, its sources, and stress responses would serve as an important input in identifying and planning effective interventions and strategies to reduce or prevent stress in nursing education and training thus, facilitating their learning both in the academic and clinical setting. Moreover educators can adopt various strategies embedded in counselling support to promote an enabling and nurturing learning environment that will promote growth, development and professionalism. Strategies such as Psychosocial awareness/considering students' feelings (which entails educators paying sufficient attention towards improving on the way students think or reason out things and facts), improving mentoring (educators should be patient and improve on their pedagogical approach), creating a conducive learning atmosphere

(which addresses improving on student-educator relationships, educators should be friendlier with students, the relationship between students and educators as well as the attitude of educators should provide a conducive learning environment), Role modelling (educators should act as real role model whereby they should expect students to reproduce what they do tomorrow and more practical's where students should be given the opportunity to practice more (Chan, 2001).

Bankert and Kozel (2002) suggested that creating a supportive clinical environment that demonstrates value, respect, and support as a collaborative enterprise between clinical educators and students not only fosters relationships but also promotes learning in a non-stressful manner. They explain a supportive clinical learning environment is based on genuine dialog, engagement, and reflection. Counselling support can be achieved via specific targeted activities and programs, it is important to understand that all interactions with students have to be psychosocially supportive. For example, respecting students, showing a positive attitude towards them and valuing their presence are all ways of helping to improve student's self-confidence and self-esteem and hence their well-being.

Further, the development of formal and informal support systems with faculty, staff, and peers optimizes academic and social connections and provides essential resources to proactively address stress and positively impact retention and satisfaction, increases self-esteem, promotes success and satisfaction, and increases the number of professional nurses available to deliver high-quality health care for global populations (CPRF, 2007).

The creation of more welcoming spaces in the academic environment, as well as strategies to improve counselling support during the student stage to the professional phase are important recommendations to increment the coping and adaptation modes of these students to the stressing situations, and will undoubtedly contribute to positive outcomes regarding their emotional well-being, academic performance, and future professional practice.

Also this study shows that nursing students experience a range of situations during their undergraduate education which they find emotionally challenging, in pre-clinical and particularly in clinical environments. The students often feel unprepared to manage these situations, and they need counselling and opportunities to talk to trusted peers and supervisors. It seems important for students to reflect on what they have experienced and to discuss how to

manage their emotions. This findings also point to the need for awareness, of both medical educators and clinical educators / supervisors that students may experience emotionally difficult situations during internship, and that they need various kinds of support be it emotional, social, moral, interpersonal or counselling support. This support could take the form of organized seminars, spontaneous conversations and an attitude that emotions are not only allowed but normal, in nursing practice. Also, students should be trained and encouraged to talk to each other about their experiences, which may, in the long run, contribute to a change in the informal curriculum influencing the clinical environment.

Nursing preparation for practice has been a concern for the nursing faculty (Dimitriadou et al. 2015). In reviewing the literature, we found that nursing interns may feel challenges in meeting expectations for unsupervised practice. Clinical experience is mainly based in a hospital setting where clinical teaching and competence occurred. Therefore, collaborative approach between nursing college and hospital setting can provide the students with effective learning environment. In view of educational advances, it is necessary for nursing institutions to support and to provide full resources for the faculty to facilitate teaching and learning process.

A suggestion might be to provide the faculty and clinical instructors with educational courses, such as counselling support and latest teaching principles. Efforts to educate, apply, and connect theory with practice would serve to be more effective, rather than the status quo of orienting learners toward simply task completion. Furthermore, it is important to increase the clinical experiences and quality time by means of choosing the right clinical placement with a clear matching objectives and give constructive feedback on student performance.

Moreover, nursing interns need an orientation for what they are expected to learn in their final clinical year and differentiate their responsibilities from the nurses staff to decrease the anxiety of making errors as one study revealed that in reality the new nurses doubt their competencies due to lack of confidence, and this may interfere with gaining new knowledge or skills (Cooper et al. 2005; Reagor 2010). As such, nursing interns could gain further clinical learning opportunities and be motivated to work instead of intimidation style of bearing the responsibility entrusted to them. This study concluded that there is a need to re-examine the clinical instructional experiences for nursing students. This reform would enable and promote nursing students to develop clinical competence. Nursing institutions should

provide good relationship between faculty and training hospital staff and the well-organized program, especially the clinical experiences part. Faculty members need to continue updating knowledge regarding principles of teaching and learning.

Furthermore raising staff awareness about how to address & improve psychosocial support starting earlier in undergraduate students. This may be reached by adding some learning activities in the curricula that involve more educational experience about how to apply psychosocial support in social and work life. Role play scenario in which students learn and apply psychosocial skills, attentive listening and empathy skills could be of greater help. In addition, psycho educational program could be introduced.

Additionally, clinical educators should be trained and informed of counselling programs or strategies to handle the various challenges students face, as well as the various strategies for psychosocial support should be incorporated in all health institutions.

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