

Experiences of Third Year Student Nurses during Rural Clinical Practice, Fiji

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Abstract

Introduction: Nursing's role is continuously adapting to meet the diverse and changing demands of the healthcare system. As healthcare delivery models shift, nursing professionals are being asked to take on more responsibilities and expand their roles to support these changes. Nurses are crucial in promoting health equity, ensuring that all individuals have access to the care and resources they need, regardless of their socio-economic status, race, or geographic location. This involves advocating for marginalized populations and ensuring that healthcare systems do not perpetuate disparities. The aim of this qualitative study was to explore the experiences of student nurses in rural clinical placements using focus group discussions with twenty-one third year purposively selected student nurses who were attached to six-week remote rural communities for their clinical placements. Student nurses enjoyed their attachment by learning about the different cultures within the communities and finding disparities in relating theory to clinical practice. **Conclusion:** From the results of this study and the two themes that were discussed, it is evident that nursing students need to be provided with essential resources for their clinical placements to execute the nursing care they have planned for the community, therefore, to be prepared for the rural life during classroom teaching. The result of this study could be used to better assist nursing students during clinical placement in the future.

Keywords

Rural Clinical Nursing, Nursing Education, Student Nurses

1. Introduction

Nursing is a profession that emphasizes hands-on practice. As stated by [1], clinical practice is central and an essential component for nursing education, with clinical competence being critical for the development of skilled professionals be-

ing able to “do” and “know” the clinical principles of practice [2] [3]. Student nurses spend three years to complete the Bachelor of Nursing curriculum in Fiji and part of the curriculum has a clinical practice. Student nurses are required to complete certain hours in the different years of their training. During the third year of learning and teaching, student nurses spend eighteen (18) weeks for clinical practice in different clinical areas, specifically in rural placement, mental health nursing and acute nursing care areas. Students need undivided attention from their supervisors during this time as lack of support from supervisors has resulted in negative clinical learning experiences by nursing students [4].

Students need to complete several hours during their clinical placement which has hundred percent (100%) attendance requirement while they will be supervised by nurse educators who are in the Department of Community Mental Health. Consistent supervision will enable excellent learning to take place, where supervisors mentor, educate, advocate, and appraise students, establishing a positive student-supervisor relationship [5]. Student nurses are required to complete a set of competencies and reflective journal writings during their clinical placement. This can only be possible if nursing students are guided and supported well during their clinical placement and the quality of supervision depends on the nurse’s competence in supervising nursing students’ learning processes [5].

The different clinical areas would bring about different cultural and spiritual changes. Fiji is a multicultural society and when students are placed in these diverse areas to work, they may experience various kinds of positive and negative experiences. Over the past few years, student nurses have been assigned to peri-urban areas for their clinical placements, where they have had a variety of experiences that they shared with their nurse educators. This year student nurses are privileged to be placed in rural clinical areas for their clinical practice. They will spend six (6) weeks in an environment which is new to them, the living conditions would be different, the water supply, eating habits and most of all the culture of the people whom they will have to work with. Nursing students will have to leave the comfort of their hostel life to spend six (6) weeks with other students to complete this placement area successfully. Exploring the nature of experience these students had during the clinical placement will enable nurse educators to find ways to better assist the nursing students in clinical placement.

Clinical placement is a sophisticated experience experienced by student nurses. Sometimes they deal with challenges, sometimes demanding, and some painful experiences during these placements [6].

Exploring these experiences will enable nurse educators to find solutions to the problems nursing students face while being placed in a rural community for clinical placements.

The Bachelor of Nursing curriculum is a competency-based curriculum which started in 2013, with a smaller number of clinical hours required by the program. However, the 2004 - 2010 Diploma in nursing curriculum and the other Diploma curriculums previously had more clinical hours with less theoretical hours. The current nursing curriculum meets the specifications of the University’s Academic

Regulations [7]. Nursing students will spend six (6) weeks in the rural clinical placement after completing a full semester of theoretical courses for the third-year journey. They must meet all the requirements of the curriculum while they are placed in a rural environment.

Therefore, exploring the experiences of these nursing students in the rural clinical placement will provide information of any problems students face, and how these experiences could be addressed.

The quality of the clinical placements directly influences the quality of nursing education [8]. If students receive a deep and diverse clinical experience with cultural competence, it helps them develop the necessary skills and understanding to be effective nurses. Clinical placements provide students with the opportunity to integrate into the healthcare team, gaining firsthand experience of how nurses work alongside other professionals to deliver patient care [9] [10]. Exposure to rural healthcare settings is particularly impactful, bringing student nurses to understand the cultural aspects of the village they are placed in, as every ceremony has its own protocols [11]. As [12] suggests, clinical placements in rural areas influence nursing students' future career decisions, specifically their intention to work in rural areas after graduation. This highlights the need for targeted educational programs that prepare students for rural practice. There is a growing need for nursing education programs to be aligned with the realities of the healthcare industry, ensuring that students are adequately prepared for the workforce [13]. Training programs must incorporate both urban and rural experiences to equip future nurses to work in diverse environments.

The role of nursing is evolving to meet the health needs of the community for the changes in healthcare delivery systems emphasizing health equity, improving population health and caring for an increasingly diverse and aging population, [14]. Students nurses are provided with the opportunity to integrate their theoretical learning with the practical skills to make better decisions at the clinical placements [15]. Clinical teaching is the main stay for nursing education enhancing nursing students to be prepared for the role of care, education and rehabilitation [16]. Valuable and enriched experiences can be enhanced through clinical placements [17] that will help nursing students to develop competencies in applying knowledge, skills and attitude to different areas of practice [18], who will then be prepared as future nursing graduates to advance health equity for all [19].

The consolidation of knowledge and skills learned in the theoretical component of a nursing course can be achieved through a well-planned clinical placement [20].

Nursing education comprises of theoretical and clinical practice forming the basis of its curriculum [21] which prepares students to understand the diversity of patient care that is needed in different care settings, thus rural and remote nursing enables them to gain awareness of the resources and the support that is required [22].

Cultural practices play an important role in the i-Taukei village, how people relate to each other [23], being respectful, sharing, having a good heart are some

qualities of the village people [11], are important aspects of the “Fijian way of life” [24]. Moreover, food is seen as an integral component of culture in the Fijian village [25], sharing foods with neighbors and family members, to each other’s houses [11] as a reminder of relationships and kinship ties within the community.

Patient care and student learning are achieved through clinical placements including the application of theoretical knowledge to practical skills, effective mentoring and constructive feedback that positively influence learning [8]. However, this experience can be hindered by various situations in not so perfect clinical environments [1]. A combination of several physical, psychological, emotional and organizational factors can affect nursing students learning while they are placed in the clinical areas [26]. They can have considerable effects on the students which could be in the form of positive and negative experiences [10].

While there are enormous research studies done of this concept internationally, there is no research on such experiences found in literature in Fiji. Therefore, exploring the effects and the experiences of Fijian nursing students will assist nurse educators to improve their supervision, mentoring and providing positive feedback during rural clinical placements.

2. Aim

This study explored the experiences of nursing students in rural clinical placements.

3. Methods

A qualitative, phenomenological, and descriptive methodology [27] was used to explore the experiences of nursing students in rural clinical placement. A qualitative approach allows the researcher to begin with assumptions and use interpretive/ theoretical frameworks that inform the study of research problems [27]. As [28] describes qualitative research to understand phenomenological studies by capturing and communicating with the participants’ experiences using their own words through observation and interview. A means of data collection to gauge an understanding of the phenomena, the ideas, feelings of the participants [29]. The descriptive method was the best way to appreciate the richness and uniqueness of the experiences of each student as they relate to the culture, values, and differences they had experienced while they placed in the rural placement areas.

3.1. Context

This paper explores the experiences of 21 Fijian undergraduate third-year nursing students at the Fiji National University (FNU) participating in a 6 weeklong rural attachment in Fiji.

Program Background and Description

The Bachelor of Nursing is a 3-year program with the third year having a 14-week clinical practice to various placements and a 6-week rural attachment where nursing students are required to spend the entire 6 weeks within the rural placement

and may not be allowed to leave the attachment without any valid reason. A total of 157 nursing students went through this program and were attached to various rural communities within the Naitasiri/Tailevu area 40 - 50 kilometers away from the city of Suva, Fiji. Through the rural clinical attachment program student nurses are introduced to the community and rural way of life and prepare them for readiness after graduation as a registered nurse. Student nurses had the opportunity to learn about the different cultures, focusing on the difficulties faced by the people residing in remote areas.

3.2. Participants

A purposeful sampling was selected to gain an understanding of the Fijian student nurses who in the third year of the Bachelor of Nursing curriculum are attached to a rural clinical placement, therefore only third year student nurses were recruited for this study. According to [27] purposeful sampling involves selecting individuals who have the knowledge and had experienced the phenomenon of rural nursing. The criteria for recruitment were based on the six groups who were attached to the rural clinical placement, we chose six students from each large group making the number thirty-six and were selected for the focus group. However, only twenty-one (21) students as reflected in **Table 1** participated in the study.

Table 1. Participants' information they had experienced while they were placed in the rural placement areas.

	I-Taukei	Fijian of Indian Descent
Male	4	6
Females	6	5
Total	10	11
Total participants		21

3.3. Data Collection

Ethical approval was obtained from CHHREC (098.23), and a Focus Group Discussion was used to collect data when the participants signed the consent forms, they were placed in a group of three-four students in each group. A demographic data was obtained before commencing the focus group that assisted the researchers in validating the data after data analysis. Data was collected in the English Language by a moderator. A thorough explanation was given to the moderator about the requirements of the research focus group, including confidentiality of information during the study. A conducive environment (SON classroom) was dedicated for the interview upon approval from the Head of School of SON, which allowed student nurses to discuss their experiences openly and without any fear. Focus group discussion is a more specific in-depth discussion [30]. Monetary incentives for bus fare and refreshment were given to the nursing students who took part in the study.

Focus Group

Six focus groups with 3 - 4 participants in each group were conducted with one zoom session as well.

To establish reliability and validity, the researchers used a structured question guide, an information sheet and the consent form was given to the participants prior to the FGD to ensure they understand the rationality for the study. [31] define reliability as stability of the measurement which was achieved in this research by ensuring the structured questions were used for all the interviews.

Trustworthiness was achieved through the four aspects such as credibility, confirmability, dependability and transferability. These aspects place the research results being judged for the quality of the research design [32].

Credibility was achieved through extended involvement and persistent observation [33] as the researchers were present in the clinical placement areas where the student nurses were attached. Triangulation and transferability were achieved through a detailed explanation [33] of the research for the students to understand the requirements of the study. Dependability was achieved through [33] careful documentation of all information which was audio taped and a rigorous analysis of the transcribed data which was checked and read several times by two other authors.

Confirmability was ensured through careful use of data specifically from the participants ensuring no author biases had occurred [33].

The transcribed data was read several times by all researchers to ensure all information was reflected in the recorded data.

3.4. Data Analysis

Analysis of the data from all focus groups was carried out by comparing the results of each focus group, looking for themes which emerge from each question, and then having an overall assessment of the themes. Important segments were clustered together into thematic codes. Data was transcribed verbatim by the principal investigator for data analysis, including all notes and observations. Data are kept safely in password locked computers only available to the researchers. Transcribed data was read several times to understand the meaning, manual coding was done by clustering all similar data together they were then highlighted to bring meaning to the transcribed data and form the key concepts. The codes were then grouped into overlapping categories, which were then organized into similar and meaningful clusters.

4. Results

Our study was based on the question: What are the experiences of student nurses during rural clinical placements?

Table 2 illustrates two themes and nine subthemes that were derived from the transcribed data.

Table 2. Themes and Subthemes

Themes	Subthemes
Culture	<p>Traditions</p> <p>Acceptance of Medical Care: most of the participants mentioned the delay in accessing medical care by the community. FGD1 P-2 <i>“When their wound gets big, then they will show up at the health center”</i>.</p> <p>Follow up: It was noted by the nursing students that the community would not follow up on the treatment plans scheduled for them.</p> <p>Food is a specialty of each village, who honor food and take pride while eating it, sharing it with one another within the village and to others as well. FGD1: P-3 <i>“Everybody is happy to help one another”</i>. FGD2: P-1 <i>“One thing that is different is the type of food they eat”</i>.</p> <p>Togetherness /bonding is an important component of the village life where people get together and share moments usually in the evenings, sitting to share a bowl of grog, tell stories and sing. This was appreciated by the nursing students. FGD 1:P-4 <i>“I feel like the community itself is like a family. In the community they work together, there is unity and it’s so nice to see that”</i>.</p> <p>Acceptance of student nurses by the village people really made the nursing students feel at home.</p>
Integration of theory to practice/gaps	<p>During clinical placement, nursing students felt at ease with the knowledge they had gained from the theoretical learning in the classroom. Putting it into practice was not difficult, unless there were any unique situations where they had to decide what is important to do. For instances, when there was no transport to take a sick child to the hospital at night, when they were not equipped with the necessary resources to take care of the child in the village. Teamwork is essential for learning, which helps students learn to adjust to the new environment. <i>“We need to learn to adjust to the environment”</i>. Students were able to use what they learned during theory. <i>“What we learned in the classroom really, really helped us when we try to deliver care but it’s not the same”</i>.</p> <p>Nursing students found a great opportunity to educate the people in the village about the health needs, services that are provided and how they could improve their health. FGD 1: P-3 <i>“Through the six weeks we could reach out to the public and educate them about the services, that they are there for them”</i>.</p> <p>Language barrier: nursing students had difficulty in understanding the language, especially Fijians of Indian Descent who found it difficult to communicate with the villagers. FGD 2: P-1 <i>“My general experience was that I did not enjoy doing my attachment. I was the only I-Taukei and it was really hard to communicate with the group members and the villagers”</i>. P-1 also mentioned having a workshop for the community to discuss what is expected of them during a clinical placement of the nursing students. <i>“The Village health worker (Nasi-ni-koro) still did not know how to place us; we went to our foster parents in the third week”</i>.</p> <p>Dressings / Lack of resources: the absence of medical kits limits the nursing students to perform wound care efficiently on patients who really needed care. FGD 2: P-2 <i>“Some equipment is not available in the nursing stations, so they have to go the health center or to town to get the help they need”</i>. FGD1: P-3 <i>“Clinical-wise, its limited resources, there is only one nurse in the nursing station, and you have to improvise with whatever is there, so that’s really a new field for us”</i>.</p>

Continued

Types of patients: Nursing students had the opportunity to meet various types of patients in the community. Some were willingly attending clinics, and some would refuse to go to the health center for expert help with their problems. Many village people relied on herbal medicine, and it was difficult for nursing students to convince them to take expert advice.

“I-Taukei people do not take heed of advice given to them but when things become big, then they would show up at the health center.”

“Do not attend clinics until their wound gets worse, they will ignore it and only show up to the health facility if the wound gets big”.

4.1. Culture

Nursing patients from diverse cultural backgrounds has prompted the education system to introduce multiculturalism in their curriculum to enable nurses to respond to the growing challenges and issues in practice [34]. There is a great need to combine cultural learning to support clinical competence in nursing students as cultural competence prepares health care professionals in diverse communities [35]. Nursing students learned the way of living from the villagers, who live mainly of subsistence farming like fish, root crops, fruit trees [24] embraced with the rich aroma of food, cooking different types of food and the richness of expertise in mat making from the women and girls, who are labeled as strong and knowledgeable to carry out their responsibilities [11] in the villages as shown in **Table 2**. Unique norms and practices with clear rules observed about food abundance and their value during a function [11] are experienced by different populations [36]. It has taught nursing students to understand the different concepts and indulge in their culture, giving them a lot to take back home after the six weeks of the attachment. Learning is acquired through observation, being present at ceremonies and listening quietly to the elders of the village [11]. Different cultures usually enhance great learning opportunities in the nursing field, enabling nursing students to better facilitate nursing outcomes in the different areas they will be posted to after graduation. It also enhances the willingness to serve the rural/remote people in the future as registered nurses for careers in the “modern” urban-industrial sector [37].

The positive relationship created within the clinical placement has indeed enhanced great learning opportunities for the student nurses, this is similar to the article by [15] that “positive relationships with students can be powerful motivators for students learning” (pg. 175). Students perceived culture as the habits and attitudes in a day-to-day life in social settings [15].

The culture of togetherness and the bond created amongst the villagers was a great accomplishment for the students as shown in **Table 2**. Tradition plays an important role in the life of a rural dweller as mentioned by [11] that “storytelling is a traditional way of learning in the village was also mentioned by one participant.

FGD 6; P-1 “Villagers are more tied with traditions and are culturally sensitive, that this is totally different from the people in the urban areas”.

Cultural diversity is critical in ensuring patient-centered care is delivered [19] by the nursing profession as this was seen in the community life encountered by the nursing students during the placements. However, nursing students in one community were unable to carry out activities as per their schedule due to the preplanned activities in the village.

FGD2: P-1 *“The villagers follow a program, if we want to put our activity into their plan, it has to be on the first week of the month so we can meet the village people”.*

P-1 *“Every day they have their own programs, they go to the farms and finish very late in the evening, so we are not able to interact with them”.*

Interestingly there was positive experience from another participant who mentioned that *“the Nasi-ni-koro was an active person, she would work together with the village head man. The communication was definitely very good, we went to do our presentation when we asked for”.*

4.1.1. Acceptance of Medical Care

Attending clinics and adherence to medication is important for a healthy life. Nursing students noted that the community would pay less attention to the need to follow up at the health center to seek advice about their health.

Student nurses mentioned that *“I-Taukei people do not take heed of advice given to them but when things become big, then they would show up at the health center.”*

Health care services provided vary from rural to that of urban population as health centers and hospitals are far from reach. Rural populations must travel far distances to get to the health center or the nursing station, making it difficult to access them. The major barrier is the transportation costs for the people who live in rural and remote areas [38] which delays the community from attending clinics. As mentioned by one nursing student that

“They do not attend clinics until their wound gets worse, they will ignore it and only show up to the health facility if the wound gets big”.

Lack of follow-up affects the quality of health care received by the villagers, who prioritize their work on the farm intensely as that is their way of life, earning a living for themselves through subsistence farming. As [11]. mentioned that “good health is a combination of physical, emotional, psychological and spiritual well-being” (pg.74) which influences many Fijians to work hard and earn good health and wealth to survive within the community.

Nursing students mentioned having difficulty trying to persuade the community to attend clinics on time.

P-10 *“If I take their Blood pressure and the reading is high, but they are feeling ok, they will not take it seriously until they are sick. It is hard to persuade them and show them that they are at a risk”.*

P-19 *“For them, if they feel that they are good, they can work on the farm. They would not go to the hospital or go anywhere, even if they are feeling a bit feverish. If they can go to the farm or go to the sea and find a living”.*

P-19 *“If you explain to them that their Blood pressure is high, you need to go to the hospital, they will be like, no its okay. If my body can cope with that I will go to the farm”.*

4.1.2. Food

Food is an important part of someone’s life, and it determines the health status of human beings. Non-Communicable diseases are on the rise and accounts for around 80% of deaths in Fiji and the numbers are growing [39], due to unhealthy diet and low-income households and the disadvantaged group.

The people usually sit together with the family to enjoy their meals, and welcome visitors to share their food. This is common in the I-Taukei community as they follow the tradition of welcoming anybody to their house to share their meal. Sometimes they might not have enough but they will still call out to the passerby to share their food or have a rest. Food is always in abundance and should be selected well, where yams, taro are valued more than other crops [11], where many farmers rely on subsistence fishing, farming and cultivation of root crops [24], food choices are usually impacted by cultural and religious values [25].

Nursing students emphasized the culture of sharing as they also enjoyed the hospitality of the community sharing food from one house to another as an act of kinship ties among their people [11], However, there are times when a family may not afford the best for themselves, their typical plate will consist of staple foods, such as casava, and dalo and lack the nutrients required for a healthy body.

Nursing students were assigned to various duties during the placement and one of the activities was to carry out community profiling or community assessment. During the community assessments it was revealed that the standard plate does not contain a healthy meal, but they would just eat their choice of food and what they could afford to get eventually opting for quick, prepared food options. I-Taukei community usually have fish or meat with some vegetables in their diet, there is lack of fruits in their meals [40].

P-5 mentioned *“They told us that they don’t rely on fast foods and canned food, but we found empty cans in the rubbish”.*

P-6 *“The food they provide is new”.*

4.1.3. Work

The community placed their farming activities as an important component of life as rules are made on the time schedules of their farming activities. The community usually works hard to earn enough money for their family and put food on the table. Therefore, prioritizing their work and neglecting their health.

As mentioned by few Nursing students that:

P-1 *“They (villagers) would prioritize their farming activities rather than visit the health center for a check-up.”*

P-2 *“For rural people, they hardly go outside but usually do their farming”.*

P-4 *“The only priority they gave to themselves was farming”.*

Village life is expected to follow a plan of activities, programs are put into the

plan, and everyone adheres to it. Due to this plan of activities, nursing students' work was delayed as the villagers were not available on the dates any programs were organized.

FGD 2: P-1 "Every day they have their own programs, in the morning they go to the plantations, they do their own work, and they come back late in the evening. So, when we want to do something, mostly the people are out on the farms, we could not interact with the villagers".

FGD-2 P-2 mentioned "when we wanted to do our activities we went house to house and worked with only those who were available, but we missed out on the youths who were never available for our activities".

4.1.4. Togetherness and Bonding amongst the People in the Community

Nursing students benefitted from the clinical placements and learned to work together after their experiences of the community attachment. There was an atmosphere of bonding amongst the people in the community where people are grateful to the relatives which is shown with respect and quietly [11], and common in most the villages where all the nursing students were attached to.

FGD 3; P-7 "They (villagers) carry out activities together which are arranged in the village".

FGD3; P-4 They get together, they put in all the food they grow just like a family. Though they have different houses and families, when it comes to a function, the whole village is a family".

FGD 4; P-2 "I would say it was a homey experience for me...after a long 2 and ½ years, I felt quite at home".

Women take food in plates, or buckets to other houses in the village is part of the Fijian custom [11],

FGD 4: P-2 Though they had different houses and families, when it comes to a function, the whole village is a family".

4.2. Integration of Theory to Practice

Clinical placements support nursing students to link theoretical classroom knowledge with patient care in the placements they are attached [4]. Nursing students reported a discrepancy between what was taught in the classroom and what they practiced in the field as they are required to practice that they had learned during theoretical learning for patient care and is similar to the study carried out by [21] [41] who found huge gaps between the two. Nursing students mentioned that the lessons they learnt in the clinical laboratory skills during theory were practiced well and this ensures good learning experiences.

Academic and clinical guidance, support and facilitation are essential roles played by nurse educators and clinical supervisors to enhance students' learning during clinical placements [3].

This study found that student nurses may not be able to integrate all the skills they have learned during this time, therefore good learning experiences with bet-

ter provision of support from supervisors can make learning more interesting which is similar to the study done by [8].

FGD1: P-1 *“Yes I think that is what we learned in the classroom really helps us when we try to deliver it”.*

A definitive gap was observed by student nurses during the clinical placement whereby, they mentioned not being able to do the same procedure as how they were taught in the classrooms as mentioned by one of the students that:

FGD 1; P-3 *“we just do it short and fast, not because of how lazy we are, but have seen staff doing it”.*

Knowledge gained from the classroom played a vital role in delivering care to the community, however it was obvious that nursing students did not do the same as how they were taught in the classroom.

“What we learned in the classroom really, really helped us when we try to deliver care but it’s not the same”.

Student nurses emphasized the importance of teamwork as an integral part of the learning process as *“we need to learn to adjust to the environment”.*

Limited service is provided for the people’s health care in rural areas which is mostly done in nursing stations and often a nursing staff is the only care providers [42]. Limited resources also played an integral part in not being able to perform wound care efficiently and providing appropriate nursing care to the community. Nursing students felt the need to be supplied with important tools in terms of proper dressing materials to perform care to the patients who really needed it.

FGD 3: P-5 *“Because there is a high expectation of medical supplies such as paracetamol and we don’t have the paracetamol to give them, we feel bad about it”.*

FGD 4: P-4 *The dispensary does not have sufficient resources”.*

FGD 4: P-2 *“We need to have an emergency kit with all the supplies like lotions and bandages; it doesn’t look professional when we have to tell them that we don’t have paracetamol to give”.*

5. Discussions

Nursing students enjoyed their clinical placements in the rural remote villages, it served them as a ground for learning different cultures, understanding the way of life and bringing back many memories with them. However, there were several undesirable experiences for nursing students during rural clinical placements. Nursing students were placed in the rural communities for a total of six weeks where they learned new skills and were able to complete an enormous number of activities. They felt at home with the community, who took their time to assist the nurses with the required activities. Nursing students experienced various cultures, and the traditions followed in the community which will improve the way of living and enhance better relationships with others in the future. The togetherness of the community in terms of any celebrations, and events such as weddings, a death, a baby born or someone migrating, has taught nursing students the way of life of a village community.

The way of life also influences the community to take care of themselves in a timely manner, delaying the visit to the medical care service to seek medical help due to the traditions and culture they follow. This leaves some of the people in the community to acquire a disease without having any knowledge that they had acquired several weeks or years ago consequently delaying the healing process of a wound or having treatment for the raised Blood Pressure. Nursing students worked with the community to educate them on the importance of seeking medical help at an early onset of the illness.

The type of nutrition consumed by the community varies in many ways. Although there is a garden, and many villagers do farm work, the food cooked in the home lacks nutrients and balance. A typical plate for a meal includes extensive amounts of carbohydrates and lacks proteins and vegetables. Taking part in village gatherings gives the community the privilege of consuming more staple food than fruits and vegetables [40].

The ability to practice what is taught in academia is essential for an effective nursing care provided to the community, with appropriate resources, manpower and materials as essential ingredients. Implementing theoretical learning into the clinical placements requires continuous support and mentoring from the lecturers thus enhancing a smooth transition of student nurses to the workforce after graduation.

Teamwork is an integral part of the learning process where student nurses learn from each other through effective communication and assisting each other during translations of difficult vocabulary which was an obvious barrier for some student nurses. Therefore, preparing student nurses during academia is essential in providing adequate support while placing students in various clinical placements.

Empowering people to take advantage of the services provided within their medical area is important and gives a sense of satisfaction for being a health care professional. Student nurses provided information on the different services available, which the community could take advantage of, ensuring that health care professionals at the health center were informed of the expectations of the village. Clinical placements were beneficial to the learning experiences for nursing students as such being able to connect with the community in their own way, adhering to the protocols and limitations of a village, they were supported through expert help by lecturers from the college and had successfully completed all the requirements of the rural clinical placements.

While student nurses acknowledged the support provided by lecturers during the rural placement, they would like to have proper information provided prior to the placement, need adequate information and materials such as dressing equipment to carry out activities assigned to them during the attachment. In terms of transportation to travel from the village to the health centers, Wi-Fi for better connectivity, reduced workload and assessments so that they could concentrate on the activities with the community.

A very important issue raised by the participants was in line for more training on CPR and basic life support techniques whereby nursing students should be able

to train the community on basic resuscitation techniques. Contextualization of nursing knowledge and experiences from the field of clinical placements must be included in nursing curriculum to ensure a diverse group of professional nurses ready to take the responsibilities of patient care after graduation [14].

5.1. Conclusion

Our findings add new perspectives which suggest that nursing students appreciated their clinical placements, they enjoyed the hospitality shown by the community and learned valuable lessons during the attachment. They experienced a diverse culture, many different types of food to eat and traditional activities which they were introduced to during the six-week attachment.

The experiences have enabled student nurses to understand and prepare themselves for the future when they are put in similar situations while they are placed in these areas as a registered nurse.

5.2. Recommendations

From the results of this study and the two themes that were discussed, it is evident that student nurses need to be provided with essential resources/ and information for their clinical placements to execute the nursing care they have planned for the community. Moreover, student nurses should be prepared for the rural life during classroom teaching.

5.3. Limitations

Due to the late approvals of budgetary requirements the FGD was held late into the end of the year when nursing students had completed their attachments and had to leave the university premises. This delay affected the turnout of participants for the FGDs, therefore only twenty-one students took part in the FGDs.

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Conflicts of Interest

There is no conflict of interest declared. This study was done only for the purpose of research and gaining knowledge about nursing students experience of rural attachment.

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