

Fijian Nursing Students Perspectives and Experiences during Rural Clinical Placement

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Abstract

Aim: This study explored the experiences of Fijian Nursing students during rural clinical placements in Fiji. **Background:** Clinical placements play an important role in shaping the professional attributes of nursing students, the ability to link theory to practice and manage patient care efficiently. Rural clinical placements prepare nursing students for the opportunity for employment opportunities after graduation in rural settings. **Methods:** A qualitative descriptive phenomenological study was conducted among 21 nursing students in a Fijian University using focus group discussions. **Results:** The experiences gained during the rural attachment placed student nurses to understand the cultural aspects of village life, the difficulties faced by the people in the remote areas with lack of resources, and the distances they must travel to reach for a medical consultancy at the health care facilities. This experience also highlights that students will be prepared to face these challenges when they are posted to such remote areas after graduation and be prepared to serve the communities with a positive mind. Moreover, students viewed clinical supervision by nurse educators as sufficient, conversely some of them faced challenges with lack of supervision during the placement. Student nurses were appreciative of the experiences they gained through making mats and handheld fans, learning the culture of sharing, teamwork and the welcoming nature of the community they were attached to during the clinical placement. **Discussion:** The findings suggest that Fijian student nurses valued their rural clinical placements, learned new skills, but faced few challenges such as time constraints and lack of essential resources while undertaking some nursing activities during the placement. This experience has enhanced great learning opportunities and preparedness amongst student nurses who intend to do rural nursing as future professional nurses. **Conclusion:** Despite the positive experiences reflected in this study, some aspects of supervision and the challenges

faced by Fijian nursing students need to be improved. **Implications for nursing & health policy:** Remote and rural health care is in great need for improved facilities and resources to deliver optimum nursing care to the community. Nursing schools may also need to improve support for the nursing students while they are placed in remote/rural areas, with appropriate knowledge, skills and material resources to provide efficient nursing care to the people of Fiji.

Keywords

Student Nurses, Rural Nursing Care, Clinical Practice/Placement, Experiences, Clinical Supervision

1. Introduction

An important part of nursing education is clinical teaching and supervision [1] preparing student nurses for the professional role by consolidating the knowledge and skills they had learned during the classroom learning [2] preparing them to function as competent graduate nurses [3].

The integration of both theory and practice with quality clinical supervision enables student nurses to feel competent to take care of the patients regarding their health and illness [4] [5]. Nurses are prepared as general and specialist nurses ready to work in any health care setting such as community and especially the rural areas [6]. Rural clinical practice for health professionals is a valuable and important asset to the local community [7] and with the recent shortage of health professionals especially nurses has placed a devastating effect on rural and remote communities which should provide affordable and accessible services with the primary health care [8] [9]. Exposure to rural nursing for student nurses will enhance understanding of the relationship they will establish following graduation, as stated by [10] community health nurses establish close bonding between the community with a trusting relationship so that the community is able to voice their problems and take advantage of the health care services provided by community health nurses and enable them to address the health care needs [11] who discuss the provision of an equal distribution of health care workers in the remote areas. Therefore, training student nurses to be equipped with knowledge on rural health care, the problems faced by the communities will be understood by the students. Rural nursing enhances the recruitment and retention of nurses in the rural and remote areas [12].

Professional support for nursing students is provided by an expert team of nurse educators, who assist the student nurses in developing their professional competence and confidence and effectively improve the mental health stigma in providing nursing care to patients [13] [14]. A lot more is achieved by the people themselves; their willingness to participate in activities laid out by the nurses also plays a significant role in the learning process for student nurses applying their

competencies needed for patient care [15]. Nurses who work in rural communities take care of the entire population teaching them about health issues, proper diet and nutrition, safety issues, and facilitate knowledge and skills pertaining to their health, and the decreasing risk of non-communicable diseases [16] [17]. Preparing student nurses to provide competent and skillful care to the community requires significant support from nurse educators through quality supervision, education and training. Having a positive experience during rural and remote clinical placement may be beneficial to student nurses which place value and respect for the community and are most likely to be employed in these areas [7]. Provision of quality clinical education greatly impacts student nurses' professional attitude and character [18]. Engaging with their preceptors during clinical placement is vital for student nurses [19], encouraging students to build confidence, assertiveness and being able to socialize with the learning environment to provide a sustainable health care delivery for the remote and remote communities [20] [21]. Rural nursing education provided to students play an important role in establishing the need to shift interest of more health professionals to work in rural nursing facilities, however, there is scarce literature that discusses this importance. A number of research which focus on rural nursing discussed the importance of human resources [11] the provision of more Nurse practitioners [22] upgrading and training needs for nursing managers [16], the impact of clinical placements for nurse's decision-making processes on nursing career [2], however, the study was not focused on rural nursing education.

Given the importance of clinical placements and nursing education, this research aimed to explore the experiences of student nurses during clinical placement in the rural clinical placements. This research report focusses on two themes that were derived during data collection.

2. Aim

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

3. Methods

A qualitative, phenomenological, and descriptive design [23] was used to explore the experiences of third year Fijian nursing students at rural clinical placements. A qualitative approach allows the researcher to explore the different individual experiences and to begin with assumptions and use interpretive/theoretical frameworks that inform the study of research problems [13] [23]. Phenomenological studies were described by [24] as capturing and communicating with the participants' experiences using their own words through observation and interview and to understand the meaning of the lived experiences [25]. In addition, phenomenological studies are usually interpretive or descriptive which describes the phenomena and the lived experiences of the people in the study [26] (Renjith *et al.*, 2021). A purposeful sampling of (21 nursing students) with rich experiences of

the phenomena [27], were selected to gain understanding of the Fijian student nurses in the rural clinical placement. According to [23] purposeful sampling involves selecting individuals who have knowledge and had experienced the phenomenon.

3.1. Program Background and Description

The Bachelor of Nursing is a clinical based curriculum which requires student nurses to gain theoretical and clinical experience during academia. In the third year of nursing studies, student nurses are rostered to various clinical settings to learn, practice, explore, experience and clinical skills. During the second semester of the third-year Bachelor of Nursing programme, student nurses are rostered to high-dependency areas of the tertiary hospital and mental health facilities. They are also attached to a rural clinical area for six weeks. Student nurses are expected to be based with the village context away from the comfort of their hostel life. The rural attachment program aims to introduce student nurses to the community and rural way of life and prepare them for readiness to professional registered nurses. The student nurses would learn the different cultures and the way of living in their placement areas, understanding the issues, and problems faced by rural communities in Fiji. It was also suggested by [19] that school curricula should focus on embedding meaningful experiences on public health, rural placement can have positive impact on the intention of nurses to work in rural and remote areas [7].

3.2. Participants

The Bachelor of Nursing curriculum is a three-year programme which has theoretical and clinical components from the first year of training, with the third year being more clinical based during the last semester of the programme. Third year students are placed in high-dependency areas, including mental health and rural attachment therefore, third year student nurses were purposively selected for this research project. A total of 157 student nurses were placed in various rural clinical areas who are further divided into six (6) groups or approximately twenty-eight students in each group. Initially we planned to recruit six students from each group making the selected number of students for the study to be thirty-six. Of the 36 students recruited only twenty-one [21] students took part in the study, which is reflected in **Table 1** below.

Table 1. Participants' information on the 21 students who took part in the study.

	i-Taukei	Fijian of Indian Descent
Males	4	6
Females	6	5
Total	10	11
Total number of participants	21	

3.3. Data Collection

Upon obtaining Ethics approval from FNUHHREC, (ID 098.23); ten (10) males and eleven (11) females from the i-Taukei and Fijians of Indian Descent who showed their willingness to participate in the study were interviewed through focus group interviews using structured questions which was conducted by a moderator. The moderator was given a thorough explanation about the nature of the focus group interview, and the importance of confidentiality while conducting the Focus group interview. The interview was conducted at the School of Nursing classroom upon approval from the Head of school of Nursing.

A structured question guide was administered as part of the interview during the focus group discussion, which ensured that the study was reliable and valid. This was also accomplished through an informed consent which the participants had read and agreed to take part in the study, as described by [28] that validity “is the degree to which results are truthful” and “prolonged engagement with the data” [29]. Focus group discussions were audio-taped and transcribed verbatim ensuring validity and reliability was established.

3.4. Data Analysis

Analysis of the data from all focus groups was carried out by listening to audio and transcribing the contents, comparing the results of each focus group, looking for themes by reading the entire description which were then divided into smaller units [4] [25], which emerge from each question, being read line by line 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, and it included all notes and observations as well. Data are kept safely in password locked computers only available to the researchers. Transcribed data was read several times to understand the meaning of each unit [25] they were then carefully described and analyzed to code them together and highlight the key concepts. The codes were then grouped into overlapping categories, which were then organized into similar and meaningful clusters.

4. Results

Four themes and 20 sub themes were derived during the classification of the codes extracted from research data. **Table 2** shows the two themes and nine subthemes that will be discussed in this report. Two themes and eleven (11) sub themes have been reported in an earlier study.

4.1. Experiences

Student nurses experienced a difference in the “way of life” in accordance with status, their perspectives on health and culture, how they met other people, their priorities, lifestyles and their way of eating meals. Nurses’ professional development occurs through a well-planned clinical experience where students participate in the clinical environment to learn real practical skills [30]. This is like other

studies [31] who report that importance of students experiencing the diverse cultural background of the people of their country, the dynamic social environment creates the opportunity for learning for the student nurses [32].

Table 2. Themes and subthemes derived from the experiences of nursing students during rural clinical placement.

Main Category	Subcategory
Experiences	<p>Positive experiences: nursing students felt happy to meet with the community members as they were welcoming in nature, they had time to spend with the nurses who created a bond with the community members. <i>"It was a good experience, the people were welcoming, and everyone was happy to have us there". ...</i> <i>"The people were welcoming," said another participant</i></p> <p>There were many opportunities to learn, and they enjoyed their 6 weeks of clinical placements. They learned new skills like weaving mats and handheld fans from the ladies in the village. Nursing students also enjoyed the team spirit, the culture of togetherness, family time and the importance of traditions played by the villagers, whereby students had the opportunity to listen to stories, and sang and danced during village gatherings. Some participants experienced village life for the first time, having to light the wooden stove to cook food, and the scenery of a village setup.</p>
	<p>Negative: lack of support from the lecturers who were not available for the nursing students all the time. They had some difficulties persuading the community members to visit the health center or take medications for their illness. Few nursing students did not enjoy their attachment due to being alone in the group when they had to translate for the Indo Fijian students, and the villagers. <i>"I was the only Fijian in the group, and it was hard to communicate with the group members and the villagers".</i> The student also mentioned that proper planning of the attachment needs to be done prior to the nursing students' attachment so that everyone knows what must be done as the participant said <i>"the Turaganikoro and the village health worker did not know much about our work, expectations and it took time for us to settle and start our work"</i>. There is a lack of safe drinking water in most of the villages, whereby participants had to boil or buy drinking water. Completing the necessary tasks was delayed and nursing students had to find time to complete all their assessments. Poor connectivity also disrupted the students' learning process.</p>
Supervision	<p>Adequate: most nurses enjoyed the company of their lecturers visiting them, learned from them and discussed their daily tasks with them. <i>"I think it was adequate, since it's rural they expected us to work on our own, our lecturers were supervising us well".</i> <i>"had enough supervision as the lecturers came twice a week to see them and they had spent quality time with the students"</i>.</p>
	<p>Inadequate. Some felt that lecturers were not visiting frequently, and they had inadequate learning, wanted to ask questions and discuss issues with them but could not. However, lecturers were available through phone calls and due to network issues, this was even impossible.</p>

FGD 2 P-1 *"The community focused more on their family compared to that of the urban way of life experience"*.

FGD 2 P-2 mentioned *"it was a good experience, the people were welcoming, and everyone was happy to have us there". ...*

The welcoming nature of the Fijian Indigenous people is unique, and it creates a bond among people who welcomed anyone in their village settings.

The way of life as described by FGD 3 P-4 “*the people were welcoming*” means a lot to the student nurses. When leaving the campus, student nurses were ambivalent about how they would be received by the community, asked many questions and were excited as well. Their main issue was the type of food they would have to eat. The perception changed once they were warmly welcomed into the village life, understanding and accepting the way of rural village life, students enjoyed the rest of their stay at the various villages they were attached to. The way of life in the village is vastly different when compared to that of the urban areas, when they mentioned village life is more about sharing and supporting each other, eating together, and planning activities, helping others and sharing the food with each other.

Rural attachment was a new adventure for some students who had never lived in a rural area, they thought that rural life is more about openness and sharing which they do not find in the fast-paced urban areas. FGD1: P-3 “*It was a bit difficult in the first few weeks to adapt to this lifestyle, it was difficult for us. But then, there was never a moment when the villagers left us on our own, we were accepted despite the different race and culture we followed, we were treated like a family*”. They were able to mingle with the rich culture of a Fijian Indigenous population, based in the remote dwelling which serves its traditions in an authentic way. Student nurses were provided with great opportunities to learn the way of life; to be part of the indigenous group of people, some had never been to a Fijian village but really enjoyed their six weeks of clinical attachment. Similarly, [32] state that students reported feeling happy about being guided by the preceptors during their clinical placements.

FGD1: P-4 “*We were accepted from the beginning*”.

FGD: 5P-1 “*The advantage was that the elderly even spoke in English and understood what we were saying*”.

FGD: 5P-2 “*For my experience in the rural attachment, I really enjoyed it*”. *The Nasinikoro was very helpful, so whenever we ask her for anything, she will say ‘yes let’s do that on this particular day’*.”

FGD: P2 “*The people in the village were very cooperative*”.

4.1.1. Negative Experiences

Barriers in clinical placements can also influence the learning process of nursing students when there is lack of educational facilities, inadequate support from nurses’ educators, and the patients in the placement areas. This can also affect them in effectively facilitating nursing care in a timely manner. Traditional and community activities planned in the village delayed the activities planned by the nursing students, such as profiling, and presentation of reports to the community.

Each group of people has their own beliefs and norms [33] and personal beliefs that impact their health which affects how they accept what the nurses wanted to impose on them in terms of health and wellness.

FGD 4 P-4 “*To accept the idea of taking medications as they are used to traditional medicines for their treatment*”.

There are programs to be followed by the villagers which are planned such as farming works, gardening, mat making and weaving, marketing and fundraising are scheduled for the month.

FDG2: P-1 *“In the village, they follow a program and if we want to put our activities, we had to put it in the first week of the month, that’s the only that they do the village activities. We could not interact with the villagers”.*

FGD2: P-2 *“When we tried to put in our program, they were like sorry, we can’t do this because many people have their own works’.*

One good example was when the students’ plan for the community presentation was disrupted due to a funeral service which was held in the neighboring village.

FGD: 2 P-1 *“There was a funeral in the village nearby so when we told them that particular day that we were going to present our presentation, they said, oh, that is the burial day”.*

FGD: 5 P-3 *“They have traditions and are culturally sensitive, it is hard for them to accept our beliefs that easily”.*

4.1.2. Poor Water Supply

Other issues highlighted in this report are that water was a serious issue in some of the villages where nursing students were attached, there was presence of contaminated water in the boreholes where student nurses had to boil water for drinking. As a basic need for an individual, water should be available 24 hours for various purposes, but it is well known that in the areas where the students face water problems nearly every day. Student nurses complained of lack of supply, the taps are dry, the tanks are dry, and the boreholes could not cater for the supply in the village.

Provisions were made by the education institute to liaise with the water authority to fill in tanks, but it will only be done with continuous reminders.

Nursing students had to fetch water for themselves while they had other activities to carry out such as community outreach programs, health promotion activities, curriculum work, workbooks and competencies to be carried out. However, the nurse educators played the key role in assisting the students with the supply of clean water, some brought water for the students whom they would supervise, and some bought water to supply to the students in the community. The nurse educator who was the coordinator for this program had made efforts to ensure clean water was supplied by liaising with the water authority of Fiji responsible in the community to fill tanks in the villages. It should be noted and acknowledged that no students had any adverse effects of the poor supply of water in the villages. As mentioned earlier, that student nurses found time and made effort to continue the work, even if they had to visit another village, go to the seaside, or the mountains, they had completed all the assigned assessments on time. The issue of internet was solved when nurse educators supplied the WIFI modems for the students to use to ease in their work.

FGD 1- P4 *“For us for example, they didn’t tell us that we must take some bottles to fill up, so when we reached there, they told us that the water supply was*

only in the morning, so we must call the lecturers to bring some gallons and fill up the water”.

FGD5 P-2 *“The most difficult part was water, so our village has no access to clean water. There was no tap water supplied to this village. They were using bore-hole supply, and the water was infected, yellow in color with organisms in it. We applied for water authority by filling in the forms and after one month the water supply was connected”.*

Facing challenges during the clinical placement assisted nursing students to build resilience and encouraged them to endure difficult situations. As their work was disrupted due to poor connectivity issues, that led to incomplete tasks within timeframes.

FGD1: P-1 *“The other issue was internet we didn’t have access to internet; we were unable to make normal calls; we had to climb the mountains to or go to near the sea to get internet”.* *“I think electricity and water as well, we did not have electricity all the time, so we had to work during the day so we could relax at night or just do discussions. Otherwise, we can’t do much in the night. And then we have Taboos—not to go outside of the house after 6pm. So that was a challenge as well”.*

P-2 *“Contacting lecturers and completing our assignments were the issues, so we travelled to the next village to complete our tasks”.*

FGD 3- P-1 *“I think the other issue was internet, I mean it’s okay if we don’t have access to internet but even the normal calls, we could not make even calls, contacting lecturers was an issue due to network and even doing our assignments”.*

4.1.3. Lifestyles of the Fijian Indigenous Population

Community life is enriched by the presence of traditions, togetherness, support and sharing where people live in harmony and a happy lifestyle which is dictated by the village chief who basically rules what is being done in the village. This was noted during the nursing students’ welcome ceremony whereby all the people awaited eagerly for the orders from the Chief/headman/Turaganikoro, for what must be done in the village. Respect is a paramount aspect of living in the village and women and girls are treated with respect. The community sit together during functions, where there is no segregation amongst gender, grog is shared with everybody with the same settings. Otherwise, women are allowed to make a separate mix of grog and have their own time with other ladies of the village. Student nurses felt an atmosphere of acceptance and respect as well, whereby people will call them into their homes for tea or lunch, this is a specialty of a Fijian Village in Fiji. The culture and traditions are still followed by the people as they have been passed along by many generations.

FGD-1 P-1 *“I think the lifestyles and the values they live by...it is better to see that people are still sticking to their roots and living in peace and harmony with others, just the unity that they have in the village, you don’t get to see it in urban communities today”.*

P-2 *“It’s very different, but in the community, you see discussions happening,*

they all work together to find a solution to things. So as a nurse, I feel like that's really helpful to approach other colleagues and get other's perspectives and doing things in a way that could help the patients".

4.1.4. Urban vs Rural Lifestyles

The comparison was interesting as described by FGD 5 P-1 *"Rural life had revealed a close connection between culture and tradition which prominently influenced the way of life for the rural community"*. Student nurses claimed urban life had a self-centered approach whereas rural life was more divulged in culture, which was seen through the behavior with each other on how they meet and greet with others.

However, it is important to note the comment from one student nurse *"...urban people do not hide anything about their lifestyles, on the type of nutrition they have but it is not the same as the rural population would not share their diet plans with others."*

FGD 3 P-3 *"... when we did home visit, we found empty canned tins in the rubbish bin, but the people denied eating canned food"*.

FGD: 5 P1 *"They are attached to culture, inclined to i-Taukei culture, some of them are based on classes, their status in the village"*.

FGD: 5 P-4 *Their perspective towards health, towards culture, meeting people, their lifestyle and their diet"*.

4.2. Supervision

Mixed Feelings on Clinical Supervision

Part of the clinical placement is the need for the lecturers to continuously support nursing students in their experience during the clinical placement. They voiced satisfaction with the number of visits made by the lecturers within the 6 weeks.

One nursing student mentioned FGD 1: P-3 *"I think it was adequate, since it's rural they expected us to work on own, our lecturers were supervising us well"*. In addition, supervisor to student ratio should be manageable ensuring adequate interaction and quality learning and experiences during clinical placements. Adequate guidance and supervision influences students learning to take place who graduates to become competent practitioners. FGD 4 P-4 *"At some point, when we are doing our assignments, at that point in time, I wish the lecturers could have spent more time with us. That would have really helped. I was in the last community group, and we had a very short time to do our projects and everything. So, it was hard to cope with everything."*

FGD 3 P-1 *"So we have our set of assignments and all that. So, when they come to visit us, we present to them. So, there's a lot of work and workload, so we must manage the time. So, we need supervisors, we need our lecturers to be there and to help us to ease the workload"*.

FGD 1 P-2 *"Yes, because communication-wise, sometimes some students face the internet issues as well as network issues to communicate with the lecturers"*.

FGD3-P1 *"We could not communicate with the lecturers due to internet issues,*

and we could not even email them and send a professional communication so I guess if they come to us would be the best option”.

FGD-5 P4 “Our interaction with our lecturers was not enough, since they had to look after five villages which are quite far from each other, they would come to us the last usually in the night”.

FGD-5 P-6 “If there were more interactions, then it would be better, we were at one of the first villages and it was easy for the to come to see us”.

FGD 3 P-3 “My group was funny because we had to go to this community, but then at the very last moment, when we were actually on our way, and then they changed our community. And the community that we went to, they were not aware that we were coming to them. So, when we initially went to them, no one was aware that we were there as student nurses. So, we had to meet and greet everyone for the first few days, and that really delayed our process of doing everything else. And then our lecture changed as well. So, when our lectures changed, we were more delayed, and then everything was just done in a week or maybe three weeks. So, that was really kind of hard”.

Another nursing student mentioned that they FGD 2 P-1 “had enough supervision as the lecturers came twice a week to see them and they had spent quality time with the students”.

FGD 6 P-5 “Our time was very short to do our projects and everything, so it was really hard to cope with everything”.

However, some student nurses mentioned dissatisfaction with the support provided by the lecturers, some would not make it to the village on time or arrive late in the evening having very limited time for support and clinical teaching.

FGD 1 P-1 “I guess more frequent visits for supervision and counselling of the students is needed”, “We have our set of assignments, so we need supervisors, our lecturers to be there to help us to ease the workload”.

FGD-1 P4 “At some point in time when we are doing our assignments, I wish the lecturers could have spent more time with us, that would have really helped, sometimes it was really hard to cope with everything”.

FGD:5 P-6 “The interactions were good enough, but if there is more interaction then it would have been better”.

5. Discussions

Findings of this study showed several desirable and undesirable experiences for nursing students during rural clinical placements. Student nurses learned new skills and were able to complete an enormous number of activities for which they were thankful for, through the support provided by the nurse educators and the community’s participation in these activities. According to the study by [34] students rated low for the provision of educational objectives and expectation from staff and these were presented as obstacles, student nurses in this study felt at home with the community, who took their time to assist them with the activities they had to carry out. However, [3] report in their study that students faced chal-

allenges when they observed unpleasant interactions in the clinical departments. Students in this study experienced the various cultures and the traditions that are followed in the community which will improve the way of living and enhance better relationships with others in the future. [35] believe that understanding different cultures is an ongoing and gradual process in nursing. The togetherness of the community in terms of any celebrations, and events such as weddings, a death, a baby born or someone migrating had taught nursing students the way of life of a Fijian 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 the community to acquire diseases without having any knowledge that they had acquired several weeks or years ago.

Therefore, wound healing is affected, or the raised Blood Pressure not treated, but student nurses continuously worked with the community to educate them on the importance of seeking medical help at an early onset of the illness. In addition, if there is continuous supervision and support rendered by lecturers it will guide and assist in the learning process of student nurses ensuring confidence in teaching the community on various issues. This is similar to [36] who mentioned that the role of nurse educators is to enhance the learning process by providing the learning opportunity. Adequate clinical supervision is required to support the student nurses to allow them to gain experience of the new environment and prepare them well for the future workforce. Adequate access to supervision [13] and the attitude of teachers greatly influences and elevate the learning process of nursing students [37] [38]. 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 to provide the care. Implementing theoretical learning into the clinical placements requires continuous support and mentoring from the lecturers enhancing a smooth transition of nursing students to the workforce. Similar to this report, a study done by [32] reports that students suggested the provision of mentors in the field to enhance the attainment of the clinical objectives and those who are ready to teach the students to bridge the gap between theory to practice.[16], recommend upgrade of knowledge of new management techniques, evidence-based practice and regular training is needed for professional development of nurse managers, with proper support and availability of resources to enhance good nursing practice.

Teamwork is an integral part of the learning process where nursing students learn from each other through effective communication and assisting each other during translations of difficulties such as language which was an obvious barrier for some nursing students. Therefore, adequate academic preparation of student nurses is essential prior to placing students in various clinical placements. In addition, empowering people to take advantage of the services provided within their medical area is important and gives a sense of satisfaction for a health professional. Student nurses provided information on the different available services which the

community could take advantage of, ensuring that health professionals were informed of the expectations of the village. Clinical placements were beneficial to the learning experiences for the students as they were able to connect with the community in their own way, adhering to the protocols and limitations of being in 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. The need for regular supervision was also emphasized by [27] [36], and instructor support increased the ability for nursing students to be able to deal with stress in clinical practice [34]. 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, 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 for their attachments, Wi-Fi for better connectivity, reduced workload and assessments so that they could concentrate on the activities with the community. The result of this study is similar to [39] who carried out a study on nurse educator's experience found that a lack of materials such as gloves, nasogastric feeding tubes, affected clinical reasoning skills acquisition among students. 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 [40]. The first part of our research study provides other themes that were derived during data collection and are reported in a separate paper already published.

6. Implications for Practice

It is apparent that nursing practice requires a nurse to gain competence in clinical skills, knowledge and attributes for professional practice, to care for the patient in the holistic manner, be able to respond to the future demands of nursing [41] to be work-ready upon transition [42] and form a relationship with senior nurses in the wards [43]. Students in this study were exposed to different cultural aspects of nursing, when they were placed in the rural practice areas, meant a lot to them, as mentioned by [41] that NGNs need to be prepared according to the other attributes of a registered nurse such as soft skills.

The results of this study also highlight the importance of nurse's ability to maintain cultural competence as part of their learning and with appropriate support from nurse educators, they were able to achieve this.

Student nurses were also given the opportunity to nurse patients with diverse needs, for instance the elderly and children, and those suffering from communicable and non-communicable diseases, collaborating care and working together within a team in the rural practice areas. Their ability to provide lifelong quality care in an ever-changing technological world [41].

Working with limited resources in the rural areas with poor internet connectivity has placed students to be resilient, enhancing interpersonal and intrapersonal

skills during this attachment [41] will prepare senior student nurses to a smooth transition as a graduate nurse [44].

Insufficient supervision may have had an indirect impact on the student nurses as they were able to perform activities without the nurse educators, as it gave student nurses the opportunity to deal with situations, make their own decisions and carry out procedures with little support. Having the capacity to provide quality nursing care through critical thinking [45].

Therefore, student nurses need to be supported during clinical practice, with ample resources, and time management to ensure a great experience in the rural clinical placement. This is one of the first research projects carried out in Fiji on the experiences of student nurses and serves as a basis for more research on such topics.

7. Conclusion

Our findings suggest that the student nurses perceived a variable level of supervision yet, they were able to articulate their learning and experienced the placement of the rural attachment as fulfilling of their learning. Adequate mentoring through supervision by nurse educators/clinical supervisors would also assist the final-year student nurse in properly articulating the strategies needed to practice in a rural environment. The valuable experiences gained by student nurses will provide sufficient knowledge and skills, to be capable of providing care in the rural and remote areas upon graduation. Students benefited from diverse cultures and traditions making learning an interesting event for them acknowledging the presence of nurse educators during rural clinical practice and the overwhelming support provided by the Turaganikoro (Village Headman) Nasinikoro (Village Health workers) and the whole community where they were attached for the 6 weeks.

8. Recommendations

The result of this study implicates the importance of quality supervision during clinical practice which equips them with essential knowledge, skills and attitudes of caring for the population in the community. The workload during the placement also became a barrier to completing the tasks on time, and lack of internet connectivity also played a very important role in the completion of all the tasks. It is recommended that proper planning of workload for student nurses is essential for a successful clinical placement. Most importantly is the need to hire more clinical supervisors who would be readily available to continuously mentor the students in any clinical settings in Fiji. Providing internet access for students to use during the 6 weeks would serve as a beneficial tool during the learning and teaching process in rural and remote areas.

The results of this study could also serve as an information for the government to ensure availability of essential resources for the medical and nursing professions who serve in the rural and remote areas of Fiji.

9. Limitations

This study was conducted in one of the universities in Fiji with a limited number of participants, therefore, may limit the transferability and generalization of the findings.

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Conflicts of Interest

The authors declare no conflict of interest

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