ABSTRACT

Collaboration between Academic Nurse Educators (ANEs) and Nurse Clinicians (NCs) is fundamental to the effective training of nursing students within the Clinical Learning Environment (CLE). Despite its recognized importance, gaps persist in understanding how the extent and nature of such collaboration influence the quality of student learning and satisfaction in Ghanaian nursing education. This study examined the extent, nature, and influence of collaboration between ANEs and NCs, as well as the challenges affecting the collaboration and strategies to be adopted to enhance their collaboration in clinical training of nursing students. A concurrent triangulation mixed methods design was employed, combining quantitative and qualitative approaches. The quantitative phase involved 954 participants, comprising 40 ANEs, 533 NCs, and 381 nursing students randomly selected from two university-based nursing schools (University of Ghana and Central University) and their affiliated hospitals (Korle-Bu Teaching Hospital and 37 Military Hospital). Data were collected using structured questionnaires adapted from the Robert et al. (2017) Collaboration Scale and the CLES+T Scale (Saarikoski et al., 2008), while the qualitative phase engaged 13 key participants purposively selected for in-depth interviews. Quantitative data was analysed using descriptive and inferential statistics while qualitative data was analysed thematically following Braun and Clarke (2006) and mapped to the collaboration scale dimensions. Findings converged on a moderate-to-high extent of collaboration overall, with Governance and Norms relatively stronger, while Mutuality and Organisational Autonomy were weaker with trainer- student collaboration perception gap and strong associations between collaboration and student satisfaction in the CLE. Qualitative insights demonstrated that collaboration was shaped by four interrelated dimensions, Governance, Mutuality, Norms, and Organisational Autonomy, each influencing communication, trust, role clarity, and joint decision-making. Major challenges

included inadequate formal structures, limited feedback mechanisms, and conflicting institutional priorities. Strategies identified to address challenges affecting collaboration included joint planning committees, capacity-based placement caps, recognition of clinical educators, and shared communication platforms. The study contributes empirically and practically to nursing education by offering a multidimensional model for enhancing academic–clinical collaboration in Ghana and similar contexts. Strengthening these partnerships is essential for improving clinical teaching, professional integration, and overall student learning outcomes in nursing education.