Original Article

Opinions of nursing students about clinical practice; A qualitative study

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Abstract

Aim: This study was conducted to determine the factors affecting clinical education of nursing students and to evaluate their learning processes from their own perspectives.

Materials and Methods: This study, in which the phenomenology pattern based on the qualitative design was used, was carried out with fourth-year nursing students studying at a university in eastern Turkey. In the study, sample selection was not made the number of participants was determined according to the data saturation. The data were collected from a total of 30 nursing students who agreed to participate in the study. The thematic analysis method was used to evaluate qualitative data. NVIVO 10 program was used for the transcription and thematic analysis of the interviews held in the virtual classroom environment.

Results: The sample of the study was composed of 15 female and 15 male students aged between 21 and 25 years. As a result of thematic analysis, 5 main interrelated themes emerged: (1) Effective and reassuring communication; (2) Adaptation to real working environment; (3) Nurses with high self-confidence; (4) transition to professionalism, and (5) recognizing competencies, strengths, and limitations.

Conclusion: The results showed that clinical experiences increased the communication skills of the students, helped them to adapt to the real work environment, gave them self-confidence and practicality, and enable them to gain different experiences. Students' statements pointed out that clinical practice improves the students in many aspects and is a holistic process.

Keywords: Clinical practice; nursing education; students; qualitative research

INTRODUCTION

Nursing education includes a process in which theoretical education and clinical practice are carried out together in teaching professional competencies (1). In this process, clinical practices constitute an important part of nursing education and provide opportunities for students to experience real working life (2). With clinical practice, students can transfer their knowledge, skills and attitudes that they have learned in classroom and laboratory environment to the real life and they can improve their professional competence, critical thinking, interpersonal relations, decision making and teamwork competencies by sharing the same environment with different professional groups (2-4).

Clinical environment is evaluated as a whole with the student, clinical instructor, physical environment, equipment, and patient (4,5). The clinical practice environment is composed of numerous complex effective and intertwined factors for students (2). It was stated in

a study that most clinical environments did not meet the appropriate conditions for the education of the student and therefore the limited education time was not used efficiently (6). For this reason, the basic condition for the clinical education to achieve its purpose is to ensure the regulation of the clinical environment which is ideal for the student (2,5).

It is hard to control the clinical practice environment and contains many stimuli that make it difficult for the student to learn (5). Therefore, the practice environment can be a source of anxiety and stress for students. Students' experience of reality shock in the clinical environment, fear of harming the patient and making mistakes, feeling inadequate and their thoughts about clinical evaluation process are effective on this anxiety and stress (7). While mild or moderate level anxiety and stress motivate learning, these excessively experienced emotions can hinder learning. Therefore, students should be supported to adapt to clinical environment and facilitate their learning (8). The clinic where the student is located, student's

sharing of his/her experiences and receiving feedback, the presence of clinical instructors who are positive role models for the student, the student's ability to interact and communicate with the patient, peer support and staff support can be effective on facilitating clinical learning (6, 7). The this facilitating factor and interaction differences among students result in varying student experiences (4). In conclusion, gaining competencies in the clinical learning environment can be considered as a complex challenge for the student (9).

It is necessary to determine the factors facilitating the nursing students' learning in the clinical practice environment and the obstacles encountered during practice and to minimize them in order to support learning. This will only be possible by trying to determine the unknowns of students about the clinical practice. This study was conducted to determine the factors affecting the clinical education of nursing students and to evaluate their learning processes from their own perspectives.

MATERIALS and METHODS

Study Design and Participants
This study, in which the phenomenology pattern based on the qualitative design was used, was carried out with fourth-year nursing students studying at a university in eastern Turkey. The study was conducted with the 4th year nursing students studying in the Faculty of Nursing at Inonu University. At the time of data collection, there were 301 students enrolled in the 4th grade at the faculty. In the study, sample selection was not made the number of participants was determined according to the data saturation. The data were collected from a total of 30 nursing students who agreed to participate in the study. The study group was determined by the typical case sampling method, one of the purposeful sampling methods.

Students studying in this faculty receive 12-hour clinical practice per week to support the theoretical courses for four years. For clinical field practice, students are assigned to the practice in the Training and Research Hospital, State Hospital and Family Health Centers. This faculty has switched to the internship nursing system where students will spend most of their time in practice fields in their senior year. The study was carried out with the students who have not yet been included in the internship.

The data of the study were obtained by making interviews through online environments since it was not possible to meet face to face with the students due to Covid-19 pandemic. Nursing students who completed their 3rd year courses and had access to the internet were included in the study and the study was carried out between August 15 and October 15.

Research Team and Interviews
The research team was composed of a nurse lecturer, a graduate student and two nurses. All members of the team had previous experiences of working with the student in the clinical field.

The data of the study were collected with a form in which socio-demographic characteristics were recorded by the researches and a questionnaire in which notes could be taken during interviews. The questions prepared for the interview consist of two parts.

(1) The form in which socio-demographic characteristics are recorded includes questions about the age, gender, and place of residence of the student.

(2) The semi-structured interview form prepared with the help of the literature (10-12) is composed of open-ended and additional information questions that include the students' opinions about the clinical practice.

• In which clinics you have the opportunity to practice since the first year?

• Which clinic / clinics do you think has improved your practice skills more since the 1st year?

• Which clinic / clinics do you think contributes the least to your practice skills since the 1st year?

• How do you evaluate clinical practices in terms of learning the nursing profession?

• What are the facilitating factors for your learning in clinical practices?

• If you were a mentor, what would you do/what would you recommend to make clinical practice more instructive?

Additional prompts were used to obtain more in-depth information when necessary:

• Could you give more information about ……?

• How did that happen … …?

• How did you feel about this?

Data Collection
Face-to-face interviews were performed online by two nurses from the research team. While one of the researchers performed the interview, other researcher took notes and made observations. Interviews were held between August 15 and October 15, 2020. Each participant was interviewed for approximately 25-30 minutes. Voice recordings were made during the interviews. Conducting the structured interviews online made it difficult to meet with a few students who had internet connection problems. Since the interruptions occurred during the limited number of interviews, the interrupted interviews were resumed and completed within the appointment day. At the end of the interviews, a thank you speech was made and the interviews were completed.

Ethical considerations
Before starting the study, approval were obtained from Inonu University Health Sciences Non-Invasive Clinical Trials Ethics Committee (Dated: 28-07-2020, Decision number: 2020/952) and Inonu University Faculty of Nursing. In the application of the questionnaire, each participant was informed about the study. It was reported that personal information, audio, and video records will be kept confidential, not used other than the research and

will not be shared in any way. The participants were also informed that their decision to participate in the study would not affect their grades and their consents were obtained. The participants were matched with their data using numerical codes instead of names.

Statistical Analysis

To reveal the nursing students' opinions about clinical experiences, all interviews were listened to by all researchers. In the study, the NVivo10 program was used for coding. In NVivo 10 program, the transcription of all the interviews taken from the audio recordings was made by writing them down word by word. Each researcher read the transcriptions repeatedly to evaluate the participants' experiences from their perspective. The thematic analysis method was used in the analysis of the data. Meaningful words or sentences were extracted, compared, and coded. After a comprehensive reading and the first code study, the researchers came together and informed each other about the codes. At this stage, the inductive approach was used to prepare the code system. Coding was completed when the data reached the saturation point by following the codes agreed upon and the themes were prepared.

RESULTS

Of the students participating in the study, 15 were female and 15 were male. All of the students between the ages of 21 and 25 years stated that they had the opportunity to practice at least once in internal and surgical clinics. The clinics, in which the most practices were made, were gastroenterology, general surgery, organ transplant services, general internal, orthopedics, chest diseases, urology, ENT, and neurosurgery. The students emphasized the clinics that contributed them the most as the clinics that can improve their motor skills more. Organ transplant clinics, gastroenterology, general surgery services and chest diseases among these were the most frequently stated ones. All students stated that they could not practice in the intensive care unit for three years and they were in the operating room for a very short time.

In this study, as a result of thematic analysis, 5 themes emerged about the nursing students' opinions in clinical area: "(1) Effective and reassuring communication, (2) Adaptation to the real working environment, (3) Search for a specialized role model with high self-confidence (4) Transition to professionalism, and (5) Recognizing your competencies, strengths and limitations"

1. Effective and reassuring communication

Students' feedback on communication was remarkable. It was seen that the students were affected by the communication of the members of profession especially in terms of learning motivation, feeling of belonging and knowing to be protected. Although they stated that the constructive or demotivating communication of their friends, mentors, patients and other team members were effective on their learning, their communication with nurses was seen to have the greatest effect. For example, one student (10 K) said "I want to be accepted from our professional group and nurses who can establish good

communication are very important. Sometimes, a word of a nurse at the clinic makes me very demoralized. I do not want to do anything. I am more willing to work in some clinics because the nurses there are smiling".

2. Adaptation to the real working environment

Students mentioned about the difficulties of experiencing the real life environment one-on-one in the clinic or their contributions. Some students stated that there might be mistakes made by themselves or others during their clinical experience and this responsibility sometimes forced them. This was expressed by a student (12 K) as follows: "it really scares me to think of all our responsibilities as nurse students and how dangerous a wrong action can be. I know that all of us are not good but I am also aware that there is no room for mistakes in such profession."

Some students stated that they are aware of that establishing communication with real patients contributed to their development in many ways. One student (8 E) expressed this situation as follows "going to the clinics contributes us to gain experience before entering the real work life and learning theoretical knowledge also contributes our social development. We obtain permanent knowledge. It contributes to seeing what we can do on our own, what we can do if we get stuck. We see the situations related to the profession in the field and we learn the teamwork.

3. The search for a specialized role model with high self-confidence

While most of the nursing students stated that they want to work with nurses who are specialized and experienced in their field, it was seen that especially the members of the profession having self-confidence in subjects such as information, equipment and communication can be a model for them. For example, a student (1 K) said that "nurses being an expert in their field or working in the field for many years and supporting us make it easier for us to learn significantly. It is very valuable to share their experiences with us.". Another one (3 E) said that "I am very much interested when I see the best nurses of the clinic they work. However, sometimes I see people who are incompetent and silent in every situation. Nurses with sufficient knowledge and experience are confident in themselves. They also support us and then things get easier."

4. Transition to Professionalism

According to the students' statements, it is seen that they have gained professional development during the practices such as managing patient-nurse relationship in difficult situations, developing communication skills, and developing ethical approach apart from medical knowledge and skills. About patient nurse communication, a student (26 E) said that "the patients refused us. I learned to show patience and approach step by step. I was their worries disappear and they trusted me more when I was able to answer their questions." About developing an ethical approach, one student (14 K) said "I witnessed the nurse I worked with talking with some patients who did not

speak Turkish in a way that could hurt them. As in every profession, I can see nurses who do not do their profession correctly in nursing. I promise myself not to act like that and to do the right thing no matter what when I become a nurse in the future. Even if I am in the bad system, I believe that I will try not to be a part of it."

5. Being aware of your competencies, strengths, and limitations

Students who encountered real patients, participated in nursing practices directly, and found the opportunity to perform some small interventional practices on their own, also gained insight into their own competencies, strengths or limitations. For example, a student (9 K) said "…, I learn new things every new day at the clinic. I realized myself; I see what I did well or bad. For example, I am good-humored and have good communication skills; I can quickly determine the necessary information for care while collecting patient data. I have improved myself a lot, especially in invasive procedures. Still, I saw that I had a lot of insufficiencies. I feel insufficient in most things about intensive care especially on the care, treatment of an intensive care patient. Of course, I know that not practicing in those environments is effective but after all, most nurses start in intensive care when they start to work. This situation scares me". Another student (18 E) said "talking to patients is particularly difficult for me. I feel like I'm going to say something wrong at any moment. I do not think that I have enough knowledge and equipment yet to deal with patients alone. In addition, I am still very worried while doing the practices such as intramuscular, etc.". Another student (11 K) said "After seeing that a patient is dead, I asked myself if I could do this job. Although I try to consider it professionally, I often find myself putting in the patient's position. I realized that I was very insufficient and hurt myself, especially in approaching issues related to children and death".

DISCUSSION

This study, conducted to determine the factors affecting the nursing students' clinical education and to reveal the students' learning process from their own perspectives, showed that clinical practice in nursing education should be considered as a holistic process. The students reported that they were most affected by the communication in the clinical environment. The effective and reassuring communication theme in the study revealed that nursing students who get along well with nurses are more self-confident and being a member of the team is important in terms of learning. Similarly, Bayar et al., reported that students' communications with nurses were heavily effective in loving the profession (11). Previous studies reported that clinical practice in the fields where nurses and the team support the students facilitates learning and increases success and motivation (10,12-15). The students reported that they felt better when they were seen as a member of the team (10,13,16).

In this context, an effective communication increasing student satisfaction is important for the student to feel comfortable in clinical practice, to get satisfaction from educational practice, to reduce anxiety and to gain positive real environment experiences (3,17-19).

One of the most prominent opinions about clinical practices is that being in a real environment has benefits. Previous studies have reported that encountering a real patient is one of the leading factors that develop self-confidence in the clinical environment (20-22). Statements that encountering with real patients facilitates and motivates learning and allows the students to realize his/her competence and limits are also reported frequently. In addition to all these gains, students can determine the reasons that affect their learning in this process and increase their experiences by expressing this. This helps the student to develop proper comprehension and perception (22).

It was seen that students who expected support mostly from nurses and worked with them in clinical environment chose specialist nurses with high self-confidence as role models. It is important clinical nurses whom students practice with to be conscious, experienced, professionally qualified and positive role model in order for clinical practice to achieve the determined goals (23,24). It has been seen in the studies that clinician nurses play an active role in students' learning (5,14,25). Pierce found a decrease in role deficiency and an increase in self-learning in the students who had clinical practice with the nurses considered as a role model (25). Papp, Markkanen, and Bonsdorff (2003) also reported that the students were highly affected by nurses' behaviors (5).

Students emphasized that they gained a lot of experiences required to gain a professional identity in real work environments. Although some had confusion in terms of ethical problems, these experiences were seen to contribute to the development of professional values particularly related to autonomy and human dignity. Previous study results investigated the professional values that students relate with professionalism and reported that the principle of human dignity was in the first place for students (26,27). As emphasized by the theme of transition to professionalism in this study, previous studies also showed that the students were sensitive to performing their professional practices by respecting people and their individuality and clinical environments provided opportunities for this. For this reason, qualified nursing education that is effective in students' transition to professionalism should be based on the individual's value system along with cultural and professional knowledge, clinical and conceptual skills (28,29).

Clinical practices are not only new environments and conditions for students, but they are also a stressor (30). The theme of being aware of their competences, strengths, and limitations in the study emphasized that students have stressors in clinical environments and these challenging factors actually make them realize their competence against difficulties. Previous studies addressed the difficulties and concerns students have

with the team or patients but result of the present study indicating that they learned to overcome these difficulties is relatively new (31-34). Differently, Pearcey and Draper addressed only the benefits of positive experiences by showing that a positive experience of students in clinical practice can positively affect their nursing perceptions and feelings (35).

LIMITATIONS

One of the limitations of the study is that the data of the study were collected only from a public university in the study group. It should be considered that there might be different themes since clinical experiences of nursing students in other universities may differ.

CONCLUSION

The themes of "(1) Effective and reassuring communication, (2) Adaptation to real working environment, (3) The search for a specialized role model with high self-confidence, (4) transition to professionalism, and (5) recognizing competencies, strengths, and limitations" determined as a result of the thematic analysis showed that clinical experiences increased the students' communication skills, helped them adapt to the real work environment, gave them self-confidence and practicality, and helped them to be aware of their limitations. In addition, it was seen that the students wanted to be a part of the healthcare team and to be accepted in the field. It was seen that many factors such as clinical environment, the clinic where the practice is performed, and the attitude and experience of the coaching teacher affected clinical learning. In this respect is thought that being aware of the effects on students the educators, clinical nurses, and the other members of the team, their relations with the students, be role model and program intended for the regulation of the clinical environment will contribute to the development of a professional identity.

This study examines the positive and negative experiences and difficulties faced by nurse students in clinical practice in depth and draws attention to the responsibilities of both clinicians and academic nurses in this regard. Attempting to fulfill these responsibilities will contribute to the development of the nursing profession and the training of professionals who will fulfill their profession with professional values and competencies. For this purpose, it is recommended that every institution providing nursing education should develop activities to increase school-hospital cooperation.

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