Undergraduate Nursing Students' Experiences of Their Clinical Practice

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ABSTRACT

A qualitative study was conducted to assess the nursing students' experiences of their clinical practice at one public university in Sarawak, Malaysia. Purposive sampling was used to recruit nine undergraduate nursing degree students at a medical faculty. An in-depth interview based on an open-ended questionnaire was used to collect data. The open-ended questionnaire was used to assess the students' expectation, feelings, challenging experiences related to work culture, knowledge and skills in patient care, teaching learning supports, people interpersonal relationship, students' role and their coping mechanism in clinical practice. Data were analysed using content analysis approach facilitated by Nvivo software (Version 8.) The themes emerged from the data analysis included (a) Gaining insight into the reality of clinical working environment and (b) challenges. The subthemes illustrated the students' challenges were interpersonal relationship with people at the work place, different ward environment, theory-practice gap and insufficient clinical practice, and anxiety. The participants also reported experiencing anxiety due to challenges; however, after a period of time, they learnt to cope with them. The students were able to use different coping mechanism such as internal and external motivation, and this increased their confidence as they progressed in their learning. The learning difficulties faced by nursing students during clinical placement show that a supportive learning environment is important. This study proposed practical strategies to empower students in clinical learning and increase their self-esteem and confidence. In order to improve quality of students' clinical education, adequate and effective work collaboration between nursing education and health care services are recommended. Future research should focus on how to create a supportive clinical learning environment in local setting.

Key words: *nursing students, clinical practice, supervision, theory-practice gap*.

INTRODUCTION

The education institutions and medical health service facilities have important collaborative roles in ensuring the quality of nursing students' learning. During clinical posting, nursing students learn from the nursing lecturers and clinical teachers as well as nurses working in the clinical settings. It is during this time that students attempt to develop patient care skills as well as apply theory learnt from the classroom into practice. The Malaysian Nursing Board requires the nursing students to achieve 90% of the clinical procedures before they can sit for licensure examination. However, the nursing students may have learning problems during clinical posting which may affect their acquisition of clinical competency.

Previous studies reported that nursing students faced challenging experiences during their clinical postings. These challenges arise when students are unfamiliar with the work environment and new to the equipment and people (Pulido-Martos, Augusto-Landa, & Lopez-Zafra, 2011). Studies have reported that students become stressful when they could not achieve their clinical learning objectives or perform well during clinical assessments and patient care practices (Higginson, 2006; Pulido-Martos et al., 2011). Other studies have also reported that

students need to struggle and adapt to the difficult tasks such as handling hard physical work, balancing between organizing time for work and home activities and acquiring professional knowledge and skills in patient care (Magnussen & Amundson, 2003; Pulido-Martos et al., 2011). Students also revealed that they had difficulty communicating with people at the clinical area which had resulted in their learning difficulties (Bowden, 2008). The active role played by the health care staff in students' socialization experiences was reported to increase students' confidence at work and self-esteem (Levett-Jones, Lathlean, Higgins, & Mcmillan, 2009). Although literatures abound with nursing students' clinical experiences, there is limited published information regarding this issue in Malaysia. However, the findings from these existing studies may not be applicable in Malaysia due to its multiracial societies with different cultures, belief and values. This study was thus conducted to explore the nursing students' perception of their clinical experiences. The finding from this local study would be valuable for educators to improve nursing clinical education in Malaysia.

METHOD

This study was conducted in one of the public universities in East Malaysia which offers a 4-year full time undergraduate nursing degree programme. The nursing students from this university are posted to Malaysian Ministry of Health general hospital for their clinical placements as it has yet to have its own hospital. This programme admits fresh school leavers according to the Malaysian University entry criteria. Nursing students start their clinical placement in the first year of the programme and spend a total of 56 weeks throughout their four-year study period in different clinical settings.

Ethical approval was obtained from the Ethics Committee of the university where the study was conducted and conformed to the requirements for ethical procedures for research in Malaysia. Purposive sampling was used to recruit participants. The participants were briefed on the research process, and the right to withdraw from the study at any time. Confidentiality of the data was assured and all the participants signed the informed consent prior to their recruitment.

Based on literature reviews, a question guide consisting of open-ended questions was developed to guide the interview. It was verified by two senior nursing lecturers prior to its use. The question guide had five main questions and sub questions (Table. 1). A pilot study was done on three nursing students to aid in the refinement of the interview guide and the data findings was excluded in the study

Data collection was collected from August till November 2012 by the author. Nine in-depth interview sessions were conducted in the faculty library with each session lasting for 45 minutes. The interview was conducted in English and tape recorded. Field notes were taken during interview to document the silence or certain significant body languages. The field notes were referred to when required during data analysis in an attempt to understand what the participants wanted to convey. Saturation of data occurred during the interview of the seventh participant, and confirmed with the interview of the eighth and ninth participant.

The reliability of the data was ensured based on credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Credibility was achieved by briefing the participants regarding voluntary participation, and honesty in sharing personal experiences. Verification of transcripts was done with the participants by requesting them to read through the transcripts. For dependability, this study used a question guideline as a guide to probe

for further details during the interview session. Excerpts from the original data in the transcripts formulated categories were identified as evidence of transferability. Confirmability of the study was established when the data, findings and interpretations answered the research questions.

The author transcribed verbatim all the interviewed data. Field notes were added wherever appropriate. The transcripts were then categorised and coded using the Nvivo 08 software (QSR International's NVivo 08 Software). The three co-authors examined the coded materials. Any discrepancies were discussed until there was total agreement on the coded materials. Data were analysed using Braun and Clarke's (2006) steps in thematic analysis which included (a) reading and re-read to gain understanding and form initial ideas of the content; (b) the data was read a second time with systematic review of the entire data set (c) potential themes were determined by gathering all data relevant to each theme (this process was done using NVivo by creating a tree note); (d) the themes were further reviewed and finally (e) the themes were named after further refinements. The emerging themes were also discussed and agreed by the three authors.

RESULTS

Nine participants, two males and seven females aged between 19 till 23 years were purposively recruited by a lecturer in the nursing department. There were more females recruited than male participants as there were more female students in this programme. Table 2 showed the information of the participants. The participants consisted of different ethnic groups from Sarawak, Sabah and Peninsular Malaysia. The recruitment of multiracial participants provided the perception of experience from multicultural perspectives. Most of the participants were Christians although they were from different ethnic groups. Participants from year 1 of the study had at least a minimum of six weeks' clinical experience. Participants with various length of clinical posting provided a holistic view of the experiences.

Table 2. Demographic Characteristics of Participants

Participant Name*	Age (years)	Gender	Ethnicity	Religion	Year of study	Length of clinical posting
Nick	19	Male	Sarawak Bumiputra	Christian	1	6 weeks
Eunice	20	Female	Chinese	Christian	1	6 weeks
Eileen	20	Female	Sarawak Bumiputra	Christian	1	6 weeks
Jenny	21	Female	Kadazan	Christian	2	18 weeks
Nelly	21	Female	Sarawak Bumiputra	Christian	2	18 weeks
Jill	22	Female	Sarawak Bumiputra	Christian	3	12 weeks
Eve	22	Female	Kadazan	Christian	3	12 weeks
Adrian	23	Male	Sarawak Bumiputra	Christian	4	20 weeks
Cindy	23	Female	Chinese	Christian	4	20 weeks

* Pseudo name

The clinical placement gave the participants the opportunity to gain insight into the reality of clinical working environment. Several identified themes revealed that the participants faced challenging clinical experiences, and found the work environment to be different. Their clinical

experiences revealed problems such as inharmonious doctors-nurses relationship, staff-students relationship, theory-practice gap and insufficient clinical practices. This had given rise to initial anxiety. However, as they progressed in their study, they learnt to cope with these challenges.

Participants reported inharmonious relationship between doctors and nurses as well as between nurses and student nurses. They perceived that there was a lack of sensitivity towards people's feeling and support among the doctors and nurses. The participants shared their observation:

> "Staff nurses, they even scold the doctor for taking the patient's case note. We feel very bad to witness that. Their attitude as such…scolding the doctor in front of the patients, this must have some emotional effects on the doctor as well as on the patients also."
>
> Jenny, Year 2 student

> "In paediatric ward…we follow doctor making ward round. I observed some doctors do not pay any attention to the staff nurses, what more to us nursing students!"
>
> Jill, Year 3 student

Staff-student relationship

Participants also perceived the staff-students' relationship as less than satisfactory. They found some of the ward nurses had higher expectation of their performance and compared their performance with the diploma students. This was evidenced in the participants' excerpts:

> "Staff's relationship with students? They may not directly verbalize it but what I could sense…there is a difference in their relationship with us and nursing students from the Ministry of Health. We must approach them first…they wouldn't approach us…and whatever they say, we must accept it."
>
> Nelly, Year 2 student

> "The staff nurses also compared us with the diploma nursing students. The staff nurses…they think we are like the doctors…that we know everything but actually we do not know."
>
> Adrian, Year 4 student

Different ward environment

Clinical placement placed the participants in the reality of the ward requirements, equipment, patient and the work activities.

> "Sometimes the ward is not organized…things are in a mess. When I go to the treatment room…some of the drawers have the labels for equipment…but when I open them, the things are not there…eh…they mix with other things. It is so hard for people to find the equipment…… Sometimes, I cannot find certain items to do dressing, like packets of sterile gauze or swabs, so I have to run to borrow from staff in another ward."
>
> Nick, Year 1 student

> "When I admit patient in different wards, I get confused...the nurses in each ward have their own ways to file the patients' forms or documents in the case notes."
>
> Eunice, Year 1 student

Theory-practice gap

Most participants found that they could not apply what they had learnt in the classroom to the clinical setting. It had created confusion. Two participants said:

> "Sometimes the staff performed the procedure on intravenous cannulation for patient...they don't use...eh...they don't even use gloves, so we as students got confused."
>
> Jenny, Year 2 student

> "Different people have different ways of teaching...because they were trained in different nursing schools, so the way they teach actually could be different......they would teach the way that they had learnt. Sometimes I find that I do not know which way I should practice ... For instance, during this semester, I was taught to use six swabs to clean a baby's umbilical cord...but when I was attached to nursery, I was told to use eight swabs...when I asked the nurse why...they said, just follow the ward practice.... I really don't know (which way is better)."
>
> Jill, Year 3 student

Insufficient clinical practices

The participants also experienced insufficient clinical practices. This was because the wards were busy and they had fewer opportunities to perform complex procedures as they were asked to perform routine nursing care, or there was no faculty supervisor to supervise them. Two participants shared:

> "In this busy hospital, I also faced difficulty to obtain practices on complex clinical procedures...whole morning I was busy in performing bed bathing for bedridden patients and monitoring vital signs. By the time I finished these routine tasks, there was no more complex procedure left. As such I lack practices...eh...up to now; I still cannot get proficiency cross for procedures...like caring for patient with peritoneal dialysis, lumbar puncture or care for patient with underwater sealed chest drainage."
>
> Eve, Year 3 student

> "When I wanted to do clinical procedure in my ward, I was not able to do it because the faculty supervisor was still busy supervising another student in the other ward......I could only watch student from other college performed the procedure."
>
> Eileen, Year 1 student

Anxiety

Some participants experienced initial anxiety during clinical placement. This is especially so at the beginning when they were new to the people and work environment. They also faced difficulty in communicating with the patients.

"I was very nervous because that was my first clinical attachment...First time for me to meet the staff and the patients in the hospital. The patients were total strangers to me...I was afraid...didn't know, didn't know how to approach, or talk to people appropriately. I didn't even know what and how to do procedures...not enough knowledge in patient care."

<div align="right">Eunice, Year 1 student</div>

"I was really afraid to touch the patient...hmm...I was afraid I might harm him. Even when I checked the blood pressure...the patient...moaning. I was scared...it might aggravate his pain...eh...this was a first time experience for me...the feeling of nervousness was still there!"

<div align="right">Nelly, Year 2 student</div>

Coping

Although some participants reported initial anxiety, they learnt ways to cope with the challenges. A variety of ways were used such as self- learning, learning from others by asking questions and doing lots of practices. The participants said:

"We have to keep on questioning...why we do things this or that way...What drugs are given, why the drugs are needed and so on. Keep on asking, asking, asking, and asking...So, this helps me to improve my knowledge."

<div align="right">Jill, Year 3 student</div>

"We practice what we had learnt and realized that the more we practice those skills, the more confident we are......Even though there are differences in practices, we learnt to be flexible in doing things, and that is important. There are a lot of things that we don't really learn in the class, for example, handling patients, but we learnt different ways of handling patients in the wards."

<div align="right">Cindy, Year 4 student</div>

DISCUSSION

Some of the participants observed and experienced problem of working relationship between nurses and doctors, as well as nurses and students at the work place. Literatures reported that good interpersonal relationship fosters work engagement which in turn may promote proactive work behaviours and improved organizational performance (Warshawsky, Havens, & Knafl, 2012). If the interpersonal relationship between staff is poor, it would affect staff work behaviours. In turn, the poor work behaviour of the staff would inevitably affect students' learning. The work engagement of employees determines their personal involvement in and commitment to the work that motivates them to invest greater time, energy, and initiative in completing job assignments (Sonnetag, 2003). Poor interpersonal relationship at the work place would lead to poor work engagement and teaching the participants. This could be the reason for participants having to wait for faculty supervisors to supervise them to do procedure.

The reality about people and patient care activities with different clinical environment had resulted in the participants facing problem in applying what they had learnt into practice (Levett-Jones, Pitt, Courtney-Pratt, Harbrow, & Rossiter, 2015). Each clinical ward has its own setup, arrangement and work procedures which can be a problem for students. This problem could be reduced if proper ward orientation is given during each posting.

The participants' initial exposure to the reality of the new ward environment created concern about their learning. In this situation, the students may feel that they are not part of the team working in the wards, particularly at the beginning of the placement, and learning could be compromised (Lofmark & Wikblad, 2001). Nevertheless, concerns in the initial clinical placement are the beginning of the process of life-long learning (Peyrovi, Yadavar-nikravesh, Oskouie, & Berterö's, 2005).

The theory-practice problem faced by the participants is always a concern in clinical learning. It is difficult to match textbook descriptions of clinical situations with the reality of practice (Scully, 2011). This is because patients are from diverse cultural background and have their own unique reactions to their health problems. In addition, doctors and nurses provide care based on their own informed perspectives. Some of these practises may differ from classroom teachings.

Theory and practice gap can also be related to the problem of insufficient clinical practices. Participants had to wait for their turns to be supervised by the faculty supervisors if they wished to perform certain procedures. As such, they missed the opportunity to practice those complex procedures that they had learnt in the classroom. The problem of theory-practice gap could also be further compounded by the staff nurses' reluctance to teach the participants. A lack of manpower in supervision had reduced the participants' opportunities to practise. The students' learning in the clinical area can be negatively affected if they do not have quality supervisory support from the experienced nurses and faculty supervisors (O Mara, McDonald, Gillespie, Brown, & Miles, 2014). Other studies found that faculty supervisor and the nurses' understanding of students' learning needs, guidance and giving them time to adapt to people, work and the clinical environment were important for novice students' learning (Flott & Linden, 2016; Hooven, 2015).

The participants who had their first clinical placement reported to have anxiety as they did not know how to communicate or approach the patients properly. They also lacked knowledge and skills to provide care to their patients. Previous study has shown that participants found the lack of professional knowledge and skills to provide care was the most common stressor for their moderate level of stress (Higginson, 2006). The participants in this study utilized different coping strategies to manage their learning problems. They engaged actively in learning activities such as self-reading, more practice and keep questioning. This is consistent with a study which asserted that the participants' active engagement in patient care activities had facilitated their learning in the clinical areas (Magnussen & Amundson, 2003). Socializing with people at the work place had also provided opportunities for participants to access to rich learning resources in patient care, and developed a range of clinical skills such as reflecting and problem-solving skills. One of the participants said, "there are a lot of things that we don't really learn in the class, for example, handling patients, but we learnt different ways of handling patients in the wards." A study also found that the skill of acquiring effective communication skill was important. This skill could help students to learn to work collaboratively with the other health team members (Levett-Jones et al., 2009). Their initial anxiety and stress during the clinical posting due to inadequate knowledge and skill were just temporary (Hung, Huang & Lin, 2009). As soon as they engaged themselves actively in patient care, they became confident, and thus were competent in clinical practice.

CONCLUSION

This study revealed that novice nursing students experienced initial inadequacy which created anxiety during initial clinical postings. The faculty supervisors could arrange senior students to give a talk to the junior students regarding the experience of initial clinical posting. This could help to reduce the level of anxiety for the new students as they have some ideas of what to expect in their first posting.

An unfamiliar work environment, work relationship problem with other people during clinical posting can be a challenge to students' learning. Some participants reported anxiety, especially during the first clinical posting which could be compounded by inadequate supports from their faculty supervisors, staff nurses and doctors towards their learning during the posting. The students as novices in the profession require positive assistance from the faculty supervisors, staff nurses and doctors to help them learn in the clinical areas. It is important for both education and health service staff to create a supportive work environment to assist students' clinical learning. They need to teamwork harmoniously when facilitating the nursing students' learning in patient care practice. The student learning support should emphasize on providing a more conducive learning environment. The students need guidance to acquire competency in clinical practice, positive communication, interaction, questioning, reflecting and problem-solving skills in managing patient care.

This study implicates the need for the university and health service staff to team up and collaborate closely in all matters related to improve students' learning. For example, the team needs to update the nursing curriculum from time to time, plan appropriate students' clinical placement, design practical orientation ward program, organise staff and students nursing conference at local and international level. The faculty supervisors need teaching and learning updates, for example, to acquire 'hand on skills learning' on the latest clinical practices in patient care, as well as on simulation laboratory training to improve students' skills practice. The hospital and faculty should also invite the students' representatives to express students' learning needs at the hospital's and university's management meetings. Such measures may be valuable in improving nursing students' clinical learning.

Limitation

This study used purposive sampling. The findings probably represented the perception of nursing students from one nursing institution only, thus, may not be applicable to all nursing student population in Malaysia. Future study on other nursing institutions with participants from different backgrounds is recommended. A study related to a supportive clinical leaning environment would strengthen the study findings and add to the body of knowledge about nursing students' clinical learning in Malaysia

AUTHOR DISCLOSURES
Lily Lim, Zabidah Putit, Chang Ching Thon. No conflicts of interest.

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Question Guideline

Table 1. Faculty of Medicine and Health Sciences, UNIMAS, Kuching Undergraduate Nursing Students' Clinical Experience

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Section A: Demographic data

Name:

Age:

Gender:

Race:

Religion:

Year of study:

Section B: Nursing students' clinical experiences
Please share about your clinical experiences during clinical posting

i)   *Expectation during the clinical posting?*
➢   Tell me about your expectations of the clinical posting.

Probing questions.
➢   How did you find the clinical area as a learning environment?
➢   How did you find the health care services in the clinical area?
➢   Tell me about your observation of people and their work relationship at the work place?

ii)   *Feelings during the clinical posting?*
➢   Describe your feelings during the initial clinical posting experiences?
➢   Tell me about interesting event(s) that you came across during the clinical posting.
➢   How did you respond to those incident(s) at that point in time? Please elaborate?
➢   Why did you respond in that way at that point in time?

iii)   *Positive and negative experiences during the clinical posting?*
➢   Can you tell me more about clinical experiences related to:
   • ward orientation conducted for students
   • work culture in the wards
   • students' learning problems
   • clinical procedure skills
   • applying theory to practice
   • issues on clinical procedures log
   • relationship with people (faculty supervisors/service nurses/other health care personnel/peers/patients and their relatives)
   • other issues of concern.

iv) Outcome of the clinical experiences

➢   Please elaborate more the impact of these experiences on students':
- clinical performance.
- work relationship with people
- professional development
- personal development

v) Coping mechanism

➢   How did you cope with those challenging clinical experiences that you had mentioned?
➢   Please elaborate more on your coping mechanism under:
- self support.
- social group support.
- teaching-learning supports.
- others (e.g. religion; recreational activities)

Ending Questions

➢   How would you suggest to improve students' clinical experiences during their clinical posting?
➢   Are there any more things that you would like to say before we end our sharing moments?