

NAVIGATING CLINICAL PRACTICE: STORIES FROM NURSING STUDENTS

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Abstract

Clinical training represents a cornerstone of nursing education, offering students the opportunity to bridge the gap between theoretical knowledge and real-world practice. As a practice-based profession, nursing requires hands-on experiences that foster competence, confidence, and independence. The quality of these clinical experiences plays a pivotal role in shaping future nursing professionals. This manuscript explores the significance of effective clinical training environments in nursing education, emphasizing their impact on students' preparedness for professional roles. Drawing on previous research, the discussion highlights how meaningful clinical placements enhance learning outcomes and support the transition from student to practitioner. It underscores the need for structured, supportive, and well-supervised clinical settings to ensure nursing students gain the essential skills and experiences necessary for effective healthcare delivery.

Keywords: Nursing education, Clinical training, Professional competence, Practice-based learning, Student experience

1. Introduction

Clinical training is integral part of nursing student's professional experience. The quality of nursing practice tremendously depends on the quality of the clinical experiences provided (Elliot, 2002; Napthine, 1996). Students need effective clinical locations in order to apply the theory to practice (Elliot, 2002). These clinical experiences are central to the student's preparation for entering the workforce as a competent and independent practitioner (Penman and White, 2005; Papp et al, 2003). Nursing is practice-based profession hence learning in the clinical practice is an important component of nursing education. The quality of nursing education depends largely on the quality of the clinical experiences provided to nursing student in the clinical environment (Henderson et al. 2006). The clinical practice takes place in a dynamic social complex environment where patient care is provided as well as students learning takes place (Ip and Chan 2005). Students 'experiences in a clinical learning environment may have profound impact on their learning whether positively or negatively. Experiences, including application of theory to practice, effective mentoring and constructive feedback positively influence learning (Kaphagawani &

Research Article

Useh 2013; Donna 2009) However, clinical training is a sophisticated experience lived by the nursing students in terms of positive, vague or negative experiences. Dealing with real, learning, unusual, changing, demanding, and sometime painful environment is a great challenge facing novice nursing students and is worthy of investigation from the perspective of nursing students' side.

Similar experiences of immersive clinical placement such as Recovery Camp can impact students' perceptions of people with mental illness, and it has a positive effect on student learning and influence students' decisions about future practice. The learning experience of nursing students who attend sole, recovery-orientated clinical placements can be both positive and educative (Patterson et al 2016). The Aim of the present study is to capture the nursing students experience during their clinical training.

Research question: How did the nursing students experience the clinical practice?

2. Methodology

This study used qualitative Phenomenological approach in order to explore the lived experiences of nursing students in clinical practice. The study was conducted in King Saud Bin Abdulaziz University for health sciences (KSAU-HS), College of Nursing-Riyadh between the periods from October to December, 2015. All of the nursing students who have clinical experience from level five till level eight were invited to participate in the study. Students with clinical experience were enrolled in the following courses; fundamental of nursing care II, nursing care of adult I, nursing care of adult II, Maternity, pediatric, psychiatric, management and critical care nursing. One hundred and seventy two nursing students agreed to participate in the study and they were assigned to focus groups according to their preference. Each focus group contained a maximum of 12 nursing students and 2 researchers. Ten open ended questions were used to guide the group discussion.

Two tools were used to collect data for the study. The first one was interview questionnaire sheet for socio demographic data as age, marital status, number of children and academic year. Second tool was interview schedule consisting of three themes such as Students Positive clinical learning experiences, challenges and anxiety producing situations and the best and worst moments in their training. The content validity of these tools was determined by expert colleagues from the same college who judged for its adequacy and to ensure that these tools measure what it intended to be measured. An informed consent was taken after the purpose of the study was clearly explained to the students. Students were informed that they have the right to withdraw from the study at any time and each one was given the free opportunity to refuse to participate. The PI was assured that —all data both hard and soft copies must be stored within the KSAU-HS, premises and access by the research team only.

3. Results

Demographic data, as collected on the this study , showed that (99.1%) of the students their age from 20 – 25 years old ; (94.9%) single; (99.1%) did not have children; the students were in levels 5 to 8 of a bachelor of science in nursing (BSN) program . The data fall into three themes

3.1. Student`s reflections on their clinical experience including positive learning experience:

The study results revealed that some of students mentioned that in some courses there is difference between what they have learned in the classroom and their practice in the clinical setting. They stated that they have learned so many in classes and they do not apply in actual setting they also added that some preceptors do not follow the nursing standard in some procedures such as physical assessment, not applying the nursing process and ask the students to follow as they do.

Students also said that there are repetitions in the clinical objectives between adult I and adult II

Majority of students reported that "we could not practice some procedures as no availability of patients e.g. catheterization. some preceptors take us to another place and some do not care" Some of students identified that some preceptors are not willing and not able to teach us, they told "I have no time to teach you so go and search on google and I will explain to you later", on other hand some students expressed that some preceptors communicate well with the students and they are interested in helping them but they need to be prepare to take the role of instructor.

Some students identified midwife preceptors as some of them were helpful and the others were unhelpful, and students indicated that they prefer to work with a caring midwife preceptor, who enjoyed teaching and answers questions fairly

3.2. Challenges and anxiety producing situations:

Regarding the Challenges and anxiety producing situations the students reported the following; some students expressed that some situations in the clinical area were challenging and anxiety producing such as, they were worried to get infection from hospital, sometimes the staff nurses did not inform them that this patient was infectious, one student said —we are afraid while handling new equipment, wound dressing was traumatic experience for us and when I exposed to patient had open wound and there were fluids and blood. Another student said —I was anxious when the preceptor asked me to change the diaper to male patient, some male patients focus on me. And another student said —I was anxious when the preceptor asked to do suctioning for the patient, it was the first time I never forget that day my heart rate was increasing I had palpitations I was not comfortable in front of the preceptor and the patient. Also some of the students mentioned that —we are afraid while handling new equipment, wound dressing was traumatic experience for us".

Some students also said that some physicians were aggressive and not accepted them. Some students mentioned —I got anxious when the physician gave order to me and my preceptor is not around. Moreover students mentioned that the accent for some nationalities acting as language barriers to understand their explanations, using a lot of abbreviations, new vocabulary so they could not understand the patient`s conditions. Majority of students expressed that nursing profession was not appreciated by the community they said that the community accept and respect the physician than the nurses, one of the student said —the community treats us as servant and many

patients are not treating us properly. Few students reported that —although the community refuses the nurses but our family supported and helped us to be a nurse, I felt proud being a nurse, and I felt like an angel.

In addition majority of students said that they exposed to high level of stress during the evaluation as it subjects to many errors such as halo effect, overrated or underrated without any justifications or comments which they heard from the preceptors that "you are students and are not appropriate to get full marks".

3.3. The best and worst moments in students' clinical training:

The best things as expressed by some of the students —I felt happy when the preceptor asked me to do hard skills such as injections and vital signs under her close supervision —her hands with my hands. At that time I felt that I learned something and I did something valuable, the best thing expressed by the patient —when the patients pray for me, the best thing also according to one student when I was helpful to patients they appreciated the nursing profession. The worst things as expressed by the students —when we did something wrong the preceptor blame us, when we were incompetent in nursing skills, when the patient is dying, dealing with children in pain.

4. Discussion

4.1. Student's reflections on their clinical experience including positive learning experience:

Students reflections on their clinical experience indicated the following; Students were confident because of direct supervision; develops attitudes, competencies and interpersonal communication skills; high level of satisfaction; there is a gap between theory and practice; couldn't practice certain procedures and preceptors need to be exposed to more workshops on clinical teaching.

Level 5 students expressed moderately confident, comparing with the student in the level 8 and they feel happy as they serving human. From the researcher's point of view, this is expected finding that the practice setting is able to provide the students with a positive learning environment through the collaboration between the nursing service and the college of nursing, continues and direct supervision of qualified preceptors and clinical resource nurses, availability of experience, these findings are in consistent with Dunn and Burnett (1995); Emmanuel (2013), described that the clinical learning environment as an interactive network of forces within this environment students develop their attitudes, competence, interpersonal communication skills, critical thinking and clinical problem solving abilities which are required to build their self - confidence. It is also in consistent with the study done by Brown and Bright (2017); Hart (1994) who reported that, this innovative teaching strategy lead to transformed attitudes toward older adults, reduced fear of older adult populations, an increased desire to work with older adults, and the ability to form a transpersonal, caring relationship while enhancing nursing knowledge and skills (Swarna Sep/Oct 2015).

The student expressed that they could practice on real situation better than the nursing skill laboratory this finding was matched with Chan (2001); Kapucu and Bulut (2011) who found that clinical practice enables the student to develop competencies in the application of knowledge, skills and attitudes to clinical field situations. In addition, students' level of satisfaction was high when they were treated with respect especially when they were included

Research Article

as part of the health care team. From the researcher's point of view, the practice on the real situation provided the students with the optimal opportunities to see, hear, sense and do (Windsor 1987).

As regards the gap between theory and practice the researchers believed that this discrepancy could be related to the level of performance of some preceptors and the hospital management system, this is consistent with several studies as with Clapton and Cree(2004)who reported that graduates felt that their class work had not adequately prepared them for real world practice Thompson (2000), makes the point that —there is an unacceptable gap between theory and practice, a disjuncture between what is taught or learned and what is practiced. Clapton and Cree (2004) concluded that there is a need for learning models that integrate theory and practice in ways that bring the field into the classroom as well as take the classroom into the field. This finding is supported by other studies such as Ferguson and Jinks (1994) reported that the existence of theory-practice gap in nursing has been an issue of concern for many years as it has been shown to delay student learning.

All the students in this study clearly illustrated that there is a gap between theory and practice in terms of what they have learned in the skill laboratory and classroom. Some procedures are different in the hospital setting such as nursing process; it is not applied in the hospital setting.

In reference to this point repetitions in the clinical objectives between adult I and adult II the quality unit revisit the clinical objectives for both courses they found that two courses are related more than redundancy. Regarding the students' reflection upon the preceptors who need to be exposed to more workshops on clinical teaching. From the researchers point of view, Although the preceptors is a positive experience for the majority of students, problems occasionally arise, may related to student dissatisfaction or poor communication, lack of a match between the student learning style and preceptor style. These results were in consistent with the study Rahmani (2011) and Angela (2010) which described educational authorities should have special attention to the quality of continuing legal education (CLE) of nursing students. Students reflected they prefer to work with a preceptor, who enjoys teaching and answers questions fairly this results was in congruent with Farkhondeh (2005) & Licqurish, Seibold(2008) who reported that about half of the students mentioned that some of the staff nurses are very good in supervising us in the clinical area. From the researcher's point of view the preceptors need to expose to more workshops about the clinical teaching, need to be more oriented with the intended learning outcomes for each course, course specification, learning strategies and assessment process.

4.2. Challenges and anxiety producing situations:

Regarding the Challenges and anxiety producing situations the students reported that they were worried that they may get infections from the hospital; felt afraid to handle new equipment; felt afraid to do certain procedures such as suctioning; felt afraid when physician gave orders and preceptor was not around; community treats us like servants.

Regarding the students reflection about dealing with male patient, this is an expected finding due to restricted communication between female and male in Saudi Arabia. As regards students reflection upon some physicians,

may be due to unequal power relations between nurses and doctors as they perceived as well as some patient's family do not allow the students to touch the patients. This finding also was consistent with Magdalena (2011); Malcolm (2002) and Mlek (2011) who revealed some factors has been linked to students' experiences of stress and anxiety in a clinical setting which are interpersonal relationships with nursing and medical staff, the fear of making mistakes and possibly harming patients besides the lack of knowledge needed to perform clinical skills. Moreover Farkhondeh (2005) and Mabuda (2008) who reported in their study that the students that they experienced anxiety as a result of feeling incompetent, making mistakes and unqualified preceptors to help and teach students and to take care of various patients in the clinical setting.

Moreover students mentioned that the accent for some nationalities acting as language barriers, this findings could be related to different nationalities so we ask them to speak slowly with the students so we can understand their explanations, in addition there is a policy stating they are not allowed to use their own vocabulary or language. Regarding the students reflection upon the preceptors this is matched with Farkhondeh (2005) and Beck (1991) who reported that, may we need to emphasize that the evaluation process should be discussed at the beginning of the preceptorship and the students have the right to understand "up-front" what will be evaluated and when and how evaluation sessions will take place.

4.3. The best and worst moments in students' training:

Regarding The best and worst moments in students' training the students reported that Students felt happy with close supervision with preceptors hands on her hands; when patients prayed for them; worst moments such as when they did something wrong; incompetent in nursing skills. This result was in consistent with study that shows Italian nursing students have a positive perception of the clinical learning environment, although there remains room for improvement (Perli Serena 2009 and Papp 2003). The worst things that expressed by the students regarding the blaming by preceptors and feeling of incompetent in nursing skills, these results were in consistent with the study done by Farkhondeh Sharif et al., (2005) who reported that; _Students experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting'.

5. Students' suggestions to improve the clinical experience:

Many students suggested to have clinical instructor from the college side to be with them along the clinical time to ensure that the clinical objective have achieved, lockers must be provided for them to keep their stuff because some of them lost money. Some students suggested that to allocate the preceptors who were interested to teach them, and to break the gap between theory and practice by teaching the preceptors all the requirements of the course and the process followed in the college to maintain the consistency.

6. Conclusion:

Findings suggest that there is a need to rethink about the clinical skills training in the field of nursing. Distinctly, approaches in order to decrease the gap that exists between the academic and the clinical component of nursing

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education should be explored, clinical instructors on the other hand need to design strategies and new innovative ways for more effective clinical teaching. Finally, there is a necessity to use approaches that facilitate learning in clinical practice in beyond creating a conducive clinical learning environment.

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Research Article

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Research Article

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