

Nursing and Midwifery Students' Lived Experiences During Clinical Practice in Palestine

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Abstract

Clinical practice is an integral part of nursing curriculum of pre-registration nursing courses to actively engaging student nurses with knowledge, skills, and attitudes required for their future nursing profession and for the fulfillment of intended learning outcomes. The purpose of this study was to identify nursing and midwifery students' problems during clinical practice at the baccalaureate nursing program in Palestine. A descriptive cross-sectional study with proportionate sampling of 340 students was conducted. The study population was comprised of the second, third and fourth year students enrolled in a baccalaureate nursing and midwifery programs. Research data were collected using a 45-item self-administered questionnaire. Prior to beginning the study written permission was obtained from the school administration and verbal consent from all participants. Research data were analyzed with descriptive and inferential statistics by using SPSS version 23. The study findings showed that 85.2% of the students reported that the teaching staff were not with them during clinical practice, 83.3% that they were not able to transfer theoretic knowledge they had learned into practice, 72.7% that they were used to do tasks other than their primary patient care on the ward, 74.5% that the teaching staff was not able to establish cooperation with the hospital employees. Findings reveal that student nurses in Palestine meet a number of challenges in the clinical learning environment. Therefore, approaches that facilitate learning in clinical practice in beyond creating conducive clinical learning environment are essential.

KEY-WORDS: Clinical practice, Clinical setting, Learning, Lived experiences, Student nurses

I. INTRODUCTION

Theoretical and practical learning experiences are an integrated combination of nursing education aim to enhance the ability of nursing students to comprehensively and systematically resolve the clients' nursing problems, through acquiring knowledge, skills, and attitudes needed to enhance the quality of nursing care (Forsberg et al., 2011; Budgen & Garmoth, 2008). Although clinical experience is one of the most significant sources of stress and anxiety producing components of the nursing program, it is a core part of the baccalaureate nursing curricula. Clinical training, not only gives students the opportunity to transfer what they have learnt during theory into the unfamiliar and complex clinical practice environments (Clynes & Raftery 2008; McKenna & Wellard, 2009; Yang, 2013). It also helps students learn a variety of skills, such as how to establish communication, make decisions and work as a member of a team. Therefore, a constructive clinical teaching environment that provides nursing students with opportunities for the development of confidence and competence, and with a focus on student learning needs rather than health care service delivery needs, is essential (Croxon and Maginnis, 2009).

Administrators of University Schools for Health Science and Nursing Schools in Palestine have adopted preceptor as a method of organizing students' clinical experiences and supervision. Preceptor, supervisor and mentor are often used synonymously and interchangeably in the literature (Yonge et al., 2007). For this study, the term preceptor has been chosen and defined as the staff nurses who have the competencies, abilities and who agree to work with nursing students to provide them with opportunities to reinforce their knowledge with clinical practice (Budgen and Gamroth, 2008). Budgen & Garmoth (2008) suggested that education in the clinical environment allows students to become socialized into the norms and culture of the nursing profession. Therefore, learning in the clinical practice should be effectively facilitated; in order to adequately prepare nursing students to perform the role of a professional nurse upon graduation (Fitzgerald et al. 2011).

The goal of nursing education is to "develop independent, purposeful critical thinkers who can support the clinical reasoning necessary for practice" (Ellerman, Kataoka-Yahiro, & Wong, 2006). Learning in the clinical practice takes place when students apply what they have learned in classroom situation and practiced in a simulation laboratory into the reality of nursing. As students and nurses utilize the nursing process to assess, diagnose, plan, implement, and evaluate their patients' potential and actual issues, they will become better clinical decision makers and improve professional judgments (Huckabay, 2009).

Several authors show that there is a gap in integrating theoretical learning and skills to practice which have had an impact on students learning in clinical skills (Ip and Chan 2005; Allan, 2011; Chan, 2013; McKenna & Wellard, 2009). Thus, they were unable to transfer knowledge and theory learned in their nursing program to actual practice which had negative consequences on patient outcomes (Benner et al., 2009; Tanner, 2006). Furthermore, this lack of exposure to expert thinking affects experienced nurses as well, who are unable to progress to a higher level of proficiency. The inability to retrieve knowledge transcends into a failure to recognize patient conditions and respond appropriately.

This paper describes undergraduate nursing student's perception toward factors that influenced their clinical learning experiences. However, according to a review of the literature, there are few quantitative studies have been done on the challenges nursing students are faced with in the clinical learning environment; unfortunately, such studies are lacking and these challenges are still unknown in Palestine. Knowledge about the perceived factors that influence learning in nursing students is essential in any student centered learning environment and will assist nurse educators to develop appropriate teaching strategies for the

clinical learning environment. Since clinical practice periods are a vital component in the curriculum of pre-registration nursing courses, it is important to evaluate the students' experiences of their supervision and whether the intended learning outcomes are reached. Accordingly, this study aimed to explain the challenges of the nursing students in the clinical learning environment.

BACKGROUND

Since a supportive clinical learning environment has a positive influence on the students' professional development, a poor learning environment can have contrary effects on their professional development process (Chesser-Smyth, 2005). The unpredictable nature of the clinical training environment can create some problems for nursing students. These problems have been reported by several researchers in the literature. The most common factors contributing to these problems include the first clinical experience, fear of making mistakes, performing clinical skills, faculty evaluation, the teaching staff, and the inadequacies in supplies and equipment and the environment of the clinical settings (Melincavage, 2011; Shabana et al., 2012; Anthony and Yastik Baxter, 2011; Levett-Jones et al., 2009; Aydin et al. 2007).

In a study conducted by Tulubas & Karadag (2007) in nursing schools it was reported that 21.6% of the students had experienced problems with teaching staff in the clinical settings. Lack of student preceptor relationships were found to be obstructive factors for learning, while good interpersonal relationship, communication and support between staff and students create conducive environment for students learning in the clinical setting (Kelly, 2007). Another study carried out Deniz & Karakulak (2006) at Aydin School for Health Sciences, the results revealed that 51.3% of the students reported that their clinical instructor did not give adequate guidance in the clinical setting, 62.4% that they were closely checked by the guidelines, that the teaching staff did not introduce the student on the ward, and 56.9% that they were not fairly assessed on the ward. In another study 73.9% of the nursing students reported that they had experienced problems with ward nurses (Tulubas & Karadag 2007).

In another study conducted at Antalya School for Health Sciences 84% of midwifery and nursing students expected the teaching staff to be in control of the ward, to prepare students for new procedures, to know ward procedures, and help the ward staff and students form positive relationships. At the same time 31% of the students wanted teaching staff to trust the students, be tolerant, respectful and supportive (Keskin & Calikan 2006). In another study examined clinical practice in Sweden, Lofmark and Wikblad identified lack

of opportunity for the nursing students to practice in the clinical area as a problem; suggesting that lack of opportunity for the nursing students to practice affects the conversion of the theoretical knowledge to practice (Lofmark and Wikblad, 2002).

Lack of learning opportunities for students in clinical settings to competently and safely care for patients could result in a nursing graduate who has not met the required standards and competences of the profession. This lack of opportunity to develop required competencies could adversely affect the nursing students' learning and eventually the care rendered to patients (Lawal et al., 2016). Clynes and Raftery (2008) reported that providing students with feedback from mentors, preceptors and nurse educators during clinical learning helps them to gain confidence as through feedback they know their progress.

Finally, a previous study showed that, 56.3% of the nursing students thought that clinical instructors needed to take more responsibility on the ward, 55% that there needed to be more communication between the student, clinical instructor and nurse, 35% that nurses needed to give more support to students, and 43.7% that they should not be made to do non-nursing tasks (Ozcan and Shukla, 1993).

Methodology

Design: A descriptive cross-sectional study design was utilized. A stratified sample of 280 nursing and midwifery students was recruited. Approximately more than half of the sample was female. The selected students were approached because they have a particular knowledge or enough clinical practice to compare what is learned from theory. We excluded bridging students because most of these students have had working experience in the hospitals and it would be hard for them to relate to the theory-practice gap. Only students from second, third, and fourth year were approached. The first year students were excluded as they were only exposed to clinical training at the faculty labs.

Setting and sample: The sample was derived from students who had experienced clinical practice among the students in the department of nursing and midwifery sciences in Al-Quds University in Palestine. A stratified sample of 340 nursing and midwifery students was recruited. Approximately more than half of the sample was female. The selected students were approached because they have a particular knowledge or enough clinical practice to compare what is learned from theory. We excluded bridging students because most of these students have had working experience in the hospitals and it would be hard for them to relate

to the theory-practice gap. Only students from second, third, and fourth year were approached. The first year students were excluded as they were only exposed to clinical training at the faculty labs.

In Palestine, nursing education is mostly taught over through 3-year hospital based apprenticeship programs and is carried out in hospitals and in the community. All nursing students are enrolled in university based, 4-year baccalaureate program in which clinical experience start in the second year of study. Clinical practice forms about 50% of the total program as required by the Ministry of higher education of Palestine. Clinical preceptorship is given by faculty based preceptors, supported by registered nurses assigned to the clinical area. Students visit a number of public and private hospitals, community health centers and schools for clinical experience. The number of students assigned to units varies widely and is often dictated by the health institutions.

Data collection and instrumentation

Data were collected on a self-administered questionnaire. It was developed by the researchers as guided by the literature (Özaltın 1993, Erdil 1993, Tulubas & Karadag 2007, Aydın et al. 2007). Nursing students were asked about the factors they felt affected their learning experience in the clinical area. The questionnaire was divided into five sections: the first section defined problems students had with teaching staff in clinical practice; the second section defined problems with ward personnel; the third section defined problems with inadequate equipment, supplies and physical conditions; the fourth section defined problems with students themselves; and the final section defined problems with the curriculum. The student's perceptions of an ideal learning environment were also sought using mainly Likert-type with response options ranging from "I Agree" (1), "I Disagree" (2), "I don't know" (3). The instrument was reviewed by five clinical and educational specialists and pretested among 30 students not included in the study population resulting in minor modifications to questions relating to the clinical learning experiences of students. A Cronbach alpha score of 0.82, a high level of internal consistency was recorded by the instrument. Data were collected three days in November 2016, during students' regular classes.

Ethical Issues

Prior to beginning the study ethical approval and permission were granted by the administration of the school of nursing. The purpose of the study and how the data would be used were explained to the students and they were reminded that no names or identification numbers were required on the

questionnaire. Written informed consent was obtained from the students before the questionnaires were administered. The 30 students who participated in the development of the questionnaire also did so voluntarily. All completed questionnaires were then stored in a locked filing cabinet to maintain confidentiality and anonymity.

Data analysis

The data analysis was performed using the statistical package for the Social Sciences (SPSS) for windows version 23. Descriptive statistics (frequency, distribution, mean) were used to analysis the data.

RESULTS

A total of 330 students from the first, second and third years of the Bachelor of Nursing Program from one University College participated in the study; 83 students from the second year, 124 from the third year and 123 from the fourth year.

Problems students experienced in clinical areas

1- Problems with teaching staff

Almost all (85.2%) of the students reported that the clinical instructors were not with them during clinical practice, 83.3% that they were not able to transfer theoretic information they had learned into practice, 74.5% that cooperation with the hospital employees was not provided, 78.8% that there were no objective assessment criteria for students on the ward, 72.7% that they perceived being closely checked according to guidelines was a problem, and 56.1% that the students were treated inconsistently (Table 1).

Table 1 Frequency and percentages of variables that related to the problems with Clinical instructors

Item	Frequencies & Percentages		
	Agree	Disagree	Don't know
I am not able to find teaching staff to be able to practice one-on-one	281 (85.2)	46 (13.9)	3 (0.9)
I hesitate getting guidance or asking questions of teaching faculty	137 (41.5)	184 (55.8)	9 (2.7)
I am not able to get feedback about tasks done from teaching staff	120 (36.4)	193 (58.5)	16 (4.8)
Clinical instructor talk about my inadequacies in inappropriate settings and with an inappropriate manner	104 (31.5)	210 (63.6)	16 (4.8)
Clinical instructor cause students to lose their confidence with severe criticism	109 (33.0)	201 (60.9)	18 (5.5)
Clinical instructor do not give positive feedback	114 (34.5)	202 (61.2)	14 (4.2)
Clinical instructor do not support students doing interventions	143 (43.3)	174 (52.7)	13 (3.9)
Clinical instructor are inconsistent with students	185 (56.1)	129 (39.1)	16 (4.8)

Clinical instructor evaluate students very closely with guidelines	240 (72.7)	85 (25.8)	5 (1.5)
I cannot transfer theoretic knowledge into practice	275 (83.3)	52 (18.2)	3 (0.9)
Clinical instructor do not assess students objectively	260 (78.8)	60 (18.2)	10 (3.0)
Clinical instructor are not able to ensure cooperation with ward personnel	246 (74.5)	75 (22.7)	9 (2.7)

2- Problems on wards associated with inadequacies in supplies, instruments and physical conditions

Environmental problems experienced by the students on the wards were not having a room for changing clothes(84.9%), not having an area for meetings together with teaching staff (75.8%), not having sterile gloves to use during procedures (66.7%), and not having antiseptic solution and towels for their hands (61.2%) (Table 2).

Table 2 Distribution of students' problems with inadequate equipment, supplies and physical conditions on wards

Item	Frequencies & Percentages		
	Agree	Disagree	Don't know
Wards being inadequate for student practice	120 (36.4)	150 (45.5)	60 (18.2)
Not having a room for students to change clothes and lockers	280 (84.9)	41 (12.4)	9 (2.7)
Not having a room for joint meetings with teaching faculty and students	250 (75.8)	64 (19.4)	16 (4.8)
Not being able to comfortably establish communication with ward personnel	104 (31.5)	210 (63.6)	16 (4.8)
Not having enough sterile/ disposable gloves for use	220 (66.7)	100 (30.3)	10 (3.0)
Not always having available antiseptic solution and towels for hands	202 (61.2)	114 (34.5)	14 (4.2)
Not being able to adequately meet nutritional needs	143 (43.3)	174 (52.7)	13 (3.9)

Table 3 Distribution of students' problems with hospital employees

Item	Frequencies & Percentages		
	Agree	Disagree	Don't know
Not supporting students' taking initiative on wards	281 (85.2)	46 (13.9)	3 (0.9)
Being excluded by ward personnel	137 (41.5)	184 (55.8)	9 (2.7)
Not being able to be use knowledge and experience	120 (36.4)	193 (58.5)	16 (4.8)
Not being able to comfortably establish communication with ward personnel	104 (31.5)	210 (63.6)	16 (4.8)
Not being treated with patience and tolerance by ward personnel	230 (69.7)	82 (24.8)	18 (5.5)
Not serving as teachers for case studies	114 (34.5)	202 (61.2)	14 (4.2)
Not being able to work completely effectively in primary patient care	143 (43.3)	174 (52.7)	13 (3.9)
Facing negative behaviours	185 (56.1)	129 (39.1)	16 (4.8)
Being used to do tasks other than patient care	240 (72.7)	85 (25.8)	5 (1.5)
Not creating an environment in which procedures learned in class could be practiced	275 (83.3)	52 (18.2)	3 (0.9)

DISCUSSION

The findings obtained from the study demonstrated that a variety of students' problems with issues related to students, instructors, clinical settings and teaching-learning process. were determined.

According to the study results the most common problem experienced by students was they find difficulty in transferring theory into practical clinical situations (Smith et al., 2007). Previous studies have shown that students were not being able to transfer topics that they had been taught in the classroom into practice. The results of this study are consistent with previous study results (Sharif & Masoumi 2005, Buyukyoruk 2007). In a study by Atalay et al. (1993) students have difficulty transferring theoretic knowledge into practice because of their fear of harming patients, fear of health care personnel and teaching staff reactions, and difficulty getting patients to accept their practice.

The results of our study imply our students on the wards were having only one teaching staff member with them (Table 1). This problem is not just one at our university or with our students but is a general problem in university schools for health science in worldwide, including Palestine. The most obvious reason for this problem is the role of the university teacher has changed, from that of a clinically skilled practitioner to a role where emphasis is placed on classroom teaching, administrative tasks and research activity (Saarikoski et al., 2009). Teachers themselves found that giving time for clinical practice competed with the demands of academia for classroom based teaching, publishing and research activity (Löfmark et al., 2012). The

literature indicates that availability of teaching staff in clinical settings have a distinguished advantage because of their ability to be familiar with learning outcomes for clinical practice and how it can be reached and assessed, in addition, they can make links between theory and practice (Gillespie and McFetridge, 2006). On the other hand, few authors said that to teach effectively, teachers must update their skills by participating in care (Pegram and Robinson, 2002) while other authors deem that through reading, writing and research, the nursing teachers can maintain effective teaching and knowledge in the clinical area (Barrett, 2007).

According to our research results the teaching staff were not able to establish cooperation with ward employees, were not able to develop objective assessment criteria for students on wards, were not patient and tolerant with students, supervised students more from the guidelines, and acting inconsistently with students. The results of other studies on this subject are consistent with ours (Table 2). In this study it was shown that students thought that the teaching staff was inadequate for guidance in clinical settings, that they were closely checked according to the guidelines, that the teaching staff did not recognize students on the wards, that students were not assessed fairly, that the teaching staff were judgmental, and that they were merely judged. Students wanted the teaching staff to show them more positive attitudes and behaviors (Keskin & Caliskan 2006, Deniz & Karakulak 2006).

Other problems widely experienced by our students in clinical sites were being used for tasks other than primary patient care, being excluded from clinical practice and not being shown tolerance. In other studies conducted on this subject as well students reported widespread experience with problems associated with health care employees on wards (Ozcan et al. 1993, Tulubas & Karadag 2007). In the study by Özcan 61.4% of nursing students reported that ward nurses were demanding, critical and belittling and 42.6% that they were expected to do non-nursing tasks (Ozcan et al. 1993). In the study by Atalay et al. (1993) ward nurses wanted students to do tasks of assistant personnel or had them do their own personal tasks.

Students who refused to comply with these requests were subjected to negative behavior by nurses. The results of the Atalay et al. study are consistent with the results of our study. In our universities our students are taught patient-centered care and are directed by teaching staff to refuse to do task-centered procedures and non-nursing tasks. However because students do not always have teaching staff with them they may be excluded from wards for rejecting non-nursing tasks and may perceive themselves to be unnecessary on the ward. Health occupational high school students who agree to do every task given them

on wards are better choices by ward nurses. Other studies support our study results that students are used for tasks other than primary patient care.

According to our research results students experienced problems with the scarcity of resources/equipment, and physical conditions on wards, such as not having a place to change clothes, not having areas where they can have joint meetings with clinical instructors, not having sterile gloves available for doing procedures, not having antiseptic solution and towels for their hands (Table 3). In the study by Bayraktar (1993) 21.9% of the students perceived not having a place to change clothes and 15.8% not having a break room to be a problem. In the study by Atalay et al. (1993) 95% of the students thought there were inadequate supplies, equipment and physical conditions on wards. The results of our study are consistent with other study results.

Nursing students' perceptions regarding disparities between what was learnt in class and simulation laboratory and the actual practice in clinical practice have been shown in earlier studies, in Turkey (Sari and Elcigil, 2008); in Jordan (Safadi et al., 2012)

Conclusion

Clinical education is a vital component of the nursing curriculum. A supportive and co-operative clinical learning environment is of paramount importance in attaining the students' professional development. It has been determined that the most influential elements affecting the students in the area of clinical practice are the clinic nurses, preceptors and patients. An environment that positively influences students' progress towards developing professionalism is highly recognized. These nurses of tomorrow deserve the very best preparation in clinical practice as they are the future of the discipline (Mannix et al., 2006). Therefore, nursing programs should invest in recruiting, training and developing their teaching staff to prepare students effectively for the challenges of the nursing profession.

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