How does nursing student internship clear up nursing problems?

The World Health Organization (WHO) reports that global life expectancy has improved recently; however, there are large gaps between rich and poor countries in terms of resources and health care services. High-income countries need to deal with injuries, obesity, and non-communicable and chronic diseases, whereas in Africa, 70% or more of the years of life lost are still caused by infectious diseases and related conditions (1). Care needs vary widely, but nursing care is essential to the health of populations worldwide. The demand for nurses has been rising. Nevertheless, there is a shortage of nurses in most countries; this is especially severe in developing world exacerbated by migration of nurses to industrialized countries.

Nursing practice also faces a number of challenges. Rapid advances in science, sophisticated new medical technologies, and complex procedures require nurses to be more skilled and qualified. There is ongoing pressure on nurses to provide safe, quality, and cost-effective care for a growing number of patients. Increased health care costs, and concerns for patient safety are combined with stressful working conditions and hierarchical structures of health care organizations that limit nurses’ autonomy. Besides, transition from student to professional nurse and adjusting to a new role and workplace are particularly challenging.

Patricia Benner’s model in From Novice to Expert: Excellence and Power in Clinical Practice (1984) suggests that nurses acquire clinical expertise through five stages: novice, advanced beginner, competent, proficient, and expert (2). New graduates are novice nurses who have limited work experience and competency. Without an opportunity of practice for an extended period of time, novice nurses feel unprepared for clinical practice (3). Studies indicate that graduate nurses entering the workplace feel deficient regarding competence, confidence, and clinical skills. They are concerned with making errors, and overwhelmed by increased patient workloads versus inadequate staffing (3-6). This feeling of unpreparedness can lead to job dissatisfaction, emotional exhaustion, fatigue, frustration, moral distress, and even quitting the job. The European NEXT-Study, financed by the European Union and carried out in Belgium, Finland, France, Germany, Great Britain, Italy, the Netherlands, Poland, Sweden, and Slovakia, with participation of more than 40 researchers in 14 research institutions, demonstrated that the degree of intention to leave the profession among nurses differs by country, ranging from 16.0% in the Netherlands to 24.9% in Germany (7). Bowles and Candela (8) examined new nurses’ perceptions of their first jobs and revealed that nearly one third reported leaving their positions in the first year. The turnover of newly qualified nurses is of particular concern as the rate of nurses who intend to leave the profession is high and current nursing shortage has already had a negative impacts on care system quality.

Addressing some of these challenges depends on education of nurses: well equipment with knowledge, acquiring clinical skills and positive attitudes, as well as on strategies of health care organizations to retain qualified nurses and recruit new graduates. Strategies to facilitate the transition of students into clinical practice and to recruit graduate nurses include orientation, residency, extern, and internship programs, as well as mentorship or preceptorship and support groups (9-10). Internship programs are usually offered by health care organizations to graduate nurses or nursing students in their final year. The length of nurse internship programs vary from 6 weeks to 12 months depending on the different areas of specialization, such as intensive care, critical care, or pediatric nursing. Most programs include theoretical content with clinical support
by preceptors or mentors. Whether the internship program is paid or not depends on the nursing program and health care organization. For-profit hospitals usually offer paid internship programs, while non-profit and government organizations offer unpaid programs. Nursing internship programs have the potential to increase the confidence and critical thinking of participants, to enhance knowledge, skills, and clinical competence, and to reduce stress and anxiety. For health care organizations, the most important outcomes of such programs are improvements in the quality of patient care and retention rates, and the reduction of turnover costs (9-11).

As the emphasis of today’s health care systems and organizations is on producing maximum outcomes with minimum cost—namely cost-effectiveness and efficiency—there is increasing pressure on nursing faculty to integrate internships into the final year curriculum of nursing students. Providing the benefits of nurse internship programs in the transition of students to professional role, this can surely be a viable alternative. However, while considering internships for nursing students, it should be kept in mind that nursing educators’ primary responsibility is developing the knowledge and clinical skills of nursing students. To ensure effective teaching and prepare nurse students clinically competent, the student-to-faculty ratio must be kept low. Notwithstanding, the existing nursing shortage also includes the shortage of nursing faculty insufficient to the number of students increasing each year. Furthermore, skills laboratories are required in nursing schools with sufficient space, mannequins/simulators, task trainers, standardized patients, and equipment necessary for clinical skills training. It is unfair to expect faculty to effectively teach to develop the clinical skills of students without the necessary resources.

In addition, several limitations and/or drawbacks of nursing student internships should be considered. First, if nursing internship programs are designed without cooperation of nursing schools and health care organizations, the potential discrepancies in learning objectives among institutions may lead to unrealistic expectations from students. Second, the effectiveness and success of nursing internship programs depend on quality of mentors in clinical settings, including their clinical, teaching, and communication skills and motivations. Mentors or preceptors should also be adequately prepared, and must have enough time and energy to devote to students. If they are expected to help students during the internship program while maintaining a full patient assignment and without receiving additional compensation, the students cannot receive adequate support. Yet, the reality in practice is that nurses have to work with inadequate staffing and an increased workload with few or no mentors. Under these conditions, they could not effectively manage nursing students. Third, students should be regarded as a vulnerable group, as they have a dependent relationship with the faculty, as well as with their preceptors/mentors or practicing nurses during internship programs. There is always the potential for the exploitation of students as free or cheap labor, with no guarantee for employment after the internship program. Therefore, rather than focusing on one alternative solution to the problem, the causes must be analyzed carefully and all alternative solutions should be taken into consideration. Strategies promoting cost-effectiveness and efficiency should not precede the rights of nursing students, instead, a safe and protected environment should be provided for them.

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