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Original Article

Clinical learning experiences of Iranian student nurses: A qualitative study

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ABSTRACT

Background & Aim: Clinical education is performed within a complex social context in clinical settings. Success of the nursing programs depends on appropriate clinical experiences. The aim of this study was to explore clinical learning experiences of Iranian student nurses.
Methods & Materials: Twelve bachelor's degree student nurses were chosen from two large nursing schools in an urban area of Iran. Private face-to-face semi-structured interviews were conducted to collect the data. Data were analyzed using a content analysis approach.
Results: Three main categories emerged during data analysis: "clinical poverty", "clinical distress", and "professional pride". The categories and their subcategories were interrelated and sequential in terms of their occurrence. It was found that students start learning in a non-conducive and non-supportive clinical environment. They experienced different sorts of distress during the clinical placement. However, during the last year of their studies, they gradually reached a sense of control and satisfaction with their learning.
Conclusion: Since a major part of the learning process of students occurs in clinical environments, proper management of clinical education is of high importance. To foster appropriate clinical teaching and learning, cooperation between the clinical settings and nursing schools is needed to provide a welcoming clinical climate, which values and respects student nurses.

Introduction

Nursing education aims to develop student nurse's knowledge in providing care for patients in different healthcare settings (1, 2). As a practice discipline, nursing must include clinical education as an essential component (2-6). Clinical education is performed within a complex social context in clinical settings to enable students to develop problem-solving and interpersonal skills, integrate theory to practice, and become socialized to the nursing profession (6). Students become familiar with the basic professional values in nursing school; however, they do not apply those values practically until their clinical placement (7). The success of the nursing programs depends on appropriate clinical experiences (8, 9).

In classroom, students' activities are structured, but in clinical environments, students are involved in unexpected activities with patients and other healthcare providers, which makes it difficult to plan an optimal learning program (4, 6). An appropriate clinical learning environment encourages good collaboration between the healthcare team members and accepts students as younger colleagues (4, 8, 10).

Clinical preparedness is a dynamic process of interaction between students, instructors, and the clinical environment and its components (6). Many studies have shown that in the clinical environment, student nurses and new graduate nurses often feel vulnerability (5, 6, 8, 11). The treatment of student nurses in such an environment may impact on their

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professional development (12).

In Iran, the admission requirement to enter a nursing program includes a certificate of 12-years general education and passing the National University Entrance Examination. Nursing programs are four years in length, leading to a Bachelor's degree in nursing. Student nurses begin clinical training, concurrently with theoretical courses, in the second semester and continue through the end of the third year of the program. The fourth year is allocated exclusively to clinical training (1). Clinical nursing education in Iran consists of direct supervision by faculty members. In cases of faculty shortage, supervision is assigned to the clinical nurses.

The foci of previous studies have been on the challenges of the clinical preparation of students (6, 13), their lived experiences as well as new graduate nurses in clinical placement (1, 5, 14), transfer of theoretical knowledge into clinical practice (15), clinical decision-making (16), characteristics of effective clinical educators (17), professional identity (18) self-efficacy and self-regulation in clinical performance (19), and socio-cultural factors in clinical learning (20). However, few studies are available on the clinical learning experiences of Bachelor's degree student nurses. This paper is part of a larger qualitative study explored professional socialization in student nurses and reports students' experiences of learning in the clinical placement.

Methods

A qualitative study design with a content analytical approach was used. Qualitative content analysis is a research approach for the interpretation of the content of text through coding and identifying themes and patterns (21). It is well-suited to analyze multifaceted nursing phenomena (22). Purposive sampling was used to recruit 12 Bachelor's degree student nurses (eight female and four male) who were engaged in clinical placements. The students were recruited from two large schools of nursing located in an urban area of Iran. Students were recruited from different academic semesters to include a wide range of experiences. Those with experience of working as a nurse were excluded. Participants had a mean (SD) age of 22.46 (2.8) years.

Private face-to-face semi-structured interviews were conducted to collect the data. Interviews were scheduled in one or two sessions depending on the interest of each participant. The researcher conducted interviews at times and places convenient to participants and each session lasted between 70 and 120 minutes. The primary questions of interview were:

Would you explain your experiences of learning during the clinical placement?

Which factors facilitated or impeded your learning in the different clinical settings?

In addition, probing questions were used to clarify participants' responses and follow their thoughts during the interviews. The interview process was continued until data saturation reached. To analyze data, using a qualitative content analysis approach, the interviews were transcribed verbatim and read through several times to obtain a sense of the whole. The text were divided into meaning units, condensed, and labeled with codes. The codes were further sorted into categories and subcategories, based on comparisons regarding their similarities and differences (23).

The Ethics Committee of Iran University of Medical Sciences approved the study (No. 468 M.T). All potential participants were informed of the purpose and design of the study and the voluntary nature of their participation. They were assured anonymity and confidentiality of their information. Written informed consent was obtained from those who agreed to participate in the research. Participants, who expressed emotional outbreaks during interviews (due to recalling unpleasant events), were addressed immediately after the cessation of the interview and referred to a psychologist by the main researcher, if necessary.

Credibility was established through prolonged engagement, spending more time for data gathering and analyzing, member checking, and peer checking. The prolonged engagement with the data and participants helped to ensure a better understanding of the contextual setting. A summary of findings were sent to three participants, to check if the researchers were presenting their real experiences. Two expert supervisors carried out peer checking through reviewing all processes of data collection, data analysis, and concept development in order to confirm the findings. Finally, the context of the study was considered and explained, so that the reader would be able to determine the transferability of findings to other cultures and contexts (24).

Results

Three main categories emerged during data analysis: “clinical poverty", "clinical distress", and "professional pride" (Table 1). They were interrelated and somewhat sequential in terms of their occurrence. The following section describes each category in detail and provides participants’ direct quotes as examples.

Table 1. Main emerged categories and subcategories

Main categories	Subcategories
Clinical poverty	Clinical knowledge deficit
	Clinical education inadequacy
Clinical distress	Clinical Anxiety
	Clinical Vulnerability
Professional pride	Clinical enthusiasm
	Practice of becoming professional
	Clinical adequacy

Clinical poverty

Students entering the clinical environment are confronted with contrasting issues. They do not have enough knowledge and related skills to meet patients’ needs, yet the clinical environment is not as supportive as is expected. This category consisted of two subcategories: “clinical knowledge deficit” and “clinical education inadequacy”.

Clinical knowledge deficit

The majority of students reported a clinical knowledge deficit at the outset of the clinical placement that made it difficult for them to have efficient interaction with patients.

“Because of the lack of clinical knowledge, it was difficult for me to have proper communication with the patient. They [patients] found it, did not trust me, and called the unit nurses (Female, final year).”

“At the beginning, my practical skill was not adequate. I mean, I was familiar with the patient’s illness, but I did not know how to deal with it (Male, third year).”

The clinical knowledge deficit was not just limited to the initial years of nursing studies. Poor theoretical and practical knowledge at the final year of the nursing program was also a students’ main concern.

“Before entering the final year, I thought that I knew everything, but when I entered this program, I found that I knew nothing. I felt that I needed to study more (Female, final year).”

Clinical education inadequacy

Most participants were not satisfied with the clinical teaching. Inappropriate clinical course planning, the feeling of uselessness and time wasting in the clinical environment, performing routines tasks, and being assigned to work under the supervision of the ward nurse were reported by the participants as the manifestations of clinical education inadequacy.

“We were assigned to work under the supervision of head nurses; it was not useful and just a waste of time, because they had no practical knowledge and time to work with us. They simply assigned students to do their jobs in order to reduce the unit’s workload (Female, final year).”

“At the unit, we worked with nurses, and our clinical instructor acted just as an observant. The clinical placement was not fruitful. We just did the routines and repetitive tasks (Female, final year).”

Factors such as starting the clinical courses without having theoretical knowledge, student overcrowding on the clinical units, limited student-teacher interactions, lack of an integrated clinical training arrangement, and poor collaboration between the nursing school and clinical setting were expressed as the reasons for students’ dissatisfaction with the clinical placement experience.

“Sixteen female students divided into two groups to be trained in two nursing units. We were overcrowded and had no opportunity to interact with the instructor (Female, final year).”

Regarding the lack of coordination between theoretical and clinical courses, another student said:

“We [students] were sent to the nephrology unit, while we had not still initiated and passed the related theoretical course. This made us worried (Female, final year).”

“The next day, we went to the urology unit, which was merged with another one. The head nurse asked us to return to the school. Unfortunately, there was not a proper coordination between the school and clinical environment. There were 16 student nurses in only one clinical unit (Female, final year).”

Clinical distress

The clinical distress usually occurred when students entered the clinical environment. It might occur simultaneously with clinical poverty, or could occur afterward. These experiences developed in the initial years of entering the clinical environment,

but for some students persisted to the end of their studies. This category consisted of two subcategories: "clinical anxiety" and "clinical vulnerability".

Clinical anxiety

Most of the participants expressed having fears, worries, and anxieties, at the outset of the clinical placement. They worried about being faced with patient needs they could not deal with, they feared making mistakes, and were anxious about interacting with members of the healthcare team. However, students' emotional reactions were transient and were limited to the first days, or in some cases to the first year, of clinical placement. One of the students talked about her first clinical experience in this way:

"The night before my first day in the clinical environment, I was a bit nervous. I was going to go to the hospital, but I did not know exactly what to do. My mind was swarmed with different questions. What if a patient asked me a question, and I was unable to answer (Female, third year)?"

"In early semesters, it was very difficult for me to interact with patients. I read more patients' records. Patients found out about it and did not trust me (Female, final year)."

Clinical vulnerability

Students began learning in a non-conducive and non-supportive clinical environment. They articulated a variety of experiences such as humiliation, blaming, abandonment, discrimination, bullying, lack of support, and limited learning opportunity. The sources of these behaviors were the clinical nurse, clinical instructor, and other healthcare team members. A student angrily described one of her clinical placement experiences:

"I complained about doing nursing routines, which had no gain for my knowledge and practice. I told the instructor, I am not here just to take vital signs. He asked us not to resist the clinical nurse. The instructor sometimes humiliated students in front of clinical nurses (Female, final year)."

"Most of the clinical nurses did not believe us. Some of them respected junior medical students, but not student nurses (Female, final year)."

At another part of the interview, the same student stated that:

"I was expecting a rise in my clinical knowledge, but in many cases, it did not turn out to be the case. The instructors sometimes did not support us. Therefore, clinical nurses made us fulfill their own duties (Female, final year)."

Professional pride

Along with enduring unpleasant experiences and harsh conditions, students had pleasant experiences leading to personal and professional development. Students expressed gradual and progressive improvement in establishing appropriate communication with nurses, patients, and other health care members. They also acquired holistic approaches in providing care to patients. Professional pride as the third main category consisted of three subcategories: "clinical enthusiasm", "practice of becoming professional", and "clinical adequacy".

Clinical enthusiasm

Clinical enthusiasm was a pleasant feeling that most of the students experienced before and after entering the clinical environment. They yearned to experience the clinical environment.

"The night before my first clinical placement, I felt both stress and eagerness (Female, first year)."

"At the first attendance of the clinical placement, I was anxious. It was a nice feeling. I can say that my happiness was mixed with my fear (Male, third year)."

Practice of becoming professional

This experience was characterized by acquiring a professional role, taking a humanistic approach towards the client, and having the sense of commitment and responsibility to patients and the profession.

"I do not exactly remember when I accepted my professional role, before entering to the area or a little bit after it. There was not a clear and direct feeling. It formed little by little (Female, final year)."

"In the seventh semester of my study, I felt I was becoming a nurse. This feeling was not immediate. It formed gradually. I put away my doubts and said to myself that I will become a nurse who plays a positive role anywhere in the society (Female, final year)."

Clinical adequacy

The last year of the nursing program was considered by students to be constructive for their learning. They referred to this period as an opportunity for improving their self-confidence, learning, interacting with patients, a chance for gaining autonomy,

and the sense of completeness. Although most of the students were not satisfied with their experiences in the clinical environment, they talked satisfactorily about their experiences in the clinical placement. Through surmounting different challenges, obtaining different skills and experiences, and acquiring a real understanding of their profession, students prepared themselves to take the responsibilities of nurses' roles. One student remarked that the last year of the nursing program was equal in value to the former three years:

"During the last year, I improved my theoretical and practical skills. Besides, my ability to interact with the patient and the healthcare members was enhanced (Female, final year)."

The expectations of students increased in the last year of the program. Instructors granted students more freedom, so that they assumed more responsibility and independence. Students realized that they should be prepared to act as a real clinical nurse.

"During the last year, I felt that I am in the real situation and I am expected to do the same tasks that nurses do. I have enough time to interact with patients. I spend more time with the clinical nurses, to be accepted by them (Female, final year)."

Another participant by confirming such experiences said:

"It was more convenient than the previous clinical placement. I easily connected with clinical nurses. My clinical knowledge was increased, and I was able to use it in practice (Female, final year)."

Although it was found that students experienced clinical poverty, clinical distress, and professional pride throughout the nursing program in various degrees, they occurred in a relatively chronological order. In this way, clinical poverty was more prominent at the beginning, clinical distress in the middle, and professional pride at the end of the educational program.

Discussion

The present study confirmed that during learning in the clinical environment, students faced various issues and challenges. In the first year of the entry into clinical environments, they did not have total control over the learning process and were passive due to a clinical knowledge deficit, inadequate experience, and clinical environment tensions. Gradually they gained experiences and competencies necessary to achieve a more active role in controlling the environment and learning process.

Clinical poverty, the first main category, depicted the overwhelming experience of students participating in this study. Many studies have reported the clinical knowledge inadequacy of students when entering clinical settings (1, 5, 6, 25-27). In a review article, Elliott noted that 77 percent of the students reported insufficient experience and knowledge in the first week of their clinical placement (25). A phenomenological study conducted by Rahimaghaee et al. found that female student nurses experienced a sense of insufficient knowledge and skill for practice in their first clinical placement (27). The students' clinical knowledge is not limited to the first year of clinical work, and sometimes this concern accompanies them until the end of the program. In a phenomenological study on Iranian student nurses in clinical placements, Peyrovi et al. identified "solicitude of incompleteness and acting in the real world" as a subtheme. This implies that students have concern about whether they can learn those things they need in the future for caregiving as a nurse in the real world (1).

In this study, the role of human factors, especially clinical instructors and nurses, were found to be very prominent. Clinical instructors, who are mainly responsible for clinical education, had a relatively ineffective role. This was especially true in the first year of students' clinical placement. Students' reasons for dissatisfaction with clinical instruction experiences were expressed as the lack of physical presence, ineffective presence, and being largely observant, assigning students to clinical nurses, and a lack of sufficient power and authority in the clinical setting. When the clinical nurses lacked sufficient competence in teaching and used students to decrease their own workload, clinical learning further deteriorated.

Several studies have investigated the role of clinical instructors and clinical nurses in the clinical instruction of student nurses in various dimensions (17, 28-30). Clinical learning is a result of an interaction between the competent clinical instructor, nurse's clinical behavior, and clinical environmental conditions. In this study, students expressed concern about the use of ineligible clinical instructors (some retired instructors and master's or doctoral degree

students) and assigning students to clinical nurses in the final years of the program. Meanwhile, inappropriate clinical education planning, the high ratio of students to clinical instructors, and poor conditions in the workplace contributed to the problem. Cheraghi et al. study on factors influencing students' clinical preparation highlighted the problem of "educator incompetency". A lack of clinical experience and specialty training among academic clinical educators was the most important causal condition that hindered their ability to educate the students effectively (6).

Clinical distress was revealed as the second main category of this study. Students reported the clinical knowledge deficit and inadequate preparation for entry into the clinical environment as the main origin of this anxiety. Fear of dealing with patients, inability to meet patient needs, fears of making mistakes, and anxiety in interacting with the health care team were evident. Other studies (1, 16, 25, 27, 31) have been reported the prevalence of anxiety and stress among student nurses in the initial days of their clinical placement. Sharif and Masoumi identified "initial clinical anxiety" as a main theme from the students' point of view during clinical placement. The researchers stated that the origin of this anxiety was rooted in the feelings of incompetency and lack of knowledge and skills required for giving nursing care to patients (5). Elliott also pointed to clinical environment stressors including fear of making mistakes, fear of the unknown, the clinical facilitator, the threat of failing and the feelings of inadequacy (25).

According to this study, the feeling of anxiety continued to the second year. After students entered the clinical environment, the intensity of anxiety was gradually reduced. Experiences of clinical vulnerability were quite diverse in this sample. Clinical vulnerability appeared in the form of humiliation, blaming, bullying, limiting learning opportunity, negative feedback, and discrimination carried out by clinical nurses and clinical instructors. Sometimes, it was manifested in the form of such behaviors of exploitation, lack of support in the clinical environment, abandonment, and being forced to obey routines of units. These behaviors created reactions including anger, crying, suffering, inferiority complex, feelings of discrimination, feelings of being abused, and discomfort among students. Other studies also suggest that student nurses are vulnerable during their learning in the clinical setting. Students have experienced verbal or non-verbal violence conducted by clinical nurses, clinical educators, patients and their relatives, and other healthcare team members (2, 12, 13, 25, 32-39).

One of the prerequisites of good clinical education is the provision of appropriate surroundings such as the physical equipment, facilities, clinical instructors, and human resources. A good clinical learning environment has been described as being one where there was a good collaboration among clinical nurses, a good atmosphere, and where student nurses were regarded as colleagues (4). Valizadeh et al. in a qualitative study to determine the challenges of student nurses during their studies referred to discrimination as a factor leading to resentment and dissatisfaction among students during their studies (13). A study by Hoel et al. revealed that many students felt exploited, or ignored or were made to feel unwelcome, although few reported personal experiences of bullying (34). In a similar study on student nurses in New Zealand, Foster et al. suggested that 90% of students experienced some form of bullying in the clinical placement (40). Similarly, Randle reported that student nurses often found their clinical learning experience to be distressing and psychologically damaging (35). In a Turkish study, 100% of study participants experienced verbal abuse (32). Lash et al. corroborated those experiences of Turkish student nurses reporting that there were abusive behaviors that originated from clinical instructors, agency nurses and midwives, physicians, patients, and patients' families. In that study, abuse included health care professionals exhibiting condescending attitudes towards and making belittling comments about higher nursing education, refusing to share clinical knowledge and skills with students, diminishing students' approaches to patient care, humiliating students, and treating students as health care professionals of lesser value. During their clinical education, students were both vulnerable to and the targets of significant verbal abuse from those in supervisory positions (12). Clinical experience for students is important because it has a significant effect on socialization into nursing roles and the development of professional identity (12). Presence and continuity of such destructive behaviors in the clinical environment can impose irreversible consequences for students.

Professional pride, the third main category, revealed that while rotating within the various clinical environments, students experienced a variety of both pleasant and unpleasant feelings and perceptions. Although faced with knowledge poverty, limitations, failures and deprivations, they gradually overcame these unpleasant features of the clinical environment by gaining knowledge, new attitudes, and clinical capabilities. Unpleasant aspects of the clinical setting were present throughout the nursing program, but became weaker in the final educational years. Clinical enthusiasm was a pleasant feeling expressed by students when they discovered new and exciting clinical environments. The study of Rahimaghaee et al. found that despite the unpleasant experiences, clinical practice fostered an eagerness for exploration by students and had attractive facets such as the opportunity to care for real patients (27). One of the main themes in the Peyrovi et al. study was the attractive aspects of clinical experience. Student nurses reported that the first experiences of seeing or doing something, the feeling of probing, making interactions, and learning something useful in the clinical environment were all attractive aspects (1).

The practice of becoming professional in this study was expressed as experiences such as the feeling of responsibility, the sense of professional commitment, humanistic approach to patients, acquiring the professional role, and expressing oneself in public. In South Australia, Dunn et al. found that the main theme of altruism was considered one of the professionalizing criteria. This feeling resulted from offering service to the patients or others (33). Peyrovi et al. reported a holistic view of student nurses towards the patient in the form of "caring-orientated relationships" as a main theme. Students considered the patient as a human being with all aspects of biopsychosocial and spiritual needs (1). In our study, students reported that they acquired a humanistic approach to patients in their last year of experience in the clinical placement. Henderson et al. studied students' perception of the psychosocial clinical learning environment concluding that students' commitment developed through involvement as a member of the healthcare team. They added that this might be related to the third-year students' clinical practicum where they spent longer time periods in the nursing unit (8).

Clinical adequacy meant gaining minimum capabilities to practice as a clinical nurse in the real workplace. Students reported that the development of these capabilities resulted in the improvement in self-esteem, communication and learning, gaining autonomy, the sense of completeness, and ability to assume the full responsibility of patient care. This minimum capability would be gained mainly in the last year of the nursing program when students were involved actively in clinical learning. The sense of completeness, accepting the full responsibility of patients care, improvement in interactions with clients and their relatives and other healthcare team members considerably improved.

The findings of this study revealed the presence of a non-conducive and non-supportive climate for learning in clinical settings. A nurturing and supportive environment can be created when divergent but compatible organizational aims of both clinical settings and educational sectors are merged for a climate that encourages collaborative learning, trust, and mutual respect (41, 42).

The health system structure and its related educational system in Iran are based on the medical model and governed under the physician-oriented structure. Many of the students' issues and challenges in the clinical environment originated from that structure. Any modification of such a structure is a time-consuming and overwhelming process; however, implementation of some strategies can greatly influence the effects on the quality of students' learning experiences. In many studies, including this study, the role of the clinical instructor and competent role models in the education of student nurses has been highlighted. Taking a special effort to employ and train nurse instructors who can help with removing challenges for students in the clinical environment is an effective management measure. Since a major part of the learning process of students occurs in clinical environments, the proper management of clinical education is of high importance. Identifying issues and challenges faced by students in the clinical placements can facilitate the teaching and learning process.

The present study reported the experiences of Iranian student nurses regarding learning during their clinical placements. The findings showed that learning during the clinical placement is associated with many challenges. Students begin learning in these settings without enough knowledge to work as a nurse and they are not sufficiently supported and

guided by nurse instructors and, particularly staff nurses. Nonetheless, in traveling this hard road and tolerating unpleasant experiences, students find the opportunity to acquire some capabilities and reach professional competency to some extent. Clinical education is considered as an important part of the nursing education program and the clinical environment is an interactive network of forces affecting student nurses' clinical learning. Effective and dynamic interactions between the student, instructor, and the clinical environment with all of its elements, affect the clinical learning. To foster appropriate clinical teaching and learning, cooperation between the clinical settings and nursing schools is needed to provide a welcoming clinical climate that values and respects student nurses. It is recommended that nurse educators and administrators manage the clinical learning issues uncovered by this study. Suggestions include improvement of interactive networks between education and practice, development of effective communication between instructors, students and staff nurses, improvement of support for students in clinical placements, and introduction of eligible role models into the clinical placements.

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Conflict of interest

The authors declare no conflict of interest.

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