



Iranian nursing students' preparedness for clinical training: A qualitative study



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SUMMARY

Background: Clinical training plays a fundamental role in nursing students' acquisition of professional capabilities. Students' preparedness for learning in clinical setting is one of the most important factors that determine the quality of clinical training. Different studies indicate the nursing students' unpreparedness for entering clinical environment.

Aim: The aim of this study was to explore Iranian nursing students' preparedness for clinical training.

Method: This research is a qualitative research using content analysis approach. The participants consisted of seventeen nursing students, three nursing educators and one nurse, selected through the purposive sampling method and questioned in semi-structured interviews. The acquired data was analyzed by qualitative content analysis approach.

Results: Two main themes were captured in this study; including: 1) rejection of the profession and 2) fear and anxiety

Conclusion: The findings indicated that the nursing students are not psychologically prepared for internship in clinical settings. Therefore we recommend in the first place reducing students' fear and anxiety of facing the reality and preparing them for a better beginning through conducting workshops in retraining and practicing clinical skills along with a course of visiting the hospital for students' confrontation and familiarization with real environment immediately before entering into the clinical setting. In addition, after the students' entrance to the setting the clinical educators should strive to heed students' level of preparedness especially their psychological needs and condition including the extent to which they accept their profession.

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Introduction

Four-year nursing education in Iran consists of a four-year course wherein students earn a bachelor's degree. The students learn the theoretical principles of basic nursing skills in the class during the first semester and exercise the practical skills in practice room. Nursing students' internship in clinical environment begins in the second semester along with education theoretical courses in the class. The theoretical nursing courses are completed at the end of the third year and the fourth year is merely dedicated to internship in clinical environment. The students undertake internship in clinical setting under the direct supervision of clinical nursing educator.

Nursing education program includes providing a combination of theoretical and clinical learning experiences for the students in order

to accordingly train students who possess knowledge, expertise and required attitude for professional performance after graduation (Nabolsia et al., 2012). Clinical learning is one of the crucial fields in improving nursing profession (Dadgaran et al., 2012). Nursing program's success depends to a great extent on effective clinical experience (Henderson et al., 2006). The students' clinical experience is a determining factor of the quality of nursing education (Peyrovi et al., 2005).

Clinical experience is one of the most disturbing elements of nursing education program (Sharif and Masoumi, 2005) and a reason for students' dropping out (Andrew et al., 2008). Controlling a clinical environment is difficult and there are different stimuli that obstruct the nursing students' learning. The nursing educators have to prepare the students to confront the variant of the stimuli (Papp et al., 2003). At the beginning of their internship, many of the nursing students feel unprepared for their whole clinical training and regard this clinical learning as a stressful incident (Chumley et al., 2015). So nursing students need the nursing educators' attention to have a safe performance in the beginning of their career (Andrusyszyn et al., 2010).

The nursing students may experience anxiety, uncertainty and fear of abandonment in their first encounter with the complicated clinical

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environment to the extent that this experience may make them change their minds about thinking of this profession as a proper choice (Christiansen and Bell, 2010). Carlson et al.'s (2003) study showed that the nursing students experience reality shock in their first encounter with the clinical environment and that happens due to an abrupt entrance from practicing in a simulated environment into clinical environment where they face real life and death situations. The importance of this issue is the extent that even the senior nursing students feel worried about their readiness for entering the clinical work (Guner, 2014). In Milton-Willey et al.'s (2014) study, the students and the new nursing graduates were not satisfied with their work-readiness in clinical environment.

There have been various studies about nursing students' clinical education in Iran as well. In Sharif and Masoumi's (2005) study, almost all of the students experienced anxiety resulted from lack of sufficient expertise and fear of hurting the patient. The students in Peyrovi et al.'s (2005) study were afraid of confronting with a patient in the first days of their work in the clinical setting. They feel they lack expertise and were worried about whether or not they could gain all the skills required for nursing. In Asman-Rafat et al.'s (2004) study, 67.2% of students named unfamiliarity with the hospital environment as a stressful factor in their first clinical experience. Many of the students in Mirzaie et al.'s (2014) study failed to accept their profession until the end of their education. Although all of these studies indicate student's unpreparedness for learning at clinical settings, almost none of them directly address the manner of students' preparation for learning at clinical practice.

The existing gap in the literature of this field made the researchers of this study to conduct a qualitative study to acquire a deep understanding of Iranian nursing students' preparedness for learning in clinical setting.

Methodology

This qualitative research used conventional content analysis approach. Qualitative content analysis is a systematic process of coding and identifying themes or patterns (Hsieh et al., 2005). Purposive sampling with maximum variation was used for selecting participants. The participants include nursing students as well as clinical nurse educators and a nurse from a public nursing school in North of Iran. The main criterion for inclusion of students was the experience of at least one course of internship at the hospital, for the nurse educators, the experience of at least 2 years of training nursing students in clinical settings and for the nurse, the experience of at least 2 years of working in teaching hospitals where nursing students are being trained in there. All of the students recruited were with bachelor's degrees.

Semi-structured interview was the main approach for data collection. In addition to the interview, some observation and notes that were taken in the field were used for collecting data and enhance better understanding. Saturation was reached after 21 individual interviews and analyses from 17 students 3 educators, and one nurse. Saturation was reached when information obtained from participants was repeated and no new information could be obtained (Paul et al., 2011)

Following an agreement with the participants, the interviews were performed at teaching hospital or at the Faculty of Nursing and at a predetermined time.

This is part of a larger qualitative study exploring the clinical support for nursing students. Therefore, the interviews started with a broad question regarding the students' clinical experience. During the interview, the students were asked to explain their feelings and perception during the first few days of clinical training. During the interview, the students were asked to describe their feelings and conditions in the first days of clinical training and the educators and the participant nurse were asked to tell about their experience of working with students who were spending their first days of internship. The interview continued with clarifying and deepening questions such as "Would

you elaborate more?" or "What do you mean?". The length of each interview was between 36 and 88 min; that is to say 45 min in average. All of the interviews were recorded with a digital voice recorder and then were listened carefully, transcribed and typed word per word at the first occasion to keep relation with the data and the participants' feelings. The transcripts were coded line by line in MAXQDA10 software. The conceptually similar codes were placed in one cluster and the semantically related clusters were placed in one category and similar categories were merged together.

Rigor

The trustworthiness of this study is evaluated through Guba and Lincoln Criterion (Streubert and Carpenter, 2011). Credibility was established in this study through prolonged engagement with participants and the data, member check, peer check, external check and constant comparison. The research members had regular meetings and reviewed the process of analysis in various sessions. We also used observation and field note (Streubert and Carpenter, 2011; Harper and Cole, 2012) to achieve a better understanding of the context.

To ensure confirmability of the findings, the analysis and the primary conclusions were presented, reviewed and revised in a seminar with a research team and a number of nursing faculties who were knowledgeable in the given field of research and were familiar with qualitative approaches. Transferability was enhanced by rich and deep description of the context and characteristics of the participants.

Ethical Considerations

The researchers collected the data after the approval of the research project and obtaining permission from the Ethics Committee of Tehran University of Medical Sciences. In the beginning of the interview, the participants were familiarized with the objective of the study and signed an informed consent. In addition, informed consents, included permission to audio-record the interviews were received and anonymity, privacy of information and the right to withdraw during the study were accurately followed and all of the manuscripts were specified via codes.

Results

The seventeen student participants of this study included ten females and seven males, all were full time students between the ages of 19 and 27 and from third to eighth semester of Bachelor of Science in Nursing. The three educator participants included one female and two males between the ages of 27 and 49 with 2 to 24 years of teaching experience. And finally the participant nurse was a 37-year-old woman with 3 years of experience working in clinical environment and 1.5 year experience as an educator.

From the deep and rich explanations of the participants regarding the causes of students' unpreparedness for internship in clinical environment, two main themes were extracted including: rejection of the profession and fear and anxiety (see Table 1).

Table 1

1—The reasons for students' unpreparedness for clinical training.

Rejection of the profession	Agony of failure Apathy Intellectual immaturity
Fear and anxiety	Alienation from clinical environment Unknown facts about the profession Reality shock Anxiety of the future The nature of working with the patient Risk of error Low self-confidence Lack of professional expertise

Rejection of the Profession

This category includes subcategories: A1) Agony of failure, A2) Apathy, and A3) Intellectual immaturity.

Agony of Failure

Many of the student participants in this study declared that they were interested in medicine and felt sad for their failure to get the required ranking in the entrance exam and get admission in medicine. They entered the clinical environment with a load of grief. One of the student participants stated: "... I didn't like nursing. I was interested in medicine. I was studious too but did not pass in the entrance exam and got admission in nursing. I went through a lot of hardship in the first semester. Every night I cried for being in nursing. I deserved better."

Apathy

One of the reasons for students' unpreparedness is her apathy toward the profession. A student said: "... a year before my admission, my friend passed a nursing course in the university and I scorned her for getting into nursing. I said nursing is not a good field of study. When I myself got into nursing it was hard for me to imagine." This apathy causes many of them to find a way to get out of the profession. A student said in this regard: "... I didn't come to stay at the hospital. I'm doing all my best to get master's degree and Ph.D degrees, and become a university professor."

Intellectual Immaturity

Many of the students get admission to higher education in nursing immediately after their graduation from high school. This is when they have not reached intellectual and social maturity yet. One of the educator declared: "... they are still kids, still in their adolescence. They do not have the experience living in the society yet. Exactly like a baby who just started walking ..." This intellectual immaturity affects their interaction with various people including their classmates. One of the student declared regarding interaction with one of his classmates: "... I did not give him my class notes and he did not give me his too and we were somehow arrogant that we did not give class notes to each other. I gave my class notes to no one and studied my own notes and became a top student. But not any more in this semester, this attitude and other behaviors are gone. We are getting closer to intellectual maturity little by little."

Fear and Anxiety

This category includes subcategories including: B1) Alienation from clinical environment, B2) Unknown facts about the profession, B3) Reality shock, B4) Anxiety of the future, B5) The nature of working with the patient, B6) Risk of error, B7) Low self-confidence, and B8) Lack of professional expertise.

Alienation from Clinical Environment

Many of the students enter the ward for the first time while they have no prior experience being at a hospital. All of a sudden they enter an environment where everything and everyone is strange. One of the students explained: "... I was so baffled. That was my first experience in a hospital. I did not know what a hospital looked like at all." They have their sense of alienation more or less every time they enter a new ward. One of the students said: "... the first day I felt so bad in any ward I went. Everything was strange."

Unknown Facts about the Profession

Another reason for students' fear is the fear of the unknown facts about the profession. One of the students stated: "... the first day I mostly liked to know what are a nurse's duties like? How many hours do they work? These things were so important to me. All the guys were like that. It was so important for them to know basically how nursing is."

Reality Shock

In the clinical environment, students abruptly face the difference between their opinion and the existing realities at the hospital. One of the participants explained: "... I had a totally different expectation of nursing in the first days. What I thought was so different from what I saw. For example people's view toward nursing was so different from what we were doing."

Anxiety of the Future

Anxiety of losing the chance of a successful marriage is one of the worries of all the female nursing students. One of the female students explained: "... maybe there will not be good opportunities. For example maybe a boy does not like her wife to go to work at nights." The job difficulties worry her about her future life. A girl student said: "... probably my greatest worry is that if I get married how should I deal with the circumstances and get pregnant. How should I take care of my baby along with my job.?"

The Nature of Working with the Patient

A student said: "... somehow there is a fear of working with the patient and giving the drugs to her. It is somehow a life and death matter." The misbehavior of some patient family member is another cause of students' fear. A student said: "... a family member of a patient once talked offensively and said I am going to tear this place down on you. When I see such things I feel I came into an inappropriate field".

Risk of Error

One of the student participants said as follows: "... I fear the patient feeling pain. She has suffered enough after all. She can not stand a clumsy nurse boost her pain." Medication errors is the most important reason for students' fear of error. One of the students declared: "... It was mostly about medicine. Medicine is something that if you make a mistake it is very hard to compensate." Occurrence of an error may follow with a penalty and this is another reason for students' fear in itself. A student said: "... I was worried all the time lest if I make an error and the educator treat me badly or the head nurse or the personnel come down on me. This way I was more stressed."

Low Self-confidence

Lack of self-confidence is more conspicuous in lower semesters as one of the student participants in this study stated: "... In the beginning I had a low self-confidence." And the nurse participant believed that: "... when the guys from lower years come here for the first time their self-confidence is low." Their self-esteem deficiency is evident particularly when they face medical students in the ward. One of the educators declared: "... it is obvious that compared to the medical students our nursing students' self-confidence is lower. They may be much more learned than an intern but their self-confidence is low."

Lack of Professional Expertise

One of the students explained: "... We could not learn a lot in practice room at all. Mostly we have theoretical subjects and we only see what these things are. Assuming when I first entered the hospital my knowledge was perhaps about zero." Another participant said: "... I had no experience on the first day. I did not have experience at finding veins. The first days were a bit tough."

Discussion

The findings of this study showed that: rejection of the profession and fear and anxiety are the reasons for the nursing students' unpreparedness in the clinical learning environment.

Choosing the field of study and the career is regarded as one of the most important decisions in each person's life (Abedian and Shahoseini, 2013). Most of the participant students in the present research declared that they were interested in getting admission in

medicine and inevitably due to their rejection they entered nursing inadvertently. Only 8% of the under study population in Bennatan and Becker's (2010) study were interested in nursing. In Mirzaie et al.'s (2014) study, the students mentioned nursing as their last priority and believed that their efforts for the entrance exam were in vain. This issue is an irretrievable defeat for them. A defeat that they would carry its load of grief every where with them. In Shojaei et al.'s (2012) study, a very few percentage of the nursing students were excellently happy. This grief and sorrow brings about apathy toward their profession. In Saleh-Abadi et al.'s (2013) study, 69.2% of the samples have displayed lack of motivation in the students as a problem of clinical education. Many of them carry along this grief until the end of their education and cannot accept this profession. This finding is in line with the results of Mirzaie et al.'s (2014) study.

In Iran, nearly all of the nursing students get admission in this profession by taking the entrance exam and immediately after they graduate high school. Most of them are under 20 years of age on the date they start their course. Usually people in this age range are not socially and intellectually mature enough and do not have the required preparedness for facing the challenges of the clinical environment. According to O'Brien et al. (2009), mature students make better students for nursing because they have reached the emotional maturity and intrinsic motivation required for the constantly changing clinical environment.

Anxiety accompanies the students along the nursing education period and may affect their health and their educational performance (Edward et al., 2010). In Chesser-Smyth's (2005) study, anxiety was one of the experiences of the students at the clinical environment. The present study showed that one of the reasons for students' unpreparedness for learning in clinical environment is their alienation and unfamiliarity with the ways of the ward. The participant students in Peyrovi et al.'s (2005) study, felt as if they enter into clinical environment for the first time like traveling to an unknown world.

Fear of the unknown is specified as one of the reasons for students' unpreparedness in the clinical environment in the present study. The participant students in Sharif and Masoumi's (2005), Peyrovi et al.'s (2005) and Pourghane's (2014) studies experienced fear of the unknown in the encounter with the clinical environment. Reality shock is another reason for students' anxiety of facing the clinical environment in this study. In Carlson et al.'s (2003) study, also the students experienced reality shock in the encounter with the clinical environment. The probability of making errors is another reason for students' fear. In Levett-Jones and Lathlean's (2008) study, one of the sources of anxiety was the fear of error and in Pourghane's (2014) study, the constant fear of harming the patient was one of the experiences of the students in the clinical environment.

Self-confidence is a main part of personal and professional identity in nursing (Begley and White, 2003). A good nursing care would be performed with self-confidence (Brown et al., 2003), yet low self-confidence is one of the problems of the nursing students (Edwards et al., 2004). Low self-confidence would be followed by anxiety and fear of negative evaluation (Begley and White, 2003). Unpreparedness and low self-confidence can have a cause and effect relationship. A student who is not prepared for clinical learning would also have a low self-confidence in encounter with the clinical environment and on the other hand lack of self-confidence for any reason can lead to a slump in clinical learning. In Nasiri's (2004) study 100% of the educators mentioned that heeding students' self-confidence for performing the techniques was one of the most important social factors that affect students' clinical skill learning.

Although students learn and practice the basic principles of nursing care in the practice room before entering into clinical setting, they do not have enough time to practice all the skills and receive the required feedback from the educator. In Killam and Heerschap's (2013) study, the students remarked that the lack of sufficient time for practicing the skills before entering the clinical environment is one of the

challenges of clinical learning. In addition, the training in the practice room is in an unreal situation and on a mannequin. The students perceive their lack of expertise when they encounters with the real clinical situation and real patients. Even though as the time goes by and in the higher-years the students gain more skills, most of them complain about skill deficiency especially in facing with new cases and procedures until the end of their course. In Sheua et al.'s (2002) study, the lack of professional knowledge and expertise was the most important source of students' anxiety upon arrival at the clinical environment. In Christiansen and Bell's (2010) and Peyrovi et al.'s (2005) study, the lack of clinical expertise was one of the experiences of the students in their first entrance into clinical environment.

Conclusion

The findings of the present study indicate that the nursing students in Iran enter the clinical environment while they have not accepted themselves as nursing students yet and have no interest in their profession. Many of them do not accept their profession even until the end of their course. On the other hand, they enter the clinical environment, an environment that is so foreign to them, without gaining enough expertise and without any previous encounter. This rejection, apathy, alienation and lack of expertise lead to the decline of self-confidence and consequently students' fear and anxiety. All of these items indicate their unpreparedness for entering the clinical environment which will still go along with them in higher years. Regarding the fact that the quality of clinical learning depends entirely on students' preparedness for learning, we suggest the nursing education planning authorities consider the following notes to improve students' preparedness for the clinical environment:

- 1) According to the findings of this research, many of the students are not psychologically prepared for learning in clinical settings, a reason of which can be the fact that these students are admitted for studying nursing merely through a test without having an interview to examine their psychological appropriateness in studying this course. Therefore, it is recommended that the psychological state of those who passed the test to be examined through an interview before admitting them as students to prepare them for such a profession to have the required psychological preparation.
- 2) Regarding the findings of the present research, many of the participant students lacked the required expertise for working in the clinical setting. Therefore, clinical environment preparation sessions including simulated situations training prior to entering clinical setting to improve students' expertise and self-confidence and decrease fear and anxiety are recommended.
- 3) Schedule hospital tours for the students to encounter and get familiarized with the environment before starting clinical internship.
- 4) Considering that the students have different scales of preparedness, it is suggested that in each internship course, the educators would better have a basic evaluation of the students' condition especially their psychological preparedness in the ward and individualize her knowledge in accordance with students' condition and avoid setting an identical program for all students in every years.

Limitation

In this study, some of the participant students who were spending their last years could not recall enough details of their experiences during their first days of internship. Therefore, to better explain the experiences of first internship, some students who had just spent their first days of internship should be interviewed.

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