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First year nursing students' viewpoints about compromised clinical safety

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SUMMARY

Objective: Undergraduate nursing students must uphold patient safety as a professional and moral obligation across all clinical learning experiences. This expectation commences at entry into the nursing program. As part of a larger study exploring undergraduate baccalaureate nursing students' understanding of clinical safety, this paper specifically focuses on first year students' viewpoints about unsafe clinical learning situations.
Methods: Q-methodology was used. Sixty-eight first year nursing students participated in the ranking of 43 statements indicative of unsafe clinical situations and practices. Data was entered into a Q-program for factor analysis.
Results: The results revealed a typology of four discrete viewpoints of unsafe clinical situations for first year students. These viewpoints included an overwhelming sense of inner discomfort, practicing contrary to conventions, lacking in professional integrity and disharmonizing relations. Overall, a consensus viewpoint described exonerating the clinical educator as not being solely responsible for clinical safety.
Discussion: This information may assist students and educators to cooperatively and purposefully construct a clinical learning milieu conducive to safety.

Introduction

This study informs the global discourse regarding patient safety across health care sectors and disciplines. Accountability for maintaining a culture of safety is an obligation shared among individuals, practice organizations, educational institutions and systems (Neudorf et al., 2008; Palmieri et al., 2008). Safe nursing practice requires a sophisticated integration of expanding professional knowledge within complex practice contexts. Response to practice demands necessitates clinical reasoning, skilled expertise and ethical integrity (Benner et al., 2010). Nurse educators are stakeholders within this safe practice community. As such, they are increasingly informed by the growing body of evidence relative to pre-licensure pedagogical processes and clinical safety (Canadian Patient Safety Institute, 2008; Killam et al., 2010; Wakefield et al., 2005).

Engendering a safety conscience begins early in many nursing curricula, often prior to initial clinical placements. This development is undertaken to safeguard both students and clients. Upon entry into real world learning contexts, students' emerging understanding of clinical safety is shaped by their initial academic and clinical learning experiences. There is limited evidence into the nature of clinical situations that influence the development of a safety conscience from a student perspective. Such information may assist educators and students in actualizing safety praxis as partners in learning and practice. As part of a larger study exploring undergraduate baccalaureate nursing students' understanding of clinical safety, this paper specifically focuses on first year students' viewpoints about unsafe clinical learning situations.

Background

Novice practitioners are expected to demonstrate entry-level process knowledge, competency and professional ethics. Educational programs are accountable for the provision of appropriate learning opportunities to support students' professional development consistent with these expectations (Astin et al., 2005; Canadian Association of Schools of Nursing, 2006). As learners, nursing students are held to the standards designated by relevant registration and licensure agencies prior to graduation (Henderson et al., 2006). The transition from layperson, to student nurse to graduate practitioner involves a complex network of learning situated in classrooms, laboratories and clinical practice settings. Within clinical practice settings, nurse educators are continually challenged to be increasingly vigilant about the breadth of nursing knowledge needed for daily practice, including the difference between knowing what care needs to be done and knowing how to deliver care in terms of work complexity and patient safety. Caring amidst this complexity must promote safety (Ebright et al., 2006, p. 340).

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Despite the best efforts of educators, practitioners and students, the sanctity of safety is continually threatened during clinical learning. This pervasive threat is partially sustained by the limited evidence regarding the pragmatics of engendering the knowledge, skills and attitudes appropriate to sustain a conscience of safety (Attree et al., 2008). There is even less attention directed to the challenges of ensuring safety in clinical learning for first year student nurses (Grealish and Ranse, 2009).

In a recent integrative literature review of 11 publications, clinically unsafe nursing students are profiled as lacking in knowledge, skill and professional relationships (Killam et al., 2011). These authors identify the importance of assessment and management of this cohort of students early in practice-based learning. This notion is salient given that novice students report stress as a heighten experience in clinical practice as compared to the classroom setting. In Lo's (2002) non-experimental study, all levels of nursing students report being stressed, most notably the first year students. In a descriptive study of first year students' initial clinical experiences, the three most common sources of stress are performance demands, interpersonal relations and inadequate role preparation (Mahat, 1998). Higginson (2006) reports that distress among first year students is typically manifested as anxiety, feeling overwhelmed, and at times fear. He contends that this reaction is partially related to the dearth of formal opportunities for student expression and strategized mediation of clinically-related stress.

O'Brien et al. (2008) qualitative study suggests that the discrepancies between students' expectations and their lived experiences contribute to their stress. Entry level students report a desire to care for others as the motivation for their career choice. Actualizing this desire is often delayed. O'Brien et al. argue that the program's emphasis on general professional knowledge development supersedes access to the clinical practice setting. These authors suggest that students' expectations about caring practices may be unrealistic given their newness to the profession. Pearcey and Draper (2008) also report that first year students express disillusionment with the reality of nursing. Most notably, during their initial clinical experiences, these students perceive that there is a focus on tasks and routine as opposed to an emphasis on caring. These authors conclude that the dissonance between expectations, theory and practice is a substantial source of student stress.

Practicing nurses have an opportunity to observe, and at times, interface with students as they learn and practice in the clinical setting. In a descriptive study, Astin et al. (2005) found that input from members of the healthcare team is often negated. This finding is problematic as registered nurses report student skill competency and pragmatic knowledge are a concern. In addition, nurses witness the fear and anxiety provoked by clinical experiences among first year nursing students. Astin et al. (2005) recommend greater communication between nurse clinicians and nurse educators. Such communication may establish realistic expectations relative to student preparation and practice environment demands. Further, Jackson and Mannix's (2001) qualitative study found that a milieu conducive to first year student learning is characterized by validation and inclusion. More recently, Bradbury-Jones et al. (2011) note that the empowerment of first year students is perceived as important for learning within the clinical practice environment.

There is consensus among nurse educators within the literature concerning clinical safety that anticipating unsafe clinical practices during learning is a complex, and at times, elusive undertaking (Dolan, 2003; Luhanga et al., 2008; Scanlan et al., 2001). In the first phase of a multi-phase project, Tanicala et al. (2011) report that faculty perceive that unsafe behaviors resulting in failure are embedded in the interaction between the context of practice and the individual student's abilities. Hence, confronted by unsafe student practices, systems are beginning to shift from a culture of defensiveness and blame to an overt culture of safety (Attree et al., 2008; Tanicala et al., 2011).

Collectively, the clinical practice literature about first year nursing students highlights the importance of a supportive nursing network in mediating the challenges associated with learning to nurse. A failure to do so may not only compromise learning but also safety in the clinical practice environment. The development of students' competency and confidence relative to the knowing, being, and doing of nursing requires sound requisite academic preparation. Simulated learning and practice in the clinical setting guided by competent practitioners consolidates learning (Baillie and Curzio, 2009; Kneafsey and Haigh, 2007; Reid-Searl et al., 2010). Further, these authors emphasize that the efficacy of such initiatives is most evident when a mantra of safety pervades both the academic and the clinical practice settings.

Purpose

Research involving first year student conceptualizations of safety in clinical learning situations could not be found. Opportunities for students to articulate their perceptions of the current context in which they learn to practice nursing is often remiss (Kyrkjebø and Hage, 2005). To address this gap, this paper reports on first year students' viewpoints of compromised safety in clinical learning situations. Investigation of first year nursing student perspectives surrounding clinical safety may help inform nursing education and reduce patient safety concerns. This data set is part of a larger study aimed at identifying priorities for safe clinical practice described by nursing students across four years of a baccalaureate program. Overall, the knowledge generated may guide educators as they endeavor to improve safety content, processes and practices in a learner-centered curriculum.

Methods

Design

Several authors support the use of Q-methodology to explore human interactions and perceptions of interest in nursing research (Akhtar-Danesh et al., 2008; Gallagher and Porock, 2010). Q-methodology, using a blend of quantitative and qualitative elements, yields a conceptual representation of a multi-faceted phenomenon of study. This exploration occurs through participant ranking of statements representative of multiple understandings of a topic of interest, called a concourse (Brown, 1996; Dziopa and Ahern, 2011). The concourse in this study was developed and refined from an integrated literature review (Killam et al., 2011), an earlier study (Killam et al., 2010) and consultations with domain experts (Akhtar-Danesh et al., 2008) including students. An initial concourse of 200 statements was refined through grouping of conceptually similar statements. This refinement resulted in a final concourse comprised of 43 statements. Pilot testing of the resultant concourse was conducted with a group of faculty and recent graduates to further enhance validity (Akhtar-Danesh et al., 2008).

Setting and Sample

The setting was a full-time on-campus baccalaureate nursing program. This four year program is guided by a humanistic educative curriculum, integrating learner-centered academic and clinical components. Emphasis is placed on progressive professional transformation (Bevis and Watson, 2000). In the first year of this program, 122 h of clinical learning, and 264 h of classroom and laboratory learning experiences are provided to apply theory in practice. Clinical interactions among students, educators, practitioners and clients began six weeks into the program to provide an initial context for professional development.

The population for this study was comprised of 94 students enrolled in the first year of the baccalaureate nursing program. A convenience sample was obtained from one scheduled first year class. The inclusion criterion was official program enrolment, submission of a completed Q-sort and written consent to use the Q-sort in subsequent statistical analyses. There were no exclusion criteria. The number of