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Research Article

Experiences of Iranian Nursing Students Regarding Their Clinical Learning Environment

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SUMMARY

Purpose: The aim of this study was to explain the experiences of Iranian nursing students regarding their clinical learning environment (CLE).

Methods: Twenty-one nursing students participated in this qualitative study. Data were collected using semistructured interviews and analyzed using conventional content analysis.

Results: Analysis of interviews identified six categories: educational confusion, absence of evaluation procedures, limited educational opportunities, inappropriate interactions with nursing staff, bullying culture, and discrimination. Systematic and consistent methods were not used in clinical education and evaluation of nursing students. In addition, there were inadequate interactions between nursing students and health-care staff, and most students experienced discrimination and bullying in clinical settings.

Conclusion: Findings showed that the CLE of Iranian nursing students may be inadequate for high-level learning and safe and effective teaching. Addressing these challenges will require academic and practice partnerships to examine the systems affecting the CLE, and areas to be addressed are described in the six themes identified.

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Introduction

Q6 Nursing is a practice-based discipline, and what nursing students learn in clinical settings may be more important than what they learn in classrooms [1]. Clinical education is an essential and irreplaceable part of preparing nursing students for their profession [2]. Most goals of nursing education are enhanced and achieved

through clinical training including: critical thinking and communication skills, learning therapeutic nursing care, functioning effectively in health-care teams, applying learned ethical principles, and integrating taught principles with daily clinical decision-making [3]. Effective clinical education also involves safe and proper integration of nursing students into clinical learning environments (CLEs) [4].

The CLE is a complex and multidimensional social phenomenon [5] that consists of the physical environment (including geographic characteristics) and people (including clinical and academic staff, patients, and students) [6]. According to a recent concept analysis study, four attributes of the CLE include (1) physical environment, (2) interpersonal and psychosocial aspects, (3) organizational culture, and (4) clinical teaching components [7]. The CLE has a significant impact on nursing students' clinical learning [5].

The CLE of nursing students has greatly improved in recent decades. However, the results of many studies, even in high-income

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countries, show that nursing students in the CLE face challenges that include a lack of attention to educational innovation [4]; a disregard for the students' individualized learning style [8]; a sense of powerlessness [9]; and faculty with a lack of openness to innovative approaches to routine practice in the clinical setting [4]. Consequently, the CLE is a highly stressful setting for nursing students worldwide [10].

It should be noted that most studies that examined the CLE of nursing students were conducted in high-income countries. Little information about the experience of Middle Eastern nursing students regarding the CLE, with an emphasis on psychosocial aspects of this environment, is available. Of the few quantitative studies conducted among Middle Eastern nursing students, one study showed that Iranian nursing students reported clinical nurses did not cooperate with them [11] and had negative attitudes toward them [12]. Results of another study showed that Jordanian nursing students experienced high levels of stress during clinical placement, specifically in regards to patient care and their relationship with the clinical instructor and clinical staff [13].

Most of these previous studies have been conducted using instruments created in other developed countries and not translated and reliability or validity tested in developing countries such as Iran. To add to this body of knowledge and a better understanding of the CLE of Iranian nursing students, especially the psychosocial aspects, we conducted this study to explore the experiences of Iranian nursing students regarding their CLE.

Nursing education in Iran

The Iranian nursing system experienced a great revolution during the last century, a revolution that saw a shift from the apprenticeship style of nurse training to academic education for nurses in higher learning institutes. Nursing students in Iran are now able to attend nursing programs and obtain bachelor, master of science, and doctoral degrees. Despite this shift in advanced education for nurses, nursing education in Iran is experiencing challenges. These challenges include a gap between theory and practice, problems in student recruitment systems, and lack of consistency between curriculums and community health problems [14].

The BS undergraduate nursing program in Iran is 4 years, and the curriculum is provided by the Ministry of Health and Medical Sciences Education for all faculties in the country. Nursing students take theoretical, practical, and clinical courses in the first 3 years of their program. During these years, students commonly have two to three shifts per week in clinical settings. In the final year, students are in a variety of clinical settings 6 days a week.

Clinical education of nursing students occurs in inpatient and outpatient hospital wards (medical-surgical, pediatric, psychiatric, and maternity wards) and community health-care centers. Clinical instructors usually have academic appointments as nursing faculty, this means that in addition to teaching in the clinical units, they have research duties and teach both theoretical and practical courses. When an academic instructor is unavailable to teach clinical nurses because of the increasing number of nursing students in the recent years, clinical nurses working in hospitals or clinic units are asked to fill in, working outside of their regular working shifts.

Methodology

Design and setting

This qualitative study was conducted using content analysis. The study setting was Tabriz nursing and midwifery faculty (TNMF) that

is located in Tabriz, the capital of East Azerbaijan Province, in northwest Iran. The TNMF was the first faculty in Iran to graduate nurses with bachelor degrees beginning in 1979 and launched the first PhD of nursing in Iran. The TNMF is affiliated with Tabriz University of Medical Sciences and managed under the supervision of the Iranian Ministry of Health and Medical Sciences Education. During the sampling, 800 bachelors of nursing students were studying nursing in this faculty. Nursing students are involved in clinical education in inpatient wards and outpatient clinics of 11 educational hospitals and university health centers across Tabriz city. Clinical instructors came from two groups: (1) nearly half were members of the academy; (2) the rest were clinical nurses who worked as clinical instructors outside their regular shifts and who were paid as faculty.

Participants

The study was approved by the TNMF ethical review board, and participants were fully informed of the risks and benefits of participating in the study. Twenty-one nursing students participated in this study and provided informed consent. All participants were undergraduate nursing students, had experienced at least two semesters of clinical training, and had no experiences of independent nursing care as an employed nurse. Twelve (57.1%) participants were female, and the average age of participants was 21 years. Study participants were distributed according to the academic year as follows: six in sophomore, seven in junior, and eight in senior.

Students were informed of the study by the researcher (E.A.M.) and invited to participate. The first three participants, from the senior year, were selected based on their rich experiences of clinical education, recommendation by their clinical instructors and their ability and willingness to share their experiences. In keeping with the methodology of content analysis, subsequent participants were recruited based on the principles of purposeful sampling. Analysis of each participant's interview was performed as they occurred to allow for increased transferability of findings and to guide selection for further clarification of previously extracted concepts and tracking ideas.

The centrality of purposeful sampling, with its principles of maximum sampling, was followed during this study and sampling was based on demographic characteristics including sex, academic year, and cultural background.

Data collection

Data were collected using semistructured, in-depth interviews conducted between August 2015 and January 2016. All interviews occurred in a private setting chosen by participants in terms of time and space. Students who wanted to have an interview at the clinical setting, after completing the internship, were interviewed in a private room and in the relevant section. All eight clinical setting interviews were conducted in the head nurses room, with prior coordination. Students requesting an interview at the clinical setting after completing their internship were interviewed in a private room in the clinical setting. All eight clinical setting interviews were conducted by prior arrangement in the head nurse office. The other 13 students requested to have an interview at the school of nursing. Their interviews were conducted in the first researcher's office (E.A.M.). Sampling was completed after reaching data saturation, when no new codes or categories emerged after two consecutive interviews.

Interviews began with one or two general questions that aimed to develop trust and rapport with participants and create a sense of comfort and confidence in the process. The interviewer then continued with questions about participants' experiences in the CLE. For example: "please describe one of your clinical education days?"

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