



## Review

# Nursing students experienced personal inadequacy, vulnerability and transformation during their patient care encounter: A qualitative meta-synthesis

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## ABSTRACT

**Objectives:** To identify, appraise and synthesize the best available evidence exploring nursing students' experiences of professional patient care encounters in a hospital unit.

**Design:** The Joanna Briggs Institute (JBI) guidelines were followed and a meta-synthesis was conducted.

**Data Sources:** Qualitative research articles were considered for inclusion in the review, and JBI's meta-aggregative approach to synthesizing qualitative evidence was followed. An extensive search for relevant literature was undertaken in scientific databases.

**Review Methods:** Data were extracted from the included research articles, and qualitative research findings were pooled using the Qualitative Assessment and Review Instrument. This involved categorization of findings on the basis of similarity of meaning and aggregation of these categories to produce a comprehensive set of synthesized findings.

**Results:** A total of five research articles met the inclusion criteria and were included in the review. The review process resulted in 46 subcategories that were aggregated into 13 categories. The categories generated four synthesized findings: personal existence; personal learning and development; being a professional fellow human; and clinical learning environment.

**Conclusions:** We meta-synthesized that: Nursing students experienced personal inadequacy, vulnerability and a transformation during their patient care encounter.

## 1. Introduction

The hospital setting presents a significant clinical learning environment for nursing students (Eick et al., 2012), and it is an essential part of the formal nursing education process (Kaldal et al., 2015). In the clinical learning component, students encounter patients who are in need of nursing care. Knowledge of the nursing students' experiences during the patient care encounter is valuable to clinical instructors and the teachers at nursing schools when facilitating students before and during the practical training period at a hospital unit (Elcigil and Yildirim, 2007; Higgins, 2004; Strang et al., 2014). Globally, nursing education has changed significantly over the last decade, with greater emphasis on student learning in the clinical environment (Williams, 2014; Wu et al., 2015). Nursing education consists of theoretical and practical training to prepare nursing students to progress into the professional role of a nurse (Moscaritolo, 2009).

## 2. Background

A practical training period is a limited part of the clinical aspect in the education to be a Bachelor of Nursing (BN), e.g. one to six months at a hospital, psychiatric or primary nursing care. Patient care encounter generates positive and/or negative emotions in nursing students (Muñoz-Pino, 2014). A patient care encounter involves situations that call for applying basic principles of nursing care related to the patients' physiological and psychological needs (Henderson, 1966; Kitson et al., 2014) or existential issues (Todres and Galvin, 2010). The patient care encounters are an integral part of generating clinical experience. This prepares BN students to be “doing” as well as “knowing” the clinical principles in practice. The clinical training stimulates BN students to use their critical thinking skills for problem solving (Voldbjerg et al., 2016). The patient care encounter is of moral significance, because the way nursing students engage patients is an indication of the extent of

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their understanding of patient vulnerability (Peplau, 1997). Generating clinical experience seems to be one of the components of nursing student education, independent of educational year, which causes anxiety and stress (Beck, 1997; Parry, 2011; Sharif and Masoumi, 2005). The existing research cannot tell if it is particularly obvious in the first part or in the latter part of the nursing education. For example, distress may affect nursing students' clinical performance, presenting a clear risk to their success in practical training periods (Henderson et al., 2012). With advances in health care, clinical settings have become progressively more stressful with the introduction of new procedures and technologies.

Nursing school presents a broad range of practical and theoretical areas, which might cause varying degrees of stress. This may lead to some nursing students dropping out, especially after encountering patients in a hospital unit where they may experience feelings of powerlessness due to their lack of professional experience, personal problems and issues related to the clinical placement (Bowden, 2008; Rella et al., 2009). The attrition rate among nursing students in general seems high (Waters, 2008). There is no single reason related to the clinical setting that explains why students chose to leave. Nursing students have reported feeling inadequately prepared to cope with the strain of nursing (Rella et al., 2009). Furthermore, the nursing students' personal qualities and the patients' behavior affected their experiences (Granskär et al., 2001). However, being particularly young without work experience, or being male, along with exposure to unpleasant placement experiences such as the attitudes of clinical staff and lack of support were contributing factors (Eick et al., 2012). Mentoring the BN students in their practical training periods may reduce dropout rates and make for more enthusiastic students (Higgins, 2004).

Evidence on the BN students' experiences of patient care encounters in a hospital unit is required, because it can be useful in preparing and guiding students through their practical training. The rationale for conducting this review was to contribute to the knowledge on the characteristics of the BN students' experiences of professional patient care in a hospital unit. The results of this review may also transfer knowledge on how to assist the development of educational strategies to prevent attrition, and enhancement in the curricula in the theoretical part of the BN education on the topic: nurse-patient encounters and how these relationships are formed, managed, maintained, and terminated (Kitson et al., 2014).

### 2.1. Objectives

The objective of this systematic review was to identify, appraise and synthesize the best available evidence exploring BN students' experiences of patient care encounters in a hospital unit. More specifically: How do BN students describe their experiences of patient care in a hospital unit, and what kinds of experiences do BN students identify in patient care encounters?

## 3. Design

We conducted the systematic review according to a priori protocol (Kaldal et al., 2015) based on the Joanna Briggs Institute (JBI) Reviewers' Manual (JBI, 2014). We initiated a three-step search strategy and followed a focused question. To guide the structure and identify the key aspects of the search a mnemonic for qualitative reviews was developed. The target phenomenon was primarily investigation of BN students' experiences of patient care encounters in a hospital unit, which has inspired the research question, the definition of the Population, the Phenomenon of Interest and the Context (PICO) of the review (Table 1).

### 3.1. Data Sources

We searched the evidence-based literature in six databases:

**Table 1**  
PICO.

Types of participants (P)	Types of phenomena of interest (I)	Types of contexts (Co)
This review will investigate baccalaureate nursing students in their clinical practice.	This review will investigate experiences of professional patient care encounters.	This review will investigate clinical education in a hospital unit.

PubMed, CINAHL, ERIC, TRIP and Academic Search Premier, and from grey literature: Mednar, Google Scholar, ProQuest Dissertations and Theses, and OpenGrey. In addition, we searched for clinical education on relevant websites such as [www.nursingtimes.net](http://www.nursingtimes.net) and [www.dsr.dk](http://www.dsr.dk). The search included four main keywords: nursing student, professional patient care, experiences and hospital unit. The systematic search terms based on our PICO are located in Table 2. The terms were identified including index terms and free text across the used databases. The references of the included studies and other related literature reviews were hand searched and articles retrieved if the title seemed relevant. To validate the searches, a research librarian was involved throughout the search process.

### 3.2. Critical Appraisal

The two first authors independently assessed the identified primary studies for methodological validity prior to inclusion in the review using a standardized critical appraisal instrument: The Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI). In a web-based system, 10 questions were answered and a four-point scale was applied: yes, no, unclear, and not applicable (Pearson et al., 2005). The disagreements that arose between the first and second author were resolved through discussion with the third author. All authors had attended the JBI comprehensive systematic review training program.

### 3.3. Data Extraction and Synthesis

The data extracted from the studies included specific details about BN students' experiences of patient care encounters in a hospital unit, using the JBI-QARI data extraction tool. Following the Critical appraisal, the reviewers individually reviewed the five studies using the JBI-QARI reviewer's matrix, collecting data in a unified format. Data extraction both from quotations of participants and paraphrases by the authors of the primary studies were extracted using the JBI procedure for meta-synthesis (The Joanna Briggs Institute, 2014). A meta-aggregative approach was used by identifying findings in the included studies, grouping the findings into categories, and synthesizing the categories into themes (The Joanna Briggs Institute, 2014, p.70).

## 4. Results

A total of 894 papers were identified from databases. After duplicates were removed, 678 papers were screened for relevance based on title and abstract, and 16 full text papers were assessed for eligibility. The electronic reference management software, RefWorks®, was used to import and sort the records. Eight studies were excluded for the following reasons: non-qualitative research ( $n = 1$ ), not congruent with review aims ( $n = 7$ ). We identified one study (Ek et al., 2014) through reference lists. The PRISMA flow diagram (Moher et al., 2009) was used to illustrate the process. Nine papers were identified, screened and assessed for eligibility and critically appraised. Of these, five research articles were included in the meta-synthesis due to the relevance of the study and their methodological quality. Four papers were excluded after critical appraisal, because they involved BN students in undefined clinical settings or presented experiences from several practical training

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