



Transitions into practice: First patient care experiences of baccalaureate nursing students



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ABSTRACT

An essential component of the learning process for nursing and other disciplines in health professions education is the structuring of successful clinical experiences for beginning students. The purpose of this research study was to explore and describe first patient care experiences of baccalaureate nursing students in order to better understand student perspectives and perceptions. Data were collected from three cohorts of baccalaureate nursing in two university settings in the first semester following completion of first patient care experiences. A basic, exploratory qualitative approach with overtones of grounded theory was used for data collection and analysis. Three clear themes emerged from the data analysis. Participants experienced emotional responses of Anticipation, including fear, nervousness, and anxiety. The clinical experiences allowed Processing ~ Working Through, which was impacted by actions of instructors, nurses and patients. Participants developed Awareness as a result of their experiences.

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Introduction

The initial clinical placement and experience for beginning nursing students is generally an important milestone in a student's journey to become a nurse. Clinical experience is an essential part of the learning process for nursing and other health professions education, as students begin the actual practice of the discipline. The connection of classroom learning to clinical learning has been identified as a critical component of nursing education that is designed to prepare safe and effective nurses (Benner et al., 2010). Seminal moments in nursing education often happen during the first clinical experiences (Neill et al., 1998).

Contemporary nursing practice requires complex decision making skills (Forbes, 2010; Livsey, 2009), and it is a social practice which requires both autonomy and interprofessional patient care (Ball, 2011). New nurses must be prepared to practice safely, accurately and compassionately (Benner et al., 2010). While nurses learn in a variety of ways and experiences (Daley, 2001), ensuring adequate preparation and skill development are essential to effective performance and patient safety.

Background

The importance of nursing student experiences in the clinical learning environment (CLE) is well documented (Esmaili et al., 2014; Hegenbarth et al., 2015; Salamonson et al., 2015). Dimitriadou et al. (2015) state that a positive CLE enhances positive learning outcomes. Papp et al. (2003) found that strong nurse mentors who provided support for the nursing students contributed to a meaningful experience in the CLE for students, while the clinical teachers were viewed by students as primarily providing additional support. Pearcey and Draper (2008) concluded that clinical experiences are the most positive when mentors and faculty are able to work together to establish a positive CLE. Similar findings are reported by Dimitriadou et al. (2015). Hegenbarth et al. (2015) provide recommendations from their study for faculty and clinical to work together in order to strengthen and improve the CLE for student clinical experiences.

Establishing and maintaining an effective CLE can serve to reduce and control the common emotional and behavioral manifestations experienced by nursing students. Fear, excitement, anticipation, anxiety, stress and a sense of inadequacy are common (Beck, 1993; Behere et al., 2011; Hughes and Fraser, 2011; Melincavage, 2011). While emotional and behavioral manifestations of beginning nursing experiences have been clearly described in the literature, only a few studies in the literature were identified which have directly explored the first patient care experiences of

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nursing students. In an early study, Beck (1993) conducted a phenomenological inquiry to explore the lived experience of the first clinical experience of 18 undergraduate nursing students in a junior level nursing course. Student descriptions of their first clinical experiences included pervading anxiety, feeling abandoned, envisioning self as incompetent, and encountering reality shock (Beck, 1993). Neill et al. (1998) found similar findings in a qualitative investigation with nursing students in first clinical laboratory experiences.

Additionally, several studies examined first patient care experiences of nursing students outside the United States, supporting global educational concern for strong, positive first patient care experiences for nursing students (Chesser-Smyth, 2005; James and Chapman, 2010; Papp et al., 2003; Pearcey and Draper, 2008). Findings by Papp et al. (2003) supported the importance of a strong CLE and the importance of prepared mentors. In their qualitative study of first year student nurses in the United Kingdom, Pearcey and Draper (2008) described negative concerns voiced by students regarding their perception of staff nurse focus on paperwork and routine tasks, as well as surprise regarding difficulties with patient communication. Pearcey and Draper (2008), also supported by findings by Pearcey and Elliott (2004), describe the potential impact of a single positive CLE on overall student perception of their clinical experiences.

The initial literature review prior to data collection was limited in order to preserve a clear and unbiased inductive approach to the study of first patient care experiences for nursing students. Merriam (2009) stated that an inductive approach to qualitative research may be taken in order to build concepts or theories from the data. Inductive reasoning is open and exploratory and serves as an essential part of discovering new information (Polit and Beck, 2014). As previous research surrounding first patient care experiences of nursing students is limited (James and Chapman, 2010), a more extensive literature search was conducted following construction of the emergent categories and themes, and will be incorporated after each major section of themes.

Purpose of the study

The aim of this research study was to explore and describe first time patient care experiences of baccalaureate nursing students in order to better understand student perspectives and perceptions as they begin the transition from inexperience as a nursing student to having clinical experience. Understanding the student clinical experiences as transitional and transformational may provide insight for clinical nursing faculty to construct more effective patient care experiences.

Methodology

A basic, exploratory qualitative approach, with overtones of grounded theory process and analysis, was utilized in this study (Creswell, 2014; Merriam, 2009). A basic qualitative approach was selected because of the exploratory nature of the study. Merriam (2009) identifies that one of the central characteristics of basic qualitative research is the understanding that “individuals construct reality in interaction with their social worlds” (p. 22). A qualitative design was selected for this study in order to understand how nursing students construct their individual student realities associated with their first patient care interactions and experiences in a health care clinical learning environment. The basic qualitative approach provided the best methodological fit for the study. Merriam (2009) further describes that basic qualitative design can be used when the researcher wants to understand how people

interpret their experiences, how they construct their worlds, and the meaning attributed to the experiences.

Settings

Participants were enrolled in four year baccalaureate nursing programs at two different universities in a Southeastern state in the United States. The programs included were similar in educational design, with upper division nursing courses concentrated in the junior and senior years. Both universities are situated in major urban settings, with varied clinical experiences at primary health care centers, long term care facilities and outpatient settings. At the time of data collection, participants had completed one or two semesters of didactic courses and clinical nursing patient care experiences. Student time spent in clinical patient care rotations varied in the selected programs from 4 h once a week in the beginning course, to six or more hours once or twice a week, in clinical experiences in second semester courses.

Sample

Data were gathered by a single researcher over a three year period from three cohorts of baccalaureate nursing students at two different universities in a Southeastern state in the United States. While the sample size is larger than usual qualitative samples, the researcher wanted to provide a “voice” to each student who chose to participate. The total sample included 120 subjects with 92% female and 8% male (See Table 1). Ages ranged from 20 to 52, with an overall mean age of 26.67 years. Each cohort set of data was collected in participating programs at the conclusion of the courses in which baccalaureate students were assigned to their first patient care experiences.

Students who elected not to participate in the research study were permitted to leave the classroom or to sit quietly during data collection, at the discretion of the course coordinator for each course in which data were collected. The researcher was not the instructor of record for the participants during the semester of data collection. While participants were allowed as much time as necessary to construct their data responses, actual times ranged from five to 30 min.

Human use considerations

Prior to initiation of the research, institutional review and approval was obtained from each of the participating institutions. At each data collection point, subject participants were provided an informed consent form which included an explanation of the research, possible benefits and risks. There were no unusual ethical issues anticipated or experienced during data collection. Data collection took place in classroom settings, and participation in the research was completely voluntary.

Data collection and analysis

Data analysis was guided through steps identified by Lodico et al. (2010): organize and prepare data, review and explore, code data into categories, construct thick descriptions, build themes and report and interpret data. Data were collected at the conclusion of regularly scheduled class periods in each cohort. Students were invited to participate and after giving consent, received a data collection tool, and were provided with adequate time to respond in writing. Collection of data through written responses allowed students to have complete anonymity, reducing or eliminating any student, faculty or researcher concerns regarding student fears of possible negative impacts for participation or non-participation.

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