



Concerns of nursing students beginning clinical courses: A descriptive study☆



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ARTICLE INFO

Article history:

Received 17 December 2015

Received in revised form 18 April 2016

Accepted 3 May 2016

Keywords:

Clinical
Students
Fears
Concerns

ABSTRACT

Background: Students harbor fears related to the clinical environment that influence their participation and learning. Some studies have addressed general anxieties in undergraduate nursing students, but few have asked students to report their fears and concerns prior to entering the clinical environment. Therefore, this study examined the fears and concerns of undergraduate nursing students beginning clinical courses as well as their continued concerns upon completion of the first year of instruction. The study also assessed their confidence in physical assessment skills.

Methods: Ninety-six junior nursing students enrolled in a generic baccalaureate nursing program completed a survey, two items of which asked about their fears and concerns related to beginning clinical experiences and their confidence in physical assessment. A follow up survey was completed at the end of the junior year by 72 students.

Results: Making a mistake, lack of course success, and not knowing how to do something were students' major concerns prior to the start of clinical experiences. Bad experiences with a nurse or instructor, freezing up, and uncomfortable patient/family experiences were also concerns. Not knowing how to do something persisted as a concern at the completion of the first year. Fears about being/feeling left alone in a clinical setting as well as concern about the senior year also emerged on the post survey. Confidence in physical assessment was a mean of 60.46 on a scale of 0–100 at the beginning of clinical instruction and 71.28 at the end of the junior year.

Conclusions: Faculty should structure learning activities that decrease anxiety and enhance students' confidence prior to initial clinical experiences. Opportunities might include in-depth orientation to clinical settings and various simulations that allow practice of skills and communication. Awareness of predominant student fears and concerns can also guide staff nurses to provide a welcoming environment and enhance learning.

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1. Background

Beginning the clinical component of courses in the undergraduate curriculum is an exciting time for nursing students. However, these first clinical experiences can cause many fears and concerns among students as they begin to assume some responsibility for patients. Indeed, the clinical experience has been frequently identified as stressful and anxiety producing for nursing students (Lassche et al., 2013; Moscaritolo, 2009; Shaban et al., 2012). Just as test anxiety among nursing students has been shown to have a negative impact on academic performance in the classroom (Shapiro, 2014), fears about the clinical environment can have a detrimental effect on student achievement of learning outcomes in the practice setting. However, few studies have asked nursing students beginning clinical instruction about their

specific fears or concerns or their confidence level, though some studies have addressed student fears more generally.

Alzayyat and Al-Gamal (2014) reviewed 13 international studies that identified stressors related to clinical experiences of nursing students. Those specific to first year nursing students or initial clinical experiences included concerns about lack of knowledge, potential assignments, and challenging relationships with instructors (Karabacak et al., 2012; Nelwati et al., 2013; Shaban et al., 2012). Further, anxiety has been shown to be produced by perceptions of entering a highly technical environment with an unfamiliar language of abbreviations and new sights and smells (Castelluccio, 2012). Fear of conversing with patients and their family members and being asked questions by an instructor have also been identified as anxiety provoking, even among students self-identified as assertive (Kukulu et al., 2013).

Many programs assign students to begin clinical experiences on general medical or surgical units. It is in this environment that technical skills are developed and socialization to the work environment and nursing profession begins. For students beginning clinical experiences on a general medical or surgical unit, stressors have been identified in the categories of course assignments, the physical environment, and

☆ This research was not funded. No conflict of interest exists for any of the authors. All authors were involved in the research study and contributed to the article.

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interactions with staff and faculty (Shaban et al., 2012). Some students entering a nursing program may have interacted with the healthcare system through a trip to the emergency department, or volunteer or paid experiences. They may however, have an entirely different perspective when anticipating their first clinical performance.

In one of the few studies on the fears of students entering specialty rotations, Lassche et al. (2013) found that prior to the pediatric clinical experience, students were not comfortable with pediatric assessment, administering therapies, performing procedures or explaining procedures and medications to children. Students were most worried about causing pain in a child. Eswi and El Sayed (2011), who reported on the experiences of male nursing students in a maternity clinical course, found that unfavorable interactions with instructors and refusal of patients to be attended by male nursing students were common concerns. Students completing a rotation in a mental health setting have expressed a high degree of moral distress regarding poor communication with patients and medication administration (Wojtowicz et al., 2014) which could lead to fears about additional rotations in this specialty.

Self-confidence plays a significant role in student assertiveness and performance. Possessing confidence translates to greater ability to set specific goals for improvement, initiate communication, and feel value among peers and teams. Kukulku et al. (2013) noted that undergraduate male nursing students possessed more confidence than their female counterparts, but that self-confidence ratings fell from 84.5% to 76% between the second year and fourth year of school. In a study of nursing students in Ireland, multiple variables were shown to affect movement of a student's confidence up or down within clinical experiences. Fear of making a mistake was the most common factor hindering confidence, while having responsibility and feedback within a team, being familiar with the environment, and feeling capable all enhanced confidence (Chesser-Smyth and Long, 2013). Confidence in basic skills of physical assessment fosters self-esteem among nursing students, and this self-esteem has been shown to correlate with professional values (Iacobucci et al., 2013) and decision making (Jahanpour et al., 2010). A student's initial level of confidence may have significant implications for success in an undergraduate program.

Knowledge of student fears and concerns about beginning clinical experiences could help faculty and staff nurses address these concerns and structure early clinical learning experiences to increase student confidence and decrease anxiety. Therefore, this descriptive study examined nursing students' fears and concerns related to beginning clinical experiences, continued fears and concerns going into the senior year, and confidence in physical assessment skills. The study was part of a larger study of the expectations of undergraduate nursing students in their first courses involving a clinical component. The university Institutional Review Board approved the study.

2. Methods

The study surveyed nursing students newly admitted into the upper division nursing major of a generic baccalaureate program. The upper division program consists of a didactic nursing fundamentals course and a physical assessment laboratory course prior to the junior year, followed by two semesters of junior year clinical and coursework and two semesters of senior year clinical and coursework. The students surveyed were beginning their clinical rotations in the junior year, in which half the cohort has maternity and pediatrics courses in the first semester and general medical/surgical nursing and behavioral health in the second semester, while the other half of the students begin with medical/surgical and behavioral health nursing in the first semester and then take maternity and pediatrics courses. The survey was administered to students who were present on the day of orientation for both course pairings and who provided consent to participate in the study. A nine-item survey was used to assess students' expectations and fears or concerns about entering the clinical setting and initiating patient contact for

the first time as a nursing student. The survey was developed by the authors. Validity was established through review by five experienced researchers and educators and a review of the literature. Two open ended items from the survey asked students to list up to three "fears or concerns" related to beginning clinical experiences and assess their confidence in their physical assessment skills using a visual analog scale of 0–100 mm (ranging from no confidence to complete confidence). Paper surveys were distributed to the students by research office faculty and staff and graduate students not involved in the study. No identifying information was placed on the survey. Students completed the survey within a 10–15 minute time frame.

At the conclusion of the first two semesters, students completed an additional paper survey distributed by members of the research department not affiliated with the courses or involved in the study. One open ended item on the follow-up survey asked students to list up to three of their continued fears or concerns as they transitioned to the next level of clinical courses in the senior year. An additional item again asked students to rate their confidence in physical assessment skills on a 0–100 scale.

3. Results

Ninety-six students present returned the initial survey. Seventy-seven students indicated that they were 18–24 years of age, 16 indicated that they were 25 years of age or older, and 3 did not list their age range. Responses for the open ended questions regarding fears and concerns were categorized by basic content analysis. Table 1 provides examples of responses in each category for the open ended questions. Making a mistake, lack of course success, and not knowing how to do something were listed most often by students as their major fears or concerns. Having a bad experience with a nurse or instructor, freezing up, and bad or uncomfortable patient/family experiences were the responses with the next highest frequencies (Table 2). Ninety-five students listed one fear or concern, 79 listed a second fear or concern, and 49 listed three fears or concerns in the initial survey.

Seventy-two students completed the follow-up survey leading into the senior year. Not knowing how to do something, senior year experiences, and being left alone/feeling alone in a clinical setting with a patient were fears or concerns that persisted with highest frequency after the two semesters of clinical experiences in the junior year. Making a mistake, freezing up, and fear of the work environment were all listed next with the same frequency (Table 2). In the follow-up survey, 67 students listed one fear or concern, 44 listed a second fear or concern, and 25 listed three fears or concerns.

Before students began clinical experiences, their mean confidence level in their physical assessment capabilities was 60.46 on a scale of 0–100 (SD = 16.636, range 16–97). Though there was a wide range of confidence levels, clearly many students did not feel confident in their assessment skills, despite the fact that they had just completed a physical assessment clinical laboratory course in the previous semester. Student confidence in their physical assessment skills on the follow up survey improved to a mean of 71.82 (SD = 14.915, range 23–97).

4. Discussion

Data from this study clearly indicate that students have fears and concerns about their first clinical experiences. Students provided a range of responses, from making simple mistakes based on inexperience to causing bodily harm due to lack of clinical skills and knowledge. On the initial survey, one of the most commonly cited responses was fear of making a mistake that would cause injury to a patient. This suggests a need to focus on safety measures in orientation for prelicensure students. Simulation has been shown to be an effective method to teach clinical skills (Hope et al., 2011) and promote patient safety principles (Berndt, 2014), but multiple simulation cases and opportunities may need to be offered to enable students to achieve competence in patient

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