



## Iranian nursing students' preparedness for clinical training: A qualitative study



Soodabeh Joolae<sup>a</sup>, Seyedeh Roghayeh Jafarian Amiri<sup>b,\*</sup>, Mansoureh Ashghali Farahani<sup>c,1</sup>, Shokoh varaei<sup>d</sup>

<sup>a</sup> Associate Professor, Center for Nursing Care Research, Nursing and Midwifery Faculty, Iran University of Medical Sciences, Arcoo Street, Burnaby BC, V5E0A8, Tehran 1405-7325, Iran

<sup>b</sup> School of Nursing and Midwifery, Tehran University of Medical Sciences, Tohid Sq, East Nosrat, 1419733171 Tehran, Iran

<sup>c</sup> Department of Medical–Surgical Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, IR Iran

<sup>d</sup> Assistant Professor, Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, Tohid Street, East Nosrat, 1419733171 Tehran, Iran

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### SUMMARY

**Background:** Clinical training plays a fundamental role in nursing students' acquisition of professional capabilities. Students' preparedness for learning in clinical setting is one of the most important factors that determine the quality of clinical training. Different studies indicate the nursing students' unpreparedness for entering clinical environment.

**Aim:** The aim of this study was to explore Iranian nursing students' preparedness for clinical training.

**Method:** This research is a qualitative research using content analysis approach. The participants consisted of seventeen nursing students, three nursing educators and one nurse, selected through the purposive sampling method and questioned in semi-structured interviews. The acquired data was analyzed by qualitative content analysis approach.

**Results:** Two main themes were captured in this study; including: 1) rejection of the profession and 2) fear and anxiety

**Conclusion:** The findings indicated that the nursing students are not psychologically prepared for internship in clinical settings. Therefore we recommend in the first place reducing students' fear and anxiety of facing the reality and preparing them for a better beginning through conducting workshops in retraining and practicing clinical skills along with a course of visiting the hospital for students' confrontation and familiarization with real environment immediately before entering into the clinical setting. In addition, after the students' entrance to the setting the clinical educators should strive to heed students' level of preparedness especially their psychological needs and condition including the extent to which they accept their profession.

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### Introduction

Four-year nursing education in Iran consists of a four-year course wherein students earn a bachelor's degree. The students learn the theoretical principles of basic nursing skills in the class during the first semester and exercise the practical skills in practice room. Nursing students' internship in clinical environment begins in the second semester along with education theoretical courses in the class. The theoretical nursing courses are completed at the end of the third year and the fourth year is merely dedicated to internship in clinical environment. The students undertake internship in clinical setting under the direct supervision of clinical nursing educator.

Nursing education program includes providing a combination of theoretical and clinical learning experiences for the students in order

to accordingly train students who possess knowledge, expertise and required attitude for professional performance after graduation (Nabolsia et al., 2012). Clinical learning is one of the crucial fields in improving nursing profession (Dadgaran et al., 2012). Nursing program's success depends to a great extent on effective clinical experience (Henderson et al., 2006). The students' clinical experience is a determining factor of the quality of nursing education (Peyrovi et al., 2005).

Clinical experience is one of the most disturbing elements of nursing education program (Sharif and Masoumi, 2005) and a reason for students' dropping out (Andrew et al., 2008). Controlling a clinical environment is difficult and there are different stimuli that obstruct the nursing students' learning. The nursing educators have to prepare the students to confront the variant of the stimuli (Papp et al., 2003). At the beginning of their internship, many of the nursing students feel unprepared for their whole clinical training and regard this clinical learning as a stressful incident (Chumley et al., 2015). So nursing students need the nursing educators' attention to have a safe performance in the beginning of their career (Andrusyszyn et al., 2010).

The nursing students may experience anxiety, uncertainty and fear of abandonment in their first encounter with the complicated clinical

\* Corresponding author.

E-mail addresses: [sjoolae@mail.ubc.ca](mailto:sjoolae@mail.ubc.ca) (S. Joolae), [jafarianamiri@gmail.com](mailto:jafarianamiri@gmail.com) (S.R. Jafarian Amiri), [Farahani.ma@iums.ac.ir](mailto:Farahani.ma@iums.ac.ir) (M.A. Farahani), [shvaraei@tums.ac.ir](mailto:shvaraei@tums.ac.ir) (S. varaei).

<sup>1</sup> Tel: +98 2143651615.

environment to the extent that this experience may make them change their minds about thinking of this profession as a proper choice (Christiansen and Bell, 2010). Carlson et al.'s (2003) study showed that the nursing students experience reality shock in their first encounter with the clinical environment and that happens due to an abrupt entrance from practicing in a simulated environment into clinical environment where they face real life and death situations. The importance of this issue is the extent that even the senior nursing students feel worried about their readiness for entering the clinical work (Guner, 2014). In Milton-Willey et al.'s (2014) study, the students and the new nursing graduates were not satisfied with their work-readiness in clinical environment.

There have been various studies about nursing students' clinical education in Iran as well. In Sharif and Masoumi's (2005) study, almost all of the students experienced anxiety resulted from lack of sufficient expertise and fear of hurting the patient. The students in Peyrovi et al.'s (2005) study were afraid of confronting with a patient in the first days of their work in the clinical setting. They feel they lack expertise and were worried about whether or not they could gain all the skills required for nursing. In Asman-Rafat et al.'s (2004) study, 67.2% of students named unfamiliarity with the hospital environment as a stressful factor in their first clinical experience. Many of the students in Mirzaie et al.'s (2014) study failed to accept their profession until the end of their education. Although all of these studies indicate student's unpreparedness for learning at clinical settings, almost none of them directly address the manner of students' preparation for learning at clinical practice.

The existing gap in the literature of this field made the researchers of this study to conduct a qualitative study to acquire a deep understanding of Iranian nursing students' preparedness for learning in clinical setting.

## Methodology

This qualitative research used conventional content analysis approach. Qualitative content analysis is a systematic process of coding and identifying themes or patterns (Hsieh et al., 2005). Purposive sampling with maximum variation was used for selecting participants. The participants include nursing students as well as clinical nurse educators and a nurse from a public nursing school in North of Iran. The main criterion for inclusion of students was the experience of at least one course of internship at the hospital, for the nurse educators, the experience of at least 2 years of training nursing students in clinical settings and for the nurse, the experience of at least 2 years of working in teaching hospitals where nursing students are being trained in there. All of the students recruited were with bachelor's degrees.

Semi-structured interview was the main approach for data collection. In addition to the interview, some observation and notes that were taken in the field were used for collecting data and enhance better understanding. Saturation was reached after 21 individual interviews and analyses from 17 students 3 educators, and one nurse. Saturation was reached when information obtained from participants was repeated and no new information could be obtained (Paul et al., 2011)

Following an agreement with the participants, the interviews were performed at teaching hospital or at the Faculty of Nursing and at a predetermined time.

This is part of a larger qualitative study exploring the clinical support for nursing students. Therefore, the interviews started with a broad question regarding the students' clinical experience. During the interview, the students were asked to explain their feelings and perception during the first few days of clinical training. During the interview, the students were asked to describe their feelings and conditions in the first days of clinical training and the educators and the participant nurse were asked to tell about their experience of working with students who were spending their first days of internship. The interview continued with clarifying and deepening questions such as "Would

you elaborate more?" or "What do you mean?". The length of each interview was between 36 and 88 min; that is to say 45 min in average. All of the interviews were recorded with a digital voice recorder and then were listened carefully, transcribed and typed word per word at the first occasion to keep relation with the data and the participants' feelings. The transcripts were coded line by line in MAXQDA10 software. The conceptually similar codes were placed in one cluster and the semantically related clusters were placed in one category and similar categories were merged together.

## Rigor

The trustworthiness of this study is evaluated through Guba and Lincoln Criterion (Streubert and Carpenter, 2011). Credibility was established in this study through prolonged engagement with participants and the data, member check, peer check, external check and constant comparison. The research members had regular meetings and reviewed the process of analysis in various sessions. We also used observation and field note (Streubert and Carpenter, 2011; Harper and Cole, 2012) to achieve a better understanding of the context.

To ensure confirmability of the findings, the analysis and the primary conclusions were presented, reviewed and revised in a seminar with a research team and a number of nursing faculties who were knowledgeable in the given field of research and were familiar with qualitative approaches. Transferability was enhanced by rich and deep description of the context and characteristics of the participants.

## Ethical Considerations

The researchers collected the data after the approval of the research project and obtaining permission from the Ethics Committee of Tehran University of Medical Sciences. In the beginning of the interview, the participants were familiarized with the objective of the study and signed an informed consent. In addition, informed consents, included permission to audio-record the interviews were received and anonymity, privacy of information and the right to withdraw during the study were accurately followed and all of the manuscripts were specified via codes.

## Results

The seventeen student participants of this study included ten females and seven males, all were full time students between the ages of 19 and 27 and from third to eighth semester of Bachelor of Science in Nursing. The three educator participants included one female and two males between the ages of 27 and 49 with 2 to 24 years of teaching experience. And finally the participant nurse was a 37-year-old woman with 3 years of experience working in clinical environment and 1.5 year experience as an educator.

From the deep and rich explanations of the participants regarding the causes of students' unpreparedness for internship in clinical environment, two main themes were extracted including: rejection of the profession and fear and anxiety (see Table 1).

**Table 1**

1—The reasons for students' unpreparedness for clinical training.

Rejection of the profession	Agony of failure Apathy Intellectual immaturity
Fear and anxiety	Alienation from clinical environment Unknown facts about the profession Reality shock Anxiety of the future The nature of working with the patient Risk of error Low self-confidence Lack of professional expertise

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