



Third year nursing students' viewpoints about circumstances which threaten safety in the clinical setting

Phyllis Montgomery^{a,1}, Laura Killam^{b,*}, Sharolyn Mossey^{a,1}, Corey Heerschap^{b,3}

^a School of Nursing, Laurentian University, 935 Ramsey Lake Road, Sudbury, Ontario, P3E 2C6, Canada

^b School of Health Sciences and Emergency Services, Cambrian College of Applied Arts and Technology, 1400 Barrydowne Road, Sudbury, Ontario, P3A 3V8, Canada

ARTICLE INFO

Article history:

Received 23 January 2013

Received in revised form 27 August 2013

Accepted 26 September 2013

Keywords:

Safety

Clinical education

Nursing students

Q methodology

SUMMARY

Background: Evidence emphasizes that learners, educators, clinicians, programs, and organizations share the responsibility for establishing and maintaining safety throughout undergraduate nursing education. Increased knowledge about students' perceptions of threats to safety in the clinical setting may guide educators' efforts to promote the development of safe novice practitioners while preserving patient safety.

Objective: The purpose of this study was to describe third year nursing students' viewpoints of the circumstances which threaten safety in the clinical setting.

Methods: Using Q methodology, 34 third year Bachelor of Science in Nursing students sorted 43 theoretical statement cards. Each card identified a statement describing a threat to safety in the clinical setting. These statements were generated through a review of nursing literature and consultation with experts in nursing education. Centroid factor analysis and varimax rotation identified viewpoints regarding circumstances that most threaten safety.

Results: Three discrete viewpoints and one consensus perspective constituted students' description of threatened safety. The discrete viewpoints were labeled lack of readiness, misdirected practices, and negation of professional boundaries. There was consensus that it is most unsafe in the clinical setting when novices fail to consolidate an integrated cognitive, behavioral, and ethical identity. This unifying perspective was labeled non-integration.

Conclusion: Third year nursing students and their educators are encouraged to be mindful of the need to ensure readiness prior to entry into the clinical setting. In the clinical setting, the learning of prepared students must be guided by competent educators. Finally, both students and their educators must respect professional boundaries to promote safety for students and patients.

© 2014 Elsevier Ltd. All rights reserved.

Introduction

As precicensure members of a practice discipline, nursing students develop entry-level competencies through the provision of patient care in diverse and multiple clinical settings. Thereby, safety is a central consideration for all stakeholders involved in undergraduate nursing education. The protection of patients from mistakes, errors, risks, and harm as students develop towards autonomous practice is critical. Nurse educators, a key stakeholder group, are well-situated to proactively address the threats to patient safety associated with student learning (DeBourgh and Prion, 2011; Henneman et al., 2010). As such,

there is a body of evidence that identifies educators' essential role in upholding safety (Duhn et al., 2012; Karayurt et al., 2008; Levett-Jones and Lathlean, 2009; Reason, 2000; Reid-Searl et al., 2010; Schnall et al., 2008; Sherwood, 2011; Smith et al., 2007). This work includes strategies to support students' development of attitudes, knowledge and skills for patient safety. Recently, the need to ensure that students are likewise protected from risk and harm during learning has been described as a precursor to patient safety (Ganley and Linnard-Palmer, 2012).

As another stakeholder group in undergraduate nursing education, students fulfill a central role in optimizing safety in the clinical setting. Evidence regarding students' perceived threats to safety, however, is limited (Ganley and Linnard-Palmer, 2012; Vaismoradi et al., 2011; Wolf et al., 2006). Preservation of safety may be particularly challenging for third year nursing students as they earn independence under the surveillance of their educators (Elcigil and Sari, 2008; Newton et al., 2009; Ransie and Grealish, 2007). Based on an examination of third year students in the clinical environment, Levett-Jones and Lathlean (2009) conceptualized that engagement in safe clinical practice is

* Corresponding author.

E-mail addresses: pmontgomery@laurentian.ca (P. Montgomery), laura.killam@cambriancollege.ca (L. Killam), smossey@laurentian.ca (S. Mossey), heerschap.corey@gmail.com (C. Heerschap).

¹ Tel.: +1 705 675 1151; fax: +1 800 461 4030.

² Tel.: +1 705 566 8101x6252; fax: +1 800 461 7145.

³ Tel.: +1 705 929 3912.

predicated on students' fulfillment of their own physical, psychological, and emotional safety needs (Levett-Jones and Lathlean, 2009).

The purpose of this study was to describe third year nursing students' viewpoints of circumstances which threaten safety in the clinical setting. In this investigation, safety was broadly defined as patient and or student freedom from physical and psychosocial risk or harm. This definition was adapted from international literature outlining safety curricula (Canadian Patient Safety Institute, 2009; Cronenwett et al., 2007; Ganley and Linnard-Palmer, 2012; World Health Organization, 2011).

Background

There is a large body of nursing literature involving the development of third year nursing students as novice practitioners. Of particular relevance to this study was evidence addressing these students' accounts of circumstances influencing safety as they learn to nurse. Overall, the evidence identified the presence of interrelated individual and programmatic issues that have the potential to threaten student and patient safety in the clinical setting. To summarize these issues, the reviewed literature was grouped into the following topics: relational connectedness, caring ethics, medication competency, stress management, and confidence.

Relational connectedness

Researchers, using a variety of quantitative and qualitative methods, have consistently reported an association between positive learning outcomes for third year students and reciprocal relations with their educators, inclusive of faculty members, clinical supervisors, preceptors, and clinicians (Illingworth, 2006; Levett-Jones and Lathlean, 2009; Newton et al., 2009; Ransie and Grealish, 2007; Sharif and Masoumi, 2005; Teatheredge, 2010). These partnerships promote positive performance expectations, critical clinical decision making, and reflective practice. Relationships formed with supportive, knowledgeable, and competent nurse mentors in the practice setting positively impact on students' evaluation of the quality of the clinical learning experiences (Elcigil and Sari, 2008, 2011). Effective clinical educators guide third year students through interactive, student-centered teaching strategies and constructive evaluative approaches (Illingworth, 2006; Teatheredge, 2010). Further, there is some evidence that educator continuity in the clinical setting may have a positive impact on third year nursing students' skill development (Levett-Jones et al., 2007; Newton et al., 2012).

Caring ethic

According to Mlinar (2010), caring is a precursor to safe practice. To measure this association, Mlinar (2010) examined the differences between first and third year nursing students' perception of caring behaviors using the Caring Behaviors Inventory. Advanced students, in comparison to entry-level students, ranked administering medications and patient education as the most important caring behaviors. As they progressed through their studies, students reported an increased commitment to instrumental and affective caring practices bound by professional ethics and their level of knowledge. In another study, Tabak and Reches (1996) surveyed the caring ethical attitudes of nurses, midwives, third, and fourth year nursing students. The students demonstrated knowledge of caring ethics in particular to patients' right to privacy and protection from harm. Actualizing caring ethics, however, may be threatened by their fear of negative academic consequences. Recent studies describe senior nursing students' ambivalence in reporting clinical mistakes to preserve their academic standing despite potential safety implications for patients (Edwards et al., 2010; Koohestani and Baghcheghi, 2009).

Medication competency

Students are vulnerable to making medication errors which may or may not lead to adverse events or patient harm. Harding and Petrick's (2008) reported that over one third of all medication errors in one baccalaureate nursing program were committed by third year nursing students. Although none of these errors resulted in serious adverse patient outcomes, the most frequent contributing factors were violation of safety checks, lack of knowledge, and system factors. These researchers suggested that error mitigation must include strategies to support third year nursing student medication competency complemented by strategic planning with various safety stakeholders. More recently, Sulosaari et al. (2012) undertook an integrative review to examine factors associated with nursing students' medication competence. A combination of individual, clinical, and programmatic variables influenced students' drug calculation competency. These authors recommended the need for more contextually specific research to support teaching and learning across diverse learning environments for the promotion of students' medication competencies. Reason (2000) emphasized that errors should not be attributed solely to an individual clinician's performance. Rather, errors occur consequential to interactions between individuals within a system. To promote third year students' medication error identification and recovery, educators need to be aware of both human and systemic circumstances (Henneman et al., 2010).

Stress management

Heightened stress has been suggested to have a negative impact on both the quality of senior nursing students' learning and their resultant clinical performance (Cheung and Au, 2011; Houghton et al., 2013). It has been reported that as students progress in their studies, they experience stress associated with fear that they may compromise safety and inadvertently harm patients (Kleehammer et al., 1990; Sharif and Masoumi, 2005). Newton et al. (2009) found that third year students experienced transitional stress as they progressed from classroom to clinical learning. Transitional stress was mitigated in the presence of external resources such as competent educators and internal resources such as student self-esteem. Edwards et al. (2010) identified that self-reported student stress was highest at the beginning of the academic year when self-esteem was at its lowest. During this period of low self-esteem and high stress, academic and clinical performance was most threatened.

Confidence

Duhn et al. (2012) reported that nursing students develop an increased understanding of clinical safety as they progress through a four-year baccalaureate program. During this period, students' confidence levels, however, did not necessarily increase. Third year students had significantly lower confidence regarding clinical safety in comparison to their peers in the second year of the program. These researchers suggested that educators must be effective in modeling the translation of safety theory into practice. Glover (2000) reported that third year nursing students valued timely feedback from nurses to enhance their sense of confidence and clinical competence for safe practice.

Third year students have been described as motivated to become "competent, confident, efficacious and capable professional[s] with a passion for, and commitment to patient-centred care" (Levett-Jones and Lathlean, 2009, p. 2873). This objective embodies both academic success and regard for patients. The reviewed literature identifies multiple factors that may adversely affect students' progression through prelicensure education and patient safety. In summary, threats such as ineffective professional relationships, disregard of caring ethics, lack of

Download English Version:

<https://daneshyari.com/en/article/368189>

Download Persian Version:

<https://daneshyari.com/article/368189>

[Daneshyari.com](https://daneshyari.com)