



Does building resilience in undergraduate nursing students happen through clinical placements? A qualitative study

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ABSTRACT

Background: The shortage of nurses has become a global phenomenon, and methods of decreasing the attrition rate of nurses have been explored. Resilience was one of the important factors that increased the retention rate of nurses who stayed in this highly stressful profession.

Objectives: To understand how undergraduate nursing students perceive and experience their clinical placements and to identify the factors that helped them build resilience.

Design: A qualitative design utilizing focus group interviews was adopted for this study.

Participants: Nineteen third- and fourth-year undergraduate nursing students in a Bachelor of Nursing program participated in this study.

Setting: This study was conducted at a local university in Singapore.

Method: Four audio-taped focus group interviews were conducted.

Results: Students reported that they were stressed while facing challenges head-on during their first clinical placements, mainly due to a lack of peer and clinical support. Gradually, students built resilience overtime and were able to adapt to the ward culture through peer support and reframing coping strategies.

Conclusion: Nursing students gradually built resilience after accumulating experiences from their clinical placements. Although they eventually adapted well, peer, clinical, and informational support during clinical placements were lacking. Resilience programs that teach positive coping strategies and mindfulness training could be implemented in the undergraduate nursing curriculum.

1. Introduction

Working in nursing and healthcare has been known to be arduous and stressful. Globally, there has been a shortage of nurses due to the high turnover rate (Chachula et al., 2015). Research on nurses' retention has been on the rise to tackle the shortage of nurses in the nursing profession. Recent literature has examined the factors that determine the attrition or retention rate of nursing students (Crombie et al., 2013), with resilience being one of the focus among those factors (McAllister and McKinnon, 2009).

Resilience is defined as the ability to return to a state of normalcy from adversity and having a positive outlook of the future (Turner, 2014). Resilience has been categorized into three primary components: 1) resilient qualities that measure the psychosocial qualities of a resilient individual, 2) the resilience process that explores how an individual adapts to adversity, and 3) innate resilience, which identifies motivational factors that may positively influence the response of an

individual (Ballenger-browning and Johnson, 2010).

The nursing workload comprises not only physical demands but also mental demands associated with the workload (Neill, 2009). Due to the challenges in adjusting to shiftwork, physical workload, the high strung nature of the job, and being subjected to bullying from managers and physicians, newly graduated registered nurses face physical and mental burnout that eventually lead to their attrition from the profession (Chachula et al., 2015). Nurses who exhibit positive changes to their psychological well-being are more likely to resign from the nursing workforce or may reduce their employment fraction, which has an economic cost to employers and the nation at large (Mealer et al., 2012). The aforementioned factors have contributed to the shortage of nurses due to the high attrition rate, the low retention rate, and the decreasing number of school leavers who choose nursing as their career (Liaw et al., 2016). Therefore, to tackle this crisis, there has been extensive research on ways to retain nursing students in the profession, with the teaching and learning of resilience receiving paramount

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attention (McAllister and McKinnon, 2009; Thomas and Revell, 2016). Additionally, the integration of career planning, development program (Waddell et al., 2015) and mindfulness training (Chamberlain et al., 2016; Mathad et al., 2017) in the undergraduate nursing curriculum to build undergraduates' resilience were suggested.

Current literature has explored the determining factors that make student nurses stay in the profession, and resilience was one of the factors (Crombie et al., 2013; Knight et al., 2012; Williamson et al., 2013). An integrative review on resilience in nursing students was also conducted by Thomas and Revell (2016), who found that support from family, friends, and the nursing faculty promotes students' resilience. The predictors of resilience among nursing students was studied by Mathad et al. (2017), who found that preservative thinking and empathy are significantly correlated with resilience. Clinical placement is an important segment in nursing education as it is a platform for nursing students to acquire nursing skills and form their professional identities (Arieli, 2013). Completing clinical placement is also paramount for a nursing student to be qualified as a registered nurse. One of the deciding factors in nursing students' retention or attrition is clinical placement experiences (Crombie et al., 2013). It is through clinical placements that nursing students experience the stress and reality of nursing work. Experiences of the clinical work could determine whether nursing students would continue or leave the profession, thus nursing curriculum should include lessons on replacing stressful challenges with positive coping strategies (O'Mara et al., 2014). Resilience enhancement has been purported as a valuable coping strategy as it enables nursing students to know how to manage stress during their clinical placements (Delany et al., 2015; Sanderson and Brewer, 2017).

2. Methods

2.1. Study Aim and Design

The aim of this study was to understand how undergraduate nursing students perceive and experience their clinical placements and to identify the factors that will help build their resilience during their years of study. A qualitative methodology utilizing focus group interviews was adopted for this study. The research questions were:

- (1). What are the factors that influence resilience in nursing students during clinical placements?
- (2). What is the best intervention to build resilience in nursing students?

2.2. Participants

The participants in this study were third- and fourth-year nursing students who participated in phase one of this study, a quantitative survey using validated questionnaires on resilience and clinical setting. Participants in phase one of the study were asked by the research assistant if they would like to participate in the focus group interviews in phase two of the study to explore how undergraduate nursing students experience their clinical placements has built their resilience. Of the 126 nursing students who participated in the survey, 19 students volunteered and consented to be contacted by the first author. The mean age of the 19 students was 23.15 years (SD = 6.9, range = 21–29). There were nine third-year and ten fourth-year full-time nursing students who were all of the “single” status, with only six male nursing students (3 in each year).

2.3. Data Collection

Ethics approval was obtained from the university's Institutional Review Board (B-14-152). Upon explaining the purpose and the nature of the study, signed consent forms were obtained. Four focus group interviews were conducted with nine third-year (2 groups) and ten

fourth-year (2 groups) undergraduate nursing students in March 2015. The place and time of the interviews were held at their convenience. The audio-taped interviews lasted between 45 and 60 min. Two members of the research team (VL, YL) interviewed the third- and fourth-year students.

2.4. Data Analysis

All audio-taped interviews were transcribed verbatim. Qualitative content analysis was used to analyze the data in accordance to the three main phases of preparation, organizing, and reporting (Elo and Kyngäs, 2008). In the preparation phase, researchers (VL, SS) read the transcripts several times and selected the theme of resilience to be the unit of analysis (Elo and Kyngäs, 2008; Polit and Beck, 2004). In the organizing phase, open coding, the creation of categories, and abstraction were conducted (Elo and Kyngäs, 2008). Patterns in the data were consistently discussed and revised by the researchers (SS, YL, PY) throughout the creation of subcategories, generic categories, and main categories. Another researcher (VL) in the team reviewed and validated the categories for accuracy and a consensus of major and sub categories was reached by agreement. Rigor was achieved through this process.

3. Findings

Two major categories, supported by subcategories, emerged from the analysis: 1) challenges faced during clinical placements and 2) building resilience over time.

3.1. Challenges Faced during Clinical Placements

3.1.1. Subtheme 1: Facing the Reality of Nursing Work

Nursing students expressed that they felt “traumatized” when they recounted their first clinical placement experiences as student nurses. They felt stressed as they had to face the reality of nursing work head-on without any prior clinical experience and skills. Many of the participants expressed that they were at a loss of what to do and felt helpless during times of emergency. A couple of nursing students reported their stressful first experience during their clinical posting:

“... it is traumatizing because I was in year one and was just thrown into chaos, and you don't know, like, any resuscitation skills. It is just helpless down there if there is no one to help you... so I don't want to experience that again.” (Focus Group 2, Participant A).

“The most stressful situation happened to me in the emergency department (ED) at a local hospital because it was the first resuscitation case that I assisted. So, that was stressful because I haven't experienced anything like that before and I didn't know what to do in the ED, I didn't know what equipment to use. All I could do was to stand there and watched everyone busy doing stuff.” (Focus Group 3, Participant A).

3.1.2. Subtheme 2: Lack of Support

Nursing students also faced a lack of support during their clinical placement due to unsupportive clinical staff and preceptors, being the only student in the ward, doing nursing duties, and managing patients and their family members on their own. Nursing students started their clinical attachment with the expectation to learn and be taught relevant clinical skills in the varied departments they were attached to. However, they were not supported in this area because the clinical staff and preceptors were not willing to teach them the relevant skills for fear that the nursing student will make a mistake in the process.

“... the nurses don't really want to teach you, the preceptors don't really want to teach you. At that time, we didn't have lecturers with us.” (Focus Group 4, Participant B).

“... the staff don't really trust you. Although we were competent in certain skills, they thought we shouldn't do it. They'd rather do it themselves than let us perform because it would be slower and there may also be mistakes...” (Focus Group 2, Participant D).

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