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The experience of Jordanian nursing students in their clinical practice

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Abstract

Clinical practice is fundamental component of the baccalaureate nursing program. It provides student nurses with knowledge, skills, and attitudes required for their future nursing roles. The purpose of this study is to explore the experience of nursing students in their clinical training at the baccalaureate nursing program in Jordan. A qualitative approach collected data using 2 focus groups from a purposive sample of 30 student revealing five themes. The findings identify challenges to nursing educators to support environment conducive to learning, enhance quality of students' clinical experience, and facilitate narrowing theory-practice gap,

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1. Introduction

Nursing education is an integrated combination of theoretical and practical learning experiences aims to provide student nurses with knowledge, skills, and attitudes required for future professional practice as novice nurses (Budgen & Garmoth, 2008). Clinical practice is a vital component of the baccalaureate nursing curricula. Through clinical training, teachers facilitate students' application of theoretical classroom knowledge into the clinical practice setting (Andrews & Roberts, 2003; McKenna & Wellard, 2009). Clinical training settings include hospitals, doctors' offices, health departments, hospice units, and other health care settings utilized for student teaching (Koontz et al., 2010).

Clinical training is considered a complex process consists of integrating cognitive affective and psychomotor skills (Reilley & Oerman, 1992; Kolb, 1984). Clinical teaching and training enables learners to integrate theoretical learning and skills required to solve patients' problems, think critically and intervene creatively and professionally (Lopez, 2003).

Nurse educators in different countries select methods to organize students' clinical experiences and supervision that vary due to cultural differences (Marriott, 1991). The literature describe four models of consolidated nurse education: one based on the direct supervision of the faculty tutor, one based on the preceptor, one consisting of a collaborative unit (university–national health service), and one on associated clinical teaching (Quattrin et al., 2010). Lockwood-Rayermann (2003) describe preceptors as a clinic-based nurses who have the competencies, abilities and who agree to work with nursing students to provide them with opportunities to reinforce their knowledge with clinical practice.

According to Napthine (1996) the quality of student's clinical experience is an important determinant of the quality of nursing education. It is therefore important to ensure that students receive the best quality of clinical teaching during the period they spend in each clinical course in different clinical settings. To enhance students' learning, there is a need to identify the strengths and weaknesses of the clinical training of students. One way to do that is through allowing the student to reflect on their clinical experiences to unveil the process of learning from their perspective.

In a phenomenological study conducted to understand student nurses' experience of preceptorship, Ohrling and Hallberg (2000) findings revealed three themes of meaning central to the lived experience of learning. These were (a) directing learning; (b) learning in practical action and (c) feeling in learning. In another study, Peyrovi et al., 2005, studied the phenomenon of clinical experience of Iranian nursing students found that students were processing to their goals in becoming professional nurses through knowledge and caring. The study concluded that the support students receive during their clinical experience facilitate their adaptation and progress.

At the Faculty of nursing in Jordan, in which the study took place, students spend 70% of the training period in hospitals and other health care settings. The model used for clinical training is a combination of faculty tutor, clinical instructor, and preceptor who are responsible for supervising clinical training of nursing students.

The purpose of this study is to explore the experience of nursing students in their clinical training at a baccalaureate nursing program in Jordan. Through exploring students' experience, the researchers delineate students' preferences, concerns, strengths, and weaknesses related to their clinical practice. Thus, provide evidence for issues require improvement to enhance teaching-learning process.

2. Methodology

2:1 Design

A phenomenological qualitative approach was employed to reveal the meaning of 'clinical training', through nursing students' descriptions of their everyday lived experience in clinical practice. A purposive convenient sample of 30 students was selected including males and females enrolled in the program and volunteered to participate in this study. Participants were approached because they have a particular knowledge or expertise and can contribute rich data to this study (Streubert & Carpenter 1999). Only students from second, third, and fourth year were approached. The first year students were excluded as they were only exposed to clinical training at the faculty labs. Two focus groups were formed included fifteen students in each group. Data were collected using semi-structured guidelines developed by the researchers based on a review of related literature. Each focus group discussion lasted for two hours and was audio taped after the approval of participants.

2:2 Data Analysis

Data were analyzed using an interpretive approach (Gadamer, 1995) to identify meanings in the participants verbatim. Data collection and analysis were carried out concurrently with each interview where analysis of sentence by sentence carried out to identify the theme within each focus group. Thematic analysis was used to extract themes by questioning and comparing, and by finding similarities and differences in the experiences. The interpreted themes were reexamined, validated, and reformulated according to the participants' comments.

2:3 Ethical issues

The administrative approval to conduct the study was gained from the dean of the educational institution. The ethical approval was obtained from the ethics committee (IRB) in the same institution. Participants were informed their participation is voluntary and assured confidentiality of the interviews and that any comments would not attribute to any particular individual, health care institution or clinical area. The informed consent was signed by participants. Focus group interviews were audio taped and transcribed by the researchers for analysis. Audio tapes were deleted after analysis.

3. Results

The analysis of the two focus groups revealed five themes which emerged from the lived experience of nursing students in their clinical practice including: (1) *a supportive clinical environment facilitates effective learning*; (2) *motivation and goal directed practice are cornerstones in fulfilling the intended learning outcomes*; (3) *instructors and nurses are our role models*; (4) *incongruence of expectations between students, preceptors, instructors and nursing staff*; (5) *reality is very different from what is expected*.

3:1 A supportive clinical environment facilitates effective learning

The students concurred that the effectiveness of their clinical experiences was highly influenced by the clinical setting and the clinical instructor. The clinical setting is most influential in the development of nursing skills and knowledge meanwhile; the instructors have the responsibility of facilitating socialization of students into the profession. Most students emphasized the clinical instructor responsibility for shaping the learning environment to provide opportunities for students to achieve their learning objectives, however in several occasions the instructors were unsuccessful. During their discussion, the students expressed that they were able to learn best in a climate that encourages collaborative learning, trust, and mutual respect. Instructors experience and communication skills, and the relationship between student and instructors were emphasized by students as being conducive to their clinical experience. As described by a student:

"Instructors are different; some are experienced with good communication skills and knowledge and others have good knowledge and commitment but have poor communication skills. We were not comfortable in our training with the latter."

The students also explained how the enthusiasm and motivation of the instructor in teaching and patient care positively influenced their clinical experience saying:

"If the tutor or instructor is motivated we receive better training than unmotivated or burdened preceptor with workload".

Several issues were discussed related to the clinical setting such as the environment, resources, health care team, and types of patients. Some students explain they were unable to practice certain skills in various clinical setting due to either lack of resources or to the policies of that setting. However, they all agree their clinical experiences varied according to their clinical placement. The student discussed that mastering competencies is best gain through hands-on training.

"Hands-on-training builds our confidence in the clinical practice".

The students attributed the lack of training opportunities to the limited number of clinical areas and the number of student in the units particularly at the university affiliated hospital where patients are interviewed by nursing, medical, pharmacy and physiotherapy students. Some areas were considered as inappropriate for training if students are not allowed to achieve their clinical objectives. Selecting the appropriate clinical setting matching their learning objectives and outcomes rather than the availability improves their clinical experience. One participant explained:

"Clinical settings are different for example governmental and university hospitals are crowded, the number of students is more than the patients also preceptors are very busy. We learn and train better in private hospitals and critical care units."

The participants view their clinical experience as conducive and positive if they learn and practice nursing skills when they receive hands-on training. A supportive clinical environment was experienced when there was a good relationship between their instructor and health care providers at the clinical setting. The large number of students in the clinical setting hinders their clinical training. The students define the instructor as novice or expert according to their communication skills, knowledge, clinical competencies, and teaching skills.

3:2 Motivation and goal directed practice a cornerstone in fulfilling the intended learning outcomes

Student is the core of the clinical education process; the clinical experience therefore is highly influenced by learner characteristics. The instructors' responsibilities are to identify student's learning style, collaborate, and motivate them to achieve their clinical objectives. However, the important intrinsic factor influences students' motivation to learn is setting clear future career goals. Choosing nursing as a profession motivate student to work hard and take advantage of every learning opportunity to learn as a student comment:

"Motivation to learn come from inside the person ... if a student likes nursing s/he is willing to learn and will find the chances learn."

In their practice students emphasize having a conflict in some instances between providing the ideal holistic care for patients or just fulfilling the tasks assigned by the preceptors at the unit. Students feel satisfied and highly motivated when they feel they provide the holistic and ideal care for patients as one student commented:

" usually I set my objectives before starting the clinical day, but I have to help the nurses first in the unit daily routine care, then I start my training to fulfill my learning goals, I feel more satisfied when I do a holistic nursing care to my patient."

Motivation may faint during the course of their clinical training, therefore to maintain motivation of students; extrinsic factor such as the instructor's guidance, supervision, and feedback stimulate and nourish their motivation. In teaching-learning process, students agree that the instructor or preceptor is the key factors influence their motivation to learn. Mutual agreement on objectives for the clinical day and strategies to fulfill these objectives is a shared

responsibility between student and instructor. Achieving daily clinical objectives enhance their sense of achievement and it is also important student self -evaluation and instructors' evaluation as one student explain:

"Appropriate planning for the clinical training is very important. Setting clear, specific and applicable clinical objectives to the specific clinical area and the available resources, keeps us on track and achieving these objectives facilitate evaluation and enhance our success".

During clinical placements in their second year students discussed having experienced periodic feelings of despair, frustration, anxiety, and uncertainty. However, these feelings started to decrease in the last semester of their study particularly in the intensive clinical course where they feel more confident and better prepared for the transitional role to become registered nurses. At the end of this clinical course they were satisfied, independent, and felt more competent and responsible. Independence is a stage in the development of confidence, competence, autonomy, and mature conduct. In the first three years of their study they are dependent on the instructor or preceptor, gradually when they are confident in their clinical abilities they practice with less direct supervision.

3:3 Instructors and nurses are our role model

In the present study teachers were viewed as pivotal in student's learning experiences. The clinical teaching expertise and characteristics of the instructors and preceptors play important role in the clinical experience of students. The students discuss the issue of what makes the instructor a good role model for them. Some agree on having good communication skills others focused on teaching styles and abilities:

"My role model is who has integrity, good personality, good communication with students, patients and physician; these are the most important characteristics of the nurse".

Others agree that being a caring nurse and instructor were the characteristic of their role model. Several students explained they learn caring behaviors from their instructors and preceptors whom to them are their role model. Caring instructors means providing continuous support, being non-judgmental, respect students, and fair evaluator.

"We feel more comfortable and learn better when the instructor or preceptor are caring and communicates with students in a mature and respectful way".

However this was not consistent across their clinical experience since few of their instructors were not a role model. Students explaining lack of caring attitudes of instructors while dealing with them or with patients negatively affect their motivation to learn. Most of the students explain that they had better experience with faculty tutors or instructors than with hospital preceptors. The workload of teaching and providing care for patients do not allow them to work effectively with students saying:

"Some preceptors are overloaded with responsibilities and working night shifts or long shifts makes them tired and not capable of following on students learning needs".

The students expressed their need for continuous support of their instructors or preceptors. Students were concerned about the manner in which faculty staff interacted with them, believing themselves to be worthy of respectful treatment. Preceptors serving as role models to students also facilitate teaching-learning process and socialization into nursing profession.

3:4 Incongruence of expectations between student, instructors, preceptors, and nursing staff

The students' expectations of their clinical learning needs in some instances do not agree with the instructor, preceptor or the nurses expectations. Students perceive the aim of clinical training is to develop their psychomotor skill while instructors are concerned with enhancing the students cognitive, affective in addition to psychomotor skills. They believe the time spent in talking to patients, documentation, writing care plans, and writing reports during the clinical day is useless and affect their clinical training and request to have less paperwork and more direct patient care as one participant comment:

"..... instructors keep concentrating on knowledge, talking to patients, paper work and documentation --- they want a written care plan, documentation we want to practice nursing skills ..."

Students believe the role of the instructors is to follow up achievement of their goals and provide them with continuous and constructive feedback and fair evaluation. In some occasions, students explain that there are variations in evaluation criteria among the instructors and preceptors that affects their motivation and performance in clinical practice. The variations in evaluation criteria between instructors negatively influence their enthusiasm to learn and for few students it was frustrating as one student explains:

"...there are differences among instructors in one clinical area I had excellent clinical instructors who assessed my learning needs and helped me fulfill my learning objective. I was satisfied with my evaluation, while other instructors who did not know my needs and did not follow up my work gave me lower grade than I deservethis is unfair .. I became frustrated I didn't want to practice."

Participants discussed several challenges to achieve their objectives such as assigning students to do nurses work. They described it as having conflict of interest between students and preceptors. Students need to achieve daily learning objectives and nurses want the work to be done. One student explains an incident with her saying: *"the preceptor {nurse at the unit} take advantage of students ... I come to clinical knowing what I want to learn and do ... to practice the things discussed in the theory class ... the nurse asks me to carry basic nursing care ..."*

There is inconsistency in teaching-learning strategies among instructors and preceptors in the different clinical courses. The expert instructors enhance student's success and satisfaction with their clinical outcomes. The orientation period at the beginning of each clinical course clarify course requirement, competencies, and intended learning outcome. During orientation faculty tutors, instructors, preceptors, and students agree on the objectives students should achieve during their clinical training.

3:5 Reality is very different from what is expected

Students described their hospital clinical experience after training at the labs as reality shock. They felt they were not prepared to face the challenges among which the great difference between training on a manikin and a human being, one student explains:

"every student goes through the fundamental in nursing course and learns all the ideal procedures ... but when we start clinical training at the hospital for the first time we were shocked to find that all what was learned in the lab is different than the hospital."

The theory-practice gap is another issue discussed by the students. They explained that the theoretical courses focus on providing holistic care for patients in a collaborative environment but in reality it is very different. Participants expressed their dissatisfaction with the lack of agreement between theory teachers and clinical teachers on the clinical training outcomes. Students plan to achieve their learning goals but instructor give priority to performing nursing skills. Nurses focus more on providing technical care and less often provide holistic care as a student explains:

"In the theory class we learn the ideal nursing care that I should provide for patients, while the clinical instructor has different perspectives of the students' role. Preceptors and instructors concentrate on doing the functional work and mostly they use students for bed making and I.V care for the whole unit"

The other important issue is the relationship of the nurses with other healthcare professional particularly physicians. The theoretical courses stress on collaborative nursing care and independent nursing role in patient care. The student described how they are frustrated and disappointed with the dynamics of collaboration at the hospitals that makes them feel inferior as one student explained:

"...relationship with physician varies in some hospitals they treat nurses and nursing students with inferiority"

The duration of clinical placement affects student's achievement and adaptation. Several rotations in a short period of time negatively affect their adaptation and fulfillment of their goals. The students develop their identity as professional nurses through their clinical practice. However, it is clear throughout their discussion that this identity was threatened. Several facing challenges such as recruiting ideal clinical training settings and good role model are crucial quality clinical practice.

4. Discussion

The main aim of clinical training of nursing students is to facilitate socialization of students into nursing practice. Improving the clinical practice of nursing students facilitate the transference of students to novice registered nurse. The study explored issues related to students, instructors, clinical settings and teaching-learning process. The clinical training setting and learning climate within the clinical education environment are most influential in the development of nursing skills, knowledge, and professional socialization (Koontz et al., 2010). Clinical practice provides students with unique learning opportunities in which classroom theory and skills are put to the test with real life situations. However, preparing good nurses entail positive instructors, preceptors, and nurses role models.

The findings of the current study support providing supportive clinical environment optimize teaching and learning process. It also influence students' satisfaction with their training, play an important role in the development of students' competency, confidence, organizational skills, preparedness for practice, and career intentions (Brown et al., 2008; Clare et al., 2002). Calpin-Davies (2003) posits a nurturing and supportive environment can be created when divergent but compatible organizational aims of the service and educational sectors are merged in a climate that encourages collaborative learning, trust, and mutual respect. However, it was obvious that the study shows deficit in this aspect.

Clinical environment, instructors, and preceptors have major impact on the students learning outcomes. Establishing good collaboration between nurse educators and clinical setting staff in developing clinical education

philosophies and identifying individual students' learning opportunities enhance the clinical training. It also fosters nursing students' ability to transfer theory to practice (Chapple & Aston, 2004; Gallagher, 2003). Preceptors in the current study were not providing effective training. The literature supports the notion that preceptors need to work with students to create a positive learning environment in order to optimize their learning experience (Bailey & Tuohy, 2009; Cassidy, 2009).

Several factors were found in this study and discussed in the literature influence the students clinical experience such as the individual learner characteristics and styles, preferences for teaching and learning, and circumstances (Bailey & Tuohy, 2009; Edgecombe & Bodwen, 2009). Ability of instructors and preceptors to know and appreciate the level of knowledge and the limitations of students' theoretical preparation and support contributes to helping students feel safe and valued, and accordingly planning their learning activities (Elcigil & Sari, 2008; Happell, 2009; Kilcullen 2007; Myall et al. 2008). All students felt that setting realistic expectations of both preceptors and students maintain their motivation and sense of achievement throughout their clinical experience.

During clinical placements, students experienced periodic feelings of despair, frustration, anxiety, uncertainty, and lack of motivation. In their experience of their first hospital placement they described having lack clarity and understanding regarding their role and expectations as students and that of the preceptor or instructor in the achievement of clinical training learning outcomes (Field, 2004). Research by Andrews et al. (2005) suggest that students need to be encouraged to be proactive in reaching their learning goals even in busy and understaffed wards.

According to Andrew et al. (2009) the preceptor's lack of understanding of student needs contributes to the role ambiguity. However, these experiences are often resolved with the continuous support and encouragement of the clinical teacher and preceptor. Additionally, increased knowledge and hence confidence found to attribute to students' progress in their clinical courses (Bradbury-Jones et al., 2010). It is agreed therefore that adequate preparation, supervision, structure, and appropriate placement are required to ensure appropriate socialization of student into the nursing profession (Severinsson, 1998; Newton et al., 2009).

Result showed students sought responsibility and trust from nurses, instructors, and patients. They expected to receive regular feedback regarding their performance (Happell, 2009). The findings agree with the literature that offering encouragement and support, and quality feedback through ongoing assessment by the instructor has a positive effect on their nursing identity. Moreover, it promotes self-responsibility for individual learning (Glover, 2000; Kotzabassaki et al., 1997).

The current study , along with the literature agree that nursing students frequently complain of not spending enough time in clinical areas to feel comfortable. Changes in placement where students have more than one rotation in a short period of time affect their adaptation and fulfillment of their goals. Cope et al. (2000) found that too short placements has negative influence on students' integration into the team and is disruptive for nursing students as it fail to foster a sense of belonging (Levett-Jones et al., 2008; Mallik & Aylott 2005).

The characteristics of role model instructor play an important part in the learning process as discussed by participants in the study and are in consensus with the literature. Characteristics found to facilitate students' learning in clinical areas were conveying a positive, enthusiastic attitude about teaching and learning (Koontz et al., 2010), and giving immediate feedback to students about their work (Saaarikoski & Leino-Kilpi, 2007). Adding humor to clinical teaching (Nahas-Lopez, 1998), support, motivation, approachability, consistency, organization and effective communication, and feedback (Stevenson et al., 2006) are effective clinical teaching behaviors enhance students learning.

In their study, Cutdiffe and McFeely (2001) described characteristics of the role model clinical instructor as (1) providing support, (2) nurturing and growth, (3) enhancing and enriching practice and safety, and (4) engaging in intellectually challenging and demanding work. It is therefore agreed that role modeling supports the integration of theory and clinical practice, and contributes to the future development of the profession (Price, 2004).

Caring behaviors are the essence of nursing (Murphy et al., 2009) therefore, the clinical training is critical to learning care behaviors and attitudes (Kosowski, 1995). Ideally students should begin with a compassionate outlook and an inclination to care. In the present study a caring instructor, preceptor, and nurse were viewed as pivotal in student's learning experiences and served as a role model for them. The process of nurse education should enhance nurturing and developing students learning to behave in a caring, yet professional manner (Wilkes, 2006; Karaoz, 2005). Nursing students learn how to care for patients by observing and imitating both clinical teachers and nursing staff engaged in caring relationships with patients. Students began the course idealistically, eager to care for patients and in some situations they were not happy with the attitude of nurses being uncaring preoccupied with getting through the work (Rush & Cook, 2006; Tingle, 2007).

The positive clinical relationship of students to instructors, preceptors, nurses, and peer student highly influence their clinical experience that agrees with the literature (Stockhausen, 2005; Saarikoski & Leino-Kilpi, 2002; Suen & Chow, 2001). Students valued familiarity, acceptance, trust, support, respect, autonomy, and recognition of their

contribution to patient care. Such acknowledgement by their teachers enhances their sense of belonging, being recognized as a practitioner, and motivation to practice (Chan, 2004; Clarke et al., 2003; Lo' fmark & Wikblad, 2001). Similar to the present study, Zilembo and Monterosso (2008) agree on the importance of the preceptors interpersonal communication skills in promoting effective clinical learning.

Several challenges facing students during their clinical training in the current study agree with the literature. Issues highly addressed in the literature were that students often find it difficult to learn during practice placements due to too many students allocated to an area at any one time (Harrison 2004, Newton et al., 2009) and the difficulty in transferring theory into practical clinical situations (McBrien, 2006; Smith et al., 2007). Acknowledging the presence of difference between the clinical learning environment's complex social context and the more controlled classroom or lab environment (Chan, 2004) leading to incongruity between students' ideal expectations and real clinical environments thus contribute to theory-practice gap (Scully, 2011; Gallagher, 2004).

The study findings reinforced previous research in some occasions that assessment of student had a negative effect on their motivation. Fahy et al. (2011) found lack of consensus between preceptors and students on competency assessment statements was related to difficulties with the language used and lack of clarity. The current study and the literature support the importance of understanding and agreement on the competency evaluation statement language among the instructors, preceptors, and students (Fahy et al., 2011). Feedback on clinical performance is essential for effective student learning in clinical practice (Clynes & Raftery, 2008).

The literature agree with the current study regarding the importance of the instructor and preceptor clinical competence (Zilembo & Monterosso, 2008) The development of a positive working relationship, effective communication, and mutual respect between teacher, preceptor, and student enhance quality of learning (Stevenson et al., 2006; Saarikoski & Leino-Kilpi, 2007).

5. Conclusion

A supportive clinical training environment is most influential in the development of nursing skills, knowledge, and professional socialization. It provides students with unique learning opportunities in which theory and skills are implemented in the real life situations. However, preparing good instructors, preceptors, and nurses as positive role models for students is crucial in nursing education.

The clinical instructors' responsibility is shaping the learning environment to meet the students' educational needs starting with appropriate selection of clinical placement. The clinical educational environment and the characteristics of the clinical instructor play a major role in empowering students' learning, bridging the theory practice gap, enhances their sense of responsibility, and provides them with opportunities to demonstrate nursing competence.

Further studies to explore the experience of clinical instructors are recommended to identify the perception of educators regarding clinical nursing education.

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