Nursing students' experiences of the process of learning during clinical courses in Iran

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ABSTRACT

Learning process is the result of interactions between the learners and the learning environment and paying attention to its effective factors could lead it toward achieving the expected results. This study was aimed to explain the experiences of nursing students about learning process during clinical courses. This was a qualitative phenomenology study. Finally 6 main concepts including communication, professional role, moral and ethical, preparation and planning, learning process and evaluation were defined.

Keywords: Learning, Nursing students, Experiences, Education, Qualitative research, clinical course
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INTRODUCTION

Nursing is one of the medical professions that has an important role in the health of the community. To perform their professional role as good as possible, nursing students should complete their trainings courses usefully and effectively therefore they could respond to the community's health needs in the future. So, if a good learning process occurs, the expected result, which is professional nurses, would happen and it could be hoped that public health would be achieved. To determine effective factors on the learning process of nursing it is necessary to explain the experiences of students so that weaknesses and strengths of the learning processes would be defined; then using practical recommendations based on the achieved results would make more professional improvements possible. In an effective educational communication learners and professors are in constant interactions and students would reach the pre-defined targets by participating in the learning process. Anyway, it must be considered that each side has their own expectations and demands that could affect the learning process. Furthermore sometimes the interactions would be faded and professors consider themselves as the center of the communications or learners, for any reason, would recede from participating in the learning process or the educational environment does not have what it takes for useful and effective interactions between professors and learners; as a results educational problems would occur that could harm the professional trainings of the students. Therefore it is necessary to recognize learning experiences of the students in clinical environments because this is the way to understand the learning process from students' point of view and hence determine appropriate solutions based on their experiences.

The students rapidly make realistic views about their professors and pay more attention to the quality of received learning and would also soon accept their professors as role models and follow what has been approved by their

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professors; but gradually as they move forward their dependence on the professor would become less and less and with it become more confident, professional and holistic [1].

The study of Karen Moore et al showed that nursing professors are more professor-centered; although their programs are mostly student-centered but this is not the case in practice and perhaps there are some problems in their performances [2].

In the study of Gillespie, that was aimed to explain the experiences of students about their relation with professors and its effects, results showed that professors and other environmental factors are effective on formation of professor-student relations [3].

Lander in his study revealed that many factors are effective on the gap between theory and practice. In that study the role of the professor was defined as a bridge between theory and practice that could reduce this gap [4].

Duke in his study showed that one of the professors' problems, especially temporary professors, is students' evaluation [5].

The study of Inkeri et al, which is a phenomenology study, has evaluated the experiences of students about clinical courses. These experiences were categorized into two main groups of good and bad including acknowledgement, quality of supervision, patient care and self-leadership. A good clinical environment was defined bya good relationship between the faculty and the staff, appropriate timing for presentation of theory and practical courses and appropriate planning so they would complete each other, expert professors that determine the goals of each section and good relation between professors and ward nurses [6].

In the study of Starmahara clinical evaluation was one of the main problems of nursing professors [7].

Jackson et al studied nursing students' point of view about their professors. They categorized professors' behavior into two groups of helpful behaviors including understanding, friendship, showing interest and explaining, and not helpful behaviors including inactivity, non-welcoming, uncomfortableness and unfriendliness [8].

Neary in her study from 1999 to 2000 revealed that students have insisted on the role of the educational environment and the ward's staff as an important factor in their learning and becoming a professional[9].

Sharif et al in their study reviewed the students' point of view of their clinical practices and anxiety, the gap between theory and practice, clinical supervision and professional role were the most important factors experienced by the students [10].

MATERIALS AND METHODS

This study was aimed to explain the experiences of nursing students about learning process during clinical courses. Since learning process is a unique experience and understanding these experiences could only be done through qualitative studies, therefore this was a qualitative phenomenology study. Data was gathered through semi-structured field interviews. The study population was all the nursing students of Islamic Azad University at their 2nd to 8th semester and sampling was done through targeted sampling method. In regard to data saturation, the number of samples was 12. Analyzing qualitative data requires the application of intellectual processes to extract results; especially the researcher needs to use sensation, perception, revelation, experiments and cognitive adaptations to sort the results [11]. Therefore for this study data was analyzed by the researcher using Colaizzi's seven stage step by step method [12].

First the participants were interviewed and then the contents of the interviews were written down; afterward the primary codes were extracted. At the second stage from 200 primary codes, 63 secondary codes or sub-concepts were extracted and finally, based on them, 6 main concepts with a focus on learning experiences were determined. The researchers shared the extracted codes, sub-concepts and main concepts with the participants; after their confirmation they were finalized. To control the mental condition of the students during interviews the researcher tried to conduct the interviews at appropriate times and with the agreement of the participants. Furthermore, ethical issues, including gaining the approval of the president of the university and nursing and midwifery faculty, taking

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written consent form from the participants, confirming the confidentiality of the study to the participants and allowing them to review the data in case they wanted to, were considered.

RESULTS

In this study 12 female nursing students at their 2nd to 8th semester who aged from 19 to 23 years old participated in semi-structured interviews. After analyzing the results from 200 primary codes, 63 secondary codes (sub-concepts) were derived and then after merging them, 6 main concepts were defined. (Figure 1)

DISCUSSION

Communication
Communicating with patients
One of the most important experiences that has been effective on the learning process of the students was their communications with patients. For example participant no. 1 said: "when we do not understand a patient's language we cannot do anything for them, because we do not understand them and nor do they."

It seems that there are considerable aspects in communicating with patients that could be of importance in students' learning process.

Mikkonen in her study titled as "nursing students' experiences through critical events" found that communication with patients is one of the most experiences during students' learning [13].

Communicating with peers
Participant no. 3: "Some of my classmates, especially those we had better relations with each other, helped me in learning some of the stuff especially when the professor was not present."

Abedini and Heidarpoor in their study titled as "defining nursing students' experiences from evidence-based learning" enlisted group interaction as one of the gained experiences [14].

Communicating with staff
Participant no. 3: "In some wards nursing staff taught us many things but in some other they did not pay attention to us. But it all depended on how we treated them, their mood and how our professor treated them".

Crooty in his study titles as "nursing staff and nursing students: learning from each other" resulted that students believed that their relationship with the staff was important in their professional development [15].

Communicating with professors
Participant no. 7: "the professors do not even have a good relation with each other and they talk behind each other's back in front of us. I myself can never trust a professor like that".

Langford revealed the importance of the professor's communicative role in learning processes in a study titled as "nursing students' learning experiences"[16].??????

Communicating with doctors
Participant no. 3: "Through my internship I learned that the relation between nurses and doctors is not good. Of course sometimes they have a good interact but mostly it is not good. Doctors do not even have a good interact with nursing students and they usually do not answer our questions. The only ward where the doctor accompanied us during rounds alongside with medical students was the nephrology ward."

Mikkonen also mentioned the role of communicating with doctors in nursing students' learning process in their study [13].

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Communication problems among treatment teams
Participant no. 6: "In the wards, doctors and staff do not have a good relation with each other and our professors did not know whose side they should take, so they would poor their anger upon us; they would not answer our questions or treated us like slaves."

Abedini and Heidarpoor believed that group interaction was useful in students' experiences [14].

Experiences about professional role
Professional identity
Participant no. 1: "When we worked for patients and children they would have prayed for us, and so we knew that nursing would bring us closer to God."

Professional compliance
Participant no. 3: "I was afraid before but now I have more consciousness and I have realized that if I don't pay enough attention I might harm the patient."

Professional skills
Participant no. 4: "doing angio-caths has raised my self-esteem."

Professional limitations
Participant no. 7: "when the patient was in pain and I was not allowed to prescribe drugs for them I decided to study medicine. Why a nurse's capacity to help their patients is so limited."

Professional benefits
Participant no. 5: "There are some things in this field that does not exist in other fields, you must pay attention to the patients. If you are responsible and have consciousness this would a divine job."

Professional needs
Participant no. 8: "I still feel like I need to work and learn more even now that I am graduating, because there were no patients in some wards or we had the afternoon shift and there was no work to do."

Responsibility toward patients
Participant no. 5: "communicating with patients and getting to know them were really good, I mean it really helped me to determine my patients' problems; but some of the staff would get angry if we spoke to the patients. I myself would never perform any of my tasks [that the ward would assign for use such as cleaning offices] before speaking to my patients and listening to them carefully."

Moral and ethical experiences
Moralities
Participant no. 6: "when I am attending a patient I feel closer to God… It is like I get to know God better."
Considering religious and moral aspects of nursing profession is one of the students' experiences during internship [13].

Ethics
Participant no. 7: "one of the best things I've ever learned was communicating with patients and satisfying them. I learned ethics and I learned that one must have consciousness toward their patients and not pretend."

Mikkonen believed that supporting and satisfying patients is one of the important experiences of nursing students [13].

Planning experiences
Getting to know the ward and the staff
Participant no. 1: "It is better if we would be introduced to the staff and the ward at the first day… when we start to work we don't know the staff…we even don't get accustomed with the routine work of some of the wards and this could be harmful."

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Alavi etal found that the clinical environment and staff have an important role in nursing students' learning [19].

Inconsistency between theory and practice
Participant no. 2:" sometime we haven't studied the theory courses but we should go to the wards and start our clinical courses and so cases are not familiar to us. When we haven't studied the theory courses before going to the wards, it would be really difficult for us."

Abedini and Heidarpoor also insisted on the effect of consistency between theory and clinical courses on the learning of nursing students [14].

Lack of knowledge about the aim of course , primary explanation about the work, planning, dividing responsibilities and assignment at the beginning
Participant no. 4:" we are more comfortable during clinical courses when we know the target of the course and we know what we are supposed to do because we know our responsibilities."

Having knowledge about the goals and the environments is one of the effective factors on learning [20].

The large number of students in the ward and merging different groups of students
Participant no. 11: "we could have learn better in wards where there was a few students like ICU but in some wards there was a large number of students and the cases were not enough for us or the professor could not find time for all of us."

Mikkonen mentioned the effect of inter-group relations and peers on the learning of nursing students [13].

Contradiction between science and practice
Participant no. 6: "we have studied so many scientific matters in our faculty but in hospitals, especially the staff, usually say that those are just good for the books and you must do as we say. Sometimes this two are in complete contradiction and we get confused about what we should do."

Alavi and abedi in their study mentioned that contradiction between what has been taught and what would be experienced in practice is one of the important factors of clinical teaching [21].

The effect of staff on learning
Participant no. 8: "if the professor has a good relation with the ward's staff, the staff would give us duties and they would even teach us… of course some of the staff do their job properly and are helpful but some other are not."

Saarikoski etal also believed that nursing staff has a constructive role in professional formation of students [22].

The timing of the clinical conference
Participant no. 8: "planning for conference in some wards is well done; it means that practical subjects would be selected and while one or two students would be selected for presentation, others must study too. But in some wards the professor presents the whole subject or only one student is selected for presentation and no questions would be asked."

Professor's self-esteem
Participant no. 10: "from the very beginning we could realize professor's self-esteem and then we know if a strong professor is supporting us or we have a weak professor that wouldn't be helpful to us."

Langford believed that during their clinical courses nursing students need their professor's support and this support is an effective factor on their learning [16].

Learning process experiences
Anxiety in the ward/ supervision/ independence in performing duties
Participant no. 1: "when I could not perform my duty right in front of a patient I get so nervous."
Participant no. 3: "I was going to make an injection to my patient but the professor criticized me so many times so I got nervous and I messed it up."

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Participant no. 7: "at the beginning the supervision was helpful but as we went to higher semesters, it took our independence and it didn't feel right… I preferred referring to the professor when I needed by myself."

Jahanpour etal mentioned many different factors for anxiety during internship including professors and their relation with students [23]. Langford also believed that clinical professors have an essential role in clinical teachings [16].

Having a team leader
Participant no. 2: "each day our professor assigned one student as the team leader and they would divide duties among everybody; since we all experienced it, it helped us in our learning process."

Active learning
Participant no. 8: "when we taught the patients we would have learned ourselves too… learning means working for the patient not for the disease…the feedback that we got from our patients was inspiring."

Most of the experts in education believe that participation of the learner is very effective in learning and realizing the educational topics. Iwasiw and Goldberg believe that professors' role is to provide a ground for active learning in students [24].

Rehearsing before course/ lack of rehearsal for major procedures in practice
Participant no. 3: "for doing practical tasks first the professor explains it to us and then leads us through the task by holding our hands; they never do it themselves first so that we see the right procedure… only the ward where we first worked at the practice room and then worked in the ward was a good one."

During the clinical courses, it is necessary to spend time in the clinical skill lab in regard to the ward's goals [17].

Case reading
Participant no. 6: "we never worked on case reading; the professor and the ward's nurse had no idea about the exclusive contents of the cases…they never taught us how to read tests, drugs and doctors' handwritings."

Professor's proficiency
Participant no. 8: "now that I'm graduating I realize that those professors who had embraced nursing could have taught us better."

In the study of Hassanzahraei et al nursing students believed that professional proficiency of their professors were effective on their learning [25].

Lack of knowledge about drugs' side effects
Participant no. 4: "I don't know drugs well and this is not a good thing because in the ward one of the most important things for us is to know the drugs and their side effects and usage."

Fear of professors who destroy students' characters
Participant no. 5: "some of the professors strike students and say anything to them in front of everybody, patients or their relative and ward's staff, doctors and other students… they usually say that you haven't learned anything, instead of coming to the university you should have stayed at home…we prefer not to be around these professors and usually try to stay away from them because they destroy our character and reputation."

Professor's management/ supervision
Participant no. 7: "a professor with good management and appropriate planning could have a good communication with ward's staff and this is helpful for us."

Clinical conference
Participant no. 6: "some of the conferences are superficial and repetitive and everybody would not participate in them…they would not allow us to participate in clinical conference of doctors unless we sneak in."

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Rotation of cases
Participant no. 5: "the number of good cases for learning are few and the responsible student for cases are fixed; if cases would rotate between students and every student could work on these good cases, we could have learned better."

Considering professors and ward's nurse as role models
Participant no. 4: "for performing my duties in the ward firstly my professor was my role model for example my professor in the cardiology ward helped me a lot."

Studies have shown that one of the most important factors in clinical learning of nursing students is having a professor as their role model [26, 27].

The effect of peers on each other
Participant no. 7: "students of a group are really important, if one student is strong it has a great effect on others too; sometimes we learn from each other."

Shifts
Participant no. 8: "I have never experienced the night shift and now I'm afraid of going to my public service project because I have to spend so many night shifts there."

Direct learning
Participant no. 5: "in the ward our role model is our professor, I usually wait for my professor to come and tell me what to do; but whenever they are late I must ask the staff."

Implicit learning/ resistance in facing wrong behaviors
Participant no. 6: "every patient I've had had been a teacher for me, I have learned so many things from them."
Participant no. 7: "whenever I saw a nurse sitting around not paying attention to the patients I said to myself I would never be like this."

In the study of Salehi et al also negative or positive implicit learnings occurred during nursing students' education [17].

Incomplete teaching
Participant no. 6: "some of the procedures that we studied in the practice room or in our books were never performed in wards; or they were so few of them or just performed in one shift that I have never ever witnessed one."

Evaluation experiences
Insufficient/ unfair evaluation
Participant no. 5: "the scores of evaluations are not divided fairly, for example clothing has a high score in evaluations but I believe that our priority must be caring for patients…or translating and conferences would have a great score while if you perform all of your patients' responsibilities perfectly you would not get a good score."

Hassanzahraei et al in their study mentioned that fair evaluation is one of the effective factors in learning process of students[25].

Self-evaluation/ evaluating each other
Participant no. 7: "one of our internship professors at the end of the course asked us to give scores to ourselves and it was really good; we all gave fair scores to ourselves but other professors didn't do that…that same professor also asked us to score each other that made us learn from each other and show more respect to each other."

In the evaluation process, self-evaluation and being evaluated by the peers are increasing because this method would lead to better results [24].

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On time feedback

Participant no. 6: "we would have learned better when our professors gave us feedback during our internship and not waited until the end of the internship; this way we could have learned our flaws better."

That One of the effective factors in clinical learning of nursing students was mentioned as effective empowering of students to discuss their learning [28].

Time, type and the method of evaluation

Participant no. 6: "evaluation during clinical courses is good but it is probable that we still haven't learned anything by that point and this would affect our scores and we would be recognized by that score until the end of our internship."

Participant no. 4: "an evaluation when you don't know what you are required to do is so stressful… I'm really stressed about ward evaluations."

Kaphagawani and Useh believed that support and appropriate feedback are some of the useful learning experiences of nursing students [29]. Also Papastavrou etal revealed that evaluation and its method were among learning experiences of nursing students [30].

Clinical evaluation is a part of clinical learning, if it would be selected and performed appropriately and proper feedback would be given to the learners.

CONCLUSION

The aim of this study was to explain the experiences of nursing students from their clinical courses. Based on the results of this study and 200 extracted primary codes, 63 sub-concepts were derived and by merging them, 6 main concepts of communication, professional role, moral and ethical, preparation and planning, learning process and evaluation indicated the experiences of nursing students during clinical courses. Based on the results it could be said that many environmental factors affected the students' learning process and paying attention to them and supervising them is one of the main duties of the educational system. Based on the results of this study the following recommendations are provided:

1- Nursing faculty should conduct proper training workshops to enhance the communicative skills of students, professors and hospital's staff.
2- Specialized trainings should be programmed in a way that students would be introduced to their professional role.
3- In programming clinical courses, using skill labs, needs assessment and curriculum planning should be necessary.
4- Students should learn more about moral needs and also patients' rights and ethical standards.
5- During clinical courses, using appropriate educational methods, making proper communication, correct modeling, providing the necessary content, paying attention to implicit learning and planning and implementation of students' requirements must be considered.
6- Fair, various and proper evaluation along with providing appropriate and on time feedback must be considered.

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