A PHENOMENOLOGICAL STUDY TO ASSESS THE NURSING STUDENTS’ OPINION ON CLINICAL NURSING EXPERIENCES AT AIIMS, RISHIKESH, UTTARAKHAND (INDIA)

RUPINDER DEOL
MSN, RN
ASSISTANT PROFESSOR
COLLEGE OF NURSING
AIIMS RISHIKESH, INDIA
rupinder.nur@aiimsrishikesh.edu.in
deolrains@gmail.com
INTRODUCTION

• Clinical nursing experiences have been always an integral part of nursing education and are vital component of Baccalaureate Nursing curriculum.

• Nursing is a performance based profession and clinical nursing experiences play an important role in acquisition of professional abilities, trains nursing students to enter nursing profession and become registered nurse.

• Clinical teaching is considered a complex process which consist of integrating cognitive, affective and psychomotor skills.
NEED OF STUDY

• Student’s experiences in a clinical learning environment may have profound impact on their learning either positively or negatively.

• Experiences including application of theory to practice, effective mentoring and constructive feedback may positively influence clinical nursing experiences.

• Nonetheless, poor relationship with clinical staff, lack of support from educators and lack of challenging learning opportunities are some of the negative clinical experiences that may affect student’s clinical learning.
NEED OF STUDY

• The researcher, in her capacity as a nurse educator, observed and often heard student nurses expressing concern with their clinical learning experiences.

• This concern generated an interest to formally investigate the opinions of nursing students regarding their experiences during placement in clinical learning environment.
OPERATIONAL DEFINITIONS

• Nursing students: Refers to students pursuing B.Sc. (Hons.) Nursing four year program at College of Nursing, AIIMS Rishikesh. They may be studying in 2nd, 3rd or 4th year.

• Nursing student’s opinion: Refers to thoughts, feelings, understanding and beliefs of nursing students related to clinical nursing experiences during their training period as expressed by them in focused group interview.

• Clinical nursing experiences: Refers to direct care and interactions of nursing students with patients at their bedside in clinical area and practical experiences as taught by clinical nurses, clinical supervisors and teachers.
ASSUMPTIONS

• The nursing students may report “theory-practice gap”.

• Clinical supervision may be an important factor in clinical experiences of nursing students.

• The nursing students may report anxiety in their initial clinical placement.
DELIMITATIONS

• Researchers relied on self reported information given by nursing students about their clinical nursing experiences only and no overt observations were done.

• Data was collected from nursing students of only one college/institution.
## REVIEW OF LITERATURE

<table>
<thead>
<tr>
<th>AUTHOR, YEAR, SETTING</th>
<th>STUDY TITLE</th>
<th>METHODOLOGY</th>
<th>MAJOR FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamshidi N, Molazem Z &amp; Sharif F (2016) Shiraz University of Medical Sciences, Iran.</td>
<td>Qualitative study on challenges of nursing students in clinical learning environment.</td>
<td>A total of 17 nursing students and 3 nursing instructors were interviewed by using purposive sampling technique. Each focus group interview was conducted for an average of 40-70 minutes.</td>
<td>Three main themes that emerged included: - ineffective communication - inadequate knowledge of nursing students while dealing with patient in clinical area and deficient practical skills. - emotional reaction included two subcategories stress and inferiority complex.</td>
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<tr>
<td>AUTHOR, YEAR, SETTING</td>
<td>STUDY TITLE</td>
<td>METHODOLOGY</td>
<td>MAJOR FINDINGS</td>
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| Helgesen AK, Gregersen AG & Ostbye Roos AK (2016) Norway, Europe | A qualitative study on nursing students’ experiences with clinical placement in out patient unit | Two focus group interviews were conducted with 7 students who were posted in Cardiology and Neurology units. Open ended questions were used. Each interview session was completed in 30-50 minutes. | Two main categories’ that emerged included:  
- Being prepared which had subcategories like being able to understand what to do, being at the right place at right time and being alert to new experiences.  
- Being guided which had subcategories from uncertainty to more confidence, from observation to seeking knowledge and from focusing on technology to seeing the person. |
MATERIALS & METHODS
MATERIALS & METHODS

• Research Approach & Design: Qualitative exploratory design using phenomenological method to explore the lived experiences of student nurses during their clinical nursing practice.

• Research Setting: College of Nursing, All India Institute of Medical Sciences (AIIMS) Rishikesh.

• Target Population: All nursing students studying at College of Nursing, AIIMS Rishikesh.
• **Sample** - B.Sc. (Hons.) nursing 2\textsuperscript{nd}, 3\textsuperscript{rd} and 4\textsuperscript{th} year students

• **Sampling Technique**: Systematic purposive sampling technique. Total 6 students from each batch were selected on the basis of previous academic year performance, after going through their cumulative records and based on their particular knowledge of phenomenon.

• **Sample size**: Determined at end of data collection as per data saturation i.e. 18. A total of six students from each batch (i.e. 2nd, 3rd & 4th year) per group were interviewed by a focused group interview.
INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

1. B.Sc. (Hons.) Nursing students studying in 2nd, 3rd and 4th year.

2. B.Sc. (Hons.) Nursing students who gave written consent (willing) to participate in the study.

EXCLUSION CRITERIA

1. B.Sc. (Hons.) Nursing 1st year students (not exposed sufficiently to clinical area).
TOOLS FOR DATA COLLECTION

Part A: Socio Demographic profile of nursing students:
It included age, gender, educational status, religion, habitat, monthly family income, duration of clinical exposure and any family member in the nursing profession.

Part B: Semi-structured, focused group interview to assess the nursing students’ opinion on clinical nursing experiences: It included total 8 semi-structured questions. The first 2 questions were general questions which were used as ice-breakers or to make the students comfortable. The remaining questions focused on assessing their opinion about clinical nursing experiences.
TRUSTWORTHINESS OF DATA

• In order to validate the data, manuscripts were reviewed and data coding process was reconducted by peer reviewer and a faculty member.

• To obtain generalizability, results were presented to students who had not participated in study and they were asked to judge the similarity between results of research and their own experience.
CREDIBILITY

• All participants were taken through the same questions, debriefing with informants, and any additional information was taken into consideration during analysis (member checks).

• The participants were interviewed to the point at which there was data saturation (prolonged engagement) and the interview were video recorded and transcriptions were made of each interview (referral adequacy).

• The researcher went back to some of the participants, to ascertain whether the transcribed data was a truthful version of their experiences.
DEPENDABILITY

• Was achieved through a dense description of methodology to conduct the study as well as a dense description of data.

• The data was organised into categories and then themes.

• Interview materials, transcriptions and video recording were kept and were shown to another faculty for the purpose of audit trial.
CONFIRMABILITY

• Was ensured by audit trial of the verbatim descriptions, categories and sub-categories.

• The researchers provided a dense description of research methodology, the participants background and the research content to enable someone interested in making a transfer, to reach a conclusion whether transfer could be possible or not.

• Systematic purposive sampling was also used.
TRANSFERABILITY

• Was ensured by literature control after collection of data where similar findings of other research studies were reported.

• The research methodology and context of research were described thoroughly.
DATA COLLECTION PROCEDURE

• B.Sc. (Hons.) Nursing students studying in 2nd, 3rd and 4th year were selected by systematic purposive sampling technique based on inclusion and exclusion criteria.

• Total 6 students were selected from each batch for each focused group interview.

• Two students who had scored highest marks, two with average marks and two with lowest marks in the previous academic year were selected after going through the cumulative record register and previous year academic results.
• Details of the study were explained and written consent was obtained from the participants.

• Socio-demographic profile was filled by the participants, followed by focused group interview session lasting for about 40-50 minutes.

• Phenomenological focus group interviews were used to collect data because it provides participants with the opportunity to fully described their experiences.

• The researcher made use of bracketing to enter in the interview without any bias.
• The interviews were video recorded and verbatim transcriptions were made.

• The interviews were conducted in a room where privacy could be ensured.

• Researcher used communication skills such as reflection, nodding, questioning, clarification and maintaining eye contact, to facilitate and encourage participants to talk, until there were no new themes or issues emerging from the participants.

• Field notes were taken during interviews.

• A follow up interview was done with three of the participants, after listening and watching video recording. This was done to verify and allow the participants to expand on inadequate descriptions to the phenomenon.
ETHICAL CONSIDERATIONS

• A written permission was taken from Dean/Principal of College of Nursing, AIIMS Rishikesh for conducting the study.

• Also, ethical approval was obtained from the institutional ethics committee.

• The purpose of study was explained to all the participants and a written informed consent was obtained for each interview and video recording.

• The participants were assured of the confidentiality of data.
ANALYSIS AND INTERPRETATION
<table>
<thead>
<tr>
<th>Variables</th>
<th>f</th>
<th>(%)</th>
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<tbody>
<tr>
<td><strong>Age (in years)</strong></td>
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<td></td>
</tr>
<tr>
<td>18-20</td>
<td>07</td>
<td>(38.90)</td>
</tr>
<tr>
<td>21-23</td>
<td>11</td>
<td>(61.10)</td>
</tr>
<tr>
<td><strong>Gender (Female)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Present year of studying</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(^{nd}), 3(^{rd}), 4(^{th})</td>
<td>06</td>
<td>(33.33) each</td>
</tr>
<tr>
<td><strong>Habitat</strong></td>
<td></td>
<td></td>
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<tr>
<td>Rural</td>
<td>10</td>
<td>(55.55)</td>
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<tr>
<td>Urban</td>
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<td>(44.45)</td>
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<tr>
<td><strong>Religion</strong></td>
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<tr>
<td>Hindu</td>
<td>12</td>
<td>(66.66)</td>
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<tr>
<td>Sikh</td>
<td>05</td>
<td>(27.79)</td>
</tr>
<tr>
<td>Christian</td>
<td>01</td>
<td>(05.55)</td>
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<td>VARIABLES</td>
<td>f</td>
<td>(%)</td>
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<tr>
<td>-----------------------------------------------</td>
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<tr>
<td>Monthly family income (INR)</td>
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<td></td>
</tr>
<tr>
<td>10000-30000</td>
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<td>71000-90000</td>
<td>02</td>
<td>(11.13)</td>
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<tr>
<td>Joined Nursing training by own choice</td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>09</td>
<td>(50.00)</td>
</tr>
<tr>
<td>No</td>
<td>09</td>
<td>(50.00)</td>
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<tr>
<td>Any family member in nursing profession</td>
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<tr>
<td>Yes</td>
<td>01</td>
<td>(05.55)</td>
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<tr>
<td>No</td>
<td>17</td>
<td>(94.45)</td>
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</table>
### Table 2: Nursing students’ opinion on clinical nursing experiences

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Category/Themes</th>
<th>Subcategories/Subthemes</th>
</tr>
</thead>
</table>
| 1.    | Supportive clinical environment facilitates effective learning | • Accompaniment by college tutors/faculty.  
       |                  | • Clinical teaching.  
       |                  | • Feedback to student nurses. |
| 2.    | Reality is very different from what is expected | • Hands-on practice directly on patient versus demonstration on mannequin.  
       |                  | • Clarity of clinical objectives.  
       |                  | • Interpersonal relation between college tutors, students, ward staff and doctors.  
       |                  | • Attitude of health personnel.  
       |                  | • Practical opportunities of working independently.  
<pre><code>   |                  | • Congruency between theory and practice. |
</code></pre>
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Category/ Themes</th>
<th>Subcategory/ Subthemes</th>
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</thead>
<tbody>
<tr>
<td>3.</td>
<td>Too much written assignments hinder learning in clinical areas.</td>
<td>• Quality of written assignments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Time management</td>
</tr>
<tr>
<td>4.</td>
<td>Bedside clinical teaching enhances better learning.</td>
<td>• Curriculum arrangement versus clinical allocation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recognition of student nurses’ learning needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teaching directly on patient.</td>
</tr>
</tbody>
</table>
Theme 1: A supportive clinical environment facilitates effective learning

• During the interview session, students expressed that they were able to learn in a climate which encouraged collaborative learning, trust and mutual respect.

• As described by a student: “When staff nurses, teachers and clinical instructors motivate us for improving our clinical skills that we perform in clinical setting then we feel good, that everyone is encouraging us for improving our skills. So it is a good experience that we are learning”.

• One of the students also stated: “Some registered nurses teach us and some of them are very good. When we initiate patient care on our own, staff nurses help us to do it. They never stop us from doing anything.”

• Another student verbalised: “For me, personally in 3rd year, clinical instructor taught thorough physical examination and history taking on patient. That was the first time I studied directly on patient. It had a great role in skill building.”
Also students expressed that if the clinical environment is not supportive, it hindered their learning.

As said by one of the student: “It’s a mixed feeling like, we are doing some work in clinical and we feel good about the patient; sometimes when doctors are teaching to medical students, they tell us that it is not of our level and ask us to leave. It feels bad.”

One of the student expressed: “I think it would be better for our junior batches, if clinical instructors come and teach in ward only, as this would be more beneficial, they should stand with us when doctors take rounds. Instead, they run away when doctors come and also make us get aside even when we are doing any procedure.”
Major Interpretations of theme 1:

• The clinical practices and experiences are highly influential in the development of nursing skills.

• Clinical instructors, nursing faculty and registered nurses play a vital role in framing and guiding the professional skills of nursing students.

• Supportive clinical setting motivates students to acquire new clinical skills, in order to gain more confidence and competence in their clinical performance, while non-supportive environment discourages the nursing students.
Theme 2: Reality is very different from what is expected

• Students described their hospital clinical experience after training at the labs as a reality shock.

• They felt they were not prepared to face the challenges as they found a great difference between training on a mannequin and human being.

• One student explained: “We are taught on dummy but not on patients. So it is totally different scenario when we perform on dummy and when we perform on patients. Till today I don’t know respiratory assessment because I have not seen on patients. Even today I can’t differentiate between different breath sounds.”
• One of the students shared her experience: “We had to ask everything, even if the patient is having fever, we cannot do tepid sponge independently, we have to ask permission from physician even if we are doing tepid sponge also!”

• Yet another student stated: “In starting, we used to feel very good as during orientation we were told that we are in such a good profession, caring word is attached to it. But when we went in reality to clinical areas, things were totally opposite. In theory, we studied it is very noble profession, but in reality things are totally opposite.”
• A student verbalised: “There is no independency in our work. Doctors treat us like we are their attendants, they order us to drag the trolleys; they simply say it is your work to drag the trolley. We are not under them. We should work collaboratively as a team in care of the patient. Even after completing their procedure doctors simply leave remaining used articles as it is and order us to replace them.”

• One of the students expressed: “We have better interpersonal relations now in fourth year. In first year, second year, third year we don’t have that kind of IPR because our posting was for a limited time like for one day, two days or for one week but now we have posting for longer duration.”
Major Interpretations from Theme 2:

• Theme 2 throws light on the disparity between the clinical scenarios and what the students are taught.

• Incongruity in training on mannequins and then on patient is a major drawback.

• Lack of sense of mutual respect and collaboration among various health care professionals and team members is demotivating student nurses during their clinical posting.
Theme 3: Too much written assignments hinder learning in clinical area.

• One of the participants explained: “We have so many written assignments that hinder our practical knowledge gain. As sometimes doctors tell us to study some cases and when we go back, we become busy in writing assignments and come next day blank.”

• One of the students expressed: “It’s all about knowledge. I don’t think writing the same case 30 times will increase my knowledge. And frankly speaking, all students are just copying the assignments. We are not gaining knowledge about the case. We are simply copying, copying and copying.”
• One student stated: “Even though we are trying a lot to study, we always remain confused whether to study or finish assignments. We are just busy in writing and we are not able to get time to study even though we try a lot.”

• One of the students expressed: “More of the nursing curriculum is based on theory. There is no option other than copying. We have copied whole procedure book. When we used to ask teachers, can we perform a procedure they ask us to first write the procedure and then perform it. I don’t think there is use of writing it.”
Major Interpretations from Theme 3:

• Nursing curriculum has lot of theoretical and written assignments.

• Students feel overburdened due to too many written requirements.

• Rather than written requirements, practical and patient based learning should be encouraged.
Theme 4: Bed side clinical teaching enhances better learning.

• As stated by one of the student, “We are not taught on the patients. Clinical instructors with a group of students should go to the patient, take history and discuss the case there itself.”

• One of the students also expressed: “I think teachers and clinical instructors should teach us daily in teaching room about the new cases, about new disease condition or something new like doing patient assessment, so that we can learn.”
• One of the student narrated: “For me personally, I got the chance to take history with one of the tutor. She taught us how to take thorough history and how to ask chief complaints. She taught us better than doctors. She told us thorough musculoskeletal examination. That was our first time we studied on patient.”

• One of the student stated: “We are confident enough that we can take care of whole ward if staff nurses are not present. We can takes overs, we can give medication, we can follow the prescribed orders.”
• One of the student stated: “We are not getting opportunity to do procedure on patients. The clinical instructors are also not able to teach us on patient. We want to take part in new procedures, and new techniques of doing. We are not getting that much opportunity.”

• One of the students expressed: “Sometimes staff nurses tell us that this is an advanced procedure and you do not know about it. They can teach us the procedure but they refuse teaching us.”
Major Interpretations from Theme 4:

• Bed side clinical teaching promotes effective clinical learning.

• It helps in better understanding of the disease condition.

• Observing and discussing the cases at the bedside is more beneficial as compared to simply reading the case from book.
All in all,
- supportive clinical environment,
- more involvement in direct patient care,
- good interpersonal relationships,
- less of written assignment and
- more of hands-on practice as well as bedside clinical teaching

are the important factors expressed by nursing students that may aid in improving the clinical nursing experiences.
DISCUSSION

Theme 1: A supportive clinical learning environment facilitates effective learning.

- The clinical settings were more influential in the development of the nursing skills and knowledge meanwhile; the instructors have the responsibility of facilitating socialization of the student into profession.

- As explained by the student: “When Staff nurses, teachers and clinical instructors motivate us for improving our clinical skills that we perform in clinical setting, then we feel good, that everyone is encouraging us for improving our skills and whatever had been theoretically taught to us, we are able to apply that in clinical. So this is a good learning experience.”
• Kaphagawani N.C. & Useh.U (2013) in their study on analysis of nursing students’ learning experiences in clinical practice; literature review in North West University Mafikeng Campus found that clinical supervision is an important element in facilitating learning in the clinical setting. Students said, “They are satisfied with regular supervision, discussion and mentorship which provides individualized supervision.”

Theme 2: 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 as they felt difference between training on a mannequin and a real human being/ patient.
• Nobolsi M, Zumot A, Wardam L & Abu-Moghli F (2012) in their study on the experience of Jordanian nursing students in their clinical practice at Baccalaureate Nursing Program in Jordan. The findings of the study support the theme reality is very different from what is expected. Students described that they faced many challenges when they were posted in the clinical area.

• One student explained; “Every student was 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 are shocked to find that all what was learned in the lab is different than the hospital.”
Theme 3: Too much written assignments hinder learning in clinical area.

Theme 4: Bedside clinical teaching enhances better learning

• Students feel that too much written work in nursing curriculum is hindering their learning. Because of being over burdened with assignments they are unable to learn anything new.

• Students attributed that bedside teaching can improve their history taking and examination skills which will enhance their clinical learning.

• Above theme was also found in the study done by Mabuda BT, Potgieter E & Alberts UU (2008) on student nurses’ experiences during clinical practice in the at Limpopo College of nursing in South Africa. The findings of the study support the “teaching and learning support” and “opportunity for learning”.

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NURSING IMPLICATIONS/ RECOMMENDATIONS

• Nursing curricula should lay emphasis on developing various teaching-learning and assessment tools which can enhance clinical learning of students and help reduce theory practice gap.

• Nurse administrators must organize workshops on assessing barriers to obtain good clinical nursing experiences and strategies to improve clinical nursing experiences.

• Administration should encourage mentorship programmes and counseling sessions for students facing problems in clinical area.

• Nursing faculty must work in collaboration with the nursing staff in clinical area to plan and implement enriching clinical nursing experiences for nursing students.
• Routine clinical supervision of nursing students in clinical area must be done to help and teach the nursing students at the patient bedside.

• Nursing faculty and clinical instructors should be trained, so as to identify the challenges and problems, the students are faced with, in the clinical learning environment that prevents acquisition of effective clinical skills.

• Effective monitoring and constructive feedback may positively affect clinical nursing experiences of nursing students.
LIMITATIONS

• The study relied on the verbal expression of nursing students’ opinion on clinical nursing experiences only and no overt observations were made.
SUMMARY/ MAJOR FINDINGS

Major themes which evolved from the research study are:

• Supportive clinical environment facilitates effective learning: During the interview, students emphasized that learning is better in collaborative clinical environment where they have mutual respect and trust for each other.

• Reality is very different from what is expected: Students felt that they were not prepared to face the challenges in real life as training on mannequins is very different from training on human beings.

• Too much written assignments hinder learning in the clinical area: Students felt that written work and assignments take too much time which could be utilized in doing some productive work or learning some new procedures.
• Bedside clinical teaching enhances better learning: Students felt that bedside clinical teaching is more helpful in effective learning as the signs and symptoms of the patient can be directly observed and learning becomes more easy and effective.
CONCLUSION

• A supportive clinical learning environment is most influential in development of nursing skills, knowledge and professional socialization. It provides students with unique learning opportunities in which theory and skills are implemented in real life situations.

• The clinical learning environment and clinical instructors play an important role in enhancing students’ learning, bridging theory practice gap and providing them with opportunities to demonstrate nursing skills and competence.
• Overall, findings indicated the importance of clinical learning as an integral part of nursing education and nursing practice; therefore nurse educators and registered nurses in the health services should strive to create and provide an environment that is conducive to learning in order to maximize and enhance the clinical learning experiences of student nurses during their placement in clinical learning environment.
ACKNOWLEDGEMENT

• Co-contributors: Kunica, Lalita, Madhu, Meenakshi, Monika, Navpreet, Neetu, Neha, Neha Chandel.

• Dean (Nursing) : Prof. Suresh K Sharma

• Director & CEO, AIIMS RISHIKESH: Pro (Dr) Ravi Kant
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Thank you