

**STUDENT NURSES' CLINICAL LEARNING EXPERIENCES:
A SYSTEMATIC REVIEW**Justina P. Acihayati^{*1}Ma. Elizabeth C. Baua²^{*1} Sint Carolus School of Health Sciences, Jakarta - Indonesia² St. Paul University Philippines, Tuguegarao – Philippinesjustinearini@gmail.com**ABSTRACT**

The clinical education of students is experiential in nature and the selection of patient or client learning experiences need to be based on educational principles. Clinical practice is an essential part of nursing education and the clinical learning environment has a significant role in enabling students to achieve their learning outcomes. The aim of this study was to explore and describe a range of research review methods using examples from student nurses' experiences in the clinical practice and related literature. A systematic literature search was conducted in this study. Publication of relevance to student nurses' experience in clinical practice was identified by searching the electronic databases in nursing journals through ProQuest and Google Scholar by using the keyword students' clinical experiences. Twelve studies using qualitative approach were identified that identified five major themes: assessment cognitive, skill, affective, student-mentorship relation and clinical environment. Clinical practice is a vital component of nursing education because it links theory to practice. Students' clinical experience had shown confidence in approaching challenging encounters with patients and influenced their personal and professional growth. Nurses' mentoring and engagement with students were important aspects to enhance clinical experience. Clinical placement areas and educational institutions should collaborate closely to explore and develop models of learning and supervision appropriate to enhance the learning environment for both students and staff

Keywords:

Learning environment, placement areas, students 'clinical, learning experiences, systematic review

INTRODUCTION

Clinical practice is an essential part of nursing education and the clinical learning environment has a significant role in enabling students to achieve their learning outcomes. It has long been recommended that student learning outcomes from clinical practice can be enhanced by calibrating the clinical environment to suit their expressed needs. It is important to understand students' experiences of the clinical learning environment in order to maximize their learning.

In learning nursing, the students apply knowledge gained from classroom experience and apply in real life clinical situations [17]. The clinical education of students is an experiential in nature and selection of patient or client learning experiences needs to be based on the rational process which follows educational principles [18].

Thus, it is clear that curriculum planners and nurse educators take full responsibility to create, design and encourage learning experiences. They should be able to identify a conducive clinical environment and understand the way student approach their learning.

Experiences in the clinical setting are not synonymous with a laboratory practicum. It is only in the actual clinical setting that students are socialized into the role of a professional nurse [14]. Thus, exploring the student nurses' learning experience in the practice setting will be beneficial and informative to nurse educators and health care administrators. Miller [23] study revealed that students' clinical learning experiences demonstrated differences between the students' real and desired experiences. Nursing students expected to have learned more from their clinical experiences however their expectations were not met due to some unexpected circumstances. Students had negative experiences while doing clinical exposures. These negative experiences were : unprepared for the clinical practice, difficulty transferring their classroom knowledge to practice, failure to see the inter-professional relationship between nurses and other health professionals, and short placement rotation periods [29]. Some situation inconvenient faced a student at the clinic, as a lack of knowledge, the area that

unfamiliar, patients who switched, the absence of faculty mentor, causing the appearance of anxiety that can reduce their motivation to practice.

PURPOSE

Effective clinical nursing education is critical to prepare nurses for their practice-based profession. It provides essential opportunities for students to integrate theoretical nursing knowledge into nursing care, build clinical judgment, and develop a professional identity [30]. The purpose of this study was to explore and describe a range of research review methods using examples from student nurses' experiences in the clinical practice and related to the literature

METHODOLOGY

The goal is to review systematically and synthesized evidence from all published qualitative studies. This integration of information from various qualitative studies may presents a series of themes for better understanding of student nurses' experiences in the clinical practice.

Search Strategy

A systematic literature search was conducted. Publication of relevance strategy to student nurses' experience in clinical practice was identified by searching the electronic databases in nursing journals through Proquest, Google Scholar. In addition, papers were obtained using the web of sciences, Evidence-Based Medicine reviews (Cengage and PubMed) that appeared within the period of 2013 to 2016. Studies published in English and following text keywords were used: "nursing students' experiences" or "clinical learning" and "qualitative study".

Inclusion and exclusion criteria

Published articles which met the following criteria were considered for inclusion: they were based on experiences owned students nursing when following the practices clinics and a given experience is common to all areas practices, they used a qualitative design. Only studies published as full-text articles were included in the review. In addition, studies that were published only in abstract form, studies which contain about perception, practice areas in particular, and the opinion of the clinical instructor and education were excluded.

Data extraction

The following general information was extracted from each article: language, author, year of publication, full text available, detail about the subject, and the method. Result of the systematic literature search shown in the following figure 1.

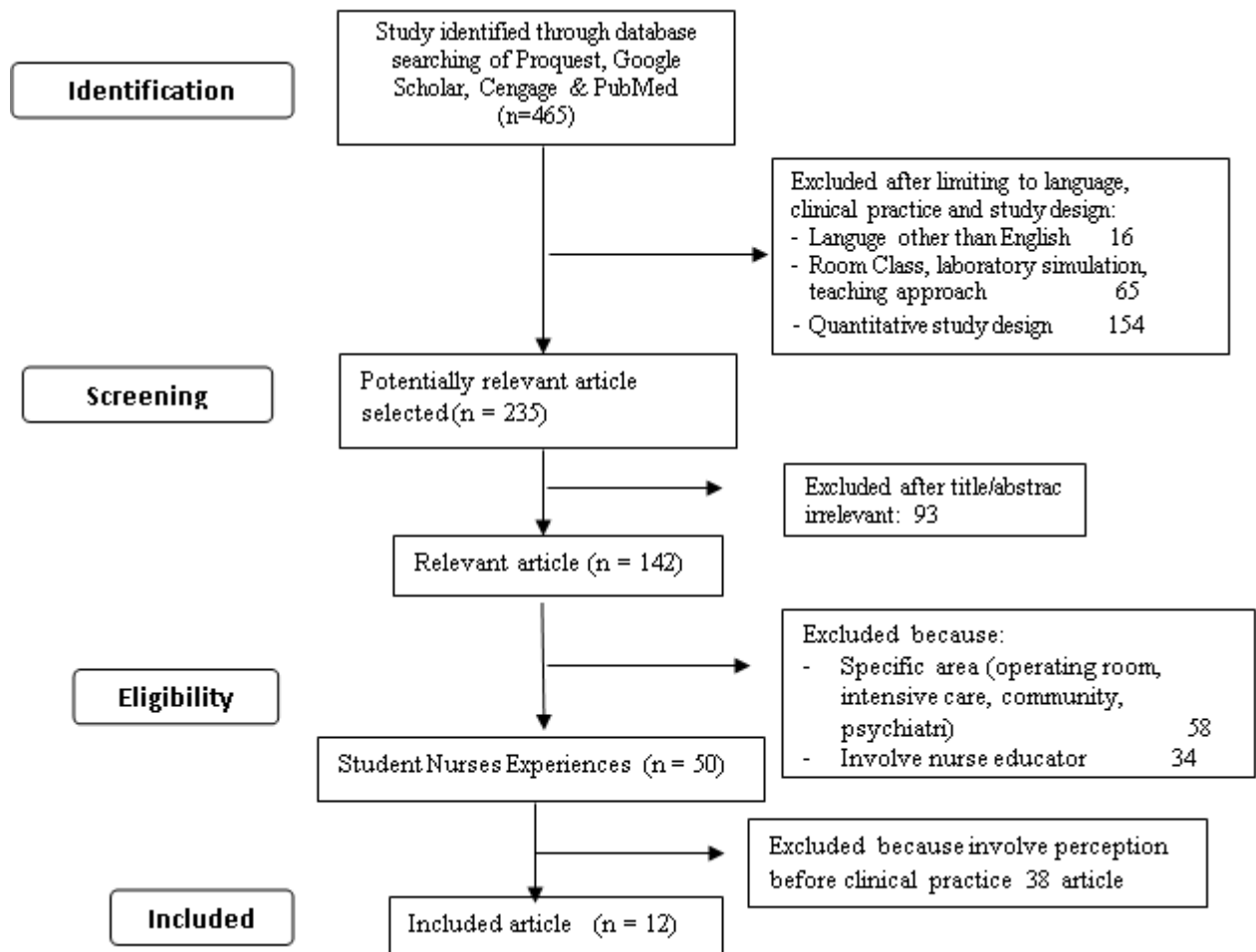


Figure 1. Results of the systematic literature search [24].

Data Analysis

We included qualitative studies that used interviews, focus groups or observation for students' clinical learning experiences, placement areas, learning environment. We excluded if they have duplicates references and the abstract not available. Non-English articles were excluded to prevent cultural and linguistic bias in translations. We excluded studies if they specific area in their studies or reported only quantitative data and involve nurse educator. Studies that did not elicit data from the perception of nursing students before clinical practice were also excluded.

RESULTS & DISCUSSION

The results of the systematic literature search are shown in Figure 1. Overall, 465 potentially relevant articles were identified. Of these, 235 were found in reference lists of the identified articles. After read thoroughly all full articles, 93 articles were rejected as not fulfilling the selection criteria. The next step, the author excluded 92 articles because of their focus in the specific clinical area (operating room, intensive care, psychiatry, etc.) and the involvement supervisor as the participant. Furthermore, thirty-eight articles were excluded as perception before clinical practice. Eventually, 12 articles were included in this systematic.

Table 1. Overview of selected studies

| No | Author | Objectives | Outcomes/Results |
|----|--------------------------------|---|--|
| 1. | Moonaghi et al (2015). | To explore nursing students' experiences of the factors influencing their clinical education. | Three main themes (subthemes) emerge: "being a promoter" (evidence-based care agent, effective communication and course manager); "too hungry to learn" (motivation and acquiring self-confidence) and "unwelcoming field" (educational atmosphere of clinical environment and welfare facilities). |
| 2. | Dinmohammadi & Peyvori (2016). | To explore clinical learning experiences of Iranian student nurses. | Three main categories emerged during data analysis: "clinical poverty", "clinical distress", and "professional pride". The categories and their subcategories were interrelated and sequential in terms of their occurrence. It was found that students start learning in a non-conductive and non-supportive clinical environment. They experienced different sorts of distress during the clinical placement. |
| 3. | Jonsen & Hilli (2013). | To illuminate first year undergraduate nursing students' experiences of clinical practice during their first clinical placement | Positive experiences included stimulating and visible preceptors, a permissive atmosphere, and reflection as a matter of course. Negative experiences were related to feelings of abandonment and powerlessness when preceptors were invisible and the atmosphere at the ward was non-permissive. |
| 4. | Dale et al (2013). | To explore what bachelor students in nursing perceived to be important for having good learning experiences in clinical studies. | One main theme emerged from the analysis: "being in a vulnerable and exposed position characterized by conflicting needs.. Four categories were found: "aspects related to the clinical setting", "aspects related to the nurse supervisor," "aspects related to the student," and "aspects related to the student-supervisor relationship". |
| 5. | Shoqirat & Qamar (2013). | To explored the nurse student's experience of the final year placement, and uncovered contributing factors to a positive clinical experience in Jordan. | Three themes emerged from the data. The first theme related to the environment of clinical placement and included two sub themes: 'from orientation-to-team work' and 'from tiredness-to-ignorance'. The second theme is about the faculty and preceptors as reflected by the lack of coordination between the clinical setting and the faculty, plus inconsistency in students' evaluation. The third theme concerned patient preferences that included a lack of interest in receiving care from students. |
| 6. | Baraz & Vanaki (2014). | To explore the Iranian baccalaureate nursing students' learning styles in clinical settings. | Students adopt different learning strategies in clinical practice. Designing teaching strategies based on students' learning styles can promote students' learning and maximize their academic and Clinical practice success. |
| 7. | Tiwaken et al (2015). | To examined the lived experiences of student nurses during their clinical practice | The participants considered clinical practice to be an essential component of their learning process. The integration of both theory and practice and opportunities for application and laboratory skills enable student nurses to learn effectively, to feel confident with their skills, and to become competent in taking care of patients. Problems and concerns may be addressed better if good interpersonal relations and sustained communication are practiced. |
| 8. | Buthelezi & David (2015). | To describe the learning experiences of male nursing students during placement in clinical settings, and how these impact on their self-esteem | The following three major themes were identified: experiences that related to the constraints in the learning environment, the impact on the self-esteem, and the social support of students working in a female-dominated profession. |
| 9. | Rajeswaran (2016). | To obtain nursing students' opinions and explore their experiences of their clinical learning. | Focus group discussions revealed that nursing students did experience initial clinical anxiety, stress, lack of teaching and guiding support, lack of organizational support and resources, inadequate clinical supervision, and role |

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| | | | acceptance. |
| 10. | Ravanipour & Ravanipour (2015) | To explore nursing students' experiences of peer learning in clinical practice. | The analysis identified four themes: Paradoxical dualism, peer exploitation, first learning efficacy, and socialization practice. Gained advantages and perceived disadvantages created paradoxical dualism, and peer exploitation resulted from peer selection and peer training. Nursing students reported general satisfaction concerning peer learning due to much more in-depth learning with little stress than conventional learning methods. |
| 11. | Salehi & Afghani (2016). | To explain the experiences of nursing students about learning Process during clinical courses. | Six main concepts; namely, communication, professional role, moral and ethical, preparation and planning, learning process and evaluation were defined. |
| 12. | McKenna, L., & Plummer, V. (2013) | To explore and understand the meaning of lived experiences of stress for Indonesian novice nursing students in clinical education | Three main themes emerging from the study were "feelings of pressure", "challenging relationships", and "using coping strategies". There were ten sub-themes, grouped as Clinical, Relationships and Responses and Coping |

A literature review describing student nurses experiences in clinical learning. Five studies were conducted in Iran, two in South Africa and one in each country (Finland & Sweden, Norwegia, Jordan, Philippines, and Indonesia). The results obtained from the studies reported five major themes.

Cognitive (Knowledge) assessment

Support and accompanying regularly from clinical preceptor would change the way of students thinking while doing an action and solve a case [27, 20, 10, 35]. Clinical preceptor will aid the students to balance their expectations with the reality of the clinical setting and adjusting contents to fill theory and practice gap [20, 33, 27, 38, 33]. Clinical preceptor faces the students with challenging questions to promote their critical thinking and learning. The student learning through monitoring, critiquing, and avoiding nurses and physicians' unsafe clinical practice. In addition, the student promotes their own learning by participating in medical rounds and listening to physicians' discussions carefully [6]. Furthermore, the implementation of evidence-based practice and some spoke about getting support to search research articles on clinical problems, also taught at supervision [27].

The common of students reported a clinical knowledge deficit at the outset of the clinical placement that made it difficult for them to have efficient interaction with patients [11, 33]. The student nurses could cooperatively discuss, thought, and shared their clinical experiences about patients' conditions. They had learned a lot from their instructors and peers through active participation in group discussions that tended to take place in their daily clinical class meetings.

Many studies have reported the clinical knowledge inadequacy of students when entering clinical settings. Clinical practice is a vital component of nursing education because it links theory to practice. Through clinical practice, students can recognize significantly the world of work that they will face. The clinical practice stimulates students to use their critical thinking skills for problem-solving [9].

Skill (Psychomotor) assessment

Lack of clinical experience, fear of making mistakes, difficult patients, unaccustomed areas, and being evaluated by clinical preceptor was expressed by the students as anxiety-producing situations in their initial clinical experience. To overcome these, some participants had adopted learning styles such as careful observation of nurses, clinical instructors, and physicians' performance as well as careful observation, listening, and reflection during nursing and medical rounds. They are also learning through making frequent contacts with patients for obtaining their health history [6]. Unfamiliarity to wards and procedures is another factor that makes the student nurses tremble [38, 26, 31]. Some participants who having duties in unfamiliar wards would make their anxious and need assistance to be conversant in that ward. They will not be sure in the procedures that they will perform. For them, it will be better to ask and let them know that you don't have that enough knowledge rather than being pretentious. Their peer learning can improve self-confidence, ability skills and reduce stress and the occurrence of mistakes [31].

Clinical learning gives students the opportunity to try out the skills they had never done. Their confidence is also increasing due to perform that procedure [33]. Clinical practice is the field for student nurses to study, experience and develop nursing competence in relation to different diseases and in different patient situations in cooperation with experienced professionals.

Affective (Attitude) assessment

The importance of self-confidence in performing clinical tasks as one of the most crucial objectives in learning clinical practice [27, 10]. The situations which student had been shown confidence in challenging patient situation and these experiences had influenced their personal and professional growth. The more experienced students had a greater tendency towards assuming responsibility for patient care [6, 32]. Several male students appeared to feel more vulnerable in the clinical setting and they feel do not have confidence. They reported being bullied significantly by nursing staff in a clinical environment and subjected to negative remarks [5, 27]. Developing confidence is an important component of clinical nursing practice. Development of confidence should be facilitated by the process of nursing education; as a result, students become competent and confident.

Student – Mentorship relation assessment

In this study, most participants were not satisfied with the clinical teaching. Participants reasons for disappointment with clinical preceptor experiences were expressed as the lack of physical presence, ineffective presence, and being largely observant, assigning students to clinical nurses, and a lack of sufficient power and authority in the clinical setting [11, 20, 10, 35, 38, 31, 32, 33, 26]. A lack of clinical experience and specialty training among academic clinical educators was the most important causal condition that hindered their ability to educate the students effectively [7]. Some of the preceptors were physically present but uninterested, some were not even physically present, and some did not know what or how to supervise, limited level of coordination between the faculty teaching staff and clinical settings. These kinds of preceptors created feelings of insecurity, foolishness, and abandonment [20, 10].

The importance of the supervisor's motivation and their engagement regarding the mentorship. The supervisor's ability to be open, friendly, including, and willing to adjust if necessary were qualifications also stated by the student. Positive experiences improved they own motivation for learning and their self-confidence, and, on the contrary, difficult or bad situations could result in a negative perception of the clinical studies as a whole [35].

Clinical Environment assessment

Nursing students perceive the practice setting as the most influential context for acquiring nursing skills and knowledge. Clinical placement provides students with optimal opportunities to observe role models, practice by oneself, and reflect on what is seen, heard, sensed, and done [39]. Patients, staff, physicians. and settings are all unfamiliar to students and they articulated a variety of experiences such as humiliation, blaming, abandonment, discrimination, bullying, lack of support, and limited learning opportunity. It makes them feel uninvited in addition to many restrictions and limitations [27, 11, 20, 35].

However, there are many positive statements expressed by the participants about the clinical environment. The nursing students described how a tolerant atmosphere at the clinical placement increased their courage and motivated them to take the initiative. They sensed a great deal of courage when the preceptor showed trust in them and encouraged them to take the caring initiative on their own. This feeling of support made the nursing students feel comfortable and confident and gave them the courage to try more [35, 38, 20].

Nursing students' clinical experiences are important for their learning, professional development and preferences for future workplaces [12, 25]. Nursing students enter new settings for learning purposes in clinical practice. Clinical practice is a period of transition, which allows students to combine knowledge and practice skills acquired during fieldwork practice in a working situation. Through clinical field placement, students are expected to develop competencies in the application of knowledge, skills, attitudes, and values inherent in the nursing profession [8].

Lack of knowledge and unfamiliar place, being one of the cause's students to feel uncomfortable in practice. The presence and guidance of preceptor enhance the development of student's critical thinking. Discussion and solve the case there would stimulate students to think and make decisions. The clinical instructor or preceptor can play an important role in student nurses' self-confidence, promote role socialization, and encourage independence which leads to clinical competency [2]. In the current study, most of the participants clearly demonstrated that there is a gap between theory and practice. This finding is supported by other studies such as Hewison and Wildman [16]. Inconsistency between theory and practice has long been a source of concern to teachers, practitioners, and learners. It is one of the teachers' major responsibilities to treat nursing students properly in the clinic, causing higher enthusiasm and motivation for learning as well as increasing their self-confidence.

Clinical environment is a suitable context for learning skills needed to care for patients [21]. In this study, students had difficulties in performing procedures in some situations, due to the lack of necessary skills. Nursing

students do not have adequate time to practice and repeat these skills to completely enter the clinic, even though they learn the fundamentals of nursing in laboratories. The previous study found that the students' insufficient practice and lack of skill before entering the clinical environment created problems for them with respect to learning in the clinic [22]. Additionally, the students' lack of skill in confronting the clinical environment and dealing with actual patients is evident [19].

Through clinic experiences, the students realize that the rules they applied so stringently are really guidelines. Thus, they are able to make decisions with many interacting variables and constantly changing circumstances [14]. Clinical experience is one of the most anxiety making components of the nursing program which has been recognized by nursing students. Sharif & Masoumi [34] found that fear of making mistake (fear of failure) and being evaluated by faculty members was expressed by the students as anxiety-producing situations in their initial clinical experience. Developing confidence is an important component of clinical nursing practice. The results of the previous study showed that low self-confidence is one of the nursing students' problems [13]. Adequate self-confidence is one of the nursing students' requirements in providing good care [1]. To increase confidence should be facilitated by the process of nursing education; as a result, students become competent and confident. Moreover, having adequate self-confidence for caregiving is one of the most important factors affecting the students' learning [28]. In Begley and White's [3] study, self-confidence was an important part of a nurse's personal and professional identity.

A supportive and socializing role was recognized by the students as the preceptor's function. Good experiences enhance student nurses' motivation for learning and their self-confidence, and, on the contrary, difficult or bad situations could result. Clinical nursing supervision is a continuing systematic process that encourages and supports improved professional practice. The literature suggests that the clinical nurse supervisors should express their existence as a role model for the supervisees [4]. Teachers must have nursing experiences relevant to the clinical learning environment in order to be able to serve as a professional role model. Teachers are required, for example, to articulate the thinking process used in assessing patients or give some interventions. The clinical teacher must be aware of the individual learning needs of each student and select clinical learning opportunities which will facilitate student growth [14].

Facilitation is described as teaching, support and assessment of the students' performance in the clinical environment [15]. The presence of mutual respect and positive regard for others had an impact on the students' confidence levels. An effective mentorship system is indicative of a good learning environment as rebounded by many others. The clinical preceptor performances a vital role in ensuring learning opportunities to develop clinical skills and to integrate theory with practice. Smith's [36] research describes the ward sister as the architect of nursing work who sets the emotional agenda of the ward. When nurses felt supported and appreciated emotionally, nurses had a role model but also felt able to care for patients in this emotional way. Conversely, in the absence of the one ward manager, clinical preceptor and clinical education of students became disorganized [36].

CONCLUSION

According to this study, there are many things that influence in creating a conducive atmosphere to students for study at the clinical practice. Furthermore, continuous studies on clinical teaching environment evaluation and their results, and to assess clinical educator's and clinical preceptor's opinions about the clinical teaching environment are recommended, and decreasing the gap between the actual and expected clinical environments is necessary.

The findings of the study demonstrate that receptive welcome from the clinical staff on the first day had a positive effect on students' sense of wellbeing and self-esteem. The presence of mutual respect and positive regard for others had an impact on the students' confidence levels. This enhanced the integration of theory and practice with the facilitation of qualified preceptors that is positive in terms of education in the practice. Clinical placement areas and educational institutions should collaborate closely to explore and develop models of learning and supervision appropriate for the nursing home context, models that enhance the learning environment for both students and staff

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