

## Learning experiences of student nurses in clinical practice

*\*Tin Tun & \*\*Khin May Ohn*

\*Department of Medical Science

\*\*University of Nursing, Yangon

This study aimed to explore the learning experiences of the student nurses during their periods of the clinical practice. A survey method was employed with a questionnaire administered to all the final year student nurses of the two nursing universities in Myanmar. The design of the questionnaire was developed through a review and inclusion of key issues from the literature and interviews of ten experienced lecturers and tutors. There were 272 final year student nurses in both universities. All respondents answered that their theoretical training helped their routine clinical practice. The majority of the students (65.8%) felt that they did not have enough time for clinical practice. Some 75.4% experienced with many students in one ward and 57.3% did not have opportunities to talk and discuss with the supervisor. About 65% of the students also experienced the difference between theoretical learning and clinical practice. Most of the students (75.4%) felt that they did not have opportunities to try out each clinical skills, but 57.7% had opportunities to ask questions when they did not understand. About 96% of the student nurses had the opportunities to share the experiences and skills gained from the clinical teaching among the group members. In addition, the student nurses emphasized some influencing factors for learning in clinical practice. Clinical teachers as well as academic staff may reflect on these findings. They could plan to increase integration between theory and practice, and promote and reinforce both formal and informal support and supervision to the students to improve the current skills teaching of nursing practice in Myanmar.

### INTRODUCTION

Nursing education is a planned educational programme, which provides a broad and sound foundation for the effective practice of nursing. Education of nurses is fundamental, not only for the public safety but also for the nursing profession to be respected. The goal of nursing educational programme is to prepare graduates for the professional practice of nursing, with nursing care skills that are applicable in any setting. The issues that nursing is facing today and the dynamic nature of nursing practice make it imperative for the nursing education to develop a clinical based experience for baccalaureate students, who are responsive to the social context of nursing. Nursing is a practice-based

profession and therefore, the acquisition of (fundamental) clinical nursing skills is essential [1]. Skill acquisition is an integral part of the development of any practitioner and the student nurses need opportunities to master the skills. In the nursing education or training for the nurses, it is important to emphasize on nursing skills acquisition and attitude development [2]. Clinical teaching provides the opportunities for the students to learn effectively in the application of theories to practices. It also provides experience with real clients and real problems, which help the learners' ability to use the acquired knowledge in practice. In order to produce graduate nurses with high quality, it is needed to have adequate clinical facilities including the provision of professional learning environment which is

conducive for learning. However, in Myanmar although the emerging problem of newly appointed nurses shows that lack of clinical skills has been encountered, in-depth studies and research still need to be conducted into this, to pave the way for improvements in the skills teaching of nursing practices [3].

This study aimed to explore the learning experiences of the student nurses during their periods of the clinical practice. The results from this study could be utilized to improve the current skills teaching of the nursing practice in Myanmar.

## MATERIALS AND METHODS

A cross-sectional study was conducted by employing self-administered questionnaire to all the final year student nurses of the two nursing universities in Myanmar. The design of the questionnaire was developed through a review and inclusion of key issues from the literature and interviews of ten experienced lecturers and tutors. The questionnaire was designed to include both closed and open-ended questions in order to gather more detailed information. There were 272 final year student nurses in both universities, but 260 students (95.6%) responded the questionnaire. Each question was coded in number and then entered into the computer by using Epi data software version 3.0. Data were edited by logical and consequence checking. Then it was analyzed by using SPSS version 11.5.

The four open-ended questions were included in the questionnaires. The responses were analyzed by content analysis. The findings were summarized in terms of three enhancing and three inhibiting categories, which were presented using the six categories as subheadings:

(A) Enhancing: supervision in clinical practice, opportunity to practice, conducive learning environment;

(B) Inhibiting: insufficient supervision in clinical practice, lack of opportunity

to practice, lack of conducive learning environment.

The categories consisted of 13 enhancing and 10 inhibiting factors in clinical practice. The contents of the factors were verbally described with some verbatim examples.

To get permission to conduct this research with the final year student nurses from two nursing universities, the researchers discussed with the administrative personnel from the Department of Medical Sciences and the universities of nursing. In addition, all participants (student nurses) were informed about the nature of the research, objectives of the study and the content of the questionnaire. All potential participants were informed that participation is voluntary and they have the autonomy to terminate their participation whenever they wish to. They were guaranteed confidentiality and anonymity for questionnaire data.

## RESULTS

The majority of the students (65.4%) were 20 years old. Female composition was 95.7% and only 12 out of 260 (4.3%) were male students.

### *Learning theoretical lessons*

All respondents answered that their theoretical training helps the routine clinical practice. About 75% of the students answered that more than 50% of theoretical training could be applied in clinical practice.

### *Assignment to clinical practice*

More than half of the students (65.8%) answered that they had too little time for clinical practice. About one third (27.3%) said that the duration for clinical practice was just right. Three quarters of students (75.4%) answered that too many students were assigned in one ward. More than half of the students (60%) answered that only 5-10 students should be assigned in one ward. About one third of the students (37.7%) said that less than 5 students should be assigned in one ward.

The supervisor was the ward sister or staff nurse who supervised the group of student nurses in clinical setting. One third of the students (37.3%) had an opportunity to discuss with the supervisor on a one-to-one basis sometimes and 108 students (41.5%) rarely got such an opportunity. Although 106 students (40.8%) sometimes received the opportunities for small group discussions with the supervisor, 89 students (34.2%) got rarely.

Of the 260 respondents, 47 students (18.1%) answered that they never received them. Of the 260 respondents, 111 students (42.7%) got sometimes and 92 students (35.4%) rarely got opportunities for large group discussions with the supervisor. Thirty-eight students (14.6%) answered that they never experienced them. The result indicated that learning from discussion with the supervisor was not a regular event for them.

#### Practicing clinical skills

The majority of the students (64.6%) answered that they often experienced the difference between learning theory in the university and its practice in the clinical wards. For example, more than half of the students (54.6%) answered that they experienced with the use of improper technique because of insufficient instruments, equipment and facilities.

The following table shows student nurses' responses on factors which hindered clinical learning.

Table 1. Factors which hindered clinical learning

	Frequency	Percent
Feeling unprepared for clinical practice	78	30.0
Feeling incompetent in clinical skills	128	49.2
Fear of doing harm to patients	164	63.1
Having sense of not belonging to the nursing team	11	4.2
Not having enough facilities to practice	176	67.7
Others including numerous students in one ward, theory-practice gap	95	36.5

Note: Total does not add up to 100 due to multiple responses.

Although about 63% of the students responded that they sometimes got enough opportunities to try out clinical skills and about one quarter of the students (23.8%) often received these opportunities.

More than half of the students (56.9%) responded that they often received opportunities to ask questions when they did not understand in the clinical practice and 100 students (38.5%) sometimes got these opportunities.

Ninety-eight students (37.7%) often received opportunities to develop new knowledge, concepts and ideas during clinical practice and 89 students (34.2%) answered that they and 89 students (34.2%) answered that they sometimes got these opportunities.

Regarding the question on "Do you have opportunities to share the experiences and skills gained from the clinical teaching among the group members?", 94 students (36.2%) always received, 96 students (36.9%) often received and 59 students (22.7%) sometimes received these opportunities (Fig.1).

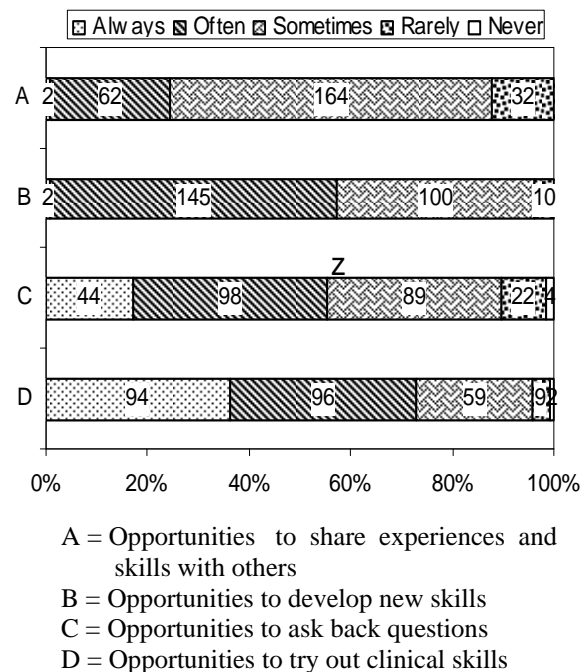


Fig. 1. Different opportunities to practice clinical skills

#### The role of supervisor in clinical practice

About one third of the students (35.4%) said they often had good relationship with the

supervisor, while 45% sometimes had such relationship. While 115 students (44.4%) answered that they could learn attitudes and values of a nurse from the supervisor sometimes, 59 students (22.8%) could rarely learn.

One third of the students (31.9%) answered that the supervisor could often explain well but about half of the students (46.9%) said the supervisor could sometimes explain when they asked the questions. Although 44.2% felt that the supervisor sometimes demonstrated procedures/care practices effectively and 73 students (28.1%) said the supervisor rarely did.

About one third of the students (31.5%) sometimes received immediate and positive feedback from the supervisor and 111 students (42.7%) rarely received the feedback. Some students (42.3%) said the supervisor often had ample background knowledge but 34.2% answered sometimes.

Regarding the up-to-date knowledge of the supervisor, 42.4% felt that the supervisor often had up-to-date knowledge but about one third of students (34.2%) answered that the supervisor sometimes had up-to-date knowledge.

Concerning the clinical competence of the supervisor, about one third of the students (31.5%) answered the supervisor always had clinical competence and about half of the students (46.5%) said that the supervisor often had clinical competence. Although 40.4% answered that the supervisor sometimes assisted the learners in relating underlying theory to nursing practice, 35% said the supervisor rarely did.

#### *Students' perspective on supervisor in clinical practice*

The followings are enhancing and inhibiting factors affecting for learning in clinical practice (Fig. 2).

#### *Enhancing factors*

##### Supervision in clinical practice

- Supervision and monitoring of practice by the supervisor and the ward staff

- Good student-supervisor relationship
- Supervisor's interest in clinical teaching
- Teaching of clinical tutor in the ward
- Constructive feedback from the supervisor

##### Opportunity to practice

- Allowing to do nursing tasks independently
- Frequent bedside teaching
- Giving enough time for the clinical practice
- Assigning appropriate number of students in one ward
- Giving opportunity to discuss and practice within small group

##### Conducive learning environment

- Providing adequate instruments and equipments in the ward, sufficient learning resources
- Getting chance of group discussions
- Creating warmth and good relationship from the supervisor and the ward staff

*Some examples of students' answers were as follows;*

One student expressed:

*"I have inserted many intravenous lines and I have also performed nasogastric tube insertion and catheterization and they really helped me to gain confidence in the clinical practice".*

One student revealed:

*"If the supervisor and the ward staff treat the nursing students fairly and are considerate, it can help a great deal in the clinical practice".*

One student said:

*"If the ward sister and the ward staff can give us a warm welcome, and also the clinical tutors from the university will join in the bedside teaching and group discussions, our clinical learning will be more interesting and enjoyable".*

One student expressed:

*"We can learn nursing skills by doing so that we are working in the ward in order to learn. Clinical learning would be more*

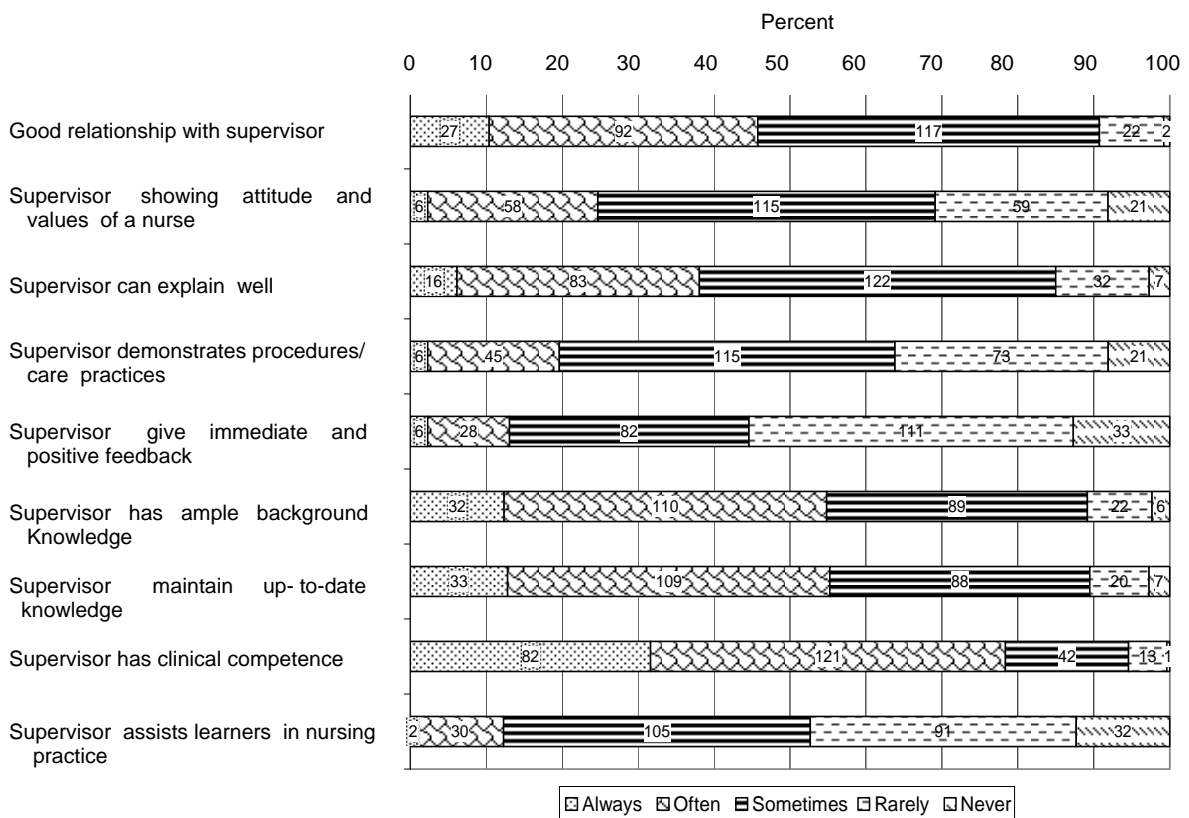


Fig. 2. Students’ perspective on supervisor in clinical practice

*effective and enjoyable if we got proper supervision while performing the nursing procedures”.*

***Inhibiting factors***

**Insufficient supervision**

- Insufficient supervision and monitoring of practice by the supervisor
- Poor student-supervisor relationship
- The supervisor's lack of interest in clinical teaching
- Lack of constructive feedback from the supervisor

**Lack of opportunity to practice**

- Lack of opportunities to practice allowing only to watch, not to participate, in the care of patients
- Inadequate practicing time
- Assigning many students in one ward

**Lack of conducive learning environment**

- Providing inadequate instruments and equipment in the ward; insufficient learning resources

- Treating differently between diploma and bachelor students
- Shouting and blaming in the presence of the patients when students made mistakes

One student said:

*“Because of the shortage of the nursing manpower, sometimes there are only two or three nurses in the morning shift. They are always busy with the routine activities in the ward, so that teaching and supervising the students in the ward is ineffective”.*

One revealed:

*“The supervisor is shouting and irritating without any reason. When questions are asked, she thinks it is disturbing, it can also make the clinical learning difficult. I think that the good relationship between the supervisor and the students is a major influence in effective clinical learning in the ward”*

One student expressed:

*“We are not able to practice the procedures taught at the university in the ward because of shortage of equipment”.*

## DISCUSSION

The key findings of this study pointed out some problems which affect the students' clinical learning such as: theory-practice gap, insufficient duration of time for clinical practice, many students in one ward, lack of opportunities to talk and discuss with the supervisor, not only on the one-to-one basis but also within small group and large group, lack of opportunities to try out each clinical skills, poor student-supervisor relationship and the supervisor's clinical teaching. The student nurses emphasized supervision in clinical practice, opportunity to practice and conducive learning environment as enhancing categories which consist of 13 enhancing factors in clinical practice. The student nurses also emphasized insufficient supervision in clinical practice, lack of opportunity to practice and lack of conducive learning environment as inhibiting categories which consist of 10 inhibiting factors in clinical practice as shown in the results section.

All the respondents answered that their theoretical training helped their routine clinical practice. About 75% answered that more than 50% of the theoretical training could be applied in the clinical practice. The majority of the students (64.6%) answered that they often experienced the difference between learning theory in the university and its practice in the clinical wards. In this study, most of the students also expressed the view that shortage of instruments and equipment in the clinical areas was a major reason why it is difficult to adjust theory taught in the university to practical work during the clinical learning. It could be said that the environment of the classroom, where most of the theoretical input is taught, can never truly resemble the real situation and that a full comprehension of the nursing principles does not ensure their application to practice [4].

It would seem that the theory-practice gap is a multifaceted problem. It seems that

striving for deeper understanding of the roles nurses play in a changing educational environment is a constant challenge [5]. It is necessary to avoid traditional strategies and the supervisor needs to carefully evaluate new initiatives [5]. Integration of theory and practice in the nurse education programme is very important, so careful thought is required for the curriculum design [5].

Many of the basic prerequisites for clinical practice, learning by doing, experiencing the patient relationship, were not fulfilled for these student nurses. The student nurses in this study revealed negative experience with the supervisor. Supervision and monitoring of practice by the supervisor and ward staff, good student-supervisor relationship, getting constructive feedback, and adequate instruments and equipment in the ward, sufficient learning resources and conducive learning environment, were emphasized as inhibiting factors. These factors highlight the importance that students attached to the willingness of the supervisors to engage in a teaching relationship. The supervisors and clinical staff are of special importance in the final part of the student nurses' education to facilitate transition to the professional role [6].

Around 55% of student nurses in this study expressed that they rarely or never received immediate and positive feedback from the supervisor (Fig. 2). Students want feedback about their performance to gauge progress concerning knowledge, competence, and faculty expectations [7], and rate giving feedback as an essential quality of an effective clinical teacher [8]. There is evidence to suggest that feedback is an essential ingredient for effective learning. Research in skills acquisition has shown that students learn best if feedback is incorporated [9]. Therefore, incorporating feedback on students' performance is an important principle when designing clinical teaching programme.

The clinical learning environment encompasses all that surround the student nurse, including the clinical settings, the equip-

ment, the patients, the clinical staff, the nurse mentor, and the nurse teacher [10]. A good clinical learning environment could be established through good co-operation between the school or university and clinical staff.

### *Conclusion and recommendations*

This study provided what the student nurses experienced during their clinical education. The student nurses laid emphasis on those areas that nurse educationalists must refer to, in order to improve the quality of clinical education. The findings of this study give color to the nature of learning experiences in clinical practice from final year student nurses' point of view.

In Myanmar, while the number of students increased in tandem with the Human Resources Development, the total appointed teaching staff and clinical staff remained static. On the other hand, hospital staff are over burdened with their clinical duties. They found difficult to cope with the simultaneous teaching and the clinical responsibilities to make up for any shortfalls in the skills learning of the student nurses. Thus, teaching and supervising the students in the ward become very weak. The standard of nursing care practice, good atmosphere and conducive for clinical learning situations, all depend on the ward sister and clinical staff. They can make smoothness of the clinical teaching for academic staff. Therefore, clinical staff's contribution to nursing education especially for clinical teaching is crucial and very important.

Clinical teachers as well as academic staff could reflect on these findings to improve the quality of nursing education particularly for the following recommendations.

1. Integration between theory and practice should be increased and students' adaptation processes should be facilitated.
2. An effective means of reinforcement like supervision should be part of the curriculum in any form of nursing education.

3. All the learning activities intended for skills development should allow opportunities for repeated practice.
4. The ward should be provided with adequate facilities and the equipment required for performing nursing skills.
5. Research that focuses on nursing manpower and its utilization in the hospital wards should be conducted, and the research findings should be submitted to the decision-makers for appropriate action.

### **ACKNOWLEDGEMENT**

The researchers would like to sincerely thank the final year students of the Universities of Nursing, Yangon and Mandalay, for the time spared for this study, and to those participated in the pilot study. The researchers would like to express their deepest gratitude and appreciation to the Rectors of the Universities of Nursing, Yangon and Mandalay for their kind permission for the final year students to participate in the study.

### **REFERENCES**

1. Peyrovi H, Yadavar-Nikraves M, Oskouie SF & Bertero C. Iranian student nurses' experiences of clinical placement. *International Nursing Review* 2005; 52:134-141.
2. Lee D. The clinical role of the nurse teacher: a review of dispute. *Journal of Advanced Nursing* 1996; 23:1127-1134.
3. May W & Shein MT. The process and outcomes of collaboration between nursing services and nursing education to improve quality of nursing services and nursing education in Myanmar. University of Nursing, Yangon 1996.
4. Steel RL. Attitudes about faculty practice, perception of role and role strain. *Journal of Nursing Education* 1991; 30:15-22.
5. Landers MG. The theory-practice gap in nursing: the role of the nurse teacher. *Journal of Advanced Nursing* 2000; 32(6): 1550-1556.
6. Beattie H. Clinical teaching models: a review of the role of preceptor in the undergraduate nursing programme. *Australian Journal of Advanced Nursing* 1998;15: 14-19.

7. Lawrence SL, Lindemann JC & Gottlieb M. What students' value: learning outcomes in a required third year ambulatory primary care clerkship. *Academic Medicine* 1999;74: 715-717.
8. Finucane P & Rolfe IE. Graduates verdict on medical teachers: the minority who teach do it well. *Medical Teacher* 1996; 18: 57-59.
9. Lofmark A & Wikblad K. Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. *Journal of Advanced Nursing* 2001;34(1): 43-50.
10. Papp I, Markkanen M & von Bonsdorff M. Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today* 2003; 23: 262-268.