

Experiences of senior nursing students in internal medicine clinics: A phenomenological qualitative study

Hemşirelik son sınıf öğrencilerinin iç hastalıkları kliniklerindeki deneyimleri: fenomenolojik nitel bir çalışma

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ABSTRACT

Introduction and Aim: Internal medicine clinics are one of the clinics where nursing students practice. The aim of this study was to determine the experiences of senior nursing students practicing in internal medicine clinics (IMCs). **Material and Methods:** In this study, phenomenology, a qualitative research design, was used. The study was conducted with 18 nursing students in the nursing department of a state university in Turkey. Three focus group interviews were conducted during the data collection process. Data were collected through a questionnaire that included demographic characteristics of the students and a semi-structured questionnaire developed by the researchers. **Results:** Three themes were identified in the data analysis: (1) definitions of internal medicine clinics, (2) the benefits of practicing in internal medicine clinics for their professional development, and (3) the difficulties of practicing in internal medicine clinics. Most students described internal medicine clinics as care-oriented clinics with complex patients in need of care, especially for elderly patients with comorbidities and specific etiologies. Students stated that working in internal medicine clinics provided them with skills related to care practices and professional competence after graduation. However, students also stated that they may sometimes have difficulty in cooperating with the healthcare team during care. **Conclusions:** A positive learning environment is important for the development of student performance skills, individual learning motivation and the professional socialization process. Academics should recognize the impact of the clinical structure and the behavior of health professionals on students and plan clinical interventions accordingly to ensure that students have positive clinical experiences.

ÖZ

Giriş ve Amaç: İç hastalıkları klinikleri, hemşirelik öğrencilerinin uygulama yaptıkları kliniklerden biridir. Bu çalışmanın amacı iç hastalıkları kliniklerinde uygulama yapan son sınıf hemşirelik öğrencilerinin deneyimlerini belirlemesidir. **Materyal ve Metot:** Bu çalışmada nitel bir araştırma deseni olan fenomenoloji kullanılmıştır. Araştırma, Türkiye'de bir devlet üniversitesinin hemşirelik bölümünde öğrenim gören 18 hemşirelik öğrencisi ile yapılmıştır. Verilerin toplanması sürecinde üç odak grup görüşmesi yapılmıştır. Veriler, öğrencilerin demografik özelliklerini içeren soru formu ve araştırmacılar tarafından geliştirilen yarı yapılandırılmış soru formu aracılığı ile toplanmıştır. **Bulgular:** Araştırmada veri analizinde üç tema belirlenmiştir: (1) iç hastalıkları kliniklerine ilişkin tanımlamalar, (2) iç hastalıkları kliniklerinde uygulama yapmanın mesleki gelişimlerine sağladığı yararlar ve (3) iç hastalıkları kliniklerinde uygulama yapmanın güçlükleridir. Çoğu öğrenci, iç hastalıkları kliniklerini bakıma muhtaç karmaşık hastaların olduğu, özellikle komorbiditeleri ve spesifik etiyolojileri olan yaşlı hastalar için bakım odaklı klinikler olarak tanımlamıştır. Öğrenciler iç hastalıkları kliniklerinde çalışmanın kendilerine bakım uygulamalarına ilişkin beceriler ve mezuniyet sonrası mesleki yeterlilik kazandırdığını belirtmişlerdir. Bununla birlikte öğrenciler, bakım sırasında sağlık ekibiyle işbirliği yapma konusunda zaman zaman güçlük yaşayabildiklerini de ifade etmişlerdir. **Sonuç:** Öğrenci performans becerilerinin geliştirilmesi, bireysel öğrenme motivasyonu ve profesyonel sosyalleşme süreci için olumlu bir öğrenme ortamı önemlidir. Bu nedenle akademisyenler, klinik yapının ve sağlık profesyonellerinin davranışlarının öğrenciler üzerindeki etkisini tanımalı ve öğrencilerin olumlu klinik deneyimler yaşamasını sağlamak için klinik müdahaleleri buna göre planlamalıdır.

Key Words:
Experience, Internal medicine clinic, Nursing student, Qualitative

Anahtar Kelimeler:
Deneyim, İç hastalıkları kliniği, Hemşirelik öğrencisi, Kalitatif

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INTRODUCTION

The heart of professional education in nursing is clinical practice. One of the most basic features of nursing is that it requires a close relationship between theory and clinical practice (Farzi et al., 2018). Clinical interventions in nursing education are of paramount importance for students to put theory into practice and improve their professional skills. Clinical learning is a process

in which nursing students collect and synthesize data about patients' conditions, plan appropriate nursing interventions, and evaluate patient outcomes. In addition, this process is an important opportunity as students apply the knowledge and skills they learned in the classroom in the clinic. The fourth-year applied nursing course (ANC), aka internship or nursing vocational course, helps students develop a professional

identity in clinics, adapt to the profession and have a positive professional image, collaborate with the team, participate in medicine practices, communicate with patients and their families. It allows them to participate in maintenance practices and to have an idea about the institutional climate (Erenel et al., 2008). Nursing students have work experience in many clinics within the scope of the ANC. The choice of clinic and work motivation in the future depend on the positive/negative experiences that senior nursing students have in clinics within the scope of the ANC. Internal medicine clinics (IMCs) are one type of clinic where nursing students do internship (Dönmez & Kapucu, 2018; Dönmez & Weller, 2019). Nursing interventions in IMCs are of paramount significance because most IMCs patients are chronic patients who are in need of long-term care and face care-related challenges. IMCs need nurses who provide patients with high-quality, consistent, and safe care and help them develop positive perceptions (Carpentier et al., 2017; Çuvalci & Hindistan, 2018). Therefore, IMCs need highly motivated and professional nurses. Nurses with positive IMC experiences and ability to cope with negative ones are more likely to meet those needs. In this way, preventable problems can be identified before they occur, and it is made sure that students are satisfied with the clinical interventions they perform. In addition, in order to increase the quality of clinical education, it is important to evaluate the situation frequently, to recognize the strengths, to improve the weaknesses, and to get the opinions of clinical educators and students as the real owners of education on this subject (Farzi et al., 2018).

In clinical practices, students are expected to be able to define the clinical picture of the patient, identify current and potential problems, plan, implement and evaluate the determined problems, make decisions, produce solutions to the problems of the patient in cooperation with the team, and integrate the theoretical knowledge gained in the academic environment into practice (Karadağ et al., 2013). Education is a concept that includes many components. Examples of these components are students, instructors, resources and facilities, hospital staff, educational materials, and clinical settings. As stakeholders, students have a better understanding of the educational services due to their direct interaction with the clinical environment about the quality of education in the clinical setting and the problems of clinical education. Students' experiences in this environment will lead to a better understanding of the conditions prevailing at the clinical environment and thus a better understanding of the factors affecting clinical education (Bazrafkan & Kalyani, 2018). The aim of this qualitative study was to determine senior nursing students' experiences in IMCs. This study employed

phenomenology, which is a qualitative research design.

The following research questions were developed:

Q1: What does internal medicine clinics mean for nursing students?

Q2: According to nursing students, what does an internal medicine nurse do?

Q3: What are the positive/negative opinions of nursing students about internal medicine clinics?

MATERIALS AND METHODS

Study Design

In the study, a phenomenological approach was used to conduct focus group interviews on students' experiences. The phenomenological approach provides a perspective on emotions, thoughts and behaviors (Schneider et al., 2014). While it does not offer causal explanations or theories, phenomenology provides an account of the experience of "being in the world" for a person (Schneider et al., 2014). The most important feature of the phenomenological approach is the researcher's interpretation of the meaning of lived experiences. In this study, a descriptive phenomenological method was used. The study was conducted at the nursing department of a public university in Turkey. COREQ-Consolidated Criteria for Reporting Qualitative Research was used in the structuring and reporting phase of the qualitative study.

Sample

In qualitative research, there is no set rule for sample size, which therefore depends on diversity and the amount of data. There is no minimum or maximum value in the number of participants. Sample size is generally based on data saturation, which means that data collection is terminated when more data does not add any new information or insight (Erdoğan, 2014). In other words, before the data collection phase, the qualitative researcher often cannot determine the number of participants he will need. Indeed, the researcher continues to collect data until he reaches the point where he cannot find any new material to add to his analysis. This is called the saturation point of the data and indicates the completion of data collection (Tekindal & Uguz Arsu, 2020).

In this study, the sample consisted of 18 senior nursing students doing internship in IMCs. At the university where the sample was selected, the curriculum of senior nursing students includes "Nursing Vocational Courses Practice I" and "Nursing Vocational Courses Practice II" courses. The intern program at this school

aims to reinforce the knowledge, skills and attitudes gained during the three-year nursing education in a real-life environment in order for the student to provide professional and safe care services. Throughout the internship program, students practice in clinical areas such as internal medicine, surgery, pediatrics, gynecology and mental health. It is thought that senior nursing students will be able to work with various clinics and patient groups starting from their first year and thus be able to reflect their views on the strengths and weaknesses of internal medicine clinics more objectively. In addition, the opinions of senior nursing students who are in pre-graduation positions about working in professional life, especially with patients who need chronic and complex care, are also important. Three focus group interviews were conducted with six participants in each group. It is important to obtain in-depth information from each participant in the phenomenological approach. Focus group interviews are one of the qualitative research methods used to gather information. It is also one of the most systematic data collection methods. In focus group interviews, 6-8 people with the same demographic characteristics come together with a moderator and the research topic is discussed in a group setting. However, there are different views on how many people the group size should be in focus group discussions. There is no strict rule about how many people the group should consist of and how many times. It is the researchers who will make this decision in relation to what and how much they want to hear. However, some points should be considered. In focus group interviews, group size is significantly related to the research questions, type of focus group and structure of the interview. In this sense, the number of participants is also related to how much control the researcher can keep the interview under (Nyumba et al., 2018; Şahsuvaroğlu & Ekşi, 2013; Ekiz, 2003). According to Edmunds (2000), having more than 10 people in the group may reduce the dynamics of the group, the interaction between the participants may lose its effect and the control of the group may become more difficult. It is possible to summarize some of the positive aspects of focus group discussions as follows: Rich information can be gathered to answer the research questions thanks to focus group interviews, in focus group discussion, group members interact and are influenced by each other, an idea expressed by one person can be developed by another and thus detailed information can be obtained, focus group discussions can provide a rich perspective or broad perspective on many issues and make it easier to see the big picture (Nyumba et al., 2018; Kruger, 1994; Krueger & Casey, 2000). For all these reasons, our study was planned as a focus group interview. The criteria of students' willingness to participate in the study

and clinical practice in internal medicine clinics were also taken into account, and the groups were formed of 6 people, taking into account the common opinion of the researchers and the literature in order to ensure group dynamics and interaction (Nyumba et al., 2018; Şahsuvaroğlu & Ekşi, 2013; Ekiz, 2003; Kruger, 1994; Krueger & Casey, 2000).

Instruments

Data were collected using a demographic characteristics form, and a semi-structured questionnaire developed by the researchers based on literature review and experience. The demographic characteristics form consisted of items on age, gender, and IMCs. While preparing the questions in the interview guide, the experiences of the researchers in the relevant field and the data obtained as a result of the literature review were used (Alharbi & Alhosis, 2019; Baraz et al., 2015; Bazrafkan & Najafi Kalyani, 2018; Dönmez & Kapucu, 2018, Enç et al., 2019). The semi-structured questionnaire consisted of open-ended questions about participants' views on internal medicine clinics, the professional benefits and difficulties of practicing in internal medicine clinics. The questions asked in the focus group interviews are as follows:

- Please introduce yourself briefly to us.
- If you want to tell someone about the internal medicine clinic, how would you describe it?
- Can you tell me about the benefits of doing clinical practice in internal medicine clinics for your professional development?
- Can you tell me about the difficulties of doing clinical practice in internal medicine clinics?
- Is there anything additional you want to say on this subject?

In addition to these questions, probing questions were used to complete the data: Why do you think this is the case?, What do you think would happen if...?, What sort of impact do you think...?, How did you decide...?, How did you determine...?, What is the connection between... and...?, How did it affect you?, Then what?. The researcher repeated what the participant had said to encourage him to elaborate. Moreover, the researcher guided the participant with sentences such as "Yes, I understand, continue", "Tell me more".

Data Collection

Data were collected in a private room by three authors in September 2019. Participants were recruited using purposive sampling. They were contacted by moderators one day before and on the day of the interviews and

were informed about the study. The interviews were conducted by a moderator and a reporter in quiet and well-lit classrooms where participants would feel comfortable expressing themselves. During the interviews, participants sat anywhere they wanted and put a number card on their chest according to the seating arrangement. During the interviews, attention was paid to ensure that the environment was quiet, well-lit and comfortable enough for individuals to express themselves easily. Interviews and analyzes were conducted by researchers with previous qualitative research experience and training by attending a qualitative research course. It was stated to the participants before the interview that audio recording would be made during the interviews. Informed consent was obtained from the students who agreed to participate in the study. A separate focus group was conducted for each group to allow freedom of expression. Each of the focus group discussions lasted approximately 1 hour. The researcher refrained from using judgmental, condoning and negative statements and attitudes during the interviews.

Statistical Analysis

The data obtained in this study were examined by the phenomenological analysis method. Phenomenological analysis allows to understand and clarify the meaning, structure and essence of the experience of a person or a group of people about a phenomenon (Patton, 2014). The aim here is to try to understand their individual meaning structures and intentions by looking at them from the perspectives of individual people (Mayring, 2011). Phenomenological analysis has certain steps.

These are (Patton, 2014);

1. Epoche (getting rid of prejudices): It is the researcher's personal point of view or clarification of prejudices in order to see the experience as it is.
2. Phenomenological reduction (bracketing): The definition of the phenomenon is made in terms of identifying the key expressions of the participants that directly connect with the mentioned phenomenon, interpreting their meanings, and basic and recurring features.
3. Creative diversity: The themes that do not change in the data are determined and developed and expanded versions of these themes are created.
4. Texture synthesis: A textural synthesis of each theme, that is, a description of the experience that does not include that experience, is made.
5. Structure synthesis: A structural description of the entire participant group studied as a whole, including the essence of their experience, is made.
6. Integration: Finally, composite textual and structural descriptions are integrated that reveal the meanings and essence of the experience.

In the research, the interviews were coded as N1-1, N2-1, N3-1 ... with the help of abbreviations such as nurse 1-1. Voice recordings were documented immediately after the interview. It took 1hr to 1.5hr to transcribe each interview. The researchers turned the data into themes and subthemes (Table 1). Demographic characteristics were analyzed using numbers and percentages.

Table 1. Subthemes and Themes

Subtheme	Theme
Diseases and treatments	Students' description of an internal medicine clinic
Symptoms and complications	
Clinical interventions	
Clinic and patient characteristics	
Skills developing after nursing interventions	Students' views on the benefits of practicing in internal medicine clinics for their professional development
Professional competence	
Emotions during clinical intervention	Students' views on the difficulties of practicing in internal medicine clinics
Patient care difficulties	
Team related difficulties	

Rigor and Trustworthiness

Initially, the three researchers independently reviewed the transcript to identify the preliminary themes. Peer discussions were conducted to compare themes extracted from the individual analysis. Discrepancies in the themes were discussed until consensus was reached. Three members of the research team were working at different universities. The diversity of the researchers' universities might have helped minimize bias in the analysis and interpretation of the data. To enhance credibility, study findings were presented to the participants to allow them to correct, clarify, or add to the study findings. The participants confirmed that the findings were consistent with their experiences. Indeed, peer check was performed by two expert supervisors of nursing. They also supervised the process of interviewing, coding and categorisation.

Ethical Considerations

Ethics committee approval was received for this study from the ethics committee of Gazi University (No: E.99247, Date: 09.08.2019). Written permission was obtained from the hospital management. All participants were informed about the purpose, procedure, and confidentiality of the study, and those who agreed to participate signed a voluntary informed consent form prior to participation. The study was conducted according to the ethical principles outlined by the World Medical Association's Declaration of Helsinki.

RESULTS

The mean age of participants was 22 years. Two-thirds of participants were female. All participants had performed clinical interventions in IMCs within the scope of vocational courses they had taken before. They had done internship in neurology, infection, oncology, gastroenterology, cardiology, endocrinology and nephrology clinics, and in internal medicine intensive care units.

The data were analyzed under three themes: (1) definitions of internal medicine clinics, (2) the benefits of practicing in internal medicine clinics for their professional development, and (3) the difficulties of practicing in internal medicine clinics (Table 1). In addition, more examples of direct quotations from the participant are in Table 2.

Theme 1. Students' definitions of internal medicine clinics

Most students described IMCs as care-focused clinics for patients, especially elderly patients, with comorbidities and specific etiologies. The following are direct quotations from participants:

"I was in the internal medicine intensive care unit. We mostly had bedridden patients who were in need of care and receiving it all the time. I mostly dealt with oral care, perineal care etc. like, mostly the tasks that nurses have to perform. It was more like a care-focused clinic, that's how I can describe it" (N2-4)

"IMCs are clinics where theoretical knowledge is needed most. We should know our patients' condition. We should know their care needs. We should know their complications. We should know which ones to follow up, I mean, we should know everything better, so IMCs can teach us a lot about nursing care" (N3-4)

"IMCs are clinics which combine theory and practice. They also promote student-patient relationship" (N3-6)

Students described IMCs as busy clinics where nurses adopt a care-focused approach and provide constant care to patients with chronic diseases.

Theme 2. Students' views on the benefits of practicing in internal medicine clinics for their professional development

Students stated that practicing in internal medicine clinics provided them with skills related to care practices and postgraduate professional competence. They noted that they learned how to provide oral, perineal, diabetic foot, and stoma care, perform aspiration and invasive interventions, and give sponge and bed baths and injections. As for professional competence, they remarked that IMC nursing interventions helped them develop professionalism and self-confidence, combine theory and practice, and analyze and communicate better, and adopt a teamwork mindset. The following are direct quotations from participants:

"Let me tell you about the kind of care provided in the internal medicine intensive care unit; for example, oral care, perineal care, giving bed baths. I also gave bed baths, so I had a chance to practice some interventions rather than just watching others do them. I also provided oral care...I did not provide perineal care but we observed it, but I also did some wiping and cleaning...I mean, I was able to practice some stuff. We did more than just watching to learn how to do some things" (N1-4)

"Well, what we did was, I mean, we mostly did drug administration under the supervision of nurses, but what we mostly did was that we mostly focused on why such and such drug was being administered and what kind of side-effects it might have and whatnot. We did some research on diseases as well, I mean, the what and why of them etc....For example, there were a lot of patients with chronic renal failure in the endocrinology department, so the underlying cause of it was mostly hypertension, so I mean, diabetes, that kind of stuff.

Table 2. Direct quotations from participants

Themes	Quotations
Students' description of an internal medicine clinic	"Patients with chronic diseases who got worse showed up at the clinic for treatment or hospitalization, I mean, we treated them and then discharged them when they recovered" (N1-1).
	"I was in the endocrinology department, so we mostly had patients with chronic diseases. Well...(thinking), we had some patients who suffered failures because of chronic diseases, like chronic renal failure. Apart from that, those patients need continuous follow-up. It's not only that, I mean, patients with internal diseases are supposed to be followed up in general anyway... We had a lot of them in our clinic...I mean, those with diabetes or high blood pressure or fever. That's how I... (N1-5)"
	"I guess, the internal medicine unit was very busy. I mean, we always had patients to care for and were always in contact with them, so I can describe the IMC as a busy place..." (N3-1)
Students' views on the benefits of practicing in internal medicine clinics for their professional development	"It contributed a great deal; the patients came up to me and asked me questions, like I was part of the team. That's when I felt like a nurse. I checked on patients with the nurses, and I was in charge of following up some of them. So, like, the nurses were very friendly and made me feel like a colleague. It was very productive, so I'm really glad that I did it" (N3-3)
	"I was in the intensive care unit, and I also believe that it contributed a great deal, in terms of practice; I mean, I've learned that being a nurse is not only about getting the medication ready and administering it, but is also about providing care. Patients are completely dependent and they need our care, like they said, it could be providing oral care or giving bed baths, it doesn't matter. I took part in those interventions, too. So, I can say that I've learned how to provide care. It's not only giving a drug and waiting for the patient to recover. Internal medicine is more like, how shall I put it, well, I've felt like we have much more responsibility in the intensive care unit. I think that it contributed a great deal, in terms of practice, so that's how it went..." (N3-5)
	"We didn't do anything in practice, they wouldn't even let us prepare medication. We were just by-standers. They were mostly prescribing tablets, so we didn't get to do much, but we learned about diseases...that's how it went" (N1-2)
	"The greatest advantage of the internship in the IMC was that I had a chance to practice, and findings, methods, treatments, and putting them into practice was very good. Our manual skills and confidence improved. I felt like I was a valuable part of the team" (N3-6)
	"... We had a chance to go over what we already know in theory and put it into practice in the clinic. It also allowed us to develop a relationship with patients" (N1-5)
	"... We performed interventions together with the nurses there, so the thing is, though, I'm not a graduate yet, I believe that I can perform interventions when I encounter such patients in my professional life. So, it's nice in that sense (N3-3)
"There are different kinds of patients in IMCs, which provides us with professional experience in different areas" (N3-4)	

Table 2. (Devam) Direct quotations from participants

Themes	Quotations
	<p>“Well...the teacher in the intensive care unit, like, we were just new there, you know, like, it was our second week, but, like, you know, I feel like, but we had some problems, for example, some patients secreted a lot. I had a patient who needed aspiration a lot. So, for example, we helped the nurses with aspiration or just watched them do it, but I felt bad about my patient's reaction, I mean, I just couldn't look at it most of the time. I mean, that's the kind of problems that I had because patients are completely dependent on you, you have to deal with all those things, you see your patients in any kind of situation, good or bad, so I feel like it's a bit hard on me” (N1-4)</p>
	<p>“...Yes, actually we are responsible for measuring vital signs, and we have some patients that should be closely monitored, but we didn't know anything, I mean, it was our first time, and we received no orientation whatsoever. I mean, for example, patients were asking for kidney dishes, but we just didn't know where they were being kept, like, we just couldn't find where they were, or we didn't know where the cotton was being kept. I had to go to the treatment room and checked the cupboards myself to find the medications and to figure out how things worked there” (N2-2)</p>
	<p>“We had some isolated patients and patients with infections. We had to stop the spread of the infection. We had to be very careful, I mean, the gloves and scrubs and whatnot. Well, I kept thinking about it all the time. I mean, when I was approaching and touching things, I was very nervous, so I had a hard time with that” (N2-4)</p>
Students' views on the difficulties of practicing in internal medicine clinics	<p>“The patients were wasting our time, I mean, it wasn't like there were too many of them, but I mean the workload. Another thing was that our patients had too many complications, like patients with cachexia or those who can't meet their own needs. We were nervous as to how to approach those patients, which was another disadvantage” (N2-6)</p>
	<p>“There were too many patients, and it was taking too long to take the vital signs. So we ended up missing the treatment before we were done with it. But, treatment is important to us, and we fell behind in it. Another thing was that we couldn't use the nurse room, I mean, it's our job, but they just wouldn't let us in, so we wouldn't have a rest and ended up being exhausted. We felt worthless” (N3-1)</p>
	<p>“There is a communication problem in general. Speaking of medications, I also want to say something, it's mostly patients with internal diseases who use high-risk drugs, so we have to be extra careful, which makes us nervous” (N3-4)</p>
	<p>“...like, that I can't do it. I mean, I told them, like, I haven't really observed that kind of thing before and I just don't have the guts to do it. I said, “Why don't you show me how to do it?,” “let's do it together.” But she gave me a hard time, and she was like “You should have watched and learned how to do this by now,” or like “you can do it, c'mon!,” like that kind of attitude. And I told the nurses the same things, that I can't take that kind of responsibility, that I didn't know much about how to do it, but that if you are taking the responsibility and asking me to do it, then it's on you, not on me; they said, “Alright then, you don't have to do it, then sit down!” They treated me like I was neglecting my duties, but it was nothing like that. This is the kind of stuff that bothers me” (N3-6)</p>

Most of them were receiving hemodialysis anyway. For example, there was this patient receiving hemodialysis due to diabetic nephropathy. I mean, we did more about the underlying causes than performing interventions, like understanding the logic of it" (N2-1)

"The internship in the IMC was one of the best things that I did in terms of practice. We had the chance to perform both injections and interventions, like stoma care, diabetic foot care, body care etc. It was one of the clinics where I had a chance to put almost all interventions that I learned into practice" (N2-3)

Students believed that their experiences in IMCs made them feel like they were a part of the healthcare team, allowed them to put theory into practice, and helped them develop clinical skills to evaluate diseases better.

Theme 3. Students' views on the difficulties of practicing in internal medicine clinics

Students stated that they sometimes had difficulty collaborating with the health care team during care. Participants also had some negative feelings about the challenges of care and the healthcare team. The following are direct quotations from participants:

"We went there and introduced ourselves, but there was not much going on to adapt us to the clinic or to familiarize us with it. It was only a couple of weeks later that a nurse showed us around. I can say we were able to adapt this week actually...I mean the least they could have done was to show us where the medications or the sponges or patches were being kept, because, you know, we are there to help, but they ask for something, and we are supposed to go get it, but we don't know where it is, so it's a hurdle" (N1-6)

"...Go take the vital signs... but they're already gone before we can finish it. We could only make it to the end of the treatment, I mean, they were calling us, but they wouldn't tell us which medication they were giving. I mean, they could've said it, like, this is antibiotics etc. It was only the head nurse calling us to watch her establishing a vascular access; she said, "Girls come check it." Other than that, we couldn't do much (N2-5)

"I also want to talk about something that happened to me. We were not informed about the clinic and the patients. You know, there was this thing, we went in and checked the patients' files to find out about their condition. But there were some infected patients, and we were not, like, before I asked the nurse, for example, I told the nurse that we were going to go get blood from the patient, and I had to ask the nurse whether the patient was infected or not. One patient had hepatitis. She said one patient might have HIV. But, these are not small details to overlook. I would have done something

wrong, if I didn't know about their condition. And since then, I'd always been nervous about the whole thing, and I kept reminding myself that I should take my own precautions" (N3-3)

"I missed out on most of the treatments, I can even say that I didn't do anything in the treatments. On top of that, the head nurse always treated us like we were worthless. She was making a big deal out of small things and giving us a hard time all the time, like, "why don't you have your scrub on?" or "why do you have a jacket on your scrub?" etc. she didn't say goodbye, she didn't ask how we were doing or if we needed anything or if we got tired and needed some rest, or she didn't offer us the nurse room, I mean, not even once. So I felt worthless in the clinic (N3-5)

Students stated that they missed out on treatments because they had to take vital signs all the time and were exhausted most of the time, that IMCs did not provide an orientation and did not make them feel like they were part of the healthcare team, and that other healthcare members treated them like they were worthless. The greatest challenges that participants faced were that IMCs did not offer an orientation, did not make them feel like they were part of the healthcare team, and did not provide them with the opportunity to provide care under the supervision of mentor nurses.

Students' solutions to these problems were promoting collaboration between nurses and students, encouraging nurses to serve as mentors, dividing patients among students and allowing them to follow them up, providing orientation to the clinic on the first day of internship, and designating spaces for them to rest between activities while on duty.

DISCUSSION

Nursing education aims to train nurses with the correct knowledge, attitude and skills. Clinical internships play an important role in providing students with the opportunity to apply knowledge acquired at university in a practical setting and preparing them to enter the nursing profession (Xie et al., 2023). There are many studies on nursing students' experiences of clinical interventions. Those studies usually focus on students' first clinical experiences or experiences varying from clinic to clinic (Aydın Dikmen et al., 2017; Rafati et al., 2017; Demir & Ercan, 2018; Sun et al., 2016). There are, however, very few studies on senior nursing students' experiences of a practice involving all vocational courses, which is also referred to as an activity for internship/vocational courses. The choice of clinic and work motivation in the future depend on the positive/negative experiences senior nursing students have in IMCs (Alharbi & Alhosis, 2019).

Students consider IMCs to be complex and IMC patients to be patients with multiple care needs. Research shows that IMCs are, in general, regarded as units with patients with low quality of life and patients who need constant care due to chronic diseases (Carpentier et al., 2017; Clavelle et al., 2013; Fesci et al., 2008). Our results are consistent with the literature (Dönmez & Kapucu, 2018; Enç et al., 2019; Sözeri et al., 2016).

Our participants think that performing clinical interventions in IMCs contributes to their professional development. Students can develop professional skills only by identifying the factors affecting clinical learning, by defining the psychosocial characteristics of a healthy learning environment, and by recognizing that professional vision can only be achieved by overcoming these obstacles (Alharbi & Alhosis, 2019; Baraz et al., 2015). The quality of the learning environment for undergraduate nursing students globally is known to influence student learning behaviors and attainment of competency (Ramsbotham et al., 2019). The results show that participants' IMC experiences depend on clinical nurses' attitudes. Nurses are role models for students and play a key role in clinical interventions. Moreover, collaboration between universities and clinics fosters learning and positively influences the clinical experience of nursing students (Alharbi & Alhosis, 2019; Lapeña-Moñux et al., 2016). In a study, the five most common facilitators in students' learning in the clinical environment are; Positive interaction with the nurse leader and ward staff, willingness of clinical teachers (faculty) and instructors to support student learning, opportunities to participate in practice, adequate facilities and equipment, and cooperation with patients and their families (Ramsbotham et al., 2019).

Vizcaya-Moreno et al. (2018) reported that clinical learning is not tailored for nurses and that nursing students' clinical experiences depend on the attitudes of the clinical nurse team and academics responsible for the clinic. In addition, feelings of anxiety, fragility and being "temporary workers" are common among nursing students. Our participants also think that they take too much responsibility and are sometimes assigned technical tasks. Many authors (Doyle et al., 2017; Ford et al., 2016; Pitkanen et al., 2018) agree that learning outcomes are influenced by the quality of student/staff relationships, how students interact with patients, and how practice opportunities are evaluated. Additionally, students' feelings of belonging and involvement in the healthcare team interact with students' motivation to seek learning experiences, feedback on practice, and overall feelings of support and satisfaction with the learning environment. In a study, the obstacles to students' learning in a clinical environment are as

follows; Unfriendly, uncaring or negative interactions with ward staff, Heavy workload, overcrowding and work pressure, Uncooperative patients and family, Poor opportunity to practice skills taught, Inadequate facilities (incomplete, broken or outdated). (Ramsbotham et al., 2019).

In European Union countries, nursing education programs last three years (180 credits) and clinical practice training of these programs constitutes at least 50% of the time. Clinical practicums must be completed in healthcare institutions and students must be mentored by a registered nurse. During the clinical practice period, the student gains practical competence, is taught how to connect theory to practice, becomes familiar with the social culture of the profession, learns how to work and lead a team, and becomes adept at organizing general nursing care (Tuomikoski et al., 2020). Nursing students' perceptions of the clinical environment affect learning and proficiency. Additionally, evaluating clinical experiences also helps identify potential areas of disruption in nursing students' transfer of learning.

CONCLUSION

Nursing students perform clinical interventions in IMCs. A positive learning environment is important for the development of effective student performance skills, motivation for individual learning, and a successful professional socialization process. Professional and supportive relationships are key factors that create a positive environment. However, due to the positive learning environment's effect on the learning-teaching process, it has a special importance to improve the quality of clinical learning. The results show that clinical settings and patient profiles in IMCs make contributions to students' professional development. However, the behaviors of clinical staff and patient care difficulties can cause positive/negative attitudes and discomfort in students. We believe that clinical nurses and academics should cooperate to evaluate nursing students' clinical experiences and intervention plans in order to improve their IMC experiences.

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