

Recommendations to Problems and Solutions Between Pediatric Clinic Nurses and Nursing Students Practicing in The Same Pediatric Clinic: Qualitative Study*

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ABSTRACT

Aim: In this study, it was aimed to determine opinions and solution recommendations of nurses working in pediatric clinics for problems they experience with nursing students in practice.

Materials and Methods: This is a qualitative descriptive study. Individual and audiotaped interviews were conducted with twelve pediatric nurses. Data were acquired via semi-structured interviews and voice recordings. Transcribed semi-structured interviews were qualitatively analyzed.

Results: Four principal themes emerged from the study: professionalism, role model status, malpractice possibility, and communication.

Conclusion: The problems that nurses experience with student nurses in practice considerably affect the clinical training dimension of the nursing profession. In the problems determined in clinical education; New studies are needed to qualitatively analyze the problems that lead to gaps between clinical practice and education.

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Çocuk Kliniklerinde Çalışan Hemşirelerin, Öğrenci Hemşirelerle Uygulamada Yaşadıkları Sorunlar Üzerine Görüşleri ve Çözüm Önerileri, Kalitatif Çalışma

Makale Bilgileri	ÖZ
Makale Geçmişi Geliş: 18.11.2019 Kabul: 10.12.2019 Yayın: 26.12.2019	Giriş: Hemşirelik eğitimi, öğrencilere hemşirelik mesleğinin gerektirdiği özellikleri kazandırmayı amaçlayan, kuramsal bilgi, laboratuvar ve klinik uygulamalara ilişkin eğitimleri içermektedir. Klinik eğitim, öğrenciye, kuramsal bilgisini uygulamaya koyma; mesleki kimlik kazanma ve yaparak öğrenme fırsatı vermektedir. Amaç: Bu araştırma, çocuk kliniklerinde çalışan hemşirelerin, uygulamada öğrenci hemşirelerle yaşadıkları sorunlar üzerine görüşleri ve çözüm önerilerinin belirlenmesi amaçlandı. Yöntem: Araştırma kalitatif yöntem kullanılarak tanımlayıcı olarak yapıldı. Araştırmada veriler odak grup görüşmesi yapılarak toplandı. Çalışma grubunu araştırmaya gönüllü olarak katılmayı kabul eden 12 hemşireden oluştu. Verilerin toplanmasında yarı yapılandırılmış görüşme formu ve ses kayıt cihazı kullanıldı. Verilerin analizinde nitel araştırmalarda veri analizi yöntemi olan içerik analizi tekniği kullanılmıştır. Bulgular: Araştırmada dört ana tema belirlenmiştir: profesyonellik, rol model olma, malpraktis olasılığı ve iletişim. Sonuç: Hemşirelerin öğrenci hemşirelerle pratikte yaşadıkları sorunlar, hemşirelik mesleğinin klinik eğitim boyutunu büyük ölçüde etkilemektedir. Klinik eğitimde belirlenen problemlerde; Klinik uygulama ile eğitim arasındaki boşluklara yol açan sorunları niteliksel olarak analiz etmek için yeni çalışmalara ihtiyaç vardır.
Anahtar kelimeler: Öğrenci Hemşire, Pediatri Hemşiresi, Klinik Uygulama, Nitel Çalışma.	

INTRODUCTION

Nursing education includes training that helps students acquire the qualities required by the nursing profession pertaining to theoretical information and laboratory and clinical practices (Aşti&Karadağ, 2012). Theoretical knowledge creates a scientific knowledge base related to nursing, and it is aimed that students use the information learned in the classroom in clinical practice. In this scope, clinical education provides students the chance to put their theoretical knowledge into practice, acquire a professional identity, and learn by experience (Akyüz, Tosun, Yıldız & Kılıç, 2007).

Instructors and experts in the field are role models for students during clinical education. Role models are a significant element that affect a student's development (Eskimez, Alparslan, Öztunç & Torun, 2005). A good role model, besides having adequate clinical knowledge and skills, should have the quality to allow for student's individual development with strong communication and learning skills (Henderson, Cooke, Creedy & Walker, 2012). Along with forming effective communication between the school and clinic, and cooperating on education objectives, the clinical training nurse's knowledge and competency with regards this cooperation are supplementary elements of providing a role model in clinical education (Akyüz et al, 2007, Ousey&Gallagher, 2010).

Although the contribution of clinical practice in the education of student nurses has been emphasized in the results of many studies, various problems experienced during clinical training negatively affect students' learning (Aydın&Argun, 2010, Shahsavari, Parsa Yekta, Houser

&Ghiyasvandian, 2013). In a study conducted by Aydın & Argun (2010), it was reported that students did not have a chance to work in peace and enjoy hospital practices, to put the information they learned in theoretical classes into practice, and that they were frequently given responsibilities in clinics outside of nursing practice (e.g., delivering blood samples, documents).

In a study where positive and negative role development was analyzed in students in pediatrics nursing class practice, Chen (2010) stated that communication of clinical nurses and their approach in patient care was affective in students' obtaining a professional role. In a study that was conducted to evaluate medication errors in pediatrics practice, it was found that the communication with clinical instructors was effective on the level of anxiety and medication errors in students during practice (Lin, Lin & Lee, 2014).

Considering our country, Turkey, although there are very few qualitative studies aimed at discovering the causes of problems between students and clinical nurses in clinical practice, there are a limited number of studies on the nature of limitations concerning the effect on clinical nurses' emotions as a result of working with students (Elçigil & Yıldırım Sarı, 2014).

In Pittsburgh Pediatrics Hospital, a system was created based on the cooperation of the school and hospital in an attempt to allow students and clinical nurses to have positive experiences in pediatrics practice, after which students who received pediatrics class practice were positively affected (Bagay, 2014). There is a need for more qualitative studies to explore the perspectives of preceptors/mentors with a particular focus on barriers and facilitators to support students in clinical practice. It is of significance that qualitative and quantitative studies are periodically conducted and solutions are created in line with the results for there are many variables that affect the clinical practices of student nurses. Accordingly, it will be possible to raise nurses who can practice nursing in line with professional values (Carthya et al, 2018)..

This study was conducted in an attempt to determine the opinions and solutions of nurses working in pediatric clinics on problems they experience with student nurses in practice. It was thought that the data obtained would enable student nurses to be more successful in pediatrics nursing practice.

MATERIALS AND METHODS

This study was designed with a qualitative descriptive research approach because of the subjective nature of clinical experiences. A qualitative descriptive approach was considered ideal when an in-depth description of a phenomenon is desired. Qualitative description is an approach to examine experiences through the views of participants (Erdoğan, 2014).

Sampling

The study group of the research consisted of 12 nurses working in the Pediatric Surgery, Pediatric Clinic, and Pediatric Emergency units of a Training and Research Hospital. Although there is not an exact number for sample size in qualitative studies in the literature (Erdoğan, 2014, Sönmez&Alacapınar, 2013). it was aimed to obtain adequate data through in-depth interviews. The participants were nurses who were mentors of students in the 2014-2015 academic year spring term pediatrics internship, and each volunteered to participate in the study. Mentor nurses are the clinical nurses responsible for the clinical practice of the students. This sample style is called the 'purposeful sampling method.' This method ensures in-depth analysis of situations that

are thought to harbor rich information and is helpful in discovering and explaining facts and events in many cases (Yıldırım&Şimşek, 2013).

Data Collection

Research data were collected through semi-structured face-to-face interviews. Participants were asked to attend one face-to-face interview with a researcher at a time of their choosing in a nursing room. During this process, a semi-structured interview form and voice records were used.

The face-to-face interviews included two questions: the first question was about the nurses' opinions on problems they experienced while working with student nurses. The second question was about the nurses' opinions on solutions for the problems they mentioned.

The data were transcribed and compared by another researcher in order to ensure the reliability of the data. The interview was terminated when data became similar in terms of repetition and no new information was being given. Each participant was interviewed once, took approximately 60 minutes and a voice recorder was used.

Data Analysis

The data obtained from the research were analyzed using iterative processes. Content analysis was used to identify the concepts and relations that might explain the collected data (15,16). Content analysis enables revealing themes and dimensions that are not known and require in-depth data analysis. For this purpose, collected data should be conceptualized first and then arranged logically based on generated concepts and accordingly, themes that explain the data should be determined (Yıldırım&Şimşek, 2013). The data were evaluated by two independent experts; each expert created codes that might come out of each word and sentence. The experts formed a common list of code. After the codes were formed, it was passed to thematic coding and the codes were categorized by the researcher; suitable themes were created. All interview data were encoded and used to make reports.

Ethic

The study was approved by the Ethics Committee of the Faculty of Science Health of Selcuk University (2014/86, 21.11.2014). Official permission was obtained from a hospital in Konya to conduct the study. Verbal consent was obtained from the participants. The names of the participants were kept confidential; participant numbers are used in expressions instead of names.

RESULTS

The average of age the nurses was 27.4 ± 5.2 years. Seven nurses had bachelor's degrees and five were vocational high-school graduates. The mean clinical working experience of nurses was 9.2 ± 3.8 years, all of them were women and all were married.

The first questions were about the nurses' opinions on problems they experienced while working with nursing students.

As an answer for this question we found four themes.

1. Professionalism
2. Being role models
3. Malpractice possibility
4. Communication

Professionalism

Many of the nurses who participated in the research stated that students chose nursing as a profession in line with their families' requests and due to the high chances of employment after graduation. The nurses' opinion about this situation was that it created reluctance against the profession among students and consequently they used cell phones excessively in the clinic, they did not want to take responsibility in patient care, and had problems in adapting to working hours.

"I think the majority of students chose the profession because of family pressure." N1

"I think the perspective of getting a profession in exchange for money arose among the students due to the opening of private schools." N3

"Professional consciousness obtained as a result of parental pressure and in exchange for money causes reluctance against the profession and not adopting it; however, I observe this situation less in undergraduates." N9

"I think the fact that students chose nursing because of concerns for income causes reluctance against the profession." N4

The nurses who participated in the research stated that students could not think critically in-patient care, they could not form cause-and-effect relationships, and therefore examined patients in an integrated way because they did not take responsibility in clinical practices.

"Students do not report problematic vital signs. For instance, high respiration is a normal sign for that particular moment of a baby suffering from pain because of an injection after treatment. Since students cannot evaluate vital signs of patients from a critical point of view, they cannot determine it as a problem when a baby has high respiration in subsequent follow-ups and they do not report this problem to us." N5-N7

"Students do not report problematic signs about vital signs in clinics and this situation creates disruption in patient follow-up and treatment." N1

"Students do not question healthcare practices and cause-effect relations." N12

"The fact that nursing students do not have as many responsibilities as nurses working in the clinic results in boredom and consequently excessive use of cell phones in the clinic." N11

"Students miss many emergency actions and do not meet learning requirements, they are highly reluctant to learn but we observe this situation less in undergraduates." N5

Many of the nurses pointed out that emotional relationship between students and nurses of the opposite sex damaged professionalism in clinical practice and that they thought this situation was an obstacle for clinical training.

"I think student nurses' having emotional relationships with clinic nurses is against professionalism and poses an obstacle for training in the working environment." N3

"I think nurses of opposite sexes in the working environment might affect each other and this is unprofessional behavior." N6

"I think bilateral close relationships prevent workflow and interrupts objective evaluation of students in the clinic and I do not want to witness such things." N2

"I think students' behaving loosely about issues such as their hairstyle, use of jewelry, wearing underwear with mismatching colors tarnishes professional image of nursing." N8

Role Model Status

Nurses expressed that they did not consider themselves adequate for being role models for students and conducting effective training. They stated that there were differences in practice during students' clinic training because they did not use up-to-date information in the clinic and used traditional information more often.

“Students, especially undergraduate students, are equipped with new theoretical information, but there are differences between theory and practice since our knowledge is outdated. For instance, while we use the dorsogluteal area for intramuscular injections, students learn ventrogluteal injections in school. We demand that students perform dorsogluteal injections during practice and this situation causes a discrepancy between theory and practice.” N5

The nurses stated they did not see student nurses as teammates because of their indifference towards the profession and that the students did not follow training requirements. They also expressed that they could not allocate time for clinical training because of intensive working conditions.

“The indifference of students in clinic causes me to act indifferently towards them in clinical training; since we do not completely adopt and follow students, they leave the clinic without permission and do not follow the concept of shift.” N2

“Our working conditions in the clinic are not suitable for training.” N10

“Students act slowly and indifferently in procedures and I am indifferent for the participation of students in procedures because of my time constraints; I choose to practice alone.” N6

Outside of practice aims, the nurses stated that student nurses were used for personal tasks such as buying tea and water from the canteen and this situation prevented them from providing feedback about students’ mistakes in clinical practice and they refrained from expressing negativities to students.

“When we use students who we are close with for our personal tasks, the students can abuse this situation and this might cause problems for student management in clinical training.” N9

“The fact that some of colleagues use students outside of their professional duties and responsibilities causes the development of negative professional consciousness among students.” N12

Malpractice Possibility

The majority of nurses who participated in the research stated that they were highly afraid of student nurses giving a wrong dose or overdose, because the responsibility of patient safety is ultimately given to nurses, which makes them feel more anxiety. The nurses expressed that undergraduate students made fewer mistakes and were more cautious in medication. They also thought that patients might be harmed as a result of not notifying problems in vital signs; this was dealt with within the theme of professionalism.

“Medication is the practice that I am worried about the most while working with nursing students because the legal responsibility is completely on me in case of any problem.” N3

“Students are definitely not blamed for mistakes; the clinical nurse is the only one to blame.” N6

“I am highly afraid of malpractice, but university students are more cautious about this subject and might notice medication errors in requests.” N5

Communication

The nurses who participated in the study stated that student nurses were inadequate in communicating with patients, they learned information concerning the patient from the patient file, and they could not learn changes in the patient on time. The nurses expressed that students made care plans without questioning and observing patient’s nutrition and did not manage patient care in an integrated way.

“Multiple students come for clinical practice; when we ask for the student responsible for a patient, they reply “I am not responsible from that patient” and end the communication.” N7

“Students leave the clinic without informing us and leave their patient without even saying “good night;” I do not want to work with such students the next day.” N8

“Students cannot form effective communication with patients, they collect all the information concerning the patient from the file, they do not form verbal communication with patient and they do not question.” N11

“Students think some information is private for the patient while communicating with patients; they refrain from and are ashamed of asking.” N2

The second question was about the nurses’ opinions on the solution for the problems that they mentioned.

The majority of the nurses stated that the solution for the problems they mentioned would be for instructors to spend more time with students in clinics. They also thought that the instructors’ presence in the clinic would be effective in determining educational needs of students who nurses cannot follow because of intensive work, and in filling the gap between clinical practice and theory.

“I think cooperation of the school and hospital in clinical practice would contribute in keeping us, clinical nurses who stick to traditional practices, informed of up-to-date practices.” N5

“In order to create professional consciousness in students and increase their professionalism, schools and the hospital should work hand in hand in clinics and students should learn this consciousness by experience.” N1

DISCUSSION

It is significant to analyze the problems that nurses who work in pediatrics clinic have with student nurses in nursing class practice and their opinions on solutions in order to canalize nursing education and increase its success.

The nurses emphasized that students developed indifference towards the profession because they chose nursing due to parental pressure and concerns about income, and what this that lay behind the problems that nurses had with student nurses in clinical practice. Although very few studies in the literature support this finding, Eskimez et al, 2005, stated that students’ level of participation in clinical practice showed a difference depending on clinics, although it was not significant, and that students were enthusiastic in general.

The interaction between clinical nurses and students directly affects the quality of education (Elçigil&Yıldırım Sarı, 2011), and it can be affected by various elements such as culture and personality development (Eskimez et al.2005, Pearson, 2009). In the present study, nurses stated that relationships of students with nurses of the opposite sex in clinical practice prevented the creation of an environment required for training. Clinical nurses expressed that when students displayed behaviors that were damaging to professionalism (e.g., hairstyle, make-up), they did not want to work with such students, they could not see them as teammates, and they put up barriers. In the study conducted by Zieber & Hagen (2009), it was pointed out that certain boundaries between nurses and students were necessary; if such boundaries did not exist, chaos and conflict might take place in clinical practice. In another study performed by Shahsavari et al., it was reported that when students’ appearance (hairstyle, uniform) was against professionalism, the interaction required for clinical training became damaged (Shahsavari et al.,2013).

Another dominant theme in our study was that clinical nurses had problems in being better role models for students. Nurses stated that undergraduates in particular were equipped

with new information, but the nurses themselves were continuing with traditional training and were closed to new developments. The nurses referred to this situation as the gap between theory and practice. Previous studies indicated that clinical nurses who did not possess adequate knowledge and skill in clinical training were more indifferent towards students and enjoyed working with students less (Chen, 2010, Henderson et al.,2012, Kostak, Aras&Akarsu, 2012, Shahsavari et al.,2013,). Nurses evaluated their perspectives in clinical practice after mentoring training in a study; showed that the given courses have a positive influence on the opinions of nurses about guide nursing (Sü, Çayır, Özlük, & Geçkil, 2018).

Another problem that the nurses had in terms being a role model was that when nurses assigned tasks to students that were out of practice targets, they refrained from spotting the mistakes students made in practice or they could not provide negative feedback. Studies on the clinical training of nursing students from the perspective of nurses reported that it was necessary to form close relations with students in clinical practice but when this relation went beyond professionalism, it resulted in nurses keeping silent in the event of malpractice (Pearson, 2009, Zieber&Hagen, 2009,). In another study, it was indicated that the level of stress gradually increased for clinical nurses when it was considered that other team members in the clinic, patients, and patients' relatives observed the relation between students and nurses in the clinic (Shahsavari et al.,2013).

The nurses thought that student nurses were highly indifferent towards the profession, that they spent most of their time in the clinic on their cell phones, which interfered with clinical training, and that the main reason for this situation was students' not adopting the profession. From this perspective, it was observed that there were numerous factors affecting the students when choosing a profession and families with medium socioeconomic status directed their children to choose nursing, without them actually adopting it, because of economic concerns (Kıran&Taşkıran, 2015). The fact that students choose nursing because of their concerns for the future causes the development of negative emotions for the profession has previously been reported (Çiftçi et al., 2011).

Another problem that the nurses were concerned about with students in clinical practice was malpractice. Nurses stated that they were highly anxious about students' making mistakes in preparation of medication, and calculation and injection of dose. Previous studies reported that medication was a source of high levels of anxiety in terms of nurses and students (Lin et al.,2014, Konak, Derecioğulları & Kılınç, 2008). Considering the threats of medication errors on patient's lives, the nurses' opinion on malpractice was at an undeniable level. In another study dealing with student nurses' experience on medication, it was reported that the use of guides, discussion of medication errors in classes, development of clinical decision-making, and forming a trust-based relation between students and nurses was necessary (Lin et al.,22014).

The nurses stated that student nurses had limited skills of critical thinking and had problems in clinical decision-making. Critical thinking, problem solving, and communication skills require lifelong learning (Fidancı et al., 2012). In a study comparing critical thinking skills of student nurses and nurses, the critical thinking skills of students were found at average level (Dirimeşe&Dicle, 2012). This problem experienced by clinical nurses is also supported by the literature.

Positive communication between clinical nurses, patients, and students is extremely important for successful clinical training (Lin et al., 2014). Many studies that analyzed the relation between nurses and student nurses in clinical training indicated interpersonal limitations through

lack of communication. However, it was reported that these limitations could change with time and the number of procedures performed by the students was a significant determinant in this change (Zieber&Hagen 2009, Ousey&Gallagher, 2010, Henderson et al.,2012, Bagay, 2014,). The present study found that nurses' positive and negative approaches directly affect nursing students' clinical learning. Students stated that they learned more efficiently and become more motivated when nurses involved them in procedures (Arkan, Ordin &Yılmaz, 2018). In the present study, the nurses stated that the number of students in practice was excessive and the period of practice ended before determining the learning requirements of some of the students.

The nurses emphasized that instructors spending more time in clinical practice and creating better cooperation between the school and hospital were required to solve problems in clinical practice. It was observed that the number of instructors was inadequate in clinical practice in nursing schools at university level in our country and the number of students in practice was excessive. This situation affects student's performance in practice (Kocaman, Arslan&Yürümezoğlu, 2015). University-based nurse educators need to therefore continue to provide educational input and support for students and staff involved in clinical practice education (Leonard, McCutcheon, & Rogers, 2016). The connection and support of institutions in terms of cooperation between schools and hospitals are not at desired levels (Biçer, Ceyhan & Şahin, 2015). In a study indicating positive reflections of the cooperation between a school and hospital on nursing training, problems experienced in the clinic were dealt with in meetings regularly held by instructors and clinical nurses. This process contributed to an increase of educational quality and the development of positive professional consciousness in nurses and students (Bagay, 2014).

CONCLUSION

As a result, the problems that nurses working in pediatric clinics had with student nurses in clinical nursing practice gathered under four main themes as professionalism, role model status, possibility of malpractice, and communication. All the nurses in the study believed that the students chose the nursing profession without internalizing it and therefore, "could not comprehend the professionalism dimension of the profession". It was further revealed that mentor nurses, who are the role models for students in clinical training, adhere to traditional knowledge, which leads to "a gap between clinical practice and theory". It is thought that "supporting school-hospital cooperation" could contribute to the solution of the experienced problems.

Limitations

The participants were from only one hospital. These experiences cannot be generalized to a large population of pediatric nurses.

There should be third question about nurses' opinions on positive experiences while working with nursing students.

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Conflicts of interest

The authors declare no conflict of interest.

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Author contribution

HT and FTA drafted the design for data gathering. HT gathered the data. HT and FTA performed interpretation of data. HT and FTA drafted the manuscript and authors have read and approved its final version.

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