

Clinical Learning Experiences of Second-Year Thai Nursing Students: A Phenomenological Study

Manee Arpanantikul,* Autchareeya Pratoomwan

Abstract: Clinical learning is challenging for second-year nursing students undertaking their bachelor degree, as it is often the first time for them to apply their nursing knowledge and skills to the real situation of patient care. The aim of this study was to explore a clinical learning experience of 30 second-year Thai students who practiced in clinical settings at a university hospital in Bangkok. Heidegger's hermeneutic phenomenology was employed as the research approach and data collection was undertaken through individual journal writing and five focus groups. Data were analyzed using content analysis. The findings revealed six themes reflecting their clinical learning experiences: lack of confidence, fear of making a mistake, getting excited and anxious, hoping to do better, feeling proud, and needing close supervision.

After understanding the findings of this study, clinical nursing instructors and nursing education should take into account the students' feelings and perception during practice in clinical settings. The findings of this study are a basis for planning and developing appropriate supports to enhance student learning in the future.

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Introduction

Nursing educational institutions have a main goal to produce nursing students to become graduate nurses who are competent, safe practitioners after leaving their course.¹ In a nursing curriculum, nursing students learn both theory and practice. Clinical practice is an important part in nursing education² and nursing students need to have good learning experiences as they prepare for both knowing and doing care for real patients.³ It is a time for them to apply the knowledge, skills, and attitudes that they learnt in the theoretical part of the curriculum to practice as well as using different skills such as communication skills, critical thinking skills, and ethics to solve patients' health problems.⁴

Correspondence to: Manee Arpanantikul*, RN, Ph.D. (Nursing), Associate Professor, Ramathibodi School of Nursing, Faculty of Medicine Ramathobodi Hospital, Mahidol University, Bangkok, Thailand

E-mail: manee.arp@mahidol.ac.th

Autchareeya Pratoomwan, RN, Ph.D. (Nursing), Assistant Professor Ramathibodi School of Nursing, Faculty of Medicine Ramathobodi Hospital, Mahidol University, Bangkok, Thailand

Students who have enough time to practice skills repetitively can develop their nursing competency in psycho-motor skills.⁵ The more nursing students practice, the more they can gain proficiency in clinical skills, and the more confident they become.⁶ Therefore, clinical settings are essential to students' learning because they offer opportunities to work with real patients with real health problems.⁵ Before clinical studies,

generally nursing students train in nursing laboratories for at least one semester and have to pass clinical skills tests. They learn different scenarios in the simulation laboratory and can learn through the processes of pre- and post-nursing conferences under instructors' supervision. This preparation can increase students' confidence and competency before practicing with patients. However, experiences in clinical practices may be positive or negative, for example clinical study is most stressful for novice nursing students who are short of knowledge, competence, and experience.^{3, 7} The busy environment of clinical settings may be strange to them: unfamiliar clients and their relatives, nurses and other health team providers, documents and equipment. These might be sources of student anxiety and stress. Their journey in practice could influence novice nursing students' perceptions to select or reject nursing as their profession.⁸ Having good experiences in clinical practice may encourage nursing students to pursue their study, to feel privileged and proud to represent the nurses in the future. However, very few studies on clinical learning experiences have investigated the second year of nursing studentship. It is important to explore the experiences of students and significantly for clinical nursing instructors and clinical staff to understand second-year Thai nursing students' experiences of clinical learning in order to plan and develop appropriate supports to enhance and strengthen their clinical learning.

Review of Literature

There many studies related to the clinical practice experiences of undergraduate nursing students in many regions of the world, from Western⁹, Middle-Eastern³, Asian,¹⁰ and South Africa countries.¹¹ For example, a study of the initial clinical experience of 18 undergraduate American nursing students who finished their first clinical practice was conducted. The students shared their thoughts, perceptions, and feelings of their clinical experience by writing descriptions and the

results revealed six themes: pervading anxiety, envisioning self as incompetent, feeling abandoned, encountering reality shock, suspicious choices, and elevating consequences.⁹ Yang investigated 12 Korean nursing students' experiences of their first clinical practice using in-depth interviews and field notes.¹⁰ The results revealed important themes that fitted with four existential views of body, time, space, and relationship. In terms of lived body, the themes were body locking up; hand trembling; an obstruction-like being; feeling the patient's pain; and my proud self as a future nurse.¹⁰ Regarding lived time, the themes contained the first encounter with a serious and uncomfortable situation; increasing one's own time for self-reflection; and long days but a quickly-passing week.¹⁰ For lived space, there were two themes: any place with uncomfortableness and steadily growing limit of activities.¹⁰ Based on lived relations, the themes consisted of nurses who were not worthy of competition; but still-grateful patients; and my most reliable practice colleague.¹⁰

In a qualitative study of nursing student experiences of clinical practice by Sharif and Masoumi data was collected from 90 Iranian undergraduate nursing students studying in second, third, and fourth-year.³ Findings revealed four themes emerging from the focus group data: initial clinical anxiety, theory-practice gap, clinical supervision, and professional role. In South Africa, in a study of fourth-year nursing students' experiences during clinical practice¹¹ 11 students were interviewed. The findings showed negative perspectives regarding lack of teaching and learning support, lack of opportunities for learning, poor theory-practice integration, and poor interpersonal relationships between students, college tutors and ward staff.¹¹ The studies related to clinical practice experiences of different levels of undergraduate nursing students from various countries^{3, 9-11} mentioned above showed both similar and diverse meanings within distinctive cultural contexts. Those findings indicated that during clinical training students experienced more

strain, felt inexperienced, uncomfortable, and abandoned, not be able to make clinical decision; failed to implement theory to practice; lacked of supports; and experienced poor student–teacher–nurse relationships. But the optimistic experience was being proud and receiving thanks from patients.

In Thailand, there have been a few studies related to the experience of Thai nursing students about their clinical practice. A study on the learning experience of 40 third–year students who practiced in a pediatric nursing department of a tertiary hospital through reflection had 7 themes: significant knowledge for nursing practice; better self–confidence for nursing practices; patient and family centers; concentration/attention must come first; practice carefully; make students have accountability, honesty, and ethics; and mirror for improving intervention in the future as professional nurses.¹² Another study of 18 third– and fourth–year Thai nursing students’ experiences, when attending real life situations involving cardiac life support, used phenomenology and revealed seven themes: being worried and fearful while desiring to join in cardiac life support procedures; increasing self–value; recognizing each moment is meaningful for one’s life; having time to understand the reality of life; being in a small corner; appreciating such opportunities and the encouragement given by nurses and healthcare team; and feeling empathy.¹³ The existing Thai studies had an emphasis on the clinical practice experience of the specific nursing cares (pediatric nursing care and cardiac life support) as well as focusing on studying third– and fourth–year nursing students. However, there has been no study in second–year nursing students who practiced fundamental nursing in clinical areas for the first time. Since fundamental nursing is usually the first professional course, any negative clinical experience that happens to second–year nursing students may influence their behavioral development process and their decision to retain or leave the nursing profession. One purpose of this present study be understanding by clinical instructors

that leads to generation of suitable supports to enhance second–year students’ clinical learning. Such data would be useful for planning innovative clinical teaching and learning strategies for clinical education.

Study Aim

To explore and understand the clinical learning experience of second–year Thai nursing students whilst they apply knowledge to practice in the real world of nursing in their country.

Methods

Design: Heideggerian hermeneutic phenomenology was selected because it is a philosophy that seeks to understand the meaning of the phenomena that is existing in the world within the framework of time and under the contexts of each individual.¹⁴ It provides a common feeling of human life in different perspectives so that we might truthfully gain a deep understanding about a particular experience.¹⁵ In this study, this phenomenological approach sought to understand the lived experience of clinical practice phenomena through the perception of the second–year Thai nursing students. It was deemed useful to enable the researcher to understand each student’s aspects in terms of her/his own meanings and interpretations.

Sample and Setting: A purposive sampling was used. The samples were recruited through announcements in classrooms. The inclusion criteria for sample selection consisted of: 1) being a second–year undergraduate nursing student; 2) finishing practicing with patients in clinical settings of fundamentals nursing course for the first time; 3) being able to communicate in Thai language; and 4) willing to participate in this study. There were 30 nursing students studying at a school of nursing of a public university in Bangkok who met the criteria were recruited.

Data Collection: There were two methods of data collection: one was collecting journal writing

about the clinical practice experience of each student and the other was from focus group interviews (FGI) that were digitally recorded. The researchers conducted FGI after the journal writing in order to confirm data and get more detailed information. There were five focus groups of six participants each (FC1 to FC5). The time spent to each focus group was about 1–2 hours. Each participant in the group freely told their experiences. The questions asked in journal writing and interviews were the same. The samples of questions asked participants: “How do you feel when you practice in the clinical setting for the first time?”, “Please tell me your experiences of clinical practice for the first time.” and “For your first time practicing in the clinical setting what does this mean to you?” Probe question examples were: “Tell me more about...in details”, “Then what?”, “Is this what you said...?”, and “Why did you say that?”

Trustworthiness: Trustworthiness based on the principles of Lincoln and Guba¹⁶ was assured. Credibility was achieved using two methods (journal writings and focus group interviews) to validate the findings in an exploration to produce understanding.¹⁷ When comparing the journal writing of each participant with the data from the FGI, similar findings arose. Dependability was attained through the results being repeated with the same participant in the same context. Transferability in this study could not be specified, but the thick description obtained from the study would be basic information and understanding for someone interested in the same study for replication.¹⁷ During the analysis, as researchers we tried to put our pre-conceptions aside to avoid the biases or knowledge that would affect our thinking and actions and focused on the data that the participants told us. Confirmability was achieved through peer-debriefing. The researchers and the experts in nursing education and qualitative study discussed the data and interpretation until the consensus was reached.¹⁷

Data Analysis: Data were analysed using a modified content analysis method modified from

Benner.¹⁸ The steps of analysis contained two parts. Firstly, journal writings were read and reread to get a broad picture of clinical practice experiences and the data coding was done word by word, line by line, and paragraph by paragraph. Then significant words or statements were extracted and the researchers grouped similar data together. For the important points from the extraction that needed to be confirmed and, needed more detailed information the researchers made a short note to ask about these in the FGI. Data from these were then analysed using the following steps: all audio-recordings were transcribed verbatim; all transcriptions were read and reviewed with the audio-tapes word by word to ensure accuracy; the transcriptions were read many times to get the whole information; and coded word by word. After the coding process, significant words or statements that were congruent with the objectives of the study were addressed and then were compared and contrasted across cases to distinguish the similarities and differences. The researchers considered the analyzed data from journal writings and from FGI repeatedly to confirm the validation. After that, similar codes of data from journal writings and focus group interviews were grouped together into sub-themes. All sub-themes were checked with the raw data and finally the sub-themes were formulated into themes. The researchers discussed the findings, and reached consensus on the emergent themes and sub-themes. The themes with sub-themes were verified with two experts in nursing education and qualitative study. The discussion about the data interpretation was finished when everyone agreed on the consensus.

Ethical Considerations

This study was approved by the Committee on Human Rights Related to Research Involving Human Subjects, Faculty of Medicine Ramathibodi Hospital, Mahidol University and permission obtained from the director of the Ramathibodi School of Nursing.

Since the instructors were researchers in this study, we did not force students to participate in this study. The researchers informed the objective and method of the study to all second-year nursing students in the classroom. After that, students were left to think about their possible involvement for a few days. Students who were willing to participate in this study notified their names to the head of second-year nursing students who told these to the researchers. We recruited participants after they finished their clinical practices, so we were not involved with their study and grade. Written informed consent was received from all participants. They were free to leave the study at any time if they wanted. All data were kept confidential and individual privacy ensured in the writing of the study report and in the data collected.

Findings

Thirty second-year nursing students aged 18–20 years participated in this study. The average age was 19 years. Most (96%) were females. The majority (98%) practiced at medical and surgical wards and a few (2%) practiced on the ophthalmology ward. Content analysis confirmed six themes reflecting the clinical learning experience of the participants: Lack of confidence, fear of making mistakes, getting excited and anxious, hoping for doing better, feeling proud, and needing close supervision. (see **Figure 1** below).

Theme 1: Lack of Confidence

This refers to being short of a feeling of trust and belief in one's own capability. Most participants felt that they had low confidence to care for patients due to lack of experience and inadequate knowledge and skills. For example, there were several things to prepare before going to practice in the clinical settings for the first time. They learned a lot of nursing theory and many related sciences. Some explained that sometimes they did not memorize all content that they learned in the class. They remembered this content when the instructors reviewed knowledge and

procedures with them in the pre-conference period. The instructors focused on how to apply theory to practice in the real situation. In addition, the environment in which they learnt in the nursing laboratory was not the same as the authentic situation. In the laboratory, they practiced with inanimate models and sometimes with their friends who acted like models. They felt that they could perform nursing procedures on those models confidently because they could practice with them repeatedly. In the real situation, they were not sure about the nursing procedures or nursing care that they engaged in with real patients and wondered whether patients would be satisfied or not. They had very low confidence when they cared for patients because they could not do nursing procedures skilfully; sometimes they over-thought while they did those procedures, so they spent a lot of time completing a procedure. Most participants needed to improve themselves by gaining more knowledge and kept practicing nursing procedures to increase their cognition and capability to provide care for the real patients. They could not suddenly make decisions about what kind of information to advise since they did not have enough knowledge and experience to care for those certain kinds of diseases. So they told patients that they could get the information they wanted from the nurses or nursing instructors. Three said:

I had to inject insulin into a patient. I have no confidence to do it because I forgot how to prepare the insulin injection. I did not remember the area that I have to inject insulin. I ask my friend and instructor for the information. (FC1)

For the first time to have clinical practice, I feel good. This is the real situation. I have to solve patients' problems at hand, but I lack confidence because I am not well-prepared. I have no knowledge, experience, and skill to solve those specific problems of patients. I need to improve myself. (FC3)

One patient whom I took care of pulled out the nasogastric tube. I have to insert a new tube into her gastrointestinal tract. I did this procedure following the technique that I practiced in the lab. The outcome is that a patient vomited and the tube was out. I have no confidence to insert the tube again because of fearing to make the patient painful. (FC4)

Theme 2: Fear of Making Mistake

This theme referred to being afraid of making errors such as performing wrong actions due to insufficient knowledge, skills, carelessness, or poor judgment. A lot of fears arose in clinical settings which were not like the nursing laboratories where students practice, or where they could re-practice when they did nursing procedure with contamination or errors. Many worried that the patients would not be safe if the care that they provided was incorrect. Nursing instructors taught them procedures and often emphasized about providing procedures without contamination. Most participants said that although they followed the nursing procedures that they had learned carefully, they still contaminated sometimes without being aware. They feared doing harm to patients or making them have more pain or be uncomfortable. Some were so frightened when patients needed more information about appropriate self-care for their diseases, for example:

I am afraid of making mistakes when caring for patients. I always think that now I am working with human life, I have to think more and be responsible more. I would like to say thank you to patients who are our teachers and gave us to learn with them. (FC2)

A patient with very high blood pressure should rest on the bed after taking hypertensive medicine. She asks me to take her to the bathroom for showering and shampooing. I fear in my mind what I should do. Then I consider that she is in good condition and I decide to take her to the

bathroom. Half way to the bathroom, she had a severe tension headache. I had to bring her back to the bed. (FC4)

I always worry about contamination. One day I helped to open a sterile catheter from the plastic bag and put it on the sterile set. However, that sterile catheter splashed out of the sterile set. Although I try to do it slowly, it is still contaminated. I have to practice more. (FC5)

Theme 3: Getting Excited and Anxious

Getting excited and anxious was defined as being in a state of excitement and tension in doing something, and real clinical practice exacerbated that. Feeling nervous was compounded when participants met the patients whom they did not know beforehand; they also entered clinical wards that were new for them; and they had to use new medical equipment which they had never used in the nursing laboratory. Many also had to prepare themselves in both knowledge and skills the day before going to practice nursing care for patients. Some felt excited and imagined in advance about what patients that they had to take care of looked like, whilst most were so nervous that their hands were trembling when they held medical equipment when doing nursing procedures. They also had anxiety about whether they selected the right procedure for their patients or not. This was a tough time. They forgot everything when they arrived at patients' beds and their heartbeats ran faster and their hands were cool. Some tried to control themselves by reducing their excitement and tension by counting one, two, and three inside their head while others had an instructor or a friend to accompany with them. They told themselves they had to be calm and they could do it when they did procedures or provided nursing care for patients:

I had to interview for a patient's health history. The patient looked strange to me. I feel tense and shy. I do not know what I have to talk with a patient. I am very excited. (FC1)

I prepared medicine for an injection. I do not want anything to happen to me. Perhaps I am so excited. My hands are shaking while I insert a needle into the medicine bottle. (FC2)

When I see a big and deep wound on a patient's leg, I am stressful when I do the wound dressing for him. This is my first time to clean that large wound; it will be painful. I hesitate to select solution to clean his wound. Finally, I select alcohol to clean his inner wound, but the instructor reminds me that I have to use normal saline to clean the inner wound. (FC4)

Theme 4: Hoping to do Better

Participants looked forward to the day that they could do good work or provide a good standard of practice and care. Many had hopes about this and they expected that they would provide good nursing care for patients. They anticipated that they would have a progression in caring for clients. When having more experiences and repeating doing the same nursing procedures, they wished to be more skilful. Some examples of the above are:

When I have clinical practice, I feel that I should do better than this. But every time I do it, I still have small mistakes. Today I paid more attention to the contamination. I expect that I will do it better for the next time. (FC2)

A patient asks me why she has jaundice. I do not know the answer. I ask my instructor and I go back to give the answer to the patient. Her face clearly looks more comfortable. If I learn more about diseases and nursing care, I will be masterful. (FC3)

I completed a bed bath for a stroke patient. I spent almost an hour to finish it. My uniform is soaked with sweat. I hope that I will do complete a bed bath faster for the next practice. I know how to do it faster from today's practice. (FC4)

This is the sixth week of the clinical practice. I can say that I can hear a patient's blood pressure very clearly. I have a progression. When compared to the first week, I was not uncertain about the number that I measured, which I needed the instructor to re-check. (FC5)

Theme 5: Feeling Proud

The participants believed they had a high value or felt more important after caring for patients. Almost all expressed their positive emotion after caring. They felt proud when patients smiled, felt better, or wanted students to care for them again. The patients admired them if they did a medical injection gently or a wound dressing softly; this admiration made them happy and one described this 'as feeling their heart had exploded'. This good feeling participants described as deserving, for they could care while they were young students and this would inspire them to keep more practicing to be a good nurse in the future. Good attitudes toward nursing profession increased; they said that they could help other people who were suffering from illness to feel better. Examples are:

I do passive exercise to a patient. He smiles all the time and says that he would like me to do it for him. I feel proud and very glad. (FC1)

After practicing with the real patients in the clinic, my thought has been changed. I feel that I understand patients more. I would like to help them in their sufferings. My attitude to nursing profession is more positive than I used to have before. (FC3)

A patient has fever (39 °C/102.2 °F). I do sponge for her. After 15 minutes ago, the temperature reduces to 37.8 °C /100.04 °F. Wow! I feel very proud although the temperature does not return to be normal. I can make the patient's temperature decrease. (FC5)

Theme 6: Needing Close Supervision

This refers to participants calling for experienced mentors to guide and advise them closely. The majority of participants said that they required instructors to advise and stay with them while they provided care to patients. They felt warm and more confident to do nursing procedures for patients when the instructors were with them at the bedside because the instructors could remind them when they forgot some steps. They learned a lot from instructors' performance of caring for patients, and tried to imitate or follow what the instructors or senior nurses did, and felt this would make them better at caring for patients:

I have to transfer a patient from his bed to a wheel chair. I learned how to transfer in the

class but I need the instructor to advise me how to transfer a patient correctly and safety. (FC1)

I planned to feed a patient a blenderized diet through a feeding tube. There were many steps to do. I needed my instructor's close advice, so I ask her to stay at the bedside while I did the feeding. (FC4)

Before a patient was discharged, I had to remove sutures for him. It looks simple, but not easy to do. I have to make sure that it is safe to remove all stitches. I feel warm that my instructor is with me and gives advice to me. She showed me removing a stitch as an example. At the end I am successful in the total stitches removed. (FC5)

Themes	Sub-themes
Lack of Confidence	<ul style="list-style-type: none"> - Lack of confidence due to insufficient experiences - Lack of confidence due to inadequate knowledge - Lack of confidence due to having not enough skills - Lack of confidence due to having to provide care to real patients
Fear of Making Mistake	<ul style="list-style-type: none"> - Worrying about doing incorrect nursing procedures - Being afraid of doing nursing procedures with contamination - Fear of providing care: poor decisions due to low knowledge and experience
Getting Excited and Anxious	<ul style="list-style-type: none"> - Being nervous when facing with first-time real clinical situations - Challenge to select the right nursing procedures - Excited to do nursing procedures with real patients for the first time
Hoping for Doing Better	<ul style="list-style-type: none"> - Expecting to do good nursing care for patients in the future - Hoping to progress in caring for patients - Wishing to be a skillful nursing student and keep practicing more and more
Feeling Proud	<ul style="list-style-type: none"> - Expressing positive emotion after caring for patients - Feeling self-important while seeing patients smiled - Feeling good when patients asked students to care for them again - Increasing good attitudes toward nursing profession
Needing Close Supervision	<ul style="list-style-type: none"> - Requiring instructors to advise and stay with them - Learning by looking at instructors' performance of patient care - Having instructors supervise closely helps with better standards of nursing care

Figure 1 Themes and sub-themes reflecting the clinical learning experiences of second-year Thai nursing students

Discussion

Clinical practice was good training in that students learnt by real-life situations. Fundamental nursing courses provided theoretical content and they practiced basic nursing procedures/skills in the nursing laboratory. The time allocated for clinical practice was very important for them as students have face-to-face contact with different people, such as patients, and health care professionals, and clinical setting environments, including equipment and technology.¹⁹ The performance of caring for real patients cannot be simulated in a laboratory setting. Clinical practice provides the experience of managing real problems of real patients.²⁰ It also provides the skills of humanistic caring that students have to learn in real situations, and which they would practice with sick, distressed, afraid, or anxious patients, and this situation cannot be taught in the classroom.²¹ Importantly, learning through clinical practice, provides a good opportunity for students to see and touch the real work of the nursing profession and helps them to adopt professional values and activities.^{19,22}

Lacking confidence was a core experience that participants addressed in this study. Many lacked confidence because of four causes: insufficient experiences, inadequate knowledge, not having enough skills, and having to provide care to real patients. Holland stated that the level of confidence that nursing students have during clinical practice can affect students, patients and families, and health care providers.²³ Students who have high or low levels of confidence together with inadequate knowledge and skills can increase errors in practice that might do harm to themselves, patients, or other team members.²⁴ Students with very low confidence may not take part in practical skills due to fear of making mistakes so this could decrease their learning opportunities and limit their self-confidence improvement.²⁵ Latham and Fahey found that nursing students frequently faced a lack of self-confidence and hesitation when

they had to take on big responsibilities and accountability for patients' health.²⁶ Therefore, confidence is a vital part of nursing practice and it plays a major role in developing students. They need to find out their strengths and weaknesses and improve themselves, for example, by increasing their knowledge, nursing procedures and communication skills, then this in turn can help develop self-confidence. In addition, nursing students have to get feedback and validation from instructors, mentors, preceptors, or senior nurses so that they can confidently provide nursing care to patients. This confidence was displayed in this study when participants performed nursing procedures successfully with patients. When they are unsure of how to perform procedures, students should receive assistance from instructors or senior nurses.²⁷

Fear of making mistakes could be traumatic for participants. Whilst students may have an intention to do their best in patient care, in real situations they fear making mistakes because they have to apply theoretical knowledge to practice. They have to select an appropriate nursing care with a knowledge base for each patient, and they have to prepare themselves before clinical practice. When they met real patients, participants often did not remember what to do with patients, so this compounded the fear of making mistakes. This is unlike practice in the nursing laboratory, where participants made mistakes many times and instructors assisted them to do the correct nursing care or procedure. Zieber stated that in the real world of human performance, by nature human brains are prone to error, which is consistent with the opinion of Reason saying that humans are naturally likely to make mistakes.²⁸ However, in nursing education our participants were always told not to make mistakes during practice with patients and this compounds the fear together with inadequate knowledge, unskilled nursing care and procedures, and lack of confidence. Making a mistake in clinical practice can be traumatic for nursing students.²⁹ Thus it is essential that instructors assist their nursing students to reduce

such fear. Instructors have to realize the procedures where students are prone to make mistakes, and use those mistakes as a learning activity; they also have a duty to prepare students to focus on the outcome of making mistakes that might do harm to patients, so that this would remind students to prepare themselves well and that they should have a consciousness in caring for patients at all times.²⁸ Significantly, clinical instructors need to help students to improve their performance, for this is the key of effective learning. The mistake experience is a painful process for nursing students, but instructors can change this painful process to be a learning process and assist them to pass the mistake experience smoothly.²⁹

Getting excited and anxious was an experience that the participants always mentioned during focus groups. Some considered that they were excited and anxious starting from the day before going to the clinical setting, during practice, and at the end of clinical practice. Anxiety has always happened during learning clinical practice because of different reasons.³⁰ Fear of making mistakes or saying something inappropriate to patients would make participants nervous. Patients might intently stare at them while they do procedures, and also get students excited or nervous. They might have been supervised by instructors (or mentors/preceptors) with whom they were not familiar or who lacked experiences and knowledge in nursing procedures to make them more anxious. When nursing students are excited, fearful, or anxious during clinical practice, this can impact students' responses to clinical learning.³¹ If students overcome their feelings of excitement and anxiety, they can provide good quality nursing care.³⁰ Therefore, instructors should assess the nervousness or anxiety levels of students and the possible causes of this during clinical practice in order to support them to handle those situations better.

Another theme, *Hoping to do better*, reflected that participants had the emotion and of looking forward to their progression of performing clinical practice. According to Benner³² beginning nursing students

are novices. They have no experience, so instructors have to teach them the fundamentals of nursing care or basic nursing procedures to assist them perform tasks. The performance of novice nursing students is limited and not flexible with focusing on rule-governed.³² When they practice the same procedure many times, they will demonstrate acceptable performance by learning from the errors that they did before.³¹ In this study participants hoped that they would do better and better and become skillful, indicating that they were making attempts to improve themselves. Therefore, instructors should assist nursing students to integrate the knowledge and skills related to caring for patients and this includes learning the roles of a nurse in clinical settings.^{33, 34}

Feeling proud was a positive experience that participants got from their clinical practice. A smile, satisfaction, or appreciation by patients expressed to nursing students after finishing a nursing care or procedure were considered good outcomes. It indicated a wonderful sign of basic success in clinical practice for participants. This result is congruent with a study that explained that nursing students felt pride after they performed their nursing practice well in front of the instructor or nurse, or patients and the patients' families.¹⁰ Giving admiration to nursing students who perform well is a good motivation; it can encourage improvement in their ability in clinical practice as well as keep providing good care to patients.

Needing close supervision is very important issue for clinical instructors to pay more attention to. The majority of novice nursing students regard instructors as an excellent resource of support and guidance as well as a role model.¹¹ Most students observe which approach their instructors use to access patients, how they communicate with them to build trust and relationships, what appropriate nursing care they provide to patients regarding nursing standard and ethics, and how they do nursing procedures with the correct steps and safety. This is a fundamental principle of learning in the clinical settings that students should

learn from clinical instructors. Since nursing is a practice discipline with a very high responsibility and accountability in caring for human lives, novice nursing students need close supervision from instructors. Novice nursing students expect to get feedback from instructors for improvement. In Shin's study, it was found that nursing students felt abandoned when instructors, mentors, or preceptors did not supervise and teach them during clinical practice.³⁵ When nursing students carry out procedures alone without any supervision, it can affect students' learning experience leading to the negative experiences and memorizing the inappropriate nursing care to perform with other patients resulting in doing harm for those patients. However, learning closely with instructors in clinical practice can improve students' confidence, increase role socialization, assist them to find meaning in their practice and learning experiences, and learn independence that would lead to clinical competency to take care of patients.^{3, 36-37}

Clinical practice is the main part of nursing education where second-year nursing students have to demonstrate their knowledge and competence in caring for patients. Therefore, understanding their clinical learning experiences can assist instructors to create positive learning environments and acting as positive role models. The findings of this study show that clinical instructors make a valuable contribution to students' learning process. However, the contexts of clinical settings should be of concern and investigation because they are most influential in developing nursing students' clinical learning. Clinical settings embrace all things that surround nursing students, such as the leadership of ward managers, nurses in the ward, supervisory relationships, roles of clinical nursing instructors, patients and relatives, and the equipment uses and so on. The context of clinical settings has a vital impact on students' clinical learning outcomes, such as increasing clinical judgment and decision making, critical thinking, clinical competent and skills, or satisfaction.³⁷ Clinical settings are also places that

lead nursing students to be exposed to the socio-cultural, biological, psychological and mental aspects of patients' care as well as the places that provoke anxiety.³⁷ The advice and evaluation of instructors and nurses can support students to have positive thinking and keep improving themselves. Therefore, the clinical learning of the undergraduate curriculum can help nursing students understand the essence of nursing that involves recognizing and respecting for patients' life.

Limitations of the Study

Whilst conducting focus group interviews, it took longer than anticipated to get the participants together on their free time and this became an obstacle in data collection. As with many focus groups, the personal characteristics of participants (talkative or very quiet participants) may have resulted in inequality when participants shared their perceptions in focus groups.

Conclusions and Implication for Nursing Practice

The findings provide deep insights in the descriptions of experiences of second-year nursing students that are valuable for clinical instructors to understand whilst supervising and teaching students. Based on findings, some strategies are recommended for applying to nursing education and practice. First, clinical instructors should understand the feeling of nursing students through individual dialogue or reflection before, during and after practice. Second, clinical instructors should develop the clinical practice environment to be warm and friendly by assisting with close supervision and watching students from a distance when they are familiar with caring for patients. Third, clinical instructors need to correct mistakes with kindness and help students to view these as learning opportunities. Fourth, when students

feel excited, anxious or nervous during their clinical practice, instructors should support them. Finally, the build-up of inspiration to make second-year nursing students to get through their hard times during clinical practice should be done by making them realize their strengths and giving praise when they succeed in caring for patients or doing nursing procedures well. Further studies should be conducted in terms of interventions of teaching strategies that strengthen second-year nursing students' capacity and learning in clinical practice.

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ประสบการณ์การเรียนรู้ทางคลินิกของนักศึกษาพยาบาลไทยชั้นปีที่ 2 : การวิจัยเชิงปรากฏการณ์วิทยา

มณี อาภานันท์กุล อัจฉริยา ปทุมวัน

บทคัดย่อ: การเรียนรู้ทางคลินิกเป็นสิ่งท้าทายสำหรับนักศึกษาพยาบาลไทยชั้นปีที่ 2 ที่กำลังศึกษาในระดับปริญญาตรี ซึ่งการขึ้นฝึกปฏิบัติบนคลินิกครั้งแรกของนักศึกษาพยาบาลเป็นการประยุกต์ใช้ความรู้และทักษะทางการพยาบาลในสถานการณ์จริง วัตถุประสงค์ของการวิจัยครั้งนี้ เพื่อศึกษาประสบการณ์การเรียนรู้ทางคลินิกของนักศึกษาพยาบาลไทยชั้นปีที่ 2 ที่ฝึกปฏิบัติการพยาบาลบนหอผู้ป่วยของโรงพยาบาลมหาวิทยาลัยแห่งหนึ่งในกรุงเทพมหานคร จำนวน 30 คน การวิจัยเชิงปรากฏการณ์วิทยาแบบเฮอร์เมนิวติกส์ของไฮเดกเกอร์เป็นระเบียบวิธีวิจัยของการศึกษานี้ และเก็บรวบรวมข้อมูล โดยการเขียนบันทึกเป็นรายบุคคล และการทำสนทนากลุ่ม จำนวน 5 กลุ่ม ข้อมูลได้รับการวิเคราะห์โดยใช้วิธีการวิเคราะห์ข้อมูลเชิงเนื้อหา ผลการศึกษาเปิดเผย 6 ประเด็นที่สะท้อนถึงประสบการณ์การเรียนรู้ทางคลินิกได้แก่ การขาดความมั่นใจ ความกลัวในการทำผิด ความรู้สึกตื่นเต้นและวิตกกังวล การมีความหวังที่จะทำให้ดีขึ้น ความรู้สึกภาคภูมิใจ และการต้องการการกำกับดูแลอย่างใกล้ชิด

ภายหลังการเข้าใจถึงผลการศึกษาของการวิจัยครั้งนี้ อาจารย์พยาบาลคลินิกควรตระหนักถึงความรู้สึกและการรับรู้ของนักศึกษาพยาบาลระหว่างการฝึกปฏิบัติบนคลินิก ผลการศึกษานี้เป็นข้อมูลพื้นฐานสำหรับการวางแผนและพัฒนาการสนับสนุนที่เหมาะสมเพื่อกระตุ้นการเรียนรู้ของนักศึกษาพยาบาลในอนาคต

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คำสำคัญ: การศึกษาบนคลินิก ประสบการณ์การเรียนรู้ทางคลินิก การพยาบาล การศึกษาพยาบาล นักศึกษาพยาบาล การวิจัยเชิงปรากฏการณ์วิทยา ประเทศไทย

ติดต่อที่: มณี อาภานันท์กุล, RN, Ph.D. (Nursing), รองศาสตราจารย์
โรงเรียนพยาบาลรามาธิบดี, คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี,
มหาวิทยาลัยมหิดล, กรุงเทพฯ ประเทศไทย
E-mail: manee.arp@mahidol.ac.th
อัจฉริยา ปทุมวัน, RN, Ph.D. (Nursing), ผู้ช่วยศาสตราจารย์โรงเรียนพยาบาล
รามาธิบดี, คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี, มหาวิทยาลัยมหิดล,
กรุงเทพฯ, ประเทศไทย