

Support in Clinical Settings as Perceived by Nursing Students in Iran: A Qualitative Study

Soodabeh Joolaei,¹ Mansoureh Ashghali Farahani,² Seyedeh Roghayeh Jafarian Amiri,^{3,*} and Shokoh Varaei⁴

¹Center of Nursing Care Research, Nursing and Midwifery Faculty, Iran University of Medical Sciences, Tehran, IR Iran

²Department of Medical and Surgical Nursing, Faculty of Nursing and Midwifery, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, IR Iran

³Department of Nursing Management, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, IR Iran

⁴Department of Medical and Surgical Nursing, Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, IR Iran

*Corresponding author: Seyedeh Roghayeh Jafarian Amiri, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tohid Sq, East Nosrat, P. O. Box: 1419733171, Tehran, IR Iran. Tel: +98-2166927171; +98-911157673, E-mail: jafarianamiri@gmail.com

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Abstract

Background: Although support is one of the most substantial needs of nursing students during clinical education, it is not clearly defined in the literature.

Objectives: The current study aimed to explore the concept of support in clinical settings as perceived by nursing students.

Materials and Methods: A qualitative content analysis was used to explore the meaning of student support in clinical settings. A purposive sampling with maximum variation was used to select the participants among bachelor nursing students in the nursing school of Babol University of Medical Sciences in the north of Iran. Semi-structured interviews were conducted to gather the perceptions and experiences of seventeen nursing students. Conventional content analysis was applied to analyze the data.

Results: In the current study, the main theme, nurturance, was emerged with seven subthemes of humanistic behavior with the student, respectful communication with students, accepting the student in the clinical setting, sustaining confidence, need based supervision, accepting the profession in the society and empowerment.

Conclusions: Nursing students support in the clinical education requires a nurturing care; a care that leads to the sense of worthiness and respectability in students and contributes to the improvement of their clinical abilities.

Keywords: Nursing, Students, Support, Clinical Settings

1. Background

Clinical learning plays a crucial role in improving the nursing profession (1, 2). The quality and success of the nursing programs greatly depends on the nature of student nurses' clinical experiences (3, 4). Such experiences not only affect the students learning, but also their cultural adaptability in the profession (5). The quality of students' clinical experiences is influenced by various factors including learning culture, contextual circumstances such as crowdedness of the ward, patients caring needs and the supports provided to the students (6).

Several studies have shown that a supportive clinical setting is highly important to optimize the learning and education process (7) and significantly affects the students' adaptation, progress and professional identity (4, 8).

Nursing education in Iran is a four-year-program for a bachelor's degree. Nursing students' apprenticeship in the clinical setting starts in the second semester which is concurrent with their theoretical courses. The theoretical courses are completed at the end of the third year. The fourth year is merely dedicated to internship in clinical

settings, conducted under the supervision of clinical nurse educators or clinical nurses (4). With this clinical program, students strongly need to feel the support (9). However, a study on the Iranian paramedical, nursing and midwifery students revealed that students were not satisfied with the support they received from clinical educators (10). In another study, student nurses acknowledged that effective clinical educators are the ones who provide more support to their students in clinical settings. Appropriate communication, respecting the students and strengthening the student's self-confidence were the most important indicators of an effective clinical teacher (11). In a previous Iranian study, nurses defined professional support as any material or psychological/spiritual backing to strengthen their capabilities in nursing. They believed that professional support increases nurses' capabilities to make appropriate clinical decisions (12). However, no consensus exists about the concept of student support in clinical education. In an effort to clarify the concept, Pakpour et al. examined nursing students' perspectives on support in clinical

setting. They categorized the concept into four subthemes of strengthening independence, providing help, understanding educational needs and providing feedback. The results showed a significant difference between the students' expectations and what they experienced in reality (13). In another study, Hanifi et al. investigated the role of instructors in supporting their students and reported that such a role would be manifested in preventing staff nurses to impose hard-laboring to the student, not to criticize the students for errors in front of others, to be present when students perform clinical works and understand students' condition (14). Gidman et al. studied the students' perceptions of support in practice and reported the students' need for support especially to acquire clinical expertise, settle at the bedside, record evidences and resolve personal instances (15). Lambert and Glacken also examined clinical facilitators and student nurses' perceptions of the role of clinical educators. One of the emerged themes was support with two main types of instrumental and emotional support. Instrumental support referred to facilitating the presence at bedside and helping the students to solve their problems specifically in the early days of internship. Emotional support mostly emphasized on the educators' communication style (16).

Due to the lack of agreement on the definition of student support in clinical setting, this question still remained "what is the nursing students' perception of support in clinical setting?" The deep knowledge of the meaning of students support in clinical setting is especially important for clinical nurse educators and educational policy-makers in different cultural and social contexts and would enable them to develop a supportive clinical environment that improves nursing students' motivation in learning and would increase their interest in their profession.

2. Objectives

The current study aimed to explore the concept of support in clinical setting as perceived by nursing students.

3. Materials and Methods

This manuscript is part of a larger qualitative study aiming to explore the clinical support for nursing students. For the purpose of this paper, content analysis approach was conducted to clarify the concept of support as perceived by nursing students. This method is fit to answer questions such as what are the concerns of people about an event or a phenomenon especially when the existing literature on the phenomenon is limited and researchers have no predetermined framework to explain or analyze the data (17, 18).

3.1. Participants and Data Collection

Data were collected from May 2013 to February 2015. A purposive sampling with maximum variation was used to select the participants among bachelor nursing students in the nursing school of Babol University of Medical Sci-

ences in the north of Iran. Passing at least a period of apprenticeship in a hospital setting was the only inclusion criterion to recruit the participants. The first interview was conducted with a very expressive nursing student in the sixth semester. After interviewing six students from different semesters, and according to participants' statements regarding the critical importance of support in the first clinical experience, five participants were selected among the students who had recently finished their second semester and had passed their first clinical apprenticeship. Some of these students referred to the role of more knowledgeable and experienced peers. Therefore, six more students were interviewed among those in higher semesters or with high grade point average.

Semi-structured interview was the main approach of data collection. Saturation was achieved after interviewing 17 participants (Table 1). It was tried again to obtain information from participants, but no new conceptual code could be obtained (19). The interviews were held at a predetermined time in the nursing faculty or at the hospital. After social interaction with the participants and gathering demographic information, the interviews started with a broad question regarding the students' clinical experience. During the interview, the participants were asked to describe student support in clinical settings, and then according to their responses, the interview continued with clarifying and probing questions such as "would you elaborate more?" or "what do you mean by that?" Each interview lasted from 36 to 88 minutes with an average of 45 minutes. All interviews were recorded and then transcribed verbatim at the first occasion.

Table 1. Demographic Data of the Participants

Participant Code	Age, y	Gender	Semester
1	21	Female	6
2	20	Female	4
3	23	Female	8
4	22	Female	8
5	24	Male	8
6	21	Female	7
7	20	Female	3
8	20	Female	3
9	21	Female	3
10	21	Male	3
11	19	Female	3
12	25	Male	5
13	22	Male	3
14	27	Male	3
15	23	Male	7
16	20	Male	5
17	21	Female	5

3.2. Data Analysis

Conventional content analysis was applied to analyze the data (17). The primary analysis was performed by the third researcher. Firstly each interview was listened to carefully, and then the transcript of every interview was read repeatedly to achieve immersion and obtain a general idea. Then, transcripts were read word by word to capture key thoughts and concepts and they were coded by highlighting the exact words from the text. Afterwards, the researcher approached the text and made notes of her first impressions. As this process continued, labels for codes emerged that were reflective of more than one key thought. These often came directly from the text and produced the initial coding scheme. For example a participant commented: "The head nurse's behavior is so good. She behaves so gently and politely. She doesn't yell at you. She talks so conveniently." and the code "appropriate behavior with the student" was emerged out of this comment. Codes that were conceptually similar were placed in one cluster and the semantically related clusters were then organized into categories (themes). For instance, the codes "contribution to student's improvement" and "strengthening the advantages" were placed in a cluster and then this cluster was placed in the theme nurturance. Then, according to the codes and clusters in a theme, subthemes (subcategories) were identified. Next, definitions for theme, subtheme, and code were developed and exemplars for each code and theme were identified from the data in order to report the findings.

3.3. Data Trustworthiness

The data trustworthiness was achieved through Guba and Lincoln criteria (20). Credibility was established through prolonged engagement with participants and the data, member checking, peer checking, external checking and constant comparison. The research team members had regular meetings and reviewed the process of analysis. In addition, authors passed the initial codes emerged from each interview to the concerned participants and they approved the emerged codes. Moreover, a few coded interviews and the emerged themes and subthemes were checked and confirmed by an expert in qualitative analysis who was not a member of the research team. Moreover, to ensure confirmability of the findings, the analysis and the primary conclusions were presented, reviewed and revised in a seminar with the members of the research team and a number of nursing faculties who were knowledgeable in the given field of research and familiar with the qualitative research. Transferability was enhanced by rich and deep description of the context and characteristics of the participants. Moreover, a few nursing students who were not among the study participants read the final theme and subthemes and the first draft of the results section and confirmed that the results were similar to their own experiences.

3.4. Ethical Consideration

Data collection started after the approval of the research proposal and receiving permission from the ethics committee of Tehran University of Medical Sciences (Grant number: 92/d/130/287). At the beginning of the interview the participants were briefed about the objectives of the study and signed an informed consent. Moreover, permission to record the interviews was received from the participants and they were assured about their anonymity, data confidentiality, and the right to withdraw from the study at any point. All the transcripts were specified by a code.

4. Results

Based on the participants' descriptions regarding the meaning of nursing student support in clinical settings, the main theme nurturance was captured.

4.1. Nurturance

According to the participants, supporting means "help someone to achieve his/her aims", "help him/her to succeed" or "help him/her to grow" and "prevent him/her from falling". To them, this support is not only necessary to be provided by clinical instructors but also by peers and nurses in charge. One of the students commented: "The staff always helped us. Whenever we were at the outpatient operating room and a patient came in, he immediately asked the patient's family to leave the room and told us to do the job by ourselves." (Student 5). Another female student remembered an experience in which she received a timely help from a male peer preventing her from potential moral harm and said: "I was changing the bandage of a young male patient's leg at the orthopedic ward and he was making noises and yelling that it ached awfully. I asked a male peer to give me a help. He raised the patient's leg and asked the patient if it ached and the patient said no. The peer did the rest of the dressing himself and told the patient that there was no pain free bandaging. Keep calm and let us do the job" (Student 3).

A student also emphasized on the importance of being supported by nurses in charge. This student said: "When we go to chemotherapy wards and deal with the chemotherapy drugs, since there are many students and the educator won't have enough time to spend with each and every student, there are nurses who really teach us how to use the drugs and how to protect ourselves." (Student 4). The second participant was a student whose close relative was a nurse and mentioned that she had a great role in supporting her. The participant number 17 was also a student whose sister was a nurse and made similar comments. According to the participants, student nurses and especially the novice and inexperienced ones are immature and not fully prepared or even familiar with clinical settings. Therefore, they need special caring and encouragement to appropriately grow and develop in their profession. Otherwise, they might be psychologically dam-

aged and discouraged from nursing. In this regard, one of the participants commented: "In my first internship I had a patient who wouldn't let me take oral temperature. The educator came to her and took her hand and said 'she is my student and she is so kind'. The first time I took her vital signs she said that I should take the temperature auxiliary. But in the second time she agreed to use an oral thermometer" (Student 7).

An experienced nursing student used the term nurturance when he was explaining the meaning of support. He believed that the nurse instructor and the others present in the clinical settings must really nurture the student nurses to bring them up as a professional nurse. He said: "Support is not to teach merely clinical works; it's rather nurturing a nurse in the true sense of the word" (Student 15). In general, participants believed that nursing students themselves are clients who need care to improve their caring capabilities. Data under the theme nurturance were organized in seven subthemes including humanistic behavior with the student, respectful communication with students, accepting the student in the clinical setting, sustaining confidence, need based supervision, accepting the profession in the society and empowerment.

4.1.1. Humanistic Behavior With the Student

According to the subjects, supporting the students in clinical setting needs a humanistic behavior not only by the instructors, but also by the nurses in charge. One of the students commented in this regard: "I feel the hospital staff have an intimate relationship with us. For example, they can recognize us after the first visit. They greet us or when we say hello, they receive us warmly. This is so precious for us..." (Student 2). This sub-theme is composed of three components of "accepting the student in the clinical setting", "respectful communication with the students" and "accepting the profession in the society".

4.1.2. Accepting the Student in the Clinical Setting

According to the students, being accepted by the educator and the ward staff causes the feeling of receiving support for the students. A male student who was being graduated stated in this regard that: "...they should know that the student is still a student and at the beginning of the way. He won't be expected to know everything and if he makes a mistake, he should not be treated as an experienced one; ...he wouldn't even pursue to correct his mistake" (Student 15). The students have a feeling of belonging to the clinic staff, expect to be noticed and accepted as one of the team members. A student who was in her sixth semester said: "support means that the students should be treated as a colleague, I believe. If so, students feel comfortable and can learn easily; but if they are ignored, they would lose their interest..." (Student 1).

4.1.3. Respectful Communication With Students

Participants frequently stated that the respectful communication in clinical settings is the most important factor in the students' sense of receiving support. Connoting to the disrespectful conducts of some healthcare workers toward nursing students, a third semester student stated that: "Supporting a nursing student means that doctors -in the first place-, nurses and all the staff who interact with nursing students respect them ..." (Student 9). Two students who studied the fifth semester articulated the same issues and said: "... support means giving me respect ..." (Student 16), "They should conduct us... in a way that we won't be humiliated ..." (Student 17). A student in the seventh semester also commented: "The way the ward staff -especially the head nurse- treat our peers is very important. For example, the head nurse of internal ward is amazing. Her behavior with students is so good and kind. But there are some head nurses that the nursing students afraid working with them ..." (Student 15).

4.1.4. Sustaining Confidence

A number of participants felt that they received support when educators and other sources of support in the ward reinforced their self-confidence. A student in the seventh semester said: "...for me, as a nursing student, support means to give me self-confidence and help me become skillful in my job. Because, when I lose my self-confidence, will feel that I'm weak in this field, then, I would be under pressure. But when I feel confident in my job I do it even more easily..." (Student 6). Another student mentioned: "... I accept myself as a nurse. This self-confidence is so effective. The first element of support is reinforcing the students' self-confidence ..." (Student 16).

4.1.5. Need-Based Supervision

The majority of the participants considered appropriate supervision of the student's work as support. To them, educators and nurses' manner in clinical supervision is an important issue. They mentioned that each student needs a certain level of supervision in different conditions. In this regard, a graduation student stated: "... it depends on what semester you are in. The second semester should differ from the eighth semester. For senior students, I believe, support should be from distance. For a junior, support is that the educators' supervision the students..." (Student 5). Another student who was in the third semester mentioned: "...for the things that I hadn't previously learned -such as inserting an IV line- I expect our instructor to completely explain its circumstances to me. They should do this. Therefore, the patient would be bothered less..." (Student 8).

4.1.6. Accepting the Profession in the Society

Some of the participants considered respect and acceptance of the profession in the society as a kind of support.

A student in the third semester stated: "... here (in Iran) nursing is not respected as much as it should be... and in many occasions nurses' social rights are neglected. In my opinion if nursing is respected a bit more (in the society) this is a support by itself..." (Student 9). Another student said: "Support means that the people, the patients, the doctors and all who come to the ward change their attitudes toward nursing..." (Student 17).

4.1.7. Empowerment

According to the participants, the purpose of clinical education in nursing is to improve the students' clinical abilities and to help their growth and prosperity in the profession. The students believed that they are supported when they are given the chance to gain experience and expertise and when they are helped to grow and promote in the profession. A third semester student said: "...to set the student free and let her experience on her own..." (Student 11). Another student who was in the seventh semester also commented: "...help us to increase our own experiences and expertise..." (Student 6). Another student also stated: "Support means to give the student such an extent of capability to be able to cope with challenges of the clinical settings and solve the problems." (Student 15).

5. Discussion

Participants in the present study defined student support in clinical setting as receiving help to grow as a competent nurse. To them, support was the product of being nurtured. The main theme, nurturance, implies that in clinical settings, nursing students themselves are clients who need care to improve their caring capabilities. Among all subthemes emerged from the data, humanistic behavior, respectful communication and need-based supervision were the most important subthemes. Appropriate professional and respectful communication with the students gives them a feeling of being important and reinforces their individual and professional identity (21). Moreover, humanistic and respectful behavior with the students along with effective supervision improves their morale and motivates them to gain more experiences in the clinical settings and ultimately improves their competency. The UK Nursing and Midwifery Council defines competency as acquiring a collection of knowledge, expertise and attitudes required for safe and effective performance without direct supervision (22).

A need to being accepted in clinical settings was also an important subtheme emerged from the data. Feeling of being accepted seems to be the aftermath of humanistic behavior and respectful communication. To the participants in this study, student nurses need to be accepted and conducted as a respectful human being, not only by their instructors, but also by nurses working in clinical settings. The theme acceptance has also emerged in a study on nursing students' perceptions of learning in

the clinical setting (23). The current study findings, along with the results of other studies show that a feeling of being accepted induces a deep feeling of internal satisfaction to the student nurses and helps them communicate with their instructors and staff nurses more easily and then, they feel that everybody is ready to support and help them grow in the profession. On the other hand, disrespecting the students induce unpleasant feelings such as unworthiness, depreciation and being rejected which might lead to a decision to leave the profession, as was the case in the studies by Last and Fulbrook (24), Killam and Heerschap (25), and Borhani et al. (26). Nursing is a stressful profession especially when student nurses are in clinical settings (27). Several other studies also revealed that the students' feeling of being accepted by the nurses and medical staff can considerably alleviate their stress level (27, 28).

In the current study, sustaining confidence emerged as a main subtheme in the participants' perspectives and experiences. The participants frequently mentioned that they felt confident when receiving appropriate support from their instructors and other sources of support in the ward. Self-confidence is regarded as a pleasant personal characteristic (29) and nursing students are expected to improve their self-confidence in their professional roles (30). High levels of self-confidence not only leads students to better learning (31), but also helps them establish effective communication with patients and staff in the clinical settings (32). Studies showed that students' self-confidence can be reinforced in a supportive setting (9). On the other hand, nurse educators and nurse managers' ill-temper and inappropriate behavior can decrease the students' self-confidence, and motivation and also cause nurses and patients lose their confidence in the students and ultimately humiliate the students and undermine their self-esteem (14, 33).

Need-based supervision was another subtheme emerged in this study. The participants believed that the instructors' manners in clinical supervision play a key role in the students' feeling of support. Evidence showed that effective clinical supervision can significantly increase the students' motivation, will strengthen their professional identity, induce them a feeling of being supported, improve their attitude towards the profession and speed up their socialization process (34). Consistent with the present study, Alavi and Abedi (11), and Melincavage (35) reported that clinical instructor's presence in stressful occasions diminishes the students' fear and anxiety and increases their confidence. However, as participants in the present study commented, the quantity and quality of supervision depends not only on the students' condition, but also on supervisor, workload and the atmosphere of the ward (34) and will vary according to the situations. As reported by Houghton et al. (32) amateur students and those who are in the early days and years of clinical learning need more direct supervision and support while senior students can work independently and

only need some environmental supervision. However, a clinical mentor or an instructor should be available when they need help (36).

Empowerment was also a subtheme emerged from the data in the present study. According to the participants, empowerment means helping the students to possess and improve their own abilities and clinical competencies growing in the profession. Though empowerment might be regarded as a goal in clinical education, a feeling of being empowered can also be an aftermath of receiving support.

In conclusion, nurturance emerged as the main theme in the present study to represent the students' extensive need for support in clinical settings. The theme nurturance included several subthemes among which humanistic behavior, respectful communication and need-based supervision were the most important subthemes. If nurse educators and nurses working in the clinical settings conduct the students through humanistic and respectful manners, they induce in them a deep feeling of being accepted. Moreover, if instructors and staff nurses be always available and ready to help the students according to their needs, the students feel support. Consequently the student nurses feel comfortable in the clinical settings and not only communicate with their instructors and ward nurses more easily but also feel confident and being supported to communicate and implement nursing intervention to their patients. If all of the above mentioned conditions are accompanied with a feeling of being accepted in the society, they would induce in the student nurses a feeling of being empowered.

The findings of the present study can help clinical education policy makers and clinical educators to provide a better support for their students in clinical settings. The current study investigated the perspectives of student nurses. However, it seems necessary to assess the perspectives of nurse educators and the nurses working in clinical settings.

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Footnotes

Authors' Contribution: Seyedeh Roghayeh Jafarian Amiri collected the data. All of the authors had contribution in study concept and design, analysis and interpretation of data, drafting of the manuscript, critical revision of the manuscript for important intellectual content and study supervision.

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