

# Altered nursing student perspectives: Impact of a pre-clinical observation experience at an outpatient oncology setting

by Tracy L. Powell, Jordan Cooke, and Alannah Brakke

## ABSTRACT

*This study examined the influence of an observation experience at an outpatient oncology setting on first-year nursing students. This experiential learning opportunity occurred prior to any formal clinical practice course. A hermeneutic phenomenology approach was used to uncover pre-licensure nursing students' perspectives about cancer, as well as their understanding of the roles and responsibilities of registered nurses in cancer care both before and following their experience. A total of 10 nursing students agreed to participate in the study. Data were collected through semi-structured interviews following which data were analyzed and interpreted to understand the meaning in the experience. Two overarching themes were identified including circles of relationships, and the many sides of outpatient oncology. This study reveals that experiential learning in the form of a low-risk, observation-only experience may be an opportunity for pre-licensure students to gain new perspectives about cancer care and nurses roles in caring for individuals and families who are impacted by cancer.*

Key words: pre-licensure nursing students, experiences, cancer, experiential learning, outpatient, ambulatory setting

## INTRODUCTION

Healthcare professionals interact with individuals and families who are impacted by a range of diseases and diagnoses. With cancer affecting one in every two Canadians, interactions with this group of individuals often occur in all healthcare settings. As a result, having knowledge and an understanding of the complexity of this population is important in order to provide safe, ethical, and patient-focused care (Canadian Cancer Society's Advisory Committee on Cancer Statistics, 2017).

Even among healthcare professionals, fear and preconceived notions about cancer are common regardless of type,

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treatment, or outcome (Box & Anderson, 1997; Dickinson, Clark, & Sque, 2008; Cunningham, Copp, Collins, & Bater, 2006; Komprood, 2013; Miller, Kearney, & Smith, 2000). Literature indicates that with exposure to individuals with different types of cancer and their associated symptoms, or, to different clinical settings and cancer treatment areas, these views of healthcare professionals may be moderated (Miller et al., 2000; Cunningham et al., 2006). Acknowledging there are differences in cancer patients' experiences, presentation, and prognosis is important, particularly for students in undergraduate healthcare education. Facilitating the opportunity to gain this knowledge, and have the time to reflect on these experiences, is important for students as they prepare to enter clinical placements where they will encounter individuals and families who are impacted by cancer (Cunningham et al., 2006; Ifanti, Iconomou, Viha, & Kalofonos, 2009; Kav, Citak, Akman, & Erdemir, 2013).

## BACKGROUND

From 2007–2017, first-year students in Mount Royal University's (MRU) Bachelor of Nursing (BN) program were provided the opportunity to shadow a registered nurse (RN) in practice prior to beginning their clinical courses. The overall purpose of the opportunity was to gain an understanding of the roles, responsibilities, and domains of practice of an RN. It was also anticipated, that each nursing student would gather a general awareness about patients and families, the setting, and how core concepts learned in their nursing theory course were revealed in practice.

The expectation for students was that this pre-clinical experience was purely observational, no direct care could be provided regardless of the setting, task, skill, or prior experience of the student (e.g., students with prior education and/or experience as a licensed practical nurse). However, students were encouraged to communicate and ask questions of the RN, patients, families, and other healthcare professionals. The RNs were informed of this expectation when they volunteered to have the students shadow them. In order to begin the socialization into their role, students were also expected to adhere to the dress code requirements of the nursing program. Each student's observation experience was three to four hours in length, which reflected the level of support from healthcare settings.

Based on RN volunteers, there were a variety of units and settings that students had the opportunity to access for observation. Of the 100–125 nursing students each semester,

between 20 and 35 students had the opportunity to have their experience with an RN in an outpatient oncology centre. Given this learning activity occurred prior to any clinical practicum, the question arose as to whether this unique experiential learning opportunity fostered critical thinking and reflection in students. Additionally, oncology and cancer care was of particular interest given that literature suggests learning paradigms that expose students to different perspectives of cancer may provide the opportunity to challenge common misconceptions about diagnoses, symptoms, treatments, and care outcomes of individuals (Cunningham et al., 2006; Komprood, 2013). Educators wondered if these experiences had an impact on students' beliefs and attitudes about cancer, as well as their assumptions about RN roles (Cunningham et al., 2006; Komprood, 2013).

## LITERATURE REVIEW

Preparing nursing students for entry-to-practice can be challenging given the competing demands for theory and practice preparation, particularly in the shadow of the National Council Licensure Examination – Registered Nurses (NCLEX-RN) (McGillis Hall, Lalonde, Kashin, Yoo, & Moran, 2018; Salfi & Carbol, 2017; Sellman, 2016). Nurse educators are well aware of the need to convey concepts in a meaningful way in order to enable theory-practice connection (Adamski, Parsons, & Hooper, 2009; Amir, Jelas, & Rahman, 2011; Brennan & McSherry, 2007; Cano-Garcia & Hughes, 2000; Davidson, 2004; El Hussein, Salyers, & Osuji, 2016; Gidman, 2013; Kolb, 1984; Özbas, 2013; Roberts, 2010). Fostering experiential learning opportunities with embedded learner-centred activities is an approach practice professions such as nursing have developed to address this objective (Ironsides, McNelis, & Ebright, 2014; Wilson et al., 2009). The intent of these techniques is often to enable integration, critical thinking, and reflection.

Clinical learning experiences (or clinical placements) is an experiential learning method most often used by practice professions. These learning opportunities are beneficial, yet have been identified as impacting students negatively due to the expectation for evaluation, student's fear of causing harm, their self-perceived lack of knowledge, and the known vulnerability of patients (Admi, 1997; Cooke, 1996; Henderson, Cooke, Creedy, & Walker, 2012; Ironsides, McNelis, & Ebright, 2014; Suliman & Halabi, 2007; Murphy, 2004; Tanner, 2006). When one considers the clinical context of oncology, where negative associations are prevalent and where acute and complex patients are often the focus of care in the inpatient setting, the associated benefits of clinical practice for nursing students is more likely impacted (Box & Anderson, 1997; Charalambous & Kaite, 2013; Nielsen, Noone, Voss, & Mathews, 2013).

High-fidelity, or simulated clinical experiences (SCEs), are also effective techniques used to foster learning in healthcare professional education (Corvetto & Taekman, 2013; Paige, Arora, Fernando, & Seymour, 2015). The embedded component of post-simulation debriefing, a distinguishing feature of SCEs, is a key element for enhancing student learning (Janzen et al., 2016; Meakim et al., 2013; Wotton, Davis, Button, &

Kelton, 2010). Another experiential learning technique that is less acknowledged in the literature, is low-risk, observation-only experiences. Though little focus on this form of experiential learning can be found in the literature, this method has been identified as an opportunity to reduce some barriers to learning and as a way to facilitate more robust reflection in relation to attitudes and perceptions (Admi, 1997; Mazerolle, Bowman, & Benes, 2015; Meakim et al., 2013; Wong & Lee, 2000). Observation-only experiential learning opportunities in pre-licensure nursing programs have not been noted in the literature at this time.

Nursing student preparation and confidence in caring for individuals and families impacted by cancer is important considering the prevalence of the diagnosis. In general, nursing students feel a lack of preparedness to care for individuals diagnosed with cancer (Charalambous & Kaite, 2013; Frost, Brueggen, & Mangan, 1997; Miller et al., 2000; Mohan, Wilkes, Ogunsi, & Walker, 2005; O'Connor & Fitzsimmons, 2005; Wyatt, 2007; Yildiz & Akansel, 2011) resulting in increased feelings of anxiety, stress, and inadequacy (Admi, 1997; Andrew, McGuinness, Reid, & Corcoran, 2009; Cunningham et al., 2006; Miller et al., 2000; Sanford, Townsend-Rocchiccioli, Quiett, & Trimm, 2011; Yildiz & Akansel, 2011). Some research has shown that supportive, oncology-specific clinical experiences may increase confidence and competence of students (Mohan et al., 2005; Sanford et al., 2011). Providing these learning opportunities in a variety of oncology settings has also been identified as a way to alter common cancer misconceptions, specifically regarding patient morbidity and mortality (Komprood, 2013; Sanford et al., 2011).

While some studies have focused on perceptions of cancer and the provision of care to cancer patients, limited literature is published on the attitudes of pre-licensure nursing students' before, during, or after exposure to oncology settings (Charalambous & Kaite, 2013). Acute care has continued to be the common setting where nursing students are exposed to oncology patients. Research on exposure outside this area is scant (Cunningham et al., 2006; King-Okoye & Arber, 2014; Yildiz & Akansel, 2011). Research is limited regarding pre-licensure nursing students' experiences in different types of oncology settings, such as ambulatory care, as well as the impact that these unique clinical placement opportunities have on beliefs and attitudes towards cancer and oncology patients (Coyne & Needham, 2012).

## RESEARCH QUESTION

This study sought to gain an understanding of the experience of nursing students who participated in an observation experience through Alberta Health Services at the Tom Baker Cancer Centre in Calgary, Alberta. Of particular interest was the meaning of the experience to the students, as well as their perceptions and beliefs about cancer. The research question for this study was, "What are the experiences of first year nursing students of an experiential learning opportunity in an outpatient oncology setting?"

## METHOD

This qualitative research project was guided by a hermeneutic phenomenology approach (Guenther, 2014; van Manen, 1990). A unique feature of this study was that the Principal Investigator (PI) was in the dual role of professor for one section of the course with which the observation experience was associated, as well as researcher for the project. As a result, a Research Assistant (RA) was employed for recruitment, distribution of consent forms and data collection in order to minimize potential conflict of interest. Human subjects research ethical clearance was obtained prior to study initiation.

Prior to data collection, the RA undertook bracketing of thoughts by identifying preconceived notions about the participants' experiences at the outpatient oncology centre in order to ensure validity of the study. Data were collected through face-to-face, semi-structured individual interviews, as a way of gaining an understanding of the meaning of the experience from the student participants (Guenther, 2014). Demographic information was not collected as part of this study. A total of 10 first-year nursing students who had participated in the observation experience at the outpatient cancer clinic agreed to be part of the study. Participants happened to be equally distributed from the Fall 2015 and Winter 2016 terms. There was no difference in knowledge or experience of the participants due to the curriculum including course pre- and co-requisites. The areas within the outpatient oncology centre that students could have observed were bone marrow transplant, chemotherapy treatment, clinical trials, outpatient clinics and radiation therapy. Each participant interview was digitally recorded and transcribed verbatim. At the time of transcription, all identifying information was removed to maintain confidentiality of participants.

Van Manen's (1990) approach to hermeneutic phenomenology was used to undertake analysis and interpretation of the data, as a way of discovering themes and related statements in the descriptions. After data preparation, and following the Winter 2016 semester, the PI participated in bracketing of thoughts before transcripts were read. In order to gain an initial impression, each transcript was read individually followed by multiple re-readings of the transcripts to identify themes related to the observation experiences. Key statements in each data file were underlined, recurring themes were identified and during subsequent readings, additional themes and statements were noted and highlighted (van Manen, 1990). All statements noted to have similar meanings were compiled into themes, which then underwent further interpretation (Dhotre, Adams, Hebert, Bottai, & Heiney, 2016). These essential themes were then described using an explanation or participant quote (van Manen, 1990).

## FINDINGS

Two major themes emerged from the data: a) circles of relationships, and b) the many sides to outpatient oncology. Essential themes that were discovered relating to circles of relationships included 'collaborative care teams', 'like family' and 'finding the balance'. Essential themes that emerged related to the many sides to outpatient oncology included 'cancer is a personal thing', 'the calmer side of care' and 'educating as caregiving'.

### Finding 1: Circle of Relationships

This theme reflected the perspective participants gained about the relationships that are part of the outpatient oncology setting. Rather than these collaborations being dyads, there was an intertwining, overlapping and relational way in which space and interactions were created and maintained that was noted by the participants.

**Theme 1.1:** The theme 'collaborative care teams' represented the relationships among the healthcare professionals and with the patients, as identified by the participants. The participants' perspectives of the healthcare professionals, the patients, and the RNs in their role at the cancer centre was not as they expected. Participants anticipated "a huge hierarchy" between the oncologists and other members of the team, assuming paternalism would be evident based on preconceived impressions of healthcare teams to which they had never been exposed. As described by one participant:

*This whole conversation about um ... she had an issue with sleeping pills she was on and the pharmacist had called her and told her the issue, and then (the RN) told her what to do in the meantime, and she was waiting to get into her family doctor. So, it was interesting to hear all three ... How all three kind of intersected. Like ... work(ed) together to kind of make things work. (P-001)*

**Theme 1.2:** The theme 'like family' referred to the level and type of relationships that the RNs, the patients and their families demonstrated. Participants indicated warmth and familiarity as being evident in their observations of the relationships, which varied from the sterile and distant relationships they had expected. The communication patterns and connections that many of the RNs had with their patients were "professional" and "respectful", yet the participants spoke to the idea that it was not what they had interpreted from their textbooks or courses thus far in the nursing program. As one participant illustrated:

*I was really surprised at how emotionally attached the nurses were to the patients. 'Cause one patient, she was going to be gone next week. The nurse I was shadowing, she was really upset because the week after, she wouldn't be in town – and she got really emotional with the patient. And the patient got emotional too. I never realized how emotional it can be. Because they get to see each other for ... about six months and they got really attached to each other. (P-003)*

The openness and support demonstrated by healthcare professionals to each other was also highlighted:

*And it was interesting to see how everyone is really close with each other. Like, all the nurses and the residents and the pharmacists, they're very close with each other. Like, they know each other very well. Not even like from profession to profession, but more like they know how their lives are: like, their personal lives. (P-003)*

**Theme 1.3:** The theme 'finding the balance' pertained to the participants' understanding of cancer and their perception of what was expected from and within the oncology setting. The participants anticipated that the setting would be a 'place of sadness', but as they interacted with the RNs, the patients,

families, and other members of the healthcare team, there was an emerging understanding that both patients and the RNs were empathetic towards each other's experiences, as well as to those around them.

*I realized how real it can be with the patient; how it honestly does affect their life. Because patients, although they're really sad, they also are ... They don't want their whole life to be centred around just them. They're human; they want to listen to other people's issues. (P-003)*

The realization that individuals from all backgrounds and life experiences can be diagnosed with cancer and that a person is 'not only a cancer patient' came to be understood by participants. This was further expanded as participants came to understand that some cancer patients were required to, and in some cases needed and desired other roles and responsibilities in their life outside that of being a person with cancer.

*...It surprised me how happy some of the patients were there. There was one guy in a business suit. He has his laptop and he was working while he was getting his systemic therapy done. (P-004)*

The dynamic nature of the setting and the ability of the RN to address the many demands placed on them also emerged.

*So, I was very surprised on how they (the nurses) were... being blunt, but also, like, being gentle... Also, that aspect of there's five patients in the waiting room... But they still do take the time to answer all the questions. (P-010)*

## **Finding 2: The Many Sides to Outpatient Oncology**

This theme arose in relation to the context of the preconceived beliefs about a diagnosis of cancer and the setting itself. Participants came to understand that context in relation to individuals and families impacted by cancer was important to acknowledge. Participants also gained an understanding of the dynamic nature of the illness and the impact of the ambulatory setting within the cancer context.

Theme 2.1: The theme 'cancer is a personal thing' described the understanding that was gained that each person diagnosed with cancer was unique and an individual. The attitude of cancer patients and their families, as well as the way in which the clinic environment itself exposed individual situations was most revealing. As one participant stated:

*Every patient that came in was different and had a different ... They all had ... They all seemed to have really positive attitudes though, which is something that most people would think would be unexpected when you're going into an oncology unit. (P-001)*

Many of the participants also described gaining understanding about cancer as a diagnosis and the different objective assessments of patients in relation to symptoms and tolerance of treatment. Some participants also came to understand cancer in a different way from what they had known prior.

*... and it didn't really seem like they were sick. I guess. They seemed very .... I know what we learn, that healthy is abstract, but they seemed to me to be very healthy and casual and normal. And it made me realize that, 'Oh well, anyone can actually have any disease.' ... That opened my mind. (P-003)*

Theme 2.2: The theme 'calmer side of care' described the setting and participants' expectation of a fast-paced, "intense" clinical environment. Caring for "traumatic" cancer patients who experienced extreme nausea, pain and distress was anticipated by most participants. However, they came to understand that within an outpatient oncology setting, caring appeared differently:

*Then when people get a reaction, (but) they were on top of that. They know which drugs to expect a reaction from, so, if a patient's getting one, they know to keep an eye on them. They were quick. Like, this lady when she started her reaction and went flush, and probably I would say about 30-45 seconds later was she was back to normal. (P-001).*

This participant held great respect for how the RNs dealt with the patient and how they were able to return to their responsibilities once the patient had responded to treatment. Consistently, participants were surprised with the mood and overall sense of peace in the setting.

Theme 2.3: The theme 'educating as caregiving' became evident in the data, as participants gained an understanding of the roles and responsibilities of the RNs at the cancer centre, as well as the domains in which they worked. It emerged that, by educating, the RNs provided a vital type of care to patients and their families. Participants identified that without this educating, the experience and outcome for patients would have been greatly impacted. As one participant reported:

*I kind of got to see her (the nurse) in her teaching role. Um ..... and teaching him how to do needles and how to really support the patient and his wife through it all. Um... It was really, really interesting. She (the nurse) was very positive throughout the whole thing. (P-009)*

Some participants spoke of the manner in which education was provided to patients. As one participant identified, it was "very therapeutic, very straightforward, but in a way that isn't disrespectful and still, like, respects their situation." (P-010)

## **DISCUSSION**

As an experiential learning opportunity, the observation experience at an outpatient oncology centre was influential to participants' overall understanding of RN roles, responsibilities, and relationships. It also improved student's understanding of cancer patients and their care needs. Although some nursing students who attended the outpatient setting had not wanted an oncology setting for their pre-clinical observation experience, there was consistency among participants that their perspectives of cancer, cancer care, and the image of oncology patients were positively impacted.

Given that the observation experience occurred prior to any clinical placement rotation, and for several participants signified first exposure to a clinical setting of this kind, some of the themes that emerged were possibly a result of limited overall knowledge on the part of the students. However, literature reveals that undergraduate nursing programs generally lack content on cancer, or have content sparsely scattered throughout the curriculum, such that little benefit is provided (Box &

Anderson 1997; Cheung, Fishman, & Verma, 2009; Komprood, 2013; Miller et al., 2000; Mohan et al., 2005; O'Connor & Fitzsimmons 2005; Sanford et al., 2011). As a result, the understanding gained by the nursing student participants in this study is unlikely to have been significantly different even if the experience had occurred later in their nursing education (King-Okoye & Arber, 2014; Yildiz & Akansel, 2011).

Nursing students in this study were able to express some connection between the theory learned in the first year of their nursing degree to aspects observed during the clinical exposure, and to individuals with whom they interacted at the outpatient centre. In particular, the concepts of collaboration, health and illness, and caring were acknowledged. Theory to practice connections are essential both for student nurses and RNs in practice (Edwards, Anstey, Kelly, Ballie, & Hopkins, 2017). Conveying abstract concepts is often a challenge in theory courses, particularly when there is little or no clinical context (El Hussein, Salyers, & Osuji, 2016). By utilizing this low-risk observation experience in conjunction with a theory course for pre-licensure nursing students, participants in this study identified an acquisition of knowledge related to oncology and a modification in their beliefs and misconceptions related to oncology, cancer care, and the roles of RNs.

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## CONCLUSION

The foundation of this research focused on the use of an experiential learning opportunity in the form of a pre-clinical observation experience, to enable students to develop knowledge through a type of practice-based self-learning (Barr & Tagg, 1995; Crookes, Crookes & Walsh, 2013). Through this research, the impact of low-risk experiential learning on a group of pre-licensure nursing students was appreciated and an understanding of the experiences of these students in an outpatient oncology centre emerged. The findings from this research provide an opportunity for nurse educators and oncology nurse leaders to continue to address how oncology and cancer care knowledge is embedded in curriculum, as well as the impact of using innovative learning techniques for areas of practice that are associated with misconceptions and assumptions. With this, potential benefits to students, patients and families, and the healthcare system may result.

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