# NURSING STUDENTS' EXPERIENCES IN CLINICAL NURSING ENVIRONMENT

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**Title**

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Abstract

Clinical placement environment is a considered an important component with respect to clinical learning and the learning outcomes. An insight into the Nursing students' experiences of their clinical placements provide helps to develop effective clinical teaching strategies in nursing education. The aim of this study was to investigate nursing students' experiences about their clinical placement environment.

The study was based on a qualitative research approach. Focused group was used to obtain students' opinions and experiences about their clinical practice environment. Four, second year nursing students' at JAMK University of Applied Science were selected randomly for the interview. Semi-structured interview method was used to collect data.

Four main categories emerged from the focused group data. From the nursing students' point of view, ''language and interaction '', ''clinical placement atmosphere'', ''clinical supervision and support'', ''student as a learner'', were considered as important factors in clinical experiences. The result of this study showed that nursing students' overall experience was positive but there are some aspects which impact negatively on student nurses' clinical experiences such as language barrier negative clinical atmosphere and lack of supportive mentorship.

Keywords/tags

Experiences, Clinical environment, Clinical placement, Nurse students'.

Miscellaneous

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# 1 INTRODUCTION

The aim of this study is to explore nursing students' clinical experiences. The clinical learning environment is a complex social entity that influences the student learning (Ip & Chan 2005, 666). Learning in the clinical nursing environment is a significant component of nursing education. This learning environment offers the students' an insight of the working environment, what to expect in the real working life hence it's considered an important part of a student life.

Quality of nurse education depends significantly on the quality of the clinical experiences that nurse students' experience in the clinical environment (Henderson, Twentyman, Heel, &Lloyd 2006, 567). Clinical learning environment includes everything that may surround the nursing students, including the clinical settings, staff and the patients (Papp 2003, 263). According to Henderson (2011, 3) earning in the practice settings is invaluable for the nurse students', which is why clinical placement normally accounts for 50% of the nursing curriculum. The purpose of clinical practice has been illustrated in different literature (Papp 2003, Henderson 2011) stating that clinical practice not only offers a learning environment but it also prepares the nursing students to become competent professionals who will be able to provide quality health care as well as promote health of the different people they will encounter.

JAMK University of Applied Science, nursing education is a three and half year bachelor programmer covering 210 European Credit Transfer System (ECTS) points. This degree programmer covers both theory and practical training. The practical training represents one third of the nursing studies and it is implemented in several phases in various health care environments (JAMK webpage, 2013). The purpose of this study was to explore how nurse students' experience clinical practice environments during their training. Additionally, this study may provide information which can be used in preparing future nursing students' before their clinical practice rotation

# 2   NURSING EDUCATION

According to the European Union standards, nursing education for nurses responsible for general care comprises of theory and professional practice. European Union standards further state that, training of general nurses comprises of at least three years of study or 4600 hours of theory and professional practices, duration of theoretical training should at least represent one-third and that of clinical practice at least one-half of the minimum duration of the training (Official journal of European Union 2005, 40).

Learning is provided to the student nurses with the aim of preparing them for the working life as nurse professionals. Theory done in classrooms gives the nursing student theoretical knowledge which they must apply to their work in practice placements. Classroom learning is contextual and linked to the clinical learning. Learning enables a student to adapt to the demand and changing circumstances. It is crucial in health care for the students' to acquire necessary skills needed to become professional nurses. Learning process relate to almost every aspect of daily life, theory can be applied to solve problems, develop effective behavior, change unhealthy habits and build constructive relationships in their clinical practice places (Chan2002, 72)

## 2.1  Clinical Learning environment

Clinical environment experiences have been a major integral part of nursing education. Clinical learning environment is a significant component with respect to clinical learning and learning outcomes (Henderson, Twentyman, Heel, & Lloyd et al., 2006). A clinical learning environment includes everything that surrounds the student nurses', generally it includes, the clinical staff, patients' and clinical settings, the clinical practice takes place on

a social complex environment, where both patient care and student learning are integrated (Ip & Chan et al., 2005).

Clinical training takes part in hospitals and other health facilities or community, under the supervision of health professional and teachers. Clinical practice can be considered a significant part of students' personal and professional growth as well as development of their professional proficiency. Additionally clinical learning environment is a key aspect of the nursing students' preparation in their future work, Student nurses' learn to organize, implement and evaluate the comprehensive nursing care on the basis of the skills and knowledge learned from theory. The student learns not only to work as part of a team but also how to make care plan to individual patients'. (Official journal of European Union et al., 2005, 41).

Clinical learning environment can influence the nursing students' learning both positively and negatively. The experiences in a clinical nursing environment can have a profound impact on the students' learning. Positive experiences influences learning in a clinical learning environment, these include right application of theory to practice, effective mentoring and constructive feedback to the students. Good interpersonal relationship and constructive feedback have an impact on the clinical learning environment, this create and maintains a good clinical learning environment for nurse students' (Levitt-Jones, Lathlean, Higgins & McMillan 2008). Clinical practice stimulates students to use their critical thinking skills for problem solving. Nonetheless, students learning development may be affected by poor relationship with the clinical staff, lack of support from both educators and mentors and other negative experiences (Ip & Chang et al., 2005).

## 2.2 Clinical supervision and support

Clinical supervision is seen by other researchers as a development opportunity to develop clinical leadership, this supervision is also a major element in facilitating learning in a clinical nursing environment (Papastavrou, Lambrinou, Tsangari, Saarikoski, Leino-Kilpi 2010). Clinical supervisors' task is to enhance learning through provision of different opportunities for learning, positive opportunity can contribute significantly to the students' competency and development. Effective and sufficient supervision from the clinical supervisors' in a clinical environment is vital to the students learning and wellbeing (Levitt-Jones, Lathlean, Higgins & McMillan at al., 2008).

Supportive clinical supervisors can act as good role models to the nursing students if they constantly support and direct the nurse student. Different aspect of supporting nurse students in the clinical environment includes, teaching practical skills, assessing and facilitating learning, giving constructive feedback, facilitating the integrating of theory into practice and engaging in one to one discussion with the students' as well as role modelling (Sharif & Masoumi 2005, 4). According to (Papastavrou, Lambrinou, Tsangari, Saarikoski, Leino-Kilpi et al., 2010) regular supervisory discussions and mentorship which focuses on individual supervision can act as a strong supporting element. Individualized supervision facilitate learning in the sense that one on one relationship with the supervisor is promoted, this allows the students' to express their learning experiences and feelings at the clinical environment, thus leading to self-confidence and also it promote socialization and professional development thereby attaining clinical competency (Saarikoski 2007).

Apart from clinical environment supervision, peer support and social support as a vital element in facilitating students learning. Talking about different experiences students' go through helps them to find comfort in each other by sharing different or similar clinical experiences, when the students tend to

have social support from friends and significant others, they perform better both clinically and academically (Saarikoski et al., 2007)

## 2.3 Stressors during nursing practice

Stressors can be defined as a dynamic interaction between an individual and the environment. Nursing students face not only academic stress but also stress during their professional practice. Learning in clinical settings creates challenges which are absent in the classroom. Different stressors arise during nursing practice rotation which may affect students' learning. Different stress factors including use of second language and supportive mentorship have been linked to students' experiences (Pulido-Martos, Augusto-Landa, & Lopez-Zafra et al., 2012).

Different themes as of the literature review include, exploitation as a potential source of stress for students as they try to please their clinical mentors, teachers and other ward staff, whilst trying to 'pass' the clinical education. Lack of a common language is seen as a stressor and a barrier in learning at the clinical placement environment (Magnusdottir 2005). Additionally, procedural aspects of patient care, Interpersonal relationship with health care providers, Making mistakes or errors due to lack of knowledge, Dealing with hospital equipment and being observed and assessed by mentors. Besides these stressors being linked to clinical practice environment, students are always facing stressors outside the clinical settings which may lead to psychological stress (Kleehammer, Hart & Keck 1990, 184)

# 3 AIM AND PURPOSE

The main aim of this study is to investigate nurse students' experiences during their clinical practice, as well as briefly see what sort of coping strategies they use. The purpose of this study is to explore how nurse students' experience clinical practice during their training. Additionally, the study can provide information which can be used in preparing future nursing students' before their clinical practices. Therefore, to achieve the aims and purpose two questions have been formed to act as a foundation to the study. These questions are:

- What are the nurse students' experiences during their clinical practice?

- What are the nurse students' coping strategies during their clinical practice?

# 4 IMPLEMENTATION OF THE STUDY

## 4.1 Research methodology

Research in simple terms, refers to search of knowledge. It involves detailed verbal description of characteristics cases and settings, it uses observation, interviewing and document review as source of data (Meurer, Frederiksen, Majersik, Zhang, Sandretto &Scott 2007, 1065). It is also a scientific and systematic search for information on particular topic or issues (Kothari 2004, 1). Qualitative research method was used in this study. The study aimed on getting a holistic view, with qualitative method it is possible to get holistic view from a topic (Doody & Noonan 2013). The researcher studied nursing students' experiences by attempting to interpret the phenomena in terms of the meaning the students' present.

Interview was used in this study to collect data. According to Fontana & Frey (2000, 645) Interviewing is one of the most powerful ways in understanding

fellow human beings. Interview as a data collecting method was seeking to describe the meaning of central themes in the life world of the students' (Kvale 1996, 14). Researcher's interest to collect data in unlimited way, as much as possible lead to the choice of data collecting method used. Additionally the researcher wanted to freely vary the wording and order of the interview to ensure the flow of information as well as listen directly to the participants' as they speak about their experiences. The researcher wanted those who are studied to speak for themselves, to provide their perspective in words and actions (Doody & Noonan et al., 2013).

## 4.2 Participants and recruitment

Participants were students' from JAMK University of Applied Science from the nursing degree Programme, currently pursuing their degree in nursing. The interviewer asked permission from the University to interview the nursing students. Once permission was granted she approached the second year nursing students' during one of their school day and verbally invited the students for the interview.

The researcher randomly approached six nursing students' and issued them with invitation letter for the interview. The invitation letter, contained personal information of the researcher, the topic of the study, when and where the interview was to take place (Appendix 1, 28), besides, the researcher was flexible with the timing of the interview hence no pressure upon the students'. Five students', who were issued an invitation letter, called the researcher to confirm their participation and one other participant wrote an email confirming. Out of the six students' who confirmed participation, only four participated in the interview.

## 4.3 Collecting the data

The interview was held at JAMK University cafeteria, coffee and snacks were also served and a relaxed atmosphere provided for the participants. The interview was held in English, because it was the common language. Semi structured interviewing method provided an opportunity for both the author and the participants' to discuss some topic freely and in more detail and also this method provided an opportunity to prompt a response (Doody & Noonan et al., 2013). Theme questions were already prepared beforehand (Appendix 3, 30). The themes included open-ended questions but also the researcher anticipated that some questions would arise naturally during the interview hence flow of information. In the interview the focus was put on the informants' subjective experiences of the themes and in the course of the interview the researcher ensured that all the themes, which were selected in advance were covered (Hirsjärvi & Hurme 2000, 47)..

A pilot study was conducted beforehand with the help of researcher's classmates, who were in the same year of study. A group of eight classmates agreed to help with the pilot study after face-to-face explanation of what the study would involve. This pilot study not only enable the researcher to see the logic and gather information given as comments and feedback but it also provided an insights into refining questions and pointed out issues that were to arise in coding, interpreting and reporting of data. The pre-test resulted into minor revision and refinement (Clough & Nutbrown 2007, 133)

The group interview was recorded to help the author during analysis, audio seemed to be by far the best way to obtain interview data, this means no comments was lost as the researcher could review the interview over and over again (Clough & Nutbrown et al., 2007, 130). The interview lasted for 29mins, after data collection, the interview was analyzed with the help of theoretical background to achieve a mind map of the study.

## 4.4 Data analyzing

Analysis of data involved summarizing the mass of data collected and presenting the results in ways that communicates most important features (Hancock et al. 2002). Immediate debriefing after the interview was done and notes were made. The debriefing notes included comments about the focus group process and feeling about the interview. This helped in noting and considering any non-verbal behavior such as non-verbal communication, gestures and behavior. The interview was then transcribed into text so that analysis of the data would be easier. Transcribing was done by listening to the interview through media player several times and writing the interview notes down on Microsoft office word. Even though the researcher had gone through the materials already twice, when interviewing and when writing down the interview, reading the transcribed notes through as a whole several times was essential. A procedure also advocated by Powell & Renner (2003) who emphasize the important of reading as it sets the base for the analysis.

The method used to code and categories focus group data was conventional content analysis, adapted from approaches to qualitative content analysis discussed by (Graneheim and Lundman 2004, 107), where coding categories were derived directly from the text data. For coding the interview transcript it was necessary for the researcher to go through the transcript paragraph by paragraph as well as line by line, looking for important statements and codes according to the topic addressed. The various codes were compared according to similarities and difference then after they were sorted into four categories.

# 5 FINDINGS

General opinion about the clinical placement environment from the students' was positive. The feeling left from the interview was that, even though sometimes students' faced different challenges like language barrier and non-supportive mentors, the students' would looked for motivation from somewhere else and stay focused in their clinical placement places hence learning and developing. Coping strategies mentioned by the students' not only helped the nurse students' persevere in their clinical placements but also they helped motivate and manage stress arising from their clinical practice.

**Figure 1:** Mind map of the finding
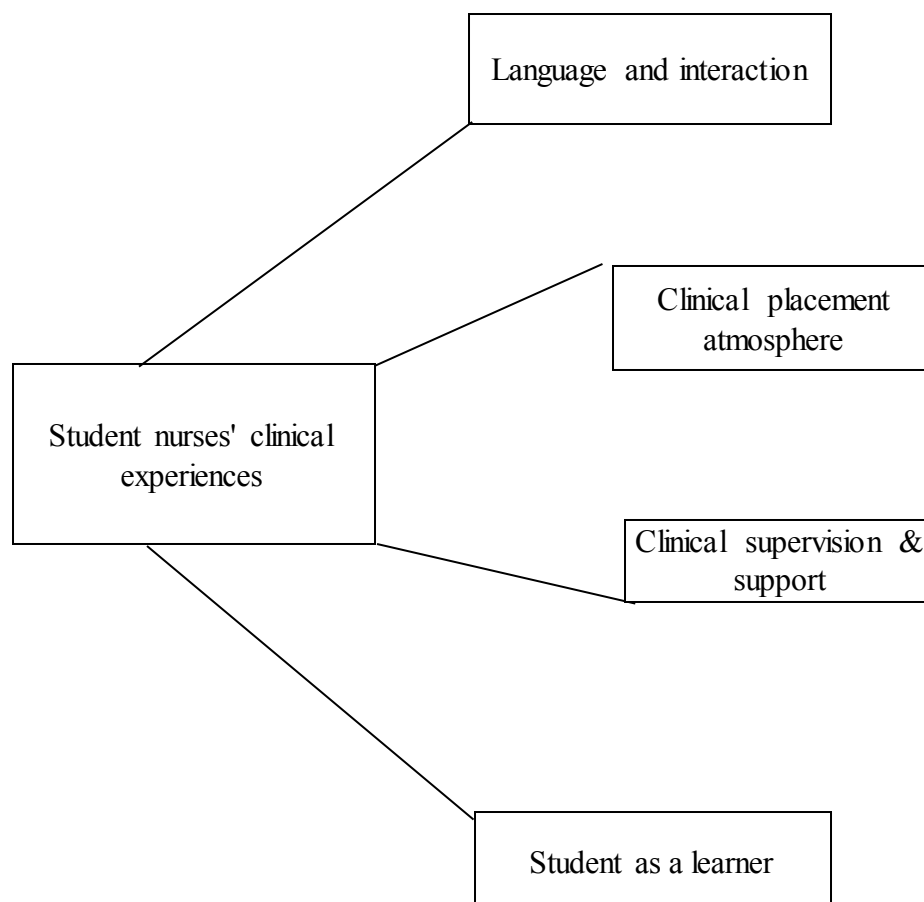
## 5.1 Language and interaction

In the course of the interview language barrier as a problem was raised several times in the contexts. According to the informants' it was difficult to find mentors who could fully communicate in English language. Mutual language was missing in the informants' interaction with the hospital staff, patients and mentors.

> *"My mentor expected me to have a better command of Finnish language and she showed annoyance when i wasn't able to fully grasp what she was saying. That kind-of built a barrier between us"*

The lack of a common language between the clinical mentors and the informants made the clinical practice rather frustrating at times. Opportunity to observe and learn clinical procedures were most of the time missed because the students were busy trying to understand the language rather than the clinical procedures. Informants were also not able to express their feelings and thoughts as well as understand the whole meaning of an interaction with their clinical mentors. Documentation, giving and receiving report from other clinical staff was viewed by the informants as challenging because even if they knew what they wanted to say, they couldn't express it completely in Finnish language. Informants with a good command of Finnish language seemed to settle in their clinical environments easier.

> *"For me definitely the major problem was language, that was more of a stressor for me, especially in my first practice because i approached the practice by wanting to understand everything that was being said and in doing so not following the procedures....Not observing or taking time out to learn the procedures because i was so focused on the language itself"*

## 5.2 Clinical Placement atmosphere

Informants expressed that different clinical environment offered different experiences and every environment felt different, they had to learn to adapt to it. Clinical environment came with different challenges but despite that, the informants overall clinical experiences were good and contributed to their learning development. Clinical atmosphere was not only seen as important when it favored the informants but also it facilitated learning because the students were relaxed.

> *"Overall experience has been good and I've learnt a lot, though my mentor didn't seem too glad to see me...because I could not speak Finnish. She was cold towards me at fast and the atmosphere felt cold and stressful"...*

The informants also talked about how important it was that the clinical placement in general had a student-friendly atmosphere. They felt that if the atmosphere at the clinical environment was fair and inviting, leaning occurred. Although they appreciated to be included as a member of the staff, it was important that they were allowed to be students. Some of the informants were able to learn to solve problems in a culture that tolerates faults and mistakes as part of the learning process, they not only felt unpressured but also they were more relaxed in their clinical practice places.

> *"Despite the language, the atmosphere was nice and my mentor super good. I broke some equipment .... but my mentor told me, it's ok we can get another one, your still a student, your practicing, you make mistakes and you learn"*

## 5.3 Clinical supervision and support

At the clinical practice environment, supportive mentoring was seen as a gateway to the learning world by the informants. The mentor's ability to be friendly, understanding, including, and willing to adjust if necessary were qualifications preserved by the students' as important.

Mentors attitude towards the students' was presented as overall satisfactory. Despite the language barrier, different mentors' made an effort to see that their nurse students' felt welcomed and supported during their clinical practical time. Supportive mentors were teaching practical skills, facilitating learning and giving the students' constructive feedback which could help them better themselves'. These mentors were supportive of their nurse students' obtaining clinical knowledge.

> *"I had mentor-student discussions time at least every week, this helped me to explain myself to my mentor, i told her what areas i felt that i needed to focus on and she advised me on how to get the best out of the practice. This really helped, the individual discussion moments with her"*

Informants experiences varied considerably, in some clinical placement places mentors were adequately prepared and welcoming. On the other hand, other mentors had difficulties working well with their students', this created barriers between the student and the mentor, hence not promoting good learning development, instead informants perceived the clinical practice as a waste of time. Positive experiences improved informants own motivation for learning and their self-confidence and on the contrary difficult or bad situations could result in a negative perception of the clinical studies and poor student-mentor relationship.

> *"My mentor expected so much from me, she showed annoyance when i wasn't able to fully grasp what she was saying. That kind-of built a barrier between us and i felt that my chances to learn were lost"..*

## 5.4 Student as a learner

The willingness and anxiety to learn new things during their practical placement lead the desire to be a learner and not just an observer. The informants emphasized that the practical experiences had affected their learning in a positive way, despite going through some challenges. The informants pointed out that, this whole clinical practical experience had not only helped them in learning clinical part but also improved their Finnish language.

The informants emphasized the meaning of the empirical concept learning by doing. They felt that, they actually got to do and learn so much through "doing" during the clinical practice because they got to spent time with the patients' themselves' and practice different kind of patient care. Theory process in school felt long and it involved a lot of reading, while the clinical skills time was short that the informants didn't feel like they were doing enough. The clinical experiences helped the informants to better face different challenges with each clinical practice.

> *"I had total positive experiences because ...i practiced something during my practice, during the learning process i was all the time feeling that we are just reading theories and doing nothing...also skill lab time in school is very little"*

## 5.5 Coping strategies

Positive coping strategies were the source of a good learning development for the students'. These positive coping strategies were the actions the student's took, to manage and reduce stress that they were going through at their clinical placements. The students' were able to use positive strategies to better tackle their challenges and bounce back from challenging experiences.

The informants emphasized on '**turning to someone you trust'** as a big source of coping strategy. Sharing what experience they had with fellow classmates, friends or family was viewed like a relief factor and as a way to loose stress and look for motivation to stay focused and able to learn. Talking to classmates or someone else who was going through the same experience or even different experience helped the students' during their problems, by sharing their daily experiences among each other, this way they would find coping solution which could help them throughout the practice. Families brought great support both mentally and emotionally. They not only gave the students' advice but also helped the students' talk and focus on something else.

> *"Talking to my family...Sharing experiences with fellow classmates, it helps because they can relate.... when you tell your story, they have a similar story or something that is more exciting and so you share in your experiences and you lose all the stress while doing so"*

**Overcoming negative patterns of thinking through self-talk** was another coping strategy mentioned by the informants. Self-talk seemed to help see things from a more positive perspective and give a huge boost to the students' confidence. Realizing that they were only students' going through a learning process helped them not to stress as much. It also helped the students' not be so hard on themselves no matter the experience, reminding

themselves about approaching unpleasantness in a more positive and productive way, thinking the best is going to happen and not the worst.

> *"I say to myself, am leaning, am not a pro and things will happen"*

'**Honing communication skills'** was also mentioned as a significant coping strategy. Learning how to communicate a problem well with the teachers would help prevent conflict from escalating at the practical place as the teacher could intervene on the student behalf and could help solve the cause of some stressors at the clinical placement. Teachers were considered to be supportive and available for the nurse students'. Additionally they were able to listen to the students' problem in a professional and friendly approach.

> *"Contacting the teacher if one is in much trouble, because the teachers are always listening to you and are really supportive during your practical training"*

Setting aside '**regular time for oneself'** was seen as a good coping strategy because this coping strategies helped the student drift into a peaceful state of mind, forgetting the surrounding, hence being ready to face the challenges ahead after. Talking time off included shutting down the clinical placement environment from the students' minds and focusing on something else or simply taking time for deep breaths as a way of relaxation. Clinical placement environment proved overwhelming for the students' sometimes and they needed to relay on their coping strategy to get though.

> *"Taking time off from the practical training, I would run to the toilet and have deep breaths or i would go for a long lunch break...of course with the permission of my mentor. When i come*

*back for the second shift or round then am relaxed and ready to face whatever is gonna come my way"*

# 6  ETHICAL CONSIDERATIONS

Protection of participants' identity is a major ethical consideration even during publication of the study. Throughout the research it was important to engage in ethical practices and also anticipate before conducting the research, ethical issues that may arise during the research (Hesse-Biber & Leavy 2011).

Prior to conducting the study, the researcher asked permission from the University of applied science to study the students' and permission was granted. Informed consent (Appendix 2, 29) which described the purpose of the study, benefit of the study, right to confidentiality and right to withdraw was distributed and explained to all participants', this issues can also be seen in the work of (Sarantakos 2005).Their right to confidentiality and anonymity was followed throughout the interview, no identifying information of the participants' is published in the report. The researcher also understood participants' names and personal information was not to be given to the third party without the participants consent (Fouka & Mantzorou et al., 2011).

The data retrieved from the interview was not ethically risky or valuable and does not contain personal information. The data was handled with care to avoid it landing on the wrong hands, this was ensured by safe storage of the devices used to store the data, including recording device and the transcribed notes. The recording device used to collect data from the four participants was stored in a locked safe at all times while under use by the researcher. The researcher did not take sides or try to suppress any information to fit the research. Information which was deemed as harmful to the participants was not disclosed since confidentiality was an important subject. Data collected was kept for a period of time while being analyzed. After data analysis and presentation of the finding, the data was destroyed to prevent it from falling into the hands of other researchers who might misappropriate it (Creswell et al.2014, 100).

## 6.1  Credibility integrity and objectivity

Credibility of this study was evaluated through the five standards of criteria set by Burns (1989, 48). These standards include descriptive vividness, methodological congruence, analytic preciseness, theoretical connectedness and heuristic relevance. Description of the site, participants' (informants'), experience of collecting data was done clearly that the reader has a sense of personally experiencing the event. Careful steps were taken to ensure data was accurately recorded and data obtained was a representative of the data as a whole. Theoretical scheme developed from the study are clearly expressed, logically consistent, reflective of the data and compatible with the knowledge base nursing (Burns et al., 1989).

Data to be presented as final work was a summary of what the participants had expressed on the interview. The researcher also quote the work of other researchers accurately and give them credit, she takes due account of the work and achievement of other researcher by respecting their work, citing their publication appropriately (Varantola, Launis, Helin, Spoof & Jäppinen S. 2012). It is important for good ethical research to maintain objectivity, the researcher did not involve personal feelings instead listened to informants point of views and use informants' information for the final work. Data is communicated in a clear and straightforward way with appropriate language (Creswell et al., 2014, 101)

## 6.2  Limitation of the research

It is not appropriate to make generalizations of qualitative findings. In general the purpose of qualitative study is to explore the meaning of individuals' experiences and a transcribed interview text may be understood and interpreted in various ways. Therefore it is important to view the present interpretation as one among many possibilities of interpreting the interview. From the interview, some experiences were very individual and actually some

categories were formed from one single informant experience. On the other hand, most of the informants seem to agree strongly of some experiences, just to mention, language barrier and the importance of having a supportive mentor. The study example was also limited as it consisted of one focused group of students' from the same class and also from the same University of applied science in Jyvaskyla, the study could therefore not be generalized to nurse students' in the whole University or any other.

Four second years students' participated in the interview. Though considered by the researcher reasonably good number, it still affect the reliability of the study. Based on the interview, one would at least conclude that, the two missing participants' could have given the same feedback as the ones interviewed, though it is not safe to assume that. Besides, the two missing participants could have had different opinions about the experiences and could have added to the findings.

# 7  DISCUSSION

The purpose of this research was to study the experiences of nurse students' during their clinical practice as well as see some of the coping strategies they use in their clinical practice which facilitate learning. The researcher feels that the expectations of the study were met and the research questions were answered. The study describes how important the clinical practice is to the nurse students' curriculum, this can be seen by the amount of time allocated to the students' clinical practice part, as expressed by the (Official journal of European Union et al., 2005). According to the finding, clinical learning environment is a significant component in relation to clinical learning and learning outcome, it is therefore of great significant to pay attention to the nurse students' clinical practice experiences and identify areas which needs improvement (Henderson, Twentyman, Heel, & Lloyd et al., 2006).

Informants expressed language and interaction as a major setback in their clinical practice. Language was seen as a stressor by the nurse students' who did not have a good command of Finnish language. Those students who had a good command of Finnish language found it easier to adapt to their clinical placement places. Language problem created a barrier between the mentor and the students' because understanding each other proved to some extend difficult. Students' also missed opportunities to learn clinical procedures because of focusing more on understanding the language itself. This finding suggests that language barrier can be a problem in the clinical learning environment and it can affect nurse students' learning, as discussed in the work of Magnusdottir (et al., 2005).

The informants' seemed to have different experiences, when it came to clinical supervision towards the students. Some of the mentors were seen as supportive and others were viewed as not. Mentors who provided a cold and negative experience did not promote learning instead they created a barrier with the students', this in turn lowered the student motivation to learn and the clinical practice time was seem as a waste of time. Mentors who encouraged

learning gave students' possibilities to practice clinical skills and supported the students' as much as possible. Individual discussion was seen as one way to encourage learning, as the students' could express themselves and get feedback from the profession mentors. According to (Papastavrou, Lambrinou, Tsangari, Saarikoski, Leino-Kilpi et al., 2010) regular supervisory discussions and mentorship which focuses on individual supervision can act as a strong supporting element. Good cooperation with the mentors was mentioned as essential. Despite the lack of mutual language to fluently communicate, those informants' with good and supportive mentors felt that, they were able to learn easier and adapt to the working environment well making them feel comfortable. Supportive clinical mentors played an important role in the students' self-confidence by promoting socialization and encourage independence which leads to clinical competency (Levitt-Jones, Lathlean, Higgins &McMillan et al., 2008).

In general, this study found that placement atmosphere experiences were a mixture of both good and bad. If the learning environment was negative, it created barriers between mentor and student and hence not promoting good learning environment. If the experiences were positive and the mentors/staffs attitude encouraging and supportive, the students felt a sense of belonging and acceptance to the clinical environment. This eased the adaptation and enhanced learning. Sharif & Masoumi (et al., 2005) have found that student-friendly atmosphere is one of the factors enhancing the learning motivation of student nurses.

# 8 CONCLUSION AND RECOMMENDATION FOR FURTHER STUDIES

The findings contribute to the present understanding and knowledge of what nursing students' perceive as lived experiences during clinical practice. The study also identifies some of the coping strategies used by the nurse students' to promote and develop learning in their clinical practice places. The study example was limited and consisted of one focused group of students from the same class and also from the same university of applied science. However, despite the limitation, many of the expressed experiences corresponded to finding in other studies. Different themes mentioned by the students in the study plays an important role in student learning and nursing education in general. Clinical studies constitute a major part of the Bachelors Programme in nursing and consequently, the quality of these studies is a crucial factor for the nursing students to develop into competent professional nurses. Having supportive mentors' who helped the student feel welcomed and valued in the clinical placement place improved the students' motivation, self-confidence and competence.

The result of this study could help the educators to be able to design strategies for more effective clinical teaching. It would be nice if this study results were to be considered by the nursing education and nursing practice professionals. It might be of great importance for the teachers to explain to the students' different challenges which might be encountered at the clinical nursing environment, before the student nurses start their first practice and some of the coping strategies used by other students', maybe this same coping strategies could work for the new students'. The explanation also might minimize the students' expectation and also encourage them to observe and learn different nursing procedures rather than concentrating mostly on the language part.

The researcher study the students' experiences in relation to their clinical environment and the result of the study expressed different experiences as

presented in the finding. It might be of interest to see if students' themselves can offer ideas on how to improve their learning in the clinical placement environment. Therefore, it might be of importance if other students' could try and research or formulate guidance to improve or enhance learning during the clinical placements.

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# APPENDICES

## Appendix 1: Letter of invitation

Dear SNP12 students,

I would like to warmly welcome students' fromSNP12 group to participate on an interview, which is part of my nursing studies. Am currently SNP11 student in JAMK, doing my thesis, the topic under study is, *"Nursing students' experiences in clinical practice environment, challenges and coping strategies"*. The purpose of this study is to improve learning environment by collect information which also could be helpful for future student nurses.

I will conduct the interview in the begging of May in Puistokatu cafeteria. The interview is set for 30 minutes so coffee and snack will be served, date and time to be communicated later. The research is intended to be completed before the end of year 2014. All interested participants can contact me through the telephone or email provided below.

Thank you in advance!

Yours sincerely,

**Esther Mwai**

Also in case of any questions concerning the research, please feel free to contact me directly.

Esther Mwai, Tel. 0453582445        E-mail, G1386student.fi

# Appendix 2: Form of consent

In signing this form of consent, I willingly permit the mentioned student nurse researcher from JAMK University of Applied Science to interview me and use the taped material as a source of the research data. I understand that this study conducted by the researcher is part of her degree study and that the research topic is 'Student experiences in their clinical placement and coping strategies. The purpose of this study is to investigate students' experiences and how they manage to cope in their clinical placement. Additionally, this study may be used to prepare future nursing students' before their professional practices as they can apply some of the coping strategies used by other students to promote learning.

I understand that i will be asked some background questions as well as questions regarding my placement practice experiences. The interview will be held in the nursing school in 2014, spring time. I accept that i am selected for this role because am a second year student in JAMK (SNP12). I understand that, their four other students who will take part in this group interview and that my participation is totally voluntary. I can withdraw from the research at any point. I also understand that my rights will be respected and my names and personal information will not be published through the results of the research data analysis and my answers will not affect my status as a student.

Results from this research will be given to me, if i so wish to see them and am free to contact the researcher Ms. Esther Mwai if any question arise or I need clarification concerning the research or rights as a participant.

Data and Place                                             Signature of the participant

Signature of the student nurse researchers

Esther Mwai:

# Appendix 3: Research and interview questions

## Question 1: What are the nursing students' experiences during clinical practices?

- How would you describe your experience during clinical practice?
- Would you give some examples of different experiences, you had?

## Question 2: How do they cope with different issues during their professional practice?

- Can you give me some examples of some coping strategies you used?