Assessing Nursing Students' Need to Improve Nursing Education

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Abstract

Background and purpose: *Undergraduate education presents a period of transition and growth and requires the ability to adapt to many life changes. Many applicants admitted to a nursing program, but high rates of attrition have been experienced. This study is an attempt to assess the nursing students' need on their nursing education.*
Methods: *Focus groups were used to investigate nursing student's perceptions and views on nursing education. The sample consisted of 120 nursing students selected randomly. They were arranged in 12 groups of 10 students. The data analysis of recorded and observed data reached five major themes.*
Results: *Five major themes emerged from data. The quality of clinical nursing instruction, confidence development in nursing practice and training, Iranian social perception of nursing profession, professional socialization through role development and improved clinical expectation and improved study skills.*
Conclusion: *The result of this study helped to identify nursing students' perception and determined their educational needs.*
Key words: *Nursing Education, Clinical Nursing, Nursing profession, Social perception*

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Introduction

Student achievement in nursing has been the subject of many studies by nurse educators and researchers for many years and the review of literature consistently points to the high level of anxiety associated with clinical portion of nursing education (1). Increased stress has been reported as a contributing factor to the student drop out from nursing programs (2). Nearly three decades ago Gaudry and Spielberger wrote about the nursing education provoking unnecessary stress and anxiety among young students (3). Fooladi examined students and faculty perceptions in an Iranian nursing program with focus on gender and cultural issues. She highlighted students and faculty perceptions regarding nursing input in the curriculum development and the administrative support for adequate progress and she added how social perceptions and gender roles defined professional barriers and facilitators in nursing particularly after the Islamic revolution when male enrollment into the nursing profession increased and challenged nurse leaders in Iran to revise the nursing curriculum in order to accommodate male applicants. In recent years, Iranian nurses have continued to overcome professional obstacles, challenges and resist traditional social beliefs (4). Considering the developmental age in late adolescence and the demands of nursing education for mental maturity, commitment, responsibility of dealing with life and death issues, confidence building

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would be crucial (5).

Salsali reported the cultural influences on professional development for women in Iran and the importance of collaborative efforts to enhance status of nursing in Iran (6).

Although nurse leaders in Iran do not make the majority of decisions regarding the future of nursing profession and have to accept the top layer non-nurse male administrator's view points, Adib, Salsali, and Ahmadi believe empowering nurses could improve the nursing profession and increase the quality of health care in Iran. Competent decision making skills are developed through self-confidence, organizational support, and improved nursing education. In particular, clinical decision making requires critical thinking skills but without the management support progress would be slow (7). Similarly, Nasrabadi, Emami, and Yekta asserted that Iranian nurses feeling unrecognized and unappreciated by the general public and the hospital management. Nursing experience in Iran can benefit from an integrated collaborative effort between academia and workforce and less involvement of non-nurse administrators (8). Lindop indicated that nurse educators benefit from knowing student's perceptions on how to improve the curriculum and reduce stressors for an improved learning environment (9).

Nursing education requires financial and time investment and most of all family support. Nurse educators need to select candidates not only based on grade point average and prior academic performances but choose applicants based on their mental maturity, ability to understand nursing scope of practice and readiness to make a long-term commitment to the nursing profession. Only adequate screening and preparations can reduce attrition rate in nursing programs and graduate competent nurses.

Understanding student's perspectives on the educational and practice aspects of nursing is crucial and as Doust indicated help to facilitate the most important goal in nursing education - a positive academic experience (10).

Focus group dialogue is a valuable technique to gain knowledge of participant's views and evaluate feelings, perceptions, and how a problem can be identified, resolved and evaluated (11). For instance, Conners and colleagues used focus groups to evaluate client satisfaction in an alcohol and drug treatment program and appropriately evaluate client satisfaction with the treatment services (12).

Similarly, Dillon and Barclay studied students in accounting courses on how they perceived success (13). Also focus groups combined with quantitative approach have been used to examine policies and complex paradigms (14). In another study focus groups used to assess physicians and nurses' views on error reporting in hospitals and found that nurses were more informed compared to physicians about the policies and procedures but hesitated to report errors in fear of reprisals and inadequate confidentiality hindered their compliance (15). Thus, focus group study can provide valuable data.

Few studies in Iran have assessed student's perspectives on the educational and practice aspects of nursing. This study explores undergraduate nursing students' true perceptions on nursing education.

Methods

Based on focus group discussion we investigated nursing students' perceptions and views on nursing education. One hundred and twenty undergraduate nursing students were randomly selected from a pool of 200 students enrolled at the Shiraz University of Medical Sciences, Faculty of Nursing and Midwife. Twelve groups of 10 students were assigned to engage in a guided interview using 5 open-ended questions related to their nursing education. During the tape-recorded process the researcher served as a group facilitator while an observer noted the group interaction, non-verbal behavior and gestures.

Ethical Considerations: Permission was obtained from the Shiraz University vice-chancellor for research for undertaking the study and participants signed an informed consent after reviewing the objective and goals of the study.

Data Analysis: Data were analysed through an immediate debriefing after each focus group with

the observer on the visual clues and short-hand notes. Audio and transcript reviews enhanced verification of the data when compared with the observer's notes on non-verbal cues. The method used to code and categorise focus group data were adopted from approaches to data analysis discussed by Miles and Huberman (16) and focus group data analysis (17,18,19). Data from focus groups are coded and categorised and later transcribed in order to be examined line-by-line and paragraph-by-paragraph. Following qualitative research approach, significant statements and common thought patterns in each group and topic were identified. The three levels of coding according to Streubert and Carpenter (20) were: Level 1, line-by-line for substantive coding; level 2, comparison of coded data with other data to develop categories; level 3, describing the basic social and ps! ychological process in which major themes emerged. Approximately 930 statements were divided into 35 categories to reach five themes. Raw data according to Stewart and Shamdasani (18)_were submitted to two professional evaluators to establish reliability, conformity, and transferability.

Results

The five major themes and sub-themes from qualitative analysis of focus groups data were: 1) The quality of clinical nursing instruction, 2) confidence in nursing practice, 3) the status of nursing in society, 4) professional socialization, and 5) study skills. Nursing students experienced anxiety and lack of confidence and expressed their fear of failure, inadequate clinical knowledge at the beginning of clinical practice, discrepancy between theory and practice, fear of clinical procedures, dependency on the clinical instructor to overcome fear of making mistakes, negative evaluation by a clinical instructor, feeling incompetent, study skills and study habit problems.

The transition process in combining the cognitive, psychomotor and affective domains were observed and according to Hart and Rotem (21) viewed as most challenging. The students' perceptions on the quality of clinical nursing instruction were focused on the integration of didactic and clinical teaching approach. Some of the student's comments were:

All of us believe that clinical experience is an important part of our education. The quality is important but unfortunately more value is given to quantity, how much work we have done for our patient. Nobody asks how much have you learned.

Acquisition of clinical experience is very valuable. We do not have an opportunity to focus on areas of study that are relevant to clinical experiences. From the first year to the last year of training we are following the same goal and the same job, you know...doing routine nursing care. We cannot get practice relevant to our theoretical knowledge.

We learn and get real experience on the ward by doing and repetition of experience and learning new experience but we see that more value has been put on the theoretical part of the study.

A clinical instructor sets goals according to Kermode (22) to provide clinical opportunities for learning through observation, critical thinking and practice. The majority of students in this study perceived the role of a clinical instructor as an evaluator rather than a facilitator or teacher.

The gap in education and practice of nursing has been well documented and researchers suggested listening to the student's views can help close the gap (23a,23b, 24,25,26). Tolly believed curriculum development without workforce participation could be detrimental to the future of nursing profession and only with collaboration nurses can minimize the theory-practice gap (27). The student perceptions were:

I do not ask whatever I do not know in clinical placement. At the beginning of the clinical practice once I asked one of the instructors about my patient's diagnosis and she said you have to go and find out and it came back in my

evaluation, so I prefer not to ask questions. Is clinical practice for teaching and learning or for evaluation?

I feel very comfortable and less anxious when I have a good instructor in the clinical setting. I feel I have done very well on that day and I feel much more confidant.

Sometimes the instructors who are responsible for classroom teaching are not involved in clinical supervision, so we are faced with different instructors' opinions.

Some of the new clinical instructors do not have a clear understanding of the goal and purposes of clinical education and are not aware of the skills and knowledge which help us in acquiring effective clinical experience, for example allocating the right patient to students and providing an opportunity on the ward to practise whatever we had read in classroom.

Some of the nursing staffs have good relationship with nursing students and they are interested in helping students in the clinical placement but they are not aware of the skills and strategies which are necessary in clinical education and are not prepared for their role to act as an instructor in the clinical placement.

Some of the ward staff are very expert and very approachable. Whenever the instructor is not in the ward, they look after students and teach students about doing new procedures. They do supervise us when we are doing a difficult procedure and they give us feedback.

Lack of a job description makes us a dependent group not competent to do nursing duties. Even in the fourth year of training most of us need to be supervised by an instructor. We do not feel competent to practice independently.

Lack of job description cause roleambiguity and encourages dependency but independency promotes self confidence which leads to clinical competency.

The category of theory-practice gap emerged from all focus discussions where almost every student in the focus group sessions described in some way the lack of integration of theory into clinical practice.

I have learnt so many things in class, but there is not much more chance to practice do them in actual settings.

I think there is more conflict between the ideal practice we are taught in the faculty and the real situation on the ward.

The time I feel I can apply whatever I have learnt, it gives me a good feeling and deep satisfaction but in reality I can't do it.

According to Fooladi recognizing human emotions and validating fear are essential to mental harmony (28). Also Copeland stated that the development of confidence facilitates nursing education and improves clinical competence (5) and _Clinical instructor facilitates the student's independence and promotes self- confidence to better adjust in clinical setting (29) . In this study, second year students attributed feeling of inadequacy and less competence to increased anxiety to low self-confidence.

I think at the beginning of clinical practice for at least one month, the clinical instructor should not assign patients to us; we don't know what to do and how to do procedures on real patients. We are afraid of every thing such as patients, the hospital environment and ward equipment.

You will not be afraid to approach your clinical instructor when she is approachable and encourages you to be assertive.

During my second year, my medical-surgical clinical instructor allowed me to work with one of the nursing staff when she was not there. I began to be more

independent. She facilitated my adaptation to nursing.

Professional prestige affects the quality and number of candidates who choose nursing. Therefore, nursing profession is influenced by its members and the candidates who choose nursing as a career (30). The students in focus groups discussed their concerns about the status of nursing in Iran and how Iranian society assigned no prestige, value and recognition to nursing profession leading to reduced job satisfaction among nurses. According to McCain professional socialisation is essential to nursing education (31). Student perceptions in this study were:

One of my instructors had a big influence on changing my attitude to become more positive in nursing. At the beginning: I mean in the first year I decided to leave nursing but my instructor said "you are the nurses of the future and you can make a difference". I decided to remain in nursing and now I feel very positive.

In today's world nursing is not supported very well. Unfortunately, even educated people do not have a positive attitude toward nursing.

People's view toward nursing should be changed. They do not know nursing very well. They think nursing is only in hospital. Society should put more value on nursing. Unfortunately, all levels of nursing are doing the same kind of job. The difference between the different levels of nursing and nursing auxiliaries should be recognised, even educated people think the same way.

Altruistic motives and humanitarian values in choosing nursing and achieving satisfaction were expressed by some of the students:

Working with patients gives me deep personal satisfaction and more confidence.

I like to help people regardless of the low prestige and status of nursing. We should improve the public image of the profession and promote nursing.

I came to nursing to give service to people who are not able to take care of themselves and it gives me satisfaction.

Lengacher discussed the importance of socialization and mentoring among the faculty and students. The environment in which learning occur can significantly influence nursing students (32). Entwistle and Ramsden suggested that learning environment provides a major influence on student approaches to learning (33). Similarly, Busen and Engebretson identified the role of preceptor on the students' learning and mentioned that a preceptor can be a role model and promote self-confidence (29).

Student perceptions in this study were:

The ward nurses sometimes are not aware of our role. They do not know what we are supposed to be doing. They do not like to teach us, but they expect us to do everything.

Most of the students believed that good communication between education and service could improve the students' view about the uncertainty of their role in the clinical placement.

If the learning objectives of clinical practice are clearly understood by nursing staff and students, the students learn more and it is much easier and both are satisfied in performing their jobs.

Study skills are essential to effective learning. proper note taking, test preparation, time management, and study habits will improve performances and reduced anxiety (34,35). The students in the focus group identified some of the stressors to their educational experience and among them were note taking, examination preparation, procrastination, time management and poor study habits.

I cannot take good lecture notes and I think it is a problem of understanding the contents and terminology. Nobody can take lecture notes in the first year due to unfamiliarity with the terminology but in the second year it is easier to take notes.

I do not have a good plan for study. I only do the assignments I am supposed to do. If I do not want to study I have a lot of free time.

I did not have any plan for studying the subjects, but I decided to make an organised plan to read the subjects for the comprehensive exam. Even in clinical practice I am always behind in doing my duty and I feel frustrated and disorganised.

I live in a dormitory too, but I do not have difficulty in organising my time. Every night I try to review each subject for about 30 minutes and I found this method helpful. I try to understand them and relate them to whatever I have learned in clinical practice.

I learn more especially when I am with a clinical instructor who motivates me to learn and encourages me to be more independent

Knowles promoted learning from dependency to self-directed states according to individual maturity and encouraged adults to be active learners as they transition into knowledge seeking state (36). Phillip asserted that reduced anxiety directly correlates with increased retention of knowledge (37) and Bell correlated anxiety with academic performance considering age maturity (38) and also Ahmad, Aqil and Ahmad proposed incentives for faculty promotion and encouraged innovative approaches to teaching in higher education (39).

Discussion

In this study, focus group discussions helped identify nursing students' perceptions and identify some of the educational stressors. The positive findings were patient care satisfaction and gaining knowledge and skills in clinical courses. Improvement in student anxiety level and self-confidence could be addressed in a faculty in service session. Through faculty orientation issues related to student's fear of failure, inadequate knowledge base at the beginning of the clinical practice, discrepancy between theory and practice, procedure skills, excessive dependency on instructor, negative evaluation for asking question, feeling incompetent, and study habits could be discussed and addressed.

The results in this study showed that the second year nursing students experienced more clinical anxiety compared to fourth year students. The physical symptoms associated with anxiety were insomnia, palpitation, and gastro-intestinal disturbances. Students expressed difficulties with good note taking, examination preparation, procrastination, study habits, time management and self-directed learning.

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