

# Challenges of Nursing Students in the Clinical Learning Environment: An Updated Review

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## Abstract

Clinical nursing expertise is fundamental to quality of care. Research on the foundations of expertise has focused on individual characteristics – particularly a nurse's years of experience and level of education. Debate continues about the respective contributions of experience and education to expertise. A notable gap in this debate that we examine is the influence of hospital contextual factors on an individual nurse's expertise. These contextual factors include the educational and experience levels of a nurse's coworkers as well as the nursing practice environment. This review discusses challenges of nursing students in the clinical learning environment could improve training and enhance the quality of its planning and promotion of the students.

**Keywords:** Educational, nurse's, training

## INTRODUCTION

At present, health-care systems are encountering enormous challenges in our country; among them the poor quality of services considered to be the most important. One of the significant factors for the poor quality of health-care services is human agents. Human force plays a substantial role in the evolution and progression of health care issues and is enumerated as one of the main components of each organization, which has always been emphasized by human resources development experts. It seems that achieving the objectives of organizations is highly dependent on the capacity of human resources.<sup>[1]</sup>

Nurses are the key members and play the major part of the service-providing system in almost all countries. Nursing is also the largest group of the health system, possessing considerable potential power that could be influential on the quality of health-care services system.<sup>[2]</sup>

Nurses' competence is based on the knowledge and skill taught to them.<sup>[3]</sup> Nursing training is a combination of theoretical and practical learning experiences that enable nursing students to acquire the knowledge, skills, and attitudes for providing nursing care. Nursing education is composed of two complementary parts: Theoretical training and practical training. A large part of nursing education is carried out in clinical environments. In many other countries, clinical education forms more than half of the formal educational courses in nursing.<sup>[4]</sup> Therefore, clinical education is considered to be an essential and integral part of the nursing education program. Since nursing is a performance-based profession, clinical learning environments play an important role in the acquisition of professional abilities and train nursing students to enter the nursing profession and become a registered nurse. Moreover, the clinical area of nursing education is of great importance for nursing students in the selection or rejection of nursing as a profession.<sup>[5]</sup>

## Clinical learning environment: Influencing factors

Unlike classroom education, clinical training in nursing occurs in a complex clinical learning environment which is influenced by many factors. This environment provides an opportunity for nursing students to learn experimentally and to convert

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theoretical knowledge to a variety of mental, psychological, and psychomotor skills which are of significance for patient care. Students' exposure and preparation to enter the clinical setting are one of the important factors affecting the quality of clinical education.<sup>[6]</sup>

Since an optimal clinical learning environment has a positive impact on the students' professional development, a poor learning environment can have adverse effects on their professional development process. The unpredictable nature of the clinical training environment can create some problems for nursing students.

The researchers' experience in nursing clinical education reveals that nursing students' behaviors and performances change in the clinical setting. This change can negatively affect their learning, progress in patient care, and professional performance. Identifying problems and challenges with which these students are faced in the clinical learning environment can help stakeholders solve these problems and contribute to them becoming professional as well as their professional survival.<sup>[6]</sup>

Failure to identify the challenges and problems, the students are faced with in the clinical learning environment prevents them from effective learning and growth. As a result, the growth and development of their skills will be influenced. Studies show that the students' noneffective exposure to the clinical learning environment has increased dropout rates. Some nursing students have left the profession as a result of the challenges they face in the clinical setting.<sup>[7]</sup>

### **Clinical environment: Last decade records and updates**

Many studies have been done in the clinical environment. Some relevant studies have also been carried out in our country; however, most of them have focused on clinical evaluation or stress factors in clinical training. One study showed that nursing students are vulnerable in the clinical environment and this reduces their satisfaction with the clinical training.<sup>[8]</sup> Moreover, the nursing students' lack of knowledge and skills in the clinical environment can lead to anxiety. Yazdannik *et al.* found that nursing students suffered from inferiority complex after entering the clinic.<sup>[9]</sup>

Banaderakhshan *et al.* compared knowledge, viewpoints, and performance of nursing practitioners and senior students of nursing, conducted a study on 54 students of Nursing and Midwifery Faculty of Shahid Beheshti University of Medical Sciences and 54 graduate nurses of the same university, working in teaching hospitals for 4–6 years, were evaluated and the results revealed that 52%, 46.3%, and 1.7% of students and practitioners, respectively, had positive, neutral, and negative attitudes toward their profession.<sup>[2]</sup>

Iravani *et al.* compared the attitude of medical students in basic and clinical courses; it has shown that students' attitudes became more negative toward the basic training courses after entering the clinical training course.<sup>[10]</sup>

In a similar study by Taghi-Zuqi, to examine and compare the attitudes of the midwifery students from different Midwifery Faculties of Tehran Universities in different academic years (182 midwifery students), a significant difference was found between the students' views in different years of education, their positive outlook in the 1<sup>st</sup> year of university changed toward neutrality over the academic years, but the attitude alteration was not as much as to be considered negative.<sup>[11]</sup> To determine the viewpoints of the nursing students of Tehran University of Medical Sciences on nursing profession and the reasons for leaving the job, Joolaei *et al.* conducted a research in which only 18% of the nursing students had positive view toward their career,<sup>[12]</sup> but Zhang and Petrini survey claimed that more than half (53.5%) of the nursing students had a positive attitude toward their occupation.<sup>[13]</sup>

The findings of Toth *et al.* also revealed no significant difference between the nurses' and nursing students' attitude toward their occupation<sup>[14]</sup> and considering the comparative study by Brewer *et al.*, no significant difference has been found in terms of professional attitude and willingness to change the course, if possible, between nurses and engineering specialists.<sup>[15]</sup>

The result of the study conducted by Mohebbi *et al.* in Iran demonstrated that a high percentage of nursing students reported discrimination between them and students of other fields.<sup>[16]</sup> In Baraz-Pordanjani *et al.*'s study, discrimination in the use of educational facilities and amenities and also in interpersonal communication was reported as a factor distorting the nursing students' professional identity in the clinic.<sup>[17]</sup> The comparison between nursing and medicine and regarding medicine as a superior major violates nursing students' personal dignity and gives them a sense of professional inferiority. Students' inadequate preparation for entering the clinical environment creates problems for them and nursing teachers. Even though they learn the fundamentals of nursing in classrooms and practice rooms, nursing students do not have sufficient time to practice and repeat these skills to completely enter the clinic.

Killam and Heerschap found that the students' insufficient practice and lack of skill before entering the clinical environment created problems for them with respect to learning in the clinic.<sup>[18]</sup> Moreover, the students' lack of skill in confronting the clinical environment and dealing with actual patients is evident. Students' lack of knowledge and skill and inadequate preparation for entering the clinical environment disturb their learning processes and make them anxious. Acquisition of communication skills in nursing students creates a guiding atmosphere in the clinical environment, followed by an increase in their motivation. Nursing students' lack of practical skills is considered as a challenge in entering the clinical environment. Nursing students' stress in confronting the clinical environment affects their general health and disturbs their learning processes.

An inferiority complex is another challenge mentioned by the students participating in the study. It has been shown that

low self-confidence is one of the nursing students' problems. Adequate self-confidence is one of the nursing students' requirements in providing good care. Many students are not mentally prepared to enter the clinical environment leading to higher rates of psychological problems. Moreover, lack of adequate knowledge and skill along with a lack of mental and psychological preparation disturbs the learning and patient caregiving processes. Improper treatment, discrimination, inadequate knowledge and skill, and lack of communication skills in these patients lead to stress and inferiority complexes in them. In view of the students' challenges in confrontation with the clinical learning environment and the necessity of learning and providing patients with care in a peaceful environment free of any tension, educational authorities and nursing faculties are required to pay particular attention to these issues and try to facilitate the nursing students' learning and professionalization.

Regarding a close relationship that has been established by experts between nursing attitude and job satisfaction, and even Bowers and Lutz have reported that positive outlook determines 53% of job satisfaction.<sup>[19]</sup>

## CONCLUSION

A higher percentage of positive views on nursing profession among clinical nurses reflect their more stable attitude toward this occupation; this should be considered by health administrators to take a major step toward creating a positive outlook and increasing job satisfaction to enhance the quality of patients' care and improve productivity in the nursing group.

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