



# The lived experiences of general student nurses on their first clinical placement: A phenomenological study

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## KEYWORDS

Undergraduate;  
Clinical environment;  
Facilitation;  
Learning;  
Preparation for practice

**Summary** This phenomenological study explores and describes the 'lived' experiences of general student nurses on their first clinical placement in an Irish School of Nursing. The research question: 'What are the experiences of general student nurses on their first clinical placement?' provided the focus for the study. In-depth interviews were conducted with nine female student nurses and one male student nurse. Data from the interviews were collected, recorded and analysed using Coliazzi's (1978) framework (Coliazzi, P., 1978. Psychological research as the phenomenologist views it. In: Valle, R.S., King, M. (Eds.), *Existential Phenomenological Alternatives for Psychology*, Oxford University Press, New York). Five core themes emerged: self-awareness, confidence, anxiety, facilitation and professional issues. The findings revealed that the standard of preparation for the placement was viewed positively though some aspects of preparation require a critical shift in thinking towards meeting the students' needs in future curriculum planning. The conclusions of the study indicate that the presence of mutual respect and regard for others had a positive impact on the students' self-esteem. The acquisition of knowledge led to an increase in confidence levels that subsequently reduced anxiety. This enhanced the learning process that was dependant upon the collaborative support and facilitation in the clinical learning environment. The findings prepare the way for further research that could continue to develop and maximise the educational value and clinical experience for undergraduate nursing students.

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## Introduction

The clinical learning experience is an integral and essential part of nursing education. It provides nursing students with opportunities to acquire

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professional knowledge and skills on how to perform in the professional situation. Diplomates considered clinical placements to be the most influential aspect of their programme (Macleod Clark et al., 1997), while Yong (1996) reports the first clinical placement to be the point of confirmation in relation to the choice of nursing as a career.

However, the clinical learning environment can be challenging, unpredictable and stressful particularly in the first clinical placement (Kleehammer et al., 1990). When anxiety is high, an individual is immobilised, perceptions are narrowed and learning is impeded (Meisenhelder, 1987).

## Purpose of the paper

The purpose of the paper is to:

- Interpret descriptions of students' textual experiences.
- Acquire nursing knowledge of the first clinical placement to inform future curriculum planning.
- Provide valid data on which to base the preparation of nursing students for clinical practice.

## Background to the study

During the mid 1990's nursing in Ireland experienced an educational transformation with the development of links to higher education and the introduction of a Diploma in Nursing course. Similar developments had already occurred in the United Kingdom and more widely in the United States, Canada, Australia, and New Zealand. A major evaluation report (Simons et al., 1998) identified similar problems with the programme as reported in the United Kingdom such as linking theory to practice, poor acquisition of practical skills and students left feeling vulnerable and lacking in confidence (Mc Evoy, 1995; Hislop et al., 1996; Trnobranski, 1996; White, 1999).

Urgent revisions were implemented to address these concerns which meant an earlier exposure to the first clinical placement that lasted five weeks with supernumerary status. A unique feature in Ireland was the implementation of an innovative role of clinical placement co-ordinator as recommended by the Commission on Nursing (Government of Ireland, 1998) to support the undergraduates while on clinical placement.

## Research design

A phenomenological approach was utilised to explore the first clinical experiences of students. According to Koch (1995) descriptive phenomenology represents the 'participants' truth', a description of their 'life world'. The philosophical underpinnings take the perspective from a Heideggerian approach that facilitates the exploration of participants' interpretations of their experiences.

## Sample

Purposive sampling was employed. The total population of this cohort was 52 and all were issued with invitation letters. The profile consisted of direct school entrants, mature entrants with previous experience and both female and male status. This profile would be comparable to the population of general students nursing in Ireland currently, although the ratio of mature to direct school-leavers may vary slightly with intakes in other nursing schools. It was decided that the sample would be representative of this cohort population. The age range was from 18 to 47 years. In the sample three participants were direct school-leavers, five participants had 1–3 years experience in health care after leaving school and two participants had different careers before choosing nursing as a profession. The total sample was twelve, of which two were used for piloting purposes.

## Ethical approval

Approval for the study was obtained from the local ethics research committee, the Director of Nursing and the Principal tutor in the school. Written consent was obtained from the participants prior to the interviews and confidentiality was maintained throughout. All the participants were informed that they could withdraw at any stage. The researcher did not have a personal tutor role with any of the participants in the sample.

## Data collection

The data collection involved in-depth interviews to gain an understanding of the thoughts and feelings experienced by the participants. Through intensive

dialogue with the participants this attempted to elicit their accounts and helped create their own sense of reality (Koch, 1995). The interviews took place between September and December 2001 and an interview schedule was developed for the study. They were conducted in a quiet room, with refreshments, a small distance away from clinical activity. Gray (1994) stresses that this prior planning of the environment is an important consideration towards establishing rapport and gaining the respondent's confidence in the first few seconds of an interview. As the interviews progressed the participants were encouraged to enlarge on their experiences and meanings which were checked regularly with the participants. Reflexivity facilitates the meaning and creation of the text by both the researcher and the participant (Koch and Harrington, 1998). In this study, my reflexive experience of being a nurse enhanced a shared understanding of the world that the participants described and raised self-awareness around the power relationship that might influence the interview process. In this sense, choosing an interview site away from the clinical area and only interviewing students who did not have a direct relationship with the researcher mitigated this. The interviews were recorded, transcribed verbatim and subsequently printed for the process of manual analysis.

## Data analysis

Data analysis involved the use of Coliazzi's (1978) methodological seven-stage framework (See Box 1.)

### Box 1

- (1) Read and re-read all the participants' descriptions of the phenomenon under study.
- (2) Extract significant statements from each description that directly pertain to the phenomenon.
- (3) Formulate meanings from these significant statements.
- (4) Organise these formulated meanings into themes.
- (5) Integrate the results of the data analysis into a description of the phenomenon under study.
- (6) Return the results to the participants for validation.
- (7) Incorporate any new, relevant data into the fundamental structure of the phenomenon.

This framework was chosen as it provided clarity in the steps of analysis. As a novice researcher this aspect was appealing in an effort to explain the interpretations of an enormous amount of descriptions from the participants.

The interview transcriptions were read several times to gain a broad familiarity with the phenomenon. The significant statements and meanings were extracted and then formulated into categories. The use of the original narratives of the participants and how each significant statement related to the particular theme were then returned to the participants in the study to check if the analysis adequately captured their lived experiences. This further enhanced credibility of the findings.

## Findings

Five themes and seventeen sub-themes emerged from the data analysis and are listed below (Table 1).

## Findings and discussion

The themes and sub-themes are described and illuminated by narrative comments from the participants in the findings. It is suggested here that integrating the findings, critical comment and

**Table 1** Themes and sub-themes

Self-awareness	Personal qualities
	Inner feelings
	Respect
	Maturity
	Communication
Confidence	Previous skills
	New knowledge
	Practice environment
Anxiety	Teamwork
	Socialisation
	New Learning
Facilitation	Supernumerary status
	Role of the ward manager
	Role of the C.P.C.
Professional issues	Clinical skills
	Theory–practice connection
	Gender aspects

discussion is an appropriate method to encompass the meaning of the phenomenon.

### Self-awareness

Positive and negative emotions were recalled from the initial experience of the ward environment in the following comments:

Well, it was a very positive experience and I was a bit anxious going onto the ward and sorting things out for the first day. Once we got there it was a very positive experience. (Joan)

The participants' descriptions of a receptive welcome were highly valued and appear to indicate that this welcome had a positive impact on their self-esteem. These findings are similar to Spouse (2001) where students who had developed relationships with qualified staff and subsequently made an impact on self-confidence amongst students. Creating confidence in the participants appeared to be a critical factor that influenced motivation and learning that is intrinsic to the socialisation process in nursing. Learning how to 'fit in' was a major feature in Melia's (1987) study and continues to exist in contemporary nursing culture (Gray and Smith, 1999).

In contrast, some participants experienced negative feelings that lasted approximately two weeks into their first placement.

Well the first day was the hardest 'cause I didn't know what to expect, and I just thought, I'm just totally inadequate like and thinking what am I doing here, what am I supposed to do like. (Karen)

These feelings of 'uselessness', 'inadequacy' and 'vulnerability' have been widely documented in the literature (Beck, 1993; Elkan and Robinson, 1995; Jowett, 1995; Admi, 1997) and appear to be linked initially to the lack of knowledge from the participants perspective. The participants also described differing phases in their 'rite of passage'. Holland (1999) describes this as learning the cultural rules as recalled by one participant:

Yeah, in our first week now I have to say I felt very uncomfortable and I felt like they didn't really want you there. In the first two weeks now I really felt that maybe we were just getting in the way and should kind of get out of the way, but then, after that things got that bit easier. (Jane)

There appears to be an observation phase that lasted approximately the first two weeks of the placement. This phase demarcated the transition of 'knowing a little and feeling useless' to one of becoming an enhanced and competent novice

clearly striving to be accepted as part of the team thereafter. This suggests that there was a distinction made between social acceptance, which may or may not be granted before competence had been demonstrated. This also concurs with Benner's (1984) theoretical perspective of the transitional stages from novice to expert.

Some of the participants identified that respect for a person appeared to increase with age. These findings agree with Chan (2001) and emphasise that students' level of satisfaction was high when they were treated with respect as individuals and reiterated in Randle's (2003) research. Mature participants strived for interpersonal and communication skills to be recognised as distinct advantages to nursing, a view also echoed by Houltram (1996) and reports on the rise of successful mature nursing students in overall performance. Therefore, it is argued that these qualities must be nurtured. This is succinctly described in the following comment:

Like I just, I never found any difficulty in communicating it could be different for other people, because the elderly they just love to talk to you so there would never be any difficulty. It's something you have in yourself rather than something you learn to do. (Jill)

The importance of effective communication as being integral to nursing is acknowledged repeatedly (Wilkinson et al., 1998; Wilkes and Wallis, 1998; Duffin, 2000; Wong and Lee, 2000).

### Confidence

Participants described how confidence was higher in those participants with previous work experience in health care as one participant clearly recalled:

I was working in a nursing home during the summer, so care of the elderly was perfect for me, like I felt at ease straight-away. (Kay)

This familiarisation of the health care environment demonstrates that these participants were keen to claim recognition for their abilities and attributes. These findings also agree with Admi (1997) whose longitudinal study of initial clinical experiences, showed that students with previous nursing experience showed higher confidence levels and simultaneously had lower levels of stress. However, Lindop (1999) argues that overall there has been an increase in stress amongst nursing students in higher education programmes as opposed to the traditional style apprenticeship system.

A notable finding was the acquisition of new knowledge that made an impact by raising confidence levels, a view supported in previous literature (Fitzpatrick et al., 1996; Hislop et al., 1996; Macleod Clark et al., 1997; Neary, 1997). The participants described the experiential learning from 'doing' and being 'active' recipients of new knowledge.

Very confident, that we could actually just get charts out, I actually knew what I was doing, where to put the temperature reading, where to put the blood pressure and the respiration. (Amy)

This building of knowledge was almost a cyclical process occurring where the initial theoretical component from the course was put into the context of practice and then reinforced through the facilitative opportunities for reflection on practice.

## Anxiety

Those participants with no previous work experience described a higher amount of anxiety in comparison to those who possessed previous experience. Strategies were attempted by the participants to demonstrate ways to reduce the anxiety as illustrated in the following comments:

Yeah, yeah I felt anxious if I was asked to do something that I hadn't learnt about in college but I would always refer to a staff nurse I would never take anything on that I felt I wasn't capable of doing, apart from that everything was okay. (Karen)

Feeling part of a team was also identified as part of the socialisation process that subsequently reduced the anxiety. One participant stated:

You began to feel as part of a group like you felt as part of a team and I mean you knew where everything was and you felt comfortable in the ward and everything just slotted into place. (Jill)

Anxiety levels were also linked to increasing knowledge as one participant recalled a positive reflection:

...it was kind of niggling that you are not going to know everything but it was fine 'cause a lot of the work was hands on and there was always somebody there to show you as well and run through it. (Claire)

When anxiety decreased the participants moved from being passive observers to being active participants and recipients of knowledge a view supported by Wilkinson et al. (1998). By officially marking the end of the first observation phase and the beginning of the second could for the future make the *rite of passage* a smoother one.

## Facilitation

Facilitation is described as teaching, support and assessment of the students' performance in the clinical environment (Gray and Smith, 2000). It was apparent that the participants intuitively made links of 'becoming a nurse' with 'doing' as opposed to observing in practice and is evident in the following participant's account:

I suppose we didn't know what to expect you know you were told you were supernumerary and there to observe, basically you weren't going to do any work hands on but when we got there it's very hard not to have hands on experience. (Jane)

This is supported by Macleod Clark et al. (1997) where undergraduates afford little credence to supernumerary status in return for practice opportunities. An effective mentorship system is indicative of a good learning environment as echoed by many others (Orton et al., 1993; Phillips et al., 1996; Lloyd Jones and Akehurst, 1999; Gray and Smith, 2000).

Although, one participant clearly indicated differing levels of mentorship in practice:

Yeah, like I was in a bay on my own for the first three weeks and I got an awful lot of one to one supervision, it was really good. Like some of the other girls were saying that there would be three of them and one staff nurse. (Sally)

Conversely, a lack of supervision was evident for other participants as clearly depicted by one participant:

Well just like if they were doing absolutely nothing you know just standing there with nothing to do, and somebody needed to be put onto a commode or something they'd just say to us, do it. (Trish)

Conflicting values experienced by student nurses is well documented between service side and educational value which apparently still holds true for some participants in this study (Jowett, 1995; Yong, 1996; Kinsella et al., 1999). This is reflected in Phillips et al. (1996) and Watson's (1999) work

where students are often reduced to 'hanging about' or 'tagging on'. These experiences were evident as far back as the early eighties in Melia's (1982) work which given that half of the nursing curriculum is delivered in practice this is an issue of concern. Current literature suggests there is a need to provide effective mechanisms for supporting students' clinical learning (Clarke et al., 2003; Chapple and Aston, 2004).

The ward manager plays a vital role in ensuring learning opportunities to develop clinical skills and to integrate theory with practice. Smith's (1992) research describes the ward sister as the architect of nursing work who sets the emotional agenda of the ward. When nurses felt supported and appreciated emotionally, nurses had a role model but also felt able to care for patients in this emotional way. Conversely, in the absence of the one ward manager, the ward and supervision of students became disorganised.

The majority of the participants found the additional support of the new role of clinical placement co-ordinator helped consolidate the theoretical and practical acquisition of knowledge as described by one participant:

The clinical placement co-ordinators were very good. They are there for you to ask and you're not taking up the ward staff's time by asking. She showed us how to do dressings and she was also part of the ward team. (Trish)

These findings are echoed by Simons et al. (1998) evaluative report where the role of the clinical placement co-ordinator was instrumental in helping make sense of the students' clinical placement as well as easing their anxieties.

## Professional issues

Clinical skills were seen as the essential element by the participants for providing holistic care and are illustrated in the following comments:

...but I think if we had known a bit about blood pressure and about pulse and all it would have been better cause we didn't learn anything about blood pressure or anything like that before we went out. (John)

These apparent lack of skills have been reported by many authors, such as Cooke (1996); Yong (1996); Macleod Clark et al. (1997). Gray and Smith (1999) argue that this apparent lack of skills has been due to reforms in nurse educa-

tion, with more of an emphasis on theory as opposed to the preparation of fundamental clinical skills.

The majority of the theory studied in the classroom was relevant to the participants' needs and learning experiences in the first clinical placement as evident in the comments:

There was a fair bit that when you went on the ward you went oh yeah, you know what I mean, we learned that in theory and everything would relate into one then. (Kay)

These findings contrast strongly the extant literature in the past highlighting concerns with the theory-practice gap (Hislop et al., 1996; Rafferty et al., 1996; Severinsson, 1998). Perhaps the implementation of the role of clinical placement co-ordinator in Ireland is beginning to bridge this gap that may also evolve in the United Kingdom with the evaluation of similar posts.

The following male participant suggests a pride and personal value of the attribute such as physical strength as distinct from the female nurse as illustrated in the following comments:

Well there's obviously the lifting thing. If the patients get out of bed for the first time and they were a bit heavier they'd say, 'Where's the male student nurse or where's the health care assistant. (John)

Milligan's (2001) findings identified physical strength and the ability to deal with violence as important factors in nursing. Evans (2004) alluded to these masculine traits, such as physical strength, that have resulted in men, historically being channeled into specialised areas in nursing.

## Limitations

While data elicited from the participants provides valuable insights into their experiences and highlights pertinent issues locally in relation to the students' experiences, it must be acknowledged that these views are from one point in time, at one nurse education institution. Therefore, their capacity for representation is limited.

## Conclusion

The findings of the study demonstrate that a warm, receptive welcome from the clinical staff on the first day had a positive effect on students' sense of wellbeing and self-esteem. The presence of

mutual respect and positive regard for others had an impact on the students' confidence levels. This enhanced the integration of theory and practice with the facilitation of qualified staff that is positive in terms of education in the practicum.

The early acquisition of fundamental clinical skills needs to be addressed to ensure that the undergraduates are adequately prepared for the first clinical placement. Although the initial observation stage appears to last approximately two weeks, it was only when students became actively involved in the workload together with the acquisition of new knowledge that confidence levels increased and anxiety reduced. The socialisation processes that were uncovered in this study suggest a significant element to consider in the development of undergraduate curricula and would warrant more explicit thought when preparing students for the clinical learning environment.

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