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Echoing Difficulties of Student Nurses at Various Clinical Areas in the Hospital through Doodling

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ABSTRACT

This study describes the perceived difficulties of student nurses at various clinical areas in the hospital. Qualitative research design was employed and doodling was used as a strategy for this study. Twenty-three participants were recruited through purposive sampling and applying the principle of Lebenswelt and Spatiality. The doodles revealed five themes upon description of illustration by student nurses, namely: Difficulties in Transcribing Doctor's Order; Difficulties in Medication Preparation and Computation; Difficulties on Staff Nurses, Significant Others and Uncooperative Clients; Difficulties in Specific Nursing Care Procedures; and Difficulties with their Respective Clinical Instructors. Most students desire to learn and they communicated that reaching the mastery level expected of them takes time and practice. Moreover, certain factors hinder learning as reported by the respondents in this study.

Keywords: clinical area, doodles, nursing, student nurse

INTRODUCTION

Clinical area is important for the foundations of nursing students. It depicts the application of knowledge learned at the nursing skills laboratory and classroom lecture. Most students are excited when they reach the capping ceremony which indicates that they are entering the clinical area that they view as one of their milestone journeys in their entire career as nurses. According to Taylor, et al., (2008), Nursing includes knowledge application and skills which contains clinical and theoretical underpinnings. Nurses focus on their service on person-centered process comprising holistic aspects. Nurses execute caring among stable and/or unstable clients especially when complex health care need occurs. Moreover, student nurses started to learn clinical skills at first by imitating the techniques performed by others especially experienced ones who act as mentors passing informal nursing skills (Timby 2009; Victor, Ishtiaq, & Iqbal, 2016). Hospital nurses guide and supervise student nurses in the clinical area. Within this period, it is the responsibility of the students to learn proficiencies in nursing knowledge and skills before they become Registered Nurse (Brooker and Waugh, 2008; Ajorpaz, et al. 2016; Hanifi, Parvizy, & Joolaee 2013). Students learn the practice of clinical nursing by relating concepts, drawing on past learning and experience and organizing conceptual meanings that make sense to them (Conceicao & Taylor, 2007; Daniels, Wilkins, & Grendell, 2010).

Since literature state that student nurses should be imbued with necessary

knowledge and skills during exposure to the clinical areas, the researchers motivated to identify difficulties arising among student nurses during their tour of duty. Though there are some students depicting the different challenges perceived by student nurses through quantitative method, still there are limited literatures pertaining to International & Philippine settings in terms of qualitative inquiry that depicts the difficulties of student nurses at various clinical areas in the hospital. Hence, this study sought to answer one central question which is "What characterizes the perceived difficulties of student nurses as described through doodling?"

METHODOLOGY

Qualitative research design was chosen for this study in order to describe the existing phenomena and doodling was utilized as a strategy wherein the students described their difficulties at clinical areas through illustration. By introducing drawing as an activity into the qualitative research, the materiality of interview settings not only changed but also gave interviewees the chance to escape the linearity of the spoken or written word. Moreover, drawings are good tool for gathering information about situations, as they allow the simultaneous perception of different actors and relationships, making complex strings of effects visible and tangible. Drawing and interview can be done by researcher just like an actor and the way they do acting (Zweifela & Wezemael, 2012). Likewise, in drawing, the researcher may able to see the things through visual illustrations that cannot be easily voice out, especially the inner concerns of the participants (Literat, 2013).

Twenty-three participants were recruited through purposive sampling and applying the principle of Lebenswelt and Spatiality. Purposive sampling is a method of sampling which selects individuals for study participation based on their particular knowledge of a phenomenon for the purpose of sharing that knowledge (Streubert & Carpenter 2011). The idea of 'life world' or Lebenswelt is that we exist in a day-to-day world that is filled with complex meanings which form the backdrop of our everyday actions and interactions (Finlay, 2016). It is also cited that in order to fully understand the meaning of lived experienced; the phenomenologist should be interested to lived space or spatiality (Polit & Beck, 2008). Likewise, the principle of Lebenswelt and Spatiality means that the closer you are to the participants, the more you can cull significant findings.

Informants were fifteen regular third year and eight fourth year student nurses assigned to all areas of the hospital institution which included the Operating Room and Delivery Room except the Emergency Area. Participants were asked to describe their experiences in the hospital by doodling on sketch pads provided for them. After retrieval of sketches, they were interviewed regarding the meaning of their sketches. Cool and warm analyses were utilized. Cool analysis entails extracting significant statements while warm analysis means grouping statements into cluster of themes. Peer checking was also employed in this study where an expert re-analyzed the data and evaluated the findings to see its trustworthiness (Rolfe, 2006).

RESULTS

Five themes emerged from the illustrations of student nurses, a) Difficulties in Transcribing Doctor's Order; b) Difficulties in Medication Preparation and Computation; c) Difficulties in dealing with Staff Nurses, Significant Others and Uncooperative Clients; d) Difficulties in Specific Nursing Care Procedures; and e) Difficulties with their Respective Clinical Areas.

Difficulties in Transcribing Doctor's Order

Doctor's order is one of the important components of the chart. Anything that is written by the physician on their order sheet should be verified and carried out by the nurse. For instance, the doctor will assess their clients accompanied by the nurse together with the chart and write his findings with therapeutic orders. Concerns of student nurses include how to transcribe and carry out these orders from the sheet. The instructor discusses the chart component and guides students in understanding different strokes to read it. But since instructors handled a group of student nurses, not all of them can have a long exposure to doctor's order strokes and writing. Then once the student handles the chart without their respective instructor, they claim that they have difficulty in deciphering what's written on the chart.

Participants revealed the following:

SN 002: *"I can't understand what is written there especially the Doctor's order."*

SN 006: *"Doctor's order in patient's chart sometimes is giving me a hard time to understand and   carry out orders/standing orders due to their poor handwriting."*

SN 0013: *"Difficulty in the clinical area when it comes to doctor's orders that are not being understood."*

SN 0017: *"It gives a hard time in charting when the doctor's order cannot be read."*

In other cases, some physicians bring charts with them during their rounds to other wards and that students had to find the doctor to retrieve the charts. This scenario was revealed by Figure 1 where a girl representing the student nurse is surrounded by a chart, endorsement form, medication, and syringes. According to the participant, the lines under the endorsement form signify the unreadable doctor's order. The chart on the left means that this always brought by the doctor even he wrote already his order which you may see a distance to the student nurse. Likewise, they cannot administer newly ordered medications when they cannot handle the chart and carry out the doctor's order as per syringes and medications draws above the chart. As one of the participants revealed:

SN 009: *"Doctor's order that are late that we need to carry out even though it is our lunch break."*

Figure 1. Doodle sketch regarding difficulties in transcribing doctor's order.

Difficulties in Medication Preparation and Computations

Administration of medication requires special attention among nursing procedures. Legal actions may be filed against nurses when error is committed in giving medicines to patients. Moreover, administration of medicines is crucial to administer because some unintended effects might surface known as side effect or adverse effect. If left untreated, this can lead to death. Hence, student nurses must be careful in this aspect. This is the reason why pharmacology is a required course. Before giving medication, instructors guide student nurses in computing medications and rechecking doctors' orders before its administration. But some students show difficulties in mathematical conversion or manifest problems in arithmetic computations of medications.

Participants shared:

SN 001: "*I'm having a hard time computing and diluting via vials and ampoules.*"

SN 006: "*As a student nurse, I just make hard when computing the doctor's ordered medication that needs to be diluted.*"

In addition, some students claim that they always felt nervous in medication preparation and administration. This is revealed by their sketches below wherein books, syringes, prescription pads, medications, and intravenous line are emphasized by participants. These items are interrelated when it comes to medication administration and preparations. Book are important for their referencing regarding the purpose of the medication and even the computation. They stated that they are always careful and asked the assistance of a staff nurse

and instructors regarding this matter. However, still they find it as one of their difficulties in the clinical area. As revealed by two participants:

SN 006: "*Medication preparation, because sometimes the student got nervous.*"

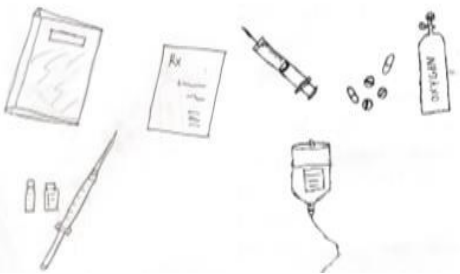SN 0022: "*My hands are shaking whenever I dilute and incorporate drugs via IV.*"

Figure 2. Doodle sketches regarding difficulties in medication preparation and computations.

Difficulties in dealing with Staff Nurses, Significant Others and Uncooperative Clients

At some point, student nurses would have completed two courses: Health Assessment and Fundamentals of Nursing Concepts. At this stage, they are considered to have capabilities in executing medical procedures to patients. As student nurses go along with their duties, clinical instructors still teach and guide them. Unfortunately, some patients and their relatives do not trust student nurses. They regard student nurses as students who are undergoing training. With this negative impression, some are uncooperative and even get angry to the students.

As participants revealed:

SN 0010: "*The student nurse can't make her*

work well because of some arrogant and insensitive S. O. (Significant other/Relative). Sometimes, they don't want a student nurse to take care of   their family member because they are still students."

SN 0019: *"I have difficulty in performing my task at the clinical area when the patient is not cooperative. Most patients don't trust Student Nurses."*

In addition, staff nurses display untoward attitudes towards student nurses when procedures are not executed properly. As revealed by a participant:

SN 0015: *"I have difficulty in doing the documentation on the chart. I'm not comfortable in doing it. When I write a wrong documentation, the staff executes misbehavior."*
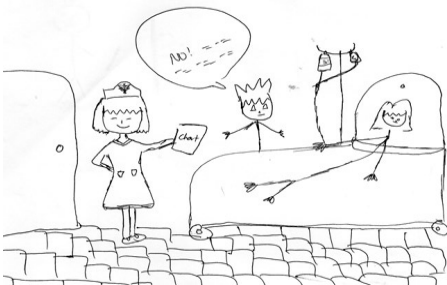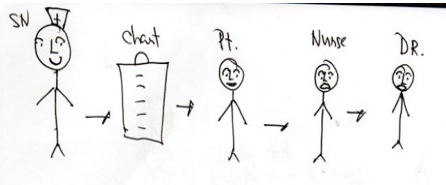

Figure 3. Doodle sketches regarding difficulties in dealing with staff nurses, significant others & uncooperative clients.

Difficulties in Specific Nursing Care Procedures

Basic nursing procedures are taught to students to prepare and enhance their knowledge in handling patients at the clinical area. It is essential to expose the students to the areas wherein they can find learning and apply their nursing knowledge. The instructors guide these students to enhance their knowledge as preparation of becoming future nurses as compassionate and competent. But not all of the students can master all concepts because not all knowledge comes from books. As revealed by participants:

SN 001: *"Find it hard in procedure since I am not familiar with the procedure."*

SN 003: "*Difficulty in suctioning the patient, because it is a critical procedure at the ICU."*

SN 007: *"The patient with chest tube. It is very difficult to take care of it because I don't have knowledge about it and it is my first time to handle a patient with that."*

SN 0018: "*It's hard for me how to do gloving and passing the surgical instrument."*
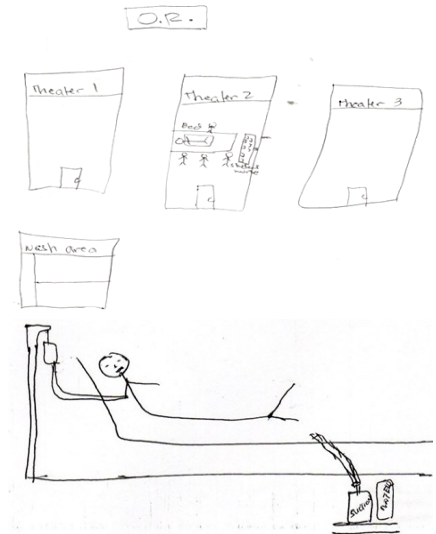

Figure 4. Doodle sketches regarding difficulties in nursing care procedures.

Difficulties with their Clinical Instructors

Faculty members are facilitators of students in acquiring the necessary knowledge they needed to become a compassionate and caring future nurses. They use critical thinking strategies and stimulate learning through actual handling of cases and exposure of students to different procedures that will display their technical and human skills. At some point, students are annoyed due to some instances where instructors are not flexible with the students particularly when giving workloads (drug study, nursing care plans, journals, etc.) as part of their requirements. One of the participants revealed:

SN 007: *"He (clinical instructor) brings difficulties on our clinical duties with more requirements and many works to do."*

Moreover, students viewed their instructors as rude and bullies. Figure 5 shows how students nurses perceive their instructors. The angry face and both arms placed at the hips depicts a bully attitude. One of the key informants said:

SN 0023: *"Toxic Clinical Instructors!! Toxic teachers, who are very impatient and rude, bully."*

Figure 5. A Doodle sketch on difficulties with clinical instructors

Some experienced rudeness because their instructors did not make them feel as part of the group. According to the participants, instructors also showed favoritism in the group that they handle. One participant revealed:

SN 008: *"My difficulty in clinical area depends on the attitude of my Clinical Instructor. As a student, we need supervision and guidance in doing task that is not familiar to us. One of the duties of Clinical Instructor is to explain the procedures to the students before making judgment."*

SN 0014: *"The attitude of the Clinical Instructor. Obviously, people are hard to please especially when they got to see your mistake, opted to 'see you' as not their taste."*

Eidetic Insight

Figure 6. Echoing model eidetic of difficulties of a student nurse.

Eidetic insight is the graphical representation of a phenomenon (Polit & Beck, 2008) where the researcher describes his reflections on the findings of the study into a symbol. The study, using doodling technique, echoes the experienced difficulties of student nurses at the clinical areas. As depicted in Figure 6, the student nurse shouts out and reveals the different conditions she encountered at the clinical areas. A student nurse was

chosen as a symbol since this study focused on them. On the side of the student, the echoes which symbolize the themes emerged as what they experienced at the clinical areas. Echoes are fitted since it bounces and remarkably denotes to the encountered challenges. The nurse raises her hands as if shouting to be heard because in reality, student nurses cannot raise these issues/ difficulties to their clients, staff nurses or even to their respective clinical instructors.

Comparative Discussions

Learning environment is very important for student nurses. Clinical instructors must possess high knowledge and skills and lift students' learning interest (Badiyepeymaiejahromi, et al., 2016) as part of their high-quality of instruction (Guner, 2015). Through positive mentoring and feedback, students will be imbued the necessary clinical attitudes that embrace nursing knowledge derived from theory and applied into nursing practice injected by their instructors and mentors as part of their learning experiences (Bagcivan, et al., 2015; Hasanpour-Dehkordi & Shohani 2016; Killam, et al., 2012; Lea, et al., 2016). These facilitate student nurses to learn more and may handle stresses in their clinical duties; therefore, clinical instructors and even the staff nurse must identify students' learning needs to reduce stress on handling clients in the clinical area (Hanifi, Parvizy, & Joolaee 2013).

It is imperative to identify and address difficulties in order to develop necessary knowledge and skills that will enhance the level of achievement as part of student nurses' academic exposure; hence, attaining quality patient care (Graham, et al., 2016; Latif & Mohd 2016). A friendly environment is suggested to narrow the

gap between nursing students, staff nurses, and their instructors particularly in terms of academic exchange (Suen, et al., 2016). Systematic learning in clinical area is an essential element in learning which is executed by educators.

CONCLUSIONS AND RECOMMENDATIONS

Student nurses encounter rigorous experiences. These experiences exhaust the students somehow. In spite of encountering difficulties, they acquired necessary knowledge, skills, and attitudes as their clinical instructors molded them in becoming compassionate and caring nurses in the near future. It is imperative that theoretical underpinnings and clinical practice are integrated in the clinical practice. This is essential for student nurses to grasp lessons in nursing and incorporate them into practice. Most students wanted to learn. student nurses might not reach the expected mastery level at an instant, but they definitely give their best every time. Evidently, certain factors delay learning. Therefore, nurse-educators and the staff nurses should be patient every time they teach and must be amiable at times when student-nurses need assistance to learn.

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