

ORIGINAL ARTICLE

Clinical Placement Among Malaysian Nursing Students: What Are Their Challenges?

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ABSTRACT

Introduction: Nursing is a theory-practice course that requires high-quality and effective clinical education experiences. Clinical placement is one of the most important parts of nursing education; that can be challenging, stressful, and causes unpredictable changes. However, studies describing the challenges during clinical placement faced by nursing students are scarce. This study aimed to explore the challenges of Malaysian nursing students during a clinical placement at hospitals. **Methods:** A phenomenology qualitative study was conducted among nursing students at a public university in Malaysia. A semi-structured interview was used to collect data from October 2020 until November 2020. All interviews were recorded, transcribed, and analysed using thematic analysis. **Results:** Five themes emerged from this study: 1) attitude of the nurse, 2) patient's distrust, 3) student's issues, 4) learning environment, and 5) theory-practice gaps. **Conclusion:** This study revealed that nursing students face many challenges during their clinical postings. Therefore, various methods could be applied to increase the quality of practical sessions. Additionally, further research is needed to assess the coping strategies used by nursing students in dealing with the challenges during their clinical placement and the effectiveness of the interventions taken by the authority in helping the students.

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INTRODUCTION

Nursing courses require a strong demand for high-quality and effective clinical education experiences that facilitate students' learning in clinical settings. Clinical experience has always been integral to nursing education, as it prepares students to apply clinical principles into practice (1). Clinical experience helps nursing students learn about professional and personal skills, attitudes, values, and socialise in the nursing profession (2) and become more skilful and knowledgeable of their duties towards the patients in the real-world context (3).

Clinical experience is challenging, unpredictable, stressful, and constantly changing, affecting students' attitudes and learning (4). Esther (5) reported that 60% of nursing students left the programme prematurely due to their dissatisfaction and subsequent attrition to challenges during skill acquisition. Additionally, Jamshidi et al. (6)

reported that the clinical setting would be the highest priority for nursing students in selecting or rejecting nursing as a profession. Therefore, nursing students must be prepared to integrate a strong theoretical base with clinical competence to thrive during clinical placement.

In many countries, clinical education forms more than half of the proper educational courses in nursing (7). The Malaysian Nursing Board (MNB) has issued the terms that clinical placement is a mandatory element integrated into nursing programmes, comprising three core sciences, i.e., Basic Medical Sciences, Behavioural Sciences, and Nursing Sciences in Malaysia (8). Following the MNB guideline, a Bachelor of Nursing student must complete a minimum of 52 weeks of clinical placement before sitting for the license. Nursing practicum is one of the courses included in the 4-year programme. Students are expected to maximally utilise the blend of theory and skills learnt, besides practising professional standards, and developing positive and ethical attitudes and values in nursing practice throughout the clinical placement. The drive to prepare nurses capable of performing well and being knowledgeable renders clinical education a significant component of the undergraduate nursing

curricula.

The common challenges experienced by nursing students are incompetence of clinical instructors, shortage of a positive role model, non-supporting learning environment (9), short duration placements, unclear objectives and guidelines, lack of orientation and belongingness by staff at the clinical sites (10), ineffective communication, inadequate readiness, emotional reactions (6), inappropriate clinical evaluation method, linguistic, and intercultural competence difficulties (11). Nursing students, especially the new ones, will encounter more challenges when faced with complex cases in a real clinical setting. Yen (12) reported that in Malaysia, most nursing students complained of having negative experiences throughout their clinical postings, such as the uncaring attitude of the ward staff, inadequate clinical supervision, and labelling of nursing students. The findings indicated the negative aspects of clinical experiences in the clinic. As a consequence, students experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting (1). Thus, it is vital to identify the influencing factors among nursing students during their clinical posting that might affect their learning process. Literature gaps still exist about nursing students regarding the challenges they face during clinical learning experiences. Therefore, this study aimed to explore the challenges of nursing students during their clinical placements in the local setting.

MATERIALS AND METHODS

Design

This study used a qualitative phenomenological approach to explore nursing students experiences during clinical placement. The lived experience may vary between each participant, thus potentially leading to the construction of multiple perspectives, in which in line with qualitative and phenomenology approach. An individual's experience is a multidimensional phenomenon, that is, psychologically oriented, culturally driven, and socially structured with much uncertainty and ambiguity (13). Phenomenology is a research approach that seeks to describe the meaning and essence of a phenomenon by exploring it from the perspective of those who have experienced it (14). A phenomenological approach enables a close examination of individual experiences to capture the meaning, common features, or essences of an experience or event (15). This qualitative research was reported according to indications of the COREQ Check List.

Setting

The study was carried out at one of the public universities that offered Bachelor of Nursing course and having more than 400 undergraduate nursing students. Students went to clinical placement in two different Semesters;

Semester 1 and Semester 2. Some students also required to attend theory classes either before or after the clinical posting to fulfil credit requirement for that semester.

Sampling

Purposive sampling was applied to recruit participants that fulfil the inclusion criteria: 1) undergraduate nursing students; 2) had attended clinical placement at least 4 weeks; 3) able to speak Malay or English; and 4) agree to participate in the study.

Ethical Considerations

Study participation was voluntary, and written consent was received from each participant prior to data collection. All the participants were guaranteed confidentiality as well as anonymity throughout the study. This study was approved by the Kulliyah of Nursing Postgraduate and Research Committee (KNPGRC) and IIUM Research Ethics Committee (IREC 2020-KON/70).

Data Collection

Participants were recruited from October 2020 until November 2020. The potential participants were approached and verbally explained about the study. They were given time to consider it first and contact the researcher through phone or email that available in the Participant Information Sheet. The interviews were conducted in an informal, semi-structured, face-to-face, conversational style and guided by an interview guide. Examples of the main questions: What are the main problems or challenges that you faced during clinical placement? How does these challenges affect your performance, emotion, life? Explain the situation or event. All interviews took place at the university. Each interview was recorded with permission and lasted between 30 and 40 minutes. Previous study recruited 10-18 participants in their studies (9,12). The sample size of the study was determined by data saturation, and interviews were stopped when there was no new information contributed during the interview and no new codes could be produced (16). A total of 15 students were interviewed which had reached the level of data saturation.

Data Analysis and Interpretation

This study employed thematic analysis that consider an appropriate method for analysing qualitative data to understand experiences, thoughts, or behaviours across a data set (17). A six-step process of analysis: 1) familiar with the data; 2) generating codes; 3) generating themes; 4) reviewing themes; 5) defining and naming themes, and 6) locating exemplars (17) was followed. First, the researchers familiarise with the data. All data from the audio files were transcribed verbatim to Bahasa Melayu used by the participants during the interview. The transcripts were sent back to the participants to check the accuracy of the transcription. Then, the researcher went through the transcripts and actively observed

meanings and patterns that appeared across the data set. The second step involved generating initial codes that represent the meanings and patterns in the data. At this stage, a discussion was held among the research team, who were experts in qualitative research. Relevant excerpts were identified, and appropriate codes were applied. Excerpts that represent the same meaning were grouped under the same code. The third step was generating for themes. All the codes were examined to look for potential themes. The themes were reviewed to ensure the fitness and relevance of all codes. The fifth step involved defining and naming the themes, and finally followed by producing the report with description of the findings and illustrative example.

Trustworthiness of Data

Dependability and confirmability can be achieved via an audit trail (18). An audit trail was kept in this study to maintain track of the steps and/or changes throughout the processes of data collection, analysis, interpretation and writing up the findings. The credibility of this study was obtained through member checks (19), in which the transcripts were sent to the participants for feedback. This step was to ensure the accuracy of the transcription. Moreover, discussion with research team, who were experts in qualitative research indirectly improve the rigour of the study.

RESULTS

Throughout the period of data collection, fifteen (15) participants agreed to participate in this study. Backgrounds of the participants are summarised in Table I.

Five themes were identified related to the challenges of nursing students during clinical placement: 1) attitude of the nurse 2) patient's distrust; 3) student's issues; 4) learning environment; and 5) theory-practice gaps.

Theme 1: Attitude of the nurse

This category consisted of two subcategories of unfriendly and unhelpful, and 'labelling' the student.

Unfriendly and unhelpful

Some students were complaining about unfriendly

behaviour of nurses in the ward. They also said that (sometimes) nurse did not support them when they are doing the nursing care to the patient. This is illustrated in the following quotes:

Some nurses are very unfriendly and unhelpful, so due to this I am not able to do anything towards patients as they said that students should not touch patients under their care. Thus, it makes me feel invisible during that time (ST2).

Generally, the worst experience will be when we go to the clinical placement and then the nurses at the ward doesn't really welcome us as students ... they totally ignore us as students (ST4).

'Labelling' the student

Some students were being "labelling" as they did not have sufficient nursing skill while entered the clinical placement. They also sometimes blaming by the staff when the staff made some error to the patient care.

Sometimes, some of them are insulted that we as a degree nurse do not know anything in the skills. It really hurt us since we went to clinical posting to learn well for the skills (ST14).

During posting in a clinical setting, usually some staff members we feel like they are not willing to work with us. They just ask us to do their work and they just sat at the table and some of the staff, if they met mistakes, they always refer this as the students' mistake and they are innocent, so this make I am not happy to go to clinical posting (ST10).

Theme 2: Patient's distrust

Some participant mentioned that the patient did not trust the students to give nursing care. This is illustrated in the following quotes:

Some patients choose not to be under students care in any procedure as they believe that students are not competent (ST2).

We sometimes get mad by the patients as they do not want the students treat them (ST9).

Theme 3: Student's issues

This category includes five subcategories of time management, inadequate knowledge, inadequate practical skills, emotion, and lack of interest.

Time management

Specific personal qualities and disposition have been reported as challenges for some participants.

I have difficulty in completing my clinical book, completing my assignments on time because I could not manage my time wisely. I do admit it as my fault (ST4).

Table I: Demographic characteristics of the participants

Participants (n=15)	
Age (year)	19 – 22 (mean: 22.6)
Clinical experiences (weeks)	4 - 44 (mean: 29)
Year of study	Year 1 3
	Year 2 4
	Year 3 4
	Year 4 4

During posting in Hospital A, there are a lot of patients that we have to attend, and we have to take care of them and sometimes I do not have the time to understand their disease and after that, I don't have time to eat, and it makes my legs and body feel the pain after the shift (ST8).

Inadequate knowledge

Some participants admitted that they did not have sufficient knowledge when dealing with clinical environment.

I'm lacking knowledge and it makes me felt not confidence in performing tasks in the hospital. An adequate knowledge will create a competent nurse as they know what they are doing and not by simply following the doctor's order... so due to this I sometimes not able to perform well in doing my skills (ST5).

Obviously, I am lacking knowledge compared to other friends who put interest in learning. I felt sad when being asked about that (disease), while the others can answer without problem (ST11).

Inadequate practical skills

Participants also expressed that they are lacking practical skill that made them having difficulty in performing the procedure. This is illustrated in the following quotes:

I got an issue when dealing with the skills where I have been scolded by the nurse that I got to use wrong needles. It was first week, so no big deal but I felt as helpless as I have lack of skills (ST11).

I am not familiar with the children, so I don't know how to communicate with them, and they started to cry (ST12).

Emotion

The exposure to new events during clinical placement causes emotional reactions and made them concerns over patients. This is illustrated in the following quotes:

Basically, my worst experience is for the first time me watching death patient and watching the family members being sad and cry so I really felt sad as well and start to feel anxiety in taking care of patient as I scared that I will give harm to the patient (ST1).

I feel that I am anxious when I have been posted in the clinical area. I really got scared to handle patients as they might get injured just because of me (ST12).

Lack of interest

One participant mentioned that she lack interest when dealing with high technology equipment in the specific ward.

Sometimes I have lost interest to study or know things that

complicated like in ICU. I had hard time to understand the medication and whatever setting of machines there. Yes, anything that seem to need more reading and hardly to understand, I often tend to put those aside and never to master that (ST13).

Theme 4: Learning Environment

This category includes the following four subcategories of transportation, overcrowded ward, overcrowded curriculum, and lack of supervision.

Transportation

Transportation in this university was identified as an issue for some students when they arrived late to the hospital because they must wait for other students. This is illustrated in the following quotes:

Every week, one of us needs to book for the bus before we go to the hospital because we do not have other transportation to go. Sometimes the other students also are a little bit late to board the bus so it takes time for me to arrive at the ward and we have been scolded by the nurses (ST1).

Overcrowded ward

There are some wards were overcrowded especially certain area such as medical and surgical wards. The situation became more challenging when they were in a small group and a small number of staff that were working on that day.

During posting in Hospital A, there are a lot of patients that we have to attend, and we have to take care of them (ST8).

We had a bad day where the ward was really crowded, full of patients (ST5).

Overcrowded curriculum

Despite clinical posting, the nursing students also have to attend theory class on the same day. The participants expressed that they had overcrowded curriculum as they could not get enough rest.

Can you imagine, we had classes after the clinical posting and then we also had a class at night, it's really full ... It really affect me as I got tired because not enough rest (ST12).

After the shift I felt exhausted and tired because we had class to attend. I cannot focus on the class. I cannot study properly (ST8).

Lack of supervision

Most of the students reported that the presence of the Clinical Instructor during their clinical placement was very helpful to supervise them doing the procedures in the ward. Unfortunately, there participants expressed their disappointed feeling that there was lack of

supervision from the Clinical Instructors.

Lack of the availability of our clinical instructors lead to difficulty in learning process at the ward as we have our assignments, clinical book that need to be completed but when there is no clinical instructor at the ward or available at that time when we want to the procedure, it kind of interrupted the learning process itself like we don't have a proper guideline. We don't have clinical instructor to help us to do the procedure properly to see what we are doing (ST4).

I don't have clinical instructor to supervise me in doing the procedure so it kind of make me feel down because I felt I can do it and I felt confidence but there is no one that can supervise me to do the procedure properly and accordingly. The presence of clinical instructors actually can guide me properly on how to do the clinical procedures accordingly (ST14).

Theme 5: Theory-practice gaps

Some participants felt that there were differences between the theoretical part that they learned in the class with the practical session during clinical placement. This is illustrated in the following quotes:

Sometimes what we learn in class does not really apply in our clinical placement place like for example we learnt about this but when we go to the clinical placement, we cannot do that. So we have a short term problem that we have to encounter by ourselves (ST3).

We have some issues that we cannot apply things that we learnt theoretically during the clinical posting because of a few reasons. We really got confused on that issue (ST4).

DISCUSSION

The findings from this study showed that the attitude of staff and patients, personal issues of the participants themselves, the environment, and differences in the theory-practice syllabus are among the challenges encountered by Malaysian nursing students during their clinical placement. The students expressed disappointment regarding the unprofessional attitude of the nurses and patients who did not trust them, affecting their learning process. Williamson and Webb (20) claimed that accepting and trusting the students led them to acquire clinical experience, creating a pleasant working environment, and presenting opportunities for further learning. A similar finding was reported in Iran, where the lack of teaching and learning support and opportunities for learning between undergraduate nursing students and ward staff posed a challenge to the participants during their clinical placement (9). Moreover, patients also have the right to refuse treatment from an unfavoured person (21). Dinmohammadi et al. (22) reported that nursing students experienced vertical

violence, such as humiliation and being blamed, rejection, discrimination, and bullying in clinical settings.

The participants also had intrapersonal conflicts as they were not good at managing their time wisely, lacked interest, had inadequate knowledge and practical skills, and had emotions. Many studies reported the lack of professional knowledge and skills that affected nursing students' performance during clinical placement (23-25). Consequently, they often become anxious due to the feeling of incompetence, especially during their first placements (26). Changiz et al. (27) revealed that one of the causes of nursing students' stress in the clinical environment is the factors concerning the students themselves. Students are also not motivated to learn the skills as they lack initiative (28). Additionally, Haghani and Farzi (29) found that fear of harming patients diminished their self confidence to perform procedures during clinical placement.

The learning environment also affected participants' experiences during clinical posting. They revealed that overcrowded wards and curricula affected their journey as a nursing student. This result was supported by Mabuda et al. (30), who reported that nursing students in Limpopo Province faced overcrowded wards. The participants also mentioned the lack of clinical instructors to supervise them in the clinical setting. Similarly, Msiaka et al. (31) revealed that undergraduate nursing students were usually left unsupervised during clinical placements, and lecturers occasionally visited clinical settings. This condition can cause students to make medical errors (32). According to Alavi and Abedi (33), the clinical instructor works supportively by offering his or her experiences and suitable corrective feedback to the students and by active presence as a source of confidence, courage, restoring order and discipline.

The theory-practice gaps are another challenge faced by nursing students in clinical settings. Corlett (34) defined the theory-practice gap as a discrepancy between what was being taught in the classroom and the theoretical aspects of nursing and what they experienced during clinical placement. Many nursing students in this study were unhappy as they had already learned the theory in class but were unable to implement it into practice during clinical placement. Similar findings were reported whereby nursing students had many theories but had no way of practising them (35) besides having difficulty integrating theory into clinical practice (1). These findings could be due to the idealistic curriculum for theoretical and academic content and bear little relationship to the real needs of clinical practice (36).

One limitation of the current study is that all participants were recruited from one university and were posted at the same hospital. However, the rich depth of data obtained made up for the shortcoming of this study during the

face-to-face interview. Future studies should consider recruiting nursing students from various institutions, with clinical placements in various hospital settings in Malaysia, either public, private, or teaching hospitals.

CONCLUSION

In summary, this study revealed that the participants faced many challenges such as dealing with staff, patients, syllabi, and the environment during their clinical placement. The challenges vary between the participants. The university authorities should be proactive in equipping nursing students with effective coping skills to help them face the upcoming challenges during a clinical attachment. A platform of student support services offering appropriate academic assistance and guidance should be available and reachable to the students. Nursing students are future employees who need to be nurtured and educated according to the highest standards of practice, and the university needs to play a pivotal role in assisting students throughout their educational process.

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