

# STUDENT NURSE EXPERIENCES

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## ABSTRACT

A recent meeting with key personnel in nursing reported that Malaysia is currently facing a 14 percent nursing shortage. At the same time, it is quite alarming to note that about 300 to 400 Malaysian nurses each year leave the job to join the private sector, or leave the country to work in Saudi Arabia, UK and Australia.

Various factors have been cited as leading to the above situation, including low pay, a stressful working environment, and the fact that fewer young people are choosing to enter the profession. Nursing has also become very stressful, what with staffing issues, and it has become apparent that if we are to maintain the integrity of nursing, we must both recruit and retain qualified individuals. Future nurses – i.e. students – need to be nurtured and educated according to the highest standards of practice, and it is important for faculty to play a pivotal role in assisting them throughout their educational process.

The purpose of this study was to describe and explicate the experience of being a nursing student. A convenience sample of 10 students were interviewed personally by the researcher using an interview guide. Specific open-ended questions were asked as to explore the students' experiences. Their stories provided an insight into



the satisfaction, hopes, challenges, and stresses faced by students.

Several major theme clusters emerged from the data;

- i) feeling overworked;
- ii) feeling unprepared;
- iii) seeking support from one's faculty and one's family;
- iv) meeting with conflicts and demands.

These identified themes seem to corroborate with the findings of other researcher who has studied the student experience. These findings should be taken into consideration as it could be very helpful in helping nursing students get adjusted, feel less stressed and less overworked while undergoing the nursing programme.

## INTRODUCTION

Recent reports underscore the reality that there is now a serious shortage of manpower in medicine and nursing. Various factors have been cited as leading to the present situation, including the increasing number of Malaysian RNs leaving the country to work places such as Saudi Arabia, UK, Australia and USA. Between 300 and 400 nurses leave each year either to work overseas, or resign from the public sector to join the private sector.

This has spurred nursing colleges to increase their student intakes per session. For example, the colleges of nursing under the Ministry of Health of Malaysia recruit some 100 - 150 young, post-secondary girls twice a

year, and most of these young girls are not fully aware of what they are going into.

Many studies done abroad, and a few done locally, have stated that nursing has become a very stressful job, with staffing issues contributing to the decision by some to leave the profession prematurely. Even while undergoing the three-year training, many students face specific stressors. Aini (1996), in her study, identified the major sources of stress faced by students were related to academic, clinical and interpersonal issues.

The purpose of the present qualitative study was to describe and explicate the experience of being a nursing student. Students were interviewed and given an opportunity to share their stories. This provided insight into the satisfaction, challenges and stresses they faced.

## LITERATURE REVIEW

Studies by Beck (1995), Hamil (1995), Jones & Johnston (1997) have addressed nursing students' experiences of learning, possible reasons for leaving a programme, and identified specific stressors. Included among the factors identified as problems were:

- i) difficulty balancing home and college demands;
- ii) time pressure;
- iii) financial concerns;
- iv) feelings of distance from faculty and staff in the clinical setting;
- v) stress associated with feeling unprepared for clinical practice; and
- vi) feeling incompetent in clinical skills.

Glossop (2001) pointed out that the issues surrounding a nursing student's discontinuation from a programme are complex, and finds methodological limitation in prior research – including a lack of common definition of attrition, low response rates in survey, and imprecise definition as reasons for leaving.

A study done by Spouse (2001) on the images of nursing which motivated the choice of a career found that there were conflicts between students' ideals and actual practice, which produced "dissonance". This in turn led to either compliance with the norm, disillusionment, or subsequent withdrawal from nursing.

Spouse further summarised that students who remained in nursing entered with a clear picture of how they would like to practice. However, the work done by Lave & Wenger (1991) and Cain (1991) indicated that to become successful, newcomers must engage at a deep level with their community, subsuming their own beliefs and learning the language of their new settings.

Magnussen (2003) described that most nursing students perceived nursing as a career which offered opportunities to care for people and help them lead healthy lives. However, some students focused more on personal factors such as employment opportunities, and level of available pay. The study also found that not all nursing students choose to become nurses because their values are in line with those of the profession; there

may be other personal, social and economic factors influencing their career choice.

Aini (1998), in her study of 65 student nurses on their motives for entering nursing, found that 92 percent joined because it was their last choice, besides being forced into it by parents or relatives. The majority of students revealed that they never had thought of becoming nurses while in secondary school.

In an attempt to understand how students' perceptions and attitudes towards nursing influence satisfaction with their studies and commitment to their career, Van Hanen & Janhonen (2000) surveyed 271 students in Finland using the Nursing Orientation Tool, developed from prior research results from Van Hanen et al (1999). They defined orientation to nursing in terms of caring, nursing expertise, and life orientation.

A caring-based orientation is based on the need to help others. Nursing expertise orientation suggests the awareness that expert knowledge is required of a nurse. Life orientation refers to an awareness of the need to balance work as a nurse with other social roles, such as that of parent or wage-earner. The findings revealed the students' orientation scores were linked to their sex, life situation, choice of nursing specialty, academic problems, and intention to stay in nursing.

Brown & Edelman (2000) commented on Project 2000, developed in the UK at the beginning of the transition from

hospital schools of nursing to university nursing programmes. The project was developed to assist the transition of student to clinical practice, and to facilitate the ultimate assumption of the role of professional nurse.

To review the effect of reforms in UK's nursing education, Gerrish (2000) conducted a qualitative study of 25 new graduates. Findings suggested that although nurses still felt inadequately prepared, they were able to successfully make the transition to their professional roles. In comparison with a group of new graduates interviewed in 1985, the 1998 graduates had developed an active learning style and found the transition into graduate role less stressful than their earlier counterparts had. The newer graduates still believed they were inadequately prepared, and described their initial performance as professional nurse as "still fumbling along". (Gerrish, 2000).

High levels of work stress continue to be reported in most healthcare organisations – as with nursing trainees' reports. It is obvious from published works that students in nursing programmes feel some stress as they embark on the road to professional competence.

A local study done by Aini (1996) on 128 respondents reported that they faced stress ranging in intensity from moderate to high. Its frequency was rated "sometimes" to "often". The major sources of stress were academic issues, followed by clinical and interpersonal issues.

Jones and Johnston (1997) noted a combination of interventions to the interpersonal communication within the workplace. Individual strategies aimed at health behaviours, lifestyles and self management skills were found to be the most effective and to have sustained effects in reducing stress.

Buerhaus et al (2000) suggests that one response to the nurse staffing crisis is to modify curricula in response to the realistic learning needs of students, and on-going changes in workplace demands.

The following study was designed to describe and explore the real experience of being a student nurse. Though the writer has undergone the same experience, it was 28 years ago. There may be similarities or differences which would be useful to identify. The writer also hopes that greater understanding of what it means to be a student in this millennium could lead to improved communication between faculty and students.

## METHODS

The qualitative approach was used in this study. Qualitative approaches are defined as those that utilise words rather than numbers to describe findings, assume a dynamic reality, and emphasise seeing the world through the eyes of the participants being studied (Gillis & Jackson, 2002).

This writer, with a degree in nursing and over 16 years' experience as a nurse educator in pre- and post-registration, conducted this qualitative descriptive study. A purposive convenience sample

of 10 nursing students at a public teaching hospital was interviewed, using an interview guide with open-ended questions. The students, who had all completed at least four semesters of a three-year Diploma in Nursing, comprised two males and eight females. All are now in their fifth semester and were willing to be interviewed.

- They were asked to respond to the following questions:
- Tell me about your experience as a nursing student.
- What stands out about your life right now?
- What do you think about your experience here?
- Can you tell me a really powerful experience you've had here?

Each interview lasted 25–35 minutes each time and participants were audio-taped. The transcripts were then analysed using the constant comparative method, in which each piece of information is coded and compared with another piece for similarities and differences in lives and experiences.

## FINDINGS

Four major theme clusters emerged from the data:

- i) feeling overworked;
- ii) feeling unprepared to undertake role of registered nurse;
- iii) meeting conflicting demands;
- iv) time pressure;
- v) seeking support from one's faculty and one's family.

During the interviews, participants became very animated

and very engaged in the process of being nursing students. Along with excitement, they were obviously also experiencing high degrees of stress, enthusiasm and emotion; teary eyes and choked voices prevailed when talking about some of their most pressing worries. They expressed appreciation that the researcher was interested to listen and find out about their lives.

### Feeling overworked

When asked to describe their lives "right now", they consistently described a feeling of being overworked. Some expressed frustration in their perception that there was so much work to do both during lectures and clinical postings. Others were frustrated by the belief that nursing was "busy work", and that the amount of work and study was so intensive and beyond their expectations. They sincerely described never having expected so much work and so much study in order to become nurses. The frustration was especially prominent in those training in clinical areas, who had observed discrepancies between actual practice and what was required of them by the tutors.

*Actually, I enjoyed the clinical work but most of the time there was so much work in the ward, especially in Medical and Surgical wards, now we have patients on ventilator, and we have to do everything for the patient. Not one, we have four patients sometimes. Usually after duty, we are exhausted and we just sleep...*

Another student stated:

*In Semester 2, I had to repeat one paper. Too tired and too many things I did in the ward... I cannot study, you know... we studied while doing practical. For example, during Community posting, we usually got back to the hostel at 5pm, we had our rest straight away, we lay down and most of the time did not study at all during the night...*

In response to the question, another student lamented:

*When we do procedures, we have to follow strictly. One procedure like dressing, especially burn dressings, or dressings on big bedsores, can take so long. One day, I assisted Dr who was doing a small operation on a patient's bed sore in the ward. I had to hold the patient alone for so long... I felt my backbone was going to break.*

Yet another shared her experience:

*While in Semester 3, we only learned Medical-Surgical nursing. Even though only two subjects, it was very heavy and that time, we had to do night duty. One night I had one patient who was vomiting continuously, the oxygen saturation dropped, we called the Doctor and that night, he performed paracentesis. Dr removed the fluid and I had to monitor the patient throughout*

*the night... I could not rest at all, and felt extremely exhausted.*

One student was particularly poignant in talking about this issue:

*There are too many assignments, it is challenging. We have to learn like medical students, even though interesting, occasionally I feel very overworked and overloaded. I love what I'm doing; but just seems like I have to push constantly to make it happen. I would like to excel in whatever I'm doing now but it tests my patience sometimes. I often get angry at myself. Well, it just seems that it has to be a lot of push to make it happen.*

### Feeling unprepared

Interview participants talked about the stress of facing job demands. Many expressed feelings of unpreparedness. A very consistent theme that was heard from students was the sense of knowing so little, when job demands would be so great.

Over and above concerns about the final exam and licensing board examinations, students were worried about simply being prepared for the job: the reality of being in charge as a staff nurse, and concerns about knowing enough to be a staff nurse who would be responsible and accountable as a team leader, without supervision from the tutor. Students felt overwhelmed with all the things they should

know. They were frustrated about feeling not yet ready to be on their own.

They talked about the stresses and challenges involved in doing the job professionally – the reality of having to do the right thing at the right time, the ability to prioritise and make the right decisions:

*In Semester 1, I looked after one patient, a 20 y.o. with a history of fever for two weeks. He had a history of fits too. We were asked to change his diaper. While doing the procedure, I noticed some strange movements of his eyes and face. I called the S/N immediately. The S/N said it's OK. Suddenly, the patient collapsed and needed resuscitation. He could not be saved. That night, I was feeling so stressed, I felt guilty that at that time, I did not know the signs and symptoms of fitting yet. The S/N blamed me for not knowing.*

*That was the first death I ever saw. I could not sleep. Kept blaming myself that it was my fault, I felt I have a sin till now.*

*Now I am in Semester 5. I still feel frightened all the time and whatever I do, I need to countercheck with S/N. I have tried to overcome my own problem. I'm afraid to tell anyone, even my tutor does not know how I feel. Until today, when looking after DIL patients, I am very slow and cautious.*

Clearly, students felt overwhelmed with all the things they were expected to know. They were frustrated at seeing unpleasant happenings in the clinical area, and this directly affected their confidence:

*Before Semester 5 began, I felt very depressed. Till today, when semester has already started, I'm still feeling very sad. I am searching for the answer as to why I joined nursing.*

*I want the interest to continue, but nursing must be in my heart and soul. I am worried when I qualify as a A/N, I won't be able to function...*

*Then when you are a S/N, you have to work on your own. When you become team leader, initially you will be blur. Recently, while I was on OT posting, the scrub S/N got scolded by the surgeon for giving him the wrong instrument. Dr became angry and shouted at her. I felt frightened, I see that S/N often gets scolding...*

*I don't think I can face that, I feel I am not ready... (choked voice and teary eyes).*

### **Seeking support from one's faculty and one's family**

Jeffrey (1998) points out that students need extra support from faculty members who should expand their teaching roles into mentoring roles. She points out that faculty members need to promote

realistic self-appraisal so that students have a realistic picture of their progress and areas requiring improvement. In this study, teachers were viewed as pivotal in students' learning experiences. There was awareness that teachers/tutors had the responsibility of shaping the learning environment, and there was occasionally concern about the methods used. Students were concerned about the manner in which faculty staff interacted with them:

*Well, during my first semester, I did not exactly have a wonderful experience. I was scolded by the course tutor for not being able to submit my assignments on time. I had too many co-curricular activities during that time. I will remember it forever. Then she was angry at me again because my grades were not good. But though she was the most fierce (garang), she gave me motivation, supported me, and advised me how to improve myself. Scolding is not a problem for me. I knew it was all my fault and I will never forget all her advice!*

For other students, the experience was not so positive:

*I know for a fact that there were students who would go to clinicals and dread the day, because they were going to be criticised or scolded by S/N. While in the ward, there were many S/Ns who could not get along*

*with the students. They often scolded us – sometimes in front of other people. You can imagine how we felt... so embarrassed!*

Students were also concerned about the manner in which clinical staff and teachers interacted with them, believing themselves to be worthy of respectful treatment:

*I am now in my fifth semester. So far, I have had a great tutor and she has really helped me a lot. She is sincere she will tell you if you're doing something wrong without making it a personal attack. She was kind of what I expected a tutor to be.*

Most students felt that immediate family members' support and acceptance was necessary to sustain their motivation and provide encouragement during the course:

*My mother always encouraged me she often asked me how I was progressing. She told me to study very hard, because my results were not so good the previous semester. She herself studied very hard for her Master's degree in Management. She even bought an empty frame and told me it is for my graduation photo and that she will hang it on the wall. I am trying very hard. My mother supports me and prays that my interest in nursing will grow!*

Another student shared:

*Everybody in the family supported my choice to enter nursing – except for my elder brother, who is a lecturer in one of the private universities. He looks down on nurses and I guess he is angry at me because I rejected the Engineering course that he got for me in one of the local institutions. Every time I go back to kampong, he comments: 'Misi penat ke?' ('Is the Nurse tired?') I get irritated at times. I will prove to him that nursing is a noble profession.*

*Besides, I have many friends here and we support each other. When we are stressed, we often release our tension together watching VCDs, going to movies, or going to the computer lab to browse the Internet.*

And yet another:

*To me, getting scolded is not a big problem. I know I make mistakes, and very often, I won't argue. I often share whatever happens during the course with both my parents. They say I have to be strong and do well. Even when I received a love letter from the girls and told my mother about it, I got all the support from both my parents. So that is why I have had no regrets for wanting to become a nurse!*

### **Meeting conflicts and demands**

When asked to describe their lives "right now", students emphasised that they had great difficulty in maintaining a balance. In response to this question, one answered:

*I asked myself, why had I entered nursing? I personally did not know the answer. I'm still thinking about why I joined nursing... Especially when I am feeling tired, or getting a scolding from S/N in the ward, or when friends won't give their cooperation, and no one is helping me, I keep thinking... Why did I join nursing??*

Another student's experience:

*I hope I can maintain what I practice now - For example in the aseptic technique, in doing the sterile procedure, I must follow what was taught by my tutor. S/N said no need to follow strictly, she said what is taught in the class or practical room is different and in the ward it is different.*

Yet another's:

*As a student, my clinical experiences are really testing my patience and my competence. When the Dr orders something for patients, sometimes I still do not know what to do. I still lack a lot, I feel stressed, embarrassed, and I still need more experience! On top of that are the personal experiences which*

*cannot be avoided, and they are all mixed up. I had a misunderstanding with some friends who put on sour faces when given assignments. Then sometimes we quarrel with housemates, friends outside, and other girlfriends. It disturbs our lives, I feel uneasy with so many things happening...*

*I never thought of joining this course, but my friend said we can go far with nursing. I am trying only. In this past 2 years, I have kept on thinking and trying to accommodate. Too many assignments, very challenging, people have this perception that nursing is easy, just give medicine only, but only after joining did I discover it is not..!!*

## DISCUSSION

The themes identified in this study corroborate the findings of other researchers who have studied the student experience. Each thematic concept describes a piece of the student experience. When linked together, they describe a period in the life of a developing professional that is filled with hope, challenge and stress. When analysing the themes, it becomes apparent that faculty and others can play pivotal roles in assisting students throughout their educational process.

In each of the thematic areas, the writer believes there is a role for faculty intervention which can make a difference in the student's ability to adapt to the demands of nursing,

***There is a role for faculty intervention which can make a difference in the student's ability to adapt to the demands of nursing, while surviving the stresses of being a student.***

while surviving the stresses of being a student.

### Feeling overworked

Faculty intervention for helping students to cope with extra work can be to provide strategies for improving time management. While clinical courses in nursing attempt to teach students time management skills, little attention has been paid to time management in other aspects of life.

One strategy which may be useful in helping students is to provide more effective student support centres, with workshops and individual counselling on ways to improve study skills. These centres should also focus on helping students discover better time management strategies. Students who express frustration with their situation can then be referred here for such help.

It is also suggested that the faculty structure a module devoted to time management, in Management class. The focus of the module should be on organisation to meet the realities of daily demands, and ways to structure order in one's life.

### Feeling unprepared

To deal with feelings of unpreparedness, students may be helped by being made aware of the

work of Benner (1984). The model of novice-to-expert progression developed by Dreyfus and Dreyfus and applied to nursing by Benner (1977) outlines the conceptual basis for skills acquisition. Its framework identifies five stages of development in nursing: novice; advanced beginner; competent; proficient; and expert.

Benner's research provides a paradigm that can help nurse educators and students see clinical practice as a developmental process. Nurse teachers perform vital roles in giving positive feedback on student performances with respect to achieving professional performance standards. It is important for nurse teachers to continuously encourage students so that their clinical skills will grow as they continue to engage in practice.

### Seeking support from one's faculty and one's family

Faculty need to be aware that students' perceptions of nursing can be strongly affected by their interaction with individual faculty members. Faculty staff should demonstrate an ethical commitment, mediated by a caring attitude. It is very important for faculty members to take every opportunity to build relationships with students.

One way for this to be implemented is for faculty to serve as advisors to students throughout the nursing programme. Students need to be valued, nurtured, and seen as the future of the profession – as future nurses will be determined by the very individuals who are currently students.

### Meeting conflicting demands

Nurse teachers can help students discover and maintain priorities by acknowledging that as students, they are faced with many demands, sometimes even conflicting ones.

Students may be assisted to

identify both formal and informal priorities with value clarification exercises. It is important for students to know the demands they will be facing as they progress through the course.

### CONCLUSION

There are limitations to the present study that should be acknowledged. First, the participants were all from the same school of nursing and represented a very limited sample of nursing students. The identified themes were pervasive throughout the interviews, and it was assumed that all participants would have similar perspectives. It should also

be acknowledged that suggestions relating to the involvement of faculty arose from the researcher's personal exposure to students' stories, and their experience with faculty members.

Students' stories provide insights on current educational environments – which in turn can assist faculty in understanding the impact of teaching–learning approaches that are employed. It is vital to continue to look for ways to provide challenging and satisfying learning experiences for students, and it is apparent that we need to include students in the process. ■

### References

- Ahmad A. (1996): A descriptive study on perceptions of stress and sources of stress in diploma nursing students. *Unpublished Research Project*, University of Malaya.
- Ahmad A. (1998): A survey on the student's motives to choose nursing as their career. *Unpublished Research Project*, University Malaya.
- Beck C. (1995): Burnout in undergraduate nursing students. *Nursing Educator*; 20: 19-23.
- Benner P. (1984): *From Novice to Expert*, Menlo Park, CA, Addison Wesley Publishing Co.
- Brown H, Edelmann R. (2000) Project 2000: A study of expected and experienced stressors and support reported by students and qualified nurses. *J. Advanced Nursing*; 31: 857-864.
- Gerrish K. (2000): Still fumbling along? A comparative study of newly qualified nurse's perception of the transition from student to qualified nurse. *J. Advanced Nursing*; 32: 473- 480.
- Glossop C. (2001): Student nurse attrition from pre-registration courses: investigating methodological issues. *Nurse Education Today*; 21: 170-180.
- Grams K, Kosowki M, Wilson C. (1997): Creating a caring community in nursing education. *Nurse Educator*; 22: 10-16.
- Jeffreys M (1998): Predicting non-traditional student retention and academic achievement. *Nurse Educator*; 23: 42-48.
- Jones M, Johnston D (1997): Reducing distress in first level and student nurses : a review of the applied stress management literature. *J. Advanced Nursing*; 32: 66-74.
- Spouse J. (2000): An impossible dream? Images of nursing held by pre-registration students and their effect on sustaining motivation to become nurses. *J. Advanced Nursing*; 32: 730-739.
- Vanhonen L, Janhonen S. (2000): Factors associated with students, orientations to nursing. *J. Advanced Nursing*; 31: 1054-1062.