



A PHENOMENOLOGICAL STUDY OF NURSING STUDENTS' EXPERIENCE IN CLINICAL PRACTICE WHEN THE POST COVID-19 ERA

Jeanny Rantung¹, Evelyn Hemme Tambunan²
^{1,2}Faculty of Nursing Science, Universitas Advent Indonesia
Bandung, Indonesia

e-mail: jeannyrantung@unai.edu¹, evelyntambunan@unai.edu²

Abstract

Clinical practice is a pivotal requirement in nursing education to shape professional nurses. The Covid-19 pandemic has interfered with the effectiveness of clinical practice processes. Yet it must be a starting point to create a better clinical learning environment. The aim of this study is to explore the experiences of nursing students in engaging clinical practice in the era of post Covid-19 pandemic. A descriptive phenomenological approach was used to collect data from individual in-depth interviews from 18 March to 10 April 2023 using purposive sampling technique. Ten nursing students were interviewed in depth and audio-recordings were transcribed verbatim. Colaizzi's seven-step descriptive phenomenological methodology served as the basis for data analysis. Lincoln and Guba criteria were applied to assure the trustworthiness of this study. Four main themes were generated: initial feeling of clinical practice in post Covid-19 era, challenges in theory-practice gap, clinical practice environment, grateful for the opportunity to conduct clinical practice offline. The findings of this study are useful for nursing education together with the clinical field to facilitate a supportive clinical learning environment to enhance clinical engagement of nursing students. There is a need for scrutinizing factors that hinder or enhance the clinical learning process of nursing students. Studies on what makes nursing education and clinical fields involve deeply in students' clinical practice and learning while others do not are also pertinent.

Keywords: nursing students, clinical practice, experience, post Covid-19 era

INTRODUCTION

It is essential to create a supportive clinical practice with adequate learning opportunities and a focus on the needs of the nursing students, for nursing education to succeed⁽¹⁾. Students engage in clinical learning in complex healthcare environments, and their experiences in the clinical practice have a significant impact on their learning process and content. Nursing students should feel inspired and secure in their surroundings so that they can accomplish learning objectives^(2,3). However, it has been suggested that the clinical practice environment affects

Correspondence author:

Evelyn Hemme
Tambunan

Universitas
Advent Indonesia

Email:
evelyntambunan@unai.edu

whether nursing students choose to continue in their careers or give them up entirely. The clinical learning environment's complexity adds to the stress and makes it challenging to maintain control. Nursing students face a variety of difficulties as they begin their clinical training, which has an impact on their learning. Nursing students' top concerns in the clinical practice setting have been listed as quitting the profession, fear, worry, and confusion^(4,5).

Mandatory change in nursing education was one of the experiences of the nursing students and educators in the Covid-19 pandemic era. The mandatory change was experienced in the form of shifting to virtual education and unpredictable clinical learning conditions^(6,7). Nursing educators and students are concerned that online learning did not provide students with the requisite clinical competency in nursing education. They perceived a lack of clinical competency as a shortcoming in the delivery of all-encompassing nursing care as well as a sign of low self-esteem^(8,9). On the other hand, the nurse educators noted that nursing students did not obtain enough experience with various cases because the Covid-19 outbreak had restricted the quantity and variety of patients admitted to the elective wards. Another significant aspect in the decline of the students' clinical abilities is the reduction of clinical practice hours. Due to this modification, students' clinical competency diminished⁽¹⁰⁾.

The Covid-19 crisis has subsided, but this could be a catalyst that pushes nursing education toward more effective learning. Nursing education should look different from its pre-pandemic profile in the future. Lessons learned during the pandemic point to gaps in nursing education, including clinical learning environments⁽¹¹⁾. The importance of strong academic-clinical field partnerships was highlighted for rapid communication, flexibility, and responses to dynamic clinical learning environments. Therefore, nursing education and the clinical practice environment must collaborate to ensure that students are prepared to be more competent in nursing practice compared to the Covid-19 pandemic era⁽¹²⁾. According to a review of the literature, no study has been conducted to gather information about nursing students' experiences in clinical practice during the post-

Covid-19 era in Indonesia. This study aimed to explore the experiences of nursing students in engaging clinical practice in the era of post Covid-19 pandemic.

METHODS

Phenomenology served as the foundation for this study's philosophical framework and methodology. The philosophical of phenomenology aim to understand the participant's actual experiences. The preconceived notions that researchers may have about the research phenomenon must first be reduced in order to uncover the genuine substance of the "living experience" (bracketing). Such a phenomenological perspective allows for the exploration of the participant's experience in its current state⁽¹³⁾. From a phenomenological perspective, objectivity is attained through adhering to the phenomenon, and it can be ensured by focusing on the phenomenon itself rather than attempting to define it. In order to promote understanding, phenomenology therefore aims to shed light on the significance and essences of the participant's experiences⁽¹⁴⁾. To gain a thorough understanding of the essence of nursing students' experiences in clinical practice in the post Covid-19 era, this study used the phenomenological research method developed by Colaizzi⁽¹³⁾. It also adhered to the standards for qualitative research set forth by the Consolidated Criteria for Reporting Qualitative Research⁽¹⁴⁾.

Participants were nursing students in the Bachelor nursing program at one of the nursing higher education institutions in Bandung, West Java Indonesia. The inclusion criteria were as follows: nursing students who had clinical practice for 8 weeks in each semester both, second semester of 2021/2022 academic year and odd semester 2022/2023 academic year; senior levels of bachelor nursing program, could communicate and comprehend the purpose of this study; had voluntarily consented to participate. Nursing students who had clinical practice less than 8 weeks either in both semesters assigned, and had not participated in all nursing departments assigned, were excluded. Ten nursing students participated in in-depth interviews individually (Table 1).

Table 1. Participants Characteristics

Variables	Frequency (n)	Percentage (%)
Age (years)		
<21	0	0
21-23	9	90
24-25	1	10
Gender		
Male	2	20
Female	8	80

Data were collected through in-depth interviews from 18 March to 10 April 2023 using purposive sampling (n = 10). By using data saturation, the sample size was established. When there were no new themes found in the participant interviews, data saturation was deemed to have been reached⁽¹⁴⁾. Data saturation was determined by two researchers after the tenth case interview. Interviews were conducted face-to-face by one well-trained researcher, depending on participants' convenience. Face to face interviews were conducted in a relaxed setting by starting with everyday conversations. Open-ended questions were used to start interviews: "Tell me about your experience of clinical practice in the post Covid-19 era, so that participants could elaborately and spontaneously describe their experiences. The interviews lasted about 50-100 min, and data collection and analysis were conducted simultaneously.

Within 24 hours after each interview, the researcher wrote a verbatim transcription of the content. Data were analyzed utilizing the memoranda and the transcripts of each participant's interviews. Independent analysis and discussion of findings was conducted by two doctoral scholars. Colaizzi's seven-step descriptive phenomenological methodology served as the basis for data analysis⁽¹⁴⁾: 1) to comprehend the general flow of participants' experiences in clinical practice in the post-Covid-19 era, researchers read all narratives several times; 2) each description was mined for key phrases, with the goal of highlighting those that were pertinent to the participants' experiences of clinical practice; 3) we attempted to uncover the context's latent meaning by formulating meanings from those crucial statements; 4) using themes and sub themes, we categorized those formulated meanings; 5) integrating all the research findings allowed for a thorough description of the phenomenon under consideration; 6) we determined the phenomenon's basic

structure; 7) finally, we validated this study by asking two participants for their views.

The four criteria defined by Lincoln and Guba were applied to assure the trustworthiness of this study. By choosing participants who would be eager to accurately describe the research phenomenon and attempting to make the participants as comfortable as possible when sharing their experiences, we attempted to collect a rich set of data in order to increase truth-value⁽¹⁵⁾. To ensure that the deduced results accurately represented the participants' experiences, we showed the study results to two participants. To ensure applicability, we included the typical participant characteristics and made an effort to give a detailed explanation of the research phenomenon. The researcher explained any presumptions that would affect data collection and analysis at the outset of the study in order to create neutrality, which is the absence of bias toward research findings⁽¹³⁾.

RESULTS AND DISCUSSION

The essence of the phenomenon is presented as four themes emerged from analyzing nursing students' experiences with clinical practice in the post Covid-19 era. They were: initial feeling of clinical practice in post Covid-19 era, challenges in theory-practice gap, clinical practice environment, grateful for the opportunity to conduct clinical practice offline.

Theme 1. Initial feeling of first clinical practice in post Covid-19 era

When students initially participated in post-covid-19 clinical practice, their experiences ranged. Students experience anxiety, fear, and stress the first time they care for patients. Some nursing students, however, feel unafraid because they have taken the full dose of the Covid-19 vaccine. Additionally, most of the students in the second clinical practice said that they did not experience any anxiety or fear when caring for patients, as their first clinical practice was in the previous semester. Some of the statements summarized are as follows:

“In my first nursing clinical practice, I felt worried and scared. At that time, there were still reports of patients being treated at the hospital with Covid-19.”

“I remember, the first time I took part in my first nursing practice, there was a feeling of fear, because I participated in direct patient care for the first time in a hospital setting.”

“must have been stressful at the time...because it was my first time in clinical practice.”

“In the following nursing clinical practice, the second, I felt fearless, maybe because the first experience was over yeaaa...”

“I feel safe to join the second clinical practice because I already feel strong, because my vaccine is complete.”

According to several research findings, nursing students go through periods of tension, worry, and fear during their first clinical practice. Students experienced anxiety for a variety of reasons, including an unsupportive atmosphere, clinical placement, and inadequate clinical instructor preparation⁽¹⁶⁾. The primary sources of stress for nursing students were clinical tasks and workload. Stressors in clinical practice included caring for patients, clinical educators/instructors and ward personnel, clinical tasks and workload, classmates and nursing students from other colleges, a lack of professional knowledge and abilities, and the clinical environment⁽¹⁷⁾. On the other hand, there are students who have a vague belief that they will be safe because they feel young and healthy and do not feel threatened by Covid-19 infection. Although there are also those who are worried about being carriers of the disease and unknowingly spreading it to other people, to the patients they take care of in clinical practice⁽¹⁸⁾.

Theme 2. Challenges in theory-practice gap

The skills performed on manikin and those directly on humans, specifically patients, are perceived differently by students. Students have explained about how difficult it was to actually care for individuals while they were in the hospital. Some students described this situation as a challenge to further seek opportunities in future clinical practice. The integration of theory into clinical practice is limited because I do not have the opportunity to perform nursing procedures. However, students feel more willing to try again in the second follow-up clinical practice. In some circumstances, nurses display nursing procedure skills that are different from those

taught by lecturers in the laboratory or in class. Students are encountered with challenges to follow which is the correct procedure. Students concerns as follows:

“In my first clinical practice, I was surprised how to deal directly with patients. At that time, I was assigned to treat a patient with a medical diagnosis of pneumonia.”

“I feel that I was encountered with the challenge of how to interact directly with patients in actual settings, very different when I studied in the laboratory using a manikin, for example when setting an IV.”

“When I feel that I didn't have any opportunity to carry out nursing procedures according to what is taught in class, I tried to find opportunities in the next clinical practice.”

“I observe, there is a difference between the procedures performed by nurses in the hospital and those taught in the laboratory. for example, when cleaning the injection site.”

Nursing education requires practical fields as a means for students to apply theory learned in classrooms or laboratories to real practice. The clinical skills of nursing students are trained through clinical practice. Yet unfortunately, the integration of theory into practice often does not run smoothly. This is considered a competency crisis that continues to this day⁽¹⁹⁾. Resource restrictions, such as scarce resources or improvised resources, are one of many factors contributing to the theory-practice gap⁽²⁰⁾. In addition, harmful human attitudes and behaviors among nursing students, nurse educators, and nurse clinicians also contribute to the gap between theory and practice⁽²¹⁾. Other elements that contribute to this state include the environment, which includes paradoxical academic design and organization and paradoxical clinical situations⁽²²⁾. It seems that strong intention and active participation of all beneficiaries are needed to bridge the gap between theory and practice. Internship, residencies, mentorship, and preceptorship programs are suggested as strategies for bridging the theory-practice gap⁽²³⁾.

Theme 3. Clinical practice environment

Both the clinical environment and the clinical instructor had a significant impact on the effectiveness of the students' clinical experiences. Apart from clinical instructors at the hospital, lecturers are also clinical instructors. The development of nursing skills and knowledge is largely influenced by the clinical

environment, yet nursing faculty are also responsible for assisting students in integrating into the profession. The majority of students underlined the clinical instructor's duty to create an environment that would allow students to fulfill their learning goals, yet on some occasions, the instructors failed to do so. The students acknowledged that they were able to study most effectively in an environment that promotes teamwork, trust, and respect. Students underlined that the relationship between students and teachers, as well as the instructors' experience and communication skills, were beneficial to their clinical experience. As described by students:

“In my opinion, the clinical instructor was very attentive to my needs. I was guided patiently...”

“What I experienced was in the department eeee...I felt the nurse on duty at that time didn't care about me, communication is not smooth..makes me reluctant to do nursing procedures.”

“In my opinion, the clinical instructor really helped me in improving my nursing skills. like what we experienced at the previous clinical practice, where we had to go to the hemodialysis room, ICU...”

“I feel entrusted by the lecturer who is also my clinical instructor to perform various nursing procedures.”

“time ago, when we practiced at the hospital eeee....very limited in doing nursing procedures. Only allowed to observe patients, but in our last clinical practice, we are respected more so we can do more nursing procedures.”

Numerous elements that may negatively impact learning are present in the environment where nursing students learn clinical practice were reported by previous studies. The hospital environment, social and economic issues, and clinical supervision elements are some of the aspects shown to have an impact on students' learning in clinical settings at various levels⁽²⁴⁾. In terms of clinical supervision, study reported that the attitudes of clinical instructors have an impact on how well nursing students do in the clinical setting. Positive attitudes and a nurturing setting foster a learning environment for students. Negative criticism is a barrier to effective clinical performance, whereas constructive criticism enhances practice in the therapeutic setting. Students' performance in clinical practice may be

significantly impacted by the limited opportunity for hands-on experience in training facilities, a lack of nursing tutors and clinical instructors, and an excessive number of students enrolled in the program⁽²⁵⁾. In addition, clinical practice was interfered by a shortage of staff, an absence of instructional resources, and a patient population that was too dense. In some hospitals, students could be used to fill staffing gaps rather than achieving learning objectives⁽²⁶⁾.

Theme 4. Grateful for the opportunity to conduct clinical practice offline

Clinical learning experiences are essential for development of a prepared nursing workforce. Yet the Covid-19 pandemic has limited the effective clinical practice process. Students were not able to be hands on directly to the patient. Students are aware of the limitations of using virtual media to learn nursing skills. Students learned about the limited clinical learning opportunities during the Covid-19 pandemic from their seniors. Therefore, students feel grateful for being able to engage in clinical practice directly at the hospital for 2 periods in the post Covid-19 pandemic. The students realized they could directly administer nursing care to patients and that their clinical competencies had enhanced. The motivation and self-confidence of students who provide nursing care are increased. Students explanations are as follow:

“Clinical learning, in my opinion, must involve direct patient contact, Unlike virtually, we can't have direct contact with patients.”

“My senior told me that they were not able to engage in clinical practice at the hospital, only in the laboratory during the Covid-19 pandemic. She said that I was very lucky to be able to have clinical practice at the hospital 2 times.”

“Following the completion of the second clinical practice, after participating in clinical practice in various departments such as operating rooms, ICU, emergency, I feel my skill has increased.”

“My experience in the second nursing practice was different from the first nursing practice, in the previous semester. I feel more confident in performing nursing procedures.”-

A four-stage learning process called experiential learning includes theoretical knowledge, practical experience, experimentation, and reflection^(27,28). Nursing

education has been impacted by the Covid-19 epidemic in a way that has curtailed or suspended face-to-face instruction. Despite the fact that patient care is changing and how that is affecting educational opportunities, students are still required to be present in clinical learning environments⁽²⁹⁾. Study found that the majority of students objected to being in clinical practice, especially at the onset of the Covid-19 pandemic. These students demonstrated their opposition to participating in clinical learning by becoming irate, pleading not to complete an internship, and expressing their concern about contracting an infection and spreading it to others⁽³⁰⁾. On the other hand, nursing students have a good attitude despite the fact that online learning is replacing clinical experience learning during Covid-19 pandemic. They are grateful that learning continues until the one-year study period is over^(31,32).

CONCLUSION

The results of this study highlight the fact that the nursing students' clinical practice experiences in the post Covid-19 era were initial feelings of clinical practice in the post Covid-19 era including fear, worries, stress, fearlessness and not feeling anxiety. There were also challenges in theory-practice that were caused by various factors such as lack of time, incompatibility between what is taught in the laboratory or class and what is taught in a hospital setting. The clinical practice environment was also found which included the clinical environment of the hospital setting, clinical instructor and faculty that affect the effectiveness of clinical practice. The last theme found is grateful for the opportunity to conduct clinical practice offline compared to the Covid-19 era where clinical practice was carried out virtually. It is therefore important for nursing education together with the clinical field to facilitate supportive clinical learning experiences. There is a need for scrutinizing factors that hinder or enhance the clinical learning process of nursing students. Studies on what makes nursing education and clinical fields involve deeply in students' clinical practice and learning while others do not are also pertinent.

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ETHICAL CLEARANCE

This study was approved to be ethically conducted by the Ethics Review Committee of Fakultas Ilmu Keperawatan UNAI no. 22/KEPK-FIK.UNAI/EC/III/23.

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