

Original Article

Identifying Hinders of Clinical Nurses to Participation in the Training of Nursing Students: A Descriptive Study from Turkey

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Abstract

Background: Nursing education is a process carried out in class, skill lab and clinical environment. Clinical practice covers at least half of the nursing education and allows the theoretical knowledge taught in the class to be put into practice and patient care. Clinical practice in health care environment is the basis of nursing education.

Objective: The research was carried out in a descriptive manner to determine the hinders to participation of clinical nurses in the training of nursing students.

Method: The sample of the study consisted of 150 nurses working at a State Hospital. The data were collected by a survey form designed to identify the nurse's descriptive characteristics and the hinders to participation in the training of the nursing students. The data were evaluated in SPSS 22.0 program with numbers and percentage values.

Result: According to the results of the study, 46.7% of the nurses stated as a hinder to participation to training of nursing students that the student did not make effort to learn the subjects and skills that should be learned in the clinic from the clinical nurse, 60.7% of the nurses stated the higher number of students as a hinder to participation to training of nursing students, 42.2% of the nurses stated absence of some instructors in the clinic as a hinder to participation to training of nursing students and 36.0% of the nurses stated that the inadequate physical environment of the hospital was an hinder to participation in student training.

Conclusion: It was determined that the nurse-originated hinders were less than student-originated hinders in nurses' participation in the training of the nursing students.

Keywords: Nursing, nursing education, clinical practice, hinders in clinical education

Introduction

Nursing education is a process carried out in class, skill lab and clinical environment. Clinical practice covers at least half of the nursing education and allows the theoretical knowledge taught in the class to be transferred to practice and patient care (Elcigil and Sari, 2007; Gunay and Kilinc, 2018). Clinical practice in health care environment is the basis of nursing education. The main purpose of the clinical practice is to improve the professional knowledge and skills of nursing students as well as to develop skills such as research, critical thinking, independent decision making, effective interpersonal

communication and self-confidence in fulfilling nursing (Elcigil and Sari, 2007).

Clinical practices are carried out in selected clinics in accordance with learning objectives (Karaoz, 2003). In the creation of a learning environment suitable for students, there are important responsibilities especially for trainers, clinical nurses, other members of health team, school-hospital managers and students (Gözöz et al., 2000; Karaoz, 2003; Aytekin et al., 2009). Clinical teaching is not only a cooperative practice between the instructor and the student (Akyuz et al., 2007) but it is important that the clinical nurses cooperate with the

teaching staff in the education of the student nurses and the nurses are an example to student nurses (Konak et al., 2008). At the clinic, students are satisfied with their educational activities as much as they receive acceptance and support from their health team members, especially from their colleagues (Eskimez et al., 2005). The success of applied education depends on the clinical environment in which the clinical nurses and the health team are willing to contribute to the student education (Konak et al., 2008). It is seen that in the study of the nursing students' views in our country on the support of clinical nurses, which are among the factors affecting the quality of clinical learning, the students often stated that they did not get the support they wanted (Elcigil and Sari, 2007; Rahmani et al., 2012; Kostak et al., 2012; al., Bicer 2015). However, in the establishment of appropriate learning environments for the students in clinics, nursing educators as well as managers of health institutions, training and clinical nurses have important responsibilities (Kostak et al., 2012). Nursing schools and hospitals need to cooperate in order to improve the quality of education, practice, work, nursing service and realize professionalism (Konak et al., 2008). It has been suggested that the continuity of clinical education with nurses, who are professional and competent role models, have professional skills and have responsibility of their behaviors, affects the development of the students positively (Akyuz et al., 2007; Kostak et al., 2012), it is known that nursing students can benefit more from clinical environments where communication and collaboration are clear and sustainable (Elcigil and Sari, 2007; Kostak et al., 2012).

There are also legal responsibilities of clinic nurses in Turkey about nursing students' clinical training. In "Nursing Regulation No. 27515" published in the Official Gazette on March 8, 2010, the following statements exist: "Conducts education, consulting, research activities related to nursing, supports and contributes to the education of the society, nursing students, health workers and candidates", "Creates a suitable working environment for the education of the nursing students, provides the school-hospital cooperation by working together with the teaching staff", "Provides suitable education environment for the education of the nursing students" (Nursing Regulation, 2010).

In the literature, different studies have been done about views of nursing students about clinical nurses and views of clinical nurses about cooperation, but there has been no study performed to determine the hinders of clinical nurses to their participation in the training of nursing students. It is important that the hinders of clinical nurses to participating in the training of the nursing students and hinders to the learning of the students are determined, solutions are produced for hinders and contribution is made positively to the learning of the students by this means, as these increase the quality of the nursing education.

Method

Design and Participants: A descriptive study that was conducted at a State Hospital. The research's domain was formed by 230 nurses working at the State Hospital. Ten nurses who had preliminary application, 20 nurses who were on leave within the period of the study, 50 nurses who did not want to participate in the research were excluded from the sample and the research was completed with 150 nurses.

Research Instrument: The data were collected in a survey form prepared by searching the literature (Ulusoy et al., 1995; Eskimez et al., 2003; Kocaman, 2004; Eskimez et al., 2005. Leena, 2007; Akyuz et al., 2007; Keser et al., 2008; Erken, 2008; Ay et al., 2008; Erenel et al., 2008; Birol, 2009; Atay et al., 2009; Bayar et al., 2009; Taylan et al., 2012; Kostak et al., 2012). Survey form consisted of 12 questions about the descriptive characteristics of the nurses, 25 questions for the determination of the nurse-originated hinders, 12 questions for the determination of the student-originated hinders, 13 questions for the determination of the teaching staff-originated hinders, 6 questions for the determination of the clinic / hospital-originated hinders, 1 question for determining the views on what contribution should be made by the nurses to the training of nursing students, 69 questions in total.

Data collection procedure: In the study, data were collected from October 1 to December 31, which was the period of the fewer leaves for nurses. The data were collected by face-to-face interview method. The interview with a person took about 10 minutes.

Ethical Considerations: Before starting the research, written permission (number 69886531-806.02.02) was obtained from the State Hospital, ethical permission (number 84902927) was

obtained from the ethics committee of the university of the city where the research was conducted, and written informed consents were obtained from the nurses participating in the research.

Data Analysis: Statistical Package for Social Sciences (SPSS) version 22.0 was used to evaluate the data obtained through the study. Number and percentage values were used in the analysis of the data.

Results

It was determined that 45.3% (n: 68) of the nurses were in the age group of 30-39, 85.3% (n: 128) of the nurses were women, 44.0% (n: 66) of the nurses were graduates and 80.7% (n:121) of the nurses worked 40 hours per week.

Of the nurses, 48.7% (n: 73) identified " The student does not make effort to learn from the

clinic nurse " as a nurse-originated hinder; 60.7% (n: 91) of nurses identified " Too many students ", as a student-originated hinder, 42.0% (n:63) identified " Some instructors do not spend sufficient time in the clinic" as a teaching staff-originated hinder, (36.0%) (n: 54) of nurses identified "Inadequate hospital physical environment " as clinic/hospital-originated hinder (Table 1).

The contribution the nurses will make to the training of the students are determined by %50.0 (n:75) of the nurses as showing application to the student during practice, by %29.3 (n:44) of the nurses as collaborative planning of training and nursing services with schools and hospitals, by %24.7 (n:37) of the nurses as the evaluation of the course by nurses and instructors together (Table 2).

Table 1. Hinders to participation of nurses working in the clinic in the training of nursing students

| Hinders | n | % |
|--|----|------|
| Nurse-originated hinders | | |
| The student does not make effort to learn from the clinic nurse | 73 | 48.7 |
| Students Increasing workload | 69 | 46.0 |
| Inadequate number of nurses | 66 | 44.0 |
| Unwillingness to participate in student training | 24 | 16.0 |
| Having no material retribution for cooperation with the students | 24 | 16.0 |
| Considering nursing as business | 23 | 15.3 |
| The presence of the student restricts the time I use for the patient | 23 | 15.3 |
| Not considering themselves as colleagues with the nursing students | 22 | 14.7 |
| Considering training of secondary importance | 21 | 14.0 |
| Considering that teaching staff is solely responsible for the nursing students | 21 | 14.0 |
| Considering that cooperation with the students is not in the job description | 20 | 13.3 |
| Considering that students can learn the applications by themselves | 18 | 12.0 |
| Not following the theoretical courses of the students | 18 | 12.0 |
| Insufficient information to be a role model for the students | 11 | 7.3 |
| Stress due to the fact that the students cannot be supplied with the materials they need | 9 | 6.0 |
| Student-Originated Hinders | | |
| Too many students | 91 | 60.7 |
| Students are not able to communicate effectively with nurses | 62 | 41.3 |
| Students are misconducting patient care practices | 59 | 39.3 |
| Students cannot use their theoretical knowledge in the clinic | 52 | 34.7 |
| The fact that the students consider only the teaching staff as role models | 45 | 30.0 |

| | | |
|--|----|------|
| Students do not want help with nursing care problems | 41 | 27.3 |
| Students being anxious for the possibility of giving harm to medical materials | 31 | 20.7 |
| Being unable to work with students in harmony | 27 | 18.0 |
| Students' lack of practice | 11 | 7.3 |
| Students' unwillingness to learn | 9 | 6.0 |
| Teaching staff-originated hinders | | |
| Some instructors do not spend sufficient time in the clinic | 63 | 42.0 |
| Application differences between some instructors and nurses | 45 | 30.0 |
| Some instructors do not cooperate | 45 | 30.0 |
| Communication problems arising from some instructors | 42 | 28.0 |
| Not considering themselves as colleagues with some instructors | 34 | 22.7 |
| Some instructors do not include nurses in their research | 24 | 16.0 |
| Having disagreements about the responsibilities of the nursing profession with some teaching staff | 21 | 14.0 |
| Not including nurses in evaluating students' clinical practice | 20 | 13.3 |
| Some instructors do not practice clinical applications with their students | 5 | 3.3 |
| Clinic/Hospital-Originated Hinders | | |
| Inadequate hospital physical environment | 54 | 36.0 |
| Not having space to have discussions in the clinical environment with the students | 40 | 26.7 |
| Authorized administrators do not provide adequate information and training about student training | 40 | 26.7 |
| Not enough tools to contribute to student training | 34 | 22.7 |
| Lack of patient care materials in the clinic | 27 | 18.0 |

Table 2. Nurses' Opinions Regarding the Way for the Contribution to Student Training

| Opinions | n | % |
|---|----------|----------|
| Showing application to the student during practice | 75 | 50.0 |
| Collaborative planning of training and nursing services with schools and hospitals | 44 | 29.3 |
| The evaluation of the course by nurses and instructors together | 37 | 24.7 |
| Planning and executing in-service training programs by teaching staff and nurses together | 35 | 23.3 |
| Nurses, students and lecturers sharing expectations with each other and strengthening communication through mutual meetings | 33 | 22.0 |
| Clinical nurses following the theoretical and classroom practices of students | 15 | 10.0 |
| Increasing the practical applications for students | 6 | 4.0 |

Discussion

It has been known that the continuity of clinical education with nurses, who are professional and competent role models, have professional skills

and have responsibility of their behaviors, affects the development of the students positively, and

that nursing students can benefit more from clinical environments where communication and collaboration are clear and sustainable (Factor and Guzman, 2017). Clinical areas are also important for student in terms of observing role models (Kostak et al., 2012). Akyuz et al. (2007) found that 12.7% of the nurses thought that students could learn the practices by monitoring the nurses even though nurses did not teach the students anything and 89.1% of the nurses stated that the students should take the responsibility of learning in clinical practice and make efforts in this regard. As a result of our study, 48.7% (n: 73) of the nurses stated that "the student does make effort to learn from the clinical nurse" as nurse-originated hinder (Table 1). According to this study, we can say that nurses have primary expectations from students.

Clinical teaching is not only a cooperative practice between the instructor and the student, but also an educational process that requires the establishment of intensive and high quality links with clinical nurses (Akyuz et al., 2007). Clinical nurses have a very important role in nursing students' professional identity, in the way of fulfilling theoretical knowledge and practical applications in an integrated way, gaining a professional identity. The role of clinical educators in clinical learning of nursing students is not negligible (Factor and Guzman, 2017). Clinical nurses are required to assist nursing students' training in their clinical and practical applications as a requirement of professional nursing (Akyuz et al., 2007). In their study Gursoy et al. (2017) determined 26.9% of the nurses "not willing to have responsibility in student applications" as a hinder factor to cooperation. As a result of our study, 16.0% (n = 24) of nurses stated that "I do not want to participate in student training" as a nurse-originated hinder (Table 1). The conclusion of the study suggests that nurses' unwillingness to participate in student education may negatively affect school-clinical collaboration, adaptations of students to clinical practice, and clinical education process. Clinical education can be defined as a process giving students the opportunity to transfer their theoretical knowledge to practice, gain professional identity and learn by doing (Akyuz et al., 2007). Clinical practices enable students to develop their ability to use and develop special professional knowledge and skills in nursing, decision

making, problem solving and self-understanding by communicating with the patient (Eskimez et al., 2003). Clinical environment has various restrictions such as the number of students and nurses in the practice training with an inappropriate ratio. In their studies, Cho and Kwon (2007) determined that there were 8 students per faculty member while there were 20 students per nurse. Addis et al. (2003) reported that there were 15-18 students per member of teaching staff. It was stated that the fact that the number of students is high makes it difficult for the student supervision, and the student's clinical practices and learning opportunities are reduced. In our study, 60.7% (n: 91) of the nurses stated "too many students" as the first student-originated hinder (Table 1). According to the results of the study, the high number of students suggests that it may lead to communication problems between clinical nurses and nursing students and that nurses may have difficulty in fulfilling their responsibilities in order to make the nursing students achieve the targeted skills.

In the nursing education process, an important part of the teaching staff-student relationship as well as the theoretical courses are experienced in the clinical environment where the theoretical knowledge is combined with the practice. During the clinical practice, the interaction between the teaching staff and the student is more intense, individual and closer to the reality than the relationships in the theoretical course environment. For this reason, the behavioral characteristics of the instructor, whom the students will see for themselves as role models, come forward and can affect the clinical learning positively or negatively (Eskimez et al., 2003). Gursoy et al. (2017), stated in their study that 57.8% of the nurses stated that "instructors being away from the field" as one of the factors that can prevent the academic-clinical cooperation. In our study, 42.0% (n: 63) of the nurses stated that "Some instructors do not spend sufficient time in the clinic" as a teaching staff-originated hinder (Table 1). The lack of lecturers in the clinic suggests that this situation may cause negativities in student teacher interaction in terms of role modeling, evaluation of students, giving trust to the students.

It is important for the development of the nursing profession that the clinician and the academic nurses working for the nursing profession with different duties and responsibilities and the nurse candidates transfer knowledge and skills, find

solutions in joint problems and work in cooperation and understand each other and work cooperatively (Akyuz et al., 2007). In their study Gursoy et al. (2017) stated that 56.2% of the nurses stated that "the lack of effective communication between the faculty members and the clinic nurses" was one of the factors that could prevent the academic-clinical cooperation (Gursoy et al., 2017). In our study, 28.0% (n: 42) of the nurses stated that "I have communication problems originating from some teaching staff" as one of teaching staff-originated hinders. The communication problem between the teaching staff and the clinical nurses suggests that it may adversely affect students' clinical practice and may lead to differences in practice.

The clinical environment is a professional environment in which health care is offered to patients or groups of patients, with its own norms, rules, values and group understandings. In this environment there are physical, social and psychological items that can greatly affect the learning of the students; the relationship between them determines the effectiveness of the environment as a learning environment. It is very important that the learning needs of the learner to develop as both an individual and a nurse are realized in an environment that facilitates learning (Bicer et al., 2015). In their study Konak et al. (2008) stated that nurses consider the hospital the students are trained in to be partly appropriate and moderate in terms of physical structure, patient capacity and case diversity. In our study, 36.0% (n: 54) of the nurses stated that "the inadequacy of the hospital physical environment" was the first clinic / hospital-originated hinder (Table 1). According to our results, the existence of clinical / hospital-originated hinders and the fact that these hinders cannot be resolved suggest that the school-hospital cooperation process and the clinical education process between the nursing students, teaching staff and nurses will be negatively affected.

The clinic area has been defined as a field for learning health professionals, especially in nursing education. Clinical practice is a major and important part of nursing education. Experience at the clinic is influential in shaping students' practice, professional development and learning attitudes. It is important how and which way the student learns during the training process (Hender et al., 2012). In the creation of a suitable learning environment for students, there are

significant responsibilities for especially teaching staff, the clinical nurses, other members of the health care team, school-hospital managers and students, (Konak et al., 2008). In their study Konak et al. (2008) stated that nurses stated that they would be able to contribute to the students' education by practicing with the instructors, by contributing to the theoretical and practical applications, by contributing to the theoretical lessons. In their study Gursoy et al. (2017) stated that 89.0% of the nurses stated that the first subject they would like to cooperate with the students was "Practical training of students". In our study, 50.0% (n: 75) of the nurses stated that the contribution they would make to the student education was as a demonstration of the application to the students during the process (Table 2). These results show that clinical nurses want to take responsibility for the education of the students. Giving clinical nurses accountability for student education is also important in terms of contributing to the positive development of the school-clinic cooperation.

Conclusion and recommendations: According to the results of the study, it was determined that the nurses stated that the student-originated hinders were more than nurse-originated hinders in nurses' participating in the nursing students' training. The inability to solve the identified hinders suggests that the school-hospital cooperation process and the clinical training process between nursing students, academicians and nurses will be adversely affected. Giving the clinical nurses planned, structured and extensive training for student education, determining the student number for clinical practice considering the nurse-student ratio, the patient capacity of the clinic, the characteristics and care needs of the inpatients, the classes of the students, meetings of students, teaching staff and clinical nurses to express mutual expectations from each other may be suggested.

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