

Neophyte baccalaureate nursing student's perceptions of motivation towards clinical practice

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A B S T R A C T

Background: Clinical learning is challenging for the initial years of nursing students. They need the motivation to achieve the desired academic outcomes. However, they are likelier to leave the profession due to non-conducive learning experiences during clinical practice.

Methodology: A qualitative descriptive study design was used to explore the neophyte nursing students' perceptions of motivation regarding clinical practice. A total of nine second-year nursing students were recruited through purposive sampling. Individual in-depth interviews were conducted. Data were analyzed through an inductive approach.

Results: The theme that emerged from the study was factors in influencing neophyte's clinical motivation, and the five categories were: the worthiness of clinical practice, range of emotions, clinical environment, clinical educators' roles and characteristics, and personal drive for clinical practice.

Conclusion: The neophyte nursing students' demotivation affects clinical learning. Therefore, providing them with opportunities to practice skills under supervision, giving constructive feedback, and respecting them will enhance their motivation.

Keywords: Motivation, Clinical motivation, Neophyte nursing students, Factors affecting motivation, Clinical

Introduction

Motivation is an inner power that can help initiate and perform any task to fulfil the desired outcome. ^{1, 2} Also, motivated students are open to learning and successful in their academic and work performance. ^{3, 4} In nursing education, clinical practice is crucial as it helps future nurses enhance their knowledge, attitude, and skills. Moreover, students' clinical practice is a significant aspect of learning about their patients and getting directly involved in patient care. ⁵ If students are motivated for clinical practice, this may improve the quality of nursing care. ^{4, 6} In clinical education, the lack of nursing students' motivation

challenge educators as students' performance deteriorates, and later on, these students may not act as knowledgeable nurses. ^{7, 8} In addition, few students decide to quit the program or change their field after graduation⁸. Several factors appear to demotivate nursing students about their profession. These factors are lack of awareness about the nursing profession, selecting the profession under pressure, an unfamiliar environment of clinical site, the stress of clinical teacher, nurses' lack of involvement in decision making, high workload and lack of respect, and lower social status of the nursing profession. ^{8, 9} In

Pakistan, more than 50% of decisions for admission in nursing are taken by parents, which can also impact the motivation of students.¹⁰ Though adequate research has been done on students' academic motivation, there is limited work in the context of clinical motivation in neophytes in nursing education. Most studies in nursing education on motivation have mainly focused on the relationship between a students' clinical learning environment and motivation to become a nurse. However, this study focuses on neophyte students' perceptions of motivation towards clinical practice.

Purpose of the Study

The aim of the study was to explore the neophyte baccalaureate nursing students' perceptions of motivation regarding clinical practice.

Research Question

What are the perceptions of neophyte baccalaureate nursing students about their motivation towards clinical practice?

Methodology

A qualitative descriptive study design was used to explore the phenomenon of clinical motivation of neophyte nursing students. The study population consisted of second-year baccalaureate nursing (BSN) students enrolled at one of the Private Nursing Colleges in Pakistan. The purposive sampling technique was utilized to recruit participants. Students who had completed the four weeks of clinical experience of the Adult Health Nursing-I course were included in the study. Due to COVID-19, the year one students missed the clinical exposure and therefore were not included in the study. Students who were repeating the course were also excluded. After seeking participants' consent, data were collected and video recorded. In-depth individual interviews were conducted using an open-ended guide. Data were analyzed using the Creswell & Creswell inductive qualitative analysis approach.¹¹ The data was organized and saved in soft files in the first step. By listening to the recorded interviews, data was transcribed verbatim. In the second step, verification of students' interviews with written descriptions was done by repeatedly reading the transcripts, listening to the recorded interviews, and highlighting the important information and general idea. In the third step, the keywords were noted, and manual coding was done before classifying the

subcategories. In the fourth step, the interrelated codes are classified into subcategories and categories. Based on the presentation and characteristics of categories, the theme was generated. In the fifth step, the categories, subcategories, and themes were written narratively.¹¹ To ensure the rigour of the study, the criteria of Lincoln and Guba's framework of trustworthiness were followed: credibility, dependability, conformability, and transferability.^{12, 13} To maintain these criterions, enough time was given to participants to express their perceptions and experiences. The research supervisors and an independent reviewer reviewed the codes and categories developed by the primary researcher. The documentation of coding decisions was done while keeping records of changes. The transcribed data was verified by listening to the audio recordings of the participants. A detailed description of the research process and the participants is provided to the readers to make the meaningful application of the findings to the other context and settings with caution.^{12, 13}

Ethical Consideration

Data was collected after getting approval from the Institutional Review Board (IRB # 106-21). Written permission was taken from the Dean of the institution to access the students for the collection of data. Written informed consent was sought from all the participants before conducting the interviews.

Results

Data was collected from nine participants; of these nine, three were male, and six were female. The age of the participants ranged between 20 to 22 years. The subcategories, categories and themes that evolved from the findings are presented in Figure 1 below.

The participants felt that the worthiness of the clinical practice was due to the 'learning opportunities and the possibility of 'integrating theory into practice' for developing their clinical competency. As one participant stated, "*Whatever we study in theory, so it is really important to implement it into real life [patients]. Therefore, clinical practice is quite important*" (p-2). Some participants articulated that clinical practice is an opportunity to interact with patients and implement the theory in real life. They also thought that it could help to care for patients. As one student stated, "*Clinical practice is a good opportunity for*

us to perform whatever we have learned in the skills lab and give patient care properly [competently]" (p-5).

Range of Emotions

Participants shared mixed emotions related to clinical practice, mainly described as 'nervousness and depression' and the 'joy of providing care'. Several participants felt depressed at the beginning of the clinical practice and found it challenging to work; as one participant mentioned, "When I started clinically, I was very depressed because the clinical is so tough" (p-1). Students also felt anticipatory anxiety about communicating with the patients and their family attendants. On the contrary, a few students felt the joy of providing care to the patient and receiving appreciation in return. The participants felt good when their patients were comfortable and pain-free because of their care. One participant commented, "When a patient feels relaxed and comfortable and pain-free because of us, it is motivating, and I feel good" (p-5). Another participant said, "I assisted my patient, I gave him back care, and he showered me with lots of prayers, and I was too happy about my job" (p-4).

Clinical Environment

Most students found that the clinical environment was not conducive to learning. They verbalized that 'restriction on skills' performance', 'lack of respect' and 'communication gap between staff and clinical educators' hindered their learning and motivation. One student responded, "If the clinical environment is healthy and interactive, it will engage us to work with them [staff]. It will also motivate us to do work" (p-6). One of the purposes of students' clinical practice is to perform skills and apply the concepts learnt in theory. However, nurses restricted the participants from performing these skills on patients. As one student stated, "We learn everything in the college, but we cannot perform it in the hospital [patients] because the staff doesn't allow us" (p-5).

Furthermore, students experienced a lack of respect in the clinical area when the faculty members scolded or provided feedback in front of patients and other healthcare professionals. This behavior encouraged patients' attendants to disrespect students, as one participant stated, "I was too much insulted in front of them [patient and attendant], so I was too much worried. Faculty should not scold students in front of the patient's attendant. That

was not a good experience" (p-4). A few participants indicated that nurses in Pakistan are not respected. A participant added, "Here in Pakistan, the nursing profession is quite underestimated. They [the public] do not respect nurses" (p-2). Most students described that lack of respect in clinical places negatively impacts their motivation, as one expressed that "this will make the students not to continue their nursing as a career" (p-7).

Clinical Educators' Roles and Characteristics

Most students expressed being demotivated by clinical educators as they were not facilitated well in the clinical practice. Their main concerns were 'multiple assignments', 'supervision and feedback', longer clinical hours and clinical placement issues. Most of the students expressed that they were given many assignments at the clinical, and they felt difficulty managing tasks. One of the participants mentioned, "I suggest that [faculty] give fewer assignments; if we have a minimal assignment in one day, then we can easily do it, and we can do brainstorming and make good assignments" (p-8).

Most of the students expressed the importance of faculty supervision during clinical practice. For example, one participant said, "I think the teacher should observe. They should be there when we do any skill because they can tell us if we are doing something wrong" (p-4). The participants expressed the challenge they faced when communicating with their patients. They believed the clinical educator's presence would help them address this challenge. One of the participants said, "If students face any difficulty while communicating with the patients, the Faculty should communicate with them [patients] so the students can learn from the Faculty" (p-7).

A few participants felt demoralized when clinical educators did not give feedback maintaining privacy. One participant said, "We should not be insulted in front of the patients or front of the attendants, or the other staff; the faculty should not do that" (p-4). One more participant added that the impact of maltreatment could be precarious because sometimes they felt like leaving the profession, "My feeling was not good, I wanted to quit, I wanted to quit this [profession]" (p-3).

Most students expressed the impact of longer clinical timings on their motivation and learning. They felt that the eight hours of clinical practice per day for neophyte

students were more than required for achieving the clinical objectives. As mentioned by one participant, *"It is very hectic, and it is a very tiring day; whenever you have a clinical, standing from 7 am to 3 pm is difficult"* (p-5). One more participant commented, *"If the time is more than we need... we start to misuse our duties, we leave early, we will go and stand together, talk and gossip"* (p-9).

Some students found it challenging to care for critical patients when they were assigned to unconscious patients. They were uncomfortable caring for such patients because they were theoretically unprepared. One participant expressed, *"Few patients are in a severe condition, and as a student [neophyte], we cannot see such a critical patient; we were very depressed"* (p-1).

Personal Drive for Clinical Practice

Most participants expressed that regardless of the challenges faced during their clinical practice, the role modelling demonstrated by staff and Faculty, relative being a nurse, and religious and personal beliefs motivated them. For some participants, one motivating factor was the

cooperation the staff and Faculty extended to them. As explained by one participant, *"There are some members [nurses], who will allow us to go with them, work with them, that is the most motivating factor for us"* (p-6).

Some participants' motivation was driven by the influence of their relatives in the nursing profession. One participant reported, *"My family has a nursing background, so watching them since my childhood, seeing them wear the white uniform and going for duties motivated me. This has given me the confidence to perform clinical practice"* (p-7).

The participants recognized that clinical practice is essential in nursing education because it helps them apply theory to practice and learn skills. Several factors, such as hospital policies and protocols, uncooperative staff and lack of facilitation by clinical Faculty, demotivated students in clinical practice. However, having a nurse in the family, religious and personal beliefs enhanced their motivation for clinical practice.

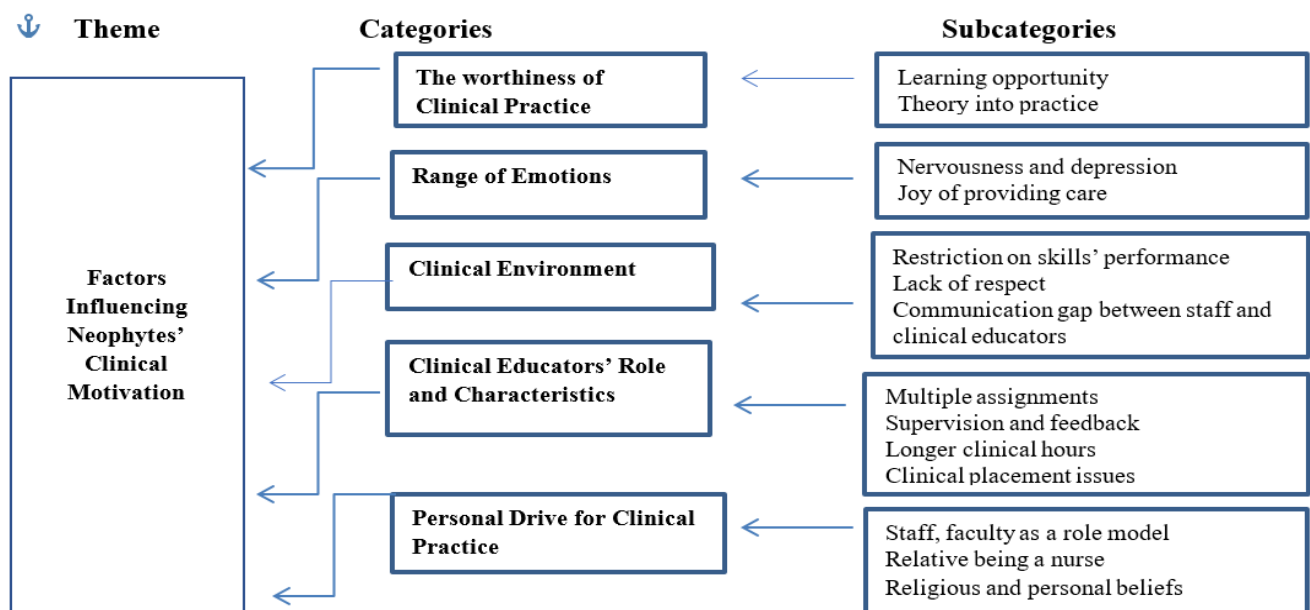


Figure 1: Theme, categories and subcategories emerged from the participants' interview

Discussion

Most of the learning in nursing education occurs in a clinical setting. The participants in the current study also

expressed that the clinical experience provides an opportunity to practice skills and apply theory. Amsalu highlights similar findings that clinical practice provides a platform to enhance nursing students' competencies and

allow them to use theoretical concepts.¹⁴ In the current study, the participants felt nervous and anxious at the initiation of the clinical. These results are consistent with the study by Sánchez-Conde, in which nursing students showed anticipatory anxiety in early clinical practice.¹⁵ These findings may help educators to understand the stress associated with the commencement of clinical practice and support students to communicate better and provide pre-orientation of clinical units.¹⁶ Furthermore, utilizing strategies such as peer mentoring and assigning two students to one patient may help neophyte students to support each other during initial clinical rotations.¹⁷

The study finding about the feeling of distress by participants was attributed to disrespectful behavior, including mistreatment by the Faculty, nurses, and doctors. Jack et al. also reported that healthcare teams do not treat students well; they are ignored and not considered part of the healthcare team.¹⁸ These kinds of behaviors may increase students' psychological issues, such as depression and anxiety, and they may quit the nursing profession. According to Gomathi and Jasmindehora, stress in nursing students may compromise learning and affect patient care.¹⁹

The current study participants indicated that they were limited to performing learned skills due to the restriction placed by the study setting hospital. It may impact students' learning and create a theory-practice gap.²⁰ Moreover, these students may harm the patients due to a lack of experience in performing the skills. Thus, there is a need to modify the hospital policy, which restricts students from performing skills. Clinical teachers, nurses and doctors play a significant role in students' motivation. They can teach the students by allowing them to participate in patient care and facilitate their learning. Some of the critical characteristics of an excellent clinical teacher are maintaining good interpersonal relationships with the students, understanding the education needs⁵, allocating clinical placement as per the clinical objectives, assigning relevant tasks, managing time effectively, giving students constructive feedback while supervising them in patient care, and most importantly encourage and reinforce them for clinical practice.²¹

In the current study, participants stated that lack of clinical supervision from teachers and staff nurses contributed to their demotivation. When there is a lack of

clinical supervision, particularly for neophyte students, serious consequences are possible.¹⁶ As indicated in the current study findings, the students engaged in unethical practices such as filling out the patient's history forms without contacting patients and pretending to be with the patient when Faculty observed. Similar findings were reported in a study conducted in India where the common clinical dishonest behavior demonstrated by undergraduate students was the fake patient details in assignments.²²

Another finding from the current study was the long clinical hours leading to students' misuse of the clinical time. Clinical educators need to plan clinical schedules and assign tasks to students to ensure effective utilization of clinical timing.¹⁶ Though Pakistan Nursing Council (PNC) has given clear guidelines regarding credit hours for clinical practice, it is the institutions' responsibility to implement the clinical curriculum according to the needs and objectives of the students.²⁰

Another important finding was the communication and collaboration gap between the nursing staff and clinical educators. When there is a lack of coordination between education and clinical services, it decreases motivation in students.⁶ Additionally, students found that most of the nursing staff were not aware of their clinical objectives, and they expected them to perform beyond their year of study objectives;²² the learning objectives differ according to the level of studies and the subject's requirements. Therefore, educators must communicate students' objectives to nurses involved in teaching students.

The current study indicated that students' personal and religious beliefs about helping others in need and their family members in nursing motivated their clinical practice. This finding is supported by another Pakistan study in which students were inspired by their relatives in the nursing field and the desire to serve humanity.¹⁰

Strengths and Limitations of the Study

According to the researchers, this study is one of its kind in Pakistan in exploring neophyte students' perceptions regarding motivation in clinical practice. The two significant limitations of the study were the use of only one private nursing institute for data collection and difficulties noting all the nonverbal gestures of participants, as the interviews were taken on Google Meet due to the COVID-19 pandemic. However, some of the nonverbal

gestures were identified by keeping the video recording on at that time.

Conclusion

Clinical educators, staff nurses, and other health care teams are crucial in motivating neophyte nursing students towards clinical practice. The students can learn better and are well prepared as future nurses if motivation and a conducive clinical environment are provided to them. On the contrary, if students get demotivated from the clinical practice, serious consequences may occur, including compromised safety and quality of patient care. Therefore, nursing institutions and hospital management need to collaborate and modify the policies regarding skills performance and utilizing innovative models of clinical learning to strengthen students' clinical practices. Clinical educators must use a constructive approach when providing feedback to neophyte nursing students.

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