

## Challenges of Nursing Students During Their Studies: A Qualitative Study

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**Abstract:** Several researches propose a reform in the educational programming based on the learners' feedback and needs. An understanding of the experiences and the challenges with which the students are confronted with them during their studies can help improve a positive atmosphere and facilitate an active learning environment. A qualitative study of phenomenological type was carried out on 20 senior nursing students of the 4 year undergraduate programme in Iran. Participants were selected on the basis of purposive sampling from three different Medical Sciences Universities in Iran. The method of collecting data included semi-structured, in-depth and face-to-face interview concerning the students' challenging experiences during their studies. The interviews were carried out with the permission of the participants and audio-taped on the cassettes and transcribed verbatim as soon as possible. Data analyzing was performed by the researchers' immersion in the data by using a hermeneutic analysis. At first, 391 primary codes were extracted through reading and rereading interviews and as a result of combining the common and similar codes the number reduced to 99. Finally, during the last stage the findings were acquired in the form of three main themes including: the challenges of "integrating knowledge and practice", the challenge of "management of educational environment" and the challenge of "inattention of the community to the status of nursing". Interviewing with students provided an insight concerning the challenges in current educational environment. The results of this study suggest that the students were not satisfied with their experiences. The findings of this study can be implemented by nursing educators and they can also be used to improve and promote a suitable educational environment, based on the experiences and the opinions of participants as well as keeping the students who are interested in education.

**Key words:** Nursing education, nursing student, qualitative research, phenomenology

### INTRODUCTION

Teaching medical sciences has witnessed a widespread success in the 20<sup>th</sup> century.

Quick changes in health care system and the requirements of society necessitate a revision in medical education in such a way that it would train appropriate medical staff to face the problems of the 21<sup>st</sup> century (Jamshidi, 2000).

Nursing is an independent field of study and a branch of medical sciences as well, whose graduates as the members of the health care team are busy in different relevant areas providing sanitary, educational, research, consultative, preventive, managerial and supportive services as well as therapeutic and rehabilitation care (Ministry of Culture and High Education, 1995).

Presently, educational program of nursing in Iran is presented in undergraduate, master degree and PhD level, among which the undergraduate course has the most students (Azizi, 2003).

The competencies of health care personnel are based on their education and the knowledge is provides. The educational program is a key factor in determination of the values, aims as well their educational issues (Mamminen, 1998). In other words, education and educational programs should be in a way and train the individuals that consider the ever-increasing aspect of this science and have sufficient knowledge, experience and skills (Ministry of Culture and High Education, 1995). Students require training and education according to the highest standards of work (Magnussen *et al.*, 2003).

Nowadays, nursing education is faced with some complexities in both theoretical and clinical environments.

Most nursing teachers propose a question that how they can help students acquire the required knowledge, skill and attitude and that how they can fulfill their responsibilities and educational roles to provide a creative learning environment for students? Considering this issue, Kapborg (2000) suggests that acquiring the individuals views involved in this experience is important in the evaluation of nursing educational programs.

Furthermore, considering the evaluation elements of nursing educational program, Jacob and Cohen (2004) identified five key elements in evaluation of nursing educational programs: Students, graduates, clinical institutions, employers and faculty. Among these 5 elements, students, graduates are regarded as the most important one since they are at the point in which they have experienced the full program. Students are one of the essential parts of higher education, who can solve the present problems through their invaluable viewpoints. As the receivers of education services, the students are the best source for recognizing educational problems because they have direct and immediate association with this process (Del-Aram 2005; Hughes *et al.*, 1991). Taking these into consideration, Cowman (2000) says: Students as a stakeholder have the legitimate right to consult and determine the quality of nursing education. This issue is completely in accord with the accountability of educational system concerning learning evaluation from the student's point of view as a customer and the importance of involving the students in evaluation strategies becomes entirely distinct. Several other researches mention a need to promote undergraduate program and propose a revision in the educational program on the basis of learners' feedbacks and requirements (Cowman, 2000). These suggestions are in agreement with the adults' learning principles emphasizing that education must be determined by the learners themselves in response to the adults' learning requirements (Young *et al.*, 2004). The students' feedback to teachers concerns determining the areas the students feel need more attention and that answering these can be helpful. The students' feedback motivates the college and teachers as well as empowering them to promote educational performance. Students' recommendation is an important component of college evaluation for promoting the quality in nursing education of programs (Zuzelo 2001). Although some attempts have been made to describe the needs and experiences of nursing learners, such studies have mainly considered certain aspects of education such as problems in clinical education, the characteristics of effective clinical educator, teaching strategies or the effect of environment

mostly as a quantitative research (Del-Aram, 2005; Mohammadi *et al.*, 2002; Lee Woo-Sook 2002; Suen *et al.*, 2001; Papp *et al.*, 2003; Foroud *et al.*, 2002; Atack *et al.*, 2000; Dehgani *et al.*, 2005). But the finding is generally very rare with regard to nursing education. On the other hand, in spite of the fact that educational program of nursing in undergraduate course has been revised several times in the learning education system in Iran, a literature review on the other's texts indicates loss of comprehensive information, in a way that the present studies have not considered the students' experiences scientifically regarding nursing educational program, besides very few qualitative studies have been carried out in Iran up to now. Furthermore, most educators in charge of educating the students have very little information about the stresses and challenge the students experience during their studies. Learning may be inhibited if students experience unnecessary stress in the learning environment (Oermann, 2001). Therefore, considering the fact that no research has been carried out to determine the students' experiences (positive and negative) concerning nursing educational program in our country, as well as emotion, evaluation and the weak and strong points of the program, a qualitative research on nursing students can provide useful information about educational program and the issues associated with it.

## **MATERIALS AND METHODS**

A qualitative study of phenomenological type was carried out to find out the common meaning that the senior students of nursing in different medical universities of Iran have experienced as nursing students, the aim of which was to determine the challenges of undergraduate students of nursing during their studies. A qualitative approach was chosen because it is based on the premise that individuals are best placed to describe situation, feelings and experiences in their own words (Streubert *et al.*, 2003). The qualitative approach is the most suitable method in this research, because the purpose of this study is to describe and find out the area under investigation to achieve an understanding of subjective experiences of participants (Bryman, 1998). And since understanding the experiences and challenges of undergraduate students is the aim of this research, nobody except the students themselves can explain the experiences they have had during their studies. Taking this into consideration carrying out a qualitative research of phenomenological type seems suitable. As it was mentioned before those researchers who are interested in

understanding different dimensions of human's subjective experiences choose this method.

The main purpose of phenomenological studies concerns describing the experiences from the participants' viewpoint understudy, who have experienced the phenomenon in question themselves (Streubert *et al.*, 2003; Bryman 1998). Van Mammen (2001) believes that the aim of phenomenological research is finding out the meaning through integrating the experiences of individuals under study with researcher and readers as a whole.

There are 2 schools of phenomenology: descriptive phenomenology and interpretive phenomenology (hermeneutic). The descriptive phenomenology and was first developed by Husserl in 1962 (Holloway and Wheeler, 2001). His philosophy emphasize on describe meaning of human's experience.

Heidegger, Husserl's student, moves towards interpretative phenomenology through implementing his master's philosophy. He emphasizes on interpreting and understanding human's experiences-not merely describing. Phenomenological research focuses on the fact that what individuals' experience in concerning phenomenon (descriptive phenomenology) and that how individuals interpret those experiences (hermeneutic phenomenology). Phenomenologist believe that live experiences make the individual's feeling and understanding meaningful concerning a certain phenomenon. The aim of phenomenological research is to completely explain the live experience, feeling and the understanding resulting from it (Polit *et al.*, 1999).

An important distinction between descriptive and interpretative phenomenology is that the researcher makes an attempt not to involve his presumptions in his interpretation in descriptive phenomenology, which is terminologically called suspension or bracketing, but in interpretative phenomenology suspension or bracketing do not take place. According to Heidegger it is impossible that a person suspend his existence in the world. Hermeneutic requires the precognition of the researcher to some extent (Polit *et al.*, 1999). Considering the fact that the author has spend more than 15 years educating nursing students theoretically and clinically as an educator, her studies on the philosophy pertaining to these two approaches revealed that putting away the beliefs and prejudging as a part of one's own self (in suspending your knowledge) was impossible. Consequently a decision was made to follow Heidegger's phenomenology which is hermeneutic or interpretative phenomenology.

**Samples:** Samples were selected among three different types of universities of medical sciences in Iran. Universities of medical sciences type I, II and III suggest ranking of universities of medical sciences, which was stated by research deputy manager of research and technology department of health ministry in 2004 in Raze festival in Tehran, IRAN. And consequently all of medical sciences universities were classified as one of these three types- for example; medical universities of Tehran and Tabriz were introduced as type I, medical sciences universities of Mazandaran and Uromiah as type II and universities of Shahr-Kord and Sabzvar as type III. The reason of sampling from three different universities was that these universities are different in their quality, which are classified in one type of the universities mentioned above and students in each nursing college may have different experiences and problems compared to other colleges. This research was carried out in nursing and midwifery colleges of medical sciences universities of Tabriz, Uromiah, Sabzvar and Mashhad in 2006.

Research population was formed of all undergraduate senior students of nursing in the nursing and midwifery colleges of the medical sciences universities mentioned above. It should be noted that all the students had already taken all theoretical subjects and entered internship course in their field. Twenty undergraduate nursing students (16 women, 4 men), who were studying as senior students of nursing in universities of medical sciences of Tabriz, Uromiah, Sabzvar and Mashhad at the time the research was carried out, had a tendency to take part in the study and provide information concerning their experiences of nursing education, they had also agreed on recording individual or group interviews. They were studied in the form of sampling based on a purpose. Since the purpose of phenomenology is to understand the individuals' experiences, the samples, naturally, are selected among the individuals who have experienced the phenomenon concerned in past or present and live with it (Holloway and Wheeler, 1996; Streubert *et al.*, 2003) like senior students. Sampling is often judgmental and based on purposive. Conversely to quantities researches, there is no need for random selection (Langford, 2001). In order to start the interview, following ensuring the participant with regard to carrying out the interviews confidentially and signing the consent form, some expiations are provided for following ethical issues.

**Method of collecting data:** The method of collecting information in current study was semi-structured, open-ended, in-depth and face-to-face interview concerning the

students' challenging experiences during their studies. Interview and information concerning age, sex, background of working experiences and pivotal questions about "being a nursing student" as well as "challenging experiences during the students' studies" was collected in the undergraduate course of nursing.

The participants in research were familiarized with the goal and nature of the study and were free to take part in the research. The interview was carried out individually in one or two successive sessions. The interview with an individual lasted for one or 2 h in each session. Since recording voice is useful for reviewing conversations and recording talks as well, the interviews were audio-taped on cassettes with permission of the participants.

**Method of analyzing data:** In qualitative research, the words and formation of concepts and subjects build the first method of analyzing information. This stage requires the researchers to immerse themselves in the data. Data are enriched by description and analyzed from the participants' point of view. Data analysis and collecting data were carried out simultaneously (Streubert *et al.*, 2003). Therefore, following each interview all talks were transcribed entirely and carefully by the author. In order to reduce the analytical bias and promote confidentiality, the interviews are written verbatim down verbatim immediately after each session (Streubert *et al.*, 2003; Holloway and Wheeler, 2001; Langford 2001; Wellington 2000). The author also tried to write down her own notes and interpretations on that same day.

The researchers listened to the cassettes several times to fill in the blanks and study the interviews profoundly. Following preliminary analysis, the primary codes were extracted and read separately by the members of research team. Consequently, the primary interpretation of data was compared with each other and after everybody was in complete agreement the final evaluation was carried out. Each interpretation accepted if they contained description and justification of the main characteristics of students' experiences in their studies and could explain and study their experiences effectively.

Hermeneutic analysis was implemented in this research because they were related to understanding the meaning of the texts in the contexts where they occur. The author referred to the samples again to confirm the information extracted from interviews and their agreement with these issues indicated the admissibility of data. Eventually, the results of research was written as main or common themes in a phrasal form and to further confirm these issues some examples were taken from individuals' talks.

## RESULTS

As it was mentioned, words and the formation of concept and issues are the elements in qualitative research forming the information (Streubert *et al.*, 2003). This stage begin following the researchers immersing in the data and the researchers made an attempt to perform the prelim in any analysis and extracting the primary codes. In this stage 391 primary codes were extracted and as a result of combining the common and similar codes the number reduced to 99.

An a deductive interpretative procedure was choose for analyzing this research, because it gives the author an opportunity to understand human experiences via accompanying the participants allowing her to discuss their daily experiences and search present meaning intersubjective attributed to them. In order to describe the process of a deductive reasoning implemented in current study, the statements of some participants and the deduction method are presented. For example, one participant has said: "Nursing is unknown in our country and people do not have a necessary understanding, they don't believe in the nurse's beliefs and capabilities. They just think the nurse is someone who just in charge of medicine and injection in the hospital or society doesn't have academic education".

Considering the text, the code "Leak of understanding of society concerning nursing" was chosen for the experienced mentioned. Another participant has also said:

"Majority of people don't know who the physician is, who the nurse is and who the assistant is. They think of all as nurse or physicians. Even the educated people do think so. Even my sisters don't touch my belongings at home saying you are a microbe".

"My family thought of nurses from different point of view and didn't like my studying nursing. The whole society thinks the nurse's work is the some as doing trivial affairs of the patient and so on". Considering the text the code "the presence of negative view in the society on nursing" was chosen for experience mentioned.

With regard to the negative view of society on nursing and anxiety to get married another participant has said:

"I'm worried about marriage, for no religious man like his wife working at the hospital at night."

Considering the text, the code "nursing profession as a barrier to marriage and raising the family" was chosen for the experience mentioned".

Considering this matter, 2 participants have said about their work experiences in the ward:

"No matter how long we work in the wards and become so professional, we should still work under the supervision of physicians. This is the almost limitation of nursing in our country. You can never research independently. The physician should tell us what to do and most of the time the doctor isn't an expert in nursing affairs but he should explain his opinion".

And the first code "Lack of trust to the nurse's knowledge" and then "the limited dependence of nurses" was chosen for the experienced mentioned. Therefore, considering the experiences mentioned above the challenge "lack of the attention of society to the nursing status" was one of the most important issues in the study extracted from the participating students' experiences, which was an outstanding feature in most students' descriptions and interviews. This issue was taken into consideration in the form of four sub-themes including "Lack of understanding the status of nursing", "need to modifying nursing status", "independency of nursing", "negative attitude toward nursing".

On the other hand, some participants have stated about their experiences in basic sciences as follows:

"We only study pharmacology in the second term and that's all... but when we go to the clinical setting we just become aware of its importance and find ourselves more in need of learning medicine. As a student in the 2<sup>nd</sup> term I don't know the importance of special kind of cardiac medicine. I just memorize the name. But if I go to CCU, I'll then know how many usages this medication has and I'll learn better."

"The pharmacology professor taught at the speed of light so we couldn't make a note of what he taught he didn't want any feedback from us either, he even didn't ask whether the students had learned something or not... It's a hard subject and hard subjects are understood well through repetition... The large volume of the matters taught as well as the limitation of subject to only 3 courses maybe the reason we didn't learn. On the one hand, the professor taught us a things on pharmacokinetics... but on the other he taught a little on nursing, aren't we so why aren't the matters taught which are more useful for us".

And considering the text, the code "teaching pharmacology in an unsuitable way" was chosen for the experiences mentioned above. Now we are dealing with the experiences of another participant concerning other subjects of basic sciences.

"I just learnt the name of some bones in ear in our anatomy courses, but when I went to the ward, I just found out I didn't know the names of muscles and nerves. I need to know the name and the places of muscles

located in the injection region to do the injection better, or I should know the names of arteries of injection point, but we were not taught partially in this way. I mean something that could be useful for us."

"We study physiology, but inside the classroom, everybody wants to pass the course and get passing grad quickly because we want to enter the ward the following semester. And after we go to wards, we understand we cannot make use of our knowledge in the patient's beside, because it was not taught partially, our physiology is medical physiology, we should be taught nursing physiology, but medical physiology is taught to us... perhaps the professors may understand better what is useful for us if they were nurses"

And considering the text, the code "inappropriateness of physiology and anatomy taught to the clinic" was chosen for the experience mentioned above. Therefore the code "in appropriateness in teaching the basic sciences subjects" was chosen for such primary codes. In this case, one of the participants has spoken about her experiences concerning the gap and inappropriateness of subjects at the clinic as follows:

"In wards we're only asked to obey the orders. To tell the truth I feel I've just wasted my time because of the gaps I find between the things I've studied and the job I'll do after I'm employed, when we go to the wards in the morning, we take the routine list of ward giving medicine to patients. Our work is only giving medicine without being involved in a scientific research and stuff, like why should the patient's position be like this?"

And considering the text, the code "dissatisfaction of doing routine work and the gap between the subject's studies and clinic" was chosen for the above mentioned experience. And later, such primary codes were finally changed to the code "Lack of consistency of acquired knowledge with clinical work". Considering the gap and lack of creating a relation between theoretical and practical subjects, performing nursing process was one of the problems the students were faced with. For instance two participants described their own experiences in performing nursing as follows:

"A problem I had in clinic was the nursing process. We study nursing process from the first to eighth term, but we do not know how to perform it. It was something we knew and didn't know. We could do it and we couldn't do... Nursing process requires facilities, budget and lots of time should be spent on it. On the hand and the process is never performed in hospitals. The process in the wards is only the students' and it is not performed in the wards".

And considering the text, the code "lack of performance of nursing process" was chosen for the experience mentioned above.

"As we move forward, we notice they are completely different, as if we say it is the nurse's duty to help diagnose a certain disease, or to provide nursing diagnosis for her patient. Whenever she believes her diagnoses are right, she should do something for them, cure them and even evaluate them. But these are not the case; a nurse is just waiting for the doctor to order something for her to perform, so that she would say I did my duty."

And considering the text, the code "lack of implementing what is learnt on the on the basic of scientific principles in the clinic" and "The gap between theory and practice" were chosen for the above-mentioned experience. Two other participants have described their experiences on the same matter as follows:

"We all have studied in our lessons that we should always be a good listener for our patients. But unfortunately we do nothing in wards. There are only 2 nurses for forty patients in a ward, who should do everything and it is not practically possible to do all things".

And considering the text, at first the code "lack of following scientific principles in clinic" and then "inconsistency between the subjects taught and the student's educational field" were chosen for the experience mentioned above and finally the main theme "integrating knowledge and practice" was extracted from the sub-themes including implementing theory in practice, implementing nursing process, lack of following scientific principles in clinic and implementing basic sciences in practice.

Moreover, clinical education environment is the heart of nursing education. Another participant describes his experience in the clinical education environment as follows:

"Although hospitals are educational, when we wanted to examine the patients, they said they didn't have gloves for students. In hospitals they always say it's educational but the college should provide the facilities. But these are only for nursing students, so why it isn't the case for medical students."

"My cousin was admitted from teacher training college and she's been receiving her salary since she started her studies, but I've been studying for four years now... and now if my parents don't give me any money, I won't even have the money to go to university. I want them to provide us night-shift and salary though a little in the last years of studies. Medical students have pavilion, tea, equipment, a bed for taking a rest, some salary, etc...Nursing students should be given at least some

facilities, whenever I go to the library to use its internet I see it's written on the computers "for doctors only", this make me very sad".

And considering the code "discrimination in using the facilities allocated for hospital" and "lack of suitable in clinic" was chosen for the above-mentioned experiences. This problem bothered the students and made them discouraged with their course. The effect of environmental factors, of course, are not only limited to equipment and facilities, but also affected by different matters. For example, the following selected statements are experiences that 2 other participants have described concerning the behavior of the staff with students in wards:

"We had a conference in a room, while we were listening the medical students' teacher entered the class without knocking the door, then with an insulting intonation he wanted us to leave the class because they had a conference. He insults us indirectly with his behavior. When you experience these actions you don't have any motivate for working."

"I was educating my patient and one of heart specialists was speaking with his student beside another bed at the same time. All of a sudden he said "Don't you see I'm speaking, lower your voice. I was really upset about his behavior. I said "excuse me". Then while he was leaving the room I went to him and said" I apologize sir but I wasn't speaking about any private matter with the patient, I was just giving some education to my patient who had just returned from angiography", but he. I was depressed about his bad behavior, I feel I made a mistake when I started studying this course".

And considering the text, the code "Student's feeling of depression follows the doctor's illogical and incorrect behavior with student" and "the affect of different factors on the student's moral and her view about the course" were chosen for the experiences mentioned above and were eventually changed to "discouraging factors and factors making the nurses to leave nursing".

Concerning the problems of educational programming, 2 participants have said:

"Without studying the theory course. We went to ward and most of our time was spent just to diagnose a disease. What are nursing policies and the efforts at it?. It was very bad. The program was not arranged well, for example, we went to some wards several times, but we've not gone to some important wards such as Trauma or neurology ward, or nephrology ward"

"I was a student for 3 years in another university and I've been here as a guest student for 2 semesters. Now I

find out that we didn't take some subjects in wards in the pervious in university at all, while my classmates here have taken them. I don't know why on identical and standard program is not performed for all students in all universities."

"Another problem was that in some semesters some very intensive courses were provided. Wards were really tiring. According to some classmates, our blood pressure was 7 over 8. Immediately after returning to college from wards, our classes started at 2p.m and lasted until 8p.m."

And considering the texts the codes "unsuitable programming of clinical education" and "non-standard and non-identical education given to students" and providing courses intensively" were chosen for the experiences mentioned above and eventually such codes were changed to the code "the hard nature of nursing education".

The following selected statements are the experiences that two participants have described with regard to evaluation:

"At the end of the course, the educator of psychiatric ward was very upset and told me I haven't fulfilled anything with my patient and that I didn't do any thing at all. Then when my patient got better and left the hospital, I got her telephone number to call her at times and see what she does. After a month when I returned to that hospital again, my educator said: "Well done Miss. Bravo! The patient you had been speaking to is now recovered and your words have affected her. I got very happy for I had suffered a lot during that month and then the teacher told it. But god made everything clear. It was completely clear for the others that I was working".

"This semester we were asked to make medicine card as homework. I made my own card, when I first showed it, they said it was suitable. But later when I made it complete and wanted to give it to them, they gave it back saying the size was unsuitable. I don't know why they don't have invariable ideas about us."

And considering the text, at first the code "educator's inconsistent expectation of the student concerning providing homework" and then the code "subjective evaluation" were chosen for the experience mentioned above and finally the code "lack of understanding about depth of nursing" was extracted from the two codes.

Furthermore, concerning creating a relationship with patient a participant has stated that:

"In the first few semesters, I was very emotional, I liked to have relationship with patient, listen to him/her. Naturally as I continued to study in higher semesters and as I saw condition and status of nursing and adversities,

we weren't so close to the patient...I mean the human dimension was good in the first semesters, but in higher semesters, attention to human dimension was gradually losing its strength and then we didn't regard the patient as a customer, rather we considered him/her as a sick person...The patient sleeping in as educational hospital has right, he/she has some privileges...I mean it's not right if I go and take blood again and again bothering them."

**Another participant has stated that:** "The first semesters every thing was good, but as we went to higher levels, we weren't very close to the patient, how can I say? We were just considering him/her as a person who is sick. He/She has come here so that we take care and do necessary work and then they could leave if they got better, I mean in feeling sympathy, considering human...In general, the educational process in higher levels is in a way that makes the student pay little attention to human dimension."

And considering the text, the code "paying little attention to human dimension" was chosen for the above-mentioned experience, which was then changed to the code "dominance of positivistic view in nurses". Concerning this, another participant has stated that:

"The little girl had been sat in the morning, everybody came and visited the sick girl, a small animal was sitting there like a rat. I was upset as a human that why they do this. Why do they all just examine? Why don't they do anything for the girl?"

And considering the text, the code "lack of observing the patient's rights" was chosen for the experience mentioned above. Moreover, the following statements are experiences that 2 other students have stated concerning the clinical education environment:

"To tell the truth, when we went to hospitals with regard to the things we had in class we were encountered with a problem that they're not performed in they should. I was really depressed of this problem. For example, why are the clients treated in a bad way? We were students, we were offended, but we couldn't go to the ward and complain why they spoke like these."

And considering the text, the code "feeling upset about the difference in clinical education environment concerning not implementing theoretical principles in practice" and " feeling upset about not observing the client's rights" were selected for the experience the educational environment "was extracted from sub-themes "discrimination", "effect of environmental factors on student's education", "lack of self-confidence" and "observing the patient's rights".

Table 1: The method of extracting main themes from sub-themes

| Main themes  | Sub themes   |
|--|--|
| The challenge of management of educational environment                 | a- Influencing of environmental factors on student's education<br>b- Discouraging from major and decreasing self-confidence<br>c- Subjective evaluation<br>d- Defects in educational programming<br>e- Lack of observing of the patient's rights |
| The challenges of integrating knowledge and practice                   | a- Implementing theory in practice<br>b- Implementing nursing process<br>c- Lack of following scientific principles in clinic  |
| The challenge of inattention of the community to the status of nursing | a- Understanding the status of nursing<br>b- The necessity to modify the status of nursing<br>c- The society and individual's viewpoints on nursing<br>d- The limited independence of nursing  |

The method of extracting main themes from sub-themes is shown in Table 1 as follows:

## DISCUSSION

The themes determined in this study included three main challenges as follows: "management of educational environment", "integration of knowledge and practice" and lack of attention of society to status of nursing course", each of which was also formed of some sub-themes which are being discussed one at a time.

**The first theme: The theme concerning the management of educational environment:** The theme "management of educational environment" is formed of the sub-themes "discrimination", "the effect of environmental factors on the students' education", "the factors effective in reducing the student's self-confidence", "subjective evaluation", "defects in educational programming", "lack of observing the scientific principles in clinic", and "observing the patient's rights", each of which being discussed. As it was mentioned before, the educational environments strongly affect the students' learning.

One of the requirements in optimum clinical education is the appropriate context which has several qualities and features including physical aspects, facilities, clinical educator and the manpower employed in the wards. A good clinical learning environment is defined as having a good atmosphere, a place where there is full cooperation among the staff, as well as a place in which the student is considered as a younger colleague (Papp *et al.*, 2003). Studying the comments of students and faculty members of nursing and midwifery concerning the problems of clinical education confirms the effects of environmental factors and problems in applying the acquired principles on the patient clinic (Foroud, 2004). With regard to this, Attack *et al* believe that the nursing students consider the personality qualities of the personal and the working environment as the important in their learning (Attack *et al.*, 2000).

The result of a study concerning the problems of clinical education of apprenticeship in practice showed, from the students and the nurses' point of view, that the adequacy of facilities in clinical environment for education and welfare facilities were evaluated as "almost weak to weak" and creating independence, clinical skill and self-confidence were evaluated as not being optimum by the nursing educators and students (Dehgani *et al.*, 2005). In khadivarZade and Farrokhi's study (2003) the lack of facilities and necessary educational equipment in clinical setting concerned the education process in 85.4% cases, which was reported by students, so the researchers had concluded that besides perseverance and reinforcement of the available programs, providing adequate facilities, standard educational environmental as well as modifying clinical evaluation methods should be emphasized.

The nurses in Jordon like other developed countries are encountered with some problems including similar working requirement, disagreement with other employees, lack of certainty with regard to making therapeutic decision, limited clinical independence and lack of supportiveness by the working environment and inefficient feeling. These conditions have been accompanied by dissatisfaction, emaciation a great amount of movement and resignation from work among the nurses in Jordon (Oweis, 2005). Therefore, the direct effect of environmental factors and the employees in the wards mentioned on the students' learning in apprenticeship or on some apprentices, who are sometimes under their supervision, should be taken into consideration.

Furthermore, the clinical education is indirectly affected by the staff in many cases, making the role and the position of clinical educator unimportant. The procedures carried out by them, their behavior with the patient and also conflicts or disagreement between them and the students all affect the clinical education indirectly, which are compatible with the findings of this study. On the other hand, some studies have provides different results among which some studies carried out by Edmond



(2001); Baltimore (2004); Dendaas (2004) can be mentioned which have considered the role of working environment and provision of suitable educational programs in line with improving the graduates' conditions as well meeting their educational requirements in order to help the client.

Taking these issues into consideration in the article, Edmond (2001) deals with the importance of part of the knowledge and skills which are replaced in practical situations and it is impossible to reach unless one experiences such situations. He defines this part of the knowledge as empirical knowledge and believes that acquiring them would be possible if the nurse spends some time in such clinical situations. Any kind of deficit or inadequacy in nursing education would have a direct effect on acquiring clinical skills and consequently on the health of society.

The main goal of practical education is to make the student skillful and enable him make practical use of what he has learnt. Students experiencing correct clinical education would be in a better position considering skills, clinical competence, solving problems and putting theory into practice. As a matter of fact, the students who experience proper education will be successful nurse in future. Therefore improving educational environment, providing welfare and educational facilities and standardization should be taken into consideration.

Some factors have significant role in preventing the students from achieving the goals of educational system including deprivation of the least welfare and educational facilities in wards, the problems and shortages in educational setting especially clinical education, a feeling of discrimination with regard to the availability of facilities in ward. These problems bother the students and can make them discouraged from their course and result in lack of self-confidence in students and finding a way escape from nursing. Of course, the effect of environmental factors is not only related to equipment and facilities and several other issues, affect it. Accessibility of environment and availability of facilities are two necessary requirements for practical and clinical education of students. Because it is in this very environment that the skills are formed and the power of making decision, judgment, feeling responsibility increases and the individual's compatibility with the environment increases as well, making the student prepared for the time when he should take responsibility for taking care of the patient alone and independently.

**The second theme, the theme of integrating knowledge and practice:** The main theme "integrating knowledge and practice" is made of the sub-themes "challenge of implementing theory in practice", "implementing nursing

process" and "lack of observing the scientific principle in clinic". The phrase like "lack of implementing nursing process in wards", "contradiction between the texts taught with the educational field" and "student's problem in understanding basic sciences", "insufficient number of pharmacology course", "lack of accomplishment of the issues studied in clinic" indicate the fact that most of the students have mentioned the challenge they had concerning "feeling a gap between theory and practice" and "integrating knowledge and practice". These findings are in agreement with other studies determined by Sharif and Masoumi (2005); Allmark (1995); Tolley (1995); Rolf (1994) and the gap between theory and practice has been identified well in several researches (Severinson, 2002; Hewison, 1996; Corlett, 2000; Ferguson, 1994; Upton, 1999; Rafferty, 1999). This gap considered some points especially basic science courses, the teaching method of those course, insufficiency of number of courses and the fact that the education provided is useless for nursing student and nursing matters are taken into consideration insufficiently. In some researches carried out, learning bioscience lessons has been reported to be more difficult than other subjects for the students (Wharrad *et al.*, 1994). In spite of the students' positive viewpoints on the necessity and importance of basic sciences and although nurse have undertaken fundamental roles in prescribing and managing medication and educating the patient, the results of Current study, which is in agreement with results of many studies, suggest that the level of the knowledge of nurses is inadequate with regard to pharmacology (Jacobs *et al.*, 2004; Friedel and Treagust, 2005) as an example a research showed that even the educators were not satisfied with the degree of the graduates' preparation and their basic knowledge on pharmacology (Bullock *et al.*, 2002). Neglect of biological and physical sciences that relate to nursing has led to an imbalance in nursing knowledge which hinders nurses' ability to practice safely (Friedel *et al.*, 2005; Wynne 1997). In a study in Jordon, students believed that in nursing educational program, basic sciences such as anatomy, physiology, microbiology and pharmacology were required in addition to nursing core courses such as fundamentals, medical surgical nursing, maternal and child health, psychiatric nursing and community health and leadership (Petro-Nustas *et al.*, 2003).

Quoting from Chapple *et al.* Thornton (1997) stated that the depth of biological sciences presented to nursing students find is often so detailed that students find it difficult to determine what is important for them. In another research, most of the participants have enough knowledge on anatomy and physiology but most of them had a superficial understanding of physics, immunology

and pharmacology. The results of Friedel and Treaquist's study (2005) suggested that the nursing students had a positive view in learning biological sciences in nursing education. Similarly, a study carried out by King (2004) revealed that the students had a limited understanding of pharmacological issue and were that the students had a limited understanding of pharmacological issue and were dissatisfied with the way it was taught, they had experienced some problems concerning implementing theoretical issues of pharmacology during working. But they were aware of a necessity for the knowledge of pharmacology in their research. The students mainly emphasized that sufficient time wasn't spent on pharmacology, contents of the sessions and the education provided isn't useful for the students and nursing issues were insufficiently taken into consideration and these finding accord with the results of previous studies (King, 2004; Trnobranski, 1993; Courtenay, 1991). Quoting from Courtenay (2000) states most nursing students had evaluated the level of pharmacology teaching as very low and only 10 percent of students and staff thought they had enough knowledge of pharmacology. In addition, some participants in Current study in a similar way to the results of Bullock's study had stated that a person teaching pharmacology should have nursing basis to be able to connect theory to practice. Since nursing is one of important professions in the therapy-health category of occupations, the coordination between what is taught and what is carried out in clinic seems very important. But due to insufficiency in basic sciences such as physiology, anatomy, pharmacology and the tough nature of nursing education, nursing students, who have entered the hospital and are present in the patients clinic, are not well prepared to implement the subject taught in clinic and s/he feels that the duties delegated to them don't accord with their educational duties which can cause dissatisfaction and a feeling of dissatisfaction can have a negative effect on their learning styles and at the same time makes theory overcome practice in the educational wards as well as lack of attention to nursing issues. Furthermore, the presence of a gap between theory and practice in nursing is a matter that creates anxiety since for many years it's been proved that it cause delay in learning. Rolf states that this gap can be reduced through making some revision in the theory and practice relationship. Only it is in a clinical environment that the students have an opportunity to integrate theory and practice in order to learn and understand the unique nature of care (Severinson, 2002).

The similar results obtained from the researches

carried out in Iran suggest that lack of implementing nursing process and performing it in the wards is one of the common problems, besides in the research carried out by Motavasselian and Farnia, more than 90% of students believed that they lacked the skill required for caring on the basic of nursing process and 50% believed that they didn't take care of the patients with regard to nursing process (Motavasselian *et al.*, 2002). The presence of a scientific atmosphere in the university environment and facing unscientific cases which are in contrast with the university environment and facing unscientific case which are in contrast with theoretical educations results in a change in the student's pervious learning. Studying the comments of students and nursing and midwifery faculty members concerning the problems of clinical education confirms the effects of environmental factors and problems in implementing the acquired principles on the patient's clinic (Lee *et al.*, 2002). On the other hand, the research findings of Salehi *et al.* (2002) indicated that theoretical learning and clinical services of nursing do not accord sufficiently from the students, teachers and nursing staff's point of view. In general, lack of agreement between theory and practice has long been the cause of anxiety of students, nurses and the teachers (Hewison *et al.*, 1996). The results of the studies carried out by Sharif and Masoumi (2005) in Shiraz confirm the theme "gap between theory and practice" as one of the important factors in the students' clinical experiences. In fact the students are faced with different clinical situations which are real and as a result cannot generalize what they've learnt in theory to these situations. Gillespie and McFetridge (2006) stated that the most students have been increasing problems replacing the information provided in class with clinical environment. Wilson-Barnett *et al.* (1995) believe that creating a relationship between theory and practice is as a main challenge for the all people interested in supporting the students. The gap between theoretical educations and clinical services of nursing has been a significant problem in nursing course, considered by professors, staff and nursing students. In a study carried out on the difference of nursing teachers' role concerning theory and practice it was said that:

"Anything that the teacher presents as a skill in classroom is different from what he/she performs in the ward" (Zamanzadeh, 2004)

Other factors affecting the students' experiences are due to the nature of work in the clinic. The routines of the ward are different from the care taught in classroom. The issue which is considered important in the classroom is a holistic care of the patient (Zamanzadeh, 2004). This struggle is often like making a sense out of whole,

interpreting what they've learnt and persuading themselves of the fact that they've learnt something (Wilson-Barnett *et al.*, 1995). The presence of a gap between theory and practice in nursing is a matter that creates anxiety since it has been proved for many years that it cause delay in learning. Rolf (1994) states: This gap can be reduced through making some revision in the theory and practice relationship.

**The third theme: lack of the attention of society to status of nursing:** The challenge "lack of the attention of society to status of nursing" is one of the most important subjects extracted from the experiences of the students participating in the study which was noticeable in the descriptions and interview texts of almost all the students. This subject was taken into account in the form of four sub-themes including "understanding the status of nursing", "the necessity to modify it", "the society and individual's viewpoints on nursing" and "the limited independence of nursing". In general, the findings concerning the lack of understanding the status of nursing are indicative of the fact that most students had experienced the lack of understanding the status of nursing is society in a certain way. The statements like "my family were dissatisfied with the course I had selected", " my sisters don't touch my things at home", "they think the nurse doesn't have academic educations, studies..." and " majority of people don't know the difference between a doctor and an assistant auxiliary nurse" indicate the fact a feeling of the society's lack of attention to the status of the field of study and a feeling of worthlessness of the field are among the obvious experiences of those students.

Quoting from Kalish and Kalish (2001) Joh and Bernard (1998) states that the folks' image of nursing is not always the same thing the nurses want to be. Anyhow, people are exposed to negative clichéd imaginations of nurses such as a submissive, obedient person and the doctor's a questionable assistant.

Studying and comparing the findings mentioned with the finding of other researches indicate some similarities and differences among the participating students in the present study and other ones (Joh, 1998; Reiskin, 1994; Unholz, 2003) In a study carried out the high school students it was found that they had a negative image of nursing and nurses. They had seen the nurses as caretakers and hardworking people but without any authority, weak and obedient, without knowledge, decision-making skills and leadership.

Students' understanding of nursing in the present

study is in accord with other texts. The positive image of nurses as caretakers has been endangered through some negative aspects including performing some were unpleasant duties, the lack of positive views and position, authority and control. In addition, in a study carried out by Unholz (2003) many high school students believed that the nurses cannot be managers, they cannot be successful financially or carry out researches and they cannot be a member of an important profession either. They considered the nurses as those having a supportive role for the doctor. In Joh Chin's study (1998) most of the students, too, had thought of nursing as a job with a low position and a job with less professional progress. They had seen the nurses as individuals, who are obedient, don't have authority and independence and their decisions and work all depend on the doctor. Korean students insisted that unless the negative view of the society about nursing change as a whole, the people won't be convinced to see nursing as an optimum profession.

Any profession is deeply affected by the society that it serves. The social context has formed the view of people and the nursing profession during many years. The social context even influences who choose nursing as a career. Based on a study carried out to find out the public opinion concerning nursing, all people see nurses as caretakers who are moderately educated. In the public opinion, doctors are those who care the illness, while nurses are the mere caretakers. A description of taking care is difficult for many people. The problem most of the people have in recognizing nurses is that it is difficult for most people to know who is a nurse (Chitty, 2001). An assumption that is often postulated is that nurses leave the profession because of negative occupational and lifestyle restrictions associated with nursing work. Salary and prestige issues such as career development and promotion opportunities, equality with other professional careers and being treated as a valued health professional were consistently rated as important from the nurses' points of view. The factors related to professional effectiveness, such as having autonomy in decision making, using a full range of skills and influencing both the quality of care and policy development also were considered important by most of respondents in the studied carried out by Duffield (2004). Lack of the nurses' independence is due to the cultural structure of most of caring, sanitary and caring institutes in Iran, which is the same as the situation in Jordan, because the cultural structure of most institutes in Iran is way that make the nurses be placed in a positions that is lower than the

position of managers who are mostly doctors. Independency is one of the features of being a professional which is then threatened. Unfortunately most of nurses experience a severe bureaucracy in the governmental organizations and the current health- caring policies make independency limited. In the institutes like hospitals, the nurses never experience freedom of unnecessary supervision; consequently they don't enjoy their profession (Maben *et al.*, 2006).

The result of a study on the reasons of nursing students' lack of motivation concerning working and continuing studies indicated that the negative view of society with regard to the nursing course, inappropriate behavior of the hospital staff with students can have a negative effect on the students' motivation (Shariati *et al.*, 2002). In the study carried out by students had a negative understanding concerning the people's opinions about nursing which were not changed even after one term and clinical experiences. But Hoke's study (2006) showed that the opinions and understanding of high school students about nursing were improved following watching a video.

Nevertheless, the influence of the media's portrayals of nurses is extremely powerful and this causes great concern for nursing because the image portrayed has often been negative and demeaning (Chitty, 2002). As Kalish and Kalish's (2001) study revealed it, despite the doctors' roles are presented exaggeratedly idealistic and heroically, nurses appear in the roles which are essentially of low popularity. They emphasize that not only do these pictures (scenes) of nurses have about themselves. Chitty (2002) quotes from Aber and Hawkins who had study the portrayal of nurses in advertisements in medical and nursing journal, saying:

"If we continue to accept an image of nurses as portrayed in our print media as dependent, passive and minor figures in the health care system, then, that is what we will continue to be. If we demand that the image be changed to that of active participants in the delivery of care, as a professional independence individual and as independent and interdependent professionals and as major figures in the health care drama, then that is what we will become (Chitty, 2002).

This is a very important change for nurses and the organizations related to nursing to attempt to change the understanding of most of most of the people. In order to provide a positive image of nurses it is necessary that nursing system organization and the media support each other and improve the position of nursing as occupation in society, therefore it can be concluded that the provision of suitable programs intended for introducing

and showing nursing in society can have an important role in improving the status of nursing.

## CONCLUSION

Interview with the students provided an insight concerning the challenges of the present educational environment with which the students were faced during their studies. The themes determined in current study are confirmed by the findings of other researchers who had studied the experiences of students. In current study, the role of educational environment in particular clinical education environment was determined to be important and its importance is not hidden for anybody. Consequently, efforts should be made to improve and reinforce educational environment, especially, the clinical education environment of the students. Designing suitable policies for improving and promoting a suitable educational environment which is based on the experiences and comments of participants can be implemented in providing correct education for students and can make the students persevere in their course with interest and finally lead to training expert workforce with high efficiency. So it is essential that the people in charge of therapeutic educational organizations as well as those responsible for nursing education make an effort continually to promote the quality in these areas through performing periodical studied and determining the requirements of educational fields and consequently provide a suitable learning environment for the students.

Teachers in nursing colleges, especially clinical educators, can implement the finding of current study to gain some information concerning feeling of students and the challenges they were facing with during their studies. Anyhow, the result of this study indicates a necessity for performing effective interactions for allocating educational facilities as well as changing and improving educational environment and nursing education, which should be based on a new, creative and developing perspective and according to philosophy basis and perspective of theoretical caring.

In addition, the challenge "lack of attention of society to status of nursing" in this research had made the participants consider nursing as a profession of low social status, a job with low income, without authority, independence and professional progress. It's impossible for the whole society to try to think of nursing in another from unless the view of society changes as a whole concerning nursing. It is an important challenge for the nurses to undertake an active role in an attempt to change

the view of the public and help them acquire knowledge with regard to nursing as admirable profession which is progressive and praiseworthy. Nowadays, the whole society should know that the nurses with academic studies, scientific knowledge and individual skills have the responsibility of providing qualitative care through being consistent with the doctors. Creating a supportive and positive working environment is required to improve nursing process. Further attention of the media, integrated attempts and political support both public and public and governmental- can lead to social and social-cultural welfare. Therefore, it is recommended that a study concerning the effects of interventional researches be carried out so that its effect on the status of nursing and views of nurses and society on the nursing profession could be studied. Moreover, since the samples in this research are a small scale, it is recommended that another research be carried out in a large scale, so that the finding of this research can be generalized more.

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