

## **NURSING STUDENT EXPERIENCE**

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### **ABSTRACT**

Recent meeting with key personnel in nursing reported that Malaysia is currently facing with about 14% nursing shortage. At the same time, it is quite alarming to note that about three to four hundreds of Malaysian nurses each year leaving the job to join the private sector or leaving the country to work in Saudi Arabia, UK and Australia. Various factors have been cited as leading to the above situation, including a low pay, a stressful working environment and the fact that fewer young people are choosing to enter the profession. Nursing has also become very stressful job with staffing issues and it has become apparent that if we are to maintain the integrity of nursing, we must both recruit and retain qualified individuals. Future nurses that is the students, need to be nurtured and educated according to the highest standards of practice and it is important for faculty to play a pivotal role in assisting students throughout their educational process.

The purpose of the study was to describe and explicate the experience of being a nursing student. A convenience sample of 10 students, were interviewed personally by the researcher using an interview guide. Specific open-ended questions were asked as to explore the student's experiences. Their stories provided an insight into the satisfaction, hope, challenges, and stresses faced by students. Several major theme clusters emerged from the data; i) feeling overworked; ii) feeling unprepared; iii) seeking support from one's faculty and one's family; iv) meeting with conflicts and demands. These identified themes seem to corroborate with the findings of other researcher who have studied the student experience. These findings should be taken into consideration as it could be very helpful in helping the nursing students to get adjusted, feeling less stressful and less overworked while undergoing the nursing program.

### **INTRODUCTION**

Recent reports underscore that a serious shortage of manpower in medical and nursing is now a reality. Various factors have been cited as leading to the present situation, including the increasing number of Malaysian RN leaving the country to work in the country such as Saudi Arabia, UK, Australia and US. The figure of about 300 to 400 nurses leaving each year either to work overseas or resigned from the public sector to join private sector. These have contributed the nursing colleges to increase the total number of student intake per session. For example the colleges of nursing under the Ministry of Health of Malaysia recruit about 100 – 150 young, post secondary girls to join nursing twice a year and most of these young girls were not fully aware what they are going into.

Many studies done abroad and few studies done locally has quoted that nursing has

become a very stressful job, with staffing issues contributing to the decision by some to leave the profession prematurely. Even while still undergoing the training for three years, many students faced with specific stressors. Aini (1996) in her study identified the major sources of stress faced by students were on issues related to academic, clinical and issues of interpersonal.

The purpose of the present qualitative study was to describe and explicate the experience of being a nursing student. Students were interviewed and given an opportunity to share their stories about being a nursing student. These stories provide insight into the satisfactions, challenges and stresses faced by students.

## **LITERATURE REVIEW**

Studies by Beck (1995), Hamil (1995), Jones & Johnston (1997) have addressed nursing students' experience of learning, possible reasons for leaving a program, and identified specific stressors experienced. Included among the factors identified as problems were: i) difficulty balancing home and college demands; ii) time pressure; iii) financial concerns; iv) feelings of distance from faculty and staff in the clinical setting; v) stress associated with feeling unprepared for clinical practice; and vi) feeling incompetent in clinical skills.

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

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

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

Magnussen (2003) describes that most nursing students perceived nursing as a career that offers opportunities to care for people and help them to lead a healthy lives. However, some were identified to focus more on personal factors, such as employment opportunities and level of available pay. The study also found out that not all nursing students choose to become nurses because their values are in line with those of the profession, as there are maybe other personal, social or economic factors influencing their career choice. Aini (1998), on her study on motives of joining nursing on 65 student nurses, identified that 92% of the respondents stated that they came to join the course because of their last choice, besides being forced into the course by their parents or

relatives. Majority of the students revealed that they never have the thought of becoming a nurse when they were in the secondary school.

In an attempt to understand how students' perceptions and attitudes towards nursing influence satisfaction with their nursing studies and commitment to their career, Van Hanen & Janhonen (2000) surveyed 271 students in nursing programs in Finland, using the Nursing Orientation Tool, which were developed based on prior research results from Van Hanen et. al (1999). They defined orientation to nursing in terms of caring, nursing expertise and life orientation. The caring based orientation is based on the need to help others. Nursing expertise orientation suggests the awareness that expert knowledge is required of a nurse. Life orientation refers to the awareness of the need to balance work as a nurse with other social roles, such as that of parent or wage earner. The findings revealed that the scores for student's orientation to nursing were linked to their sex, life situation, the choice of nursing specialty, academic problems and intention to stay in nursing.

Brown & Edelman (2000) commented that, ever since the Project 2000 was developed in the UK at the beginning of the transition from hospital schools of nursing to university nursing programs. The project was developed to assist the transition of student into clinical practice and to facilitate the ultimate assumption of the role of professional nurse. To review the effect of the reforms in nursing education in UK, Gerrish (2000), conducted a qualitative study of 25 new graduates; to review the effects of the reforms in nursing education in the UK. In the findings, the new graduates suggested that, although nurses still felt inadequately prepared, they were able to successfully make the transition to their professional role. In comparison to a group of new graduates interviewed in 1985, it was identified that , the 1998 graduates had developed an active learning styles and found the transition into graduate role less stressful that their earlier counterparts. The more recent new graduates still believed they were inadequately prepared and described their initial performance as professional nurse as "still fumbling along" (Gerrish 2000).

High levels of work stress continue to be reported in most healthcare organization, the same work stress was also reported in nursing students while undergoing the training. It was obvious from published works that students in professional nursing programs felt some stress as they embark on the road to professional competence. A local study done by Aini (1996) identified that 128 respondents, rated that they were facing a lot of stress, which range from moderately stressful to highly stressful in intensity. On the frequency of stress, the respondents rated the range from sometimes to often. The major sources of stress identified were the issues related to academic, followed with the issue related to clinical and interpersonal.

Jones and Johnston (1997) noted a combination of interventions to the interpersonal communication within the work place and individual strategies aimed at the health behaviors, lifestyles and self management skills were found to be the most effective and to have sustained effect in reducing stress. Buerhaus et. al (2000), suggests that one of the responses to the staffing crisis in nursing is to modify the curriculum in response to realistic learning needs of students and ongoing changes in workplace demands.

The present study was designed to describe and explore the real experience of being student nurse. Though the writer had undergone the same experience as a nursing student, but it was twenty eight years ago. There could be some similarities or new differences that would be useful to identify. The writer also hope that greater understanding what is mean to a student in this millennium could lead to improved communication between faculty and students.

## **METHODS**

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

The writer with over 16 years of experience as a nurse educator in pre registration, post-registration and degree in nursing, conducted this qualitative descriptive study. A purposive convenience sample of 10 nursing students in a public's teaching hospital was interviewed, using an interview guide with open-ended questions. The students had all completed at least four semesters of a three years Diploma in Nursing. The participants were two male students and eight female students. All the participants are now in their semester five and all are willing to be interviewed.

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

Each interview lasted about 25 – 35 minutes each times and they were audio-taped and transcript and were analyzed using a constant comparative method. A constant comparative method was used when each piece of information is coded and compared with other piece for similarities and differences in the lives or experiences of those interviewed.

## **FINDINGS**

Four major theme clusters emerged from the data: i) feeling overworked; ii) feeling unprepared to undertake role of registered nurse; iii) meeting conflicting demands; iv) time pressure; v) seeking support from one's faculty and one's family. During the interviews participants became very animated and very engaged in the process of being nursing student. Along with excitement, each participant was obviously feeling a high level of stress and also shared a high degree of enthusiasm and emotion with teary eyes and choked voices when talking about some of their most pressing worries. They also expressed appreciation that the researcher was interested to listen and finding out about their lives.

## Feeling overworked

When asked to describe their lives ‘right now’ they consistently described a feeling of overwork, some expressed frustration by the belief that there were so much work to do both during the lecture and clinical posting. Some expressed frustration by the belief that nursing was busy work”, the amount of work and study were so intensive and beyond their expectation. They sincerely described they never expect so much work and so much to study to become a nurse. The frustration was especially prominent for students when they are in clinical areas where they observed a discrepancy between actual practice and what was required of students by the tutor.

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

Another student stated:

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

In response to the question, another student lamented:

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

Another student shared her experience:

*While I am in Semester 3, we only learned Medical-surgical nursing, even though, two subjects, but it was very heavy and that time we have to do night duty. One night I have one patient keep on vomiting continuously, oxygen saturation dropped, we called Dr. and that night he performed paracentesis .. Dr. removed the fluid and I have to monitor the patient through out the night.. I could not rest at all, and feeling extremely exhausted..*

One student was particularly poignant in talking about this issue:

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

## **Feeling unprepared**

Participant talked about the stress involved in facing the job demands. Many expressed feelings of unpreparedness. A very consistent theme that was heard from the students was the sense of knowing so little, when the job demands would be so great. It was not just the final exam and the licensing's examinations, it was worrying about being prepared. The reality of being in charge as a staff nurse and concerns about knowing enough once become a staff nurse who would be responsible and accountable as a team leader without the supervision of the tutor. Students felt overwhelmed with all the things they should know. They were frustrated of feeling not yet ready to be on their own.

Participants talked about the stress and challenges involved in taking the professional demand. The reality of doing the right thing at the right time, the inability to prioritize and making decision were expressed by the students:

*I looked after one patient that was in Semester I, this patient is a 20 years old with history of fever for two weeks. He had history of fits. We were asked to change his pampers, while doing the procedure I noticed some funny movement of the eyes and face. I called the S/N immediately. The S/N said it's OK. Suddenly the patient collapsed and need resuscitation. He could not be saved. That night, I was feeling so stressed, I felt guilty at that time I do not know sign and symptoms of fit yet. S/N blamed me, we did not know. It is the first death I ever see. I could not sleep. Keep blaming myself it was my fault, I felt I have a sin till now. Now I am in Semester 5, I still feel frightened, every time and what ever I do I need to countercheck with S/N. I tried to overcome my own problem, I'm afraid to tell anyone, even my tutor did not know about how I felt. Until now, when looking after DIL patients, I am very slow and cautious.*

Student felt overwhelmed with all the things they should know. They were frustrated on seeing the unpleasant happenings in the clinical area and it directly affecting the student's confidence.

*Before Semester 5 starts, I felt very depressed, till now semester already started and still feeling very sad. I am searching for the answer, why I joined nursing. I want the interest to continue nursing must be in my heart and soul. I am worried when I quality as a A/N I cannot function, when you are a S/N, you have to work on your own. When you become team leader, initially you will feel blur. Recently while I was in OT posting, the scrub S/N gets scolding by the surgeon for giving him the wrong instrument to him, the Dr. becomes angry and shouted at her. I felt frightened, I can see S/N often gets scolding, I don't think I face that, I feel I am not ready... (choked voice and teary eyes).*

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

Jeffrey (1998) points out that the students need extra support from faculty member who

should expand the teaching role into a mentor role. She points out that faculty members need to promote realistic self-appraisal so that students have a realistic picture of their progress and areas requiring improvement. In this study teachers were viewed as pivotal in student's learning experiences. There was awareness that the teacher (tutors) had the responsibility for shaping the learning environment, there was occasionally concern about the methods used. Students were concerned about the manner in which the faculty staff interacted with them.

*Well during my first semester, I had not so wonderful experience. I was scolded by the course tutor not able to submit my assignments on time; I have too many extra co-curricular activities during that time. I will remember it forever, then she was angry again at me, this time my grades was not good, though she is the most fierce (garang), but she gave me motivation and support me, she advised me how to improve myself. Scolding is not a problem for me I knew it was all my fault and her advise I will never forget them!.*

For other student, the experience was not so positive:

*I know in fact that there were some students that would go to clinical and dread the day, because they were going to be criticized or scolded by S/N. While in the ward, there are many S/N that could not get along with students, they often scolded us (sometimes) in front of other people, you know how we feel.. so embarrassing!.*

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

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

Most students felt that immediate family member's support is required in sustaining their motivation and provide encouragement during the course.

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

Another student stated:

*Everybody in the family supported my choice to enter nursing, except for my elder*

*brother, who works as a lecturer in one of the private university. He looked down on the nurse I guessed he was angry at me, because I rejected the engineering course that he got it for me in one of local institution. Every time when I went back to kampong, he commented on me, Misi penat ke? I get irritated at times. I will prove to him that nursing is a noble profession. Beside that I have many friends here, we supported each other, when we stressed, often we released our tension together, watching VCD, see movie or go to computer lab, browsing internet.*

Support and acceptance from the family members are equally important. One participant said:

*To me getting scolding is not a big problem. I know I make a mistake, very often I would not argue. Whatever happening during the course, I often shared with both of my parents. They said, I have to be strong and do well, even when I received a love letter from the girls, I told my mother. I got all the support from both of them. So that is why I did not regret of becoming a nurse!.*

### **Meeting with conflicts and demands**

When asked to describe their lives “right now” they emphasized that they had great difficulty maintaining a balance. In response to this question, one student answered.

*I asked myself, why I entered nursing?. I personally did not know the answer. I'm still thinking why join nursing? Especially when I am feeling tired, or get scolding from S/N in the ward, or friends never give cooperation, people never help me, I keep on thinking.. why I joined nursing?*

Other student:

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

Another student shared:

*As a student, my clinical experience really testing my patience and my competence. When Dr. order something for patients sometimes I still do not know what to do, still lacking a lot, I feel stressful, embarrassed and I still need more experience!. Besides, personal experience cannot be avoided, it is all mixed up, I encountered a misunderstanding with friends, friends showed their sour faces when given assignment. Sometimes we quarreled with my housemates, outside friends and girl friends. It disturbs my lives, I felt uneasy with so many things happening!..*

*Nursing, I never thought of joining this course, but my friend said we can go far with*

*nursing. I am trying only. In this past 2 years, I keep on thinking and try to accommodate. Too many assignments, very challenging, people has this perception, nursing is easy, just give medicine only, after joining, only I discovered it is not...!.*

## **DISCUSSION**

The themes identified in this study corroborate with the findings of other researchers who have studied the student experience. Each of the thematic concepts describes a piece of the student experience. However, when they were linked together they describe a period in the life of a developing professional that is filled with hope, challenges and stress. When analyzing the themes it become apparent that faculty and others can play pivotal role in assisting students throughout their educational process. In each of the thematic areas, the writer believed there is a role for faculty intervention that can make a difference in a student's ability to adapt to the demands of nursing while surviving the stresses of being a student.

### **Feeling overworked**

The faculty intervention for helping for students to cope with extra work may be to provide strategies for improving time management. While clinical courses in nursing attempt to teach students time management skills, little attention has been paid to time management in other aspects of life. A strategy that may be useful in helping the students is to provide more effective student support centers that may provide workshops and individual counseling about ways to improve study skills. This center should also focus on helping students discover better time management strategies. Students who express frustration with their situation can be referred for such help. It also suggested for the faculty to structure a module devoted to time management in the Management class. The focus of the module should be on organization in order to meet the realities of daily demands and ways to structure order in one's life.

### **Feeling unprepared**

To deal with the feeling of unpreparedness, the students can be helped by becoming aware of the work of Benner (1984). The model of novice –to-expert progression which was developed by Dreyfus and Dreyfus and applied to nursing by Benner (1977). The model, outlines the conceptual basis for skill acquisition. The framework identifies five stages of development in nursing: novice; advanced beginner; competent; proficient; and expert. Benner's research provides a paradigm that can assist a nurse educators and student to see clinical practice as a developmental process. The nurse teachers can perform the vital role in giving a positive feedback on the student's performance towards achieving the professional performance. It is important for the nurse teachers to continuously encouraged students that their clinical skills will grow as they continue to engage in practice.

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

Faculty need to be aware that students' perceptions of nursing can be strongly affected by their interactions with individual faculty members. Faculty staff should demonstrate an ethical commitment and mediated by a caring attitude. It is very important for the faculty members to take every opportunity to build relationships with students. One way for this to be implemented is for the faculty to serve as advisors to students throughout the nursing program. Students need to be valued and nurtured and seen as the future of the profession, as, future nurses will be determined by the individual who are currently students.

### **Meeting conflicting demands**

The nurse teachers can help students discover and maintain priorities by acknowledging that being students they are faced with many, sometimes conflicting, demands. Students can be assisted to identify priorities with formal and informal with value clarification exercises. It is important for students to know the demands that they will be facing as they progressing through the course.

## **CONCLUSION**

There are limitations to the present study that should be acknowledged. First the participants were all from the same school of nursing and represented a very limited sample of nursing students. The themes that identified were pervasive throughout the interviews and it was assumed that all participants would have similar perspective. It should also be acknowledged that the suggestions for the faculty arise from the researcher's personal exposure to student's stories and their experience as faculty members.

Student's stories provide insights about the current educational environment which can assist faculty in understanding the impact of teaching – learning approaches that were used. It is vital to continue to look for ways to provide challenging and satisfying learning experiences for students and it is apparent we need to include students in the process.

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