

## Lived Clinical Experiences of Nursing students Assigned in Intensive Care Unit

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### ABSTRACT

This study examined the lived clinical experiences of nursing students assigned in Intensive Care Unit of a private hospital in Iloilo City. Participants were selected through purposive sampling. Data were collected through in-depth interview. The data were then transcribed and analyzed by means of a simplified version of Hycner's (1985) process. The findings revealed three major themes, namely: feelings toward the environment, knowledge and skills enhancement and perception of the experience. The identified themes provide insights toward students' perceptions of experience and approaches to learning over time through observation of and reflection on their on-going participation in the care of critically ill patient.

**Keywords:** *Lived Experiences, Nursing Students, Intensive care unit, major themes namely: feelings towards the environment, knowledge and skills enhancement, and perception of the experience.*

### INTRODUCTION

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One of the most valuable components of a nursing program is the clinical learning environment. This setting provides students with unique learning opportunities in which classroom theory and skills are put to the test with real life situations. Student nurses are found to be on the verge of developing the sense of responsibility for the health and well-being of others as having been introduced to the threshold

of clinical practice leaving the safe and supportive teaching environments of their school thru their clinical instructors. They are placed into clinical environments that are perceived as unfamiliar and complex and that require dealings with diverse human relations. Exposure to patients in the clinical areas is considered as one of the most critical experiences for student nurses. It is where they encounter the human side of

nursing. From an educational perspective, the clinical placement is the venue where skills, knowledge and attitudes are developed and the theoretical part of the curriculum are applied, developed and integrated (Newton et al., 2010).

Learning in clinical practice provides up to half of the educational experience for students taking Bachelor of Science in Nursing. Chan (2009) accounts that among student nurses, the clinical nursing environments are perceived as the most influential context for gaining nursing skills and knowledge. Clinical practice is the larger part of education among nursing students, given that the time spent in clinical versus in the classroom is generally three times greater (Locken & Norberg, 2005). Clinical experience in special areas like Intensive Care Unit has been always an integral part of nursing education. It prepares student nurses to be able to do as well as know the clinical principle in practice in this area of specialization. An intensive care unit (ICU), also known as an intensive therapy unit or intensive treatment unit (ITU) or critical care unit (CCU), is a special department of a hospital or health care facility that provides intensive treatment medicine. Intensive care units cater to patients with severe and life-threatening illnesses and which require constant, close monitoring and support from specialist equipment and medications in order to ensure normal bodily functions. They are staffed

by highly trained doctors and nurses who specialize in caring for critically ill patients. ICUs are also distinguished from normal hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment that is not routinely available elsewhere. Common conditions that are treated within ICUs include ARDS, trauma, multiple organ failure and sepsis. Patients may be transferred directly to an intensive care unit from an emergency department if required, or from a ward if they rapidly deteriorate, or immediately after surgery if the surgery is very invasive and the patient is at high risk of complications.

From a clinical perspective, the nurses who preceptor and guide nursing students through weeks of learning experiences see them as potential new recruits to their specialty field of nursing (Happel, 2008). From a student perspective, clinical placements are both stressful (Timmins & Kaliszer, 2002) and rewarding (Hartigan-Rogers et al., 2007) and also viewed as the most important part of nursing education (Myrick et al., 2006). Regardless of the perspective on clinical placements, a plethora of studies have found that clinical placement experiences may influence positively on nursing students attitudes towards the clinical setting in question (Fagerberg et al., 2000, Abbey et al., 2006, Happel & Platania-Phung, 2012 and a recent review by Happel & Gaskin, 2013). Graduate nurses contend that they are

more likely to apply for work in settings where they had positive experiences during undergraduate clinical placements (Edwards et al., 2004).

The clinical setting is a significant learning environment for undergraduate nursing students. However, the learning that occurs in this environment presents challenges that may cause students to experience stress and anxiety. During this preparatory process, students at all educational levels within all kinds of undergraduate nursing programs (i.e., diploma, associate, baccalaureate) reported high levels of stress and anxiety in the clinical learning environment (Carlson, Kotze, & Van Rooyen, 2003; Cook, 2005; Elliott, 2002; Hayden-Miles, 2002; Sharif & Masoumi, 2005; Shipton, 2002). Beck and Srivastava (1991) conducted a descriptive correlational study and found that 94 second-year, third-year, and fourth-year undergraduate nursing students reported clinical experience as the most stressful and anxiety provoking component of the undergraduate nursing program. These findings support those of Timmins and Kaliszer (2002); however, the sample used by these researchers comprised students in their third year of a diploma program. Many qualitative studies within the past 5 years reported a variety of factors contributing to stress and anxiety in undergraduate nursing students in the clinical learning environment. The most common factors include the first clinical experience, fear

of making mistakes, performing clinical skills, faculty evaluation, lack of support by nursing personnel, and theory gap. Theory gap is the discrepancy between what is taught in the classroom and what is practiced in the clinical setting (Carlson et al., 2003; Sharif & Masoumi, 2005; Shipton, 2002; Sprengel & Job, 2004; Timmins & Kaliszer, 2002). High levels of anxiety can affect students' clinical performance, presenting a clear threat to success in a clinical rotation. It is crucial for clinical nursing faculty to foster a supportive learning environment conducive to undergraduate nursing student learning. The purpose of nursing education is to provide the necessary theoretical knowledge and clinical experience to facilitate and prepare undergraduate-nursing students to develop into the professional nurse role.

In recent years, nursing education has been focusing on theoretical education which created a deep gap between theoretical and clinical education. This gap has been frequently mentioned in the research literature with Sandelands (1990) observing that these two ideas were mutually exclusive. Implication wise, students often struggled to see the connection of the holistic grand theorists with the practical world of nursing. Another dimension to this challenge was that theoretical developments informed by research often ran ahead of clinical practice. The theory practice gap created a tension that moved the profession forward over

time – new knowledge led to new practices. From the student perspective the theory-practice gap has been noted as demanding and sometimes left them confused and uncertain about their roles and practice (Corlett, 2000; Ousey & Gallagher, 2007, Hatlevik, 2012). Also, many nursing researchers reported that nursing students, in spite of good knowledge base, weren't skillful in clinical settings. The entrance of these unskillful students to the nursing care system could result to falling of the quality of care day by day.

Previous studies (Beck & Srivastava, 1997; Hart & Rote, 1997) show that clinical experience is one of the most anxiety producing components of the nursing program which has been identified by nursing students. In a descriptive correlational study by Beck and Srivasta (1997), second, third and fourth year nursing students reported that clinical experience was the most stressful part of the nursing program. Lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience. In the study done by Hart and Rote (1997) stressful events for nursing students during clinical practice have been studied. They found that the initial clinical experience was the most anxiety producing part of their clinical experience.

In the qualitative study of nursing student experiences of clinical practice of Sharif and Masoumi (2005); nursing student's experiences of their clinical practice provide greater insight to develop an effective clinical teaching strategy in nursing education. In their study, four themes emerged. From the students' point of view, "initial clinical anxiety", theory-practice gap", "clinical supervision", and professional role", were considered as important factors in clinical experience. The result of their study showed that nursing students were not satisfied with the clinical component of their education. They experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting.

It is crucial for clinical nursing faculty to be aware of the heightened sense of anxiety students may experience during clinical training. It is this heightened sense of anxiety that deserves attention and intervention so students can apply their knowledge skillfully in an environment that is supportive and conducive to learning, which will facilitate success and increase retention.

Critical care is an area that presents many learning opportunities for nursing students. However; the need for critical care education at the baccalaureate level is expected to increase. As intensive care patients require more complex or acute nursing care, clinical practicum in an intensive care unit (ICU) is valuable for

nursing students. This allows students to apply wide array of skills and can observe interdisciplinary teamwork and decision making. Clinical practicum in intensive care unit develops clinical reasoning by organizing information; however, students may have different experiences during their clinical practicum. Augmentation of critical care would not only enrich the undergraduate educational experience, but is also essential in the acquisition of generic skills. These essential skills include assessment, management and effective communication concerning a deteriorating patient. Some studies have focused on determining the adequacy of theoretical knowledge and skills of students than the multidimensional experiences of students. There is limited research on educational experiences of students in critical care units at the undergraduate level and the effectiveness of such experiences in increasing basic knowledge and skills. Traditionally some baccalaureate programs offer brief experiences for students in critical care units within the curriculum of nursing programs so the methods used to provide extended critical care nursing experiences for larger numbers of undergraduate students are rarely discussed. Course Overview Critical care nursing is a requirement for senior baccalaureate nursing students at our college. The course instructors are successfully addressing the student's needs. Critical

care content and clinical experiences are included in required clinical course components at the senior level; fourth year of baccalaureate nursing curricula. The focus of this course addresses multisystem health problems of adult patients with care experiences in a variety of critical care areas through placements rotation schedule. The students are evenly divided in to clinical rotations, with maximum of three students per group. The students are assigned to shared, participatory patient care experiences with the staff nurse preceptors. Students gain direct care experience with the supervision of faculty and or staff nurse preceptors throughout the semester. Patient care assignments are made in collaboration with the staff nurse, nurse managers and the faculty members. Direct patient care, not merely observation, is achieved by assigning student to one patient. The students' performance was evaluated in collaborative efforts between faculty and preceptors using standardized evaluation tool. Daily post clinical conference is held for debriefing clinical experience, challenges, comments and suggestions.

It is therefore an important task to ensure good learning environments in all clinical settings used in nursing education. Ironically, in most cases, students are not well-versed as regards standards and measures of clinical work which consequently restricts them in terms of function in a health care setting.

What could have these student nurses experienced during their placement in the clinical setting through their training years?

### **Research Question**

The study had provide in-depth understanding of the following research questions:

(1) What were the lived clinical experiences of student nurse assigned in the intensive unit?

(2) What constitutes the clinical experienced of a student nurse in the intensive care unit?

### **Objectives of the Study**

The purpose of the study was to understand the lived clinical experience of student nurses assigned in the intensive care units. It examined the nature of the clinical experience of student nurses, particularly the essences that comprise such experience.

### **Description of Phenomenon of Interest**

Phenomenology is an observation and an approach of absolute essences through the analysis of everyone's life experiences. It is a boundless principle which is placed in dormancy the declaration that turns out of the natural attitude, the more to understand them: likewise called philosophy per which the world is consistently there before judgement begins - as an inalienable presence; and all its works and providing that contact with a philosophical

situations. It also continues to be an acquired field of inquiry that cuts across philosophic, sociologic, and psychological disciplines and brings to language perceptions of human experiences with all types of phenomenon.

As explained by the historian, Herbert Spiegelberg (1975), phenomenology is a movement rather than a uniform method or set of doctrines. The account that the historian provided stresses the fluid nature of the phenomenon and the fact that a list of steps to the approach would not replicate the philosophic depth of the discipline. Spiegelberg (1975) outlined phenomenology as the name for a philosophical movement whose main goal is the direct investigation and description of phenomenon as consciously experienced.

In an English translations of the works of Emmanuel Kant, "phenomenon" is often used to translate actions into words. Ershcheinung (appearance), Kant's term for the immediate object of sensory intuition which is the base datum that becomes an object only when explicated through the categories of substance and cause.

Moreover, in a different dimension, there are various grounds or enabling conditions (conditions of the possibility) of intentionality, including abstract, bodily skills, cultural context, language and other social habitude, background, and contextual aspects of intentional

activities. Hence, phenomenology leads from aware experience into conditions that help to give expertise its intentionality. Recent philosophy of mind, however, has focused especially on the neural substrate of experience, on how conscious experience and mental representation or intentionality is grounded in the brain activity (Fontana, 2002).

This research is based on the descriptive phenomenology which is concerned with revealing the essence of a phenomenon under investigation – that is, those features that make it what it is, rather than something else. Hycner's (1985) distinctive process provides a rigorous analysis with each step staying close to the data. The end result is a concise yet all-encompassing description of the phenomenon under study, validated by the participants that created it.

The phenomenological research in this study asked: What is the meaning of the lived clinical experiences of student nurses assigned in the intensive unit? The researchers carried out a research of the subject phenomena as experienced by the student nurses assigned in the intensive unit of a private hospital in Iloilo City with the belief that based on the facts and truths, the reality of the student nurses lived clinical experiences would be understood.

The goal of this study is to understand the lived clinical experiences of the student nurses assigned in the

intensive unit of a private hospital. In this phenomenological study, the main data source was through in-depth conversations with the participants. The researchers worked hard to gain the trust and confidence of the informants since reflection as a way to yield information may be difficult to achieve without trust and confidence.

Specifically, the type of phenomenological approach used in this study is the descriptive phenomenology (Hycner, 1985). The researchers first conducted the familiarization where the data was read through based from the participants' answers. Then, the researcher identified the statement relevant to the phenomenon which is being investigated. The meanings relevant to the phenomenon which arise from the significant statements were formulated through bracketing. After the bracketing, clustering of themes were done with themes that are common across all accounts. The researchers then wrote the full description of the phenomenon incorporating all the themes produced. The themes were then condensed to an exhaustive description that captures those aspects to be essential to the structure of the phenomenon. Lastly, all the fundamental structures made by the participants were verified.

### ***Significance of the Study***

The findings of this study could be beneficial to the following stakeholders:

*Students Nurses* assigned in ICU may use the findings to give them an idea of what to expect and the common experiences of student nurses assigned in the ICU. This can help them prepare and make necessary adjustments to ensure that their assignment in the ICU will prepare them to be better nurses in the future.

*Nurse educators* particularly those assigned as Clinical Instructors in ICU may use the findings of this study to assist them in shaping effective clinical learning environments for student nurses. Attributes which positively or negatively influenced clinical learning can be used by them as bases. Experiences which are viewed positively by student nurses may be nurtured and those which are viewed negatively can serve as bases for improvement. This knowledge contributes to the improvement of nursing education for the production of more efficient nurses. The material might serve as basis for them to be able to assist and offer necessary support to the student nurses while in practice.

*ICU staff nurses* just like the clinical instructors in ICU may also benefit from the study by considering those experiences of the students which could

make their ICU experiences wholesome and more contributory to their pursuit of nursing education. This could also point out means on how the ICU staff be able to assist and offer necessary support to the student nurses while in ICU practice.

*Nursing school administrators* may make use of the findings as bases for orientation of Clinical Instructors particularly those assigned in ICUs as well as the student nurses to better prepare them in their assignment, particularly in ICUs.

### **Scope and Limitation of the Study**

As a purely qualitative study, this study had been limited only to the lived experiences of level IV nursing students of a particular nursing school presently assigned in Intensive Care Unit of a private hospital in Iloilo City. This study has nothing to do with the lived experiences of other year levels as well as those assigned in other areas and from other hospitals.

This study had followed the phenomenological method and as such had used Hycner's phenomenological analysis. Findings from this study, in terms of themes and sub-themes, are entirely dependent on this method.

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## **REVIEW OF RELATED LITERATURE**

This chapter shows a review of related literature and studies applicable

to the study conducted. These literature provide the researchers the



Philosophical underpinning of the phenomenon and the historical basis of the phenomenon to be studied.

### ***Historical Basis of the Phenomenon***

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. A core component of nursing education is the clinical experience. Students participate in supervised learning sessions in real world health care environments, which provide them with the opportunity to put what they've learned in the classroom into practice. The clinical experiences of the nursing students showed that they did experience challenges during their clinical rotations. Developing competence and confidence among student nurses is the important component of the nursing practice and the nurse educators should facilitate the process. Nursing theory aims to describe, predict and explain the phenomenon of nursing (Chinn and Jacobs, 1978). It should provide the foundations of nursing practice, help to generate further knowledge and indicate in which direction nursing should develop in the future (Brown, 1964). Theory is important because it helps us to decide what we know and what we need to know (Parsons, 1949). It helps to distinguish what should form the basis of practice by explicitly describing nursing. The benefits of having a defined body of theory in

nursing include better patient care, enhanced professional status for nurses, improved communication between nurses, and guidance for research and education (Nolan, 1996).

The main exponent of nursing-caring - cannot be measured, it is vital to have the theory to analyze and explain what nurses do. Nursing practice is guided by science and theory. Nursing, as a profession, historically has been considered a practice discipline that is a complex, varied, and undetermined. There is an inherent societal obligation for the nurse to use good clinical judgement based on evidenced-based practice that is informed by research. The nurse must “attend to changing relevance as well as changes in the patient’s responses and nature of his clinical condition overtime” (Benner, Tanner, & Chesla, 2009). However, because practice in the individual case is open to variations that are not necessarily accounted for by science (undetermined), the nurse must use clinical reasoning to select and use relevant science (Benner et al., 2009). This means that the nurse must be able to recognize important changes and/or trends in the patient’s condition and use good clinical judgement when providing nursing care.

### ***Basic Knowledge, Skills and Attitudes***

**Professionalism** is expected from all nursing students at all times while in the nursing program. Professionalism is

reflected by life-long learning, appearance and demeanor, respectful communication, punctuality in attendance and assignments, providing service to the community, and engaging in activities that promote nursing.

**Punctuality** is consistently demonstrating promptness when meeting scheduled class, clinical, lab, and simulated learning experiences. It demonstrates initiative, enthusiasm, and active engagement in learning assignments and clinical experiences. Students are expected to attend class regularly. Specific requirements for class attendance and consequences for tardiness/absences can be found in the Student Handbook. The clinical, lab, and simulated learning experiences, attendance as scheduled is required and tardiness is unacceptable. A reasonable expectation is to arrive at the clinical site a minimum of 15 minutes prior to the start of the assigned clinical time. Tardiness necessitates a plan of action initiated by the clinical instructor or preceptor that requires the student's commitment to be punctual for subsequent scheduled activities. A pattern of tardiness may result in a failing grade for the class, lab, clinical, or simulated learning experience since a lack of personal accountability is inconsistent with professional nursing and safe patient care.

**Conflict Management** demonstrates collaborative problem solving skills in the event or conflict relevant to the course,

clinical, lab or simulation experience occurs. Conflict management skills include: engaging in timely and constructive dialogue with the immediate participants to clarify the issue; consulting in a timely fashion with advisor, clinical scholar/instructor, or preceptor; accurately identifying the negotiable and non-negotiable issues; and determining an effective strategy to achieve mutual goals, and follow through respectfully with the decision. It constructively uses opportunities throughout the course to communicate questions and concerns relevant to course/assignment outcome competencies. Comments on course, faculty, and preceptor evaluations are specific, and include constructive feedback on effective teaching and learning strategies, as well as recommendations for improvement. Disrespectful behaviors, including making demands, blaming others for one's own mistakes, or demeaning others, are considered unprofessional and are unacceptable in the context of a collaborative and positive learning environment. Unprofessional conduct will be referred to the Dean, who will consult with faculty, administration, and representatives from the affiliating clinical agency, as appropriate, to determine subsequent action, which may include referral to the Student Affairs Committee.

Students are guests in affiliating clinical agencies or practice sites. A

positive working relationship between the College and affiliating clinical agencies is imperative to assure quality placements in sufficient numbers for all students across clinical courses. Unprofessional communication or behaviour reflects poorly on the College of Nursing student body and jeopardizes future clinical placements. Deceleration, suspension, withdrawal are options for students who determine that clinical placements/schedules are unacceptable to them. Students are accountable for all information sent by the College of Nursing, and must commit to checking for updated information as frequently as needed to identify new and changing information.

**Respect**, courtesy, consideration, respect and positive regard are conditions for learning. Students should demonstrate attentiveness, politeness, consideration for others in all learning environments and with patients, peers, health care providers, faculty, and staff. They should refrain from intruding, interrupting, distracting, or otherwise limiting the opportunities for learning. They should interact with all others with demonstrations of respect, tolerance, and caring. Body language, nonverbal behaviours, including voice tone, and personal opinion must at all times demonstrate professionalism and collegiality. They should demonstrate respect for diversity of race, ethnicity, religion, political opinion, sexual orientation, gender, age, socio-economic

status of patients, peers, and other care providers.

A student may be removed from the class, clinical, lab, or simulated learning experiences for disrespecting the learning or working environment and interfering with the learning or work of others. Return to the class, clinical, lab, or simulated learning experience is dependent on commitment to demonstrate civility.

**Confidentiality** demonstrates respect for patient confidentiality within and outside the agency. Students should maintain patient confidentiality in all communication, including use of electronic media. Extreme caution must be exhibited in relaying information about clinical experiences in any social networking media (e.g. blogs, Facebook) by never referencing clinical information that identifies people, place, or specific events. Well-intentioned reflection can jeopardize patient rights and your professional standing if perceived as violating ethical and legal parameters of confidentiality, patient privacy rights, and health privacy laws.

### **Technical Standards**

These standards are designed not to be exclusionary, but to establish performance expectations that will enable students to provide safe patient practice with or without accommodations. The standards are program requirements, not individual functional ability requirements.

**Observation:** Students must be able to observe lectures, demonstrations and patient situations in the practice of health care professions. Observation is necessary to perform competent health assessments and interventions and necessitates functional use of vision, hearing, tactile and somatic senses.

**Communication:** Students must have the ability to use multiple communication techniques (verbal, written, nonverbal, group processes, and information technology) that enable them to communicate effectively with patients, teachers and all members of the health care team. They must be able to speak, read and write in English. Candidates and students must be able to report to members of the health care team, express appropriate information to others, communicate with sensitivity and teach, explain, direct and counsel patients.

**Intellectual, Conceptual, Integrative and Quantitative Abilities:** Students must have the ability to measure, calculate, reason, analyze and synthesize data in a timely manner. Problem solving, a critical skill demanded of health care practitioners, requires all these intellectual abilities. Additionally, students must be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

**Motor Skills:** Students must possess fine and gross motor function necessary to perform patient assessment and

therapeutic interventions. Such interventions require coordination of both gross and fine muscular movements, stamina, equilibrium and functional use of touch and vision.

**Behavioral and Social Attributes:** Students must possess the emotional health required for full use of their intellectual abilities, demonstration of good judgment, prompt and safe completion of all responsibilities, and development of mature and effective relationships with patients. They must be able to work cooperatively with others, adapt to rapidly changing environments, think clearly and tolerate physically and mentally taxing workloads under stressful situations. Additionally they must demonstrate moral reasoning and ethical behaviors.

In addition to the standards stated above, students must be able to successfully complete all required components of the curriculum.

**Tests and Evaluations:** Periodic examinations, both written and practical, are an essential component of the curriculum. In order to progress through the curriculum students must successfully fulfill examination and evaluation requirements.

**Clinical Assessment:** Essential to the success of a student enrolled in a health care program is the demonstration of clinical competency. The process of evaluation of the clinical performance is an essential component of the curriculum. Participation in clinical

experiences and evaluation of that performance is required.

### ***Nursing Skills which can't be learned in the Classroom***

Clinical nursing skills are top-notch with nursing didactics to pass the examination. Clinicals takes a lot more than just solid technical skills and book make smarts to be a great nurse. It takes a special kind of person to be a nurse—a balanced mix of intellectual and people-person. And it's often said that nurses are born, not made. We've listed the top nursing skills you'll need to go from good to great.

1. Cultural Awareness. This is essential to giving complete, patient-centered care. Different cultural beliefs and values influence a patient's view of health, wellness, care, acceptance of and adherence to treatment, and even death.

Understanding, respecting and accommodating patients' preferences and needs with regards to their individual beliefs, customs and practices should be part of both planning and delivery of nursing care.

Recognizing own biases is the first step to giving culturally competent care. From there, increasing knowledge and awareness through educational opportunities of practicing institution or organizations like the Transcultural Nursing Society can help further develop this skill.

2. Professionalism. Outside of external appearance and demeanor, remember that everything you say and do reflects your ethical principles and moral values. Nurses should always exhibit professionalism in front of patients, but also with colleagues as well. Professionalism is a nursing skill encompassing many areas: respect, attitude, integrity, responsibility, and discipline to name a few. Focus on your daily work as part of a collaborative whole, and remember that your day-to-day role and responsibilities are only part of the larger picture of patient care. Tackling your work with a sense of professionalism reflects your dedication to the altruistic ideal of the nursing profession.

3. Attention to Detail. Developing and perfecting your attention to detail not only ensures that you'll avoid a medical mistake, but it also helps you give great patient care. Focus on active listening—observing non-verbal cues from your patient as well as hearing their spoken words. This helps your patient feel understood, not just heard. It also helps you tune in on his or her unspoken concerns and needs. Also try to consider your work from a different perspective. Think of your to-do list as “people-oriented” rather than “task-oriented”. Be present and mindful with each patient encounter and avoid the distraction of the thinking about the long list of other things waiting for you to do.

4. Critical Thinking. Nurses must be problem-solvers. Time and resources are always in short supply, and the to-do list is long. Skills that help bring these into balance will make your life much easier. Critical thinking integrates information, evidence, outcomes, and experiences, and translates them into effective plans and solutions for patients. Identify problems and don't be afraid to discuss them with your supervisor. Keep current with the findings of professional journals and become involved with your facility's quality improvement processes. These are just two ways that you can expand your critical thinking skills.

5. Compassion. Nurses are on the front lines dealing intensely with patients, their families, and barriers in the healthcare system. Maintaining compassion is essential to providing good care, but difficult to do in today's environment. Nurse fatigue is a real phenomenon that requires nurses to take care of themselves first to avoid. Exercise, meditation, or volunteerism can all be effective ways to reconnect and nurture the desire to help others that first led you toward a nursing career. If you find you're having trouble coping on your own, discuss your concerns with your nurse manager. More and more employers are engaging their nurses in courses on self-help techniques and stress management.

6. Time Management. Prioritize your work. Stay organized with personal checklists, flowcharts, or spreadsheets,

and multi-task whenever possible. Utilize your nursing skills of anticipation, delegation, and supervision to this end. Remember, good time management involves people management! Take the time to get to know and understand your facility's available resources and maximize their use.

7. Communication. Nurses are the vital link between patients and providers and must communicate effectively with other healthcare personnel to coordinate patient care. Be concise and logical, and remember that how you communicate information is just as important (or more) as what you say. The same holds true for patient communication. Be calm, measured, professional, and reassuring when dealing with patients and their families. Use visual or written communication aids if they're available and be cognizant of and open to exploring reasons for ineffective communication. Lastly, remember that not everyone communicates in the same way. Take the time to get to know your patients and their families to develop communication strategies that are the most effective and efficient for each of them.

### ***The Clinical Learning Environment***

According to Johann Wolfgang von Goethe, "*correction does much, but encouragement does more. Encouragement after censure is as the sun after a shower.*"

Today's clinical learning environments can seem overwhelming. Learners, instructors and staff members all face extraordinary challenges in health care workplaces. Students can be recent high school graduates, adult learners supporting families, or newcomers to the country who are continuing to work on their language and literacy skills. Common concerns are high costs of tuition that result in unmanageable debt, and competition to achieve top marks. Many students travel significant distances to the clinical site and balance heavy study commitments. Similarly, instructors are often employed only on a seasonal or contract basis. They are also balancing work and family obligations that are separate from the clinical learning environment. As well, professional staff members at a clinical site, who are ultimately responsible for client safety and care, are frequently employed on a contract basis and may work at several different facilities. At times, professional staff members may view learners as an additional burden rather than an opportunity for professional development. Non-professional staff may find themselves assisting learners.

Creating a learning community among learners, teachers and staff cannot be left to chance. The complex social context of the current clinical learning environment makes intentional teaching approaches essential, approaches grounded in an

understanding of how learning occurs for students.

The clinical learning environment is equivalent to a classroom for students during their practicums (Chan, 2004), yet few clinical agencies resemble traditional classrooms. In their clinical classrooms, learners hope to integrate into agency routines and feel a sense of *belongingness* (Levett-Jones, Lathlean, Higgins & McMillan, 2008). Learners want to feel welcome and accepted by staff and they want staff to help teach them how to practice confidently and competently (Courtney-Pratt, FitzGerald, Ford, Marsden & Marlow, 2011; Henderson, Cooke, Creedy & Walker, 2012). Students expect and require feedback on their performance and they must have opportunities for non-evaluated student-teacher discussion time (Melrose & Shapiro, 1999) and critical reflection (Duffy, 2009; Forneris & Peden-McAlpine, 2009; Mohide & Matthew-Maich, 2007). Learners need time to progress from one level of proficiency to another (Benner, 2001). Just as learners in classroom environments need support to develop competence in their chosen professions, learners in clinical practicums need a supportive clinical learning environment.

### ***Feelings toward the Environment***

The first theme focuses on nursing students feeling toward the ICU environment and how this influence them. There are four subtheme which

emerged, namely, excitement, nervousness, being selfless and difficulties in their exposure in ICU.

It is important to provide positive learning environments for nursing students in order get successful in nursing education (Hacialioglu, 2013). Not only classroom environment but also clinical environments should be satisfying for students and should be meeting the goals of nursing education. ICU is a different and sometimes traumatic experience for patients treated in these units (Haigh, 2006) because of their complexity.

### ***Knowledge and Skills Enhancement***

The participants put premium on the areas in their clinical experience' whether or not they be desirable, that helped them improve their knowledge and enhance their skills in the field through mentoring, application of theory into practice and new learning.

The student nurses considered the clinical practice as a vital component of their learning process as it plays an important role in enriching clinical competencies of the students.

From an educational perspective, the clinical placement is the venue where skills, knowledge and attitudes developed in the theoretical part of the curriculum are applied, developed and integrated (Newton et al., 2010). Chan (2009) accounts that among student nurses, the clinical nursing environments is perceived as the most influential

context for gaining nursing skills and knowledge.

The level and amount of knowledge and skills dynamics required to care for critically ill patients impressed the participants, motivate them as a reason of being to work in critical care after graduation and number of assigned patients was positively impacted also as described by a student.

### ***Nervousness***

Participants are also faced with diverse real clinical situations which leave them unable to generalize what they learned in theory. These accounts on what the participants mostly felt during their clinical experiences. These involve details on why they felt that certain emotion and its influence in their practice. The participants describe their clinical placements as stressful, nerve-racking and typified by a fear of making mistakes or saying something foolish. Members were confronted with feelings of anxiety and apprehension as they traversed different clinical placements. They confess that in all their clinical rotations, anxiety has always been there and will always be present. Unfamiliarity to wards and procedures is another factor that makes the student nurses tremble.

The participants generally account that all the clinical rotations and experiences make them anxious but they don't let the anxiety and uneasiness interfere with their concentration in doing interventions to provide the best care to



the patients. It coincides with the findings of Mlek (2011) which states that despite the anxiety and stress experienced by the student nurses, most of them were able to perform clinical skills and for the most part of the anxiety did not affect their performance negatively.

### **New Learning**

Critical care is the multidisciplinary approach to the management of seriously ill medical, surgical, and obstetric patients. Critical care is an area that presents many learning opportunities for **nursing students**. It has been strengthened that nursing students benefit from ICU placements by practicing their patient care skills, widen their knowledge by observing complex treatments and care activities.

### **Perception of the Experience**

Nursing students' ICU experience helped them understand the difficulties of nursing profession even though there are very few patients per nurse to take care of. Sharif (2010) defines the clinical practice as an area that allows students to have direct experience with the real world of nursing, to practice the clinical skills required for the job, to learn about general nursing routines and to learn about the responsibility of the nurse that will hone and improve their skills in preparation to becoming a registered nurse.

### **Awareness of Differences**

Clinical practice is the field for student nurses to study, experience and develop nursing competence in relation to different diseases and in different patient situations in cooperation with experienced professionals. It provides an anticipatory knowledge of the organizational contexts in which nursing care is delivered (Boyer, 1990).

*A Nurse's Reflection on Her Nursing Clinical Experience (By Utica College ABSN). Clinical rotations are a critical component of your nursing education. Your nursing clinical experience presents the opportunity to work with real patients, experience work environments you may want to pursue once you have earned your Bachelor of Science in Nursing, and learn how you will work with fellow nurses, physicians, and other members of the health care team.*

### **Clinical Reasoning: An Important Aspect of Clinical Skills**

Clinical reasoning, also known as clinical judgment, is the process by which clinicians collect signs, process information, understand the patient's medical situation or problem, plan and implement appropriate medical interventions, evaluate outcomes, and learn from this entire process. In a nutshell, medical professionals use clinical reasoning to consider the various aspects of patient care and make a relevant and appropriate decision aimed

at prevention, diagnosis, and treatment of a patient's problem: a critical aspect of strong clinical skills and quality care (Brown, 2018).

### **The Process**

The clinical reasoning process comprises eight main phases. This process is dynamic and hence the distinction between these phases is not remarkable. A superficial breakdown of the process is as follows:

*Observe:* Carefully observing the patient and his or her symptoms, and listing the facts.

*Collect:* Collecting detailed information, including both past and present facts related to the patient's health and current medical situation or problem.

*Process:* Examining or processing the collected information to determine the best possible treatment plan.

*Decide:* Deciding the most appropriate treatment option for diagnosis, treatment, or prevention based on the in-depth analysis of patient's history and current situation.

*Plan:* Creating a detailed treatment plan, which may require consulting with associate medical professionals or experts.

*Act:* Delivering the determined treatment plan efficiently and accurately.

*Evaluate:* Evaluating the treatment plan's outcomes to gauge its effectiveness.

*Reflect:* Reflecting on the outcomes and determining whether the treatment plan should be altered or recorded for future reference.

### **Why Is Clinical Reasoning Important?**

In order for clinicians and medical students to handle complicated medical scenarios effectively and successfully, a thorough understanding of the clinical reasoning process is a must. Clinical reasoning is often considered the most important aspect of a clinician's skill set because it has the power to determine the outcome of patient care. Poor clinical reasoning skills often result in a failure to deliver accurate or satisfactory health care. The top three known reasons for adverse or undesired patient care outcomes are: 1) Failure to identify the correct diagnosis, 2) Failure to implement relevant medical treatment(s), 3) Inefficient management of medical complications.

With clinical reasoning skills, accurate patient care can come instinctively, increasing the probability of improved quality of care. However, it'll take plenty of practice!

## METHODOLOGY

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This chapter shows an outline of research methods that were followed in the study. It provides information on research design, participants of the study, data collection, and method.

### **Research Design**

This is a qualitative study that utilized descriptive phenomenological approach that aimed to explore understand the lived clinical experience of student nurses assigned in the intensive care units and to enhance the understanding of phenomena among human experiences. A qualitative research study corresponding to Mills and Birks (2014), designed to explore a phenomena that affect the lived existence of individuals or groups in a discerning culture or social context. Phenomenology aspired to precisely describe the phenomenon without pre-leading information to a framework, but remaining true to the facts (Groenewald, 2004). More so, using a qualitative research, the researchers would be capable to interconnect with their participants and to see the world from their perspective (Corbin & Strauss, 2015).

Descriptive phenomenological approach is an approach that distinguishes itself from other approaches that are strictly interpretive. There are both descriptive and interpretive moments, but researchers

remain careful to attend to each type of act in unique ways.

Given the nature of the study, phenomenological research was used in understanding the lived clinical experiences of nursing students assigned in intensive care units.

### **Participants of the Study**

The participants in the study included were randomly selected level IV student nurses of CPU assigned in the ICU in one of the affiliated hospital in Iloilo City. The number of participants were dependent on the level of saturation reached as to the responses of the respondents.

### **Setting of the Study**

The study was conducted in one of the hospital in Iloilo where the respondents had affiliated and assigned in the ICU at the time of the study. Intensive care units (ICU) cater to patients with severe and life-threatening illnesses and injuries, which require constant, close monitoring and support from specialist equipment and medications in order to ensure normal bodily functions.

### **Procedures of the Study**

The respondents assigned in the ICU were interviewed after proper consent was being given. The respondents were interviewed one-on-one about their lived

clinical experiences when they were assigned in that certain area and it was recorded for analysis.

The respondents were asked for an informed consent prior to the conduct of the interviews. Especially on having to audiotape the interviews, they were requested to sign a consent form. The purpose of the study had been explained to the respondents to solicit their voluntary participation in the study. These principles were followed to guarantee that the subjects choose to participate at their own free will and that they have been fully informed regarding the procedures of the research project. To observe ethical standards, the respondents were assured of their confidentiality and anonymity. Their right on having to withdraw at any stage of the study had also been defined.

### ***Data Processing and Analysis***

The interview were recorded with the permission of the respondent. The recorded interview were transcribed based on the literal/verbatim statements of the respondents. Transcribed recorded interviews were listed accordingly.

Individually, participants were given thirty minutes to one hour to share about their lived experiences. Moreover, one of the features of descriptive phenomenological research which is bracketing was employed in this study in which the researcher shall state personal biases, assumptions, and presumptions

and put them aside (Gearing, 2004; as cited in Shosha,2012). The goal of this study was to keep what was already known about the description. This was, therefore to assure the validity of data collection and analysis and to maintain the objectivity of the study in order to yield the real nature of the phenomenon under investigation. Furthermore, another feature of descriptive phenomenology which was intuiting, utilized openness in regards to the phenomenon under study (Spiegelberg, 1982; as cited in Seamon, 2000). The researchers sought to meet the phenomenon in as free and as prejudice way as possible so that it can present itself and be precisely describe and understood. In this study, intuiting was applied by using open-ended questions to participants to expand discussions in order to create full and rich information and descriptions of their lived experiences of being a nursing student. Lastly, applying reflexivity in the study is an attitude of attending systematically to the context of knowledge, construction, especially to the effect of the researcher, at every step of the research process.

Throughout the interview process, an audio recorder was used to note all conversations to be made and to view the phenomenon through the participant's lived experiences. All interviews were audio taped and transcribed. This allowed all important details from the conversation to be recorded throughout the interview.

Promptly after every session, the interviews was converted into a translated word for word and read several times to apprehend the significance of the whole. Data gathered are disposed after the research is published or after 5 years.

In the analysis of the data, Hycner's phenomenological analysis of interview data was used in order to implicit responses of nursing students' experiences in their clinical exposure in Intensive Care Unit.

Hycner's analysis was followed which include the following:

The interview tapes were transcribed to cover all that were said by the respondent including literal/verbatim statements and non-verbal and paralinguistic communication were noted.

Bracketing and phenomenological reduction were done. The recordings of the interviews were transcribe and in reading the transcript, structure the phenomenon of the respondents of his/her clinical experience in ICU and let his/her meaning emerge from the phenomenon as experienced. The researchers suspended as much as possible the researcher's meanings and interpretations and understanding the meaning of what that respondents is saying. The researchers listened to the entire interview to get that sense of whole, a gestalt. The researchers delineated units of general meaning, go over "every word, phrase, sentence, paragraph, or significant non-verbal

communication" to elicit participant's meaning. Other researchers independently carry out the previous procedures in order to verify the present findings to find out if there are significant enduring differences in findings. The researchers eliminated redundancies by looking over at the list for relevant meanings and eliminate redundancies while consider non-verbal cues that might alter the same literal meaning and do the clustering of relevant meanings. Units of relevant meaning which naturally cluster together were determined particularly those with common theme or essence.

Themes from clusters of meaning were determined and interrogated if there was one or more central theme which expresses the essence of these clusters and the grouping/categorizing of clusters into central themes. The word format was used to highlight clusters that fall on the same category and a summary were written for each interview.

### ***Rigor and Trustworthiness***

Researchers expend considerable effort ensuring that the study was rigorous, valid, and applicable in the particular setting of the study which was decided of the client of where she was comfortable with. The participants can acquire trustworthiness through credibility, transferability, confirmability, dependability, and authenticity. First, credibility is a degree in which there is truthfulness and reliable findings

portrayal of the phenomenon to be studied. The researchers remained engaged with the participants for an extended period so as to gain their trust and collect in-depth data. Also, researchers must have considerable time on understanding participant's perceptions and to amend own researcher's biases. Second, transferability was the scope to which the results were generated which the researchers interpreted in accordance to the setting. As Lincoln and Guba noted (1985), "by describing a phenomenon in sufficient detail, evaluated the extent to which the conclusions drawn are transferable to other time, settings, situations, and people." Third,

confirmability applied to the effort of the researcher, not only to develop confidence in the outcome but also to reflect the truthfulness of the participant's perceptions. Dependability was gained through the findings of the study to determine whether the findings and interpretations of the researchers can be supported by another (Miles & Huberman, 2014). Ensuring that the research process was primitive result often depends on the external audits, which contain apparent researches who examined goal, methods, and discovery of the study concluded whether the findings and interpretations of the researchers can be supported.

## RESULTS AND DISCUSSIONS

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This chapter presents the results and discussion of the participants' lived experiences. The gathered data from the participants were analyzed applying the method used by Hycner (1999). Revealing units as phrases and sentences affiliated to the experience of nursing students were determined. The interrelated meaning units were designated with codes and classified into groups and subgroups based on their likeness and differences. Lastly, similar groups were outlined and labelled with themes and subthemes indicating there was a latent meaning in the text. Code names were used in presenting the data

to maintain anonymity of the participants in this study.

The chapter contains the summary of the experiences of each participant, emerged master themes and sub-themes, discussions, and the essence of the phenomenon.

Findings of the study showed that essence of clinical experience of nursing students assigned in Intensive Care Unit are characterized by three major themes, namely: Feelings toward the Environment, (2) Knowledge and Skills Enhancement, (3) Perception of the Experience. Figure 1 shows the different themes that define the clinical

experiences of nursing students assigned in Intensive Care Unit.

**Themes, Categories and Subcategories of the Clinical Experience of Nursing Students Assigned in Intensive Care Unit**

Major Themes	Sub-themes
Feelings toward the Environment	Excitement Being Selfless Nervousness
Knowledge and Skills Enhancement	Mentoring Application of Theory into Practice New Learning
Perception of the Experience	Challenging Awareness of Differences Doubts on Self Length of Exposure Difficulties

**Definition of Major themes and Sub-themes of the Student Nurses Experience in ICU**

A) *Feelings toward the Environment*

The first theme focuses on nursing students feeling toward the ICU environment and how this influences them. There are four sub-themes which emerged namely, excitement, nervousness, being selfless and difficulties in their exposure in ICU.

It is important to provide positive learning environments for nursing students in order to get successful nursing education (Hacialioglu, 2013). Not only classroom environment but also clinical environments should be satisfying for students and should be meeting the goals of nursing education.

ICU is a different and sometimes traumatic experience for patients treated in these units (Haigh, 2006) because of their complexity.

1) **Excitement.** Despite the difficulties brought primarily by the environment, the group's clinical practice provides deeper insight to develop an effective clinical teaching strategy in nursing education. Expressing whether excitement, happiness, fulfillment, concerns, or dissatisfaction with clinical learning experiences really generated an interest to formally investigate the experiences of student nurses during placement in clinical learning environments that include hospital wards and units, the community and health clinics (Tiwaken, et al, 2015).

Here are some of the student nurses' statement that they are excited to be assigned in ICU.

*"Excited ma'am kay syempre new special area para sa amon kag kami guid nga daan sa batch namon nga mauna assign sa ICU."*

*"Ah, the first moment, it was a kind of excitement. Excitement because it's a new area. Excitement because I find something new."*

*"Excited guid ko kay sang third year kami pirme lang sa ward kami na assign. Kay kon sa ICU excited ko, syempre ang gin lesson ma-relate namon".*

**2) Being Selfless.** When you're being selfless, you're thinking of other people before yourself. Student nurses are found to be on the verge of developing the sense of responsibility for the health and well-being of others as having been introduced to the threshold of clinical practice at early adulthood. Leaving the safe and supportive teaching environments of their school, they are placed into clinical environments that are perceived as unfamiliar and complex and that require dealings with diverse human relations (Tiwaken, et al, 2015).

The following comments by the students are examples on this theme:

*"My experience is very fulfilling because it did not only enhance my skills but it also really give me a passion to really care for my patients."*

*"It was very fulfilling and rewarding to see like your patient and to see patient's folks, their eyes light up when*

*they see you and they were very very thankful and appreciative of you and it makes me more closer to God and make me feel a better person."*

*"Kon may pamangkot ka man bi kon kis-a e share mo man sa imo classmates. Kay kon kis- a ang patient daw may amo ni nga apparatus dapat e share mo man sa ila. Kay para mabal-an man nila sa future nga amo ni gali ang nakita ko sa akon nga classmate. Daw ma familiarize nya man bala, indi nga ikaw ikaw lang to ya, ikaw lang kabalo. "*

**3) Nervousness.** Unfamiliarity to wards and procedures is another factor that makes the student nurses tremble. Mlek (2011) states that despite the anxiety and stress experienced by the student nurses, most of them were able to perform clinical skills and for the most part of the anxiety did not affect their performance negatively. These accounts on what the participants mostly felt during their clinical experiences. These involve details on why they felt that certain emotion and its influence in their practice.

The students expressed their feelings that they are nervous during their first time of exposure in ICU by the following statements:

*"I was really nervous because of course when I walk into the ICU, the first thing you see are the patients who are acutely ill, and you see many tubings attached to them."*

*"Actually maam ang first ko nga suctioning sa ICU, daw ka kululbaan sya*



*maam kay kon mag sulod ang suction daw ang patient mo daw indi ka ginhawa.”*

*“At first, na fell ko gid nga nervous ako kag scared kay sa endorsement namon bala nga mga students hambal nila nga daw medyo toxic bala sa ila pagduty, every hour ka gid naga monitor and then wala sila pungko-pungko, dason damo daw apparatus.”*

#### *B) Knowledge and Skills Enhancement*

The participants put premium on the areas in their clinical experience' whether or not they be desirable, that helped them improve their knowledge and enhance their skills in the field through mentoring, application of theory into practice and new learning. The student nurses considered the clinical practice as a vital component of their learning process as it plays an important role in enriching clinical competencies.

From an educational perspective, the clinical placement is the venue where skills, knowledge and attitudes developed in the theoretical part of the curriculum are applied, developed and integrated (Newton et al., 2010).

This theme include the following sub-themes: mentoring, application of theory into practice and new learning.

**1) Mentoring.** Chapman (2002) emphasizes in her study that personal characteristics of the clinical teacher and agency staff such as, being supportive, encouraging, resourceful, confident,

approachable, friendly, available, helpful, understanding, welcoming, and having the students' interests at heart, were all important aspects which the students perceived as enhancing their clinical performance. Nabolsi et al. (2012) claimed that students need the continuous support of their instructors or preceptors. Students were concerned about the manner in which the faculty/staff interacted with them, believing themselves to be worthy of respectful treatment.

Support from faculty and clinical staff is a key for students' progress and success. Couching, student-centred approach, respect, appreciation of individual student's concerns, and well-prepared preceptors who enjoys teaching and learning were positively impacted.

The following are examples of the student comments of this theme:

*“My clinical instructor, classmates and ICU staff were very supportive and the reason I was able to feel so independent. Although I felt like I could act on my own, knowing I had a strong and positive support system helped me become more confident. The ICU staff and clinical instructor guided and gave us direction. They were always willing to answer any questions and come down to our level to help us understand.”*

*“I love ICU much better than the ward, just because particularly the staff here are so accommodating. They are*

willing to help, like oh.. you want to do this.. you will be fine.”

“The personnel there, they’re very welcoming, I thought that you know that if you are in acute settings, that they would really be autocratic, and very strict to us but they trust us once we know our nursing basic skills and if we’re unsure they are always willing to teach us.”

*“Gapamangkot man kami sa mga staff, willing gid sila magtudlo. Si maam man nga amon CI, willing man sya magtudlo sa amon.”*

**2) Application of Theory into Practice.** For the application of the theoretical side of nursing in the clinical learning settings, clinical teaching is highly needed. Clinical teaching is the means by which student nurses learn to apply the theory of nursing and facilitating integration of theoretical knowledge and practical skills in the clinical setting which becomes the art and science of nursing.

Taking responsibility in patient care helps nursing students feel confident and transform their theoretical knowledge to clinical practice (Karaoz, 1997). Preparing nursing students for clinical experience and giving reliable information to help them develop confidence are important efforts to guide nursing students in integrating theoretical and clinical knowledge (Karabulut & Ulusoy, 2008; Mould et al., 2011).

One of the most valuable components of a nursing program is the

clinical learning environment. This setting provides students with unique learning opportunities in which classroom theory and skills are put to the test with real life situations.

Here are some of the student nurses comments about their learning in ICU.

*“Kon sa ICU dira mo ma picture out ang mga na lesson mo sa MS nga daw indi mo lang makita sa slides lang pirme, indi mo lang makita sa libro lang. Kon baga ang imo nursing practice nga gintun-an from 1<sup>st</sup> year daw dira mo ma apply.”*

*“Ang first risk ko daw ma culture shock ako sa mga bag-o nga mga apparatus nga nakita ko, kay sa libro lang namon makita, sa slides lang namon makita sa classroom.”*

*“First ko nga suction indi gid ko gawa confident. Ti syempre, ang amon na learn sa libro lang nabasa kay amo ni siya, pero lain gid ya ma’am nga e apply mo na sa actual gid ya.”*

**3) New Learning.** It has been strengthened that nursing students benefit from ICU placements by practicing their patient care skills, widen their knowledge by observing complex treatments and care activities.

Critical care is the multidisciplinary approach to the management of seriously ill medical, surgical, and obstetric patients. Critical care is an area that presents many learning opportunities for **nursing students**, as evidenced by the following statements of the nursing students:

*“Na improve maam ang akon learning sa ICU, kay damo ko experience sa ICU nga wala sa ward, kay lain-lain nga mga cases nga daan. Kag kon kabalo ka mag case analysis, indi lang siya experience, makadugang sa imo gid nga knowledge maam.”*

“In reality, it’s really nice that everyday you’ve learn something, even you are doing the same procedure. You learn something new that’s what I like.”

*“Kon ara ka sa ICU damo ka ma experience, damo ka makita nga mga bag-o nga wala sa ward. Ang iban bal-an maam indi ko makilala kay indi namon nakita sa ward, namag-uhan kami kon baga ano ni na attached sa patient nga daw bag-o ko lang nakita”.*

*“Damo ka man nakita, ma experience kag damu ka maubra nga indi mo maubra sa ward. Ang mga machines nga sa ICU mo lang gid makita, tulad sang mga ventilators.”*

### C) Perception of the Experience

Nursing students’ ICU experience helped them understand the difficulties of nursing profession even though there are very few patients per nurse to take care of. Chan (2009) accounts that among student nurses, the clinical nursing environment is perceived as the most influential context for gaining nursing skills and knowledge.

This theme has four sub-themes which included challenging, awareness of differences, doubts on self, length of exposure and difficulties.

1) **Challenging.** Sharif (2010) defines the clinical practice as an area that allows students to have direct experience with the real world of nursing, to practice the clinical skills required for the job, to learn about general nursing routines and to learn about the responsibility of the nurse that will hone and improve their skills in preparation to becoming a registered nurse.

The following statements of the nursing students support this sub-theme:

“But then, once you have hands on experience, you will develop your confidence day by day.”

“You just do it, you have to have mind set, that when you go into your shift, I have to do this today. I can’t complain, even I’m tired, I have just to do it.”

“In ICU you see the direct effect on your patient. You’re doing something meaningful, you know vital signs is important. In ICU, there such a fine line between something very bad, keeping your patient stable, so, having it can shift your toes. It’s challenging.”

*“Daw may mga times bala nga indi ka kapungko, pero daw ok lang bala kay at the end of the day you do something with your patient. Daw ka fulfilling man bala nga may natapos ka nga task properly.”*

*“Maayo lang gani maam nga naka assign ko sa ICU. Kay didto ko gid na develop kag na enhance ang skills ko. Kon baga mahambal mo sa self mo nga competent ka na sa nabal-an mo. Didto*

*mo gid ma challenge ang self mo kon diin ka gid asta bala."*

2) **Awareness of differences.** It taught me how to operate equipment that are new to me that are of great help for the patients." Chapman et al. (2002) found that the students considered clinical practice as an essential component of their learning process.

The following expressions were said by the nursing students:

"It doesn't compare or no other rotation compare to what I learned in the ICU, coz in the ICU, you were taught almost full control of your patient, one-on-one and you really get to know your patient in depth, and really get to go through out all of his records because you have to be careful because your patient is near dying, and you should be really alert for any untoward signs and symptoms".

"In the ICU, it's kind of already given that you have to handle all those things and you have to divide your time and know that every single minute counts in the ICU, so within those short eight hours that we have spent there, we have to do as many of the nursing interventions as we can".

"I feel like being in the ICU, I would really advance professionally and you develop that passion for nursing, that is really important that when you're a nurse because most people take up nursing to get out and work abroad, but for me, nursing is something passionate about caring for people".

"Critically-ill patient, you have to put them first. So, if I think I am hungry or I want or find myself complaining sometimes, I'm tired or I'm this or I'm that, I just think about you know my patient. Imagine how they feel, they have all this procedures done to them. They have this tube and every hour their waking up."

*"Dason ang routines mam daw hectic gawa sa ICU, siyempre every hour ang monitoring. Sa ward ang iban nga student nurses kon wala ubrahon ga pungko na lang pero sa ICU indi gawa ka pungko."*

*"Kailangan gid nga kon mag care ka superhands-on sa imo mga patient. Kag na put ko man sa mind ko kon mag care ko with respect and gentleness."*

*"Kay i believe na pag you're used na sa ICU ma'am handling all kinds of patient, daw it is not so difficult na once you are assigned sa other departments because sa ICU palang ma'am daw ara na tanan".*

3) **Doubts on Self.** Davis (1983) states that during the process of becoming a nurse, nurses present a great deal of self-doubt and uncertainty and therefore they start looking for people to whom they feel they could take their problems and their views of themselves as people and as nurses.

The students felt that they have no confidence in their abilities and decisions the first time they were assigned in ICU, as evidenced by the following statements:

*“Kon kaisa gina doubt mo self mo bala nga feeling mo kis-a sang sa ward ka bal-an ko ni. Pero sang didto ko sa ICU lain gid ya ang feeling, what if mahimo mo ni nga procedure sa patient mo nabalan mo bala anong matabo kag efecto sa patient mo.”*

*“Kis- a daw gina doubt mo man imo kaugalingon, karon kon e turn ko ang akon patient, ano unahon ko, ano ubrahon ko.”*

*“Kay kis-a ang confidence ko nga ma sure gid na bala ma’am. Amo na nga ga ask gid ako sa CI kon indi ko sure. Kay amo na kon kaisa nagakulangan ako sang self-confidence kon indi ko super master ang isa ka bagay.”*

4) **Length of Exposure.** The length of exposure of the students in the ICU environment could mean more clinical experience on their part. Clinical experience plays an important role in the development of expertise, particularly when coupled with reflection on practice (Rassafiani, 2009).

Here are some of the nurses’ comment on their length of exposure in ICU.

*“Kay gusto ko man tani ma experience ang mga challenges sa ICU kay siyempre ang gina care mo mga critical. Gusto ko man tani nga damo ako ma experience galing kaso daw limited lang ang exposure ko kag first time ko lang mag suction kahapon.”*

*“Bitin sya maam kay daw 3 weeks lang kami kag sa pagduty para sa akon kon may 1 week pa be e grab ko gid ang*

*opportunity kag willing pa gid ko ma assign liwat kay damo ka pa gid ma learn, kay damo pa cases nga rare gid nga ara sa ICU.”*

5) **Difficulties.** Complicated nature of ICU environment, intense procedures, ringing alarms, and variety of monitors, patients’ poor prognosis and struggling, intubated patients make ICU environment even more stressful. ICU environment is described as a frightening place where patients are in pain and these entire negative facts require well-equipped nurses.

Student nurses should be supported in addressing and overcoming fear and anger, so as to provide quality nursing care. Support should be given to student nurses to enable them to identify and handle conflict associated with caring for patients (Naude & Mokoena, 1998). The accompanist for student nurses should develop strategies to build trust and create a caring environment for student nurses (Naude & Mokoena, 1998). Bayoumi et al. (2012) stated that lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience.

The following transcribed responses go in consonance with the account that they have experience difficulties:

*“I’ve got scared because you don’t really want to touched those because you don’t want to touch the wrong button or*

anything especially like with ventilator machines. So, I was scared at first but then once I knew the ins and out of the parameters of the ventilator machines and all of the different tubing and how to work the infusion pump”

“There was a patient I had that was very restless and very strong. He was intubated attached to a ventilator. Hourly monitoring and positioning was very tiring because he would keep moving around and pull away whenever we tried to position him or take his vital signs. It

was a very frustrating and tiring experience for me because he was very strong, would not stay still and I had other responsibilities. I was falling behind because I could not take his blood pressure”.

*“First time ko mam nga mag handle sang patient nga restless gid sya kag irritated kag nabudlayan ako daw amo na nga nabudlayan gawa ako, luwas pa nga may feeding siya. First ko to gali nga mag Neuro vital signs.”*

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

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### **Summary**

The primary objective of this research was to understand the lived clinical experience of student nurses assigned in intensive care units. Specifically, the researcher wants to know the lived clinical experiences of student nurses assigned in the intensive care unit, and the essence of the clinical experience of a student nurse in the intensive care unit.

This qualitative research was guided by Hycner’s phenomenological analysis. The participant of the study composed of level four students assigned in intensive care unit. In-depth interview was done to collect data and recorded using electronic device. The data saturation point occurred upon the interview of five participants. Bracketing and phenomenological reduction was done.

The recorded interview was transcribed, structured on the phenomenon of the participants’ clinical experience in ICU and let the meaning emerge from the phenomenon as experienced. The researchers eliminated redundancies by looking over the list for relevant meanings. Themes and sub-themes from clusters of meaning was determined.

### **Findings**

This qualitative study revealed the following findings:

The lived clinical experience of nursing students assigned in ICU revolved around the following themes and sub-themes:

1. Feelings towards the environment included sub-themes on excitement, being selfless and nervousness.

2. Perception of the experience included sub-themes on challenging, awareness of differences, doubts on self, length of exposure and difficulties.

3. Knowledge and skills enhancement included sub-themes on mentoring, application of theory into practice and new learning.

### **Conclusions**

Based on the above findings, the following may be concluded on the lived clinical experience of nursing students assigned in ICU:

1. The nursing students assigned in ICU have mixed feelings toward the environment. This was characterized by excitement, nervousness and being selfless.

2. The nursing students assigned in ICU have realized that their knowledge and skills were enhanced through mentoring, application of theory into practice and new learning.

3. The nursing students assigned in ICU have different perception of their experiences. They perceived their experiences as challenging, awareness of differences, doubts on self, length of exposure and difficulties.

### **Recommendations**

Based on the findings of the study, the researchers presents the following recommendations:

1. Since the student nurses assigned in ICU have experienced nervousness, doubts on self and difficulties, strengthening of the orientation of the facilities set up, equipment and procedure before exposure to ICU is recommended. Clinical instructors and ICU staff should be conscious of these and should provide necessary support to negate these experiences.

2. Simulation exposure to student nurses in order to have a bit of a grasp of what is happening in the actual setting is also recommended before assignment to the ICU.

3. Further studies and updated scenario on some cases encountered in the clinical setting of ICU is further recommended.

4. Findings may be used to assist nurse educator in shaping effective clinical learning environments for student nurses and development of teaching strategies on student nurses

5. The material may serve as basis for the nurse educators to be able to assist and offer necessary support to the student nurses while in practice.

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