Exploring Taiwanese nursing students’ lived experiences of paediatric clinical practice

Yu-Ping Huang  Yuen-Chih Chen
Shou-Yu Wang  Huey-Ing Lee  Hsiu-Jung Chen

Department of Nursing, Hungkuang University

Received 16 July 2012 ; accepted 18 October 2012

Abstract

Background: Most studies on Taiwanese nursing students’ clinical practice have been quantitative studies and few qualitative studies were found on nursing students’ clinical practice, particularly their specific learning experiences in paediatrics. In addition, nursing students in paediatric clinical practice may experience additional stresses and challenges due to children’s pre-developed cognitive and communication abilities. Thus, this study was undertaken to explore Taiwanese nursing students’ experiences of paediatric clinical practice.

Purpose: This study applied a Husserlian phenomenological approach to explore undergraduate nursing students’ experiences when practising in paediatric clinical settings.

Method: Nursing students were purposively recruited from a university in central Taiwan. The study sample comprised 17 students. Data were collected from November 2008 and August 2009 by semi-structured interviews with broad and open-ended questions to gain rich information. Interview data were analysed using Colaizzi’s method.

Findings: Analysis of interviews yielded four main themes: feeling challenge by interaction with sick child/families, sharpening comprehensive knowledge and skills, consolidating working attitudes and beliefs, and suffering from non-supportive relationships.

Conclusion/Implications for Practice: Students felt that clinical practice provided them with opportunities to decrease the theory-knowledge gap and enhance their confidence with their clinical skills. Students also experienced the importance of cooperation among medical team members and caring, which led to better working atmosphere and patient care. However, students felt very stressful at the beginning when interaction with or performing nursing activities for sick children and their families. Thus, clinical teachers firstly should demonstrate how to integrate children’s cognitive developments, therapeutic play, drawing, and so on, into communication process or nursing care activities to decrease students’ frustrations. Secondly, clinical teachers should teach students how to apply the family-centred care and communication skills into clinical situations to enhance the quality of nursing care.

Key words: nursing student, clinical practice, pediatrics.

*Corresponding author :
1. Introduction

The transition of newly graduated nurses to formal clinical nurses can be regarded as continuing the training process of pre-registration nursing students (Rush, McCracken, & Talley, 2009). Practising in real clinical settings is critical for student nurses to cultivate their competence and confidence to face the future challenges of professional practice and to integrate well into clinical settings (Christiansen & Bell, 2010). Clinical practice serves a variety of functions, including applying and connecting theory and practice, sustaining students’ professional identity and their motivation to be health care professionals, improving their techniques, as well as enhancing their critical thinking and problem-solving ability (Baglin & Rugg, 2010). Even though clinical practice has significant benefits for nursing students, they are still stressed by new experiences, such as using high tech medical equipment, meeting the needs of patients and families, and developing relationships with other health care professionals (Chan, So, & Fong, 2009).

Deeply understanding nursing students’ experiences of clinical practicum is important to clinical teachers, academic instructors, and clinical settings. For teachers, understanding such experiences not only provides them knowledge on how to help nursing students better adapt to their clinical learning, but also improves their teaching strategies and materials to more efficiently connect theory and practice. For clinical staff, realising such experiences helps them know how to provide nursing students with a supportive environment to develop positive learning experiences toward their clinical practice, which leads to improving hospital recruitment of new nurses (Glasper, Richardson, & Whiting, 2006).

However, most studies on Taiwanese nursing students’ clinical practicum have been quantitative and did not address any specific clinical area. Those studies concluded that students felt stress from taking care of patients, from teachers and nursing staff, from assignments and workload, from peers and daily life, from lack of professional knowledge and skills, and from the environment (Lee & Yeh, 2010; Sheu, Lin, & Hwang, 2001; Wang & Kau, 2010). However, nursing students in paediatric clinical practicum may experience additional stresses and challenges, e.g. children at different ages with different developmental needs, children’s communication ability, or dealing with multiple family members (Oermann & Lukomski, 2001). Similarly, a survey of 73 Taiwanese nursing students in paediatric practicum found they experienced five primary stressors: family members interfering with care, fear of harming children by making mistakes, fear of harming patients during care, family members present with sick children, or writing assignments (Tsai & Huang, 2005).

Qualitative studies on nursing students’ experiences in clinical practicum revealed several important meanings from their clinical leaning. For example, Chen, Su, Yang, Liu, and Feng (2009) used focus groups to interview 10 university students in Taiwan about their experiences of the paediatric practicum. The results revealed that students needed to adjust their communication
with children, to deal with professional staff and families, and to expect trust and approval from their instructors. Nursing students in Scotland shared that an ‘enriched learning environment’ helped them not only to develop a sense of security, significance, belonging, and achievement, but also to link theory to practice and acquire skills (Hunter, 2010). Similarly, other Scottish nursing students reported that being appreciated as well as being valued as a learner, a person, and a team member led to their feeling of empowerment (Bradbury-Jones, Irvine, & Sambrook, 2010). Furthermore, nursing students in the U.K. were found to benefit from peers in clinical practice due to feelings of friendship and improving their learning, survival skills, and clinical skills (Roberts, 2008). In order to better understand student’s specific learning experiences in paediatrics, this study adopted a phenomenological approach to explore Taiwanese nursing students’ experiences of paediatric clinical practicum.

2. Methods

2.1 Design

This study applied a Husserlian phenomenological approach (Husserl, 1954/1965) to explore undergraduate nursing students’ experiences when practising in paediatric clinical settings. The phenomenological approach was chosen to capture the individual’s lived experience in a specific situation and the meanings attached to such experience (Finlay, 2009).

2.2 Participants

Ethical approval was granted by the hospital ethics committee before starting the study. Potential nursing students were purposively recruited from a university in central Taiwan. The study was announced by a flyer posted on notice boards at all classrooms in nursing buildings. The first author also went to classrooms to give information on this study and to remind students about the flyer on notice boards. To be included, students had to meet two criteria: completed paediatric practicum just before the interview and willing to share their experiences. The study sample comprised 17 students whose paediatric placement settings included both the paediatric ward and sick baby room. The researchers were not involved in students’ lecture courses at school and clinical practicum, thus avoiding power inequality between students and researchers. Participating students’ personal information and information they shared were kept confidential. No participants’ classmates or teachers knew they had joined this study, so they did not need to worry that their sharing might negatively affect their future learning or grade. They also had right to withdraw from the study at any time with no adverse influence on their learning or grade. The first author offered support to students when they demonstrated emotional distress after recalling difficult clinical learning experiences. If necessary, students were followed up and referrals made to the school counselling centre. Written informed consent was returned before starting interviews.

2.3 Data Collection

Data were collected from November 2008 and August 2009 by semi-structured interviews
with broad and open-ended questions to gain rich information. The opening questions were ‘Would you please tell me about your experience of paediatric clinical practicum?’ and ‘Would you please tell me about how you felt when you faced that situation?’ and ‘Would you please tell me how you dealt with the situation?’ All interviews were tape recorded and lasted 60-120 minutes. A few students took longer to interview since they cried over when talking their negative paediatric practice experiences, so the author gave plenty of time to provide them emotional support. Journal notes were taken immediately after each interview, including the participant’s body language, emotions, setting, and so on. Detailed journal notes assisted in catching more detailed information during interviews (Bogdan & Biklen, 2003). Data reached saturation, with no new information emerging after interviewing 17 nursing students (Guest, Bunce, & Johnson, 2006).

2.4 Data Analysis

Data analysis and data collection started at the same time, with data analysis following each interview. All tape recordings were transcribed verbatim. Researcher bias from data collection and data analysis were avoided by ‘bracketing’, i.e. putting aside researchers’ previous life experience, cultural views, or presuppositions (Husserl, 1971/1980; Huang, Kellett, St John, & Lee, 2006). Data were analysed using Colaizzi’s (1978) method, as outlined in Table 1.

2.5 Trustworthiness

Rigour of the findings was achieved by ensuring credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1985). Credibility was achieved by the first author’s prolonged engagement in academic and clinical teaching. In addition, the all authors were trained in the phenomenological approach in a qualitative research class. The first author also kept a detailed self-reflective journal during data collection and data analysis to minimise researcher bias. The coding process and research findings were discussed with two colleagues and coauthors. Emerging themes were validated by an expert in the phenomenological approach and by all 17 participants. Dependability was confirmed by recording details of the research process in terms of recruiting participants, data collection, and the data analysis process to allow others to conduct similar research. Transferability and confirmability were confirmed by recording detailed journal notes (e.g. descriptions of participants’ behaviour, voice tone and pitch, facial expression; how many facilities were involved; participant recruitment; how to analyse data), transcribing data verbatim, and a comprehensive list of analytical decisions to keep an audit trail of details related to the research process (Lincoln & Guba, 1985).

3. Results

3.1 Characteristics of Participating Students

All 17 participating undergraduate nursing students were female, with 8 from a 4-year bachelor’s program and 9 from a 2-year bachelor’s program. The objectives and design of 4-year bachelor’s paediatric practicum program was
similar with 2-years’. The difference was that 4-year bachelor students were required to spend 4 weeks to complete their paediatric practicum while 3 weeks for 2-year bachelor students, because the later who had learned paediatrics in their diploma degree enable students to speed up their learning. (Both of them were required to spend 3 weeks to complete their paediatric practicum). Their ages ranged from 21 to 24 years old. Analysis of interviews yielded four main themes: feeling challenged by interaction with sick child/families, sharpening comprehensive knowledge and skills, consolidating working attitudes and beliefs, and suffering from non-supporting relationships.

3.2 Feeling challenged by interaction with sick child/families

At the beginning of the paediatric practicum, students often felt upset and stressful when interaction with sick children and their families, especial parents and grandparents.

3.2.1 Feeling distrust by some families

Students felt hurt and sad when families did not value the students’ help and did not trust their skills. Such rejection hindered students’ devotion to patient care and negatively impacted their professional identity. Student 8 said, “Maybe I’m a student nurse and every child is so valuable for their parents, so they don’t trust us completely. Take removing an IV needle for example. One mother said, ‘Your action must be very slow, not as proficient and quick as the nurses’, so she asked me not to touch it, and asked me to call a nurse to do it. I felt quite hurt”.

3.2.1 Feeling of unease to complete nursing care

Students in pediatrics could not take for granted any simple nursing care activities (such as giving medicines or treatments, or caring for intravenous lines), because children’s cognitive ability are not fully developed. Students had difficulty finishing such nursing activities effectively and efficiently, which led to their frustration. Student 8 said, “Only checking the patient’s vital signs, they just kept moving around or crying. … Children are unlike adults who can keep still and quiet to let us finish our nursing activities quickly and smoothly”. Student 17 said, “The first time I gave my patient steam inhalation, he kept running away and crying loudly. That embarrassed me. … Adult patients can finish steam inhalation by themselves after we give it to them”.

3.3 Sharpening comprehensive knowledge and skills

Students’ knowledge and skills became more proficient after having time to practise them in real clinical settings. Students’ confidence was also increased due to prolong engagement in clinical setting to practise their skills.

3.3.1 Applying knowledge from class to clinical settings

The vital value of clinical practicum was being able to apply knowledge from the classroom to the real world, which helped students appreciate the importance of both school learning and clinical practice. Students felt a sense of achievement after witnessing the benefits to patients or families due to
their contribution of applying knowledge. Student 12 said, “When the teacher taught therapeutic play in class, I really doubted its function. It really surprised me after I used therapeutic play in my paediatrics practice. We used puppets and storytelling to teach a child about steam inhalation. The child could follow our instructions to finish steam inhalation and didn’t cry at all. That not only let me experience its amazing effects on children, but also made me feel a sense of achievement.”

Students also appreciated that clinical practice provided them an opportunity to organise their knowledge and practise it in complex medical situations. Student 1 said, “I had no idea of the answer when the teacher asked me why my patient used Zithromax, even after referring to a pharmacology book. The teacher told me the doctor had already written the reason for using Zithromax in the chart’s progression note. … The teacher taught me how to connect the patient’s disease and syndrome, lab data, and treatments with its mechanism, so I have learned to use difference resources to understand a patient’s condition.”

3.3.2 Gaining confidence in clinical skills

Students gradually gained confidence in their skills from their clinical practice. Students valued clinical practicum because it offered them opportunities to perform the clinical skills that would equip them with fundamental abilities needed to become practising nurses. Students’ confidence was increased after having more opportunities to practise. Student 15 said, “I was afraid to do any clinical skills, especially on real patients. However, the teacher told me your skills would improve after using it several times. For example, you will know how to set up an intravenous injection after trying it 5 or 10 times. Thus, I grasp any opportunities to do any kind of skill now.”

Learning communication skills also stressed out students because communicating with children is different from communicating with adult patients. Paediatric practice allowed students to face and deal with the issues of communicating with children. Student 13 said, “I was afraid to talk to children at first, so I would withdraw from such situations. Children were often afraid of us and didn’t want to talk to us, because we are nurses. Also children were unable to talk to you as adults. But the situation improved with the passage of time because I observed how other students and teacher interacted with children. Then I practised such skills or used stickers or puppets with my patients, so I am much more comfortable with communication now.”

3.4 Consolidating clinical working attitudes and beliefs

Students learned important nursing values from their immersion in clinical practicum in clinical settings. Students developed their working attitudes and beliefs by observing others and interaction with others, thus establishing the beliefs they would follow in their future study and career.

3.4.1 Appreciating cooperation among team members

Students understand how important cooperation is in the clinical setting. Students felt
that they were team members when they worked with the clinical staff to help each other, which led to their feeling useful and gave them a sense of belonging. Student 7 said, “It’s important that nurses should help each other while working in the clinical setting. I saw one nursing staff member who had finished her job and helped other staff. Next time, there will be someone to help you when you are busy. Therefore, I always ask the staff whether I can do anything to help and I won’t refuse to help them when they ask me to do something. That kind of interaction made me feel very good and gave me an idea of what it is to become a nurse.”

Students also valued cooperation with clinical staff and teachers to learn to be responsible nurses and to contribute to better patient care. They also learned to open themselves to others to improve the level of their clinical experience. Student 2 said, “The teacher encouraged me to discuss my case report with a senior nurse after I had finished a draft. The nurse was willing to share her opinions and suggestions with me. We discussed what kinds of nursing care were better for patients and their families. I learned a lot from the teacher and the nurse from that experience.”

3.4.2 Cultivating caring attitudes

Students experienced the importance of caring, which helped them become better nurses. Practice in paediatric settings gave students the opportunity to reflect on patients’ experiences and to develop empathy to understand their feelings. They also noticed problems and tried to figure out solutions to help patients complete their treatments. Student 10 said, “We saw children always crying and refusing to use steam inhalation. We didn’t know what steam inhalation smelled like or what the children experienced. So we tried using steam inhalation ourselves in the paediatric ward. Oh, it’s really awful and very smelly. After that, we could understand the children’s feelings, so I patiently accompany them, use some distraction techniques, and play with them to help them finish the inhalation.”

In addition, students felt experiencing caring from others, such as clinical teachers or clinical staff, was also important. Demonstrations of caring from others provided students with good examples and an environment to practise and foster their caring, which led to a better learning process and outcomes. Student 3 said, “One time, I gave aminophylline to a child and it didn’t finish after over 1 hour. The teacher didn’t scold me straight away or scold me in front of the child and family, but instead asked me the reason and taught me how to avoid making the same mistakes next time. I knew the teacher cared about my feelings. After that I told myself I needed to pay more attention to patient care.”

3.5 Suffering from non-supportive relationships

Suffering from non-supportive relationships meant that students gained no or little support from relationships in clinical settings during the practice period. Poor relationships with clinical teachers and peers upset the students, inhibited their learning process, and led to poorer outcomes.

3.5.1 Feeling the strain of student-clinical
**teacher relationships**

Poor relationships between students and some clinical teachers resulted in student stress, anxiety, and frustration. Students recognised the importance of feedback from their clinical teachers. Students’ learning was hindered by teachers’ unclear and non-useful feedback or teaching without a respectful attitude. Poor student-clinical teacher relationships could push students to lose interest in learning and to lose a supportive resource in the clinical setting. Student 4 said, “She [the teacher] scolded me in front of other students, which led to my loss of self-esteem. When I bathed a baby, she just kept scolding me with a sarcastic tone and said, ‘The baby is in danger of lowering his body temperature.’ I didn’t know what I did wrong, because she didn’t tell me exactly what I did wrong. … I just kept myself out of her sight to decrease any opportunities of running into her. I don’t want to ask her any questions to prevent myself from getting another scolding.”

3.5.2 Frustration with peer relationships

Peers in clinical practice settings served as a major support resource to give emotional and practical support to solve students’ difficulties. Since there was no power inequality among peers, they felt comfortable sharing their feelings with each other. Peers helped students deal with their problems with teachers, clinical staff, and assignments. Student 7 said, “Peers are very important, because we are in the same boat. I’m not used to sharing my negative experiences with my family, because I don’t want to increase their burden. My classmates and I would exchange what we experienced that day and share our feelings during lunch or after clinical practice every day. Talking with peers is like an emotional outlet for us, so we don’t need to keep a lot of things inside ourselves.”

When students felt rejected by their peers, it signified that students themselves and their ideas were not appreciated or accepted. That negatively impacted students’ self-esteem and self-evaluation. Student 11 said, ‘What most frustrated me were my peers. They just simply rejected whatever I said, but they always accepted ideas from another student whose ideas were the same as mine. I felt very uncomfortable about that’.

4. Discussion

4.1 Feeling challenge by interaction with sick child/families

Interaction with sick children and families was a challenging job for students at the beginning of their paediatric practicum. The finding is supported by previous reports that students felt stressed when their worry about not being trusted or accepted by patients or their families, or not knowing how to face patients and families (Chen et al., 2009; Oermann & Lukomski, 2001). Similarly, the first sources of Taiwanese students’ stressors when studying in paediatrics were family members interfering with care (Tsai & Huang, 2005). Students also made a great effort to be accepted by family members and felt quite stressed when facing parents (Chen et al., 2009). Furthermore, students would reflect whether their unskilled or careless behaviours affected their patients negatively.
Exploring Taiwanese nursing students’ lived experiences of paediatric clinical practice (Mun, 2010). Thus, teachers should recognise the importance of improvement of students’ abilities to build a trust relationship with sick children and their families. Such abilities can be strengthened by applying a variety of teaching strategies, such as scenarios, role play, writing reflection diary, and so on, to help students utilise theory or knowledge to deal with the situations they face.

4.2 Sharpening comprehensive knowledge and skills

Students in this study gained benefits from their paediatric clinical practicum to improve their knowledge, skills level, and confidence, similar to previous studies (Baglin & Rugg, 2010; Hung, Huang, & Lin, 2009). The major purpose of students’ clinical practicum is to develop practice nursing skills (Hunter, 2010). Students paid attention to learning clinical skills because they felt more confident in their practice when their skills improved. To meet the needs of patients and families in complex healthcare environments, it’s important for nurses to master a set of complex skills, such as communication, conflict resolution, and management (Baglin & Rugg, 2010). Key skills, such as appropriate people skills and effective communication, are important for students to learn in order to quickly build relationships with patients and families (Baglin & Rugg, 2010). In paediatric practicum, students needed to adjust their communication skills when talking to children whose communication ability is influenced by their developmental stage (Chen et al., 2009). Patients with a variety situation in real settings give students opportunities to think and carry out what they have learned from school over and over again, which is necessary to advance students’ professional knowledge and skills.

Translating knowledge to clinical settings is important since it bridges the gap between book learning and clinical practice, in terms of gap between what is known and what is actually done (Thamlikitkul, 2006). However, students often experience difficulty applying knowledge they have been taught in classrooms to clinical situations. Therefore, knowledge translation can provoke students’ anxiety and stress when they are not confident in applying their knowledge to clinical conditions (Hunter, 2010; Smales, 2010). Clinical situations can offer challenges beyond the simulated scenarios that are offered in nursing school, so students need time to transfer their knowledge from class learning to the clinical setting (Maginnis & Croxon, 2010). Helping students to reflect on their clinical learning can also bridge the theory-practice gap (Hunter, 2010). After some time in clinical placement and learning from doing in the real clinical setting, students progressed from knowing a little and feeling useless to a sense of enhanced ability and competence (Chesser-Smyth, 2005). Teachers should encourage students to keep reflection on their daily learning activities in order to improve the link of knowledge and real situations, ability of care, and critical thinking as well.

4.3 Consolidating working attitudes and beliefs

Students in this study pointed out the importance of cooperation among team members,
which led to a feeling of belonging. This finding echoes a previous report that students needed to belong and to be accepted into the team, which motivated them to make a commitment to their learning in the clinical setting. Otherwise, students felt anxious and depressed, and had low self-esteem (Levett-Jones & Lathlean, 2008). Clinical practicum provided students with appropriate opportunities to work with multidisciplinary professional team members (Baglin & Rugg, 2010). When students collaborate closely with the staff, the quality of patient care is ensured because care plans and treatments are generated by team work (Hunter, 2010; Levett-Jones & Lathlean, 2008). Students’ clinical learning can be enhanced and empowered within a good clinical learning environment in terms of cooperation between staff, collaboration between staff and students, and a good atmosphere (Bradbury-Jones et al., 2010). All health professionals should respect everyone who is involved in patient’s care, including students. Thus, students are able to realise their importance as being a member of team to contribute to a better patient care and work as nurses in clinical setting after graduation.

Students in this study emphasised the importance of caring. Both the nursing curriculum and clinical practicum help students to understand and exercise professional values; for example, caring is regarded as a key element and a fundamental attitude of the nursing profession. Caring is also linked to responsibility when people care for the ill. Students cared about patients’ suffering, which they were willing to ease, so they became sensitive towards patients and empathised with their feelings and situations (Solvoll & Heggen, 2010). The concept of caring ensures that patients receive appropriate care. Thus effective and efficient planning and evaluation of care interventions are essential for caring (Ousey & Johnson, 2007). The study results demonstrated that nursing core components of caring can be cultivated from clinical practice and students also valued and treasured that caring can benefit patients and themselves as well.

4.4 Student-Clinical Teacher Relationships

Some students in this study experienced an uncaring attitude from some clinical teachers who gave students either unclear feedback or feedback with a disrespectful manner. The nursing student-teacher relationship is crucial (Chan et al., 2009; Glasper et al., 2006), because working closely with clinical teachers can foster students’ confidence and help them find meaning in their practice learning experience (Baglin & Rugg, 2010; Bradbury-Jones et al., 2010). Clinical teachers are expected to be professionally competent, have interpersonal skills, teaching ability, and empathetic understanding, so they can not only organise, support, monitor, and assess students’ learning in clinical settings, but also reduce their anxiety and stress and improve their clinical learning (Baglin & Rugg, 2010; Chan et al., 2009; Christiansen & Bell, 2010). Students expected that instructors would approve of and trust their ability and efforts, especially when students performed invasive procedures on ill children (Chen et al., 2009).

Feedback is a fundamental element of
students’ successful learning. Proper feedback can offer insight into students’ clinical learning, thus improving their learning and performance and helping them fit into the setting. Proper feedback means giving unbiased feedback with a gentle manner and language. Feedback needs to be timely and situation-specific to help students reflect on what happened and to re-examine important elements. When students value feedback from clinical teachers, then they can come to clinical teachers regularly for their useful feedback (Clynes & Raftery, 2008). Thus, clinical teachers should reflect on their teaching whether they are in students’ shoes to understand students’ learning needs and feelings. Clinical teachers should be aware that they have huge influence on students’ learning passion, professional identity, and future career engagement.

4.5 Peer Support

Students in this study valued support from their peers in the same practice period. Peers offered a safe and non-threatening learning environment, so students helped each other learn or rehearse skills. Peers also provided emotional support, empathy, and friendship, which helped reduce students’ anxiety and allowed them to freely disclose their concerns (Christiansen & Bell, 2010). Students’ learning can be fostered by feelings of love, attainment, safety, and interest (Chen, 2010). In the nursing student culture, it is important that peers help each other get through their clinical experience, not feel alone, and be valued during clinical practice, which these nursing students view as a foreign culture (Roberts, 2008). Thus, clinical teachers should not only focus on students’ academic learning, but their peer relationships as well in order to facilitate students’ optimal learning.

5. Conclusion

Students felt that clinical practicum provided them with opportunities to decrease the theory-knowledge gap and enhance their confidence with their clinical skills. Students also experienced the importance of cooperation among medical team members and caring, which led to better working atmosphere and patient care. However, students felt very stressful at the beginning when interaction with or performing nursing activities for sick children. Thus, clinical teachers should pay more attentions to demonstrate how to integrate children’s cognitive developments, verbal and non-verbal communication skills into nursing care activities. It is able to decrease students’ frustrations and apply paediatric knowledge into real situations successfully. In addition, students should be taught how to apply the principles of family-centred care when interaction with families, which can lead students to feel achievement and improve the family health as well. On the other hand, instructors can apply a variety of teaching strategies to enhance students’ knowledge and skills with paediatric patients, such as watching video, role play, discussion of scenarios, and so on. In addition, staff in clinical facilities should be aware of their importance of support and being a role model for students to learn how to interact with children/families and be a responsible nurse.
6. Research limitations and suggestions

This research had some limitations. First, the participants were recruited from only one university. Future research should recruit potential participants from different universities in central Taiwan to reach maximum variation in participants. Second, only female students were interviewed in this study, so future studies are suggested with male nursing students to understand their practice experiences in paediatrics. Third, the sample included students from both 2- and 4-year programmes. Future studies should compare the different experiences of students from 2- and 4-year programmes to deeply understand their unique experiences.

References


Exploring Taiwanese nursing students’ lived experiences of paediatric clinical practice


<table>
<thead>
<tr>
<th>Step</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtain a sense of each transcript. Read verbatim transcripts several times and take notes to highlight the key points.</td>
</tr>
<tr>
<td>2</td>
<td>Extract significant statements and phrases from the transcript.</td>
</tr>
<tr>
<td>3</td>
<td>Formulate meanings from significant statements and phrases.</td>
</tr>
<tr>
<td>4</td>
<td>Organise formulated meanings into clusters of themes.</td>
</tr>
<tr>
<td>5</td>
<td>Provide an exhaustive description of phenomena.</td>
</tr>
<tr>
<td>6</td>
<td>Identify the fundamental structure of the phenomenon.</td>
</tr>
<tr>
<td>7</td>
<td>Return descriptions to participants for validation.</td>
</tr>
</tbody>
</table>
探討台灣護理系學生兒科實習課程的生活經驗

黃玉苹 陳月枝 王守玉 李慧鶯 陳秀蓉

弘光科技大學護理系

收到日期：101.7.16     修訂日期：101.9.10     接受日期：101.10.18

摘要

背景：台灣現今多以量性研究探討學生臨床實習經驗，甚少採質性研究探討學生臨床實習經
驗，尤其是兒科實習經驗。學生兒科實習經常經驗額外的挑戰及壓力，因為病童的認知及溝通能力
尚未發展成熟。因此本研究欲探討台灣護理學生在兒科實習的生活經驗。

目的：本研究採胡塞爾的現象學為研究方法，以探討大學部護理系學生在兒科臨床實習的生活
經驗。

方法：本研究以立意性取樣在台灣中部某大學募集研究對象，共有17位護理系學生參與本研
究，研究收案的時間自2008年11月至2009年8月，以半結構式的訪談及開放式的問題以收集豐富的
研究資料，Colaizzi的資料分析法分析研究資料。

結果：研究結果呈現三個主題：（一）：自覺面對與病童及家人互動的挑戰（二）：磨練知識
及技巧的統整性（三）：鞏固工作態度及信念及（四）苦惱於缺乏支持性的人際關係。

結論與臨床運用：學生覺得臨床實習可提供他們機會減少理論知識的鴻溝，也可提升臨床技巧
的自信。學生自覺與醫療團隊成員合作及關懷的重要性，因可促進工作氣氛及病人照護品質。然而
在實習的初期，與病童及家屬的互動或執行護理照護活動會讓學生覺得備感壓力。因此，臨床教師
應先示範如何將孩子的認知發展、治療性遊戲、繪畫等融入溝通過程及護理照護活動，以降低學生
的挫折感。其次，臨床教師應教導學生如何將以家庭為中心的照護及溝通技巧運用於臨床情境，以
促進護理照護品質。

關鍵詞：護理學生、臨床實習、兒科