Subjective Experiences of Student Nurses in a Pediatric Practicum

Chi-Wen Chen, Tsann-Juu Su, Chiu-Yueh Yang, Yu-Yun Liu, Rung-Fen Feng

Background and Purpose: Training 20-year-old nursing students in pediatric nursing is not an easy task; it is much like letting older children who are not quite independent themselves care for young children and their families. The objective of this research was to explore the subjective experiences of nursing students in a pediatric practicum.

Methods: Using qualitative research, we examined 10 students who had completed a practicum for pediatric nursing in their junior year of nursing school at a private university in northern Taiwan. A focus group method was used to collect data, and students were divided into 2 groups. For each group, three 90-min sessions were conducted. Data were collected in group interviews, transcribed for this thesis, and analyzed by a content analysis method of systematic coding.

Results: Research results indicated that subjective experiences of university nursing students included 3 themes: adjusting to communicating with the children, dealing with professional staff and families, and expecting trust and approval from their instructors.

Conclusions: This research provides the content of subjective experiences of nursing students in a pediatric practicum and discusses the compatibility and uniqueness with other clinical practicums. The results of this research can serve as a reference for nursing teachers and clinical nurses to design appropriate courses for pediatric nursing curricula.

Key words: nursing student, pediatric practicum, experience, focus group

INTRODUCTION

Nursing is an applied science, and the arrangement of professional courses not only teaches students theories of the nursing profession, but also expects students to apply what they learn to their clinical practice in different departments. For students in a clinical practicum, the term "nursing student" implies the roles of "nurse" and "student", and therefore, compared to the "learning student" during regular classes at school, the clinical practicum obviously presents challenges. In fact, the clinical practicum is a key point when nursing students learn and develop professional ethics, and stressful experiences may affect their future career choices.

In terms of the stress of nursing students' clinical practicum, quantitative research was conducted in Taiwan and abroad. Subjects included nursing students from universities and...
junior colleges, but little discussion has focused on nursing experiences in specific specialties. However, Oermann and Lukomski [2] mentioned that in comparing clinical experiences of pediatric nursing with other departments, the former caused more stress to nursing students because among the reasons found, students felt that their patients were fragile, that they needed to interface with family members, and that the patients showed complexities associated with variations in developmental needs. Another view is reflected in Taiwan National Statistics of a declining birth rate in women of childbearing age (15-49 years old), from 2.055% in 1984 to 1.18% in 2004. This trend of fewer children in society may mean that today’s university students have had less contact with children. Moreover, fundamental courses, such as children’s development, lack actual participatory experiences. Therefore, in view of the highly complicated social issues of development processes and internship of nursing students, the feelings and subjective experiences of nursing students during the process of a practicum can only be presented by qualitative research [12]. The objective of this research was to explore the subjective experiences of nursing students in a pediatric practicum. We hope that the results of the study can be used as a reference for future course design.

Literature Review

I. Nursing students’ experiences during a clinical practicum

For student nurses, “clinical training” is a learning environment that is hard to predict and prepare for. Therefore for years, many nursing educators have been committed to studying nursing students' stress during a clinical practicum. Among them, Lei et al. [3] investigated sources of stress experienced by senior university nursing students during their clinical practicum, and results showed that stresses during an internship were due to professional knowledge and skills, workload, and actual hands-on caring for patients. Among these, sources of stress that were beneficial to learning included testing, having the opportunity to judge and handle cases with an illness, applying nursing knowledge to clinical patients, and participating in group health education. In addition, negative interactions with instructors also produced the highest level of anxiety in students [13]. Thus, interactions between instructors and students in the clinical environment are very significant. Many references share the same views about stress from instructors [1,14]. However, practicum instructors can also be a major support for students. Hu [15] found through qualitative research that the most important social support for junior college nursing students was practicum instructors and ward nurses in the practicum environment, which demonstrates the important influence of the clinical instructor’s role.

II. Nursing students’ experiences during a clinical pediatric practicum

Oermann and Standfest [16] found that regardless of whether students were from junior colleges or university, the pediatric clinical practicum was the most stressful course for them because they feared making mistakes and hurting the children, had difficulty interacting with children’s families, and felt they had inadequate knowledge and skills. Additionally, the most stressful aspect was giving children medication [8]. Stressful situations during the clinical practicum are related to feelings of fear and disappointment, and students who experience higher stress levels receive less inspiration during clinical activity and thus develop less confidence.

Until now, few scholars have conducted research on the experiences with a pediatric clinical practicum in Taiwan. Tsai [17] investigated stress levels and sources in fifth-year junior college nursing students during their pediatric practicum and found that
the primary sources derived from intervening patient family members and an excessive workload. There were correlations between stress levels and sources of stress, and stressed students felt stresses were related to the following factors: fear of hurting the children, making mistakes, and having negative interactions with the children, nurses, and practicum instructors. The student's primary method of responding to stress was positive self-review; seeking social support was also often used.

In terms of clinical experiences in the pediatric department, the community hospital is the direction of the future, which means the feasibility of gaining clinical experiences with traditional inpatients will decrease, ultimately leading to ward units of children's hospitals becoming competitive among nursing schools. The alternative community practice environment is unable to take on entire groups of students (about 8-10 people). McCurdy et al. recommended integrating learning objectives of children's environmental health and pediatric nursing education. Currently there is a reformed clinical teaching program in Australia, in which a course of pediatric internship includes learning necessary communication skills in a kindergarten before taking care of children in hospitals. This requirement not only benefits students, but allows pediatric nursing teachers to develop close contact with the community as well.

The above research results show that sources of stress and stress levels are often taken as the main focus of quantitative research when experiences of nursing students in a pediatric practicum are discussed, and the results show that stress indeed exists among nursing students, and especially when participating in a clinical pediatric practicum. However, as far as stresses experienced by nursing students, clinical instructors and teachers should be concerned about students' emotions and feelings. Therefore, it is necessary to use qualitative methods to further discuss the experiences of nursing students.

**METHODS**

**Participants**

This research used 10 third-year university students as participants with a purposive sampling. These participants had all graduated from high school. Before entering the pediatric practicum, they had learned fundamental nursing knowledge and skills. In addition to traditional clinical learning in the environment of the pediatric nursing practicum, the subjects may have had additional opportunities to communicate with children in a kindergarten before they began the clinical practicum. The clinical environment was the pediatric ward of a medical center, and a group of 6-8 students was instructed by clinical instructors; the kindergarten environment was regular preschool education, and 1 nursing student assisted the teacher by participating in the children's activities.

**Data collection and analysis**

The researcher was the instructor of the subjects' pediatric practicum. In this research, in consideration of diverse viewpoints and group interactions, a focus group interview was adopted. After the researcher had explained the details and obtained informed consent, a time was arranged for the focus group interview for the 10 nursing students of this research in August 2004, and the location was a conference room in a university in northern Taiwan. Each group consisted of 5 people. Three sessions were designed for each group every 3 days, with 90 min per session. The goal for the arrangement of 3 sessions was to allow the participants to warm up in advance and fully express their feelings. The moderator of each group was the researcher, who was responsible for conducting the group, and a co-moderator who
assisted the groups; moreover, there was an observer who assisted in taping and recording the process, and a review was conducted after each group interview. The group interview focused on the following questions: "Please describe the experiences you have had with the children; How was your experience in pediatric nursing?; Did you go to a kindergarten for an internship?; and How did it affect your experience in the pediatric practicum?"

In order to ensure that the gathered data and analyzed results were truthful and reliable, this research adopted rigorous criteria as suggested by Lincoln and Guba\[22\], and the results are described as follows.

1. Credibility of the researcher. The researcher had served as a pediatric intern instructor in the Department of Nursing for 9 years, and, therefore, was highly sensitive to the environment mentioned by the student nurses. The co-moderator had served as a psychiatric intern instructor for 9 years, and possessed extensive leadership experiences. Both of them had received qualitative research training, which helped them to be involved in the environment and build trustworthy relationships and group motivation. They also invited 1 student nurse from each group for an individual case review, and to inspect whether or not this article represented their experiences, and to help the reader accept the truthfulness of it.

2. Transferability. Extensive descriptions during the interview process and purposive sampling were used to ensure that subjects had had the experiences this researcher desired to discuss.

3. Dependability. The consistency of the researcher's analysis included the researcher's intra-coder reliability and inter-coder reliability between researchers. Two weeks after the researcher had analyzed the data, the researcher took 1/10 of the articles randomly, and analyzed and compared the original coding to compare the consistency. The researcher's intra-coding reliability was 90%. In addition, to determine the inter-coding reliability between researchers, the researchers also took 1/10 of the articles randomly, and invited another nurse, who had received qualitative training and had a Master's degree, to analyze the results, and the consistency was 85%.

4. Confirmability. The objective view of the gathered data included its soundness and data provided for inspection to confirm the process of this research. The researcher reviewed the daily journals recorded during the process of the research to restore the neutrality of the current data.\[I am not sure what your meaning was in this paragraph\]

The data were systematically encoded to directly analyze the participants' words. The data analysis unit was based on the focus group instead of individuals in the group\[23\]. Meaningful sentences were encoded to form units and categorized to formulate an organized theme\[24\].

**Ethical considerations**

The research was approved by the Institutional Review Board of the university. The researcher helped the nursing students understand that there was no intimidation in the group, so that they could freely share their experiences. The subjects understood that the contents and opinions would not affect their grades. They were able to leave the discussion at any time. The information was kept confidential, with names kept anonymous when the article was published.

**RESULTS**

In this research, 10 nursing students participated in the group, and their average age was 21.3 years. Each of them had completed the pediatric nursing practicum, in either pediatric departments or pediatric surgery wards of 3 medical centers. Seven
of them had randomly been assigned to a kindergarten for 4 days and to the hospital for a clinical internship for 10 days, and the other 3 had been in the hospital for the clinical practicum the entire 16 days (Table 1).

After the data were extracted, the experiences in the pediatric nursing practicum included adjusting to communicating with the children, dealing with professional staff and families, and expecting trust and approval from instructors. The content is elaborated below.

I. Adjusting to communicating with the children

This topic is about communicating with patients from a child's viewpoint and developmental needs in the process of pediatric nursing instead of the viewpoint of an adult. "Adjusting" means the method the nursing student used to adjust. For instance, student A mentioned: "...I remember that I was taking care of a 7-year-old boy, and I talked to him about bacteria at that time. It did not mean anything to him; but when I said bugs, he understood what bugs are, and I told him about how bugs work...." Demonstrating the need to adjust themselves during the process of practicum, student D responded, "...in the pediatric department, I have to become a child and play with the child to make him/her laugh...." The nursing students also humbled themselves, which was reflected by their view of wearing the pediatric department uniform (a vest with a little bear on it), as described by student A: "It is designed to look cute, why not accept it...just close the door and debate with yourself saying, why am I wearing a piece of clothing like this? Then, after opening the door, I still have to walk outside with my chin held up high."

The nursing students also related how the experience of working in the kindergarten helped them see the children's point of view, and by learning to communicate with the children, they could enter the children's world more easily. As mentioned by student G: "It was actually a tremendous help going to the kindergarten before going to the clinical practicum. At that time, you would have learned what popular subjects are among the children, then you can chat with them about the plot of cartoon shows. ...I feel that it is a point that opens the door for you to communicate with them. It might not be necessary to know all about it, but you should at least have 1 subject about which you can communicate." Even communicating with the children increased their activities. For instance, student A related the following experience: "They would pay attention to the picture instead of what you were saying about the story." Student B also responded: "When I was in the ward, I felt I might as well use 'exaggeration', because I felt the most important purpose was to train me to converse with him, then, he started talking to me seriously....".

II. Dealing with professional staff and families

This topic refers to nursing students having to carefully face the challenges experienced in the pediatric practicum. First, nursing students should strive to achieve the acceptance of family members. As student D mentioned: "You can go to the bedside and take a peek first! You want to say hello and see the response the mother gives you." Student J also believed that the first interaction with an individual case was the key: "I feel that going to the bedside for the first time is the key, because the interaction between you and the

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child the first time will determine whether or not the parents want you as a nurse. Therefore, being apprehensive when visiting the individual for the first time was like what student J described: "Walking to the ward from the hall with the instructor, I was very nervous all the way." Student G also responded: "Exactly! Then I was thinking about what I should say first, what I should tell the child first."

The nursing students felt much more stressed when facing parents who were experienced in raising children, and they often responded from a learner's position. Student E described how she took care of a child who had undergone 9 surgeries. The patient's mom always said: "No! No! You cannot do it that way! You have to do it this way..." Student D responded: "You must be fearless about your knowledge and show your confidence."

III. Expecting trust and approval from instructors

This topic refers to nursing students expecting their teachers or clinical nurses to trust them and approve of their efforts during the pediatric practicum. The nursing students expected their instructors to trust them under the circumstances where the children would not be hurt; after all, they needed to face the families as well. Student D mentioned: "I feel it is better if the supervisor can show you how to do things, wait until after you have done it, and then tell you in what area you need improvement after we have returned to the unit." Student H pointed out: "...I feel like the instructor should give you help when you need it, and if you need to be scolded, take you outside, then scold you. I disliked the one who scolded me right there on the spot...it was embarrassing. The individual case is still yours; so how are you going to face the parents the next time?"

When performing invasive treatment, the nursing students believed that the training background in the medical and surgical practicum should receive approval from the instructors; however, that did not occur. Student C expressed: "we felt that the instructor was not willing to let us do it. I felt strange, because we come from internal medicine and surgical departments, and we should have opportunity to do those things. My psychological construction should be increasing, at least trust should be increasing; however, it was going down instead, and I don't know why. It is just a part of some invasive treatment." Student A also pointed out: "just like shots, the instructors would say, have you given the shots, then tell me not to touch anything, I felt when I was in the medicine and surgery departments, I have already given shots to someone, and now, I am just giving it to another, why are you so nervous?". The nursing students expected opportunities to learn, as expressed by student G: "Some strict supervisors do not make you dislike her, even though she is strict, but at least, she teaches you, I can't handle those who don't trust you..." The instructor's teaching attitude seemed to affect the learning process of nursing students, as student D mentioned: "If you have a really good teacher, you will be encouraged to learn."

DISCUSSION

The results of this research indicate the experiences of nursing students in a pediatric practicum, and they can be applied to experiences in other departmental practicum. The uniqueness of the pediatric practicum learning is further discussed in the following paragraphs.

I. Applicability to experiences in other departmental practicum

During the description of the subjective experience of nursing students, the learning process does not just utilize professional knowledge and skills, it also includes interactions of interpersonal relationships. Therefore, for years, many nursing educators have been committed to providing relevant studies of student nurses' stress with the clinical practicum. However, not all of the sources of stress are negative. Lei et al. [3] suggested that the sources of stress that are helpful to learning are
tests, inadequate ability and experience to judge the condition of an illness and handle the situation, applying nursing knowledge to clinical patients, and group health education. Chen et al. [25] studied junior college nursing student's stress from an internship by phenomenology, and examined the student nurse's life experiences, which were: very cautious mixed emotions, eager to be accepted and approved, and feeling grown up. However, from the viewpoint of the instructor, there are different levels of interpretation in journals. Kleehammer et al. [13] mentioned that negative interactions between student nurses and instructors create the highest stress levels. Hu [15] found that the biggest social support for junior college student nurses comes from the practicum instructor and ward nurses in the practicum environment. Moreover, Magnusson and Amundson [20] also showed the nursing students need the respect and support of their teacher, which indicates the impact of the role of clinical instructor, and this result is similar to the feelings of our research subjects. What exactly is a clinical instructor? Kotzabassaki et al. [14] pointed out in their investigative research that the so-called best clinical instructors have 2 characteristics, one is being a good role model and the other is establishing mutual respect between the themselves and student nurses, and these characteristics may be references for clinical teachers.

II. The uniqueness of the pediatric practicum learning

The research found that differences existed between a practicum in a pediatric department and those in other departments, including that patients need more-creative development, patients are more fragile, and there is a need to face more family members, which matches the results of Oermann and Lukomski's [2] study. Responding to the needs of children from different age groups, the student nurses need to adjust, seek ways to communicate, and think from a child's viewpoint. The result of this research shows that the experiences gained from working in a kindergarten before going to the pediatric practicum helped nursing students understand the children's viewpoint. Applying these viewpoints to communicate with children in the hospital matches the interpretation of teaching reform suggested by Thyer [20], that going to a kindergarten practicum can be the basis for a pediatric nursing practicum. It creates opportunities to communicate with children and a sense of achievement. Further comparisons with children in the hospital can accumulate more successful experiences centered on family care. The challenges student nurses face in the pediatric ward include choosing individual cases and providing care. During these processes, the family has a great impact, especially those parents who are experienced in raising children. Therefore, student nurses in this research further described their careful attitudes, which included an emphasis on the importance of the first interaction with each individual case, and a strategy of using a learner's position and demonstrating momentum. In addition, the idea of the nursing student fearing to hurt the children during the practicum makes them give medications and invasive treatments more carefully, which matches the results of research by Oermann and Standfest [16] and Tsai [17]. However, incidents where nurses have given the wrong shots in recent years have caused pediatric practicum instructors to feel apprehensive during the instruction process, which caused the nursing students to mention that the instructors "do everything themselves", or that they were not trusted, which has become a great challenge for instructors. The instructors should pay attention to the student's personality and maintain a strict but not a solemn attitude, and under circumstances where "no mistakes should be made", the instructor can let the nursing students feel they are trusted and approved.
CONCLUSIONS

This research was conducted by interviewing 10 nursing students who had completed a course in pediatric nursing, and the results were extracted from data gained from the process. The pediatric nursing practicum of university student interns covers 3 subjects: adjusting to communicating with children, dealing with professional staff and families, and expecting the trust and approval from instructors. In addition, a kindergarten practicum seems to be of tremendous help for student nurses in communicating with children in the hospital. However, the foundation for "momentum" needed by the nursing student to face the family and professional challenges should be established at school, and includes professional knowledge and skills. Understanding the experiences of nursing students in a pediatric practicum can increase nursing teachers' and clinical nurses' understanding of the subjective experiences of nursing students in a pediatric practicum, and it can be used as a reference for nursing teachers to design courses for pediatric nursing.

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護生於兒科實習之主觀經驗

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背景和目的：兒科護理學的實習對正值二十歲的大學護生而言，似乎是尚未完全獨立的大孩子，卻要擔負照護小孩子的任務，實屬不易。本研究之目的旨在探討大學護生對兒科護理學實習的主觀經驗。

方法：本研究為質性研究設計，以北部某大學之護理學系三年級已完成兒科護理學之護生為研究對象，共 10 位。採焦點團體方式收集資料，分成二個團體，每個團體 5 人各進行三次焦點團體會談，每次約 90 分鐘。將團體訪談資料轉錄為文本作為研究資料，以系統登錄式的內容分析方法進行資料的分析。

結果：研究結果歸納出，大學護生兒科護理學實習之主觀經驗包括三個主題：調整自己與兒童溝通、謹慎地面對專業與家屬的挑戰以及期待被指導者信任與肯定。結論：本研究呈現護生對兒科護理學實習與其他科別實習之主觀經驗內容之共通性以及獨特性之探討。本研究結果有助於護理教師對大學護生實習兒科護理學經驗的了解，並可作為教師與臨床護理人員設計兒科護理學課程之參考。

(輔仁醫學期刊 2009; 7(4): 171-180)

關鍵詞：護生，兒科實習，經驗，焦點團體