

Experiences of Newly Admitted Nursing Students in Theoretical and Clinical Practice

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<p>Abstract</p> <p>The clinical and classroom environment provides opportunities for student learning and widens the scope of them acquiring competencies in the nursing profession. During the first year of nursing school, any unpleasant or delightful encounter by students in these environments of study may influence their learning outcome. The aim of this study was to find out the experiences of the first year nursing students in classroom and practice area as well as its consequence on their wellbeing and the coping skills they utilized.</p> <p>This study was carried out through a qualitative research approach. Participants were first year nursing students without prior healthcare knowledge but have undergone clinical placement in their current degree program. Data was collected from eight students via semi-structured group interview using an audio recorder and written notes. Analyzing the data was achieved by content analysis.</p> <p>Three major themes emerged from the findings: (1) Nursing students experiences of theoretical studies- participants gracefully welcomed the concept of group work and virtual studies and echoed its significance in nursing advancement. (2) Clinical experience- students appreciated the supports rendered by mentors and supervisors. (3) Coping skills applied by the students. The result of this research greatly showed that the nursing students' experiences in the training areas were satisfactory except in aspects of language barrier and cumbersome assignment that gives them less opportunity to immerse in understanding the lecture.</p>		
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1 INTRODUCTION

The first year of one's studies is very important and determines how the rest of the study years are going to go. First year students, especially international students collide with many new experiences and this might affect their studies negatively (Krause, Hartley, James & McInnis 2005). According to Korhonen (2013), 2 % of the newly admitted students dropped out of their studies in 2003 and 4 % had moved on to working life without a degree. Other studies have shown that students suffer of uncommitted orientation, weak performances in their studies and anxiety (Mäkinen, Olkinuora & lonka 2004).

A study conducted in Finland shows that the need of health professionals will be even greater in the year 2025 because of the aging population and the increasing of the old age dependency ratio in EU countries (Vuosikatsomus, 2006). Hence, Finland cannot afford to have nursing students dropping out of their studies because this raises a threat to the future healthcare population of nursing profession (Kukkonen, Suhonen, Salminen, 2015).

The aim of this study was to find out the experiences of newly admitted nursing students in JAMK University of Applied Sciences. This was done by conducting interviews of the international group of first year nursing students in JAMK. The study is meant to improve the quality of guidance and to minimize any difficulties newly admitted students might face.

2 NURSING FIELD AND RESPONSIBILITIES IN FINLAND

In Finland, nursing is done as a 3 and a half year program, a total of 210 ECTS. The degree programme in nursing is provided by 22 Universities of Applied Sciences around Finland. Universities have the possibility to choose how the knowledge should be distributed. The degree programme is regulated by European Union directive in addition to national legislation. This means that the requirements of degree programme in nursing are similar among all European countries (Sairaanhoitajat, 2014.)

The European Union directive for competency in profession (2005/36/EU) determines nurse's minimum competency in 28 EU-countries, Norway, Lichtenstein and Island. According to this directive, nursing education must be at least 3 years long and it has to contain a minimum of 4600 hours of education; theory and clinical teaching. Studies can be continued after bachelor's degree in master's degree in University of Applied Sciences or in University (Sairaanhoitajat, 2014.)

Nurses must obtain wide theoretical knowledge of nursing and sciences linked to nursing. The knowledge is applied during their nursing practice in any given institution. Nurses must also be capable in research conduction and to acquire information and management. Nursing is highly responsible work and therefore nurses are expected to have some degree of stress tolerance and ability to solve problems. Precision and meticulousness are also very important aspects as well as getting familiar with new technology and equipment present in working environments. The maintenance of professional

skills requires additional new knowledge and further education which is continuous (Finnish Nurses Association, 2015.)

Nursing profession encompasses deep knowledge not only in caring for the sick but in areas of surgical and medical science, pharmacology, social science and psychology. These pieces of knowledge are adapted and transferred into practise (Sairaanhoitajat, 2014.) Ethical issues are inevitable in nursing and the responsibility linked to these concerns requires courage to discuss, especially when it comes to intervening in difficult issues. Nursing is also about promotion of health and nurses work together with the family and relatives of patients and therefore strengthen their involvement in patient care (Sairaanhoitajat, 2015.)

3 NURSING STUDENTS' EXPERIENCES AND CHALLENGES

3.1 Nursing students experiences and challenges

The enrolment of students in the Finland's University of Applied Sciences has surged tremendously over the years. Students gaining admissions are not only the Citizens of Finland but also other people from different ethnic groups and countries. The reason for this influx could be attributed to the excellent performance of Finnish education system worldwide (Sahlberg 2011, 123). In 2008, there were approximately 6,400 international degree students and over 3,500 international exchange students studying at the University Of Applied Sciences (CIMO 2011, 5).

Making the decision to attend a tertiary institution is a complex situation which student undergo. The reason is because they lack prior knowledge of university life. The change of the environment in the university demands students to be more socially and academically responsible (Diggins, Risquez, Murphy 2012, 179.) Education through clinical practices in nursing training program creates some challenges to the new nursing students (James, D'Armour, & Thomas 2011).

Each year, international students uproot themselves from their home countries, families, friends and other key people within their social support networks to pursue studies at universities around the globe. Most international students assimilate and acculturate in the "host" culture successfully. However, some international students are challenged and distressed by cultural differences, social isolation, academic differences, and difficulties with English language proficiency. Through grounded theory method, analyses revealed how international students survived the human costs of transition shock during their sojourn and thrived while negotiating changes in physical environment, cultural, academic, and social differences (McLachlan & Justice 2009, 27.) It has been detected that first year students conducting their first clinical practice experience greater amount of stress compared to students from upper grades. This stress usually stems from examinations and assessments included in the clinical practice (Sharma & Kaur, 2011.)

3.2 Theoretical Studies Experiences

Classroom cultural variations and teaching methods have produced challenges. Andrade (2006) emphasized that students from communities and schools with widely different norms and behaviours from those in the university environment may have difficulties adjusting to the new environment (Andrade 2006, 61). These fundamental differences can have major ramifications for assignments and examinations in nursing education (Bednarz, Schim, & Dooerenbos, 2010).

Academic challenge can be observed during group discussion and classroom contribution where certain students have difficulties in expressing their opinions compared to others. However the programme assessment criteria requires students to actively participate in the classroom (Jokikokko, 2009). Other academic adjustment includes homework, deadlines, paper format, citations, average workload, or communication with the instructor (Kosur, 2011).

Problems connected with studies may be overlooked by teachers and students but sometimes study issues persist and the students affected may not overcome them easily. Most suppressed psychological emotions endured by students affect their health and life quality. Good assessment support is a process that will help promote students' best performance across time (Kleiveland, Natvig & Jepsen, 2015.)

Teaching seems relatively traditional at least in a Scandinavian context. Dr Chung cites that teachers in Finland with experience of working in Sweden who say the classes are far more disciplined in Finland (Mansell 2011, 2).

Based on educators' and students' descriptions, the use of teaching methods was narrow and conventional. However, their views about the extent of the use differed significantly. The three most used methods were discussion, lecture and seminar (Numminen & Leino & Arend & Katajisto 2011, 8.)

Studies on education have been conducted in different nursing cultures as well as educational systems. The scope of the studies has varied due to the use of different research designs and frameworks. The findings are partly contradictory due to factors like educators' age, teaching experience and implementation of integrated teaching in years which had several statistically significant correlations with the extent of teaching (Numminen et al 2011, 9.)

The use of teaching and evaluation methods was conventional and narrow and there were contradictory views between educators' and students' descriptions. Educators preferred methods that were interactive, student-centred and integrated to theoretical nursing studies and clinical practice. However, students' perception was that the use of methods was individually oriented, educator centred and preferred separate ethics studies. This notion needs further exploring (Numminen et al 2011, 12.) Several studies have been carried out to find out the experiences of newly admitted nursing students however, their findings cannot be generalized since they were carried out only in clinical settings (Pitkajarvi, Eriksson, & Pitkala, 2012; Mabuda, Potgieter, & Alberts, 2008.)

A recent study found that students usually find it difficult to adapt to the use of the available technological advances in the various levels of nursing education (Davis, Davis, & Williams, 2010.) The above finding has to be addressed to ensure competence in nursing students (Baxley, Ibitayo, & Bond, 2013). The finding emphasizes that there is still much to be done to address

curriculum, pedagogical and assessment practices. A necessary precursor to this work is the examination of underlying attitudes, values and systems that may give rise to difficulties for both staff and students. A new approach is needed that positions international students not as 'problems' to be solved but as 'assets' to internationalization and the generation of new knowledge and new ways of working in the academy (Ryan 2011.)

3.3 Nursing Student's Experiences in Clinical Practice

Clinical training in nursing education is considered to be important and indispensable. It allows student nurses to be able to implement nursing activities and procedures with the guidance of the nurse mentor. The clinical practice environment is suitable for the learning of nursing students. With the assistance of the nursing mentors, they acquire nursing competence of how to care for different patients with various diseases, (Tiwaken, Caranto, David, 2015.) In the eyes of the nursing students, the clinical practice is an essential constituent of learning. It plays an important role in enhancing clinical competencies (Tiwaken, Caranto, David, 2015.)

Clinical practice includes the combination of the theoretical and practical knowledge of nursing. The students have the opportunity to gain and implement nursing knowledge in practice, thus obtain the competence needed for future workplaces. Various reforms are being developed in theoretical and practical areas of the nursing schools. These developments give students the opportunity to be able to conduct nursing care in a safe environment under mentor supervision (Sawatzky, 2007).

Both the Nursing Health Service (NHS) and the Higher Education Institutes

(HEI) manage and maintains the high standard of nursing education, which includes excellent clinical and leadership trainings (Emanuel V. & Pryce-Miller M. 2013). Nursing students gain their clinical experience in clinics, departments of health and hospitals. This is where they implement, utilize their theoretical knowledge in practice (Tiwaken et al, 2015). Nevertheless, the competency aimed at in this setting is distorted when the students experience language with patients. This resulted in restrained and mechanical nursing care. There is also feeling of lack of skills and confidence (Jirwe & Gerrish & Emami 2010).

During clinical practice, nursing students are exposed to a new environmental setting for learning purposes. In order for the purpose of clinical placement to be effective, good interpersonal relations, acceptance, support and feedback have to be in place. Belonging or acceptance creates and maintains positive clinical learning locations. (Levett-Jones, Lathlean, Higgins, & McMillan, 2008.) Different stressors emerge at a point in nursing practice which may affect students' learning. Different stress factors reported by students include use of language that they have to learn and seeking mentors assistance. (Pulido-Martos, Augusto-Landa, & Lopez-Zafra et al., 2012.)

A study conducted by Kim (2003) collected information about nursing student's experiences of anxiety related to clinical setting. The collected data and analysis indicated that 36% of nursing students had experienced anxiety at a moderate level during clinical practice. These experiences were related to observation by instructors, arriving late, fear of mistakes, responsiveness to initial experiences, and communicating with physicians. In a study conducted by Mattila et al (2010) including international students the results showed the Finnish language to be the main limitation. Thus, students experienced

limitation in the participation of vital clinical processes. Some students experienced loss of courage thus they stayed only to gain the credits needed. However others embraced the challenging situation though it resulted in them observing most of the time. According to the results the patients showed less enthusiasm in the service of care from international students.

Students had to work with mentors and staff that showed no support. This type of environment can have a negative influence on the student's learning. (Pitkääjärvi et al, 2012). A study conducted in University of Cordoba by Jimenze, Navia & Diaz, (2010) identified some experiences student faced in academic studies and clinical training. External and social challenges such as culture, language and communication barrier were mentioned. Physiological and mental symptoms associated to clinical practice were listed. Findings showed that stress factors in clinical areas are more intense than the stressors present in academic environment. Moreso, mental symptoms are frequently produced by external stressors than physiological symptoms. The stress experienced in clinical practice might lead to nursing students experiencing health consequences (Pulido-Martos, Augusto-Landa & Lopez-Zafra, 2012). Supporting the statement above, Mattila, Pitkääjarvi, & Eriksson (2010) conducted a research which reported that new students face language, social, academic and cultural challenges in school (Mattila, Pitkääjarvi, & Eriksson, 2010).

The culture diversities the international students bring into learning environment cannot be denied (Dzansi & Mogashoa 2013, 228). On the other hand, they face so many challenges like loneliness, communication barrier, and acclimating to academic expectations that are more demanding than anticipated (Duke Student Affairs, 2015). All together these nursing students

face challenges and anxieties relating to first clinical practice and academic adjustments (Leodoro 2013, 425). This is confirmed by Wangeri, Kimani and Mutweleli, (2012) who stated that new students feel anxieties as they find themselves in unfamiliar environment. The real life situations in the clinical training such as dealing with patient mentors and the clinical environment can trigger excessive stress on the students. The sociological factors such as family, friends, personal emotions and part-time job might also influence the clinical practice (Shari & Masoumi 2005).

3.4 External and Social Challenges of Nursing Students

Many countries are becoming culturally diverse, but health care systems and nursing education often remain mono-cultural, concentrating on certain patterns of the majority culture. Culture has been one of the most emphasized topics in nursing nowadays. This is because quality health care can only occur within the patient's cultural context (Jeffreys 2008, 37). In defining culture, we can say that it is knowledge about humanity which is learned or acquired but not natural (Rumina & Kishwar 2010, 3).

According to Schein (2010, 18), it is a pattern of shared basic assumptions learned by a group in dealing with issues patterning external and internal adjustments, which has been proven credible and, therefore shared by members as the right way to perceive, think, and feel in relation to particular problems. Culture makes an individual unique and moulds behaviour. Considering the definition above, the foreign students suffer psychologically while trying to embrace a new culture or integrate into the host culture which can lead to "culture shock" (Hofstede 2005, 325; UKCISA, 2008).

As a unique entity or organisation, the students have distinct values and various ways of behaving and speaking in certain situations. Consequently, this inherited characteristic value can explain the difficulties encountered by nursing students as they learn new language and culture in the clinical placement (David & John, 2010). Up until now, it is not well reported what occurs when two different cultures meet in clinical areas (David & John, 2010). It is noteworthy to acknowledge that confrontations are inevitable or expected between people, groups, or nations who perceive and react to things differently however the problem remains that these groups of people and nations are required to cooperate and solve their problems without considering the impact of culture on such process. (Hofstede et al 2010, 4).

International students often feel isolated in their new environment. Such lonesome feeling is usually due to lack of familiar friends and social networks. It also includes strange cultural or linguistic environments the person is accustomed to (Mark & Peter & Chui 2009, 34). Major link to this process was the students' exposure to studying in an unfamiliar location, experiencing various cultures and anxieties, and making a decision to integrate in the host culture (Ruddock & Turner, 2007). The difficulties encountered by international students are usually anticipated. Such students who are separated from their own familiar cultural environment are more likely to feel the cumulative nature of the potential strains to which they subjected themselves by going abroad to study. (Sovic 2007, 145.)

Ayaz et al reports on their study, that majority of the students (85.5%) had experienced cultural differences while rendering nursing care to their patients and 73.8% had no clue to the definition of this concept. The result also showed that issues where cultural discrepancies occurred mostly were in local or

regional language and pronunciation (53.4%), language (37%), traditions of the individual (30.7%), beliefs and denominations (30.2%). Furthermore the grade the students were in had great impact on how they reacted to situations in relation to cultural differences (Ayaz, Bilgili, Akin, 2010).

Language, communication and interpersonal skills are important elements involved to ensure nursing care that is professional. Communication skills are crucial for students in order to succeed in their education and training and to be professional (Nursing and Midwifery Council, 2010). Communication includes spoken and written language, as well as gestures.

Language is the key to communication however native speaking students studying in a multicultural setting encounter difficulty in understanding their classmates, thus impeding students' collaboration (Croese, 2011; Jones, 2010). Generally the issue of language barrier hinders quality care to patients such as counselling especially in nursing homes where mainly old people who hardly speaks English are kept (Schyve, 2007).

Student nurses experience difficulties communicating with patients who speak different languages. This leads to care becoming mechanistic and impersonal. They become fearful of making mistakes and lack skills and confidence in questioning patients. (Jirwe et al 2010, 1.) One study shows that international students experience difficulties in self expression in Finnish. The study also shows that comparison with Finnish students produces more stress (Välipakka, 2013). A survey carried out by Pitkälä, Eriksson & Pitkälä (2012) reviewed that nursing students are prone to have communication problems in the clinical practice compare to Finnish students

Incompetence in the Finnish language is a limitation for foreign students. This can be seen in many clinical situations when directions are given to the students, during handover and understanding information from the reports. Nursing students voiced that the nursing mentors gave less effort in communicating with non-Finnish or Swedish speaking students. The differences in the communicant levels between the Finnish students and their mentors compared the non-Finnish students with their mentors was evident. (Pitkajarvi et al, 2012).

Giacomo (2009) also supports that inadequacy in the Finnish language might lead to communication problems. Language difficulties affect the communication levels of the students, mentors and the patients. Thus foreign students require more attention and guidance from their mentors during the practical training.

Pitkajarvi (2012) got a similar result in a research carried out in Finland that, although the international students felt accepted at their clinical arena, they are expected to have experience of an unsupported practice area than the Finnish students (Pitkajarvi et al, 2012). The international students often felt like they are not being given attention and not trusted. Those students without fluent Finnish or Swedish skills also had drawbacks with communication during their practice. Hence the issue of communication was difficult for the immigrant students during clinical placements than their Finnish mates. In addition to language barrier, time also played roles to hinder positive outcomes for students from different cultural background during clinical rotations. (Pitkajarvi et al, 2012.)

3.5 Coping Strategies Employed by Nursing Students

Coping is a way of dealing with challenges triggered by stress. (Murray 2005). It is a major factor in the maintenance of mental health in stress situations. Coping occurs when the student adapts to their clinical environment regardless of the many different stressing factors. It is essential to recognize one's stress limits and acquire ways of reacting to difficult stress situations. There is no estimation of stress but it is possible to control the extent to which it can affect (Singh & Sharma 2011).

There are several positive ways of enhancing experiences among nursing students in their clinical training, for example receiving family, mentor, and social support. Participation in activities such as sports, different kinds of entertainment, having good relationships with colleagues and developing positive thinking may help prevent stress challenges (Sanders, Thornton & Crawford, 2006).

Challenges faced by nursing students both in classroom and placement area predisposes them to distress. Stress is tension that occurs due to changes in our physical environment or emotional being which requires adjustments. According to Kumar (2013), situations like insecurity about clinical competence, theory-practice gap, and work overload, interpersonal relationship with patient, work, unfamiliar environment and relation with faculty members are some of the challenges that lead to stress. All students face many challenges and stressors, however, "nursing students" experience these challenges more than their friends and colleagues enrolled in other programs (Kumar 2013, 343), (Singh, Sharma, Kumar Sharma 2011, 153). Hence the following coping strategies are employed by the nursing students

to help them master, and reduce challenging situations and avert behavioural and psychological health issues.

Professional help and counselling offered to new students by the teachers in school helps in abating the negative effects that result from the challenges they face in their degree program. By confiding in the teachers about what bothers them, advice and useful tips are rendered because the teachers by experience and professional skills knows what the students go through at each period. This coping strategy is confirmed by Seyedfatemi and his colleagues in a recent research they conducted to identify the coping strategies the undergraduate nursing student in Iran used to overcome academic and clinical stress encountered in school (Seyedfatemi, Tafreshi, Hagani, 2007).

Effective communication with loved ones entails talking to trusted people that the students are familiar with like friends and parents. Social supports from classmates who are going through the same challenges help to ease the stress. Furthermore, positive family relationship and supportive communication from loved ones boosts emotional states of the students and could help them process the thought of them not quitting in times of difficulties. The idea of emotional processing and regulation leads to reduced stress and greater use of adaptive coping responses (Brougham, Zail, Mendoza, & Miller 2009, 94).

Being optimistic is another coping strategy that the first year students use to maintain a positive attitude towards stressful situations. It enables them to see things from a brighter perspective and give them hope that the difficulties they are encountering in their studies are temporary. Nurturing the thoughts of succeeding at each phase of their challenges will lighten their spirit and

boost their confidence thus reduce stress. This coping mechanism was identified as one of the ways nursing students used to adapt to situations during the initial period of clinical practice (Al-Zayyat, & Al-Gamal, 2014). Positive thinking and the solving of problems are utilized by students. Moreover some students handle stress through avoidance. The avoidance strategy was mostly seen in upper grade students (Chan & Fong 2009).

Engaging in sports and diversion activities can be one of the coping strategies to help students. A good number of students resort to physical activities to manage themselves while others testify that listening to music, watching television and reading books help them cope through the stress of nursing program. Creating time once in a while to indulge in these leisure and relaxation activities not only serves as a mechanism to tackle academic challenges or stress but it can promote health positively by relaxing the muscle. Some studies conducted in this area reaffirms that watching television and participating in sport related activities assists nursing students cope both in clinical areas and classroom (Seyedfatemi et al. 2007), Naiyapatana, Burnard, & Edwards 2008).

A study conducted by Costa et al (2014) showed that nursing students who do not participate in pyhisical activities tend to have high levels of stress. Participation in physically challenging and free time activities increased their self confidence, social competence and improves mental health (Costa et.al 2014). Consultaion of friends, mothers and utilization of different activities in order handle stress was a preference in Japanese students (Yamashita, Saito & Takao 2012).

4 AIMS, PURPOSE AND RESEARCH QUESTIONS OF THE STUDY

The aim of this study was to explore the experiences of the student nurses during their first year period both in clinical practice and academic studies as well as understanding what coping strategies they employed. The purpose of the study was to provide information that is beneficial to the future admitted students about their studies. The study is also meant to improve the quality of guidance and to minimize any difficulties newly admitted students might face. Therefore, to achieve the aims and purpose the following questions were formed to act as a foundation to the study. These questions are:

What are the student nurses' experiences in theoretical studies during the first year in JAMK?

What are the student nurse's experiences in clinical training during the first year?

What kind of coping strategies can be applied to improve upon the experiences for the future students?

5 IMPLEMENTATION OF THE STUDY

5.1 Research Methodology

In this study qualitative research method was used because it focused on the experiences of people in the world and their understanding of the experiences. On the other hand it also explored feelings and behaviors in their lives. It is based on interpretation of information and trying to explain certain phenomena in life (Madrigal & McClain 2012, 8).

This study emphasized on the views of participants, meanings, interpretations and their perceptions (Woods 2006, 4). It also concentrated on the way people viewed their experiences. The current research mainly aimed at understanding, describing and interpreting social occurrences as perceived by the students (Holloway & Wheeler 2009, 3). The scientific orientation of qualitative research is holistic, and the purpose of qualitative research is to examine the whole rather than the parts (Burns & Grove 2005, 9).

Furthermore, this study focused on answering questions as to why, what and how of a phenomenon rather than how much or how many of a phenomenon (Brikci & Green, 2007). It involved data description, analysis and interpretation. Above that, the relationship of researcher and participant is based on equality and is a closed one. Finally it allowed one to be very reflective. (Holloway & Wheeler 2009, 1-4.) The study focused on both the theoretical and clinical practice experiences of nursing students; therefore, from the above information, it was obvious that qualitative research method was the best methodology to use for the research study.

5.2 Participants and Recruitment

The study was conducted in University of Applied Sciences in Finland and it targeted first year nursing student (studying in English). The researchers carried out this study using a purposive sampling because this technique will concentrate on participants who will better be able to assist with this research (Padgett's, 2008, 1-4).

Those who studied degree program in nursing and have had their practical training were focused on this study. Permission was asked in writing form from the University. Before the commencement of the class, the researchers informed the students and to those who gave their consent, the researchers gathered them together at the end of the lecture and the consent form was distributed, then the interviewing section took place (See appendices 1 and 2).

5.3 Data Collection

Semi-structured interview was used as data collection tool for this study. It was considered suitable by the researchers since it is frequently employed by different healthcare professionals in their research (Jamshed, 2014; Whiting, 2007). A list of questions that helped the interviewers elicit valid response from the participants was used as a guide in the interview (See Appendix 3). This technique of data collection was used to collect information about participants' experiences, views and beliefs concerning a specific research question or phenomenon of interest (Ryan, Coughlan, Cronin, 2009, Lambert & Loiselle, 2007).

The themes included open-ended questions as issues are explored from an individualistic perspective but also the researchers anticipated that some questions would arise naturally during the interview hence flow of information. Semi-structured interview enabled the interviewees to discuss in detail, their perception and interpretation in regards to a given situation and there is opportunity to disclose underlying questions as follow-up (Turner, 2010; Cohen & Crabtree, 2006.) It allowed for the discovery or elaboration of information that is relevant to participants which may not have previously been thought of as pertinent by the research team (Gill, Stewart, Treasure & Chadwick, 2008).

Eight students from the first year group participated in the study and they were all in one group. The participants were from different continents and cultural backgrounds. Four students were from Europe, two from Asia and the remaining two from Africa. None of the participants had previous experience related to healthcare or nursing however all of them had completed their first nursing practice placements in Finnish health care settings. The group interview was used to get important data among participants during the conversation. It revealed levels of understanding that can stay untapped when other data collection methods are used (Doody, Slevin, & Taggart, 2013).

The interview section lasted for 50 minutes and the data was retrieved via audio recording. Audio was use to obtain the interview data, but notes were taken where necessary to ensure that no information was lost. The recorded interview made it possible for the researchers to review the interview again after data collection for easy analysis and clarity (Clough & Nutbrown 2007, 130). Collected data was fully transcribed through repeated playbacks and

careful listening. Then 13 pages of text were gotten. All transcripts were verified against the audiotapes to exclude irregularities. The interview was analysed with the help of theoretical background to achieve a mind map of the study (Doody & Noonan, 2013).

5.4 Data Analysis

Data collected was analysed using content analysis. Qualitative content analysis is a systematic way of describing the meaning of data collected by assigning categories and coding frame to parts of the materials (Schreier 2012, 1). The choice of this method of analysis is because it focused on obtaining contextual meaning from text which is obtained from interviews, prints or narrative responses (Hsieh & Shannon, 2005). The researchers held a small feedback session with each other immediately after the interview and notes were taken. This is to ensure clarification of the participant's expressions or confusion observed while collecting the data as well as their reaction to the interview (Maritz & Jooste 2011, 974).

Afterwards, the interview audio data were transcribed into text format for easy data analysis. Transcription was done with media player, which was used to listening of the audiotape multiple times. The interview information were written down verbatim on Microsoft Office Word. Transcribing took four hours. The transcribed text yielded 13 pages of A4 sized paper. Times New Roman was used as the font, and the font size was 12 with a spacing of 1,5. Subsequently, all statements relevant to the research questions in the transcript were identified, and each was assigned a code, for easy grouping and further reduction of the data. Coding is the act of using word or short sentences in order to summarize, arrange and systemize the given information

(Saldana 2009, 3). It helped to summarize and synthesize what was happening in the data.

After the coding, the data that are related were categorized and the patterns together with the connection within these categories were noted. According to Gibbs (2007), categorizing data helps to identify passages of text that are linked by a common theme or idea. (Gibbs, 2007). The procedure of data grouping increases understanding and generates knowledge about phenomenon (Elo & Kyngas 2008, 111). The related themes were then interpreted and the meanings deduced.

6 FINDINGS

6.1 Nursing students experiences of theoretical studies

The nursing students were generally contented about their theoretical studies. The theory and the workload were adequate for certain students and they felt well equipped for the practice. However, the students with prior experience in other professions experienced the first year to be more basic than their expectation. Thus, these students voiced their enthusiasm for the second year in hopes of gaining new information and deepening their knowledge in nursing.

“to me this is just relaxaing because I have been in serious condition more than this... I was working before and studying but now only studying

Group works in theoretical studies impacted the students differently. The

students reported that the group work mechanism is a good way of preparing them for the future teamwork in the nursing profession. Group works gave the opportunity to build up student relationships and allowed them to learn new things from each other. However the amount of the overlapping groups works overwhelmed the students. It was expressed that difficulties occurred when arranging time to meet with group members. According to the participants group works required more hours after school from them. Students with children were challenged in finding time to meet with the group members after school. For this reason, they would have preferred to have more individual assignments in order to reduce the complications that might occur with group works.

“I spent a lot of hours doing these group works. There is no free time for class and my kids...”

Language challenges: According to the findings, students experienced communication barriers in the classroom. Students with Finnish background reported that the communication level was not according to their expectation. Thus it was suggested for more changes in this area in order to improve the language challenges faced by students. The foreign student wished for intensified use of the Finnish language in the lectures, especially skill labs. The students voiced that the names of equipment used in skill labs should also be taught in the finish language in order to aid the students in their clinical practices.

“there is one machine called nosturi... this is my first time of seeing such machine”

The use of Technology in teaching and learning was valued among the students. According to the findings, many assignments given required the use of technology, thus the students reported that the use of technology has played a big role in their education. The students communicated of having had a brief introduction to these programs in the beginning of their studies which was enough for those with prior experiences. However, the students from other generations with no prior experience in these programs found it overwhelming in the beginning to learn about new programs.

Virtual courses were a welcomed option to students. The participants with families and those working in addition to school especially expressed favoritism for virtual courses. Favoritism was also shown for virtual exams because they allowed students to carry out the exam at a place and time of preference. According to the findings the virtual exams were a relief to the students and inflicted less pressure than the classroom exams. However, the students who need the face to face exam pressure to be motivated pined for it.

“Online exams are good cause you can do them anywhere and from a student’s side that’s something easy”.

“They are not the best way to learn, they miss the tenseness of real exams”

6.2 Clinical Experiences

The nursing students reported having had positive experiences regarding their first practice. The general experience was positive, nice, good or interesting. There were some differences about the timing of practice. It was

mentioned that the practice could have begun earlier whereas the opposite experience was that the practice begun too early. Based on these experiences there were individual differences among students regarding the intensity of studies.

Students mentioned their experiences about the patients in the nursing units which had mostly geriatric dementia patients and some of the students felt that the patients were difficult to handle with. This was due to behavioral changes that can occur for example in Alzheimer patients. Over time however they got familiar with the practice unit and patient care. Therefore the experience from the beginning of practice started changing to a more positive direction as practice went on.

"I think the first few days were a bit like a small shock because handling with the patients is hard... You have to be careful not to lose your temper"

Students had experienced positive mentorships during their time in practice and felt welcome in the practice units. It was mentioned that a mentor would speak to other co-workers to be open minded towards students doing their practice. It was also stated that students felt trusted because mentors let them do things independently.

"I have two mentors and they are really good, they trust me and they let me do stuff independently"

According to non-Finnish students the use of Finnish language was difficult and challenging, but mutual understanding was possible. This was due to not sharing a common language.

"I am not Finnish but I understand them and they also understand me"

When I was preparing for my internship my greatest challenge was the language...Instead of trying to explain something in English she (mentor) tried to explain it in basic Finnish...It is very encouraging"

6.3 Coping Skills Applied by First Year Nursing Students

Leaning toward family members and friends: This coping strategy was generally echoed by the participants as the most result yielding approach, in relieving them of any unpleasant experience they encountered during their studies. By opening up and talking to someone appropriate alleviated the students' burden.

".....when I confide in relatives... they encourage me with words and good advice. Sometimes they tell me interesting stories about what is happening at home which helps in diverting my mind from the negative situation".

Talking to trusted friends enabled the students psychologically, especially the friends they made in their study groups. They share their experiences together and offer effective solution to feel better emotionally. Also promoting a good outlook through a network of support and understanding.

" ...it helps to know that other...other student have these difficulties as well..."

Engaging in self-care activities was also reported by the interviewees as a coping mechanism they used to keep a level head amidst practical placement challenges and demands of classroom activities. Participating in physical and leisure activities like long hot bath, watching movies and surfing the internet according to the students, made them happy, cleared their mental foginess and nervousness. They were able to interact socially with people while doing some of the physical activities and also pamper themselves. The self-care activities helped to ease their stress and enabled them carry on the academic task without problems.

“Sometimes if I feel am not concentrating, I go for a walk to get fresh air and appreciate nature. I remember taking nap at times.....this gives me energy to focus on what is ahead.”

“.....I watch relaxing movies and comedies to keep my mind off the stress, after some hours I will switch back to school assignments”

Developing a positive mindset was mentioned as a significant coping skill. This involves changing their attitude to change their lives. The participants disclosed that they developed an optimistic attitude toward the challenges they faced by telling themselves it will get better as the days unfolds. Using the right words and statements not only helped to eliminate negative “self-talk” but kept them focused on their goal as students, and enlightened their mood.

Appreciating the opportunity to study and earning a degree seemed to change their perspective to the challenges. Also seeing the effort the teachers put to

make their learning an interesting process gave them hope and relief.

".. I constantly remind myself of how a successful professional nurse I want to be in the future....yes because that is my goal and interest. When a colleague upsets me during group work, I try not to focus on them... I have learnt to let go what I cannot control and move on".

Seeking help: Involving a person who has a direct impact on the situation at hand was also reported to have helped the students manage their stressful challenges. However the first year students admitted that seeking the help of mentors when attending to the patients helped a lot in managing this frustration.

"...I call for help... I always call my mentors and ask them what to do to avoid mistakes"

The mentors assist by explaining the basic word in Finnish and encourage the student nurses to speak as much as possible. This in turn gave the first year students confidence, and relieve the stress of feeling that they have failed their mentors and their patient. Another action taken by the students was to give feedback to their supervisors who were ever ready to intervene in any difficult situations.

".....it's encouraging to see that the mentors wants you to speak the Finnish language by teaching you some words in Finnish and repeating those words in English. The supervisors complement our efforts in learning the language.....that really helps".

7 DISCUSSION

7.1 Discussion of the main results

The intention of the researchers for this study was to identify the experiences of the first year nursing students during clinical practice and theoretical studies. Coping strategies they utilized for effective learning were outlined. The researchers are convinced that the research questions were answered and the goal for this study is achieved. Although similarities in results could be seen when comparing this research with previous studies, yet remarkable differences could also be noted as well. Noteworthy, the participants' answers varied to a small amount even though they were from different countries with diverse cultural backgrounds.

The result of this present study reveals the impression of theoretical studies and clinical practice to the students. One important point highlighted by the students is that the support from the clinical mentors as well as feedback from teachers influenced their experiences positively. This is in consistent with Jokelainen (2013) disclosure who said that facilitating an individual learning process involves supporting the student through confronting sources of tension. This enhances their ability to learn and even develop leadership skills (Jokelainen, Jamookeeah, Tossavainen, & Turunen 2013). Furthermore, based on this study, clinical learning environment is considered a relevant component to ensure satisfactory clinical learning. It is therefore paramount to consider the nursing students' clinical practice experiences and ascertain the sections which needs improvement (Henderson, Twentyman, Heel, & Lloyd et al., 2006)

In this study the participants voiced unfamiliarity of clinical practice knowledge. After the theoretical studies prior to their first clinical placement, participants obtained adequate clinical practice information. They admitted the information provided through lectures with open mind and positive attitude. According to the participants in this study language barriers in the classroom was experienced. However, similar outcomes were also reported by a research conducted by Magnusdottir et al. (2005). They noted that language barrier can be problematic in theoretical and clinical learning environment; which can affect nursing students' learning.

According to Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-Kilpi (2010) regular supervisory discussions and mentorship which focuses on individual supervision can act as a strong supporting element. In this study aslo good cooperation with the mentors was mentioned as essential. Despite the lack of mutual language to fluently communicate, participants had good and supportive mentors and expressed that they were able to learn easier and well adapt to the working environment. A study by Levitt-Jones et al. (2008) also agrees and emphasizes that supportive clinical mentors play an important role in the students' self-confidence by promoting socialization and encourage independence which leads to clinical competency (Levitt-Jones, Lathlean, Higgins &McMillan et al., 2008).

In this study, participants expressed that some stress coping skills for general stress in both theoretical studies and clinical training were engaging in sports, movies, getting few drinks, clubbing during weekend, visiting family and friends and watching comedies. Selmo (2008) supports this by indicating that physical activities increase health and social competence. Similarly, in the

findings of this study, support from family, friends and the society played a major role in maintaining mental health and coping with everyday stress.

The participants of this study reacted differently to the use of technology in school. The use of technology helped in many assignments, it facilitated the student's work and created a constant connection between the students and the teachers. Though it was voiced that the students experienced technological challenges in the beginning of their studies, the positive effects of technology both in clinical and theoretical studies were valued. Students collide with many new things in the beginning of their studies and the increased use of technology is one of them. Other studies have also reflected the fact that students find it difficult in adapting to the use of the available technological advances in the various levels of nursing education (Davis, Davis, & Williams, 2010). The interviewees in this research also voiced concerns towards certain courses, the amount of the assignments and the curriculum. Thus, recommendations such as restructuring the courses and better organizing the curriculum in the way that facilitates both the student's and the teacher's work were made.

In general, this study found that theoretical studies and clinical practice experiences were generally good. Though some concerns were made, the students were still content with their studies and were looking forward for the second year. This study revealed that a good learning environment promotes students to learn. Adaptation to good learning environments is good and enhances learning. In comparison to our study Sharif & Masoumi (et al., 2005) found that student friendly atmosphere is one of the factors enhancing the learning motivation of student nurses.

7.2 Ethical Considerations

Ethics refers to the moral practices and beliefs of individuals. Research that involves human beings as participants always involves ethical issues. As indicated by Moule & Goodman (2009, 56), ethical principles includes, confidentiality, veracity, beneficence, justice and non-maleficence, veracity is the ethical principle of telling the truth.

According to Moule & Goodman (2009, 56-58), all participants were informed well about the research, they were offered right to choose whether to participate in the research or not, without any coercion, and to withdraw at any time. Justice was maintained, as all participants were treated fairly and nobody was given special preference or discriminated over other participants. Non-maleficence principle was well applied as no participants were harmed physically, psychologically, emotionally, socially or economically. The principle of beneficence guided this research as the outcome was beneficial to nursing faculty in universities, teachers, hospitals and staffs in improving the experiences of newly admitted nursing students in the future.

Thus, confidentiality is the ethical principle of safeguarding the personal information which is gathered in the study (Moule & Goodman 2009, 57). The participants were assured of anonymity and confidentiality and their individual data was not reported without the explicit permission from them, no identifying information of the participants' was published in the report. The researcher also understood participants' names and personal information was not to be given to the third party without the participants consent (Fouka & Mantzorou 2011, 6.)

Ethically sound research guaranteed the protection of participants' human rights as indicated by Moule & Goodman (2009, 45– 49), the audio recorder used to collect data during the the interview was stored in a locked cabinet which only the reseachers had access to whenever they need to use it. Only the researchers retrieved the transcript copy whenever necessary with a password. The researchers did not take sides or try to suppress any information to fit the research. The information given was presented as it is without any form of bias. Honesty and integrity was highly considered. Information which was regarded as harmful to the participants was not disclosed since confidentiality is a vital subject. Data collected was kept for duration of time while being analysed. After data analysis and presentation of the finding, the data was destroyed to keep it from falling under the control of different analysts who may misuse it (Creswell 2014, 100.)

7.3 Credibility, Dependability and Transferability

According to Trochim (2006) credibility criteria involves establishing that the results of qualitative research are believable from the perspective of the participant in the research. In this context, the purpose of qualitative research was to describe or understand the phenomena of interest from the participant's views, the participants are the only ones who can legitimately judge the credibility of the results (Mike, 2011). Choosing participants from the international group studying nursing and who were willing to share their thoughts and feeling for the purpose of this study guaranteed this thesis credibility (Rebar, Gersch, Macnee & McCabe, 2008).

Although the research reached its aim as it explored the experiences of newly

admitted nursing student, there were some unavoidable limitations. One limitation is that the study was conducted only on a small sized population which consist of eight new student nurses from the same university (Jamk). Therefore to generalize the result for larger group of new nursing students is not appropriate. Moreso, their communicated experiences could be peculiar to their school environment. The researchers considered carrying out the research with the eight new nursing students due to the fact that not all have gone for their clinical studies at time of this study, and time constraint to get all the informants in one avenue for the interview if they were many since not all of them will be free at the same time this study was done.

Even though the interview was conducted in a relaxed environment and the participants were encouraged to feel free and tell their experiences, there is a chance that some withheld vital information which should be shared due to lack of language (word) suitable to express such emotions in their own dialect since the interview was conducted in English. This may further affect the meaning of what the participant said when the data was interpreted. Lastly, the researchers acknowledges the fact the purposive sampling technique has influenced the reliability of this research results to every new student nurse experience, but it was considered appropriate within the context of this research.

8 CONCLUSION AND RECOMMENDATION FOR FURTHER STUDIES

The aim of this study was to find out the experiences of the newly admitted nursing students in their first year period of their studies. The questions of the

study aimed to find out student's experiences in the theoretical and clinical studies. The coping strategies applied in their studies were also inquired. Generally the students reported to be content in their theoretical and clinical studies. Different responses were given by the students in the study which includes, teacher's and mentor's support playing an important role in student learning and nursing education in general. The results also revealed a number of coping strategies such as leaning towards family members, engaging in self-care activities, seeking help and developing a positive mind. The new nursing students used these coping strategies to overcome stress and, stimulate good learning process in the classroom and clinical area.

The result of this study could help to improve the learning outcomes of the new nursing students in Finland as they implement the approach used by students in this study. The findings in this study could offer further insights to teachers who work with international students. The study unveiled how supportive environment facilitates learning which is recommended.

Recommendation for further studies are what ways of combating or reducing the effects of language barriers in nursing learning environment. Also a comparable study can be done on second or third year nursing students in order to reveal the students experiences in their present year of study and perhaps give guidelines on how to cope through studies in classroom and clinical environment.

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APPENDICES

Appendix 1. Letter of Information

Dear Participants,

We are third year nursing students of JAMK University of Applied Sciences. We are writing our bachelor's thesis on the topic "Experiences of Newly Admitted Nursing Students-Theoretical and Clinical Practice during first academic year". The aim of this study is to explore the experiences of the student nurses during their first year period both in clinical practice and academic studies. The purpose of the study is to provide information that is beneficial to the future admitted students about their studies. The current study is also meant to improve the quality of guidance and to minimize any difficulties newly admitted students might face. Participation is voluntary and there are no known risks involved in participating in this research. Participants are free to withdraw at any time and they are not obliged to answer any questions which may cause discomfort. The interview will be conducted in English and will last for between 45-50 minutes. The interview will be recorded with a smart phone. Information received from participants will be used solely for the purpose of this research and your confidentiality guaranteed.

Thank you in anticipation.

Yours truly,

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Appendix 2. Consent form

I volunteer to participate in a research study conducted by students of JAMK University of Applied Sciences, Degree Programme in Nursing, Elena Lekkas, Cynthia Ogie-Osahon, Naomi Mwanakayaya and, Zeal Uzoka.

The study concerns Jyväskylä university of applied sciences first year nursing students who have started their studies in the academic year 2014 (SNP14) and what their experiences have been so far concerning their studies and first practice.

I understand that the interview questions are meant to gather information for a research study and my participation is voluntary.

I understand that the answers of study questions are used only in this study and approved and reviewed by JAMK University of Applied Sciences, school of health and social studies ethical committee.

I have read and understood the terms and information regarding interview questions for this research study.

Name:

Date:

Signature:

Appendix 3. Interview/Research questions

1. How do you feel about your studies so far? (The themes below will be used)

Theoretical studies

Clinical Practice

Coping strategies