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# Student coordinators' perceptions on orientation content of the clinical practice in intensive care nursing

Helsinki Metropolia University of Applied Sciences

Bachelor of Health Care

Degree Programme in Nursing

Bachelor's Thesis

March 2019

Author(s) Title Number of Pages Date	Maija Väyrynen Student coordinators' perceptions on orientation content of the clinical practice in intensive care nursing 25 pages March 2019
Degree	Bachelor of Health Care
Degree Programme	Degree Programme in Nursing
Specialisation option	Nursing
Instructor(s)	Liisa Montin PhD, RN, Senior Lecturer
<p>The purpose of this thesis was to describe student coordinator's perceptions on orientation content in three different hospitals, four different Intensive Care Units (ICUs) in the Hospital District of Helsinki and Uusimaa (HUS). The nursing student's orientation during his/her clinical practice includes introducing students to the ward's policies, vision, expectations and procedures. It is a necessary process that is crucial to the competent care and safety of patients.</p> <p>Thesis' data collection was carried out by doing a theme interview in autumn 2017. Every interview lasted for about an hour each. The interviewed personnel were the wards' student coordinators, altogether 7 participants. The interviewees participated to the interview voluntarily and could have withdrawn if they had wished to do so in every phase of the process.</p> <p>Since the data collection method was a theme interview, the student coordinators were represented with only one phrase; to describe their perceptions on the orientation content in their ward. By using this method, they could freely tell their own opinions and views on the matter without ready-made questions or interviewer's comments leading them on.</p> <p>The data was then transcribed and analysed by using an inductive content analysis. In the abstraction phase of the analysis, four different main categories were formed; unit- level and organizational-level orientation, student's responsibilities and obligations, orientation to the clinical work and security orientation. Under these categories fell all those concepts that were formed from direct quotes, and they were grouped so that the four main categories could be formed.</p> <p>The obtained results from this thesis can be used for further research purposes and when developing nursing students' orientation during clinical practice. Further research is definitely needed on the area, and there's a need for making the policies and practices even more coherent in the HUS area than they already are. A comprehensive, good quality orientation during a nursing student's practice is crucial for a successful clinical practice.</p>	
Keywords	student coordinator, clinical practice, orientation, nursing student, intensive care unit

Tekijä(t) Otsikko  Sivumäärä Aika	Maija Väyrynen Opiskelijavastaavien näkemyksiä harjoittelun perehdytyksen sisällöistä tehohoitotyössä 25 sivua Maaliskuu 2019
Tutkinto	Sairaanhoitaja (AMK)
Tutkinto-ohjelma	Degree Programme in Nursing
Suuntautumisvaihtoehto	Sairaanhoitotyö (Nursing)
Ohjaaja(t)	TtT, Sh, Lehtori Liisa Montin
<p>Tämän opinnäytetyön tarkoituksena oli kuvailla opiskelijavastaavien näkemyksiä harjoittelun perehdytyksen sisällöistä kolmessa Helsingin ja Uudenmaan sairaanhoitopiirin sairaalassa, neljällä eri teho-osastolla. Sairaanhoitajaopiskelijan perehdytys harjoittelunsa aikana sisältää opiskelijan perehdyttämisen osaston käytäntöihin, toimintaperiaatteisiin, odotuksiin sekä toimenpiteisiin. Se on välttämätön prosessi, joka on keskeinen potilasturvallisuuden ja tehokkaan hoidon näkökulmasta.</p> <p>Opinnäytetyön aineistonkeruu toteutettiin syksyllä 2017 teemahaastatteluina. Haastattelut kestivät noin tunnin jokainen. Haastateltavat olivat osastojen opiskelijavastaavia, yhteensä seitsemän (7) osallistujaa. Haastatteluun osallistuminen oli täysin vapaaehtoista opiskelijavastaaville, ja he olisivat voineet vetäytyä prosessista missä vaiheessa tahansa näin halutessaan.</p> <p>Koska aineistonkeruumenetelmäksi oli valikoitunut teemahaastattelu, opiskelijavastaaville esitettiin vain yksi kysymys/väite; kuvailla heidän näkemyksiään harjoittelun perehdytyksen sisällöistä osastollaan. Teemahaastattelun avulla opiskelijavastaavat pystyivät vapaasti kertomaan omia näkemyksiään ja mielipiteitään annetusta teemasta. Tämä aineistonkeruumenetelmä mahdollisti myös sen, ettei valmiiksi muotoillut kysymykset taikka haastattelijan omat kommentit johtaneet haastateltavien ajatusprosessia.</p> <p>Aineisto analysoitiin käyttämällä induktiivista sisällönanalyysia. Analyysin abstrahointivaiheessa muodostui neljä yläluokkaa; yksikkö- ja organisaatiotason perehdytys, opiskelijan vastuut ja velvollisuudet, kliiniseen hoitotyöhön perehdyttäminen sekä turvallisuusperehdytys. Näiden kategorioiden alle muodostuivat alaluokat, jotka saatiin haastatteluiden suorista lainauksista. Suorat lainaukset ryhmiteltiin yksinkertaistamisen jälkeen niin, että saatiin kyseiset neljä yläluokkaa.</p> <p>Saatuja tuloksia voidaan hyödyntää lisätutkimuksissa ja kehitettäessä sairaanhoitajaopiskelijoiden harjoittelun perehdytystä teho-osastoilla. Tarve lisätutkimukselle aiheesta on suuri, sillä esimerkiksi HUS-alueen käytäntöjä perehdytyksestä tulisi yhtenäistää. Kattava, hyvälaatuinen perehdytys sairaanhoitajaopiskelijan harjoittelun aikana on keskeistä onnistuneelle harjoittelulle.</p>	
Avainsanat	opiskelijaohjaaja, harjoittelu, perehdytys, sairaanhoitajaopiskelija, tehohoitotyö

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## 1 Introduction

Nursing is a practice based profession that requires nursing students to "learn how to become professionals in the practice or clinical setting" (Chapman & Orb 2001, p.95). The nursing students that are studying now and, in the future, will someday be registered nurses taking care of real patients. That is why it is very important that their orientation during clinical practices has been comprehensive enough and that they are competent to take care of patients by themselves.

Orientation during a clinical practice includes introducing students to the ward's policies, vision, expectations and procedures. It is a necessary process that is crucial to the competent care and safety of patients. (Beskine 2009, pp. 23, 30.) Through this thesis more information is gained on student orientation in the Intensive Care Unit (ICU) which will help further research and development work on this area. The study is conducted in cooperation with The Hospital District of Helsinki and Uusimaa (HUS) which is a Joint Authority formed by 24 municipalities (HUS 2017a).

In intensive care, the vital functions (breathing, circulation, coagulation of the blood, renal and hepatic function) of a critically ill or injured patient are monitored, supported and maintained. Patients are typically placed in intensive care after major surgery or when they suffer from a severe, life-threatening infection or severe cardiovascular disorders. Intensive care often causes great stress on the patient and is started only when a life-threatening situation is considered short-term and the patient is likely to recover so that he/she can live a satisfying life afterwards. The staff in Intensive care units are Intensive care specialists and highly trained nurses. Patients in intensive care are treated by specialists from multiple fields of medicine. In the HUS area, the most severe cases are always treated in Töölö Hospital. Such cases include severe multiple injuries, third-degree burns and head injuries. (HUS 2017b).

Orientation is needed when learning new policies of the workplace. In order to avoid "trial and error", the staff's motivation to give a comprehensive orientation is high. (Niemi-Murola 2013, pp. 2990 – 2991.) The aim of HUS is that their student orientation during the clinical practice would be as effective as possible and good quality so that they can train professional and competent future nurses (Eckardt et al. 2014).

The nursing studies last for 3,5 years, including 210 ECTS (European Credit Transfer and Accumulation System). About one third of the education (70 ECTS) consists of clinical practice, which usually takes place in “various treatment and operating environments in the health care and social services sector”. There is a clinical practice in every term. (Metropolia UAS 2017b.)

According to Chapman and Orb (2001) the clinical practice is a significant and essential part of the nursing studies and crucial to the student’s learning. The aim of it is to support the student's professional development towards professionalism by offering nursing students to practice with real clients and problems. The clinical practice is a goal-oriented process, during which the student learns professional skills and practices. Through clinical practice students familiarise themselves with the practical tasks in their field of study and learn how to combine theory and practice. (Chapman & Orb 2001, p.95; Metropolia UAS 2017a.)

Studies show that clinical teachers think that for a nursing student, attending the practice setting is certainly a more effective method of learning than studying in the class room. The clinical setting allows the student to undergo the real- life set up of providing client care. (Chapman & Orb 2001, pp.95-96.) The student gains experience about professional life which supports his or her professional development and career choices and builds up professional identity. Different clinical placements offer a great opportunity to create new connections and networks which helps in future job searching. (Metropolia UAS 2017a.)

## 2 Background

Previous studies and research were collected from databases: Cinahl, Medline, Medic and Terveystieto by using the following search terms: opiskelija, perehdytys, clinical practice, orientation, student, nursing student and combinations of these. In addition to that, data was collected from the reference lists of the studies found.

Education and orientation of nursing students is not only essential for patient safety, but with a good orientation, the practice can be a rewarding learning experience (Harrelson et al. 2007, p.146). It has been discovered through research that students are more prepared to the challenges that might occur in clinical practice if the orientation has been comprehensive enough (Killam & Carter 2010, pp. 1-3, 8-12). A decent orientation will also reduce stress factors, anxiety and fear during clinical practice as well as gives students more confidence (Burns 2009, pp. 20-21).

The quality and effectiveness of the orientation and how much the student actually learns, depends both on the student him/herself and also the mentor. Even if the orientation process or material is good and proved to be effective, if there are problems with the student-mentor relationship it might not work as planned (Wilkes 2006, p.42).

It is the mentor's responsibility to create an effective working relationship with the nursing student. The student's orientation should start with getting to know the facilities and setting ground rules. A comprehensive, ideal orientation covers "formal, professional, legal, national and local requirements, and health and safety issues, including the location of fire exits and what the student would be expected to do in the event of a fire, for example." The process also includes security, other emergency procedures and other things such as shifts, breaks, toilets, contact numbers, specific learning needs/goals and where everything is kept and how it works. It could be stated that: "Orientation is the gateway to a successful placement". (Beskine 2009, pp. 35-40.)

In order to develop something further and improve old practices, more research is needed. So that being said, the ultimate goal of this Bachelor's Thesis is to describe student coordinators' perceptions on orientation material content in the ICU, in order to develop the current orientation further if needed. By describing student coordinators' views on current policies, more information is obtained about the student orientation and thus possible need for development work becomes more specified.



### **3 Purpose, aim and a study question**

The purpose of this thesis is to describe student coordinators' perceptions on orientation content at an Intensive Care Unit. Eventually, the ultimate goal is to develop student orientation. The study question is; what are the student coordinators perceptions of the orientation content.

### **4 Data collection method, data collection and data analysis**

The data collection was conducted in three of the HUS district hospitals, Meilahti Hospital, Töölö Hospital and Jorvi Hospital during autumn 2017. The method was a theme interview.

#### **4.1 Data collection method**

The data collection in this thesis was conducted by doing a theme interview in Finnish for a group of student coordinators. The estimated time for the interview was about one hour.

The theme interview offers interviewees the opportunity to develop their point of view in detail. In order to fully enable this development an open conversation situation ought to be formed during the interview. More than in a group discussion, the focus is on the individual person and his or her experiences and opinions related to the topic. The interview starts with a short briefing of the topic and a clarification of the schedule of the interview (for example; duration, process and promise of confidentiality). (Schorn 2000.) The student coordinators of the unit were interviewed, and interviews recorded.

#### **4.2 Data collection**

The interview, more precisely a theme interview was conducted in autumn 2017. The interviewees were all sitting in the same room with the interviewer and were informed that they are not confronted with a prepared list of questions, instead, they have the opportunity to unfold and to explain what is important for them concerning the topic on hand.

Three out of four hospitals that were asked to participate to the study agreed to participate. The interviewees were all presented with the same question; to tell their perceptions about orientation content in the ICU and all interviews lasted for about an hour. Three of the hospitals had two interviewees and one had one interviewee which makes the number of interviewees 7 in total.

In a theme interview, the themes that arise during the interview are carefully thought and defined beforehand. In some cases it doesn't play a big role in which order the themes are, instead it is allowed and preferable that the conversation flows and lines the order naturally which was exactly the case in this thesis. So the interviewer starts the conversation and explains what the interview is about and gives some general info. Then the conversation can flow almost freely and the interviewees tell their own opinions. The interviewer can say for example; "Could you elaborate that?", but the interviewer is not allowed to lead the conversation to the direction he/she wants. (Tiainen 2014, p.2; Kyngäs & Vanhanen 1999, p.8.)

### 4.3 Data analysis

The transcribed material was analysed by using an inductive content analysis. This means looking for patterns to the interviewees' answers and then grouping them accordingly (Maltby et al. 2010, pp.145-146).

"Inductive content analysis is used in cases where there are no previous studies dealing with the phenomenon or when it is fragmented." The inductive analysis process includes three main phases: preparation, organizing and reporting. In this case the concepts of the preparation phase were derived from the data gotten from the interviews. An inductive approach moves from the specific to the general so that precise instances are observed and then combined into a larger whole or general statement. However, there are no strict rules for analyzing data; the key of all content analysis is that the text is classified into much smaller content categories. (Elo & Kyngäs 2008, pp. 107, 109.)

The next step in inductive content analysis is to organize the data. This process includes three phases called; open coding, creating categories and abstraction. Open coding includes taking notes and writing headings in the text while reading it. To describe all aspects of the text, the written material is read through again, and as many headings as necessary are written down in the margins. (Elo & Kyngäs 2008, pp.109, 111.) In this

precise Thesis, notes were taken while reading the interviews and the original quotes were underlined in different colors. The headings were then collected from the margins and written on a different paper. After this, the lists of headings were grouped under higher order headings and made into a hierarchy figure. (Table 1.)

The third phase in content analysis “abstraction” means developing a general description of the research topic through generating categories. The process continues as far as is reasonable and possible (Elo & Kyngäs 2008, pp.109, 111). This phase was not passed, but it overlapped with the previous phase, so it didn’t have such an emphasis to the final outcome. The final result left the author with four (4) main categories after abstraction phase which were; orientation to the clinical work, student’s responsibilities and obligations, unit- and organizational-level orientation and security orientation. Under these categories fell all the headings that arose from the interviews when they were transcribed and analysed. (Figure 1.)

Table 1. Example of the progress of the inductive content analysis

Original phrase	Simplified phrase	Subcategory	Main category
"...where you can find the toilets, locker rooms and everything."	Showing the facilities	Physical environment	Unit-level and organizational-level orientation
"That student's responsibility is something we emphasize a lot, for his/hers own learning."	Student's responsibility for his/hers own learning	Searching information during the practice	Student's responsibilities and obligations
"...there are different kinds of monitoring, hemodynamics, respiration..."	Monitoring the patient's vital signs	Monitoring the patient's condition and vital signs	Orientation to the clinical work
"...They go around all the fire safety issues and emergency exits..."	Orientating on how to act in an emergency situation	Different emergencies	Security Orientation

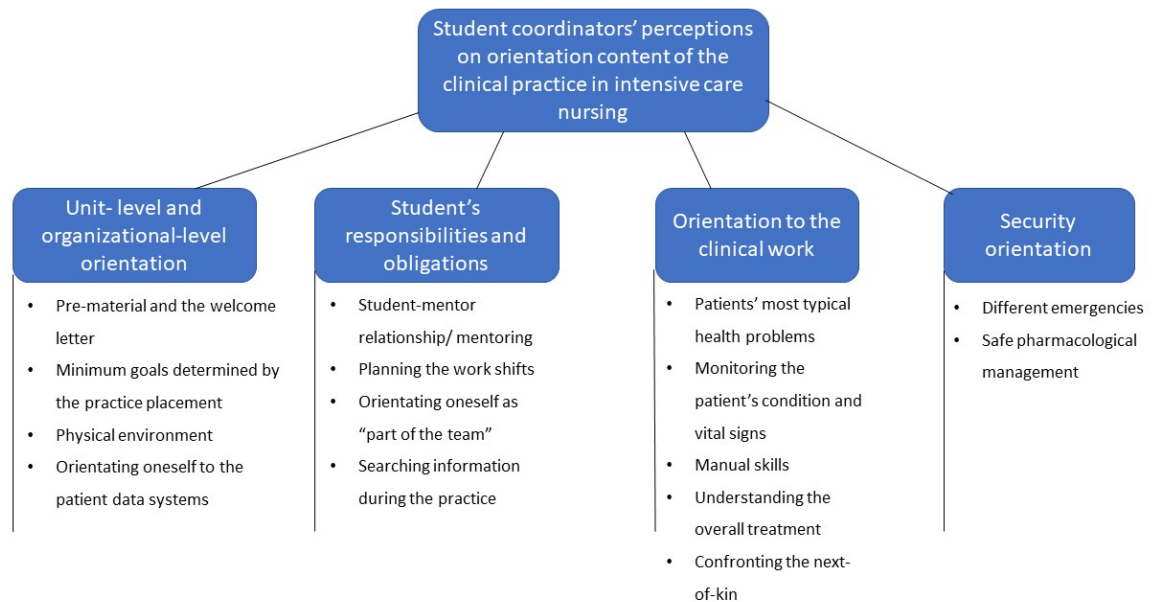


Figure 1. Figure 1. Main categories and subcategories of the analyzed data

## 5 Results

The results are reported according to the figure (Figure 1.) in the same order.

### 5.1 Unit- level and organizational-level orientation

Both unit-level and organizational-level orientation were represented in the interviews though unit level orientation as a theme was more on display. All the interviews actually started with the interviewees bringing up this specific theme.

#### 5.1.1 Pre-material and the welcome letter

All the wards had some kind of a welcome letter or pre-material that they send to the nursing student before the practice. A welcome letter and pre-material orientate the student already beforehand for the practice and give some rational on what kind of a place the ward is where he/she is going.

“And then we send the student a welcome letter in which we usually tell about this ward, and then we put some materials to it that the student is advised to read; daily schedule and so on.”

“We advise the student to go through the general anatomy and physiology of breathing and hemodynamics before coming to practice.”

The goal of the pre-material is that when the student arrives to the ward on the first day, he/she already knows some things about the ward and the patient profile as well as different specialities that the ward has. Thus, it is easier for the student to orientate himself/herself for the practice in that ward. Also, he/she is less likely to be confused with everything new in the ward than he/she would have been if he/she hadn't received any pre-material. The same core principles apply to the welcome letter than to the pre-material.

#### 5.1.2 Minimum goals determined by the practice placement

The school will give some all around, general goals for different practices for the student. The main idea is though that the student will adapt those given goals to that specific

placement and add some individual goals that apply to his/her studies and personal occupational development.

“I encourage the students to do ambitious goals because that is what we then aim for. Then the evaluation done half way along the practice is very important because there we see where we have gotten or then we can deepen the learning in some areas...so that we can ensure that they would reach their goals.”

Usually during the final practice, the practice placement has put together a list of goals which are the bare minimum tasks and nursing interventions that the student has to absorb during the practice. On top of these given goals student then adds his/her own personal goals and the ones given by the school.

“Then we put together like [a list of] minimum goals of ICU...The school will give the goals and the student will do [his/her own] and then we have the minimum goals where we have basically thought what the student would do within the first weeks.”

### 5.1.3 Physical environment

As well as to the patient profile, the student has to be orientated to the physical environment of the practice placement. The physical environment in this context consists of the hospital itself; locker rooms, toilets, different wards, outpatient clinics etc. as well as the ward itself; coffee room, medicine cupboards etc. and the immediate physical environment of the patient, the patient bed and all the equipment needed for different kinds of patients.

“...first of all, getting to know our ward; where you can find the toilets, locker rooms and everything. We start with very basic things.”

Like mentioned above, the physical environment comprehends also the patient bed. In the ICU the patient bed is a bit different to the other wards and plays a bigger role since the patient is usually bed-bound during his/her whole stay in the ward.

“...and then the thing which is quite crucial to our ward, the patient bed. There is the clean area and the dirty area and so on.”

#### 5.1.4 Orientating oneself to the patient data systems

“And then there is the documentation, how important that is. Documentation has increased a lot when turning electronic, it is quite strict; what you do, you document.”

Documentation is also a very important factor in nursing, it is a communication tool between the healthcare professionals as well as a due process. When the patient data systems change between hospitals, sometimes it can be difficult to know how to use a certain system.

It is fundamental for the student that he/she is taught properly on how to use the patient data system that is being used in that ward. Then he/she should also learn himself/herself - depending on the policies on the ward – how the documentation is done in that placement and if there are some specialities or features that he/she is not familiar with yet.

#### 5.2 Student’s responsibilities and obligations

Even though the mentor is responsible for the student during his/her whole clinical practice, the student does have certain responsibilities and obligations regarding his/her practice.

##### 5.2.1 Student-mentor relationship/mentoring

A student-mentor relationship can be very fruitful and giving for the student's learning or then it can be problematic and slow down the learning process. Chemistry between the student and the mentor unfortunately has a lot to do with how the practice goes and what the student gets out of it. Mentors are usually trained at the workplace in some way for the job – they have maybe been on a lecture or a course to become mentors. There is a huge variety of different mentors on the field and naturally they all have a different way to teach and guide their students.

“...I don’t necessarily think that in what way every student learns, I don’t think that I take that into consideration as much as I maybe should. There are few mentors who start with that what is your way of learning and then they take it from there...”

As much as it is the mentor's duty to offer good quality teaching to the student, it is the student's duty to be active in learning and ask about what he/she doesn't know and search for knowledge. It also helps the student-mentor relationship if the student shows that he/she is interested in learning and is active, takes responsibility and is self-oriented. That makes the mentoring job easier for the mentor nurse as well.

“...we like it when the students ask a lot. It is kind of the way how we see what they can do and what they need. And then there's discussion about those things and we get a better idea on where we are at...”

### 5.2.2 Planning the work shifts

Planning the work shifts is part of the early orientation. Some hospitals prefer that they give the student his/her shifts already in advance - before the practice even starts. This way the student gets time to plan his/her free time properly around the shifts. Other hospitals prefer to do the shifts together with the student once he/she has arrived and discuss with the student about his/her preferences and timetable as well.

“We send the work shifts of the [mentors] first two weeks with the welcome letter so that the student could already think if he/she has some, let's say school days or something. The aim is after all that the student would have as many shifts together with the mentor as possible...”

### 5.2.3 Orientating oneself as “part of the team”

The final practice goes by its name as the last practice before graduation. Thus, it differs a bit compared to other practices, since now the nursing student needs to behave more like an employee rather than a student. This is why orientating oneself as part of the team is essential.

“...sometimes it has been stated that during the final practice [the mentors] should also evaluate if this person is ready for the occupation...”

The student coordinators saw that it is important that the students behave like they are working in the ward - even though they are still in the student's role and the mentors are responsible for them after all. They expect the students to come on time, be professional, plan the work shifts on time, let the mentor know if they are sick or otherwise have to be absent from the practice etc. Of course, these things are expected in every practice but they are emphasized more during the final practice.



“We see this final practice as that it prepares you for the work life, like it can take few weeks until the student is already at work and then we assume that the student would behave like he/she is at work even though he/she is in a student’s role...but the student should be able to work as part of the team as one of active doers rather than passive bystanders.”

#### 5.2.4 Searching knowledge during the practice

The interviewees all emphasized that they assume and expect that the student searches for knowledge during his/her practice since the mentors will not have the time to explain everything on the field. They said that the practice might be hard/difficult for those students whose knowledge of anatomy and physiology is insufficient and it is absolutely crucial for those students that they find knowledge on his/her own.

“We also emphasize that the student has a responsibility, even though we orientate them, give them knowledge and put an effort on mentoring them, we can’t like “throw up” all the knowledge ready-chewed to the student. The student’s responsibility is something that we highlight a lot.”

It improves the student’s learning as well if she/he reads about the theory behind the practice on his/her own. Many student coordinators thought that a good understanding of the theoretical background help the students to understand the different aspects of nursing care in the ward that they are at.

### 5.3 Orientation to the clinical work

Orientation to the clinical work was a theme that arose from all of the interviews and what the interviewees kept important as a part of a student’s orientation during his/her clinical practice. Patients’ most typical health problems, monitoring the patient’s condition and vital signs, manual skills, understanding the overall treatment and facing the next-of-kin were the main themes that were mostly discussed during the interviews.

#### 5.3.1 Patients’ most typical health problems

One part of the orientation is obviously getting to know the patient profile; what kind of patients are treated in the ward. This comprehends understanding and learning about different conditions that the patients might have, and how to treat them in different kind of situations.

“Then the most typical traumas we should cover during the practice, what kind of patients we have here and how to treat them, how it develops, I mean the treatment, if you have let’s say neuro...brain injury and then we have bone fractures – what is the most important thing in that patient’s treatment.”

### 5.3.2 Monitoring the patient’s condition and vital signs

Monitoring is emphasized a lot in the ICU since the patient’s condition can change so abruptly and patients are so critically ill already when coming to the ward.

“...Monitoring the patient’s vital signs and the basic things, you can’t underrate that at all, so the monitoring is what I emphasize a lot.”

“...No matter what the patient case is you [have to] know those certain basic things, you know how to monitor the rhythm and the blood pressure.”

A nurse as well as a nursing student has to know the vital signs in order to monitor the patient properly and notice even the slightest changes that may occur in the patient’s condition. Knowing the vital signs was as well a factor that the student counsellors thought that the students should already know when coming to the ward for practice. Most of the interviewees thought that one of the goals in the practice would be reacting to the changes in the vital signs rather than just learning them.

“To see how it [the patient’s condition] develops and you can concentrate on those little things and monitoring and such, it’s not the point that you come here only to pick those emergency situations so to say...they’re rarer.”

### 5.3.3 Manual skills

“Manual skills” consists of different procedures needed in nursing. They are usually your every-day tasks such as drawing medicines to a syringe or inserting an iv. cannula. Manual skills usually develop over time and through practice. It can cause frustration since the students are obviously not as used to the handiwork as the working staff and are therefore slower in doing everything.

“...with manual skills when it happens so slowly. But then we have been those slow ones as well so it’s okay. Particularly in these kinds of wards it is challenging when you have to be alert all the time when there’s sudden changes in the patient’s condition...”

The interviewees were understanding even though they recognized that the slowness was a cause of frustration to them and probably to the nursing students as well. In all of

the interviews on the other hand rose an assumption that when coming to the ICU for a clinical practice, the nursing student should already know his/her manual skills quite well. This is because they only take third (3<sup>rd</sup>) year students to the ICU and they assume that a student can handle the basic nursing skills at that point.

“We have had a couple of those students whose practice has broken bad when we have practiced priming the infusion set with Ringer. And then it takes a whole lot of time. When they come to the ICU we assume that those certain things would be under control.”

#### 5.3.4 Understanding the overall treatment

Most of the interviewees pointed out that students coming to the ICU for a practice might become their future colleagues in the ward. That's why many of the student counsellors want to emphasize the students' capability to work independently and show initiative especially in the last weeks of the practice.

“...First we do everything together and then the student does it individually, and the purpose is that in the end, when it's final practice after all – that at least during the final weeks we [mentors] would be only in the background so that the student could function [on his/her own].”

So that students can work independently, they have to understand the overall treatment - and the patient itself - as a whole and see the big picture.

“...Then of course we always check how the patient is doing and if he/she is in a ventilator, what mode he/she is on and basic things like that, we can begin to understand comprehensively the patient's condition there.”

Overall treatment includes not only the patient but the patient's family as well and confronting the family/next-of-kin.

#### 5.3.5 Confronting the next-of-kin

In the ICU where the patients usually are in very bad condition and often also unconscious, it is very important to encounter the relatives and other next-of-kin properly and with respect. They are probably scared and don't know what is going to happen to their loved one, which is why the nurse ought to be there to guide and help them with their questions.

“...The next-of-kin call to the named nurse a lot, they visit a lot. [We have] these rules like, you don't pick up the phone unless it is a patient that you have been taking care of for 4-5 days, it's [a] very simple [patient] and you have dealt with his/her relatives many times before already.”

The interviewees thought that it is an important part of the student's orientation and occupational growth in the clinical practice to learn how to talk to the patient's closed ones. They also thought that it can be a great challenge for the student to deal with and an essential part in understanding the overall treatment of the patient.

## 5.4 Security orientation

Security orientation was a topic that all the student coordinators brought up during the interviews as part of the early orientation in the practice placement. They couldn't tell much about their security orientation on the ward but they still considered it important.

### 5.4.1 Different emergencies

Student coordinators talked about different emergencies on the ward and included going through emergency protocols as part of the student's orientation. Different emergencies included both those related to patients and those related to the facilities.

“Then we have the security orientation which all our students go through. They go around all the fire safety issues and emergency exits...”

“...so that they know what to do in an emergency situation and what not to do.”

The safety orientation of the facilities is usually included within the first few days of the student's practice, the interviewees told. Then the safety issues concerning the patients are gone through throughout the practice as different situations concerning safety issues come up.

In an ICU where situations can change rapidly, and the patients are in bad shape, sometimes a student has to be put aside for a moment until the situation settles. Those kind of emergency situations with patients are then gone through with the student later.

“...if something happens abruptly you can't say anything but “go there and see what happens because you can't take part or help”. When all the actions have to happen fast.”

“...what to do in an emergency situation. Like you can go there but keep a distance so that no one asks you to do anything - because they can't assume that you can...”

#### 5.4.2 Safe pharmacological management

Pharmacological management in an ICU can be very challenging to the patient according to the student coordinators. The range of different drugs is enormous and the amounts have to be checked really carefully since many of the drugs are really strong and potent – even a slight mistake with the dose can be lethal to the patient.

“Then we have the safety of pharmacological management; we orientate the students to that how they carry out the pharmacological management in this unit.”

The interviewees highlighted that even though the student has to take responsibility of his/her actions, at the end of the day the mentor is responsible for the student. The mentor has to check and look after the student especially in pharmacological management so that everything goes by the book.

## 6 Discussion

### 6.1 Discussion of the results

The interviews all followed loosely the same pattern and themes that arose during the interviews were about the same. All the interviews started with the same topic; pre-material and welcome letter. Different wards had different kind of policies about the pre-material and welcome letter, their contents and when to send them to the student. The interviewed student coordinators mostly saw that the pre-material is effective and over all a good practice which orientates the nursing student for the practice in an effective way. Some thought that the materials would need some further development; that the pre-material is either too broad and has too much detailed information, or that it could have more information about the most common patient profiles and how to take care of those kind of patients.

Same themes and problems arose from the three different hospitals, even though they were expressed in slightly different words. Topics that were highlighted the most in the interviews were; the relationship between the student and the mentor, student's attitude, monitoring and "manual skills". The student coordinators clearly considered these topics the most important ones when discussing about student orientation and they were probably the ones that came into their minds first. These themes also have a great impact on the practice which is highly likely the reason why they were on display during the interviews. From these topics the topic that was the most discussed one was; monitoring the patient. The student coordinators talked about observing and documenting the vital signs of the patient, evaluating the patient's status and condition overall and monitoring especially the hemodynamics and respiratory functions of the patient. Many of the interviewees thought that monitoring was part of the orientation but also an issue which lasted throughout the practice, from the beginning of the practice until the last day.

Oddly, one topic that the interviewees didn't touch much was confronting family or next-of-kin of the patient. This is a well-known issue when working in an ICU which should be closely considered especially with a student. In an ICU not only the patient needs attention from the nurses, also the patient's closed ones are those who need attention and nursing care. According to the interviews, this topic is part of the student's orientation during his/her practice, but it is not stressed or highlighted in any special way.

Another issue that didn't get much time during the interviews was pharmacological management. The topic was touched, but very fairly. Medications and pharmacological management are nevertheless really important parts of patient care in an ICU. Safety aspects in pharmacological management were discussed and included as part of the safety orientation together with fire safety issues and emergency situations. Thus, the topic in itself didn't get much attention on its own. It can be that the student coordinators didn't think it was part of the orientation rather than part of the general nursing care - and they didn't specify that as something they would discuss inside the given theme.

Some of the themes and topics that were discussed and brought up during the interviews did not go with the given theme as much as other ones. Others were not really essential concerning the main theme of the interview and deviated from the theme a bit, but all in all the student coordinators stick to the subject and discussed essential topics.

## 6.2 Discussion of validity

Validity of a qualitative research can be defined by four criteria; is it applicable (how much the findings of the study can be applied to other research purposes), veritable (how much the findings aka the researcher's conclusions correspond to the true state of the research) can it be confirmed (do other researches support the findings) and credibility (has the researcher been subjective and/or objective and has he/she remained neutral to the findings). (Guba & Lincoln 1985, pp.294–301, 305.)

Since one part of the research was conducted by interviewing student coordinators, it was taken into account that that knowledge is subjective. The interviewed nurses were telling their own opinions and experiences about the orientation content, which makes the data qualitative. Qualitative data with this few interviewees is not to be generalized, and if background research supports their opinions, it can be hard to point out if the information is still valid or not. (Eide & Kahn 2008, p.201.)

Purposive sampling was used when choosing the interviewees for this thesis. Purposive sampling may affect to the validity of the study since the sampling process is not then completely random (Maltby et al. 2010, p.252). Even though this approach was used, it doesn't mean that the conclusions made from the interviews are somehow less accurate or less precise. The interviewees were chosen according to their position at work, to which they have self-applied. This brings a different kind of viewpoint to the validity since

the interviewees were not chosen in that way that they would have applied to be interviewed or chosen because the interviewer knew them for example.

The aim of the study has to be defined clearly and precisely and the background information needs to offer a clear rationale to the thesis. Data collection method has to support the study question and the ethical problems and aspects has to be identified for the work to be valid. (Maltby et al. 2010, p. 253.) The aim; to develop student orientation was defined clearly and the background information searched from different databases offered a rationale to the thesis. The data collection method supported the study question and the ethical problems and aspects were identified in the work. The data collection was conducted rigorously and the interviewer had only a professional relationship to the interviewees. All these aspects support the validity of this thesis.

The obtained results are being reported by using those concepts gotten through the analysis. Direct quotes can be used to build up validity and show the reader where the categories of the data have been drawn. Same time it must be noted that the anonymity of the interviewees has to be maintained so that they can not be identified by the quotes. (Kyngäs & Vanhanen 1999, p.10.) The anonymity of the interviewees remained throughout the whole work even though direct quotes were used. The recorded material was transcribed to a computer and the recordings will be discarded after the thesis is accepted. This supports the anonymity of the interviewees. One thing that also supported the anonymity was translation; all the quotes were in Finnish but the author translated them into English. On the other hand, some fine meanings of the interviewees' opinions might have been lost during the translation, even though they were translated as precisely and accurately as possible.

One challenge of the validity of content analysis is that the researcher can not be purely objective during the analysing process, but the result is based to the researcher's subjective view of the matter. It is important in the validity of the content analysis that the researcher can show the connection between the data and background research. In addition to this, the categories should fit rationally to the created concepts. (Kyngäs & Vanhanen 1999, p.10.) When conducting the inductive content analysis, the interviews were read multiple of times and viewed very carefully. The opinions and quotes of the interviewees were handled as they were, without compromising them or changing them in any way. Only some additions were made to help the reader to understand the core meanings of the quotes, but these were added to the quotes in square brackets so that the reader would understand that these were the author's own additions. When grouping



or simplifying the concepts drawn from the data, this was done so that the original meaning did not change in the process. The author remained as objective as she could during the process and handled the data carefully in a way that her own opinions would not affect to the analysing process or would affect as little as possible. Abstraction phase of the content analysis was made by using the direct quotes gathered from the interviews. The process was made into a figure, so that the reader could see how the author analysed and grouped the obtained data. To show the analysing process for the reader strongly supports the validity. As a conclusion, it can be stated that the thesis and the information gained from it through the interviews are valid and safe to use for future developing purposes in the research field.

### 6.3 Discussion of ethics

A permission to conduct interviews for this bachelor's thesis was applied after the study plan was approved along with the permission to record the interviews.

The interviewees have certain rights which ought to be recognized. These rights include the right for autonomy, beneficence, non-maleficence and justice. This is because it is crucial to not to violate these rights during the interview and when analysing the data. The well-being of all interviewees must always be the prime concern and they need to be adequately briefed about the interview and the thesis itself. The participants must be informed that they can – at any time – withdraw from the interview if they wish to do so. The possible withdrawal can happen without giving any reason to do so or any consequence. The interviewees can also withdraw their interview data afterwards in case they feel like they said something they do not want to be published. (Maltby et al. 2010, pp. 248-249; Polit & Beck 2013, pp. 121-123, 140.)

The data gotten from the interviews was handled carefully, maintaining the interviewees anonymity at all times during the process. The data analysis has been done honestly and clearly, without compromising the data at any point. The author has always tried to remain logical and coherent.

Even though the people chosen for the research have to give their consent voluntarily, it might be that not all of them actually wanted to take part to the study, but they felt pressured to do so anyway (Maltby et al. 2010, pp.58-59). Participants should be able to make an independent decision whether to take part to the study or not. No one should

interfere with their decision so that they could make it freely without feeling pressured either way (Newell & Burnard 2011, pp.72-74). In this thesis, student coordinators were those who were wished to have as interviewees. Their ward's head nurse has probably told them to take part to the study and it is impossible to say for sure if they originally wanted to actually take part or not. This hurt the participants' autonomy and is a bit of an ethical conundrum.

The participants must be informed about the type of the study and all the things that might affect their willingness to become participants will be out in the open for them. (Maltby et al. 2010, pp.58-59.) They must receive a full disclosure of information outlining the nature of the study. This means that "the researcher has fully described the nature of the study, the person's right to refuse participation, the researcher's responsibilities, and likely risks and benefits." (Polit & Beck 2013, pp.123, 140.) The student coordinators were sent a cover letter weeks before the interview in which the interviewer had covered in much detail what they ought to know about the data collection and the data analysis. They were told about theme interview as a data collection method and how the interview would proceed by using that. They were ensured that their anonymity would be maintained throughout the whole process and that the interviews, both recordings and the transcriptions would be discarded after the thesis was returned. The student coordinators were also told this same information briefly just before the interview in case they had wanted to withdraw from the interview at that point. This way it was ensured that the student coordinators were well aware of all the matters that would have affected to their willingness to take part to the interview or the thesis in general.

One thing that arises from the group interview is so called "groupthink", which might be ethically compromising. It means that people usually tend to agree with the popular opinion publicly even though they really don't agree. They might feel that they will be mocked if they think differently or disagree with the general opinion. As a result of this, people might come up with extreme proposals for action rather than taking a more thorough approach if they were asked about things on their own (Maltby et al. 2010, pp.58-59). The interviewed student coordinators all knew each other from work, so already before the interview was conducted. It can be assumed that they felt more comfortable to say what they actually think than they would have felt if they had been in a group with people they hadn't known. Of course, it cannot be known for sure if the student coordinators felt that way or if they experienced the "groupthink".

Other thing that is ethically compromising is forming the questions for the interview. In a theme interview the questions are open ones, but they still have to be formed so that the desired answers are obtained through the interview. Also, keeping quiet and not leading the interviewees on during the interview is important when considering the ethics and the validity of the research. (Maltby et al. 2010, pp. 123-125, 253, 255, 339.) In this thesis, the interview had only one question/claim that the student coordinators were represented with in the beginning of the interview. The interviewer remained silent for most of the time in order to not lead the student coordinators on but repeated the claim if the interviewees seemed to struggle with what to say or if they asked the interviewer to repeat the claim.

One concept of research ethics was beneficence. The aim of beneficence is to do good or to benefit the participants of the research, or the society as a whole (Beauchamp & Childress 2012, pp. 166, 417). It requires the researcher to take actions to benefit and promote the well-being of the participants. Like stated before, the welfare of all interviewees must always be the main concern (Butts & Rich 2013, p.248; Maltby et al. 2010, pp.248-, 249). A risk–benefit assessment should be done properly to ensure the well-being of the participants, and all possible benefits should be considered as well. In a qualitative research, the participants don't necessarily benefit from it that they took part. On the other hand, a feeling of beneficence is very individual, and some might feel that sharing their opinions for a greater audience benefits them. Usually, beneficence is seen in more broad sense – beneficence for the society, not the single participant – thus it is acceptable to show how the society might benefit from the research rather than how one participant benefits from it. (Doody & Noonan 2016, pp.93,94.) How the interviewees benefit from participating to the interview is slightly debatable. It could be stated that their beneficence lies on that they could help develop orientation material for future students. If the orientation material would be comprehensive and effective enough, the nursing students that come to their ward in the future would be more pleasant to mentor. The greater beneficence from the thesis is however for the nursing society. Like mentioned in the introduction, the current nursing students will be future registered nurses who will take care of patients on their own. To offer them a good quality orientation already during their final practice gives them much more resources and tools to operate once they have graduated. This eventually helps their colleagues and improves patient satisfaction.

## 7 Conclusion

The results and background research show that nursing student's orientation has an impact on the whole practice. If the orientation has been comprehensive and effective enough, the student has been active and interested in learning about his/her practice placement, relationship as well as communication between the mentor and the nursing student works, the practice is much more giving and fruitful for the student as well as for the mentor.

All in all, the student coordinator's perceptions on orientation content varied quite little. This indicates that the policies and practices are somehow coherent in the HUS area and so the mentoring is quite similar in every ICU when thinking about the general framework. Of course, orientation is different for every student because there are so many aspects that affect the orientation; the relationship between the mentor and the student, student's attitude, his/her previous/background knowledge about the profession and the ward, ward's current patient profile and situation, what kind of patients there are during the student's practice and so on.

Some interviewees thought that orientation is not only something that is provided to the student before and in the beginning of the practice rather than something that lasts throughout the whole practice. These student coordinators saw that orientation is something that can last up to eight (8) weeks or more.

It turned out that there is a need for development in the orientation area. The interviewees pointed out defects that would need some further investigating. These were for example the pre-material and the welcome letter and their effectiveness and impact on the practice. Also understanding of basic anatomy and physiology in order to understand the values and changes when monitoring the patient's condition/ with pharmacological management was a great issue in the interviews. There may be a gap between the theory and practice and the orientation should be developed so that it would correspond to the student's knowledge and skills but also challenge them at the same time.

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