

## RESEARCH COMMUNICATION

# Beginning Level Nursing Students' Experiences with Cancer Patients in their First Clinical Placement: a Qualitative Appraisal in Turkey

Hicran Yildiz<sup>1</sup>, Neriman Akansel<sup>2\*</sup>

### Abstract

**Objective:** This study was conducted to evaluate beginning nursing students' point of view related to caring cancer patients in their first clinical placement. **Methods:** Data were collected by evaluating the diaries kept by four beginning level nursing students who were assigned to do their fundamentals of nursing clinical practice in hematology clinic from February to May 2011. A qualitative research method was used and data were analyzed using inductive method. **Findings:** Nursing students experienced anxiety, had difficulties while communicating with cancer patients and observed some negative practices related to patient care and treatment. **Conclusions:** During their clinical placement nursing students were able to differentiate right and wrong practices in clinical environment, they tried to tailor their theoretical knowledge to the clinical practice and reported decrease in their anxiety by the end of clinical rotation. Being assigned to care for cancer patients was a stressful experience for the first year students. According to these results, it can be said that clinics such as hematology can be used as a clinical placement only in mandatory conditions for beginning level nursing students because of their limited clinical experience and the knowledge requirement related to these patients.

**Keywords:** Nursing students experiences - cancer patients - clinical placement - education

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### Introduction

Cancer besides being a chronic and serious disease is perceived as an illness which involves ambiguousness, reminiscent of dying in pain and sorrow, evokes guiltiness and anxiety (Kelleci, 2005). Nurses who are assigned to care for cancer patients should have knowledge related to nature of cancer, prevention, diagnosis and treatment, psychological support, death and caring for dying patient (Cunningham et al, 2006). It has been reported that nurses who have education on caring for cancer patients feel less anxiety during the care of cancer patients (Copp et al, 2007). However, beginning nursing students only have basic theoretical knowledge related to nursing care and their clinical experience is not adequate or they do not have any clinical practice at all (Adriaansen et al, 2008)

Both theoretical and clinical knowledge are inseparable components of nursing education. Clinical practice provides an opportunity to put together both theoretical and clinical knowledge in real environment for student nurses (Bayar et al, 2009). However, it should be kept in mind that when nursing students try to use their theoretical knowledge when practicing in clinical environment they can experience some fear and anxiety.

Inadequate clinical practice, difficulties in tailoring

theoretical knowledge to clinical environment, communication problems with patients or hospital staff, having a fear of making a mistake, fear of facing negative situations, doing harm to the patient, being supervised by the clinical instructor are the most important factors that causes anxiety during clinical practice (Sharif and Masoumi, 2005; Bayar et al 2009, Hacıhasanoğlu et al, 2008). High anxiety has a negative impact on improving clinical skills, academic and clinical performance of the nursing students. Students with high level of anxiety also have difficulties in assessing patient needs and are likely to lose the faith of the patient. On other hand, reduced level of anxiety improves student performance. (Hacıhasanoğlu et al, 2008; Tel et al, 2004). According to the studies done among nursing students concerning their clinical anxiety, it has been proved that clinical anxiety is tend to be high on the first day of practice and decreases by the end of it (Tel et al, 2004; Erbil et al, 2006; Hacıhasanoğlu et al, 2008, Sharif and Masoumi, 2005). While determining the clinical practice areas for nursing students, it is important to choose a clinic that does not have a complex working environment and special treatment procedures or patient care approaches. Therefore, the hematology clinic is not considered among the priority areas for clinical practice of the first year nursing students. However, since the total number of students accepted to nursing schools in

<sup>1</sup>Medical Nursing, <sup>2</sup>Surgical Nursing, Uludag University School of Health, Görükle, Bursa, Turkey \*For correspondence: nakansel@uludag.edu.tr

Turkey increases each year, some complex clinics such as hematology and oncology must be used for clinical practice. The aim of this study was to determine the experiences of the first year nursing students with cancer patients.

## Materials and Methods

Data were collected by evaluating the diaries kept by nursing students who were assigned to do their clinical practice for the Fundamentals of Nursing course in a Hematology clinic from February to May 2011 (14 hours/week). Before the students were introduced to the clinical practice, they have been informed about the procedure. A semi-structured form was specially designed for this study by researchers. Students were informed about writing their diaries and they were asked to keep diaries related to their experiences with cancer patients in hematology clinic until the end of the clinical practice. The diaries kept by the nursing students were analyzed using a qualitative research method (inductive method) by researchers. The steps of the inductive analysis are coding the variables, determining the themes, systemizing and defining both variables and themes and interpreting the findings (Thomas, 2003; Fereday and Muir-Cochrane, 2006; Bowen, 2006).

## Results

Analyses of the diaries kept by four first-year nursing students who were assigned to take care of cancer patients in Hematology Clinic were classified under five themes.

### *Perceptions about Hematology Clinic*

It has been determined that besides being anxious about their first clinical placement the students experienced fear and anxiety and they were worried when they heard that cancer patients are treated in Hematology Clinic.

*“When I first heard about Hematology I did not know the meaning of it. I also did not know what type of patients I will care. When I asked some of my friends from upper classes I learned that I will be caring of patients with blood cancer and receiving chemotherapy. I remember hearing about patients who receive chemotherapy but I have never seen them, I was wondering. On the other hand, I thought that I will care for patients that are severely ill. Could I be successful in taking care of them? I felt uncomfortable, fear and anxiety.” (Student 1)*

*“My feelings have changed compared to the feelings I had before the clinical practice. When I first started I was curious about the patients that I was going to meet in the clinic. There should be patients that are seriously ill. How I am going to care of them or give medications? Now I see that I slipped out of these feeling that I had before.” (Student 1)*

*“The meaning of being in the clinic is too deep and meaningful to me. Now I am at the place where I always imagined being. This clinic is so nice, spacious and everything looks organized.” (Student 2)*

*“When I first heard that I am going to be in Hematology Clinic I was excited. The reason for my excitement was*

*not because my assignment was in this clinic. It could be another clinic. It did not matter for me. Being in hospital for my first clinical practice was the only important thing for me and also exciting.” (Student 2)*

*“I was aware of things that I am going to encounter in this clinic more or less. I tried to prepare myself psychologically. I knew that intense and difficult days are waiting for me. I observed insufficient practices related to patient treatment and care, had some communication problems with patients and patients that are severely ill increased my anxiety. I had hard times that I did not imagine before.” (Student 3)*

### *Patients in Hematology Clinic*

Hematology Clinic was perceived as a difficult area to work in terms of patients and clinical practices by nursing students. They observed patients experiencing psychological problems, reported feeling sorry for patients, feeling of helplessness, having too much emphatic feelings to the cancer patients. Besides an anxiety of first clinical experience, they felt curiosity and fear but these feelings diminished by the end of clinical practice.

*“Hematology is a difficult clinic. Patients are too sensitive. One of my patients is too introverted and looks like he ceases himself from life. He does not want to talk. All of the patients have anxiety. When they learn that we are nursing students they develop a prejudiced attitude and they hold back.” (Student 3)*

*“Having to care patients who were diagnosed with cancer created a feeling that I am going to meet patient that are hopeless, have sad face and waiting to die. The things that I saw were not different. When I first went to meet my patients I felt their fear and anxiety. Whenever I entered their rooms, they seemed they were asking some questions such as “What is going to be done now?”, “What is going to happen?” (Student 1)*

*“Today most of patients had intravenous catheter inserted. Because of repeated invasive catheter insertions patients did not have suitable veins to access. Their veins looked really bad. The nurse was able to insert intravenous catheter to some of patients after trying two times. I felt really sad but I was not able to do anything. This has to be done for their treatment.” (Student 1)*

*“Today the patient’s condition went downhill. I remember seeing him in the clinic last week. He was feeling good or he looked like feeling okay. The patient who was able to talk a couple of days ago was in coma today. I thought of patient’s previous and current condition. It was really dreary.” (Student 1)*

*“Today I witnessed how my patient’s immune system collapsed because of the low leucocyte count. I observed his mouth lesions are spreading instead of healing. I could see his anxiety; he looked scared about his condition. He had fear of dying. I have told the patient that he should feel comfortable, he was in secure place, professional nurses and doctors were taking care of him. He should be thinking positive to speed up his recovery.” (Student 4)*

*“I learned that my patient who was waiting for discharge and looking fine last week was taken to intensive care unit. I remembered the saying that “We do not have a guarantee of living tomorrow”. Today I thanked to God*

once more that my family and I are healthy.” (Student 3)

“Today, when we were leaving the clinic one patient was about to die. Thinking of that patient and her family, I felt really sad. I froze up in my place.” (Student 3)

#### Communication with cancer patients

Nursing students had difficulties of communication with cancer patients at the beginning of the clinical practice. They reported that not knowing the effective communication techniques with these patients increased their anxiety.

“Today there was a new patient in the clinic. My patient that I was caring last week was discharged. I was assigned to care for a new patient. I learned that my patient had some psychological problems and attempted to commit a suicide by jumping out of the window before. Looking at her face, I could see the anxiety and tension she had. Her blood pressure was high because of her anxiety. I was eager to learn why my patient was so anxious and in fear. I could not wait to talk to her. But I did not have the courage to enter her room. I decided to talk to her in the afternoon.” (Student 1)

“I went to my patient’s room in the afternoon. I would love to learn the reason of her condition and try to create a solution. She told me that she has had this illness since she was 13 years old. Since then she has a fear of wearing a mask that covers her mouth and is disturbed by the behaviors of the health care staff. I think her anxiety was related to her hospital experiences she had in young ages. She told me she feels like being in a jail, whenever she goes outside she feels fine.” (Student 1)

“My patient’s condition is worsening every day. I heard the physician telling his family that patient may die. He is becoming aggressive from time to time. He is denying his treatment and care. He is not eating, even his mouth lesions are constantly repeating, he is not willing to use his mouth antiseptic.” (Student 3)

“I did not know how to communicate with patients on the first day. I had difficulty in talking with them. A couple of days later I was able to talk to them comfortably and easily.” (Student 1)

“Today I entered my patient rooms to take their vital signs. I was able to communicate with my patients easily compared to the previous days of clinical practice. I knew what questions to ask? Knowing what to do is comforting for me.” (Student 1)

#### Treatment and care practices in the clinic

Students reported observing staff not being careful about sterility and using aseptic techniques. They observed some negative conditions in clinic’s physical environment.

“Intensive working conditions in this clinic are exhausting for nurses. They try to do their best when caring for cancer patients.” (Student 1)

“Although nurses are trying to do their best in treatment and nursing care, there are some deficiencies in their practice. While they try to prepare medications quickly, I observed them missing the rules of asepsis. They should be protecting both themselves and their patients. Since patients are more prone to get infections here, this issue must be a priority.” (Student 1)

“During administration of medications and other practices, rules of sterility and asepsis are not followed. For example, when they drew heparin from the flacon, they leave the flacons right there. This is a wrong practice. The place they prepared the medications is disorganized. The messy medication cabinets cause nurses to waste time. This is very important especially in emergency situations where patients’ life is an issue and there is no time to waste. These should be corrected in the clinic.” (Student 2)

“In some of the practices, staff should be donning sterile gloves, but they don’t. They should be cleaning the insertion site of the IV catheter at once, but they repeat it several times with the same cotton. Whenever they draw medications from flacons they are not careful as they should be. Today two nurses injured their fingers. All the staff in the clinic uses the single stethoscope without cleaning it. This may cause working staff to get ear infections.” (Student 2)

“Sometimes patients’ linens get dirty. They should be changed right away but they are not.” (Student 2)

“I was assuming that the clinic was more organized and everybody is cautious about sterility.” (Student 3)

“Staff violate asepsis rules in the clinic. They put patients’ health in risk.” (Student 4)

#### Operation of the clinic

Students reported some problems with patient visiting hours and violation of the clinic rules by relatives. Working staff are careful and provide care to heal the patients. Students also reported that they observed some arguments between working staff because of unwritten medication orders. They believed that arguments heard by patients may affect patients negatively.

“Staff is careful about visiting hours in terms of preventing infection.” (Student 1)

“Most of the time I witnessed some arguments between nurses and patient relatives. Relatives are willing to see their patients but nurses do not allow them to enter the clinic.” (Student 1)

“Relatives are violating the clinic rules. Although there is a sign on the door showing it is not allowed to enter, there are still some relatives in the room. They put the patients’ health in risk.” (Student 2)

“Medication orders are not given on time by physicians however nurses should do the treatments. Nurses spend an effort to get orders after giving the medication. This causes a tension between nurses and physicians.” (Student 2)

“Working staff have arguments sometimes. They talk too loudly. This is really disturbing for patients.” (Student 2)

“Generally the communication between staff members is okay, but sometimes they have loud arguments. Even though these occur once in a while, shouting to each other is bothersome.” (Student 4)

#### Discussion

This study was done to evaluate nursing students’ experiences with cancer patients by evaluating the diaries they kept during clinical practice. Findings were classified

and discussed under five themes.

It has been determined that students besides being anxious about first clinical placement, experienced fear and anxiety, worried when they heard that cancer patients are treated in Hematology Clinic. Questioning the meaning of hematology, asking friends, wondering about the practices are indicating that the students have anxiety related to clinic placement and clinic itself. According to previous research results, clinical placement is an anxious experience for nursing students. They feel fear and anxiety and worry at their first clinical assignment. These feelings usually diminish by the end of clinical practice (Hacıhasanoğlu et al, 2008; Bayar et al, 2009; Tel et al, 2004; Erbil et al, 2006) These research findings are similar to findings of our study at the point of where nursing students experience anxiety and fear. The student nurses' highlighting the profile of the patients (cancer patients) shows that they have been influenced by the care of cancer patients. Being assigned to care patients that are severely ill was a stressful experience for students.

According to the findings of our study, caring for cancer patients was found difficult by nursing students. Psychological problems experienced by patients and caring for cancer patients increased nursing students' anxiety and made them feel helpless during their clinical placement. Besides feeling sorry for cancer patients the students also had strong emphatic feelings towards them. Cancer is perceived equivalent to helplessness, unbearable pain, fear and dying. Having being diagnosed with cancer causes serious psychology trauma for patients. As a result of the intense feeling that patients experience, most of them face serious psychiatric problems (Babaoğlu & Öz, 2003). In the literature it has been emphasized that patients with psychological problems are likely to attempt suicide (Herschbach et al, 2004; Ateşçi et al, 2003). Most of the cancer patients do not have knowledge about the type of cancer they have, they are also unaware about the treatment alternatives and problems they may face during treatment and prognosis. Giving adequate information on the topics related to cancer can reduce patients' fear, stress and anxiety (Samur et al, 2000; Kelleci, 2005). Findings of our study indicate that nursing students were able to identify psychological problems of cancer patients, their fear and anxiety; they were also able to assess the changes that patients experience during cancer treatment. These findings are similar to the previous studies in terms of psychological problems of cancer patients. Being stressed during the care of cancer patients and not being able to build a therapeutic communication with them may have caused nursing students to feel insufficient during their clinical practice. Being thankful for their own health and being unaware of what to do in difficult conditions when patients are dying are some of the examples of conflicts experienced by nursing students.

Nursing students had difficulties in communication and had hard times with cancer patients at the beginning of the clinical practice. It is well known that good communication skills are among the important components in the care of cancer patients in addition to sufficient knowledge and technical capability. (Adriaansen et al, 2008). Communication between patient and nurses is an

important factor in patient's healing process and empathy is considered as a part of the therapeutic communication (Kao and Lusk, 1997; Adriaansen et al, 2008). Nursing students usually experience anxiety about giving false information to patients and upsetting them (Hjörleifsdóttir and Carter, 2000). Nursing students from upper classes are able to communicate and understand the feelings of dying patients or their families better than the first year students (Yeaworth, 1974). According to the study done by Cunningham et al. (2006) it has been determined that the first year nursing students did not know what to say when they meet with cancer patients. Communicating with cancer patients and their families are found difficult by students (Hjörleifsdóttir and Carter, 2000). According to the findings of our study, nursing students reported that they didn't know what to say to their patients in their first day, postponed meeting their patients to later hours of the day instead of meeting them immediately and experienced some difficulties in communicating with cancer patients. Since there are some difficulties in communicating with cancer patients and their families it has been suggested that relevant nurses should receive some training related to this issue (Kao and Lusk, 1997; Hjörleifsdóttir and Carter, 2000).

Hospital infections may cause serious complications even the death of patients. Because of some factors such as broken immune system, chemotherapy, intravenous catheters and total parenteral nutrition cancer patients tend to get infected easily (Pizzo, 1993; Buceneve et al, 2005; Rolston et al, 2007; Howell 1995). It is important to prevent a patient's contact with infected people, paying attention to careful hand washing practices, wearing gloves and using antiseptic solutions when caring cancer patients (Howell et al, 1995; Larson, 1999). In our study, nursing students reported seeing some wrong practices related to sterility and asepsis in the Hematology Clinic. They had a feeling that although nurses tried to do their best to prevent patients from infections there was still a need to reorganize the clinic. Paying attention to clinical routines, trying to differentiate right and wrong practices and observing what nurses do during care and treatment of cancer patients are assessed as the positive attitudes of nursing students in transforming their theoretical knowledge to clinical practice.

It is known that visitors raise the risk of spreading infections among cancer patients. On the other hand, it has been known that hospitalized patients experience some psychological changes such as hypertension tachycardia, arrhythmia and anxiety during visiting hours. Therefore, reducing visiting hours or not allowing any visits has been considered as a solution for reducing infections during hospitalization of cancer patients (Marco et al, 2006). However the possibility of losing the loved ones is an important stress source for family members. When the patient condition is critical family members usually demand frequent visits to see their loved ones or they are willing to visit any time (Uzun et al, 2002; Kinrade et al, 2009). Congruent with the previous research, nursing students reported that they observed family members violating visiting hours.

Some arguments between clinic staff were also seen

as disturbing to patients in the clinic. Having arguments about delayed orders can affect patients' treatment. Having inappropriate dialogs where patients can hear may have affected them negatively and created distrust towards working staff.

In conclusion, being assigned to care for cancer patients was a stressful experience for the first year nursing students. Besides not knowing the therapeutic communication techniques with cancer patients, clinical environment, practices in clinic, caring for dying patients were some of the stress sources for students. Even though the first year nursing students have limited clinical experience and knowledge related to patient care, they were still able to differentiate right and wrong practices in clinical environment. They tried to tailor theoretical knowledge to clinical practice and reported that their anxiety was still in effect although it decreased towards the end of clinical rotation. Therefore, we suggest that clinics like hematology should not be first choice for clinical placement in first year nursing students.

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