

The Conscience of Nursing Students: We Need to be Trusted and Appreciated, Not Bullied, When Doing Clinical Practice in the Era of Covid-19

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Article info	Abstract
Article history: Received: June 2022 Revised: Accepted: Correspondent author: Name: Malianti Silalahi Address: North Arjuna Streest No. 6 West Jakarta, Universitas Kristen Krida Wacana E-mail: malianti.silalahi@ukrida.ac.id International Journal of Nursing and Health Services (IJNHS) Volume xx, Issue xx, Month, date, year DOI: 10.35654/ijnhs.v6i1.685 E-ISSN: 2654-6310	Background: Nursing vocational education is one of the education sectors that has quite felt the impact of the Covid-19 disease outbreak because it is mandatory to practice in hospitals so that they have expertise in applied science. Objective: . This study explores the needs of vocational nursing students in carrying out clinical practice in hospitals during the Covid-19 pandemic. Method: The research design used in this study is a qualitative description approach, the sampling technique is purposive sampling, and the analysis uses thematic analysis. The number of participants in this study was 18. Result: The study's results revealed various obstacles students experienced when carrying out clinical practice as illustrated in four themes, namely patients and families doubting our abilities as students and our capabilities as nurses also challenge students. Conclusion: We need to understand that we are learning, shocked, embarrassed, and scared when the nurse scolds us in front of the patient. Recommendation: Policymakers need to carry out more effective clinical practice in the Covid-19 era by improving students' therapeutic communication skills and paying attention to psychological conditions. Building self-resilience and suitable coping mechanisms in student nurses before going into clinical practice Keywords: Nursing vocational students, Clinical practice, Covid-19, Distrust, Bullying, Therapeutic communication
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INTRODUCTION

The COVID-19 disease outbreak has become a threat and challenge to global health and is also a threat that has affected the education sector (1) (2). Qualitative research conducted in the United States showed that there had been changes in academic relationships, stressful roles, and student resilience (3).

Nursing education is part of health education which consists of vocational and academic education, which is required to practice at a hospital to have applied science expertise or mastery of applied scientific disciplines. The problem of implementing practice in hospitals is a dilemma in nursing education. Two hundred eighty-five nursing students in Italy expressed doubts about taking on the challenging task of being a nurse in dealing with a pandemic (4). Feelings of anxiety are often experienced by students, causing a decrease in performance and can harm the patient (5).

Clinical practice during the COVID-19 pandemic also caused increased anxiety for nursing students because they had to adapt to new habits (6). Several factors that cause anxiety to students when undergoing clinical practice are lack of clinical knowledge and skills, lack of communication skills, feelings of inadequacy, environment, and situation, exposure to COVID-19, and lack of adequate personal protective equipment (5-7)

As many as 54.74% of the 665 nursing students could not continue practicing at the hospital due to the COVID-19 pandemic. Even for students who can continue, 54.59% of nursing students are placed in rooms with no COVID-19 patients. Despite being set in non-COVID-19 rooms, there were still 11.28% of patients diagnosed with COVID-19 infection, while 67.07% of these patients were treated not using the COVID-19 patient protocol (8).

Students mentioned that COVID-19 infection could occur to them during hospital practice (58%), disease from family members (51%), cross-infection from patients (49%), infection from nurses or hospital staff (48%), infection outside the hospital (45%). The main focus of the needs of nursing students practicing during a pandemic is resilience behavior in responding to mental fatigue due to loss, family illness, and disease uncertainty.

Campus support must be comprehensive for students, including the availability of housing, food, technology, finance, and social support where there are campus visits to hospitals while they practice (9). 77.44% of students still practicing during the pandemic feel supported during practice, and meeting lecturers are accessible and can be done online.

However, students feel disappointed and frustrated with lecturers' expectations, where exams and assignments still have to be faced with lecturers who are not done enough while practicing with clinical supervisors. 61.95% of students stated that nurses and staff fully supported them during practice at the hospital.

However, fear stresses them out because there are always changes to the COVID-19 protocol or other unpredictable rules during practice. Especially when there is a shortage of PPE supplies, students and staff are forced to wear the same masks for several days (8). Research to explore the experience of nursing students in Indonesia in carrying out clinical practice in the era of Covid-19 has never been carried out.

OBJECTIVE

The study aimed to explore the needs of vocational nursing students in carrying out clinical practice in hospitals during the Covid-19 pandemic

Methods Design

The research design used in this study is a research design with a qualitative description approach

Sample, sample size, & sampling technique

The sampling technique in this study was purposive sampling, namely selecting individuals or places to be studied by establishing inclusion criteria that were oriented to the research objectives. The inclusion criteria in this study were: Nursing vocational students in DKI Jakarta, having experience in clinical practice at a hospital during the COVID-19 period and having experience interacting with patients. The location of the research was carried out in four educational institutions, namely Akper Cikini, STIKes Gatotsubroto, Poltekkes Kemenkes III

Jakarta, and UKRIDA. The number of participants in this study was 18 participants. Data Saturation was achieved

Data collection process

The data collection process in this study was carried out through several stages, namely: the preparation stage (permitting), the implementation stage (implementation using interviews, observations, and field notes), and the closing stage, namely concluding and explaining the results of the interview again and then clarifying the results to the participants. The research process was carried out using semi-structural interviews, which lasted 40-60 minutes. Interviews were conducted using an interview guide that had been prepared to find problems and opportunities from the participant, were open, and easy to understand without to need for clarification

Data analysis

This study uses thematic analysis, a method that systematically identifies, organizes, and offers insight into patterns of meaning (themes) in a set of data, which can then be linked to broader theoretical and conceptual issues (10).

Ethical consideration

Before conducting data collection by interview, ethical permission was obtained from the Health Research Ethics Committee at the STIKes Bani Saleh No: EC.132/KEPK/STKBS/VII/2022.

RESULTS

The participants in this study were between 17-23 years old. Almost all participants were final-year students or currently studying in their sixth semester, namely fourteen participants, and the other four are presently second-semester nursing students. The participants' clinical experiences also varied: four participants had one clinical practice experience, four participants had two clinical practice experiences, four participants had three clinical practice experiences, and six participants had five clinical practice experiences. The ethnicity of the participants in this study was quite varied, namely six Batak participants, six Javanese participants.

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From the results of this study, four themes were found, namely: Patients and families did not believe in our abilities as students, Nurses also doubted our students' abilities, We only needed to be understood that we were learning, and Shame, shock, and fear when nurses scolded us in front of patients.

1. Patients and families doubt the ability of our students

This theme arose because patients and their families wanted to avoid being cared for by students and preferred to be treated by room nurses. There were several reasons for fear of being a guinea pig, doubt and distrust of students' abilities, and assuming students were inexperienced. This is expressed as follows

...it was his wife who said I don't want students because this is a VIP class... (P3, 29)

...oh you're a student; can you infuse it or not?

Watch out for mistakes. I'm sorry my father is sick...(P6, 19)

...can you? let the nurse sister do it, and you are still a student too... (P8, 10)

...the patients don't want to be held by us, maybe they think they're afraid it's like experimental material because we're still students (P10, 4)

The mother said, " You must do the assignment, right?... (P11, 26)

... so I want the nurse in the room, I don't want action with the students (P12, 19)

...when I was there, the patient didn't want to be handled by the students and wanted the nurse (P13, 40)

... he doesn't want to be handled by us because we are still students afraid that something will happen to his family (P16, 17)

The exciting thing found in this study related to the distrust and doubts of the patient. The patient's family was that there was a very real action and attitude that was directly expressed to students, which showed concerns about the ability of students, which students experienced from patients who were former nurses. This is described as follows:

... this mother forced herself to check, and it happened that this mother was a retired nurse ...(P2, 21)

Apart from not believing in students' abilities, the fear of contracting Covid-19 from students is also one of the reasons families reduce interaction with students. This is expressed as follows:

...But have you been tested here for Covid-19? So they are parno with us even though we know how the patient is...(P2, 12)

...they think we always wear that shirt at the hospital, even though the clothes are changed and washed when we go home...(P6, 15)

...it's like being sensitive to people who cough, for example. In my opinion, it's like you don't like it. It's a bit sensitive... (P10, 11).

2. Nurses also doubt the ability of our students

This theme arose because of the many doubts and distrust of room nurses towards students because they were students studying during the Covid-19 era. This is expressed as follows:

... so usually, the hospital seems to be doubtful, yes I know you are the Covid Force, but at that time, you can't...(P5,7)

... I can't do all actions because I really can't, so her sister said okay, come on, you can't. ...(P5, 16)

...oh.. haven't you yet, huh? I can't do it even though it's already the last semester...(P7,9)

...you can't do that right...you've never practiced offline...(P8, 8)

In addition to the doubts and distrust that students get, it turns out that always being compared is something that students often experience when practicing clinically. This is expressed as follows:

...then they compare them to us...(P6, 14)

... some nurses like to compare us...(P7, 23)

3. We just need to be understood that we are learning

This theme arose because of the hope expressed by the participants to understand the conditions they were experiencing, which might not have been able to get the complete learning process before the Covid-19 situation. There was an expression that they also did not want to be in this condition. This is expressed as follows:

...we only learn from learning videos, but it seems like the nurses don't want to understand...(P5, 9)

... nurses at the hospital, please understand that we are learning ourselves remotely, don't compare our current learning with your previous learning. Before it was straightforward, try to understand that...(P5, 54)

... What about the reverse position? It's not good, either. I don't know what's going on, and suddenly you have to jump in the middle of a pandemic... (P5,59)

...don't immediately underestimate students because we are not just here; we are not doing soberly; we also have SOPs, and we follow that... (P7, 18)

The hope was also expressed by the participants for the supervising lecturers from the campus so that they could better understand the participants' condition and provide a support system that could help students. This is expressed as follows:

...even though I know lecturers must have a lot of time for other people, they still teach a lot. At least you can ask questions in the group about how...what are the conditions there (at the clinic). like that...(P14, 36)

... I hope that you will be given more guidance, ma'am...(P14, 35)

4. Surprised, embarrassed, and scared when the nurse scolded us in front of the patient

This theme arose because of the attitude of nurses who were less welcome, rude, bitchy, and liked to get angry with students who were doing clinical practice. This is expressed as follows:

... the nurses are not very welcoming... (P5,50)

...the nurse's sister is dirty... (P6, 12)

...ma'am if the senior nurse is dirty... (P7, 12)

... some are a bit bitchy. That's what seniors usually do (P7, 15)

The interesting thing found in this study is that students are often scolded and blamed by nurses in front of patients, which makes students feel shocked, embarrassed, and afraid. This is expressed as follows:

...then his senior sister got mad at me in the middle of the room, so the patient was there...(P3, 15)

...some of my friends were scolded in front of the patient is...(P5, 57)

...I don't know anything, when I enter I get scolded even more... (P14, 28)

... so the blame was not right in front of the patient...(P13, 15)

...shocked, then embarrassed like that...his sister was angry and angry in the middle, and then on both sides, I had a patient (P3, 16)

I'm scared because I'm scolded like that, right...(P11, 24)

Table 1.1 Summarize the Theme

No	Theme	Category	Participant Statement
1	Patients and families doubt the ability of our students	The patient's family does not trust students	... so I want the nurse in the room, I don't want action with the students (P12, 19)
		Patients do not trust students	...the patients don't want to be held by us, maybe they think they're afraid it's like experimental material

No	Theme	Category	Participant Statement
2	Nurses also doubt the ability of our students	Nurses doubt the ability of a student	because we're still students (P10, 4) ...you can't do that right...you've never practiced offline...(P8, 8) ... some nurses like to compare us...(P7, 23)
		Nurses often compare students with other student	
3	We need to be understood that we are learning	Conditions of students that need to be understood	... nurses at the hospital, please understand that we know ourselves remotely, don't compare our current learning with your previous learning. Before it was straightforward, try to understand that...(P5, 54)
		Student wishes and expectations	...even though I know lecturers must have a lot of time for other people, they still teach a lot. At least you can ask questions in the group about how...what are the conditions there (at the clinic). like that...(P14, 36)
4	Surprised, embarrassed, and scared when the nurse scolded us in front of the patient	The nurse scolded and blamed the student in front of the patient	...then his senior sister got mad at me in the middle of the room, so the patient was there...(P3, 15)
		Nurses are mean, bitchy, and not very	... the nurses are not very welcoming... (P5,50)

No	Theme	Category	Participant Statement
		welcoming to students	

DISCUSSION

The Covid-19 pandemic has prevented nursing students from practicing clinical practice for a long time. However, due to the prolonged pandemic conditions, nursing students must practice clinical practice because it is an educational process that is very important to prepare them to be ready to work when they graduate (11). Several studies revealed that nursing students experienced stress while undergoing the clinical practice, and it increased during the Covid-19 pandemic (11-13). Proximately 36.1% of nursing students experience emotional exhaustion, and 85.3% consider themselves to have moderate to high-stress levels (14).

Nursing students experienced various obstacles when conducting the clinical practice in the era of the Covid-19 pandemic. In this study, it was found that the challenges experienced by students in carrying out clinical practice were patients and their families needing to improve students' abilities. Doubt about student abilities is a negative assessment patients, and families give to students. This negative assessment is one of the stressors causing students to experience more and more stress when doing clinical practice, which makes students feel hopeless and, of course, affects the quality of nursing care that will be carried out again (15).

Need to improve the ability of nursing students to make little opportunities given to students to communicate with patients and families. Meeting directly with patients and families is a learning vehicle that provides unique insights regarding communication skills and building therapeutic relationships (15). Doubts of patients and families certainly do not happen suddenly. Families can only assess students' non-technical skills, communication skills, and abilities to build therapeutic relationships (15). It is interesting whether nursing students' communication skills and skills in building therapeutic relationships during the Covid-19 pandemic have decreased

so that patients and their families doubt students' abilities.

Several studies have revealed that as the use of masks increases to protect health workers and patients during Covid-19, it negatively impacts the communication between patients and their families and students. Negative impacts occur due to volume and even unclear articulation, as well as the limited implementation of verbal and non-verbal communication, which results in miscommunication and misperception (15-16). A nurse's better ability and communication skills will increase the involvement of patients and families in nursing care actions taken (17). Improving the practical communication skills of nursing students who focus on patients is one solution that can be done to establish trust with patients and families even during the Covid-19 pandemic.

In addition to doubts obtained from patients and families, the results of this study in the second theme also reveal that nurses also doubt the ability of nursing students when conducting clinical practice during the Covid-19 pandemic. Nurses' doubts about student abilities were expressed because many nursing students could not perform actions that students with the current level of education should have been able to do.

The ability of nursing students when carrying out nursing actions in clinics must be different from the skills of nursing students who practiced before the occurrence of Covid-19. Face-to-face learning during the COVID-19 pandemic exposed students to new challenges that differed from previous conditions. As reported by a research study during clinical learning during the COVID-19 pandemic, 23.1% of students were constrained by limited clinical learning time, resulting in less optimal learning and clinical experience, and a lack of personal protective equipment facilities from campus constrained 18.5% of students. 12.3% said that learning methods were less effective, 7.7% were denied because of the risk of transmission of COVID-19, 6.2% were constrained because they were confirmed positive for COVID-19, resulting in a cycle change, 6.2 % have anxiety because of uncertainty about the patient's status whether COVID-19 or not (18).

The lack of knowledge and professional skills of nursing students conducting clinical

practice during the Covid-19 period resulted in increased stress (12). The study results show that nursing students who practice clinical practice in the Covid-19 era feel like lonely birds who experience many emotional problems (19). The doubts that the room nurse gave to students became an additional stressor which increased the stress experienced by students together so that they needed more psychological support. Students must be given more support from campuses and health workers, especially nurses in hospitals, to help students not experience loneliness (19).

The need for support and understanding from campuses and nurses is also expressed in the third theme, namely, we only need to be understood that we are learning. Stress, anxiety, depression, and disappointment were identified as critical psycho-social factors that influence the clinical experience of nursing students (18,20). The success of clinical practice learning is inseparable from the involvement of the role of the nurse lecturer. Students' expectations are expressed towards lecturers for concern, support, and guidance during clinical practice. Nurse lecturers are expected to be able to make regularly scheduled visits to evaluate the adequacy of the student learning environment directly.

In addition to the support of lecturers, students also really need help from nurses. Nurses are "The caring profession" that has an important position in producing quality health services in hospitals (21). Students very much need the role and function of nurses in the learning process because they can guide them to achieve the goals set in clinical learning. Nurses who work in health institutions, especially teaching hospitals, are expected to have educational qualifications and a positive attitude and are willing to play a role in managing the clinical practice experience needed by students.

The expected positive attitude of nurses was often not obtained by students. In the fourth theme of this study, it was found that "shocked, embarrassed and scared when the nurse scolded us in front of the patient". The clinical learning environment is essential to support student learning to develop into reflective and capable practitioners.

However, the intimidation and "bullying" that nursing students receive from their senior nurses will undoubtedly interfere with the clinical practice. This, of course can affect student self-acceptance and self-esteem (22). The results of the study reported that there was a significant relationship between verbal bullying and adolescent self-esteem with a value of $p = 0.000$ ($p < 0.05$) (23). Several studies have reported intimidation or "bullying" received by nursing students while undergoing clinical practice. The bullying experienced by these students was in the form of demeaning efforts, being subjected to negative comments, and verbal abuse, which seemed to be the most dominant form of bullying. The research findings, which were not much different, also revealed that 87.6% of nursing students experienced bullying behavior. The two most frequently reported negative behaviors are: negative remarks and being belittled (24). Bullying causes a loss of self-confidence and causes stress and anxiety in nursing students (25). This will also harm their learning outcomes.

In this study, it was also reported that they were not very welcome to accept the presence of students, students felt neglected, and their attitude was bitchy or meanwhile practicing nursing. This was a form of intimidation in a clinical setting. The environment where students practice should be friendly enough to enhance the student learning process and increase interest in learning. Bullying can create a practice environment that causes stress and anxiety and reduces student interest in education, such as decreased job satisfaction, absenteeism, tardiness, and lack of cooperation (25)

Confidence and a sense of optimism are usually obtained by someone when the people around us support and appreciate the slightest effort we make. However, participants in this study reported that nurses' lack of recognition and appreciation in their practice affected their self-esteem. According to a research study, feelings of rejection or humiliation make them lose confidence and affect their emotions and ability to learn. Bullying has the potential to make students feel stressed. Working or studying under pressure can make nursing students negligent in taking action and making

mistakes during practice. This will be detrimental to patient health.

Lack of positive support from campus or hospital supervisors for students shows a lack of attention and neglect of student needs. Therefore policymakers must carry out more effective clinical practice by paying attention to psychological conditions and building self-reliance and suitable coping mechanisms in student nurses before entering clinical practice.

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CONCLUSION

The COVID-19 disease outbreak is a threat and challenge to global health and education. One of the education sectors that has been dramatically impacted is nursing vocational education. The results of this study reveal the various obstacles experienced by students when carrying out clinical practice as illustrated by the four resulting themes, namely: Patients and families doubt our abilities as students, Our abilities as students are also challenged by nurses, We need to be understood, that we are learning, and Shocked, embarrassed and afraid when the nurse scolds us in front of the patient. Lack of positive support from campus or hospital supervisors for students shows a lack of attention and neglect of student needs. Therefore policymakers need to carry out more effective clinical practice in the Covid-19 era by increasing students' therapeutic communication skills, paying attention to psychological conditions, and building self-resilience and suitable coping mechanisms in student nurses before going into clinical practice.

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