

LITERATUR REVIEW

**RESPON PSIKOLOGIS MAHASISWA SELAMA
PRAKTIK KLINIK KEPERAWATAN KRITIS DI
RUANG ICU**



Oleh

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**PROGRAM STUDI KEPERAWATAN PROGRAM SARJANA
SEKOLAH TINGGI ILMU KESEHATAN WIRA MEDIKA**

BALI

DENPASAR

2019/2020

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SELAMA PRAKTIK KLINIK
KEPERAWATAN KRITIS DI RUANG ICU**

*Diajukan kepada Sekolah Tinggi Ilmu Kesehatan Wira Medika Bali untuk
memenuhi salah satu persyaratan menyelesaikan Program Sarjana Keperawatan*



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LITERATUR REVIEW

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Literatur review ini disusun dalam rangka memenuhi sebagian persyaratan untuk memperoleh gelar Sarjana Keperawatan pada Program Studi Keperawatan Program Sarjana, Sekolah Tinggi Ilmu Kesehatan Wira Medika Bali.

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Denpasar, 24 Mei 2020

Penulis

(Komang Ari Anggela)

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LITERATUR REVIEW

RESPON PSIKOLOGIS MAHASISWA SELAMA PRAKTIK KLINIK KEPERAWATAN KRITIS DI RUANG ICU

PSYCHOLOGICAL RESPONSE OF STUDENTS DURING CRITICAL NURSING CLINIC PRACTICES IN ICU ROOM

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Abstrak

Latar Belakang : Mahasiswa yang telah usai menjalankan praktik klinik keperawatan kritis mengalami kesulitan dalam respon psikologisnya, hal itu dikarenakan ketidaksiapan dalam menjalankan praktik di ruang ICU. Ketidaksiapan saat menjalankan praktik klinik di ruang ICU dapat mengganggu pikiran seseorang terutama mahasiswa yang nantinya akan menimbulkan respon psikologisnya seperti stress, depresi, susah tidur dan banyak hal lainnya.

Tujuan : Penelusuran *literature* ini bertujuan untuk menganalisa hasil penelitian terkait yang berfokus pada respon psikologis mahasiswa selama praktik klinik di ruang ICU

Metode : penelaahan ini dilakukan dengan metode *review* dari hasil penelitian yang berasal dari media elektronik seperti NCBI-Pubmed, Google Scholar, Sage Publication, Indian Journal, DOAJ (Directory of Open Access Journal), Cambridge Journal, ARC Journals yang dipublikasikan mulai tahun 2015-2020 dengan kata kunci pengalaman praktik keperawatan, ICU, pengalaman psikologi mahasiswa. Jumlah literature yang diperoleh sebanyak 10 artikel dan 5 diantaranya memenuhi kriteria. Artikel diperoleh dengan artikel asli (*full text*) sehingga data yang disajikan lengkap dan mudah dalam penelaahan penelitian.

Hasil : Hasil penelaahan menemukan bahwa ketidaksiapan mahasiswa dalam menjalankan praktik klinik di ruang ICU dapat berpengaruh pada diri ny sendiri seperti stress, ansietas, ketakutan. Hal tersebut dikarenakan ketakutan dalam mengambil tindakan, pengetahuan yang kurang, takut membuat kesalahan.

Kesimpulan : hasil riview dari 5 jurnal didapatkan bahwa mahasiswa mengalami berbagai pengalaman yang unik selama praktik klinik keperawatan di ICU yang menimbulkan berbagai efek psikologi seperti stress, cemas.

kata kunci: pengalaman praktik keperawatan, ICU, pengalaman psikologi mahasiswa

Abstract

Background: Students have finished practicing critical nursing clinics experience difficulties in their psychological responses, it is because of their unpreparedness in practicing practice in the ICU. Unpreparedness when carrying out clinical practice in the ICU can disturb a person's mind, especially students, which in turn will cause psychological responses such as stress, depression, insomnia and many other things.

Objective: This literature search aims to analyze the results of related research that focuses on the psychological response of students during clinical practice in the ICU room.

Method: This review is carried out with a review method of research results from electronic media such as NCBI-Pubmed, Google Scholar, Sage Publication, Indian Journal, DOAJ (Directory of Open Access Journal), Cambridge Journal, ARC Journal published from 2015-2020 with keywords: nursing practice experience, ICU, student psychology experience. The amount of literature obtained was 10 articles and 5 of them met the criteria. Articles are obtained with original articles (full text) so that the data presented are complete and easy in the study of research.

Results: The results of the study found that the unpreparedness of students in carrying out clinical practice in the ICU can affect themselves such as stress, anxiety, fear. That is because fear in taking action, lack of knowledge, fear of making mistakes.

Conclusion: Riview results from 5 journals found that students experienced a variety of unique experiences during nursing clinical practice at the ICU that caused various psychological effects such as stress, anxiety.

Keywords: nursing practice experience, ICU, student psychology experience

PENDAHULUAN

Praktik klinik adalah sarana pembelajaran untuk mahasiswa keperawatan yang menerapkan teori keperawatan dan mengintegrasikan pengetahuan teoritis dan ketrampilan praktik (Tiwaken, DKK 2015). Mahasiswa belajar dan berlatih prosedur yang berbeda saat melakukan praktik klinik dengan yang mereka pelajari di perguruan tinggi, hal ini dapat membantu mereka mendapatkan suatu gambaran untuk menghadapi situasi kehidupan nyata dimasa depan (2)

Mahasiswa yang telah melaksanakan praktik klinik merasakan perbedaan antara teori yang dipelajari dengan tindakan yang dilakukan saat praktik keperawatan di ruang ICU, sehingga terkadang mahasiswa mengalami kesulitan dalam melakukan tindakan keperawatan. Meskipun telah diberikan pembekalan praktik sebelumnya, namun masih ada beberapa mahasiswa yang merasa kesulitan dalam pelaksanaan praktik klinik.

Penelitian sebelumnya didapatkan hasil mahasiswa yang sedang praktik klinik di ruang ICU merasakan stress, kecemasan, dan depresi, hal inilah yang dapat mempengaruhi pengalaman saat praktik klinik di ruang ICU (Rajeswaran L, 2016). Saat praktik mahasiswa keperawatan berkali-kali mengalami gangguan dan kesalahan dalam melaksanakan asuhan keperawatan. (Lima DKK, 2016). Mahasiswa melakukan kesalahan salah satunya ialah kesalahan alur pemberian salah satu obat injeksi sehingga mengakibatkan pasien mengalami shock, namun hal ini langsung dilaporkan dan segera ditangani sehingga pasien dapat tertolong. Inilah yang

menyebabkan pentingnya pengalaman mahasiswa serta bimbingan dari pembimbing agar mahasiswa tidak melakukan kesalahan secara fatal (Sari DKK, 2016).

Ruang ICU terdapat pasien yang kritis yang membutuhkan kepedulian di saat masa-masanya yang sedang kritis, caring salah satunya. Caring merupakan bentuk pelayanan yang diharapkan oleh pasien dan keluarganya yang merupakan focus dari suatu pelayanan (Labrague, 2012). Mahasiswa keperawatan diharuskan untuk mengembangkan kemampuan dari mahasiswa untuk memahami dan mempelajari bentuk caring seorang perawat professional dengan sudut pandang yang berbeda dan mempraktikan pengetahuan yang didapatkan ke dalam praktik keperawatan (Khouri, 2011).

Penelitian yang dilakukan oleh Mariyanti (2015) yang mendukung pernyataan diatas adalah di ruang ICU menunjukkan bahwa ada mahasiswa perawat yang belum berperilaku caring dengan pasien pada saat melakukan asuhan keperawatan. Mahasiswa tersebut belum berperilaku caring pada aspek maintaining belief dan knowing. Dimensi knowing, mahasiswa masih berfokus pada permasalahan fisik saja, padahal pasien yang dirawat tersebut memiliki masalah yang lain, misalnya pasien yang dirawat dalam kondisi sadar dan memiliki permasalahan terkait dengan gangguan komunikasi verbal. Pembimbing klinik juga menyatakan bahwa pencapaian kompetensi mahasiswa masih belum optimal.inilah yang menjadi salah satu hambatan mahasiswa sehingga mahasiswa menjadi stress karena belum mampu untuk berkomunikasi dengan pasien yang kritis.

Berdasarkan beberapa hasil penelitian dari tahun-ketahun menyatakan bahwa adapun hambatan yang dialami oleh beberapa mahasiswa saat melakukan praktik klinik di ruang ICU seperti mengenai dengan respon psikologis mahasiswa tersebut, misalnya stress saat praktik di ruang ICU, ketakutan saat memberikan tindakan, belum paham mengenai asuhan keperawatan. Hal tersebut disebabkan oleh kurangnya kesiapan mahasiswa dalam melakukan praktik di ruang ICU.

Berdasarkan uraian tersebut, penulis ingin melakukan telaah literature lebih lanjut mengenai respon psikologis mahasiswa selama menjalani praktik klinik di ruang ICU. Tujuan dari literature review ini adalah untuk menganalisa hasil penelitian terkait yang berfokus pada respon psikologis mahasiswa selama praktik klinik di ruang ICU. Analisis ini diharapkan menjadi pertimbangan untuk melakukan pengukuran pemahaman mengenai kesiapan sebelum praktik klinik sehingga dapat mencegah terjadinya hambatan seperti respon psikologis.

1.2 Tujuan penelitian

Tujuan dari literature review ini adalah untuk mengetahui bagaimana pengalaman mahasiswa selama praktik klinik keperawatan kritis di ruang ICU (Intensive Care Unit).

METODE PENELITIAN

penelaahan ini dilakukan dengan metode review dari hasil penelitian yang berasal dari media elektronik seperti NCBI-Pubmed, Google Scholar, Sage Publication, Indian Journal, DOAJ (Directory of Open Access Journal), Cambridge Journal, ARC Journals yang dipublikasikan mulai tahun

2015-2020 dengan kata kunci: pengalaman praktik keperawatan, ICU, pengalaman psikologi mahasiswa. Jumlah literature yang diperoleh sebanyak 10 artikel dan 5 diantaranya memenuhi kriteria. Artikel diperoleh dengan artikel asli (full text) sehingga data yang disajikan lengkap dan mudah dalam penelaahan penelitian.

PEMBAHASAN

Berdasarkan analisis dari 5 artikel yang diperoleh sesuai dengan kriteria inklusi dan jenis penelitian yang didapatkan penelitian kuantitatif dan kualitatif dengan hasil analisis sebagai berikut :

2.1 Hasil *Review Artikel* disajikan dalam bentuk tabel

Peneliti	Judul	Tujuan	Karakteristik Sample	Metodologi Penelitian	output
(Amar, 2019)	Pengalaman Mahasiswa Keperawatan Universitas Tanjungpura Pelaksanaan Klinik I	Mengeksplorasi pengalaman mahasiswa keperawatan Universitas Tanjungpura dalam matakuliah Praktik Klinik I.	5 informan yang terdiri dari 4 mahasiswa dan 1 pembimbing dengan pedoman wawancara terstruktur, tulis, dan perekam suara.	yang kualitatif dengan jenis pendekatan fenomenologi menggunakan teknik convenience pada informan	Studi pendahuluan yang dilakukan peneliti kepada mahasiswa keperawatan Universitas Tanjungpura yang melaksanakan praktik didapatkan bahwa mahasiswa merasa takut dan tidak yakin untuk melaksanakan praktik klinik di rumah sakit. Mahasiswa merasa cemas akan praktik klinik dikarenakan saat praktik di kampus ada beberapa tindakan yang gagal ia lakukan berupa pemberian obat melalui IV yang tidak sesuai dosis, lupa mencuci tangan sebelum dan setelah tindakan, dan melakukan tindakan masih tidak sesuai prinsip. Penelitian ini didapatkan hasil lima tema yaitu memahami peran perawat melalui perspektif praktik klinik, respon psikologis negatif dan positif, resiko pelanggaran standar patient safety, aspek capaian pembelajaran

					praktik klinik I, dan harapan untuk praktik klinik I selanjutnya
(Vatansever & Akansel, 2016)	Intensive Care Unit Experience of Nursing Students during their Clinical Placements: A Qualitative Study.	Mengetahui bagaimana pengalaman mahasiswa praktik keperawatan di ruang ICU	Penelitian ini dilakukan dengan mahasiswa keperawatan yang terdaftar di Surgical Nursing Course dari Februari hingga Mei 2011. Mahasiswa keperawatan (n = 18) yang ditugaskan di ICU bedah selama rotasi mingguan mereka dimasukkan dalam penelitian ini.	Penelitian ini Kualitatif dengan desain eksplorasi deskriptif,	Peneliti mendapati bahwa pengalaman pribadi dan persepsi siswa keperawatan memainkan peran penting dalam membentuk pemikiran mereka terkait dengan ICU. Lingkungan ICU adalah tempat di mana mahasiswa keperawatan mengalami berbagai prosedur dan kegiatan perawatan dan terlibat dalam menganalisis kondisi kesehatan yang kompleks. Data ditafsirkan oleh para peneliti secara independen dan 4 tema muncul dan dinamakan sebagai "Persepsi tentang lingkungan ICU dan pasien", "Pikiran tentang menjadi perawat ICU", "Pemahaman komunikasi dan empati dengan pasien ICU" dan "Kontribusi perawatan pasien" kegiatan dalam pembelajaran "
(Alasad, Ahmad, Abu Tabar, & Ahmad, 2015)	Nursing Student's Experiences in Critical Care Course: A Qualitative Study	Tujuan penelitian ini untuk mengetahui bagaimana pengalaman mahasiswa dalam praktik klinik di ruang ICU.	Penelitian ini dilakukan di salah satu universitas Arab Saudi Universitas King Saud Bin Abdulaziz untuk kesehatan (KSAU-	Penelitian ini Kualitatif dengan study fenomenologi	Partisipan menggambarkan bahwa mendapatkan berbagai pengalaman selama praktik klinik di ruang ICU. Focus utama yang muncul yaitu pengetahuan baik teori maupun praktik, kepercayaan serta dukungan dari teman maupun diri sendiri, sosialisasi, dan sosialisasi serta dukungan dari pembimbing klinik maupun pembimbing institusi

				HS) antara tahun 2010 dan 2013. Ukuran sampel termasuk 180 perempuan mahasiswa keperawatan Saudi yang mendaftar dan mengambil selama periode itu		
(Kandeel & Ahmed, 2019)	Nursing students' Perception of their Clinical practice in intensive care units: A study from Egypt	Penelitian ini adalah menyelidiki persepsi mahasiswa keperawatan sarjana praktik klinis mereka di ICU.	Penelitian ini melibatkan mahasiswa keperawatan terdaftar kursus perawatan kritis	Penelitian ini melibatkan 306 mahasiswa yang terdaftar dalam perawatan	Kualitatif dengan desain survei	Penelitian ini memberikan gambaran bulat persepsi mahasiswa keperawatan tentang praktik klinis mereka dalam pengaturan perawatan intensif yang dapat digunakan sebagai dasar untuk memperbarui dan meningkatkan pengajaran klinis perawatan kritis. Mahasiswa menikmati pengalaman klinis mereka di ICU. Namun, siswa menyoroti banyak faktor yang menghambat praktik klinis mereka seperti pengaturan perawatan intensif stres, takut membuat kesalahan, kondisi pasien yang kompleks, kesenjangan teori-praktik, overburdening dengan dokumentasi dan kurangnya koordinasi antara penempatan klinis. Lingkungan belajar yang mendukung diperlukan untuk meningkatkan pembelajaran klinis siswa, meningkatkan kolaborasi antara siswa, demonstran dan staf perawat perawatan kritis, dan mengurangi kesenjangan teori-praktik.

(Bezerra Lima et al., 2016)

Nursing Students
Experience In
Emergency And
Intensive Care In A
Reference Hospital

Penelitian ini bertujuan untuk mengetahui pengalaman kegiatan mahasiswa selama praktik emergency dan ICU (intensive care unit)

ini Ini adalah laporan kualitatif pengalaman oleh para sarjana dari periode keenam dari gelar sarjana di bidang Keperawatan yang melakukan duel kegiatan praktis dari Perawatan Kesehatan Komprehensif II, dalam modul Kompleksitas Tinggi di Unit Gawat Darurat dan Unit Perawatan Intensif di rumah sakit rujukan negara bagian. kota Natal

Kegiatan pelatihan memungkinkan perolehan pengalaman bekerja sebagai perawat di unit gawat darurat, mempromosikan peningkatan kinerja sebagai siswa. Meskipun waktu singkat, magang membaik di bidang akademik. Selama pengembangan kegiatan pelatihan, diamati pembelajaran penting pada siswa baik secara individu maupun dalam kelompok. Kemajuan dalam mencapai asuhan keperawatan, penerapan penalaran klinis yang terkait dengan dasar teori yang direferensikan semakin dalam menjalankan praktik. Poin penting yang disorot adalah gagasan tentang tanggung jawab siswa yang mereka miliki pada pasien di bawah perawatan mereka di hari-hari pengembangan kegiatan praktis, menyangkut kesejahteraan semua orang, memperlakukan mereka dengan hormat dan bermartabat. Pengetahuan yang dibagikan antara guru dan siswa dalam magang berkontribusi positif terhadap proses belajar-mengajar karena memfasilitasi pertukaran pengalaman dan memungkinkan inklusi dalam konteks pelatihan kejuruan saat ini di daerah tersebut. Selanjutnya, magang juga merupakan momen memasuki siswa dalam realitas kesehatan di mana ia berkali-kali mengalami gangguan karena kurangnya profesional, struktur, dan bahan. Akhirnya, ditekankan bahwa masih ada hambatan yang harus dipatahkan dalam

magang kegiatan praktis. Dipercaya bahwa waktu praktik bisa lebih besar, memungkinkan lebih banyak kegiatan dan pengalaman dalam konteks urgensi, darurat, dan perawatan intensif.

2.2 Pembahasan

Berdasarkan hasil review jurnal 1 yang disusun oleh Zakiah Amar, Mita, Ernawati, yang berjudul pengalaman mahasiswa keperawatan universitas tanjungpura dalam pelaksanaan praktik klinik. Tujuan dari penelitian ini adalah untuk mengeksplorasi pengalaman mahasiswa keperawatan Universitas Tanjungpura dalam matakuliah Praktik Klinik I. sampel yang digunakan yaitu 5 informan yang terdiri dari 4 mahasiswa dan 1 pembimbing dengan pedoman wawancara semi terstruktur, alat tulis, dan perekam suara, dengan metode kualitatif dengan jenis pendekatan fenomenologi. Hasil dari penelitian ini menunjukkan bahwa didapati 5 tema yang menjadi pengalaman mahasiswa selama praktik yaitu pertama mengenai pemahaman peran perawat melalui perspektif praktik klinik yang mana setiap informan berpendapat bahwa mahasiswa keperawatan juga melaksanakan perannya sebagai perawat dengan melayani kebutuhan pasien. Secara psikologis masalah yang berhubungan dengan perasaan dan budaya pasien. Informan 5 juga menyebutkan bahwa mahasiswa juga melakukan edukasi terhadap pasien tentang penyakit yang dideritanya. Tema kedua membahas mengenai respon psikologi yang dirasakan mahasiswa selama praktik yang mana semua informan mengatakan bahwa mereka tidak siap dikarenakan takut salah, grogi dan ilmu dan pengalaman yang mereka miliki masih sedikit sehingga menimbulkan ansietas. Tema ketiga mencakup mengenai resiko pelanggaran standar patient safety yang mana dikatakan oleh informan 1 dan 4 bahwa kesalahan dalam melakukan

intervensi pemberian obat injeksi yang tidak sesuai dengan dosis dikarenakan oleh tumpah dan ada mahasiswa yang tidak menggunakan handscoon dengan lengkap sampai ditegur oleh tenaga Kesehatan rumah sakit. Informan 5 juga membenarkan hal tersebut. Tema keempat mengenai capaian pembelajaran praktik klinik I dimana setiap informan mengatakan memiliki pengalaman yang berbeda dengan dosen pembimbing. Penjelasan informan seperti ada pembimbing yang tidak datang untuk membimbing dan mengontrol mahasiswa. Informan juga mengeluhkan dosen yang kurang dalam mengajar dan membimbing selama praktik klinik. Tema yang terakhir yaitu mengenai harapan mahasiswa untuk praktik klinik selanjutnya yaitu persiapan yang lebih matang baik itu secara teori maupun praktik serta perlu dalam peningkatan dosen dalam membimbing sehingga didapati hasil dari tujuan praktik yang memuaskan

Berdasarkan hasil review jurnal 2 yang disusun oleh Nursel Vatansever, RN, PhD., Neriman Akansel, RN, PhD. Berjudul intensive care unit experience of nursing students during their clinical placement: a qualitative study. Penelitian ini bertujuan Mengetahui bagaimana pengalaman mahasiswa praktik klinik keperawatan di ruang ICU (intensive care unit). Sampel yang digunakan dalam penelitian ini yaitu mahasiswa keperawatan yang terdaftar di Surgical Nursing Course dari Februari hingga Mei 2011. Mahasiswa keperawatan (n = 18) yang ditugaskan di ICU bedah selama rotasi mingguan mereka dimasukkan dalam penelitian ini. Metode penelitian yang digunakan yaitu Kualitatif

dengan desain eksplorasi deskriptif. Penelitian ini menunjukkan hasil 4 hal yaitu yang pertama mengenai persepsi siswa yang berkaitan dengan lingkungan ICU dan keperawatan ICU yang menunjukkan bahwa Beban kerja yang berat dan tanggung jawab yang diperluas menimbulkan titik fokus mahasiswa selama rotasi ICU. Mahasiswa Menjadi sangat hati-hati dan mampu berpikir kritis adalah fakta penting dalam keperawatan ICU. Menurut mahasiswa sifat rumit dari lingkungan ICU, prosedur yang intens, alarm dering, dan berbagai monitor, prognosis pasien yang buruk dan pasien yang kesulitan, intubasi membuat lingkungan ICU semakin stres. Lingkungan ICU digambarkan sebagai tempat yang menakutkan di mana pasien merasa sakit. Kedua menungkapkan tentang Interaksi pasien dengan mahasiswa perawat di ICU dengan hasil teknik komunikasi dan interaksi dengan pasien adalah pusat dari pendidikan keperawatan. belajar interaksi pasien-perawat yang efektif, dapat mempraktekkannya adalah signifikan. Menurut penelitian ini, mahasiswa keperawatan terutama berfokus pada komunikasi perawat dengan pasien, mencoba menafsirkan ekspresi wajah pasien, mengamati teknik komunikasi yang digunakan terutama dengan pasien yang tidak sadar. Cara perawat menangani pasien, pendekatan positif digunakan selama perawatan, menggunakan tulisan sebagai metode komunikasi dengan beberapa pasien, membuat kontak mata dianggap sebagai teknik komunikasi positif oleh mahasiswa keperawatan. Di sisi lain suara bernada tinggi di ICU, tidak menggunakan komunikasi yang efektif dengan pasien yang tidak sadar, dialog yang tidak terutama terkait dengan pasien dapat mengganggu dan tidak sesuai. Upaya

mahasiswa dalam mencoba mengamati kerja tim di ICU menunjukkan bahwa mereka peduli dengan peran profesional keperawatan. Juga berada di ICU membimbing mereka dalam mengembangkan keterampilan berpikir kritis. Temuan penelitian ini dianggap berharga dalam mengembangkan beberapa keterampilan mahasiswa dalam keperawatan terutama untuk mempraktikkan metode komunikasi yang efektif. Ketiga yaitu Partisipasi mahasiswa keperawatan pada praktik perawatan pasien dan pengaruhnya terhadap pembelajaran yang menunjukkan bahwa kerumitan praktik yang dilakukan di ICU dan berbagai alat yang digunakan adalah faktor penyebab stres bagi mahasiswa keperawatan. Dalam penelitian ini, mahasiswa memiliki perasaan bahwa mereka akan dapat mencapai sesuatu selama praktik klinis mereka.

Berdasarkan hasil review jurnal 3 yang disusun oleh Jafar A. Alasad, Muayyad M. Ahmad, Nazih Abu Tabar, Huthaifa Ahmad. Penelitian ini berjudul *Nursing Student's Experiences in Critical Care Course: A Qualitative Study* dengan tujuan untuk mengetahui bagaimana pengalaman mahasiswa dalam praktik klinik di ruang ICU. Sampel dalam penelitian ini adalah di salah satu universitas di Arab Saudi, Universitas King Saud Bin Abdulaziz untuk ilmu kesehatan (KSAU-HS) antara tahun 2010 dan 2013. Ukuran sampel termasuk 180 perempuan mahasiswa keperawatan Saudi yang mendaftar dan mengambil selama periode itu dengan metode Kualitatif dengan study fenomenologi. Hasil dari penelitian ini ialah pengalaman unik yang dialami mahasiswa keperawatan selama praktik keperawatan di ICU yang menunjukkan bahwa pengalaman

ini dipengaruhi oleh banyak faktor. Beberapa faktor ini memiliki dampak langsung pada pengetahuan dan pengembangan profesional mahasiswa dan sosialisasi. Penelitian ini adalah bukan untuk mengembangkan mahasiswa menjadi perawat kritis, melainkan untuk memperkuat pengetahuan dan keterampilan mereka sementara juga memperkenalkan mereka ke dalam bidang khusus yang penting dalam profesi. Rasa stress yang dialami mahasiswa keperawatan dalam menempuh stase praktik klinik di ruang ICU sangat wajar sehingga perlu peningkatan dalam pengetahuan serta kemampuan dalam praktik, agar tujuan dari Pendidikan keperawatan dapat tercapai sesuai tujuan.

Berdasarkan hasil review jurnal 4 yang disusun oleh Nahed Attia Kandeel, Hanaa Hussein Ahmed yang berjudul Nursing students perception of their clinical practice in intensive care units: A study from Egypt. Penelitian ini bertujuan untuk Penelitian ini adalah untuk menyelidiki persepsi mahasiswa keperawatan sarjana praktik klinis mereka di ICU dengan sampel Penelitian ini melibatkan 306 mahasiswa keperawatan yang terdaftar dalam kursus perawatan kritis. Metode yang digunakan dalam penelitian ini ialah kualitatif dengan desain survei. Hasil dari penelitian ini ialah memberikan gambaran bulat persepsi mahasiswa keperawatan tentang praktik klinis mereka dalam pengaturan perawatan intensif yang dapat digunakan sebagai dasar untuk memperbarui dan meningkatkan pengajaran klinis perawatan kritis. Mahasiswa menikmati pengalaman klinis mereka di ICU. Namun, mahasiswa menyoroti banyak faktor yang menghambat praktik klinis mereka seperti pengaturan

perawatan intensif stres, takut membuat kesalahan, kondisi pasien yang kompleks, kesenjangan teori-praktik, kurangnya koordinasi antara penempatan klinis. Lingkungan belajar yang mendukung diperlukan untuk meningkatkan pembelajaran klinis siswa, meningkatkan kolaborasi antara siswa, demonstran dan staf perawat perawatan kritis, dan mengurangi kesenjangan teori-praktik.

Berdasarkan hasil review jurnal 5 yang disusun oleh Karen Rayara Bezerra Lima, Tiago Alves de Brito yang berjudul *Nursing Students Experience in Emergency and Intensive Care in a Reference Hospital*. Sampel dari penelitian ini ialah sarjana dari periode keenam dari gelar sarjana di bidang Keperawatan yang melakukan dua kegiatan praktis dari Perawatan Kesehatan Komprehensif II, dalam modul Kompleksitas Tinggi di Unit Gawat Darurat dan Unit Perawatan Intensif di rumah sakit rujukan negara bagian kota Natal menggunakan metode kualitatif, dengan hasil Kegiatan pelatihan memungkinkan perolehan pengalaman bekerja sebagai perawat di unit gawat darurat, mempromosikan peningkatan kinerja sebagai mahasiswa. Meskipun waktu singkat, praktik ini membantu di akademik. Selama pengembangan kegiatan pelatihan, diamati pembelajaran penting pada mahasiswa baik secara individu maupun dalam kelompok. Kemajuan dalam mencapai asuhan keperawatan, penerapan penalaran klinis yang terkait dengan dasar teori yang direferensikan semakin dalam menjalankan praktik. Poin penting yang disorot adalah gagasan tentang tanggung jawab siswa yang mereka miliki pada pasien di bawah perawatan mereka di hari-hari pengembangan kegiatan praktik,

Pengetahuan yang dibagikan antara dosen dan mahasiswa dalam magang berkontribusi positif terhadap proses belajar-mengajar karena memfasilitasi pertukaran pengalaman dan memungkinkan inklusi dalam konteks pelatihan kejuruan saat ini di daerah tersebut. Selanjutnya, praktik klinik juga merupakan momen memasuki mahasiswa dalam realitas kesehatan di mana ia berkali-kali mengalami gangguan karena kurangnya profesional, struktur. Akhirnya, ditekankan bahwa masih ada hambatan yang harus dipatahkan dalam praktik klinik . Dipercaya bahwa waktu praktik bisa lebih besar, memungkinkan lebih banyak kegiatan dan pengalaman dalam konteks urgensi, darurat, dan perawatan intensif. Selama kegiatan, sumber daya yang tersedia digunakan, berkali-kali dibatasi dengan menjadi perawatan yang lebih hati-hati dan kompleks. Praktik pengendalian diri emosional juga dialami. Selain itu, para mahasiswa berada dalam kontak langsung dan bekerja multidisiplin dengan profesional kesehatan lainnya seperti ahli fisioterapi, ahli gizi, dokter gigi, dokter dan staf keperawatan, memperoleh pembelajaran yang lebih tinggi, dan membuat konsep gagasan tim multi-profesional. Untuk kerja tim yang ada, di luar semangat tim mereka harus saling menghormati di antara para profesional untuk memainkan peran mereka dalam bidang keahlian mereka secara efektif, menggabungkan pengetahuan, pengalaman, dan keterampilan.

Hasil penelaahan dari 5 jurnal diatas memang benar kecemasan yang dirasakan mahasiswa selama praktik klinik di ruang ICU (intensive care uni). Berbagai hal telah ditemui dari masing-masing jurnal seperti

pemahaman peran perawat melalui perspektif praktik klinik yang mana setiap informan berpendapat bahwa mahasiswa keperawatan juga melaksanakan perannya sebagai perawat dengan melayani kebutuhan pasien. Secara psikologis masalah yang berhubungan dengan perasaan dan budaya pasien. Ditemukan juga bahwa respon psikologi yang dirasakan mahasiswa selama praktik yang mana semua informan mengatakan bahwa mereka tidak siap dikarenakan takut salah, grogi dan ilmu dan pengalaman yang mereka miliki masih sedikit sehingga menimbulkan ansietas. Partisipasi mahasiswa keperawatan juga mengatakan bahwa pada praktik perawatan pasien dan pengaruhnya terhadap pembelajaran yang menunjukkan bahwa kerumitan praktik yang dilakukan di ICU dan berbagai alat yang digunakan adalah faktor penyebab stres bagi mahasiswa keperawatan.

Pengalaman unik yang dialami mahasiswa keperawatan selama praktik keperawatan di ICU yang menunjukkan bahwa pengalaman ini dipengaruhi oleh banyak faktor. Beberapa faktor ini memiliki dampak langsung pada pengetahuan dan pengembangan profesional mahasiswa dan sosialisasi. Mahasiswa menyoroti banyak faktor yang menghambat praktik klinis mereka seperti pengaturan perawatan intensif stres, takut membuat kesalahan, kondisi pasien yang kompleks, kesenjangan teori-praktik, kurangnya koordinasi antara penempatan klinis Rasa stress yang dialami mahasiswa keperawatan dalam menempuh stase praktik klinik di ruang ICU sangat wajar sehingga perlu peningkatan dalam pengetahuan

serta kemampuan dalam praktik, agar tujuan dari Pendidikan keperawatan dapat tercapai sesuai tujuan.

KESIMPULAN & SARAN

3.1 Kesimpulan

Pengalaman praktik klinik keperawatan di ruang ICU selama menempuh Pendidikan keperawatan merupakan kewajiban yang harus dijalani mahasiswa. Pengalaman yang dialami mahasiswa selama praktik klinik keperawatan di ruang ICU berbagai macam, seperti ada mahasiswa yang merasa stress melakukan praktik klinik keperawatan di ruang ICU. Rasa stress yang dialami mahasiswa disebabkan oleh berbagai faktor seperti dari staf pengajar, staf keperawatan maupun dari kondisi pasien yang kompleks takut melakukan kesalahan dan pengetahuan serta skil yang kurang. Namun, dengan berbagai bimbingan yang dilakukan dapat mendukung mahasiswa yang melakukan praktik klinik dengan senang hati. Pengalaman mahasiswa dalam menghadapi praktik klinik keperawatan di ruang ICU dapat dipengaruhi dari pembimbing, baik itu pembimbing klinik maupun pembimbing institusi.

3.2 Saran

a. Mahasiswa

Saran kepada mahasiswa dalam melakukan praktik klinik keperawatan kritis untuk bersungguh-sungguh guna tercapainya tujuan yang telah ditetapkan Bersama

b. Institusi pendidikan

Kepada institusi Pendidikan perlu adanya pembekalan yang lebih kepada mahasiswa guna mendukung dalam proses praktik klinik keperawatan kritis di ruang ICU untuk mencapai tujuan Bersama yang telah disepakati

c. Instisusi tempat praktik

Diharapkan agar dapat memberikan bimbingan yang baik sesuai dengan jenjang Pendidikan yang ditempuh mahasiswa.

3.3 Ucapan Terima Kasih

Terselesainya literature review ini tidak lepas dari pihak yang telah membantu dalam penyusunan literature review ini. Penulis mengucapkan terima kasih kepada dosen pembimbing yang telah memberikan ilmunya dalam penyusunan literature review ini. Kepada semua pihak lainnya yang tidak bisa penulis sebutkan satu-persatu, terima kasih telah memberikan doa dan dukungannya dalam kelancaran penyelesaian penyusunan literature review ini.

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Lampiran 1

PENGALAMAN MAHASISWA KEPERAWATAN UNIVERSITAS TANJUNGPURA DALAM PELAKSANAAN PRAKTIK KLINIK I

(The Experience Of Nursing Students At Universitas Tanjungpura In Clinical Practice I)

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ABSTRAK

Latar Belakang : Praktik klinik adalah sarana pembelajaran bagi mahasiswa keperawatan untuk menerapkan teori keperawatan dan, mengintegrasikan pengetahuan teoritis dan keterampilan praktik. Mahasiswa Keperawatan Universitas Tanjungpura dalam masa pendidikannya diwajibkan melaksanakan praktik klinik untuk belajar dan mengetahui perannya sebagai perawat dimasa akan datang.

Tujuan : Mengeksplorasi pengalaman mahasiswa keperawatan Universitas Tanjungpura dalam matakuliah Praktik Klinik I.

Metode : Desain penelitian kualitatif dengan jenis pendekatan fenomenologi menggunakan teknik *convenience* pada 5 informan, instrument pada penelitian ini adalah peneliti itu sendiri dengan wawancara mendalam (*indepth interview*) menggunakan pedoman wawancara semi terstruktur, alat tulis, aplikasi perekam suara, dan kamera (telepon seluler)..

Hasil : Penelitian ini didapatkan hasil lima tema yaitu memahami peran perawat melalui perspektif praktik klinik, respon psikologis negatif dan positif, resiko pelanggaran standar *patient safety*, aspek capaian pembelajaran praktik klinik I, dan harapan untuk praktik klinik I selanjutnya

Kesimpulan : Mahasiswa telah memahami perannya sebagai perawat, yang mana melalui praktik klinik sebagai sarana pembelajaran dengan memenuhi kebutuhan pasien secara holistik, dan menerapkan komunikasi terapeutik. Mahasiswa juga merasakan ansietas sebelum praktik klinik dan juga antusias terhadap praktik. Resiko terjadinya pelanggaran *patient safety* berupa kesalahan mahasiswa dalam melakukan intervensi keperawatan, implementasi perawat tidak sesuai prosedur dan prinsip asuhan keperawatan, mahasiswa sulit dalam manajemen waktu. Selain itu aspek capaian pembelajaran praktik klinik dipengaruhi oleh keterlibatan pembimbing

klinik dan akademik dalam praktik klinik, dan target kompetensi. Selain itu, harapan untuk praktik klinik selanjutnya berupa mahasiswa harus mempersiapkan diri sebelum praktik klinik, dan adanya harapan informan untuk pembimbing akademik.

Kata Kunci : Mahasiswa, Praktik, Klinik, Perawat, Prosedur

ABSTRACT

Background : *Clinical practice is a learning way for nursing students to apply nursing theory and, to integrate theoretical knowledge and practical skills. Nursing students at Universitas Tanjungpura during their education are required to do clinical practice to explore and finding out their role as nurses in the future.*

Aim : *To explore the experience of nursing students at Universitas Tanjungpura in clinical practice I.*

Method : *The research design used is qualitative with phenomenology approach using convenience techniques in 5 informants. The instrument in this study is the researcher-herself using semi-structured interview guidelines, stationery, voice recorder applications, and camera (cellphone).*

Result : *This study results in four themes, points are understand the role of nurses through perspective of clinical practice, negative and positive psychological response, risk of violation of patient safety, aspects of clinical practice learning achievement, the hope for next clinical practice I*

Conclusion : *Students have understood their role as nurses, through clinical practice as a means of learning by meeting patient needs holistically, implementing therapeutic communication. Students also feel anxiety and enthusiastic about practice. The risk of patient safety violations in the form of student errors in conducting nursing interventions, the implementation of nurses is not in accordance with the procedures and principles of nursing care, students are difficult in time management. Aspects of clinical practice learning outcomes are influenced by the involvement of clinical and academic counselors in clinical practice, and targets competency. In addition, the hope for further clinical practice in the form of students must prepare themselves before clinical practice, and the expectation of informants for academic supervisors.*

Keyword : *Clinical, Nurse, Practice, Procedure, Students*

PENDAHULUAN

Praktik klinik adalah sarana pembelajaran bagi mahasiswa keperawatan untuk menerapkan teori keperawatan dan, mengintegrasikan pengetahuan teoritis dan keterampilan praktik.¹ Mahasiswa belajar dan berlatih prosedur yang berbeda saat praktik klinik dengan yang mereka pelajari di perguruan tinggi, hal ini dapat membantu mereka mendapatkan gambaran untuk menghadapi situasi kehidupan nyata dimasa depan.²

Mahasiswa yang telah melaksanakan praktik klinik merasakan adanya perbedaan antara teori yang dipelajari dengan tindakan yang dilakukan saat praktik keperawatan di rumah sakit, sehingga terkadang mahasiswa mengalami kesulitan dalam melakukan tindakan keperawatan. Meskipun telah diberikan pembekalan praktik sebelumnya, namun masih ada mahasiswa yang merasa kesulitan dalam pelaksanaan praktik klinik. Penelitian sebelumnya didapatkan hasil bahwa sebagian besar mahasiswa keperawatan yang diwawancarai menjelaskan bahwa ada kesenjangan yang jelas antara teori dan praktik.³

Studi pendahuluan yang dilakukan peneliti kepada mahasiswa keperawatan Universitas Tanjungpura yang melaksanakan praktik didapatkan bahwa mahasiswa merasa takut dan tidak yakin untuk melaksanakan praktik klinik di rumah sakit. Mahasiswa merasa cemas akan praktik klinik dikarenakan saat praktik di kampus ada beberapa tindakan yang gagal ia lakukan berupa pemberian obat melalui IV yang tidak sesuai dosis, lupa mencuci tangan sebelum dan setelah tindakan, dan melakukan tindakan masih tidak sesuai prinsip.

Pengalaman peneliti saat praktik klinik adalah banyak mahasiswa saat berinteraksi dengan pasien tidak menggunakan handscoon sehingga menyebabkan tangan mahasiswa tersebut mengalami cedera akibat terkena pecahan ampul saat akan membukanya untuk memberikan obat kepada pasien. Mahasiswa keperawatan saat praktik klinik masih ada yang lupa mencuci tangan sebelum dan sesudah tindakan, lupa menggunakan alat pelindung diri dan melakukan tindakan masih tidak sesuai prinsip.

Penelitian sebelumnya didapatkan hasil mahasiswa yang sedang praktik klinik

merasakan stress, kecemasan, dan depresi, hal inilah yang mempengaruhi pengalaman praktik klinik mahasiswa keperawatan.⁴ Saat praktik mahasiswa keperawatan berkali-kali mengalami gangguan dan kesalahan dalam melaksanakan asuhan keperawatan. Padahal, mahasiswa melakukan kontak secara langsung ke pasien.^{4,5} Mahasiswa melakukan kesalahan salah satunya ialah kesalahan alur pemberian salah satu obat injeksi hingga mengakibatkan pasien mengalami shock, namun hal ini langsung dilaporkan dan segera ditangani sehingga pasien dapat tertolong. Inilah yang menyebabkan pentingnya pengalaman mahasiswa serta bimbingan dari pembimbing agar mahasiswa tidak melakukan kesalahan

yang fatal.⁶

Permasalahan diatas menjadi penting dikarenakan praktik klinik I merupakan salah satu mata kuliah yang wajib dilaksanakan oleh mahasiswa keperawatan. Tugas dari perguruan tinggi adalah menyelenggarakan kegiatan pembelajaran baik di kelas,

laboratorium, maupun praktik klinik sesuai dengan target kompetensi. Hal ini sesuai dengan pasal 1 ayat 9 undang-undang No 12 tahun 2012 mengenai

Tridharma Perguruan Tinggi “kewajiban Perguruan Tinggi untuk menyelenggarakan pendidikan, penelitian, dan pengabdian kepada masyarakat”. Praktik klinik merupakan salah satu pengabdian kepada masyarakat yang wajib dilaksanakan oleh mahasiswa keperawatan.

Uraian diatas menjadi latar belakang peneliti tertarik melakukan penelitian lebih lanjut mengenai pemahaman tentang pengalaman praktik klinik dari sudut pandang mahasiswa keperawatan Universitas Tanjungpura. Penelitian mengenai praktik klinik saat ini masih terbatas di Indonesia. Penelitian ini menggunakan pendekatan studi fenomenologi untuk dapat lebih memahami lebih mendalam bagaimana pengalaman mahasiswa keperawatan selama praktik.

METODE

Penelitian ini adalah penelitian kualitatif, menggunakan pendekatan fenomenologi dengan teknik *convenience* pada 5 informan yang terdiri dari 4 informan mahasiswa dan 1 orang pembimbing klinik sebagai *key informan*. Instrument pada penelitian ini adalah peneliti sendiri dengan wawancara mendalam (*indepth interview*) menggunakan pedoman wawancara semi terstruktur, alat tulis, aplikasi perekam suara, dan kamera (telepon seluler). Analisis data penelitian ini menggunakan analisis model Miles Huberman yang terdiri dari reduksi, penyajian data, dan penarikan kesimpulan.

HASIL

Hasil dari analisis data didapatkan 5 tema mengenai pengalaman mahasiswa keperawatan dalam pelaksanaan praktik klinik. Adapun 5 tema tersebut adalah: Memahami peran perawat melalui perspektif praktik klinik, respon psikologis negatif dan positif, resiko terjadinya pelanggaran standar *patient safety*, aspek capaian pembelajaran praktik klinik I, dan harapan untuk praktik klinik selanjutnya. Tema-tema tersebut dibagi dalam beberapa kategori.

Memahami Peran Perawat melalui Perspektif Praktik Klinik

Memahami peran perawat melalui perspektif praktik klinik dibagi dalam 3 kategori yaitu sarana pembelajaran, komunikasi terapeutik, pemenuhan kebutuhan pasien secara holistik.

a. Sarana Pembelajaran

I.1: “Praktik tersebut ...merupakan sarana yang bagus untuk mahasiswa menyalurkan ilmunya yang dipelajari”

I.3: "...praktik klinik ...adalah sebuah...kesempatan mahasiswa untuk menerapkan teori-teori yang sudah dipelajari di kampus... diterapkan langsung dilapangan yaitu dilingkungan kerja, khususnya dalam keperawatan..di rumah sakit..."

Dari pernyataan informan bahwa praktik klinik merupakan salah satu sarana pembelajaran bagi mahasiswa keperawatan untuk mengaplikasikan teori-teori asuhan keperawatan yang telah dipelajari di kampus agar dapat diterapkan langsung dilingkungan praktik khususnya di rumah sakit.

- b. Pemenuhan Kebutuhan Pasien Secara Holistik Peran mahasiswa keperawatan selama praktik klinik ialah memenuhi kebutuhan pasien secara holistik seperti kebutuhan biologis, psikologi, sosial, dan kultural serta spiritual pasien. Peran mahasiswa selama praktik klinik selain memberikan asuhan keperawatan juga berperan sebagai konsultan dengan memberikan edukasi kepada klien dan berperan sebagai kolaborator dengan cara berkolaborasi dengan tenaga medis yang lain. Hal ini diungkapkan oleh informan sebagai berikut

I.2: "Holistik... yang saya dapatkan...keperawatan...bukan cuma menangani masalah biologis, jadi ade bio ...psiko sosio bahkan... beberape sumber yang menyatakan spiritual dan kultural dimasukkan nah gitu..."

I.3: "...peran saya waktu praktik klinik I kemarin itu saya sebagai pemberi asuhan keperawatan, dan ...sebagai pendidik untuk klien, dan saya juga berkolaborasi ...bantu pasien untuk buang air kecil, buang air besar, lalu ... memandikan pasien juga" I.5 : "...mahasiswa datang udah di kasi tau nah jadi harus menjalankan asuhan keperawatan... jadi contohnya seperti yang tadinya demam kita harus tetap kompres, ajarkan ibunya kompres... kemudian kita tetap kolaborasi dengan pemberian penurun panas contohnya kayak paracetamol..."

- c. Komunikasi Terapeutik

Dalam melaksanakan asuhan keperawatan, mahasiswa keperawatan selain memiliki skill yang baik dalam melakukan tindakan keperawatan juga harus mempunyai skill yang bagus dalam berkomunikasi. Praktik klinik sangat membantu mahasiswa dalam meningkatkan *skill* berkomunikasi untuk membangun hubungan saling percaya. Komunikasi terapeutik bertujuan untuk menciptakan hubungan saling percaya kepada pasien agar mahasiswa dapat melakukan asuhan keperawatan. I.3: "...yang terpenting sih komunikasi... bagaimana kite komunikasinya ke pasien agar pasien.., mempunyai rasa percaya bahwa kita bisa untuk merawat die"

I.4 : "...seperti perkenalan dulu saat datang tuh, terus perkenalan dulu sama pasien diruangan tersebut, sama nanya-nanya pasien sakit apa, pokoknya komunikasi..."

Respon Psikologis Negatif dan Positif Respon psikologis negatif dan positif mahasiswa keperawatan dikategorikan menjadi 2 yaitu ansietas dan antusiasme selama praktik klinik.

- a. Ansietas I.1 : "kayak belum siap buat turun langsung ke lapangan, apa lagi kan langsung nyentuh ke pasien ...jadi tuh kayak benar-benar ngerasa... haduuh ini nih belum siap takut kenapekenape..."

I.2: "Yang pertama berdebar habis tu bingung, karena ...rasenye ilmu yang saye punye ni masih sedikit gitu, jadi..nanti aku dinas hari pertama mau ngape, mau duduk ke atau mau salam same kakak perawat, atau kenalan, atau langsung ke pasien..."

Pernyataan informan diatas mengenai perasaan mereka saat akan praktik klinik ialah merasa tidak siap. Mahasiswa merasa tidak siap dikarenakan merasa ilmu yang dipelajari masih sedikit, takut salah, dan grogi saat akan berinteraksi langsung dengan pasien terutama karena baru pertama kali praktik klinik.

b. Antusiasme Praktik Klinik

I.1: "Campur aduk sih...kayak kebingungan gitu sih kak...jadi tu masih bingung mau ngapain, masih ndak tau ranah kerjanya.... terus merase oh ternyata selama ini aku ngelakukan ini tu dikenang gitu loh same die membekas gitu loh itu tuh benar bahagiaaaa sekali rasanya... senang sekali gitu masih diingat same pasien jadi tuh senang lah pokoknya..."

I.3 : "diawal-awal tuh kami bingung gimana cara kami melakukan tindakan, sedangkan kami baru pertama kali bertemu kakak2 perawatnya, dan kami masih canggung,.. bingung mau ngapain, melakukan tindakan nunggu disuruh...kesan saya, sangat bahagia sangat senang karena bisa merasakan...menjadi perawat waktu yang singkat..."

Pernyataan seluruh informan saat mereka melaksanakan praktik klinik ialah merasa bingung terutama dihari pertama praktik. Informan menyatakan merasa bingung dengan ranah kerjanya, bingung apa yang pertama kali harus dilakukan saat akan praktik klinik, masih bingung dengan tindakan dasar seperti pemasangan infus dan hanya menunggu instruksi perawat sekitar untuk melakukan tindakan. Informan juga merasakan perasaan bahagia dan senang. Hal ini dikarenakan ada pasien yang masih mengingatnya walaupun pasien tersebut sudah keluar dari rumah sakit.

Informan juga merasa senang bisa melaksanakan praktik klinik I dikarenakan saat praktik, mereka berperan sebagai perawat di rumah sakit dan hal ini membuat mereka antusias untuk sering bertanya dan belajar dengan mengikuti perawat melakukan intervensi keperawatan kepada pasien.

Resiko Pelanggaran Standar *Patient Safety* Hasil analisis wawancara *semistructure* didapatkan tema resiko pelanggaran standar *patient safety*. Peneliti mengkategorikan hasil pernyataan informan menjadi 3 kategori: Kesalahan yang terjadi selama praktik klinik, implementasi perawat tidak sesuai prosedur dan prinsip asuhan keperawatan, dan manajemen waktu.

a. Kesalahan yang Terjadi selama Praktik Klinik I *I.1:* "...saya sendiri...ada melakukan beberapa kesalahan... ndak sengaja dosis obat yang harusnya masuk 2 mili tumpah...sisa 1,5 mili, jadi 0,5 mili tu terbuang.."

I.5 : "...adaa pemberian obat injeksi ...kadang mahasiswa... mungkin lupa kali yee jadi... pasiennye udah tua sekalian jadi dia dapat suntikan kemudian... memberi tahu ke pasiennya bahwa 'namanya bapak andi ya??' Kakek tersebut hanya mengangguk-ngangguk kemudian disuntikkan nahh itu salahnya, sebenarnya pasiennya disebelah pak andi" Pernyataan informan diatas mengenai kesalahan yang terjadi selama praktik klinik ialah masih ada mahasiswa yang melakukan intervensi pemberian injeksi obat yang tidak sesuai dosis, dan ada juga mahasiswa yang salah pasien dalam memberikan obat. Selain itu, ada juga mahasiswa yang tidak menggunakan *handscoon*, sehingga ia ditegur oleh tenaga medis dirumah sakit.

b. Implementasi perawat tidak sesuai prosedur dan prinsip asuhan keperawatan I.1
:“...ada perbedaan sih kak antara teori yang dipelajari di kampus sama yang di lapangan kalau yang dipelajari di kampus tuh kan ada yang bed to bed... kalau dilapangan ni ganti siftnya cuman yang kita ni...kasi tau pasien, tapi...kite..ndak ikut ke pasiennya kite Cuma nyampaikan datanya gitu”

I.2 :“...kite nanya ke perawat yang disitu...kalau perawat disitu tu ndak sesuai dengan teori yang ade kak, tergantung pengalaman mereke, masuk-masukkan jak dek pandai-pandai laa kan, mane yang sesuai” I.5 :”...kadaanng perawatnya kan ke ruangan tanpa cuci tangan ..kayak gitukan.. kadang... ndak menggunakan handscoon, ... kadang kan untuk proteksi dirinya ...karena, mungkin yaa ini dari kakak-kakak dan abang-abang perawat disini karena ingin cepat kan jadi lupa die cuci tangan... kadang... juga... karena pasiennya ramai...perawatnya kan disini paling cuman 3 orang pasiennya 20 ...kadang tuh merekee... belum selesai disana udah manggil, jadi agak cepat gitu”

Pernyataan informan diatas diketahui bahwa terdapat implementasi perawat tidak sesuai prosedur dan prinsip asuhan keperawatan selama praktik klinik. Prosedur dan prinsip tersebut tidak sesuai saat pergantian sift, tidak diterapkannya cuci tangan sebelum melakukan tindakan, tidak menggunakan handscoon saat tindakan, injeksi obat jalur iv, dan cara komunikasi dengan pasien di lingkungan rumah sakit.

c. Manajemen Waktu

I.1:“...hambatannya??...mungkin bangun pagi kali ya... soalnya rumah saya kan jauh dari tempat praktiknya jadi tuh lumayan harus bangun subuh laa apalagi kan hari ini harus yaa sift siang dari jam 2 siang sampai jam 8 malam tapikan kadang kan jam 9 baru jam 9 keluar rumah sakit, rupanya besok harus datang pagi untuk apel lagi mungkin itu jak sih manajemen waktunya”

I.2 :“Mungkin di ini kak, diii jadwal dinas kak, kan ade dinasnye pagii same siang kan, ... mungkin itu yak tekejut dengan jadwal dinas jak... jadi masih bingung laa kalau hambatan, hambatan itu jak sih kak masalah waktu jak sih kak”

Informan menyatakan salah satu yang menjadi penghambat selama praktik klinik adalah mereka sulit untuk manajemen waktu. Hal ini dikarenakan rumah informan yang jauh dari tempat praktik, masih bingung beradaptasi antara jadwal praktik klinik dengan mengerjakan tugas, terutama jika masuk sift pagi dan jika telat maka mahasiswa mendapatkan hukuman berupa tambahan waktu dan menyanyikan lagu, hal ini membuat mahasiswa merasa malu.

Aspek Capaian Pembelajaran Praktik Klinik I

Hasil Analisis wawancara *semistructure* didapatkan tema aspek capaian pembelajaran praktik klinik. Peneliti mengkategorikan menjadi 3 yaitu keterlibatan dosen pembimbing, keterlibatan pembimbing klinik, dan target kompetensi yang tidak tercapai.

a. Keterlibatan Pembimbing Klinik

I.1 :”...tugas dari CI tuhkan ngasi tau kite kalau misalnya kite ada salah atau misalnya kite yang belum tau ...terutama masalah aspek sama laporan pendahuluan kita gitukan ...cuma dari beberapa ruangan Cinya tuh kayak yang ndak peduli gitu dalah, terserah lah mau ngapain...”

I.5 “...kadang kalau misalnya... instruktur... Cinye terbatas ...maksudnya ndak ade ditempat, biasenye kite udah limpahkan ke perawat pelaksana ke karunye masing-masing...”

Pernyataan informan diatas diketahui bahwa terdapat perbedaan mengenai pengalaman mereka dalam berinteraksi dengan pembimbing klinik (CI). Informan berpendapat bahwa ada CI yang mau membimbing dan mengajarkan mereka selama praktik klinik, namun disisi lain ada juga CI yang sibuk bahkan tidak peduli dengan mahasiswa.

b. Keterlibatan Dosen Pembimbing

I.2 : "...dosen2 di kartika nih hampir setiap minggu tuh ade datang... datang mantau atau kasi arahan segale macam... yang di bhayangkara nih dari minggu pertame sampai minggu terakhir ni ndak ade yang datang..."

I.3 : "Ohh Peran pembimbing akademik... sangat besar perannya, ...khususnya kelompok saya, karena kelompok saya itu setiap minggu setiap ruangan itu pembimbing akademik ...rutin memperhatikan kami membimbing kami..."

Pernyataan beberapa informan diatas diketahui terdapat beberapa perbedaan pengalaman antar informan terhadap dosen pembimbing akademik, namun untuk hari pertama semua pembimbing akademik di setiap kelompok mengantar mahasiswa ke rumah sakit. Dosen pembimbing akademik di salah satu kelompok ada yang tidak datang, namun di kelompok lain ada yang datang untuk mengontrol dan membimbing mahasiswa selama praktik klinik di rumah sakit.

c. Target Kompetensi yang Tidak Tercapai

I.1 : "... ada beberapa target yang tidak sesuai dengan pk 1 kayak misalnya suntik IM ...pokoknya ada beberapa yang tidak dapat sama sekali, yang kosong tu suntik IM la karna... dari kakak perawatnya...pun memang jarang gitu loh ngasi tindakan itu" I.5 : "...ade yang beberapa yang ... agak ndak sesuai karene... mahasiswa praktek inikan rumah sakit tipe C, jadi ade tindakan yang contohnye...pengambilan gas darah ...targetnya kan ada beberapa yang mesti dikaji lagi kaloo tindakan seperti IM nahh itu jarang di rumah sakit karena ... kita menggunakan injeksinya suntikannya divena... dan dia terpasang di inpus"

Pernyataan informan diatas mengenai target kompetensi ialah masih ada target yang tidak terpenuhi. Informan mengakui bahwa target tersebut tidak ada dikarenakan saat informan bertanya kepada perawat di rumah sakit, tindakan tersebut memang jarang dilakukan. Tindakan yang jarang dilakukan tersebut antara lain pengambilan gas darah (darah arteri), injeksi *intramuscular* (i.m). Untuk kasus IM, *key informan* mengatakan bahwa pasien dengan tindakan IM jarang dilakukan di rumah sakit, hal ini dikarenakan pemberian obat selama ini lebih cenderung ke injeksi vena melalui infus. Ada juga informan yang tidak mendapatkan pasien dengan tindakan injeksi *intracutan* (i.c), pemasangan dan pemberian makan melalui selang *nasogastric tube* (NGT).

Harapan Untuk Praktik Klinik Selanjutnya Harapan untuk praktik klinik selanjutnya dikategorikan menjadi 2: harapan untuk dosen pembimbing, persiapan mahasiswa sebelum praktik klinik.

a. Harapan Untuk Dosen Pembimbing *I.2: "...sebaiknya...dari pihak kampus... memfasilitasi di bagian itu juga, setidaknya tuh ade laa ...becogok kee ½ hari seminggune pantau kami atau ngasi masukannye, ngajarkan gimane sih care pemberian subkutan gitukan"*

I.5: “untuk dosennya lah yaa jadi mungkin bisa diajarkan mahasiswanya itu tentang alat-alat terbaru lah yaa misalnya tadi infus pump, jadi pada saat dilapangan dia udah tau cara menggunakan infus pump...”

Pernyataan informan diatas dapat diketahui bahwa harapan informan bagi dosen untuk praktik klinik selanjutnya ialah agar dosen dapat menjalin komunikasi dengan pihak rumah sakit agar tidak ada kesalahpahaman, informan juga mengharapkan dosen datang untuk memantau dan membimbing mahasiswa selama praktik klinik, dan mengajarkan mahasiswa mengenai penggunaan alat-alat terbaru seperti *infusion pump*.

b. Persiapan Mahasiswa Sebelum Praktik Klinik I I.2: “...*banyak-banyak belajar untuk dinas... belajar yak sop yang udah diberikan dikampus...insyaallah ape yang ade sop dikampus tuh benar-benar nyata dan terjadi dilapangan*”

I.3: “*Pesan saya untuk adik-adik keperawatan nanti yang akan praktik di semester 3... sebelum melaksanakan praktik ituu harus lebih dipersiapkan lagi laah baik itu mental fisik, pengetahuan dan keilmuan yang mereka miliki, karena nantinya mereka akan menghadapi langsung bagaimana cara menjadi perawat dirumah sakit...*”

Dari pernyataan informan diatas, salah satu hal yang dapat dilakukan mahasiswa keperawatan untuk menghadapi praktik klinik ialah dengan mempersiapkan diri sebelum praktik klinik di rumah sakit. Mempersiapkan diri dengan cara belajar kelompok mendiskusikan dan bertukar pendapat seperti cara memasang infus, mempelajari sop yang telah diberikan oleh dosen, selain itu juga dapat belajar lewat video di internet, mahasiswa juga harus mempersiapkan mental dan fisiknya sebelum praktik klinik, sebelum merawat pasien mahasiswa harus mengamankan diri terlebih dahulu.

PEMBAHASAN

Memahami peran perawat melalui perspektif praktik klinik.

Mahasiswa keperawatan memahami peran perawat melalui perspektif praktik klinik dikategorikan menjadi 3 yaitu: Saran pembelajaran, pemenuhan kebutuhan pasien secara holistik, dan komunikasi terapeutik.

Praktik klinik merupakan salah satu sarana pembelajaran bagi mahasiswa keperawatan untuk mengaplikasikan teori-teori asuhan keperawatan yang telah dipelajari di kampus agar dapat diterapkan langsung dilingkungan praktik khususnya di rumah sakit. Praktik klinik merupakan peluang yang bagus bagi mahasiswa keperawatan untuk berlatih, belajar, dan mengembangkan kemampuan mereka sebagai perawat profesional.^{2,9}

Informan 2 mengungkapkan bahwa selama praktik klinik memenuhi kebutuhan pasien seperti kebutuhan biologis, psikologi, sosial, dan kultural serta spiritual pasien. Kebutuhan biologis yang diungkapkan informan 2 informan 3, informan 4, informan 5 juga berpendapat bahwa, mahasiswa keperawatan juga melaksanakan perannya sebagai perawat dengan melayani kebutuhan pasien mulai dari memberi makan, memandikan, oksigenisasi dan membantu pasien dalam kebutuhan eliminasinya serta memenuhi kebutuhan cairan pasien dengan mengganti cairan infus. Sedangkan psikologis ialah masalah yang berhubungan dengan perasaan pasien, dan sosial merupakan masalah

dilingkungan sosial sekitar. Kultural merupakan permasalahan pada budaya pasien yang berkaitan dengan penyakitnya seperti pengobatan tradisional yang sesuai dengan kebudayaannya, sedangkan spiritual merupakan pemenuhan kebutuhan ibadah pasien. Asuhan keperawatan implementasikan dengan cara berkolaborasi dengan pelayan kesehatan lain seperti dokter, apoteker, ahli gizi dan lainnya dalam pemberian obat. Informan 5 juga mengungkapkan, mahasiswa biasanya melakukan edukasi terhadap pasien mengenai penyakit yang dideritanya.

Teori asuhan keperawatan yang dibawa oleh Callista Roy ialah bahwa manusia dipandang sebagai makhluk bio-psiko-sosial secara utuh yang terus menerus berinteraksi, berespon dan beradaptasi dengan lingkungan.¹⁰

Seorang perawat bertanggung jawab melaksanakan asuhan keperawatan holistic dalam memberikan asuhan secara komprehensif dan paripurna agar masalah yang dialami pasien dapat teratasi secara menyeluruh. Seorang perawat perlu menyediakan lingkungan holistik dalam upaya penyembuhan klien.^{10,11}

Dalam melaksanakan asuhan keperawatan, informan 2 mengungkapkan, mahasiswa keperawatan selain memiliki skill yang baik dalam melakukan tindakan keperawatan juga harus mempunyai skill yang bagus dalam berkomunikasi. Praktik klinik sangat membantu mahasiswa dalam meningkatkan skill dalam berkomunikasi Untuk mewujudkan hubungan saling percaya dengan komunikasi yang efektif menurut informan 3 dan informan 4 berupa komunikasi terapeutik yang dilakukan mulai dari memberi salam, menyapa, memperkenalkan diri serta menjelaskan maksud dan tujuan dilakukannya tindakan kepada klien hingga bertanya mengenai kondisi klien. Komunikasi terapeutik bertujuan untuk menciptakan hubungan saling percaya kepada pasien agar mahasiswa dapat melakukan asuhan keperawatan dengan baik. Asuhan keperawatan dilaksanakan sejalan dengan pelaksanaan komunikasi terapeutik. Fase hubungan komunikasi terapeutik pada tahap pengenalan perawat sebaiknya mengucapkan salam dan melakukan pengenalan diri terlebih dahulu.¹² Komunikasi terapeutik terjadi apabila terciptanya hubungan saling percaya antara pasien dan perawat. Pasien dapat percaya bahwa perawat dapat melakukan tindakan keperawatan dalam mengatasi keluhannya, demikian perawat juga harus dapat dipercaya memiliki kemampuan aspek kapasitas dan kapabelitasnya dalam melakukan asuhan keperawatan sehingga pasien tidak meragukannya.^{12,13}

Praktik klinik dapat membantu mahasiswa mengembangkan skill dalam komunikasi.¹⁴ Komunikasi efektif menyebabkan terciptanya hubungan saling percaya antara pasien dan mahasiswa keperawatan dalam melakukan asuhan keperawatan. Pengalaman mahasiswa terhadap komunikasi terapeutik dengan pasien dan keluarga seperti meningkatkan kepercayaan diri dan tingkat motivasi pada mahasiswa keperawatan.^{2,14}

Respon psikologis negatif dan positif Hasil analisis wawancara *semi structure* yang peneliti lakukan terhadap informan didapatkan tema respon psikologis negatif dan positif yang dikategorikan menjadi 2 kategori berupa ansietas dan antusiasme praktik klinik.

Respon positif dan negatif ditentukan oleh persepsi dan interpretasi mengenai situasi yang dialami individu.¹⁵ Antusiasme merupakan emosi yang berasal dari respon positif, seperti bahagia. Dominasi emosi positif yang terbentuk saat belajar memfasilitasi pembelajaran yang sukses dan membantu siswa untuk memahami dan mengasimilasi pengetahuan yang diperlukan. Ansietas merupakan respon psikologis negatif yang dialami seseorang.¹⁶

Informan 1, Informan 2, Informan 3, dan informan 4 mengungkapkan bahwa mereka merasa tidak siap dikarenakan takut salah, grogi dan ilmu yang mereka miliki masih sedikit dan ini merupakan pengalaman pertama mereka saat akan berinteraksi langsung dengan pasien selama praktik klinik di rumah sakit. Perasaan tidak siap muncul ketika memikirkan lingkungan praktik klinik. Informan 2 memikirkan apa yang harus ia lakukan saat praktik klinik nantinya dengan bertanya kepada mahasiswa tingkat atas yang pernah praktik klinik sebelumnya. Hal yang ditanyakan adalah apa yang harus mereka lakukan saat praktik klinik, hal yang harus dipersiapkan, tempat menyimpan tas dan perlengkapan mahasiswa dimana.

Ansietas (kecemasan) merupakan perasaan takut yang ditandai dengan ketegangan, mudah marah, takut pada sesuatu yang akan terjadi, dan dapat mengalami disorientasi.¹⁷ Penelitian sebelumnya didapatkan bahwa mahasiswa merasakan kecemasan dan gelisah sebelum praktik klinik. Mahasiswa merasakan hal tersebut dikarenakan mereka melakukan praktik klinik ini untuk pertama kalinya.

Mahasiswa dihadapkan dengan perasaan cemas dan ketakutan karena mereka akan dirotasi ditempat berbeda. Tidak dapat dipungkiri, mahasiswa yang akan melaksanakan praktik klinik akan selalu mengalami kecemasan.^{1,14} Informan 1, informan 3, informan 4, informan 5 menyatakan saat praktik klinik merasa bingung dengan ranah kerjanya, bingung apa yang pertama kali harus dilakukan saat akan praktik klinik, masih bingung dengan tindakan dasar seperti pemasangan infus dan hanya menunggu instruksi perawat sekitar untuk melakukan tindakan.

Penelitian sebelumnya mengenai pengalaman psikologis yang dirasakan oleh mahasiswa keperawatan berupa kecemasan beradaptasi terhadap lingkungan yang asing dan berinteraksi langsung dengan pasien. Mahasiswa yang pertama kali praktik klinik takut melakukan kesalahan dan merugikan pasien. Kurangnya pengalaman klinik, lingkungan baru, pasien yang tidak kooperatif, mahasiswa takut membuat kesalahan yang diungkapkan oleh mahasiswa sebagai situasi kecemasan yang mereka rasakan saat praktik

klinik.^{4,14,18}

Antusias yang dirasakan informan terjadi karena mahasiswa dapat berinteraksi langsung dengan pasien dan pasien tersebut mengengangnya. Hal ini membuat mahasiswa menjadi semangat dalam menjalankan praktik klinik. Mahasiswa merasa senang dikarenakan karena terjalinnya hubungan saling percaya, yang mana diakui informan 2, setiap pasien tersebut memiliki masalah maka pasien ataupun keluarganya menceritakan dan meminta saran kepadanya.

Hal ini didukung oleh hasil penelitian sebelumnya bahwa penerimaan oleh pasien, menghargai apa yang dilakukan mahasiswa terhadap pasien, membantu dan merawat pasien membuat mahasiswa senang. Hal ini meningkatkan antusiasme semangat belajar pada mahasiswa.^{2,14}

Resiko pelanggaran standar *patient safety* Hasil analisis semistructure didapatkan tema resiko pelanggaran standar *patient safety*. Tema ini dibagi menjadi 3 kategori kesalahan yang terjadi selama praktik klinik I, implementasi perawat tidak sesuai prosedur dan prinsip asuhan keperawatan, dan manajemen waktu.

Informan 1, dan informan 4 mengungkapkan kesalahan yang dilakukannya saat praktik klinik ialah melakukan intervensi pemberian injeksi obat yang tidak sesuai dosis dikarenakan tumpah, dan ada juga mahasiswa yang tidak menggunakan *handscoon* dengan lengkap, sehingga ia ditegur oleh tenaga kesehatan dirumah sakit. Informan mengakui melakukan kesalahan tersebut dikarenakan lupa dan tidak disengaja. Hal ini juga diungkapkan oleh informan 5 selaku *key informan* bahwa ada mahasiswa yang melakukan kesalahan, yang mana ia salah pasien dalam memberikan obat tersebut.

Penelitian sebelumnya didapatkan bahwa terdapat insiden keselamatan pasien termasuk infeksi, masalah pengobatan, masalah lingkungan, dan masalah dengan dokumentasi dan identifikasi pasien. Hal tersebut menjadi pengalaman yang tidak terlupakan bagi informan. Tindakan *error* prosedur keperawatan ialah mahasiswa sering salah pasien dalam memberikan obat, namun obatnya sama dan dosis yang berbeda.^{19,20}

Implementasi perawat tidak sesuai prosedur dan prinsip diungkapkan 5 informan terjadi saat pergantian sift, tidak diterapkannya cuci tangan sebelum melakukan tindakan, tidak menggunakan *handscoon* saat tindakan, injeksi obat jalur iv, dan cara komunikasi dengan pasien di lingkungan rumah sakit. Informan 2 mengakui menjadi bingung dan ragu dalam melakukan tindakan dikarenakan perbedaan tersebut. Dan ditambah dengan kurangnya penjelasan antara pembimbing klinik, dan dosen akademik kepada mahasiswa mengenai perbedaan teori dan praktik klinik. Hasil penelitian sebelumnya, perawat dalam melaksanakan asuhan keperawatan sesuai prosedur masih kurang. Banyaknya perbedaan teori yang telah dipelajari di akademik yang penerapannya tidak sesuai saat praktik di rumah sakit. Perbedaan antara teori dan praktik yang dipandang sebagai salah satu faktor penghambat dalam praktik klinik.^{1,21,22}

Manajemen waktu yang buruk dapat menyebabkan resiko terjadinya pelanggaran *patient safety*, hal ini diungkapkan informan 5 dikarenakan waktu yang terbatas dalam melaksanakan asuhan keperawatan menyebabkan perawat mengabaikan standar *patient safety*. Mahasiswa keperawatan dalam merasa tidak dapat mengerjakan tugas dengan maksimal dikarenakan merasa sulit dalam manajemen waktu antara tugas dan praktik.

Manajemen waktu adalah tentang bagaimana seseorang mengelola diri sendiri.

Seseorang tidak dapat mengatur waktu dan hanya dapat mengatur bagaimana dia dapat menggunakannya. Mahasiswa perlu memupuk keterampilan manajemen waktu yang efektif bersama dengan keterampilan dalam asuhan keperawatan untuk kemudahan transisi ke

perawat pascasarjana.^{23,24}

Aspek capaian pembelajaran praktik klinik

I

Hasil analisis *semistructure* didapatkan tema aspek capaian pembelajaran praktik klinik I. Tema ini dibagi menjadi 3 kategori berupa keterlibatan pembimbing klinik, keterlibatan pembimbing akademik, dan target kompetensi yang tidak tercapai.

Perbedaan pengalaman antar informan terhadap dosen pembimbing akademik telah disampaikan informan saat wawancara, namun untuk hari pertama semua pembimbing akademik di setiap kelompok mengantar mahasiswa ke rumah sakit. Dosen pembimbing akademik di salah satu kelompok ada yang tidak datang untuk membimbing dan mengontrol mahasiswa selama praktik klinik. Hasil penelitian sebelumnya mahasiswa mengeluhkan dosen yang kurang dalam mengajar dan bimbingan selama praktik klinik. Kurangnya keterlibatan dosen dalam praktik klinik mempengaruhi fokus dari mahasiswa keperawatan saat praktik klinik.⁴ Pembimbing akademik dilain kelompok ada yang datang untuk mengontrol dan membimbing mahasiswa selama praktik klinik di rumah sakit. Hal ini sejalan dengan hasil penelitian sebelumnya yaitu bimbingan klinik yang dirasakan oleh mahasiswa terhadap pembimbing akademik ialah cukup. Kegiatan yang sering dilakukan oleh pembimbing akademik ialah memberikan pengarahan mengenai format tugas dan penilaian. Selain itu kegiatan yang jarang dilakukan ialah menegur mahasiswa jika melakukan kesalahan asuhan keperawatan hal ini dilakukan saat pembimbing akademik memberikan umpan balik melalui

evaluasi.²⁵

Keluhan yang dirasakan oleh informan mengenai pembimbing klinik yang tidak peduli dengan mahasiswa sejalan dengan hasil penelitian sebelumnya bahwa pembimbing klinik masih kurang tanggap dalam merespon keluhan mahasiswa. Ketanggapan pembimbing klinik dalam praktik klinik dapat digunakan untuk mengidentifikasi keberhasilan proses praktik klinik. Bimbingan klinik yang berkualitas dapat tercapai jika pembimbing klinik tanggap terhadap masalah mahasiswa dan hal ini akan menciptakan hubungan yang kuat dalam proses bimbingan.²⁶

Pembimbing klinik (CI) banyak yang memiliki peran ganda seperti selain menjadi pembimbing klinik, kegiatan manajerial maupun bertugas memberikan asuhan keperawatan.²⁷ Kinerja CI hanya sebagian yang sudah baik, hal ini dikarenakan, selain menjadi pembimbing klinik, mereka juga tetap dituntut untuk mengerjakan pekerjaan lainnya sebagai perawat sehingga pembelajaran klinik kurang optimal.²⁸ Informan 2 dan informan 5 mengungkapkan bahwa meskipun pembimbing klinik tidak dapat mengontrol secara langsung namun CI telah membagi perawat penanggung jawab dari masing-masing ruangan untuk membimbing dan mengawasi mahasiswa selama praktik klinik.

Informan 3 dan 4 mengungkapkan bahwa ada CI yang mau membimbing dan mengajarkan mereka selama praktik klinik. CI yang membimbing ini diakui informan 4 mempermudah informan dalam menjalani praktik klinik seperti misalnya menegur mahasiswa jika melakukan

kesalahan dan membantu menjelaskan permasalahan yang dialami mahasiswa selama menjalankan asuhan keperawatan. Hasil penelitian sebelumnya bahwa pembimbing klinik kooperatif dalam mengajar dan membimbing mahasiswa praktik, hal ini memotivasi mahasiswa untuk belajar menjadi perawat yang baik.²

Permasalahan yang dialami informan bahwa masih ada target kompetensi yang tidak tercapai. Target tersebut tidak tercapai dikarenakan tidak adanya kasus tersebut dan saat informan bertanya kepada perawat di rumah sakit, tindakan tersebut memang jarang dilakukan. Tindakan yang jarang dilakukan tersebut antara lain pengambilan darah arteri, injeksi IM. Untuk kasus IM, informan 1 dan informan 5 mengatakan bahwa pasien dengan tindakan IM jarang dilakukan di rumah sakit, hal ini dikarenakan pemberian obat selama ini lebih cenderung ke injeksi vena melalui infus dan tindakan ini biasanya dilakukan di Puskesmas. Ada juga informan yang tidak mendapatkan pasien dengan tindakan injeksi IC, pemasangan dan pemberian makan melalui selang NGT.

Informan 2 mengakui bahwa walaupun masih ada target yang tidak terpenuhi, namun mereka merasa mampu jika kasus tersebut ada, dan informan juga telah banyak memenuhi sebagian besar target kompetensi. Informan mengharapkan dosen sebagai pembimbing akademik dapat meninjau terlebih dahulu target apa saja yang sering dan tidak pernah dilakukan tindakannya di rumah sakit. Pihak akademik dan rumah sakit diharapkan berkolaborasi dalam menentukan target kompetensi dikarenakan akan berdampak pada proses penilaian dan untuk mengembangkan pendekatan holistik.²⁹

Harapan untuk praktik klinik selanjutnya Hasil analisis wawancara *semi structure* yang dilakukan oleh peneliti terhadap informan didapatkan tema berupa harapan informan untuk praktik klinik selanjutnya. Kategori dalam tema ini ialah persiapan mahasiswa sebelum praktik klinik I, dan harapan untuk dosen pembimbing. Mahasiswa keperawatan untuk menghadapi praktik klinik ialah dengan mempersiapkan diri sebelum praktik klinik dengan cara belajar kelompok mendiskusikan dan bertukar pendapat seperti cara memasang infus, mempelajari sop yang telah diberikan oleh dosen, selain itu juga dapat belajar lewat video di internet.⁴ Mahasiswa juga harus mempersiapkan mental dan fisiknya sebelum praktik klinik. Mempersiapkan mental dan fisik dengan mengikuti kegiatan ospek yang mana kegiatan tersebut sudah diatur sesuai dengan situasi dan kondisi di lingkungan praktik klinik.^{25,26} Kegiatan tersebut telah disesuaikan dengan keadaan di rumah sakit yang mana senior berperan sebagai perawat dan sering memarahi mahasiswa baru yang berperan sebagai mahasiswa praktik.

Persiapan sebelum praktik klinik diperlukan mahasiswa dengan mempersiapkan mahasiswa keperawatan secara emosional dan sikap untuk membantu mereka mengatasi situasi sulit dalam lingkungan praktek untuk menghadapi perawat dan pasien. Pasien yang menolak untuk dilakukannya tindakan oleh mahasiswa keperawatan tidaklah sedikit dikarenakan ragu dengan kemampuan yang dimiliki oleh mahasiswa. Untuk mengurangi keraguan tersebut, mahasiswa keperawatan sebagai calon perawat profesional seharusnya mempersiapkan diri sebelum bertemu dengan

pasien.^{13,25,26}

Pendidikan keperawatan dapat ditingkatkan ketika adanya kolaborasi pendidikan keperawatan antara pihak akademisi dan praktek klinik.³² Harapan informan 1 bagi dosen untuk praktik klinik selanjutnya ialah agar dosen dapat menjalin komunikasi dengan pihak rumah sakit agar tidak ada kesalahpahaman. Informan 2, informan 4, dan informan 5 juga mengharapkan dosen pembimbing datang untuk memantau dan membimbing mahasiswa selama praktik klinik, dan mengajarkan mahasiswa mengenai penggunaan alat-alat terbaru seperti *infusion pump*. Bimbingan dari dosen pembimbing yang diharapkan oleh mahasiswa ialah agar dapat menjelaskan apa yang harus dilakukan mengenai perbedaan teori dan praktik dilapangan. Selama praktik klinik diakui oleh informan 4 dan informan 5 bahwa mahasiswa masih ada yang bingung dalam menggunakan alat-alat medis terbaru seperti *infuse pump*, terlebih bagi mereka yang pertama kali praktik klinik berada di ruang anak yang menggunakan *infusion pump*.

Harapan mahasiswa dari hasil penelitian sebelumnya mengenai kemampuan dosen untuk membimbing dan mendukung mahasiswa adalah yang paling diharapkan oleh mahasiswa dalam pelaksanaan belajar-mengajar. Selain itu, diharapkan adanya koordinasi antara pihak rumah sakit dan pihak institusi pendidikan keperawatan mengenai target kompetensi guna meningkatkan pengetahuan mahasiswa keperawatan.^{33,34}

SIMPULAN SARAN

Hasil dari analisis data didapatkan 5 tema mengenai pengalaman mahasiswa keperawatan dalam pelaksanaan praktik klinik. Adapun 5 tema tersebut adalah: Memahami peran perawat melalui perspektif praktik klinik, respon psikologis negatif dan positif, resiko terjadinya pelanggaran standar *patient safety*, aspek capaian pembelajaran praktik klinik I, dan harapan untuk praktik klinik selanjutnya. Hasil penelitian ini dapat dilakukan penelitian selanjutnya secara kualitatif dengan wawancara *focus group discussion*, observasi. Selain itu, dapat menggunakan metode kuantitatif maupun *mix method* yang berkaitan dengan pengalaman praktik klinik mahasiswa keperawatan.

REKOMENDASI

Penelitian ini dapat bermanfaat bagi institusi pendidikan keperawatan dan rumah sakit pendidikan khususnya tempat peneliti melakukan penelitian agar dosen sebagai pembimbing akademik dan pembimbing klinik dapat memantau keadaan mahasiswa selama praktik dan sebagai bahan evaluasi agar mahasiswa terhindar dari hal yang tidak diinginkan. Penelitian ini dapat menambah wawasan bagi mahasiswa yang akan praktik klinik agar memiliki pandangan dan mempersiapkan diri untuk memperbaiki *skill*, teori, maupun mental sebelum mengikuti

praktik klinik keperawatan

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Intensive Care Unit Experience of Nursing Students during their Clinical Placements: A Qualitative Study

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Abstract

Background: It has been strengthened that nursing students benefit from ICU placements by practicing their patient care skills, widen their knowledge by observing complex treatments and care activities. Besides these positive outcomes it is also being emphasized that ICU environment is a complex environment for students which may trigger their stress during clinical placements. There are very few studies related to nursing students' perceptions about ICU placements.

Objective and aims: The aim of this qualitative study is to determine the effects of Intensive Care Unit (ICU) experience on nursing students' learning.

Methodology: This study was conducted with 18 students from February to May 2011 in ICU units of a University Hospital. Data were collected by using a semi structured interview form. Each interview took about 40-50 minutes and answers given by students were recorded by researchers.

Results: Data were interpreted by researchers independently and 4 themes emerged and were named as "Perceptions about ICU environment and patients", "Thoughts about being an ICU nurse", "Comprehension of communication and empathy with ICU patient" and "Contribution of patient caring activities in learning".

Conclusion: Personal experiences and perceptions of the nursing students play an important role in forming their thoughts related to ICU. ICU environment is a place where nursing students experience different procedures and caring activities and get involved in analyzing complex health conditions. For the students who are at their beginning of their nursing education ICU's are quite stressful places to practice nursing skills. Considering nursing students' limited autonomy at ICU's comparing to clinical wards we recommend the use of the intensive care unit as a part of clinical education for nursing students who are close to their graduation such as intern students.

Key words: ICU experience, nursing student, clinical education

Introduction

The purpose of nursing education is to equip nursing students with the necessary knowledge, attitude and skills in order to provide effective patient care. Clinical practice plays an important role in nursing students' education by promoting different clinical experiences in various locations of the health care settings (Esmaeili et al., 2013). Taking responsibility in patient care helps nursing students feel confident and transform their theoretical knowledge to clinical practice (Karaoz, 1997). While nursing students practice nursing care activities during their clinical rotations they also get an opportunity to develop effective communication skills and empathic understanding. It has been reported that students' empathic caring and caring towards patients (Michalec et al., 2013), active involvement and collaboration with clinical staff improves their clinical practices. Homeworks, case report studies, nursing care plans help nursing students to gain confidence and learn about clinical cases (Baraz et al., 2014). Being confident during clinical practice is an important fact in nursing

education. Although competence level of nursing students during their clinical practice varies, there are numerous studies indicate that they experience some amount of stress in hospital environment (Cilingir et al., 2011; Yamashita et al., 2012; Willimas & Palmer, 2013; Blomberg et al., 2014; Zhao et al., 2014). It has been known that stress is a negative effect on learning activities of a person. Although some amount of stress may trigger learning positively as the amount of stress increases learning gets troubled. It is important to provide positive learning environments for nursing students in order get successful in nursing education (Hacialioglu, 2013). Not only classroom environment but also clinical environments should be satisfying for students and should be meeting the goals of nursing education. Studies done on nursing students' ICU experiences reflects that ICU placement provides various benefits for them (Swinny & Brady, 2010; Douchette et al., 2011; Cooneely

& Hunter, 2012). However it has been also a question if clinical experience in ICU is useful for nursing students' education particularly the ones attending beginning courses classes because of its complicated nature and excess

of stimulus (Swinny, 2010). At a glance being in different units, participating in patient care activities, seeing different patient profiles can be evaluated as positive outcomes in nursing education. ICU is a different and sometimes traumatic experience for patients treated in these units (Haigh, 2006) because of their complexity. Feeling safe in this chaotic environment is important for hospitalized ICU patients (Hupcey, 2000) and nursing students as well. Insufficient knowledge and technical skills are determined as major sources of stress among students (Sharif & Masoumi, 2005). According to some research findings most of the nursing students grade their clinical competence as sufficient (Lakanmaa et al. 2013). There are very few studies that explored nursing students' experience and their perceptions related to intensive care units during clinical rotations. Intensive care units (ICU) are known to increase stress further (Wellard, Woolf & Gleeson, 2007) in nursing students. One study represents that even being familiar with psychomotor skills is not effective in decreasing anxiety in critical care environments (Erler & Rudman, 2012). While being in ICU is a stressful experience for nursing students, it also has some positive outcomes such as triggering their interest, promoting learning the care of patients with complex needs, observing and developing some technical skills, enhancing their communication (Cochrane et al., 1993; Doucette, 2011). Because of the environment of the ICU's, needs of patients and their relatives, complex treatments and procedures, extensive work load sometimes hinder the health care professionals time spent with students and this negatively affects the learning experience (Hansen et al., 2011). Preparing nursing students for clinical experience and giving reliable information to help them develop confidence are important efforts to guide nursing

students in integrating theoretical and clinical knowledge (Karabulut & Ulusoy, 2008; Mould et al., 2011). Creating a favorable ICU experience both for nursing students and ICU nurses requires organization of activities, deciding on how to supervise students, strengthen the system (Ihlenfeld, 2007; Hansen et al., 2011) and developing collaboration between nursing schools and hospital management (Karaoz, 1997).

Methods

The study employed a descriptive exploratory design, suitable for investigating little understood phenomena (Marshall & Rossman, 1999). The aim of this study is to determine nursing students' ICU experiences and expose how these experiences influence them. A qualitative design was used for this study.

Participants

This study was done with nursing students who were registered to Surgical Nursing Course from February to May 2011. Nursing students (n=18) who were assigned to surgical ICU's during their weekly rotations were included in this study.

Data collection

Data were collected by using a semi structured interview form especially designed for this study. Each interview took about 40-50 minutes and answers given to questions were recorded for each participant. Interview questions used in this research were consisted nursing students' ICU experience, perceptions related to ICU and contribution of this clinical placement on their learning as a student.

Data analysis

A qualitative content analysis was done for interpretation of the data collected from

student interviews. The recorded interviews were transcribed in verbatim and were read several times in order to get the most appropriate impression. The data was interpreted, divided in to units according to their meanings then condensed and coded. To organize the meanings of units properly interview transcripts were read by researchers several times. After coding was completed the codes were organised into subcategories, categories and emerging themes given in table 1 (Erdogan et al.,2014). Themes were discussed by the researchers and last corrections were done on the emerging themes. **Ethical considerations**

Written permission was taken from directorate of the School of Health Research Committee to do this qualitative study. The aim of the study was introduced to nursing students and only the ones who are volunteered to participate were included. Data collection method also was explained to each student verbally and also written consent was filled out and signed by participants.

Results Theme1. Perceptions about ICU environment and patients

The first theme (Table 1) focuses on nursing students' perceptions related to ICU environment and patients in ICU, how patients and environment influenced them during this period. Even though ICU environment was considered as a confusing and complex area for students, this place was effective in teaching some concepts related to care of ICU patient.

"There are too many things that needs attention, IV fluids, monitors, patients....." (C, Heart Surgery ICU)

"In my opinion, ICU is a place where terminally ill patients receive care.

That's why I was anxious about ICU." (T- General Surgery ICU)

"This is the first time that I worked in a place like this. It was really confusing, first of all it was very stuffy and was really confusing; I thought that I need to be strong psychologically." (F- Brain Surgery ICU)

"I have always been anxious about ICU. To be honest I was a little scared, I remember seeing ICU scene on TV. I was wondering if it was the same. When I went in to ICU I was in shock. Almost all the patients were entubated and their eyes were closed. They were plenty of machines around them; alarms were ringing all the time...." (P- Reanimation Unit)

"All of the patients in ICU need care and they are unconscious. It is very good to take care of these patients, doing their treatments. I was really in a strange mood during my ICU rotation for two days." (E, Brain Surgery ICU)

"I felt really sorry for the little boy who had head trauma due to a traffic accident. Seeing him suffer really touched me...." (L, Brain Surgery ICU)

Even though they have not seen ICU before, questioning the accuracy of some practices, comparing the clinical practices with their theoretical knowledge improved nursing students' analytical thinking. Different practices they observed in ICU were a challenge for nursing students.

"Radio was turned on in ICU. I remember hearing that classical music is relaxing but I thought that music is not appropriate for patients." (G, Brain Surgery ICU)

"Physically restraining patients and leaving the restraints whole day long

on patients was really bad. I think it should not be this way..."(D, BrainSurgery ICU)

"Seeing restrained patients from their arms and seeing them undressed was remarkable for me..." (P-Reanimation Unit)

Theme 2. Thoughts about being an ICU nurse

The second theme focuses on nursing students' points of view regarding ICU nursing and perceptions related to nursing profession (Table 1). Nursing students' ICU experience helped them understand the difficulties of nursing profession even though there are very few patients per nurse to take care of. Most of the patients were dependent and nurses' workload was quite heavy.

Some students realized that they should take nursing profession seriously and need to learn many things in order to practice nursing.

"Although numbers of patients are few, workload is quite heavy..."(C,Heart SurgeryICU)

"I was reluctant to go to ICU at first, because of disoriented patients and patients with poor prognosis. However, this experience helped me to see the stressful site of this job."(M, Brain Surgery ICU)

"I never thought that working in ICU could be this hard. The patients are seriously ill, there are many things to do. It may be hard forme at this point. Thinking quickly, being able to make right desicions, being able tostay calm with patient are very important facts. I would consider working as a nurse in a place like this..."(L, Brain Surgery ICU)

"I realized what nursing is during my ICU rotation. Seeing patients looking

at me with attachment made me happy. I think that we should do everything that needs to be done for patients."(U,General Surgery ICU)

Seeing one patient dying was really disappointing experience for one student. Also having relative hospitalized in ICU previously made her prejudiced about ICU and being an ICU nurse.

"I saw a patient dying, this really influenced me. I could not recover for a while. That is why I could not attend my ICU rotation for two days; I could not keep up with it." (G, Brain Surgery ICU)

Some of the students were questioning their theoretical knowledge; they realized the importance of learning and research.

"I know that I am going to come across different things while practicing nursing. I really need some time to get used to it and learn things."(E, Brain Surgery ICU)

"I did not think that what I know will not be enough to take care of patients before I go to my clinical rotations. I really figured out that I need to learn plenty of things both theoretically and practically. I followed all of the procedures carefully. Working in ICU is a really big responsibility." (K, Brain Surgery ICU)

"Working here helped me to understand what nurses actually do here in terms of nursing practice. There are plenty of treatments and procedures. Practicing nursing is really different in ICU. Patients are at the edge of life and death, we have plenty of responsibilities."(H, Brain Surgery ICU)

Theme 3. Comprehension of communication and empathy with ICU patient

The third theme focuses on nursing students' comprehension of communication and empathy with ICU patients (Table 1). Students were able to observe how communication was handled with intubated, disoriented patients in ICU. They had an opportunity to closely see nurse-patient interactions in ICU environment. Some of them thought that communication with patients was not handled appropriately.

Nursing students considered that positive and open communication held by nurses is a paramount issue in nursing care. They believe good communication skills are really important in addition to giving treatment or nursing care to patient. The words chosen to address the patients are part of good and effective communication.

Two of the students focused on nurses' communication techniques used with patients.

"Nurses really respect the patients. They act faithfully during patient care activities and make patients smile. They also respect their privacy."(A, General Surgery ICU).

".....They call patients by their names, this is very good. They take care of them individually."(B, Brain Surgery ICU)

"I could say that this experience was the turning point of my life. Life is too short, anyone can be here one day, and this is really weird. I am very happy for the things I could do for the patients. I realized the importance of psychological support for the patients..."(N, Brain Surgery ICU).

Some of the students made comments about inappropriate communication techniques used by nurses. Besides positive examples, seeing different communication techniques made them compare the health professionals' attitudes towards patients. They compared different role models they saw and tried to figure out the best ones.

"It is not appropriate to talk loudly in front of the patients. Too many dialogs take place which are not even related to patients. We should not forget that the last sense the patients lost is hearing"

(F, Brain Surgery ICU)

Table 1. Themes emerged according to qualitative data

Subcategory	Category	Themes
Frightening Complicated Alarm sounds Music Sound Too many monitors Naked patients Concerns of being a patient in ICU one day Severity of patients' illness	Complexity of ICU Seriousness of patients'	Theme1 Perceptions related to ICU environment and ICU patients
Tiring workplace Lack of knowledge Importance of thinking fast and giving right decisions	Perception of seriousness of nursing profession	Theme2 Thoughts about being an ICU nurse
Nurses communication with patients Importance psychological support Loneliness of patients The importance of patients' confidence Insufficient communication with patient's family Insufficient communication with patients	Patient- nurse communication Feelings	Theme 3 Comprehension of communication and empathy with ICU patient
Realizing that there is something can be done for patients Giving care to patients and doing some treatments with ICU nurses Helping patients with their self care Planning the patient care Intensity of practices in ICU Being shy in different environment Not letting students practice by themselves Observing caring and treatment activities Feedbacks nurses in contribution of learning	Determining patient needs and planning care Not having plenty of opportunities to practice Observing care and treatments	Theme 4 Contribution of patient caring activities in learning

"I saw that nurses are not communicating with unconscious patients. Although it is not enough, professionals try to communicate with conscious patients only.(G, Brain Surgery ICU)

"I felt like the nurse-patient interactions are not effective even with conscious patients, asking some questions cannot be considered as communication."(H, Brain Surgery ICU)

"Communication with patient is not suitable. A little devotion will not take anything from us... .."(N, Reanimation Unit)

Theme 4. Contribution of patient caring activities in learning

Nursing students were able to observe some activities related to patient care, taking vital signs, medical treatments, and infection control procedures, assessment of pain, evaluation of patient needs and assessment of patients' psychological needs. While they had an opportunity to assist nurses during direct patient care activities they were able to observe only some of the procedures. Although most of the procedures were limited to only observing them their perspective related to patient care got extended. The fourth theme focuses on nursing students' contribution of patient caring activities in their (Table 1).

"In ICU all of the patient needs are met by nurses. Nursing care is done according to care plan. I met the patients' hygienic needs." (A, General Surgery ICU)

"I gave an oral care to one patient, helped the nurse while feeding patients." (N, Brain Surgery ICU)

"At first when nurses told me not to do anything I was frustrated. Later I figured out that I could do something for patients, giving patient care was a pleasing experience for me."(S, Reanimation Unit)

"They do not let us do every procedure in ICU. I felt like doing nothing here. I tied one patient's hair, fixed his compression stockings." (G, Brain Surgery ICU)

"I had an opportunity to observe some medical treatments. The nurse explained me the purpose of some medication. This is very useful for me".(O, General Surgery ICU)

One student focused one terminal patient's situation and importance of giving care. Another student emphasized a patient's privacy.

"When I think of ICU, the only thing I could think of is patients with poor prognosis. At first we never should forget the patient in ICU is also a humanbeing. Even a dying plant can refresh in a well-lightened room with proper watering. Nurses should care for their patients in the same way. Even terminally ill patients deserve good patient care."(G, Brain Surgery ICU)

"They really respect the patients' privacy."(A, Brain Surgery ICU)

Discussion Nursing students' feelings, perceptions related to ICU environment and ICU nursing

Even though ICU environment is extremely important in the healing process of critically patients (Price, 2004), because of their complicated nature (Swinny, 2010), it is stressful both for patients and health care professionals (Elpern et al., 2005; Nooryan et al., 2014). Especially taking care of patients with poor prognosis is the source of moral distress among ICU nurses (Elpern et al., 2005). Heavy workload and extended responsibilities are nursing students' points of focus during their ICU rotation. Being extremely careful and being able to think critically are important facts in ICU nursing according to students. Complicated nature of ICU environment, intense procedures, ringing alarms, and variety of monitors, patients' poor prognosis and struggling, intubated patients make ICU environment even more stressful. ICU environment is described as a frightening place where patients are in pain and these entire negative facts

require well-equipped nurses. Nursing students' perceptions related to ICU's physical environment are consistent with previous research findings. Cochran & Ganong's (1989) study demonstrates that ICU nurses and ICU patients have different perceptions related to ICU stressors. In our study nursing students mainly focused on patients' general appearance, their struggle, type of music playing on the radio, alarm sounds etc. in ICU. All of these feedbacks received from students' show that they are really sensitive to patients' needs and feelings. According to research findings especially unplanned ICU experiences raises stress levels of patients (Yava et al., 2010). Although ICU rotations organized by nursing faculty is considered as a planned activity, it should be taken into account that ICU environment is a stressful experience for nursing students. In a study done with nursing students using an ICU stimulator shows that students are more selfconfident before they go to clinic wards than after being familiar to ICU environment (Mould et al., 2011). Critical nurses' skills are dependent on their knowledge and experience. One of the important functions of the ICU nurse is to provide continuous observation which involves interpretation and evaluation of information (Galley & O'Riordan, 2003). According to this study, nursing students' experience in ICU helped them understand the seriousness of nursing profession, the qualifications needed to become an ICU nurse, necessity of having good qualities. Besides being able to observe different clinical settings, seeing different role models are considered as positive outcomes in order to shape their expectancies. According to the study of Ihlenfeld (2007), opportunities given to senior students can influence their decision on becoming an ICU nurse. **Patient-nurse interactions in ICU**

An effective teamwork and holistic patient care are important facts in healing process of patient (Douchette et al.,2011). Communication techniques and interactions with patient are centerpiece of nursing education. Consequently learning effective patient-nurse interactions, being able to practice them are significant.

According to this study nursing students mainly focused on communications of nurses with patients, tried to interpret patients' face expressions, observed communications techniques used especially with unconscious patients. The way of nurses dealing with patients, positive approaches used during care, using writing as a method of communication with some of the patients, making an eye contact considered as positive communication techniques by nursing students. On other hand high pitched sounds in ICU, not using effective communications with unconscious patients, dialogs that are not mainly related to patients are found to be disturbing and inappropriate. Their efforts in trying to observe teamwork in ICU show that they care about professional role of nursing. Also being in ICU guided them in developing critical thinking skills. Karaoz (1997) reports that transferring their theoretical knowledge to practice, being able to look at things at different perspectives, recognizing wrong or deficient practices are also important. Findings of this study are considered valuable in developing some skills in nursing students especially in order to practice effective communication methods.

Nursing students' participation on patient care practices and their influence on learning

Clinical practices occupy an extremely important role in improving practical abilities of the nursing students and especially ICUs are considered as proper places for learning experience (Nabolsi et al., 2012; Williams & Palmer, 2013). In this study, complexity of the practices done in ICU's and variety of the tools used are among the stress-creating factors for nursing students. Another study reports that one of the most worrying factors during the practices of nursing students is the lack of self-confidence for giving care to the patients (Panduragan et al., 2011). In this study, the students had a feeling that they will be able to accomplish something during their clinical practice. Having some students observe the procedures at a distant point caused negative feelings on them. Therefore, it is necessary to remember the fact that the communication atmosphere in the clinical environment has an extremely important effect on the motivation of students (Hanifi et al.,2012). Particularly non friendly environments, busy wards tend to

negatively affect nursing students' learning experiences. Understanding the anxiety of the students in the clinical practice environments and expressing that they will not be left alone during the practices are extremely important attitudes (Ihlenfeld, 2007), also effective educational and clinical experiences provided by instructors during clinical placements are significant in nursing education (Esmaeili et al., 2013). It has been reported by Nabolsi et al. (2012) that supportive clinical environments creates positive learning outcomes for student nurses; especially if faculty and nursing staff have good relationships with each other. In order to achieve the desired learning outcomes, it is very important that the educators have cooperation with clinical nurses, develop a teaching strategy especially in specific areas such as ICUs, clearly express their expectations from the students and provide correct feedbacks and maintain the motivation level.

Limitations of the study

There is several limitation of this study. First, all of the nursing students involved in this study were second year nursing students who were assigned to ICU unit for 14 hours/week during their Surgical Nursing Course.

Thus nursing students who are at the beginning of their nursing education may have not able to recognize all of the details during their ICU placement. Secondly, we completed this study with 18 students because of the conditions of ICU (physical environment, infection, patient safety etc) and findings of this study can not be generalized to all of the nursing students.

Conclusions

Although ICU's seem to be an ideal environment for clinical practice, this experience for the the students who are in the first year of their education can be intimidating and stressful. In this study nursing students' expressions related to ICU usually focus on their negative experiences although they reported that the ICU environment was useful for their learning at some points. Since lack of professional knowledge in caring critically ill patients can cause negative feelings in beginning level nursing students the accuracy of assigning nursing students in highly stressed and complex areas such as ICU's should be discussed carefully both by nursing faculty and clinical staff.

Although ICU environment considered as an effective place to promote nursing students' clinical learning it also can be stressful experience for most of the students. Plenty of students questioned their clinical practice because they were not allowed to do any patient caring activities but only observing. Therefore, the effectiveness of intensive care in the early stages of nursing education should be reconsidered. Providing opportunities to receive feedbacks both from ICU nurses and nursing students regarding their experiences, collaboration with nurses in order to construct the expectations from nursing students are important aspects of clinical education in nursing.

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Student's Experiences in Critical Care Course: A Qualitative Study

Abstract

Background: Critical care nursing is a requirement for senior baccalaureate nursing students at our college. Undergraduate critical care nursing course provide an opportunity for students to develop basic knowledge and skills in critical care, and exposure them to the role of the critical care nurse.

Objectives: The purpose of this study was to explore the experiences of undergraduate nursing students enrolled in a compulsory critical care course.

Design: A qualitative content analysis study design was utilised to conduct the study.

Setting: The study was conducted in one university in Saudi Arabia.

Participants: All nursing students enrolled in compulsory critical care course (n=180).

Methods: Students were asked to report their experiences daily in writing during clinical training using a special form the self-reported learning experience form and notes from post-clinical conferences were analysed qualitatively and emerging themes were presented.

Results: Participants described a variety of unique experiences throughout the course, however four main themes emerged: support, knowledge and skills, socialisation and moving on. Key factors that influence students' experiences include: support from faculty and clinical supervisor, preceptors' attitudes towards

students and learning process, course content, and patients' acuity in the unit. Strategies such as self-directed learning and preceptorship management were found to positively improve students' experiences.

Conclusion: This study demonstrates the need for support in the form of educational activities to provide the skills and knowledge required to care for the critically ill patient, Effective preceptorship appears to be significant in attaining socialisation to the unit. Further implications and recommendations for education, practice, and research will be discussed.

Key words: Nurses student experiences; Clinical experiences; Undergraduate critical care course; Qualitative design; Saudi Arabia

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Nursing Student's Experiences in Critical Care Course: A Qualitative Study. *J. Intensive & Crit Care* 2015, 1:1. providing nursing students sufficient clinical experiences before graduation [4]. As intensive care patients require more complex or acute nursing care, clinical practicum in an intensive care unit (ICU) is valuable for nursing students [5]. This allows students to apply wide array of skills and can observe interdisciplinary teamwork and decision making [6]. Clinical practicum in intensive care develops clinical reasoning by

Introduction

Critical care is the multidisciplinary approach to the management of seriously ill medical, surgical, and obstetric patients [1]. Critical need

clinical experiences with critically ill patients. Thus, schools of nursing care is an area that presents many learning opportunities for

nursing students. However; the need for critical care education at the baccalaureate level is expected to increase [2].

Alasad and Ahmad [3] have recommended that students and administrators of the hospitals have an important role in

organizing information; however, students may have different experiences during their clinical practicum [7, 8].

Baccalaureate nursing student's experiences in critical care setting was identified in the literature as early as 1977. As more nursing programs integrate critical care experiences within the curriculum, recent national surveys of accredited baccalaureate nursing programs have shown that the majority of curricula include critical care content among required courses [9]. Augmentation of critical care would not only enrich the undergraduate educational experience, but is also essential in the acquisition of generic skills these essential skills include assessment, management and effective communication concerning a deteriorating patient. If taught throughout the curriculum [10].

Undergraduate critical care nursing course provide an opportunity for students to develop basic knowledge and skills in critical care, expose them to the role of the critical care nurse and to develop positive perceptions of the role of the critical care nurse [11]. It may be more advisable to identify the students who have a specific interest in critical care [10, 12].

Undergraduate nursing students should be taught essential skills in recognition of a deteriorating patient; these skills must include how to call for appropriate help early, correct interpretation of abnormal signs and how to implement measures to prevent further deterioration. Accurate documentation of findings and communication with colleagues should be incorporated into teaching programs [13, 14].

Tastan et al [4] stipulates that practicing skills and familiarity with equipment may increase self-confidence. This issue of confidence is also supported by Aqel and Ahmad [13] who made a link between an ability to undertake clinical or technical skills and increased competence. Gallagher et al., [10] have postulated that the student's confidence would improve as their knowledge and understanding of managing these patients would be enhanced.

More advantages of clinical experiences providing opportunities to interact with nurses and physicians in critical care and gain an understanding of the importance of interpersonal relationships as part of the nurse's role [3, 8]. However, Tait et al., [15] support the view that there is a need for critical care placements to enhance this interactions and improving interpersonal skills.

Study conducted by Gallagher, [10] to evaluate a critical care course for undergraduate nursing students showed that the results from this evaluation clearly demonstrate that undertaking the critical care course was a positive experience for the students and it is evident that the majority of students valued the critical care course.

Critical care is both emotionally and intellectually challenging, yet little is currently known about the experience of nurse's new to this environment [16]. Many baccalaureate programs offer brief experiences for students in critical care units and some limited only to the clinical experiences [4, 17]. Some studies have focused on determining the adequacy of theoretical knowledge and skills of students than the multidimensional experiences of students [13, 17].

There is limited research on educational experiences of students in critical care units at the undergraduate level and the effectiveness of such experiences in increasing basic knowledge and skills [18, 19]. Traditionally some of presented baccalaureate programs offer brief experiences for students in critical care units within the curriculum of nursing programs so the methods used to provide extended critical care nursing experiences for larger numbers of undergraduate students are rarely discussed [19]. Internationally, a few publications were found that report nurses' student experiences in general [4] none of these studies

was purely on undergraduate critical care course, with no published studies report that student experiences in multi-dimensions themes, specifically in Saudi Arabia.

Course Overview

Critical care nursing is a requirement for senior baccalaureate nursing students at our college. The course instructors are successfully addressing the student's needs. Critical care content and clinical experiences are included in required clinical course components at the senior level; fourth year of baccalaureate nursing curricula. The focus of this course addresses multisystem health problems of adult patients with care experiences in a variety of critical care areas through placements rotation schedule. The students are evenly divided in to clinical rotations, with maximum three students per group. The students are assigned to shared, participatory patient care experiences with the staff nurse preceptors. Students gain direct care experience with the supervision of faculty and or staff nurse preceptors through the semester. Patient care assignments are made in collaboration with the staff nurse, nurse managers and the faculty members. Direct patient care, not merely observation, is achieved by assigning student to one patient. The students' performance evaluated in collaborative efforts between faculty and preceptors using standardized evaluation tool. Daily post clinical conference is held for debriefing clinical experience, challenges, comments and suggestions. The purpose of this Qualitative study was to explore the experiences of Acute care teaching students enrolled in a compulsory critical care course in one of Saudi Arabia universities.

Methods

Study design

In order to explore the students' experiences, a qualitative contents analysis design was utilised to conduct the study.

Participants

The study was conducted at one of the universities in Saudi Arabia, King Saud Bin Abdulaziz University for health sciences

(KSAU-HS) between year 2010 and 2013. The sample size included 180 female Saudi nursing students who enrolled and took the course during that period. Students were asked to report their experiences daily in writing during clinical training at King Fahad Hospital in Riyadh (KFH-RD). Before the study clear instructions about the form being used and permission from the students to use their entries notes and experiences in research purposes. **Data collections**

Data were collected by using a special, self-reported learning experience template, which was designed to help students capture and organize their thoughts. Writing about experiences is a useful tool for reflection, because it enables nurses to make explicit the knowledge that is implicit in their actions [20]. Journaling helps nurses to sustain themselves emotionally in the work they do. It gives nurses the opportunity to tell their own story about what it is like to be a nurse, and what it is like to witness patients' experiences of illness [21]. Furthermore, daily post-clinical conference was conducted to discuss students' experiences and take notes of their comments. **Data analysis**

The self-reported learning experience template and notes from post-clinical conferences were analysed qualitatively and emerging themes were presented. Process to categorize journal entries was based on a method developed by Burnard [20]. Development of common themes was based on systematic and detailed descriptions of ideas and issues in students' selfreports and linking these under a category system. Categories were developed by repeated working through the forms and identifying common themes throughout until agreed categories were established. This method would make the findings credible,

dependable, transferable and rooted in the original data, constituting a constructive description of the experience of students participating in the study and more trustworthiness [21] in order to reduce the numbers of categories the researchers collect together all of the words from all of the self-reports on to a clean set of pages so these can then be worked through and all duplications crossed out [20]. However, to ensure that the analysis process is systematic and rigorous, the collected data were thoroughly analysed and 'constant comparison' was applied. This essentially involves reading and re reading data to search for and identify emerging themes in the constant search for understanding and the meaning of the data. [21].

Results

All of the participating students were female (N = 180). They described a variety of unique experiences throughout the course, however four main themes emerged: Knowledge and clinical skills acquisition, interpersonal support and confidence, socialisation and communications and selecting career path. We found that the sub key factors that influence students' experiences includes: support from faculty and clinical supervisor, preceptors' attitudes towards students and learning process, course content, and patients' acuity in the unit. Strategies such as self-directed learning and preceptorship management were found to positively improve students' experiences also. For each of the emerging themes will be described, using examples from transcribed data and discussed sequentially.

Knowledge & clinical skills acquisition

The level and amount of knowledge and skills dynamic required to care for critically ill patients impressive the participants, motivate them as a reason of being work in critical care after graduation and number of assigned patients was positively impacted also as described by a student:

"There was so much to learn and it seemed like a huge mountain to get over....."

"It's very different from what I first expected it to be.... particularly knowledge-wise.....I didn't realise you needed to know so much to work her"

"To be assigned with one patient.... will be a good chance to get more information and practicing more skills"

The students believe that the time of this course also was suitable of being last one will make them ready for practice and well prepared as described by a student:

"A perfect way to end the senior year (level 8)"

"We will be very prepared as new RNs by having this course"

"Summarize all the information we have learned over the past 4 years together"

"I will be able to know and practice many skills perfectly after I had experience with this course contents"

All of these advantages made the students pointed that would be an area of selection after graduation as described by student:

"Many students express..... I would like to work in this area after graduation"

The students in this course reports some unique differences between this course and other courses taught within the previous year's even with presence of some difficulties and they decide that the amount of information, way of teaching and impact of these information on their performance were significant and new as described by a student:

"In the course I was taking before no one teaching me... in this way and give me this huge information"

"Giving us the chance to express and explain our experiences with assigned cases at the post clinical conference it is add allots for me...."

"It feels frustrated sometimes with bulky information and severity of the patient illness but at the end of the day I found it interesting and useful"

"I have learnt a lot of new skills and I feel like I can do it better than I did before....."

"It was difficult to me to deal with arrested patient and this is the first time I had it now I feel... I can manage this situation better than before"

"This course allowed me to bring everything together"

This course made me think in different way and become more oriented with patient care"

With allots of information..... I become more confident"

One of new things the students' reports about the importance and usefulness of orientation program in gaining the information and as a method of redirect the Learning during the course as described by a student:

"One thing was interesting the orientation program its added allots to me...."

"Orientation day was like a map for everything will take it in this course"

"The best week was the first week it is orientation for everything"

"First week is a revision week Was so much amazing"

Study done by [16] supports that So much to learn. The level of knowledge required to care for critically ill patients surprised the participants. This led to the participants feeling overwhelmed by the amount of information they were expected to learn and some participants felt overloaded with information. Also some participants found clinical supervision helpful because it gave them an opportunity to share their fears and anxieties and discuss any problems they were having.

Interpersonal Support and Confidence

Support from faculty and clinical staff is a key for students' progress and success, Couched, student's centred approach, respect, appreciation of individual student's concerns also well prepared preceptors who enjoys teaching and learning were positively impacted. The following are examples on the student comments of this theme.

"Although I felt much supported, I did feel a bit anxious every day"

"I'm anxious about having my first patient and anxious about not knowing how to do things"

"What I really like is the idea that we're in a group together and our instructor respects us and understand we are students"

"Your preceptor makes all the difference when you have a cooperative one you will enjoy the day and learn a lot"

"Orientation day... first day was supportive for us"

The students pointed about importance of giving them the space of expressing their feelings by instructors and allowing them in writing the comments and feedback was positive and increasing self-confident as the student described:

"Instructors ask us to express their feeling, concerns, feedbacks and suggestions frequently was positive for us"

"Asking us to write our feeling was supportive and helpful"

New things were the importance of clinical placement rotation by groups in making the students more comfortable and relieving of their anxiety which might have been experienced during the clinical rotations as the students' described:

"Selecting a group from three students during the clinical rotation relieving the stress and anxiety for us"

"Placing us in different clinical area as a group (clinical rotations) was effective and enjoyable and supporting each other"

More advantages which enhance the support and moving forward towered high self-confidence was not limited to the preceptors assigned with but also the staffs in the areas as the students described:

"Every day I feel scared but when i start working with my preceptors everything are changed and I feel enjoying"

"Assigned one preceptor for each student 1:1ratio help us to understand the situations, giving us the chance to ask any questions, and feeling supportive always"

"To be assigned with only one preceptor is better than different one"

The unit staffs were friendly and supportive"

"The unit staffs try to explain many things even when they are busy and loaded"

"I am still able to compare the help and support from the unit staffs before and now it made the work easier and straightforward"

One more and new thing the students pointed that with a time progress the level of self-confidence about their knowledge, patient care and emotions control were increased which refer to course contents/organization, practice standardized every morning patient hand over, being involved in patient care and discussion/rehearsal session from teaching staffs as the student described:

"I feel satisfied more with early morning endorsements and shift handover it's made me more oriented about the patient conditions"

"I hope there's no anything that I am be able to do.....butin the last month I feel a lot more relaxed, self-confident when I be able to do the all required skills completely.... for my patients..... "Good days are when you feel a little bit more in control"

"A good day is when you come into work, you're coping well, you're on top of things and there are lots of people around that are really supportive"

Credible instructors, staffs and preceptors made me more competent, Enthusiasm and eager to learn through in their questions.... Follow up.... Group discussion"

"This is the first time I took the course structured, organized and planned well like this course and I feel now with more selfconfident"

"Friendly bedside session was motivating and interesting to me.

"The educators push us to do many things alone..... they said you know..... And you can..... Go ahead..... I feel like I am improving and become self-confident"

After the clinical placement s during this course weeks in different critical care units, students felt they had gained experience in theoretical and especially clinical components and indicate increasing in self-confident about patient care, acquired of advanced skills and knowledge and feel satisfied with care provided to

critically ill patients. The support and help of clinical nurse educators, staff nurses and physicians is highly important in reducing student anxiety [22]. Students who are more active regarding patient care have more self-confidence.

Socialization & Communications

Clinical experiences encountered by the participants appeared to have an impact on their socialisation to the critical care environment especially during the clinical placements and clinical supervision by faculty and clinical preceptors as student said:

“Presenting with large group of people improving my communications”

“Moving from area to area..... Medical ICU to surgical ICU made me better in communications”

“I was feel shy when taking with someone but know I feel with much improvements”

New thing it informed students’ ability to select future working settings, prepared and give them insight about the next step in their career. The following comments by the students are examples on this theme

“Critical care was challenging, but very interesting. When I came into this class I did not want to do ICU nursing, but now it seems very exciting”

First days I was in trouble.... alarms, sounds, and numbers on the screens I couldn’t be able to do anything but later on I become familiar with”

“I came to this course with high expectation ... I expect to do and I need to practice..... I expect to find someone around me and take care of me.... and what I did I satisfied with”

Gallagher [10] reported the nature of clinical placement areas may also influence a student’s ability to engage with the critical care course and clinical placement could impact on the students’ ability to develop an understanding of the skills taught. In addition the students expressed their greatest satisfaction in their interactions with others. This interaction component included opportunities for formal and informal contact with co-workers, relationships among nurses, and nurse-physician interactions. Effective preceptorship is related to the ability to form a relationship between preceptor and preceptee and can increase professional socialisation over time [23].

Selecting Career Path

Students express their feeling and concerns in progressing to the next steps and they focused on the future career. It was a result of merging themes of knowledge and skills, socializations and communications, support and confidence.

The following are some examples on selecting career path theme:

“I will choose this area in my career path after I finished”

“With all difficulties I have in this course but I feel that I got allots of information and skills made me looking to be recruited in this area after graduation”

“I was frightening at the beginning but now I feel it is ok to practice freely and it is better going to next step which internship” “I will take phase two in internship program in the critical care areas”

“I am comfortable now in things that I have did”

“The good thing to feel you are catch up everything”

“The beautiful day when you come in feel confidant, supportive and knowing everything, I will work in this area later on”

"I take the decision to work in these areas after internship program"

"I believe to gain more knowledge, skills and experience I need to select critical care areas to work in"

These findings are consistent with those of Farnell and Dawson [16], schools & Smith described a similar process of learning whilst highlighting safety as a major concern. Several sub-themes relate to this theme of moving on. These include good and bad days, confidence and conscious incompetence. It appears that the interactions between support, knowledge and skills and socializations enabled participants to move on [17] and selecting career path and where the students need to be. In addition to the interpersonal interaction between students, staff preceptors and faculty members.

Discussion & Conclusion

This study captures the unique experiences of undergraduate nursing students enrolled in compulsory critical care course and suggests that these experiences are influenced by a multitude of factors. Some of these factors have direct impact on students' knowledge and professional development and subsequent socialisation to the critical care environment, clinical placements and then selecting career path.

These findings of this study are consistent with other studies which demonstrate the need for support in the form of educational activities to provide the skills and knowledge required to care for the critically ill patient [3, 13]. Effective preceptorship appears to be significant in attaining socialisation, improving interpersonal skills, and gaining confidence to the unit and facilitate learning process which will affect later on the students affinity and choice of selecting the critical care area as a priority one for practice.

Further discussion of these key factors that influence students' experiences which includes; support and confidence from faculty and clinical preceptor attitudes towards students and learning process, course content, and patients' acuity in the unit showed by students comments and feedback through the emerging themes [8]. Furthermore, strategies such as self-directed learning and preceptorship management were found to positively improve student's experiences.

The goal of our study was not to develop our students into critical care nurses, rather to strengthen their knowledge and skills while also introducing them into an important specialty area within the profession. This study findings are consistent with other studies which showed that the interaction between knowledge, support and socialization enabled students' to move on confidence [1,24]. The inclusion of critical care course in undergraduate curriculum provide students nurses to have sufficient knowledge and acquired skills making them to be able to access and manage critically ill patient appropriately.

Understanding the experiences of nursing students in critical care course will help nurse managers, clinical nurse educators, and nurses appropriately support and facilitate nursing education. It is important to give organizers of planned clinical education suggestions and solutions especially about the critical care units' placements rotation. It is improving for collaboration between academia and clinical services in term of providing efficient and much experience of students related to clinical objectives and tasks.

Limitations

The study with all participants being female, the results may not be representative of all nursing students. The reason that all of the participants were females was that the nursing school within the university was for female only. In this study student experiences with critical care course were evaluated in general. In later studies, this topic can be evaluated to a broader extent by including male students and comparing with other nursing schools.

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Nursing students' perception of their clinical practice in intensive care units: A study from Egypt

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ABSTRACT

Providing nursing students with quality clinical experience in intensive care units (ICUs) is a major concern for nursing educators in Egypt. Understanding nursing students' perception of their critical care experience is important in future planning of successful clinical placements in ICUs. The purpose of this study was to investigate undergraduate nursing students' perception of their clinical practice in ICUs. The study involved 306 nursing students who were registered in critical care nursing course. Data were collected using a self-administered survey which addressed nursing students' perception of three domains including clinical practice environment, clinical teaching and learning and factors hindering clinical practice in intensive care setting. The results illustrated that the majority of students enjoyed their clinical experience in ICUs. However, students highlighted many factors that hindered their clinical practice such as the stressful intensive care setting, fear of making mistakes, complex patients' conditions, theory-practice gap, overburdening with documentation and lack of coordination between clinical placements. Supportive learning environment is needed to enhance students' clinical learning, improve collaboration between students, demonstrators and critical care nursing staff, and reduce theory-practice gap.

Key Words: Clinical practice, Intensive care units, Nursing students, Perception

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1. INTRODUCTION

The goal of undergraduate nursing education is to prepare qualified nurses who are committed to provide high quality, safe patient care.^[1] Nursing is a practice discipline with clinical experience being an integral component of nursing education.^[2] Clinical practice allows nursing students to develop competencies required for professional practice and transform theoretical knowledge into patient care.^[3] It meets accreditation requirements, supports students' skill acquisition,^[4] and ensures the ability of nursing student to practice as a nurse.^[5] Hence, the quality of clinical preparation of nursing students has a great influence on the quality of the program.

Critical care placement offers a wealth of learning opportunities for nursing students.^[6] It allows students to practice important technical skills, communication skills and health teaching skills, and to observe health care team collaborative work.^[7] Clinical practice in ICUs exposes students to a variety of complex critical care conditions and nursing procedures which broaden their knowledge and enhance their clinical competence.^[6] A study conducted by Gallagher, Rice, Tierney, Page and McKinney^[8] to evaluate a 2-day critical care course showed that nursing students' knowledge, skills and confidence had been improved by the end of the course. It has been also reported that despite the challenges facing nursing students during critical care placement, students' self-confidence had improved after critical care experience.^[9,10]

Providing nursing students with quality clinical experience within a supportive clinical learning environment is a major concern for academic institutions.^[11] Therefore, understanding nursing students' perception of their critical care experience is important in future planning of successful clinical placement. Studies which investigated this area are scarce, especially in Egypt.

1.1 Context of the study

The Bachelor of nursing program in Egypt is a hospital-based program more than fifty years ago. It is a 4-year

program, followed by one internship year. After graduation, the students are qualified to work as registered nurses. Clinical practice is the heart of undergraduate nursing education. Within the Bachelor of nursing program at Faculty of Nursing, Mansoura University, students study critical care nursing course in level four. This course aims to help students to acquire knowledge and skills required for providing safe, competent nursing care for critically ill patients in different intensive care settings. Clinical practice in ICUs is a requirement for completing this course. Hence, students receive hands-on experience across nine clinical placements including Medical ICU, Surgical ICU, Neuro ICU, General ICU, Hepatic ICU, Gastrointestinal ICU, Anesthesia ICU, Coronary Care Unit and Recovery ICU. The clinical placement lasts 13 weeks. The students spend 6 hours/week in the clinical placement, and two hours training per week in the skill lab. These placements provide nursing students the opportunity to integrate knowledge and nursing skills into practice. The traditional model for clinical supervision is adopted. Demonstrators from critical care and emergency nursing department at Faculty of Nursing are assigned to support and supervise nursing students during clinical practice. The teacher-student ratio is nearly 1 to 12. Preceptorship model of clinical education has not yet been adopted in undergraduate clinical education in the Faculty. However, critical care nurses sometimes allow students to participate in caring activities of critically ill patients under their supervision. At the end of each semester, students' feedback about the course is collected and used as a base for enhancing the course in the following semester. However, the evaluation is general with no specific focus on clinical practice which is the core component of the course. Enhancing students' clinical experience in ICUs requires academic staff and demonstrators to get access to students' perception of their clinical practice.

1.2 Aim

The aim of this study was to investigate undergraduate nursing students' perception of their clinical practice in ICUs of Mansoura University Hospital, Egypt.

2. METHOD

2.1 Design

A survey design was used to collect data concerning nursing students' perception of their clinical practice in ICUs.

2.2 Participants

A convenience sample of fourth level nursing students who were enrolled in critical care nursing course in the first semester of the academic year 2017-2018 (n = 416) was included in the study.

2.3 Setting

The study was conducted at Faculty of Nursing, Mansoura

University which is one of the biggest universities in Egypt. Faculty of Nursing is accredited by the National Authority for Quality Assurance and Accreditation. It receives nearly between 400 and 600 students each year. The Faculty offers programs designed to meet the needs of health care institutions including Bachelor of Nursing, Masters in Nursing and Doctoral programs. The Faculty involves eight departments; one of them is critical care and emergency nursing department which is responsible for teaching critical care nursing course for level four nursing students.

2.4 Ethical considerations

Ethical approval was granted from the Research Ethics Committee of Faculty of Nursing, Mansoura University (ref. 159/2017). Additional approval was obtained from the Dean of Faculty of Nursing. A cover letter including the aim of the study, the voluntariness nature of participation and other elements of informed consent was included with the survey sheet. Completion of the survey and returning it back was indicative of students' informed consent. In order to maintain anonymity and confidentiality of the participants, completed questionnaires were collected back anonymously.

2.5 Instrument

Data were collected using a self-administered survey which was developed by the researchers based upon relevant literature.^[11-13] It consists of

three main domains. The first domain was comprised of 8 statements inquiring about clinical practice environment. The second domain incorporated 12 statements assessing clinical teaching and learning as perceived by nursing students. The third domain included 10 statements addressing factors hindering students' clinical practice in ICUs. Participants were asked to record their responses to items on a five-point Likert scale (1 = "strongly disagree", 2 = "disagree", 3 = "uncertain", 4 = "agree" and 5 = "strongly agree"). Content validity of the instrument was determined by 5 experts from critical care and emergency nursing department. The instrument has been shown to be highly reliable with a Cronbach's alpha of 0.829. A pilot study was conducted on 42 nursing students to check the clarity and applicability of the instrument. Modifications were made accordingly. Participants of the pilot study were excluded from the study sample.

2.6 Data collection

Students were informed about the study after they had completed their clinical placement during the last lecture of the critical care nursing course. The questionnaire was distributed to all available students (n = 342) who were given the opportunity to answer the questionnaire in the lecture theater. Students spent from 15 to 20 minutes completing the survey. The questionnaires were collected back in the lecture theater.

2.7 Data analysis

Data were analyzed using The Statistical Package for Social Science version 21.0 (SPSS, Chicago, IL, USA). Quantitative data were expressed as median and interquartile range (IQR). Qualitative data were compared by one sample Chi-

Square test. The non-parametric alternative Mann-Whitney U-test was used to compare quantitative data. Statistical significance level was set at $p \leq .05$.

3. RESULTS

A total of 306 nursing students completed the questionnaire reflecting an overall response rate of

89.5%. Of these, 63 were excluded as their questionnaire had over 20% missing data, leaving 243 for data analysis (see Figure 1). All participants were between the age of 19 and 21 years old, and 85.2% were females and 11.5% were males. Eight students (3.3%) did not declare their gender.

Table 1 shows nursing students' perception of clinical practice environment in ICUs. Most of the students agreed that clinical placement in ICUs was suitable for achieving their clinical practice goals (73.2%), exposed them to a variety of critical conditions and caring activities (84.8%) and was a good learning environment (77%). Despite the fact that the majority of the students (76.5%) enjoyed their clinical experience in ICUs, they perceived it as a stressful place for clinical practice (86.8%).

Table 2 depicts nursing students' perception of clinical teaching and learning in ICUs. The majority of students were satisfied with the quality of clinical teaching and learning ($p < .0005$). They agreed that clinical practice in ICUs provided them the opportunity to participate in morning patient care (95.5%) and variety of caring activities (85.2%), develop their clinical skills (79.4%) and build confidence in caring for critically ill patients (69.1%). However, 54.4% felt that the focus was on documentation rather than their learning needs, and 44.9% highlighted a gap between theory and practice. Moreover, 32.1% did not receive any feedback about their performance.

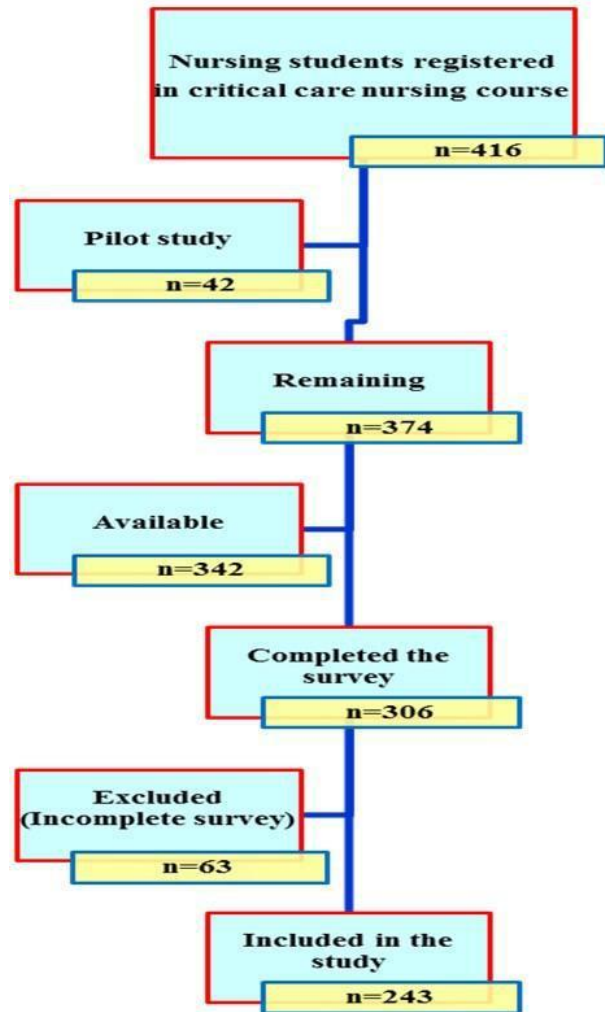


Figure 1. Flow chart of the study participants

Table 3 illustrates nursing students' perception of factors hindering clinical practice in ICUs. For most students, factors hindered their clinical practice were the stressful nature of intensive care setting (91.4%), fear of making mistakes (86.4%), the complexity of patients' conditions (86%), gap between theory and clinical practice (72.4%), focusing on documentation rather than clinical performance (72%) and lack of coordination between clinical placements (67.9%). For nearly half of the students, lack of critical care staff's support (57.2%), inadequate clinical hours (46.5%) and lack of feedback about clinical performance affected their clinical practice negatively (48.1%). Moreover, 37.4% reported inadequate supervision in clinical setting.

Table 1. Nursing students' perceptions of clinical practice environment

Statements	Students' Perception (n = 243) (%)				Total count (%) of			p
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Agree	Disagree	
Clinical placement was suitable for achieving my clinical practice goals.	1 (0.4%)	23 (9.5%)	41 (16.9%)	134 (55.1%)	44 (18.1%)	178 (73.2%)	24 (9.9%)	< .0005
Clinical placement in different ICUs exposed me to a variety of critical conditions and caring activities.	2 (0.8%)	8 (3.3%)	27 (11.1%)	117 (48.1%)	89 (36.6%)	206 (84.8%)	10 (4.1%)	< .0005
Critical care staffs were cooperative and supportive.	16 (6.6%)	67 (27.6%)	56 (23.0%)	88 (36.2%)	16 (6.6%)	104 (42.8%)	83 (34.2%)	.025
Good communication with demonstrators and critical care nurses improved my clinical experience.	10 (4.1%)	67 (27.6%)	49 (20.2%)	86 (35.4%)	31 (12.8%)	117 (48.1%)	77 (31.7%)	.564
The clinical hours were adequate to accomplish the assigned tasks.	11 (4.5%)	56 (23.0%)	49 (20.2%)	91 (37.4%)	36 (14.8%)	127 (52.3%)	67 (27.5%)	.480
Intensive care setting was a good learning environment.	1 (0.4%)	18 (7.4%)	37 (15.2%)	112 (46.1%)	75 (30.9%)	187 (77%)	19 (7.8%)	< .0005
Intensive care setting was stressful place for clinical practice.	3 (1.2%)	13 (5.3%)	16 (6.6%)	91 (37.4%)	120 (49.4%)	211 (86.8%)	16 (6.6%)	< .0005
I enjoyed my clinical experience in ICUs.	7 (2.9%)	22 (9.1%)	28 (11.5%)	97 (39.9%)	89 (36.6%)	186 (76.5%)	29 (12%)	< .0005

Note. Data are presented as count and percentage; p value is presented by one-sample chi-square test. p value ≤ .05.

Table 2. Nursing students' perception of clinical teaching and learning in ICUs

Statements	Students' Perception (n = 243) (%)				Total count (%) of			p
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Agree	Disagree	
The goal of clinical practice was clear to me.	1 (0.4%)	9 (3.7%)	43 (17.7%)	121 (49.8%)	69 (28.4%)	190 (78.2%)	10 (4.1%)	< .0005
I was fully aware of the required competencies for passing the course.	1 (0.4%)	14 (5.8%)	41 (16.9%)	112 (46.1%)	75 (30.9%)	187 (77%)	15 (6.1%)	< .0005
The demonstrator was always available in the clinical placement.	8 (3.3%)	19 (7.8%)	14 (5.8%)	103 (42.4%)	99 (40.7%)	202 (83.1%)	27 (11.1%)	< .0005
The demonstrator guided me whenever I needed.	8 (3.3%)	10 (4.1%)	27 (11.1%)	110 (45.3%)	88 (36.2%)	198 (81.5%)	18 (7.4%)	< .0005
Bed-side teaching helped me to develop my clinical skills.	4 (1.6%)	9 (3.7%)	37 (15.2%)	111 (45.7%)	82 (33.7%)	193 (79.4%)	13 (5.3%)	< .0005
I participated in morning routine patient care with critical care nurses.	0.0 (0.0%)	7 (2.9%)	4 (1.6%)	75 (30.9%)	157 (64.6%)	232 (95.5%)	7 (2.9%)	< .0005
I had the opportunity to participate in a variety of caring activities under supervision.	2 (0.8%)	16 (6.6%)	18 (7.4%)	142 (58.4%)	65 (26.7%)	207 (85.2%)	18 (7.4%)	< .0005
The focus of clinical practice was my learning needs rather than documentation.	48 (19.8%)	84 (34.6%)	53 (21.8%)	42 (17.3%)	16 (6.6%)	58 (23.9%)	132 (54.4%)	< .0005
What I learned in classroom and skill lab was what I saw in clinical practice.	41 (16.9%)	68 (28.0%)	42 (17.3%)	72 (29.6%)	20 (8.2%)	92 (37.9%)	109 (44.9%)	< .0005
I was able to integrate my knowledge into practice.	7 (2.9%)	30 (12.3%)	52 (21.4%)	120 (49.4%)	34 (14.0%)	154 (63.4%)	37 (15.2%)	< .0005
Hands-on training helped me to build confidence in my clinical skills.	5 (2.1%)	18 (7.4%)	52 (21.4%)	114 (46.9%)	54 (22.2%)	168 (69.1%)	23 (9.5%)	< .0005

The demonstrator provided me with feedback about my clinical performance continuously.	32 (13.2%)	46 (18.9%)	43 (17.7%)	89 (36.6%)	33 (13.6%)	122 (50.2%)	78 (32.1%)	.949
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Note. Data are presented as count and percentage; *p* value is presented by one-sample chi-square test. *p* value ≤ .05.

Table 3. Nursing students' perceptions of factors hindering clinical practice in ICUs

Factors	Students' Perception (n = 243) (%)				Total count (%) of			<i>p</i>
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Agree	Disagree	
The complexity of patients' conditions.	6 (2.5%)	16 (6.6%)	12 (4.9%)	77 (31.7%)	132 (54.3%)	209 (86%)	22 (9.1%)	< .0005
The stressful nature of intensive care setting.	0.0 (0.0%)	13 (5.3%)	8 (3.3%)	94 (38.7%)	128 (52.7%)	222 (91.4%)	13 (5.3%)	< .0005
Fear of making mistakes when caring for critically ill patients.	4 (1.6%)	16 (6.6%)	13 (5.3%)	69 (28.4%)	141 (58.0%)	210 (86.4%)	20 (8.2%)	< .0005
Gap between what was learned in classroom and real clinical practice.	3 (1.2%)	27 (11.1%)	37 (15.2%)	75 (30.9%)	101 (41.6%)	176 (72.4%)	30 (12.3%)	< .0005
Inadequate supervision in clinical setting.	23 (9.5%)	96 (39.5%)	33 (13.6%)	56 (23.0%)	35 (14.4%)	91 (37.4%)	119 (49%)	< .0005
Lack of support of critical care nurses.	6 (2.5%)	52 (21.4%)	46 (18.9%)	92 (37.9%)	47 (19.3%)	139 (57.2%)	58 (23.9%)	.025
Inadequate clinical practice hours.	33 (13.6%)	67 (27.6%)	30 (12.3%)	58 (23.9%)	55 (22.6%)	113 (46.5%)	100 (41.2%)	.275
Lack of feedback about clinical performance.	19 (7.8%)	59 (24.3%)	48 (19.8%)	59 (24.3%)	58 (23.9%)	117 (48.1%)	78 (32.1%)	.564
Focusing on documentation rather than clinical performance.	11 (4.5%)	35 (14.4%)	22 (9.1%)	66 (27.2%)	109 (44.9%)	175 (72%)	46 (18.9%)	< .0005
Lack of coordination between clinical placements.	7	38	33	75	90	165 (67.9%)	45 (18.5%)	< .0005

Note. Data are presented as count and percentage; *p* value is presented by one-sample chi-square test. *p* value ≤ .05.

Table 4 shows gender difference in perception of clinical practice in ICUs. It was noted that a considerable percentage of students had practice in ICUs. No statistical significant differences were found between male and female students regarding their perception of clinical practice environment, factors hindering clinical practice, and factors hindered their perception of the three domains. clinical practice in ICUs.

Table 4. Gender difference in perception of clinical practice in ICUs

Domain	Gender (n = 235)		<i>p</i> value
	Male (n = 28)	Female (n = 207)	
Percent CPE score	75 (70-81.9)	75 (67.5-82.5)	.874
Percent CTL score	78.3 (73.8-81.7)	75 (68.3-83.3)	.183
Percent FHCP score	72 (68-80)	76 (68-84)	.345
Percent Grand Total score	75.7 (72.3-79.8)	74.7 (70.7-79.5)	.449

Note. CPE: Clinical Practice Environment; CTL: Clinical Teaching and Learning; FHCP: Factors Hindering Clinical Practice; *p* value ≤ .05 ;Data are presented as Median and Interquartile Range (IQR) and compared by Mann-Whitney U-test.

4. DISCUSSION

The current study investigated nursing students' perception of their clinical practice in ICUs. The findings suggested that the majority of students enjoyed their clinical experience in ICUs and perceived it as a good learning opportunity. However, they viewed the intensive care setting as a stressful place for clinical practice. These findings are consistent with other studies describing the experience of undergraduate nursing students in ICUs.^[10,14] The stressful nature of ICU was also perceived by the vast majority of students as a factor that hindered their clinical practice. This is consistent with other previous studies which highlighted the benefits of critical care experience for nursing students but raised some concerns regarding the stressful nature of caring in the ICU, and how this could affect students' clinical learning experience.^[6,15,16] Critical care setting is a complex environment due to caring for critically ill and unstable patients, dealing with advanced technology, performing invasive procedures and sustaining patients' lives.^[17] Therefore, most of the students agreed that fear of making mistakes and the complexity of patients' conditions were factors that hindered their clinical practice in ICUs. This is in line with a Turkish study which reported that students were afraid of causing patients harm during caring in the ICU.^[10] This finding suggests that critical care placement for nursing students is very challenging, and requires effective support system to reduce students' fear and anxiety, and enhance their clinical experience.^[6]

In the current study, a large number of students felt that critical care nurses were neither cooperative nor supportive, and that communication was not effective with demonstrators or critical care nurses. Additionally, more than half of the students believed that lack of critical care staff's support negatively affected their clinical practice. The literature highlighted the challenges facing staff nurses when caring for patients and supervising students simultaneously. One of the challenges is the lack of

time allocated for precepting because of nurses' heavy workload.^[18] To deal with this challenge, Swinny and Brady^[7] suggested involving nursing students in basic patient care activities which will decrease nurses' workload and allow more time for students' clinical teaching and supervision. In the current study, each demonstrator was responsible for supervising from 10 to 12 students. Despite the availability of the demonstrator in one unit, the clinical teaching time for each student was nearly from 20 to 30 minutes which was inadequate to teach students complex procedures and supervise them during providing patient care. These findings are supported by Hansen et al.^[19] who emphasized the need for enough time for mentorship to allow students to integrate new knowledge, skills and attitude in clinical practice. In the current study, we suggest reducing clinical instructors-students ratios in the ICU to 1:6 as recommended by Kelly's^[20] study as a strategy for enhancing students' communication with their mentors and improving clinical supervision. The importance of mentor-student relationship in enhancing nursing competencies, creating supportive learning environment and increasing students' satisfaction with their clinical placement was reported in

previous studies.^[1,2,9,11,21]

Although clinical placement in the ICU allowed students to participate in patients' caring activities, and helped them to develop their clinical skills, more than half of the students felt that the focus of the practice was on documentation rather than on meeting their learning needs. Moreover, most students viewed focusing on documentation as a hindrance for clinical practice. This could be the reason that nearly a quarter of the students felt that the clinical practice hours were inadequate. Documentation is an integral part of staff nurses' work in all health care settings. It is a mean of communicating information about patients' status, and their response to treatment and care.^[22] Hence, accurate documentation is a vital element for safe, quality nursing practice.^[23] Despite the fact that

nursing students feel burdened with the task of documentation, it is an essential skill that they should develop during their clinical placement. A study conducted in Egypt to assess nursing students' perception of safety of critically ill patients reported that 55% of nursing students had poor perception of documentation. The investigators related this finding to the limited training time and students being occupied with patients' care.^[24] As the time allocation for the clinical training is limited, it should be utilized

effectively.^[25]

In accordance with other studies, the students reported a gap between what they taught in classroom and skill lab, and what they experienced in clinical setting.^[26-29] Most students agreed that theory-practice gap affected their clinical training. Theory-practice gap in nursing education has long been an area of concern for teachers and learners,^[28] and initiatives to bridge this gap remain under scrutiny. A study conducted by Saifan et al.^[27] reported many reasons for theory-practice gap in

nursing education. These involve lack of qualifications of the clinical instructors, lack of communication between theory and clinical teachers, poor communication between clinical instructors and students, not considering student individual learning needs, and inappropriate instructor-student ratio. However, this study has a small sample size which limits the generalizability of the findings, but it delivers an overview of the potential reasons of theory-gap practice from nursing students' perspectives. In the current study, we suggest introducing preceptorship model for undergraduate nursing students' critical care practice. Clinical preceptors can be useful in enhancing students' clinical guidance and supervision, facilitating the integration of theoretical knowledge into practice and improving collaboration between clinical placements.^[2]

The current study illustrated that nearly one third of the students did not receive feedback about their clinical performance and this was perceived as a hindrance for clinical practice. This is consistent

with the findings of Shalaby, et al.^[24] In other previous studies, nursing students reported the feedback of clinical teachers as an important attribute for successful clinical practice.^[20,30]

5. cONCLUSION

The results of the current study provide a rounded picture of nursing students' perception of their clinical practice in intensive care setting which can be used as a base for updating and enhancing clinical teaching of critical care nursing course. In general, most students enjoyed their clinical practice in ICUs, however, they faced many challenges which negatively affected their clinical experience. Intensive care setting provides nursing students with a variety of learning opportunities. Hence, to ensure high quality clinical practice in ICUs, it is important to provide students with supportive learning environment that focuses on students' learning needs and enhances collaboration between students, clinical instructors and critical care nursing staff. Preceptorship model for clinical education should be adopted to ensure effective

clinical learning and supervision. Clinical educators should understand the importance of providing feedback to students about their clinical performance and utilizing the clinical hours effectively. Further qualitative research is needed to explore nursing students' experience of clinical practice in ICUs.

Limitations of the study

The participants were nursing students from one Faculty of Nursing in Egypt which may hinder the generalizability of the findings.

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CONFLICTS OF INTEREST DISCLOSURE

No conflict of interest has been declared by the authors.

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Nursing Students Experience in Emergency and Intensive Care in a Reference Hospital

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Abstract

Objective: To report the experiences and activities carried out by nursing students during practical activities in the Intensive Care Unit and Emergency Room at a referral hospital.

Methods and results: This is an experience report of students from the nursing graduation course during the practical activities of

the subjects Integral Attention to Health II, High Complexity module in Emergency and Intensive Care Unit of a reference state hospital in Natal, Rio Grande do Norte, in the period from 18 November to 08 October 2015. The experience provided the students a dimension of the nursing care in the high complexity services. Thus, the results have been described considering the procedures and knowledge used and the concept of this experience to the students in the hospitals.

Conclusion: During the development of the training activities, it is observed an important learning both individually and in groups of students. The progress in achieving the nursing care, the application

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Introduction

Training activities in the nursing course are of great importance for the formation of the

of the clinical reasoning associated with the referenced theoretical basis are increasingly set in carrying out the practice.

Keywords

Nursing Students; Critical Care Nursing; Intensive Care Units; Emergency Medical Services

student. These activities must be carried out throughout the course by the student to consolidate the established abilities, allowing the knowledge, skills, and attitudes for the actions [1].

According to research [2], the internship is where the professional identity of the student is generated, built and described. It aims to the development of an experienced, reflective and critical action and, therefore, it should be planned gradually and systematically.

The nursing graduation of the Federal University of Rio Grande do Norte (UFRN) provides internship opportunities for the students, from basic care to high complexity in referral hospitals in the state of Rio Grande do Norte (RN).

Aiming at the quality of education, the mission of the Nursing course at the Federal University of Rio Grande do Norte – UFRN is to provide training to ensure the nurses expertise, ethics, and politics to work in the work process in Nursing, in all levels of comprehensive health care, with resoluteness, quality, and humanity. According to the Political Pedagogical Project of the course, the Supervised Training is seen as an activity performed in the first year of the course, following the levels of complexity of knowledge and skills developed by the student during the course under the direct supervision of the teacher. The student gets professional experience in real situations of life and works in the community, the basic health care and the outpatient and hospital area [3].

In the subject of Comprehensive Care II, High Complexity module taught in the sixth period of the course, the students learn about nursing care focused on medium and high complexity, with procedures and behaviors taught to watch the critical patient, mainly used in Emergency Care Units (ECU), Emergency Room (ER) and Intensive Care Units (ICU). Given the increased complexity of the issues, it is extremely necessary to practice in these areas.

The implementation of the Nursing Process (NP) requires skills and cognitive, psychomotor and affective abilities, which help to determine the observed phenomenon and its significance [4] to achieve quality in the care given, improved communication between the multidisciplinary team, and assist the needs of each patient with priority, being an extremely important factor in the high complexity services, because it is care of critical patients and critics.

The internships of high complexity give a new vision of assistance to the students with more complex procedures and a need for further theoretical and practical basis on the issues. Presenting the experiences, this article shows an experience of students during practical activities in ICU and ER of a public hospital, a reference in emergency rooms in the state of Rio Grande do Norte [5].

This article aims to report the academic experiences of nursing during the practical activities in the Intensive Care Unit and Emergency Room at a referral hospital to share

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the experiences of the students of the subject.

Methods

This is an experience report by scholars of the sixth period of the undergraduate degree in Nursing during the practical activities of the Comprehensive Health Care II, in the High Complexity module in the Emergency Room and Intensive Care Unit of a State referral hospital of the city of Natal/RN.

The experience reported a text whose social function is to report a lived experience. It is made of contextualized manner, with objectivity and theoretical contribution, bringing significant considerations on the experience [6].

The practical activities were supervised by teachers responsible for training and accompanied by the sector nursing team. As a pocket material notepad, pen, tensiometer, thermometer and stethoscope were used, as well as supplies and equipment from the hospital.

The internships occurred in the period from 18 November to 8 October 2015 and included: analyzing the medical records; physical exam; guidance on care to critically ill patients and some procedures such as nasogastric probing, enteral and bladder, dressings, blood gas analysis, cultures, among others.

Results

The objective of the subject of Comprehensive Health Care II, in the High Complexity module was to stimulate the clinical reasoning to promote care systematized to critically ill patients and a critical, reflective, creative and ethical, developing skills in nursing care in the Intensive Care Unit and in urgent and emergency situations in the Emergency Room and emergency care units [3].

From this perspective, the subject becomes very important for nursing students, since they need

to know to deal with unexpected situations and acquire the skills necessary to provide us the best possible patient care in urgent, emergency and intensive care.

At the first internship, there was the presentation of the hospital's physical structure by the teacher, which established the purpose and functionality of each sector, as well as the contact with the human resources.

The internship in Emergency and ICU did not provide us use acquired knowledge not only on the subject of high complexity, as well as knowledge of previous courses.

There was an opportunity to broaden the experience in various procedures, such as injections with short-term catheter, nasogastric and nasogastric catheters, indwelling catheter and relief dressings for central access, continuous infusion pump handling and multiparameter monitor; but also some new knowledge put into practice, such as collecting blood gas analysis, water balance and participation in endotracheal intubation and Cardiopulmonary Resuscitation.

Both in the ICU and in the ER, the students had the chance to handle the mechanical ventilator, high-tech equipment used in patients with respiratory failure [5]; and also the trolley stop, considering their physical organization, drugs, equipment and equipment in them.

During the activities, the resources available were used, many times limited by being a more cautious and complex care. Also, the practice of emotional self-control was experienced. Also, the students were in direct contact and working multidisciplinary with other health professionals such as physiotherapists, nutritionists, dentists, doctors and nursing staff, obtaining higher learning, and conceptualizing the idea of a multi-professional team. For a teamwork existing, beyond the team spirit they must have mutual respect among professionals to play their role in their area of expertise effectively, combining knowledge, experience, and skills.

The formation of a multidisciplinary team should be based on the patient's needs, based on the unit's objectives [7].

Discussion

The work in the ICU and ER is complex and intense. The nurse should be prepared and watchful for any time to exercise, seeing patients in emergencies, which require specific knowledge and ability to make decisions promptly [8]. They can unite all the knowledge learned and used them in a proper and expeditious manner, the ER and the ICU, allowed a broader view of the Nurse that is expected to end graduation.

Regarding the nursing work process, this experience provided an opportunity to see the role of the nurse when being a manager of a hospital sector and its importance for maintaining the flow of quality of services provided. For a consistent work planning with the characteristics of these units, nurses must consider not only the profile of the patients treated but also other essential elements for the care taking place such as human resources, necessary and available materials and equipment [9].

The ICU is characterized as a closed, and complex unit, with continuous monitoring that hospitalizes patients in hemodynamic instability. It provides support and intensive care, as well as specific equipment and other technologies for the diagnosis and treatment of the patient [10].

The routine of the emergency room is diverse, unlike the ICU that is already based on the predetermined service actions. Also, the turnover of the sector is also different. While in the ICU there are patients hospitalized for some time, in the SP, the patients are admitted, treated and then sent to another specialist sector. The Emergency Nurses are key to the routine sector work, not only for doing emergency care but also effectively acting on the unit's management, organizing the environment to meet the needs of each patient [11] better.

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Over the internships, it is possible to observe that in addition to ability to carry out the procedures and emotional stability to deal with the routine of emergency units, it is necessary also have a broad theoretical basis to perform the function, because the use of vasoactive drugs that usually have a rapid and powerful action, they have a low therapeutic index that should be administered by the hemodynamic and laboratory monitoring [12], apart from the pathophysiology of the patient and even requiring detailed knowledge of the professional equipment.

The nurses who work in emergency units not only work in patients care but also with their treatment, coordinating and leading the nursing staff, and also acting in bureaucratic functions [13]. The systematization and organization of nursing work and the team are of great importance to qualify the assistance, especially when considering all the high complexity, becoming essential the practice of quality efficiency and effectiveness [14].

Emergency units are an important nursing workspace. It was found that the nurse is responsible for performing nursing prescriptions, records and procedures, specific from their category, which is part of the management, administration, organization, and control of the unit [15]. The importance of quality records for effective communication between the team was observed, which is a potentiating factor in the health status of the patients' improvement and quality in care.

Conclusions

The training activities enabled the acquisition of experience of working as a nurse in the emergency units, promoting improved performance as students. Despite the short period, the internships were improving in the academic area.

During the development of training activities, it was observed an important learning in the students both individually and in groups. The progress in achieving the nursing care,

application of clinical reasoning associated with the referenced theoretical basis are increasingly in carrying out the practice.

An important point highlighted is the idea of the student being responsible for the patients under their care in the days of the development of practical activities, concerning with the welfare of all, treating them with respect and dignity. The knowledge shared between teachers and students in the internship contributed positively to the teaching-learning process since it facilitated the exchange of experiences and allowed the inclusion in the current context of vocational training in the area. Furthermore, the internship is also a moment of entering the student in the health reality where many times he is impaired due to lack of professionals, the structure, and materials.

Finally, it is emphasized that there are still barriers to be broken in the internship of practical activities. It is believed that the practice time could be larger, allowing more activities and experience in the context of urgency, emergency, and intensive care.

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