

NURSING INTERNS PERCEPTION REGARDING THEIR ONE-YEAR CLINICAL PRACTICUM

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ABSTRACT**OBJECTIVES**

The objective of this study was to measure experiences of nursing interns in their internship period.

METHODOLOGY

Cross sectional study design was adopted. Total 141 Bachelors of Science in Nursing interns participated in the study from a university hospital. The structured self-administered questionnaire containing items related to organizational commitment, professional commitment, role ambiguity, role overload, workplace support and workplace bullying were used for data collection. SPSS v25.0 was used for analysis.

RESULTS

The mean score of organizational commitment was 3.14, 42% interns showed week commitment. Perceived ambiguity mean was 3.14, 54% reported it negative. The perception of role overload' mean was 3.50, 66% perceived adverse effects. The professional commitment mean score was 3.06, 58% showed low commitment. Overall workplace support mean score was 3.12, colleagues 3.47 and nurse manger's support was 2.31 lowest. Varying frequency of bullying was experienced by 90% interns. Significant difference among gender concerning organizational commitment, workplace support and workplace bullying was found (p-value <0.05). Comparison between three cohorts revealed organizational commitment, role ambiguity, role overload and professional commitment mean score decreased (P-Value < 0.05). While workplace support and bullying score remained consistent.

CONCLUSION

The unclear role, increased workload, perceived bullying and low support could negatively impact professional and organizational commitment. Internship program requires improvement.

KEYWORDS: Experiences, Internship, Nursing Student, Perception, Student-Nurse

INTRODUCTION

It is mandatory for the Bachelor of Science in nursing students to complete one-year internship in the hospital setting. The purpose of this internship is to enable the student's smooth transition to licensed nursing practice. During this period, student's clinical work is supervised by faculty and the clinical nurse managers in hospital. This is an important period when student develop perceptions about the nursing profession. A transition from student life to practicing nurses is challenging and source of anxieties for nursing students within hospital environment. These can negatively influence the learning. Conversely, in the absence of these challenges students could learn and practice confidently. Unmanageable challenges propel nursing students to consider leaving internship, profession or out of nursing workforce that is varied 4-54% across the international studies.¹ Several factors are related to student nurse intention to leave the profession, including an imbalance of effort and reward, high

psychological demands, and higher job strain, which all influence young nurses intention to resign from their nursing careers.² It is also claimed that less than 50% nursing student recommend nursing as career while 25% actively discourage someone to join nursing.³ During this period, the student nurses experience gradual changes in professional status which mimic role stress.⁴ Other researchers have found; lack of confidence, unrealistic expectations, lack of support, and adjustment to shift work.⁵ As a result, interns could leave nursing profession consequently loss of a graduated nurse and increase the burden on existing nursing workforce. This study would bring forth perceptions of nursing interns that propel them to consider or leave nursing profession. The purpose of this study was to determine perceptions of nursing students regarding role ambiguity, role overload, and support and bullying at workplace experienced during one-year post graduation internship program. The student's level of professional and organizational commitment was also evaluated.

METHODOLOGY

Quantitative research approach was used. Analytical cross-sectional research design was adopted. The study was carried out in an international accredited hospital. A total of 150 students were offered to participate in the research. Out of these 141 consented to participate in the study. Nursing student with current sickness and death of relatives were excluded from the study. A structured self-administered questionnaire was used for the data collection. In addition to basic demographic, six scales were adopted for questionnaire construction including organizational commitment scale (OCS), professional commitment scale (PCS) role ambiguity scale (RAS), role overload scale (ROS) bullying and support at workplace.^{6,7} A five-point agreement Likert type scale (1 strongly disagree, 5 strongly agree) was used in OCS 7 items, RAS 6 items, ROS 6 items. While five-point frequency scale (1 never and 5 very often) was used in PCS 10 items, workplace support (WS) 10 items and bullying 1 item, altogether 40 items questionnaire exclusive of demographics. The completed 141 questionnaires were included in the data entry and analysis using SPSS (statistical package for social sciences) version 25.0. The study was review and approved from the institutional review board and ethical committee (Ref: 532-381-2015). Written informed consent was obtained from the study participants. No monetary or any other benefits were offered. Data were collected anonymously to ensure the confidentiality of participants, and questionnaires were kept under lock and data files were password protected. Self-administered technique was used to ensure

participants convenience and comfort. Questionnaires were collected from research participants on subsequent days. Descriptive statistics were applied to obtain the mean scores and standard deviation. The higher mean scores > 3.0 were favorable for OCS, PCS, and WS while low mean scores < 3.0 in RAS, ROS and bullying questionnaire’s subscales. Shapiro-Wilk test was applied to measure data normality; a P-value of > 0.05 was ascertain normality assumption. Based on normality assumption, Mann-Whitney U-test was used to measure difference in the gender group. Post hoc Tukey’s test was applied to determine differences between three cohorts. A P-value of < 0.05 was determined significant.

RESULTS

The questionnaire was distributed among 150 interns; out of these 141 completed questionnaires were entered for data analysis. Out of these, 53% were female and male 47% interns. The organizational commitment’s mean score was 3.15, cumulatively 42% interns disagreed and 50% agreed. The role ambiguity mean score was 3.14, an aggregate of 43% disagreed and 54% agreed. The role overload mean score was 3.50, 66% agreed and 27% disagreed. The professional commitment mean score was 3.06, generally 58% interns reported their professional commitment as never, rarely and sometimes. The mean score of perception of workplace support was 2.67, only 19% reported never, 32% rarely and 21% sometime received the workplace support. (See in Table 1).

Table 1: Descriptive Statistics of 141 Nursing Interns

Scale	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean	SD
Organizational Commitment	10%	32%	09%	34%	16%	03.15	01.29
Role Ambiguity	11%	32%	04%	40%	14%	03.14	01.3
Role Overload	05%	22%	07%	51%	15%	03.50	01.14
Scale	Never	Rarely	Sometimes	Often	Very Often	Mean	SD
Professional Commitment	18%	17%	23%	25%	17%	03.06	01.35
Workplace Support	19%	32%	21%	19%	09%	02.67	01.23

The workplace support was further analyzed and found that only collegial support was high 3.47, while nursing supervisors 2.90, and faculty from college 2.37 support was low and nursing managers support was 2.31 lowest. (See in Figure 1)

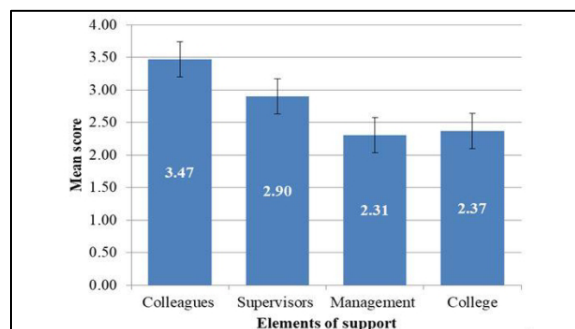


Figure 1: Perceived Workplace Support among Nurse Interns (n=141)

Overall, only 10% nursing interns reported that they were never bullied and other 90% nursing interns experienced bullying to varying frequency ranging government health care setups. Private health care from sometimes to very often consecutively. (See in Figure 2)

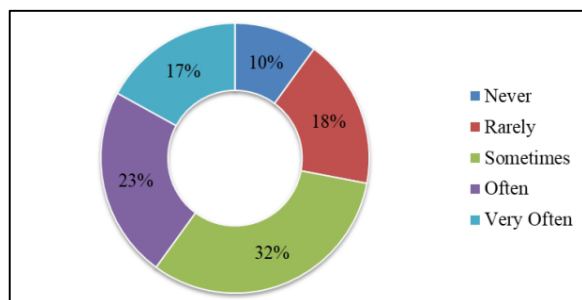


Figure 7: Frequency of Bullying among Nurse-Interns (n=141)

The mean score of female nursing interns were statistically significant higher difference in organizational commitment, (p-value 0.001), role ambiguity (p-value 0.001), role overload (p-value 0.001) workplace support (p-value 0.005) and workplace bullying dimensions (p-value 0.016). (See in Table 2)

Table 2: Differences of Perceived Experiences Concerning Gender of Nurse Interns

Constructs	Gender	Mean	Std. Deviation	Mean Difference	95% Confidence Interval		Sig. (2-tailed)
					Lower	Upper	
Organizational Commitment	Male	03.00	0.55	-0.41	-0.57	-0.26	0.001
	Female	03.41	0.38				
Role Ambiguity	Male	02.95	0.51	-0.46	-0.62	-0.30	0.001
	Female	03.41	0.44				
Role Overload	Male	03.31	0.66	-0.29	-0.46	-0.12	0.001
	Female	03.61	0.36				
Professional Commitment	Male	03.04	0.53	-0.11	-0.29	0.06	0.210
	Female	03.15	0.50				
Workplace Support	Male	02.80	0.81	0.32	0.10	0.55	0.005
	Female	02.48	0.53				
Bullying	Male	02.86	01.19	-0.50	-0.90	-0.10	0.016
	Female	03.35	0.87				

The comparison between three cohorts of interns determined organizational commitment, role ambiguity, role overload and professional commitment

mean score decreased statistically significant between class of 2015 and class of 2017 (P-Value < 0.05). (See in Table – 3).

Table 3: Comparison of Three Groups Regarding their Experiences during Internship

Tukey HSD			Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower	Upper
Organizational Commitment	class of 2015	class of 2016	-0.18	0.09	0.117	-0.39	0.03
		class of 2017	-0.46*	0.10	0.001	-0.70	-0.21
		class of 2016	-0.11	0.09	0.483	-0.33	0.11
Role Ambiguity	class of 2015	class of 2017	-0.50*	0.11	0.001	-0.75	-0.24
		class of 2016	-0.12	0.10	0.410	-0.35	0.11
		class of 2017	-0.34*	0.11	0.006	-0.60	-0.08
Professional Commitment	class of 2015	class of 2016	-0.23	0.10	0.057	-0.46	0.01
		class of 2017	-0.34*	0.11	0.008	-0.60	-0.08
		class of 2016	0.16	0.13	0.412	-0.14	0.47
Workplace Support	class of 2015	class of 2017	0.29	0.15	0.120	-0.06	0.64
		class of 2016	-0.18	0.21	0.691	-0.69	0.33
		class of 2017	-0.50	0.43	0.476	-1.52	0.52

*. The mean difference is significant at the 0.05 level.

DISCUSSION

A one-year internship is a mandatory period after four years of study in Bachelor of Science in Nursing

program. The interns are rotated in different in-patient departments units to develop patient care competencies. Nursing interns do clinical practicum within quartet of bedside nurse, nursing manager and

faculty member. This internship period can be most challenging for nursing interns.³ Student may leave the nursing profession, due to unsatisfactory experience during this period.⁸ The first 3-6 months has the potential to be the most challenging and stressful period of adjustment for registered nurses.⁴ The sudden increase in responsibility and awareness of individual accountability were identified as major reasons for stress among new graduates.⁹ The significant percentage of interns expressed lack of organizational commitment in present study. The commitment was lower among male interns though. Lack of commitment develop usually from stressful working environment. The commitment to an organization is an important factor for staff retention. Within a range of 16-67%, new graduate's stimulated turnover rate and high replacement cost was reported in health care organizations.¹⁰ The higher turnover of staff due to unattached staff negatively affect the operations and quality of an organization. The organizational challenges upsurge with this transition. While, committed staff could be an asset to an organization. More than half of the interns perceived role ambiguity in their practice environment which links with role performance. Role ambiguity, that is, lack of clear consistent information about expected behaviours and responsibilities of new graduates.¹¹ Undistinguishable role performance could create confusion; compromise the learning and safety of patients. The interns with clear duties and responsibilities would learn and perform better in the giving situations. Many interns scored higher in role overload subscale. Role overload is associated with work overload. Generally in low nurse staffing, interns are assigned more patients. As a result, more responsibility is assumed from interns. The increased workload increases the likelihood of errors and decrease confidence of nursing practice. Work overload, also lead to low satisfaction and sources of anxiety and tension.¹⁰ A professional commitment was low among many interns. The staff with low professional commitment either leave or change their job. Whereas, positive sense of professional commitment correlates with satisfying experiences during clinical practice. A medium level of professional commitment was determined among nursing personnel.¹² Nursing interns reported significant lack of workplace support in present study. The elements of support showed higher support from peers but low from immediate supervisors, nurse manager and nursing faculty. Perhaps nursing interns feel comfortable to disclose their incapacities to colleagues. Supportive work environment acts a buffer and reduces stress.¹⁰ A supportive environment facilitates the professional role development. Nursing management should extend their support to nursing

interns as a potential future workforce. Bullying was highly reported to varying degree in present study. This finding is consistent with international study and highlight under reporting of it.¹³ Bullying has a detrimental effect on the performance, morale, confidence and self-esteem. Many professionals do not work under such circumstances which do not foster respect. Study findings revealed that although role overload and role ambiguity was decreased but organizational and professional commitment did not improve over the period of time. Further, issue of bullying and low workplace support remained consistent among the nursing interns. Perhaps for this reason their organizational and professional commitment also did not improve. Nursing students experience high level of bullying.¹⁴ They also had low role perception perceive inappropriate learning environment and unmet clinical support.^{15,16} This in return decrease the professional commitment. A Turkish study indicated that 44.6% nurse interns expressed varying intent to leave the nursing profession.¹⁷ Shortage of nurses around the globe is well known. Attrition from the nursing internship program would further add to the challenge. Therefore, effective strategies are needed to overcome this challenge. A study indicated professional role was significantly associated with effective internship program.¹⁸ This fact is further supported by a systematic review, emphasizing effective internship programs.

LIMITATIONS

The small sample in the study limits generalizability. Study from a single institute is another limitation. Questionnaire subscale, such as bullying may be explored more in-depth with advanced qualitative and/or mixed methods approaches. Correlational research to examine the relationship of satisfaction, experiences, and motivation to continue nursing could be a good prospect.

CONCLUSIONS

Clinical practice during internship is a fragile time where nursing interns could quickly become discouraged as a result of low supportive environment, workplace bullying and work overload. Low organization and professional commitment could pose brain drain challenge to the nursing profession. An effective internship program is recommended in close collaboration with key stakeholders.

CONFLICT OF INTEREST: None

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CONTRIBUTORS

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2. **Tamoor Gill** - Data Acquisition; Data Analysis/Interpretation; Drafting Manuscript
3. **Saleem Khan** - Data Acquisition; Drafting Manuscript



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