FIRST HOSPITAL CURRICULAR PRACTICE OF NURSING STUDENTS DESCRIBED ON AN ONLINE FORUM

Débora Marie da Silva Bonmann*  
Ana Luisa Petersen Cogo**

ABSTRACT
This study aimed to know the experiences of undergraduate nursing students’ in its first hospital practice in care provided to adults through an online forum. It is an exploratory and documentary research with a qualitative approach performed in the program above mentioned in a public university. The data consisted of 210 records posted in the virtual learning environment produced by 52 students of the course Fundamentals of Human Care III, 2010/2. The data were collected by downloading the material posted and subsequently analyzed using the technique of thematic content analysis. The themes identified were: feelings experienced in the first hospital practice; accounts of the teaching-learning process; and students’ interactions with colleagues and patients. The online forum proved to be a resource that enables expressing the experiences about the students’ curricular practices, providing the exchange of points of view between colleagues and the follow-up of teachers on the learning process.

Keywords: Nursing, Education, Nursing, Educational Technology, Students, Nursing.

INTRODUCTION
The first curricular hospital practices are fundamental and important for the training of future professional nurses. Students are often eager to start this new stage of the nursing program, since until that time they have not provided nursing care in hospitals, because the courses are theoretical and instrumental. Their desire is to perform nursing procedures and techniques they have learned, to get to know the nurses’ work environment, and interact with patients. However, there is the fear of how they will be received by the health teams and by patients and their family members (1, 2). In this way, the teachers should create opportunities for the students to report their experiences in order to follow-up the learning process and elaborate strategies to assist the students in the face of doubts, anxieties, expectations and disappointments.

One of the teaching strategies available in virtual environments, which can assist in communication between students and teachers, are e-mail discussion lists and online forums, which allow receiving and sending textual information in asynchronous time (different times between sending and receiving messages) (3, 4). These online tools are considered important for building students’ autonomy, since they can express their opinion on the topics under discussion and, at the same time, these tools are easy to access and attractive. In addition, students lose a bit of shyness to expose their opinions, because the contact is indirect (5, 6). The use of this strategy is feasible, because undergraduate students increasingly tend to be into virtual environments, which facilitates access and enables greater participation in the activities proposed. In addition, forums are available in most virtual learning environments, ensuring the privacy of participants.

Discussion forums, as the one used in this study, allow communication, discussions and interaction among large groups and the information remains in the virtual environment with the right to free access of participants for visualization and express opinions at any time (7). Studies claim that, for the interaction to be effective, moderators are necessary because they can clarify questions about access and the topics discussed, and they can also help in the interaction and motivation of the participants in the discussions (8). Active participation in discussions, which is a characteristic of the

---

*Nurse. Ex-colleger PIBIC-CNPq, Universidade Federal do Rio Grande do Sul. Member of the Group of Studies and Research in Nursing, Education and Technologies. E-mail: deborabonmann89@gmail.com
**Nurse. PhD in Nursing. Adjunct Professor, Escola de Enfermagem, Universidade Federal do Rio Grande do Sul. Leader of the Group of Studies and Research in Nursing, Education and Technologies. E-mail: analuisa@enf.ufrgs.br
constructivist/interactionist referential, is one of the positive aspects of the forums. However, for that to occur, there is a need for skilled mediators, not only in the use of technologies, but aware of the themes addressed.

The forum on Moodle (a virtual learning environment) has been used as a space for the reports on 'field diaries' of students attending the fourth stage of the nursing program since 2009, which replaced the written record that was not often carried out. This way, the motivation of this study arose in order to identify the themes referred to in the first experiences of students in curricular hospital practices recorded in the forum online. This virtual communicational space reflects the feelings experienced by the undergraduate students in an important stage of nursing education, and it can support teachers to develop guidelines and specific actions, minimizing the concerns caused in this learning stage. The experiences brought by them can promote improvements in teaching quality, in addition to incorporate and spread the use of educational technologies.

This study aimed to know the experiences of undergraduate nursing students' in its first hospital practice in care provided to adults through an online forum.

**METHOD**

This is an exploratory and documentary study with a qualitative approach. The research was carried out in a public university that offers an undergraduate nursing program in nine stages. The course Fundamentals of Human Care III, developed in the fourth stage of the program, was attended by 52 students enrolled in the second half of 2010, distributed in groups with approximately seven students each. After theoretical and practical classes at the teaching laboratory, these groups performed curricular practices in care provided to adults and children in hospital for approximately four weeks. The virtual learning environment Moodle is used for supporting practical activities through the following tools: Forum; Glossary; Tasks Assignment; and Wiki, in addition to make materials related to the course available. In this study, we used only the tool Forum and were analyzed the 210 records produced by 52 students during the four weeks of curricular practice in the area of adults care, with at least four records for each one.

The data were collected by downloading the material posted and it was subsequently stored in digital format. Then, we performed the codification of the records identifying them as student 1, student 2, and so on, ensuring the privacy of the authors of the messages. In addition, we denominated the curricular practice weeks to which the reports referred to, as first, second, third and fourth week.

The data were analyzed through thematic content analysis, which consisted of investigating the themes present on the online forum observing the pre-analysis, the material exploration and the data organization. We used the NVivo 10 software in order to process the data and performed the grouping by themes, allowing the subsequent inference and interpretation of data.

With respect to the ethical aspects, this project was approved by the Research Committee of Nursing School and by the Ethic Research Committee of Federal University of Rio Grande do Sul (registry number 157,402). The researchers drew up and signed an Informed Consent Form for using the data and the Director of Nursing School signed the letter of sponsorship from the responsible for the database in order to ensure the privacy and confidentiality of the data used on Moodle virtual environment, preserving the anonymity of the participants. These data will only be used in this research and subsequently archived for five years, time after which the material will be destroyed.

**RESULTS AND DISCUSSION**

By analyzing the content of the posts on the online forum, we identified three themes called: 1) Feelings reported by the students in the first hospital practice; 2) Reports on the teaching and learning process; and 3) Students' interactions with colleagues and patients. These topics will be presented below.

Feelings reported by the students in the first hospital practice
The feelings reported during the first two weeks of curricular practices are mostly related to nursing procedures. The expectation of students was large, which generated frustration by the lack of skills to carry out these procedures, as reported below:

[...] on Tuesday, with the advice of the teacher, I tried, without success, the first time I had to pass a relief vesical probe. I was a little frustrated and I shouldn't be. [...] (Student 14).

The frustration caused by failure to carry out a procedure is associated with anxiety and fear, both triggered by the start of hospitalar practices. However, the reception of patients and the support provided by the teachers minimized the insecurity, as mentioned:

[...] On the second day, our first procedures started (performed or watched), I had the opportunity to pass my first relief probe, I had butterflies in my stomach, but it was all right, the patient collaborated a lot and the teacher gave me security!! [...] (Student 24).

Anxiety and frustration, as reported in another study, are feelings especially originated when the students did not correspond to the expectations of the patients or the working group and also due to excessive demands in the training process. This way, we highlight the key role of the teachers, who must identify these situations and act in order to enhance learning and minimize the stress of students.

In the first weeks of curricular practice, when the student began to provide care to patients on their own, they reported the nervousness caused by this responsibility. They tried not to show insecurity, as can be observed in the following statement:

[...] On the third day, each of us was with a patient, and one of the colleagues was the 'supervisor'... Actually, that was the day in which I was most nervous compared to all practices that I've had, I tried not to show it, but it was hard... [...] (Student 34).

Studies show that a form through which students can overcome insecurity and nervousness is assuming an empathetic and compassionate behavior, and establishing good communication with patients. The incentives to learning provided by teachers or nurses, as well as their presence in practical fields, demonstrating interest in the students' problems and doubts, are essential for supporting students (13,14).

In the statements of the third and fourth weeks, there was a behavior change, in which there was an exchange of feelings of distress in the face of difficulties regarding the performance of nursing care, for the acquisition of skills and safety, with consequent satisfaction, as reported below:

[...] In the third week, we continued performing the activities already carried out in the first weeks, such as dressings, passage of vesical probes and administration of medicines for parenteral and enteral routes, but with greater security when carrying out the procedures and linking theory with practice. [...] (Student 25).

[...] even though we all have been super tired, I believe that even so we left happy and well because we helped people who needed our help. [...] (Student 10).

Complexity increases during curricular practice and students gradually assume more responsibilities, such as:

[...] This week was quite interesting; I performed several procedures, including dressings and vesical probes. Procedures, which made me afraid and I feared how it would be; however patients were collaborative. In the end, I managed to accomplish them, I believe that I did it correctly. [...] (Student 22).

[...] On Wednesday, I ended up with two patients, and although the two were quiet patients, the responsibility is much higher, because I had to check medicines and procedures to be made much more times, afraid to do some change. [...] (Student 15).

As mentioned in the statements on the online forum, the students need supervisors/teachers' support by showing nursing care associating the theory to practice and, above all, by being an example of ethical caregiver, establishing a proper relationship with the patients and other health professionals. Other studies have reported that during the first compulsory practices, it is common that nursing students have uncertainties, which affects their self-confidence and make them to seem unprepared, surprised, having doubts about what to do and how to behave in certain situations, in addition to be total dependent on the teachers (15). The fact that
the students progressively take more responsibilities with supervision is necessary so that they can build autonomy.

During the four weeks of curricular practice, activities lasting two days were carried out in the hospital's emergency unit. The expectation of this visit to the emergency unit was seen by students as an opportunity to carry out more procedures in comparison to what they would have to perform in an inpatient unit, as described below:

 [...] This was the week I most expected, because I had a great desire to know the emergency unit. When we got there, I even had butterflies in my stomach, but later I calmed down and performed some procedures that were emerging. [...] (Student 20).

However, some students reported the impact that going to the emergency department caused by finding the overcrowding making patient care difficult. In these reports, the students confirmed that the health system is little efficient and care provided to critically ill patients is a constant:

 [...] It was a very good anxiety, full of expectations and even utopias, raising the emergency unit as a perfect place to work ... My feeling was not reciprocated ... It was not patients, professionals, colleagues' fault, and much less the teacher's, but mine. Fault of who expected too long and saw too less. I didn't want people dying, but I wanted more from that place called emergency unit. I may be judging wrongly, but I think I am getting to understand better the overcrowding of hospitals and "solitude" of basic health units. [...] (Student 16).

The emergency department generates stress, tiredness, exhaustion and frustration in the daily work of professionals and students due to the accumulation of functions, bureaucratic and care activities, in addition to the limitations of time and infrastructure to perform them\(^{16}\). The confrontation with the reality of care provided in these services was impressive and led to reflections on the healthcare of the population after knowing another reality.

**Reports on the teaching and learning processes**

In the first weeks of hospital curricular activities, the nursing students described the routines of the units as discoveries of a new dynamic and the space that they were occupying:

Hospital practices began at 8 o'clock, we talked about how the next weeks would be, we knew the folders and where we should seek the necessary information for the progress of the morning. [...] (Student 2).

The reports on the procedures performed during the four weeks of curricular practices is a subject constantly present in all the statements, enforcing the focus of the course on the development of technical practices, as shown below:

 [...] In the morning I attended a pleurotomy dressing (extraction of a piece of the lung because of an infection) and provided care to a patient accompanied by some colleagues, we bathed the patient in the shower, cleaned the colostomy bag, and gave signs and medication. (Student 3).

The students of the first years of the undergraduate nursing program reported that they develop communication, observation, writing and initiatives skills, in addition to conducting interviews; and as the course progresses, they highlight the performance of nursing procedures\(^{17}\). It can be observed that performing becomes one of the greatest students' expectations and that this generates anxiety.

At the beginning of the curricular practices, the students describe their first impressions about the profession; they reflect on health and sicknesses, in addition to analyze how nursing fits in this process:

It's like being in a new, different world... It really is the beginning of our training. Dealing the fragile human being awakens what is best in us. It is not difficult to understand how much we are fragile and transitory. [...] (Student 16).

 [...] It was only my first week of training of the many still to come, and I leave with the lesson that the problem in life is not the hair's bad mood towards you, the bag not matching with the clothes or that our 'darling' has not called; the problem in life is not having health. [...] (Student 12).

The first curricular practice for nursing students interviewed was a time for meeting the reality of health in Brazil. This approach provides the student meaningful learning and the development of skills and attitudes regarding
everyday problems\(^{(17)}\). Frequently, this contact impacts the students, but the knowledge of practices provides reflection and critical performing. On the online forum, the students reported the desire to deal with the conflicting situations; however, they still did not know how to do it.

In several passages, students refer to their relationship with the teachers. Teachers' support brings greater confidence and security to carry out activities of curricular practices:

\[\ldots\] it's very interesting to see how the teacher works, she is a 'huge' example for us, I can feel that she really cares about all there... and she knows a lot... in addition to ensure safety by the way she talks to us... [\ldots] (Student 34).

This way, the teachers and the supervisors play a key role in the practice fields by promoting protection and security, not only for students, but patients\(^{(14)}\). Through the online forum reports, we observed that although the students liked to feel autonomous at the time of performing the practical activities, they needed to rely on a professional supporting and supervising them.

**Students' interactions with colleagues and patients**

Support among colleagues is essential at this stage of curricular practices:

\[\ldots\] I would like to thank my colleague for the partnership and my applause for the entire group for the commitment, spontaneity, fears shown, but mainly for seriousness and maturity provided in each procedure. (Student 44).

The good relationship with colleagues, cooperation, friendship and the links established are reasons to improve the students' performances\(^{(18)}\). The relationship with the colleague was important for the exchange of experiences and the online forum was the space found for the interactions within and between the groups. The student realized that the colleague also had difficulties and similar experiences, and that could be of help through the messages. The online forum also became a tool for students in order to approach other colleagues with whom they had no previous links, because regardless of the friendship level all had access to the information posted and thus, they were able to share readings and/or write their feelings and experiences.

The bond that students create with the patients is considered an aid to improve the care provided:

\[\ldots\] On that day I was with the same patient of the previous day. It was easier, because I knew the 'shortcuts' to provide care to this patient, so I was able to give more attention and we talked for longer. [\ldots] (Student 18).

In case of patients' deaths, there were different reactions on the part of the students, according to the relationships they had established with the patients:

Upon arriving in the unit we knew that one of the patients had died the night before. I thought I was going to be more shocked by the situation, but I was surprised to find that was a normal situation, maybe because I had not had contact with the patient. [\ldots] (Student 19).

\[\ldots\] Almost at noon, with only the vital signs to look at. My colleague seeks to feel the pulse, she doesn't find it, she asks my assistance, I don't find it either. I touch the chest, I don't feel movement of the thorax. I go to the nursing unit where I find the teacher: "I think my patient is not breathing". Teacher, technician, nurse, go to the room. We are not allowed to enter again. The guy died. It was the third patient of my life and my first death. I froze up, very strong emotions for a Monday morning. I cried. I was down during the rest of the day. At night I even dreamed about the patient. (Student 21).

Care provided to patients awakes emotions that will influence the practice of students. The impact of care provided to patients who die can cause different reactions on the part of the students\(^{(15,19)}\). Insomnia, nightmares and crying may occur by incomprehension of death and unpreparedness to provide information to family members or prepare the dead body, which intensify when students have an emotional involvement with patients in serious illness\(^{(19,20)}\). Students, who experienced situations in which patients died, also reported emotional conflicts on the online forum, such as unrest and constant thought about the death witnessed. These reports demonstrate that there is a need for greater preparedness during educational training in order to deal with pain, suffering and death.

**FINAL CONSIDERATIONS**
This study showed that the online forum is a tool that enables the report of students’ experiences during the practical activities—which are not often reported in person—providing the exchange of points of view among students and also enables teachers to monitor the learning process.

We identified that in the first hospital practices the concern is related to the opportunity to successfully perform nursing procedures. However, the reality of healthcare with poor working conditions and the suffering of patients trigger an early reflection on the meaning of caring. The support provided by teachers, colleagues and patients is essential for the students to overcome the barriers of anxiety, fear and frustration.

The knowledge of the experiences described by nursing students in their first hospital practice in the area of care provided to adults contributes to educational practices and its importance in undergraduate programs stands out. The challenge is to overcome the anxiety of the students while performing procedures with regard to the reflection on the integral care provided to patients.

As a continuation of this study, the follow-up of nursing students throughout the program is recommended, characterizing discoveries and difficulties encountered by them. Similarly, initiatives to use digital educational technologies, such as online forums in nursing education, should be stimulated.

**REFERENCES**


2. Ramirez AV, Angelo M, Gonzáles LAM. Vivencia de estudiantes de enfermería de la transición a la práctica

Corresponding author: Ana Luísa P Cogo. Rua São Manoel, 963. CEP: 90620-110. Porto Alegre/RS

Submitted: 10/04/2013
Accepted: 01/07/2013