STUDENT NURSES' LIVED EXPERIENCE DURING INITIAL EXPOSURE TO CLINICAL PRACTICE: A PHENOMENOLOGICAL HERMENEUTIC STUDY

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ABSTRACT

Clinical nursing practice learning constitutes a central part of nursing education. Student nurses may experience problems and difficulties during their initial clinical exposure, therefore the aim of the current study was to explore in depth and interpret the lived experience of student nurses during initial clinical practice. A hermeneutic qualitative research design was used with purposive sample of 12 participants; 7 females and 5 males. Data were collected through semi structured interview using digital voice recording. Six themes were emerged from the data analysis as follows: patient related concerns; clinical reality shock; faculty related stressors; ward nurses' issues; peer influence; and students' coping. The study concluded that the initial clinical practice as explored by the study participants were negative and un-satisfactory experience. The study highlights the need to reform clinical teaching strategy and convey the necessity for creating innovative models for clinical education especially during the initial clinical practice.

KEYWORDS: *Student Nurses- Initial Clinical Practice-Phenomenology-Hermeneutic*

INTRODUCTION

Nursing is a practice-based profession, as a part of nursing education, the student nurses are required to join in both the classroom and the clinical practice setting. In the classroom setting, student nurses learn about concepts and theories that are applicable to the practice of nursing, while in clinical practice setting, they apply knowledge that have learned in the classroom to actual patients in various clinical situations. The overall objective of clinical practice is to provide student nurses with meaningful learning opportunities to ensure that upon completion of the nursing educational program, the graduate nurses will be able to work independently and to nurse efficiently (Mabuda, Potigieter, & Alberts, 2008).

Student nurses' clinical experience is an integral part of the nursing profession. In fact, the clinical practice is of great importance for student nurses in the selection or rejection of nursing as a profession as emphasized by Jamshidi, Molazem, Sharif, Torabizadeh, & Kalyani, 2016 in their study of the challenges of nursing students in the clinical learning environment. Actually, in clinical practice, student nurses learn how to apply nursing knowledge; nursing skills; communication and professionalization; and prepare themselves for future practice (Bigdeli et al., 2015). Moreover, in clinical practice, student nurses are exposed to a variety of clinical situations that enable them to communicate and interact with patients and their families; learn from the healthcare teams; achieve skill competence;

acquire the ability to deal with the complex nature of competing needs through fostering problem solving and decision making skills; and develop legal and ethical morale as mentioned in the qualitative study of Inyama, Williams, & McCauley, 2014.

Although clinical practice is a significant and essential part of a student nurses' education, exposure to clinical practice could be either a negative or positive experience for student nurses. Moreover, it can also be a source of significant stress and anxiety for student nurses, especially the initial clinical practice (Mlek, 2011). Smyth & Long (2013) indicated that the first year student nurses, face a lot of anxiety producing and stressful experiences when they are exposed to the clinical practice learning environment. Various factors related to teachers, patients, hospital staff, peer group and those related to oneself may influence the quality of their initial clinical training.

On the other hand, Toit (2013), in his qualitative study about nursing students' exposure to the clinical learning environment and its influence on their specialization choice, concluded that student nurses identified a positive unit atmosphere as important for enhancing their clinical training. Positive and supportive clinical environment impact also highlighted in the study of Siew Yen, 2012, he asserted that a negative clinical environment has a negative and sometimes long lasting impact on student nurses' attitude to these specific environments.

Obviously initial clinical experience can shape future attitudes to caring. However, many students experience problems and difficulties during their initial clinical practice. These problems may lead to their failure to learn and even rejection of the nursing profession as a whole (Coyne & Needham, 2012). Understanding student nurses' experiences and the challenges they are faced with during initial clinical practice from their perspectives is of great importance in identifying the kind of support that student nurses, especially novice ones require in order to cope and to be able to learn. Accordingly, exploring the student nurses experience during initial clinical practice could be beneficial to all involved in student nurses clinical teaching and learning process.

Aim of the Study

The aim of the current study was to explore in depth and interpret the lived experience of student nurses during their initial clinical practice.

Research Question

" What is the experience of student nurses during their initial clinical practice?"

METHODS

Research Design

A qualitative research design using the hermeneutic phenomenological approach was used to explore, describe, and interpret the lived experience of the second year; second semester medical surgical nursing students during their initial exposure to clinical practice. This approach allows for in-depth understanding of the learning experiences from the participant student nurses' frame of reference which would provide a much needed insight to the world of a student nurse. On the other hand, hermeneutics adds the interpretive element to explicate meanings and assumptions in the participants' texts that participants themselves may have difficulty in articulating (Sloan, & Bowe, 2014; Friesen, Henriksson, & Saevi, 2012).

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Participants

A total of 12 student nurses (5 males and 7 females) constituted the study sample. Requirements for potential participants were that they should be: (a) the second level student nurses, (b) successfully passed the Medical Surgical Nursing 1 Course, and (c) registered in the second semester Medical Surgical Nursing 2 Course. In addition, the following exclusion criteria were established: (a) technical institute student nurses who joined the faculty of nursing, (b) student nurses who are repeating the course, and (c) foreign (different nationality) student nurses.

Setting

The current study was conducted at the Faculty of Nursing, Medical Surgical Nursing Department. The average number of students that enroll to the department are approximately 300 students per year.

Tools of Data Collection

The data were collected using the following tools: (a) Personal Background Information Form which was designed by the research investigator and included data such as: student's age, gender, marital status, place of residence, high school diploma scores, etc, (b) Face to face open-ended guided, semi-structured interviews using digital voice recording, and (c) Field notes to record participants' facial expression, gesture, tone of voice, etc. while collecting data.

Procedure for Data Collection

Once permission was granted to proceed with the proposed study, the research investigator preceded with the data collection. Student nurses who met the inclusion criteria of the study were recruited. Direct face to face contact was initiated through individual interviews; every participant was interviewed individually three times; interviews were conducted in the native language of the participants. The first individual interview session concentrated upon verbal explanation of the nature and purpose of the study as well as signing written informed consent for voluntary participation and using the digital voice recording.

Interviews were conducted on the available quiet places, and were away from the offices of faculty members to ensure full cooperation of the participants as well as to protect anonymity and confidentiality. The second interview started with ice breaking questions such as: what was your background about nursing? Why did you choose nursing? Following this, the research investigator continued with the study main questions. During the interview sessions, the research investigator uses minimal probes to help participants to concentrate; and monitor the effect of the interview on the participants. The third interview started with summarizing the previous information that was attained and continued with the remaining related questions. By the end of third interview the research investigator informed each participant that they will be contacted after the completion of data analysis to review the data interpretation (member check).

Rigor / Trustworthiness of Data

Trustworthiness of data analysis was assured using the following mechanisms: all the participants passed through the same questions; prolonged engagement with the participants to obtain more in-depth data; participants were interviewed to the point of saturation; large sample was used; participants feedback; thick description of the methodology and the data analysis process; actual quotations from the participants to allow the reader to judge the researcher investigator's interpretation; findings were compared and contrasted with existing relevant literature and researches;

and finally all interview materials, transcriptions, documents, findings, and recommendations were kept available for the purpose of conducting an audit trial.

Ethical Considerations

All participants were provided with information sheets detailing the aim of the study and the study process; they were also given the opportunity to ask questions about the research; and were fully assured that they could withdraw from the study at any time without any negative consequences. Participant informed consent was obtained prior to commencement of data collection. Anonymity and confidentiality of personal recorded data were assured through coding as well as keeping the recorded tapes in a safe locked place. Participants were also assured that their personal data will not be used for other research purposes without their permission.

Data Analysis

The data analysis for the current study comprised three phases as follows: (a) Immersion phase**:** in which, transcript data were read many times using different reading strategies with the purpose of gaining a general impression of their content and sustains engaging with the transcript texts. In this phase, the research investigator also listened repeatedly to the audio recording of the interviews in order to assure consistency of the transcripts; (b) Structural analysis phase: during this phase the texts was coded to identify constructs and meaning units which brought together and grouped into themes and subthemes. This phase involved continuous moving back and forth between the literature, the research texts and the earlier analysis; moving from parts to whole following the process informed by the hermeneutic circle; and (c) Interpretation phase**:** which involved reflection and critique by the researcher, through critical debate of the themes along with a final review of the literature for key developments that could impact on or increase understanding of the phenomenon.

RESULTS

Profile of the Participants

All participants of the current study were second year, second semester medical surgical students at the Faculty of Nursing. Participants were 12 single student nurses, 7 females and 5 males. Participants' age ranged between 20 and 23 years. Ten participants are from rural area and all are living in the university hostel. All of them graduated from national governmental schools. Furthermore, participants' grades in secondary school ranged between 87% and 94%. Through the interviews, the research investigator noticed that most of the studied participants were not planning to join nursing career before. Only two participants were interested in nursing and had relatives working in nursing profession.

Table 1 represents the themes and subthemes related to initial clinical practice experiences among the studied participants.

Table 1: Themes and Subthemes

Themes	Subthemes
Patient Related Concerns	Age and Gender Factors Unanticipated Patient Responses Dreading the patients' condition Concerns about Harming Patients
Clinical Reality Shock	Resource Constrains Theory- Practice Gap Long Pointless Clinical Hours
Faculty Related Stressors	High Clinical Demands Stress of being Watched & Evaluated Intimidating Faculty Behavior Insufficient Clinical Preparation
Ward Nurses Issues	Lack of Cooperation and Discrimination Devaluing Students' work
Peer Influence	Support and Team Spirit Positive & Negative Effects
Students' Coping	Problem-Focused Mechanism Emotion-Focused Mechanism Seeking Social Support

Theme 1: Patient Related Concerns

Age and Gender Factors

Participants 1, 2, 3, 4, 5, 9 & 11:

"I feel worried, dealing with men in general.... I couldn't talk to them, I couldn't, I used to stay aside...., Basically, I do not know how to deal with men. I do not feel comfortable dealing with them....,.... female patients I try to stay away from them.... Female patients are more cooperative than males.... especially elderly ones, talking with them is easy.... young people do not want to talk "

Unanticipated Patient Responses

Participants 1, 2, 3, 9, 10, 11 & 12:

" I was expecting that they (patients) will be more responding to us. On contrary.... they refused dealing with us...., The impression was that dealing with the patient will be easy. Not all them of course, some patients treat us well, others do not...., Some patients refused dealing with me. Others, when they know that we are students they do not want to deal with us.

Dreading the Patients' Condition

Participants 1, 2, 7, 8, 9, 10 &11:

"What scared me in the first day that there was a case of cardiac arrest...., It was difficult to see cases that were very devastating in the first time I went down there (hospital)....,.... my fear was because of the spreading of diseases and the cases having viruses or any other infection that may cause me harm, therefore I was scared."

Concerns about Harming Patients

Participants 1, 2, 3, 6, 7, 8, 11 &12:

"…. I was afraid to puncture the patient and cause him pain....,.... one may do something wrong and get afraid to

harm the patient."

Theme 2: Clinical Reality Shock

Resource Constrains

Participants 1, 2, 3, 4, 5, 6, 8, 10, 11 & 12:

"….what I didn't find is the equipment. This was really frustrating...., when it comes to equipment existing down there (hospital), there is nothing whatsoever. No available equipment, none....,.... they do not have the facilities that will help to do what we have learned. Equipment does not exist..."

Theory -Practice Gap

Participants 2, 3, 4, 6 & 11:

"…. not all the knowledge I studied in theory I can go there (hospital) and apply it....,.... There are things we learned that is not applied down there (hospital)...., What you see is not what you have learned...., "

Long Pointless Clinical Hours

Participants 3, 5, 7, 9, 10, & 11:

"I just have a question, why six hours for clinical practice? Six hours are exhausting for the students...., All what we do was to fill up papers,.... six hours in clinical is too much. One becomes unable to stand."

Theme 3: Faculty Related Stressors

High Clinical Demands

Participants 1, 2, 3, 5, 7 & 10:

"Doctors (clinical instructors) ask us about things that beyond our level. The doctor (clinical instructor) says, "I want the student as a computer, I turn it on, and brings me the knowledge"....,.... you should answer straight away...., ….they think of us as if we are Brunner Textbook standing right in front of them......The doctor (clinical instructor) asks for written work. they wants it the minute it was requested....."

Stress of being Watched & Evaluated

Participants 1, 2, 4, 5, 7, 8, 9 & 12:

"….I used to be worried, for example about the doctor (clinical instructor) coming to ask and I don't know how to answer. Most of the doctors (clinical instructor) tell us if you do not, you will have a poor evaluation...., The doctor (clinical instructor) walks around with notebook writing in it all time....,.... constant stress. I feel that we are watched and evaluated all the time."

Intimidating Faculty Behavior

Participants 3, 4, 5, 7, 8, 9, 10, 11 & 12:

"The first time we went down there (hospital), doctor (clinical instructor) scolded me right in front of the patient...., There is a lot of scolding from the doctor (clinical instructor): you don't study, you are going to fail the area....,.... Every time I open my mouth to say something, he tells me I'm wrong....."

Insufficient Clinical Preparations

Participants 4, 7, 8, 9 & 11:

"We have learned limited things,.... When we were going down there (hospital), we didn't know anything. We didn't know what we will be doing. The doctors didn't give us any clues…..,.....we were trying these on the manikin, we need to be trained more. We spend only two days on orientation....,..... the biggest shock was that I am not going there (hospital) to insert cannula and withdraw blood. I suppose to do many other things."

Theme 4: Ward Nurses Issues

Lack of Cooperation and Discrimination

Participants 2, 3, 4, 7, 9 & 12:

"…..the way they (nurses) treat us, if medical student want to use the study room, they open it up but if we want it, no.... A big difference in the way they treat us...., Nurses who are present in the hospital treat us badly...., the way of dealing with us was not fair at all. They should be cooperative, but it was the opposite."

Devaluing Students Work

Participants 2, 3, 6, 11 &12:

"Those nurses down there (hospital), they said you are still a student. They may say who are you, student!. I have been working for so many years and you …a student are coming here to correct me...., They see us as if we are coming to joke not to work....,....some of the nurses tell us no matter what ? you are just a student. "

Theme 5: Peer Influence

Support and Team spirit

Participants 1, 2, 3, 5, 9 &11:

"We help each other....,....we help each other and we stand by each other very well...., colleagues give us great support...."

Positive and Negative Effects

Participants 1, 2, 4, 6, 10 &12:

"When my colleagues doing something right, I got encouraged and try to do the same.... sometimes, the pressure put on me from my colleagues, when I do something wrong, he says "this is wrong" he says "No, you did it wrong … you didn't do that" in front of patient….When I see how colleague talks, I feel jealous and started to move on and deal with the patient and talk like him"

Theme 6: Students' Coping

Problem Focused Mechanism

Participants 1, 2, 4, 6, 9, 10 & 12:

"Every time I try to overcome the fear inside me. for example...., I went out for training in hospitals without financial payment, as I want to practice with my own hands....,..... I used to wake up early, and then come to clinical. I used to pressurize myself and watch educational videos in the You Tube."

Emotion Focused Mechanism

Participants 1, 3, 5, 7, 8 & 9:

"…..down there (hospital) I avoid the nurses that are not good, I stay away from them...., I postponed study for whole year as I was not able to do neither the plan nor the daily record for the patient...., I totally avoid the situation. I don't let anything overrun my mind, good or bad...."

Seeking Social Support

Participants 4, 10 & 11:

" my mother is always telling me this is your work and your future. She keeps making the faculty and studying plausible to me...., my father helps and shares his experiences...., I used to go to my father and my mother and they are the ones who advice and encourage me."

DISCUSSIONS

Age and gender factors; unanticipated patient responses; dreading the patients' condition; and concerns about harming patients were the main subthemes that emerged from patient related concern theme. Actually, participants declared some difficulties in dealing with different gender and age group patients. Moreover, all participants agreed that female patients were more cooperative and expressive than male patients. Regarding to patient's age, all participant felt more comfortable dealing with old age patients. The finding related to gender is not addressed by other researches.

Participants reported that some patients were not cooperative with them, while others were nervous, and some refused even to talk or answering their questions especially when realized that they are students. That issue announced by the participants as a disappointed, unexpected, and stressful. These findings are congruent with Shoqirat & Abu-Qamar, 2012 and Deepa, & Kandasamy, 2013 in their qualitative researches, they considered patient response as one of the main factor that limit the training opportunity, specifically, when patients did not like student to get involved in delivering care to them primarily because they are students.

Moreover, participants admitted their fear and anxiety from being infected from patients. They addressed also their fear and stress related to being assigned to critically ill patients in the beginning of the clinical practice. They further mentioned two main reasons for their fear: first, fear from contacting any infectious diseases and second feeling helpless when working with critically ill patients. This finding is analogues to the view of the participants in the study of Deepa & Kandasamy, 2013 who reported that caring of dependent patients or high acuity patients was another factor to be anxiety producing during initial clinical practice. This finding is harmonious also with Charalambous & Kaite, 2013 they reported that their participants explored feeling stressed when taking care of very sick and medically unstable patients.

The last identified subtheme related to patients that expressed by the participants is their fear and concern relating to inducing harm to the patient which made them anxious and hesitant to perform any procedure. This finding is symmetric with Melincavge, 2008 who revealed that the one of the anxiety related factor reported by their participants were being worried and concerned about causing pain to the patient when performing certain skills.

Clinical placement environment was another concern of the study participants as they reflected on the effect of

clinical environment on their practice learning. Three subthemes were merged: resource constraints; theory-practice gap; and long pointless clinical hours. All participants expressed frustration due to unanticipated lack or even absent of the supplies and equipment that they need to apply the learnt skills and to provide quality patient care. This finding is in agreement with Siew Yen, 2012 and Bigdeli et al, 2015 findings that inadequate equipment negatively affects the learning opportunity for students and causing students' frustration and dissatisfaction with clinical practice.

Theory- practice gap and discrepancy between what was learnt in the class, trained upon on the labs, and what is actually applied in the clinical sitting were declared by most of the current study participants. This finding is compatible with Siew Yen, 2012; Kaphagawani & Useh, 2013; and Baraz, Memarian, & Vanaki, 2015 they admitted that student nurses become anxious and confused if they practice something different from what they learnt in the classroom and may negatively impact students' performance in the clinical learning. Additionally, most of the participants found clinical practice day to be too long as they were getting physically tired and very exhausted. Further, they expressed worthlessness of the long standing clinical hours. These findings are acknowledged by Singh et al., 2011.

High clinical demands; stress of being watched & evaluated; intimidating faculty behavior; and insufficient clinical preparation were the four subthemes that emerged related to faculty stressors. Most of the current study participants agreed that in their initial clinical practice they felt loaded, overburdened, and stressed due to the clinical demands and requests from the clinical instructors such as patient's assessment, daily record, and nursing care plan, & others. This finding consistent with Khater et al., 2014 who addressed that the most commonly stated academic stressor was assignment workload.

Participants admitted also feeling of being unsecure and threatened due to instructors' over inspection and continues watching and evaluation. These finding is matching the findings of Sharif & Masoumi, 2005; and Melincavge 2008 as they revealed that the constant evaluation process in clinical make student feel anxious, stressed and tensed. In addition, participants expressed feeling of missing out on many training opportunities because of the authoritarian and intimidating instructors who were unapproachable, difficult to communicate with, and/or sarcastic. This finding is consistent with the results of Siew Yen, 2012 study which clearly showed that authoritarian and uncivil approach to nursing students is a major source of stress for nursing students and it negatively affects their learning. Actually, almost all participants expressed frustration regarding the way they had been treated by their instructors and how this improper way of dealing or supremacy behavior of their instructors made them dislike the clinical days.

Participants of the current study communicated also their continues anxiety and stress regarding to lack of instructors' flexibility and their discouraging comments. These findings are on the same line with Ismail, et al, 2015 who showed that clinical instructors' behavior and skills could either enhance or hinder effective clinical instruction. Finding support also what Melrose et al, 2015 indicated that student nurses value respectful collegial relationships with their clinical instructor. Furthermore, Study participants announced initial lack of clinical knowledge and skills to accomplish tasks or to perform clinical procedures and all agreed upon insufficient preclinical lab training, direction and guidance. Finding is congruous with what Helgesen, et al, 2016 concluded in his research study that lack of preparation before the clinical placement settings is a source of insecurity and fear.

Findings of the current study reflect participants' frustration toward ward nurses' relationship which impacted negatively on their initial practice experience. three subthemes were emerged related to ward nurses as follows: lack of

cooperation and discrimination; devaluing students' work; and improper nurses conduct/behavior. Most of the current study participants reported that, ward nurses were not cooperative, refused to help, and treating them as if they are intruder/ stranger. Moreover, participants expressed a feeling of being discriminated against medical students, unwelcomed from most of the nurses in different clinical placement. Additionally, participants explored that staff nurse were not valuing their presence and always telling them what you learnt in the college is not to be applied here.

On the other hand, participants expressed feeling of role confusion from the inappropriate, poor practice and unprofessional way of communication among the nursing staff. These findings are congruent with the results of Mwai, 2014 research which showed that the majority of student nurses did not feel welcomed from the nursing team and even many of them did not feel accepted. Many experienced stress and anxiety in relation to poor acceptance by nursing staff. The current study findings support also Deepa & Kandasamy, 2013; Melk, 2011 finding who reported stress and anxiety among student nurses in relation to poor acceptance and uncooperative attitude by nursing staff. Mabuda et al., 2008 admitted that the lack of communication among ward staff frustrated student nurses and impacted negatively in their clinical experiences.

The current study findings identified the great influence of peers colleagues on students' learning experience during the initial clinical practice. Peer support and team spirit; and positive & negative peer effect were two subthemes that emerged related to peers influence. Although negative feeling of stress and frustration related to patients' contact, clinical instructor and ward staff relation, all participants expressed how colleagues relationship impacted positively on their clinical learning experience opportunities. Participants addressed that presence of a colleague while dealing with patients, especially during initial patient contact gave them support, strength, and sense of security. Moreover, participants mentioned that they get benefit from each other and they exchange experience with each other. In fact, some participants explored feelings of healthy competition when they see their colleagues doing the right things and they were trying to imitate them, however, some participants expressed negative feelings and stress when colleagues try to give comment or criticize the performance in front of patients. These findings related to peer influence are in the same line with Melincavge, 2008 findings that peer could influence learning experience and the presence of competition among peers in the clinical setting has a healthy effect on students' performance.

Problem focused mechanism; emotion focused mechanism; and seeking social support were the three main subthemes that emerged related to student's coping. Almost every participant has used more than one coping strategy in order to get over the initial clinical practice difficulties & stresses. The findings of the current study reflect that student nurses used mainly both problem focused and emotional focused coping strategies and show also the great effect of family support in helping students to deal with their stress related to the initial clinical practice. Participants used self direction to get rid of the fear and to train themselves. Some went to private hospitals to get more opportunity to practice skills even without payment. Some others tried to watch nursing procedures and educational programs through using the YouTube. Others tried self training to accept the different kinds of dealing either from instructors or from others.

Sometimes participants used avoidance and neglection as a method to feel relaxed. They avoid nurses, instructors, or even patients that might make them anxious. Escape and manipulation are another coping strategies the participants used. Participants mentioned that they used to do work as long as the instructor present, once the instructor is gone, they leave the patient or look in their mobile in order to pass the long clinical day. Some other participant decided to

postpone one term or even the whole year. Participants further admitted the role of family support mainly parents in encouraging them to continue and to pass through the initial training and plan for the future. These findings related to students' coping are consistent with the majority of researches such as Younas, 2016; Khater et al., 2014; and Mlek, 2011 they all reported that students used a variety of coping methods when dealing with stress related to initial clinical practice. In other hand, most of the researchers stressed on the positive effect of family and friends for emotional support. It is apparent that even with culture, diversity within western and middle eastern societies, the initial clinical practice experiences of student nurses are almost similar.

Obviously, most of the findings are interconnected. Hence, the research investigator will postulate collective interpretations. The fact that most of the current study participants came from rural areas which is characterized by being conservative communities with limited interaction between counter opposite genders and different age groups; besides feeling discomfort resulting from the occasional contact while caring for patients with opposite gender might partially interpret the findings related to initial patient contact difficulties. Considering that this is the first clinical course for the students may have played a role in most of the study findings.

The discrepancy between clinical faculty's and students' expectations; insufficient preclinical preparation; unpredictability and volatility of the clinical settings as well as the fact that clinical settings are not conducive to students' clinical objectives could reflect negatively on both students and clinical faculty member causing tense student- faculty relations. The lack of ward nurses cooperation and support could be possibly interpreted in relation to the fact that most of them are unfamiliar with students' clinical placement objectives and roles; in addition to ward staff shortage that results to increased and unusual workload and they want to finish their work quickly. Putting into consideration that students initially are slow in actions and might waste their time.

CONCLUSIONS

The current study has revealed various factors that influenced student nurses experience during their initial exposure to clinical practice. Findings revealed negative, un-satisfactory, and lack of supportive learning environments with regards to the initial clinical exposure. Unexpected patients' responses and lack of cooperation; unsupportive clinical setting and lack of supplies; and the inappropriate way of dealing as well as lack of support from the side of the clinical faculty and the ward nurses constituted the negative experience of the participants, while peers and family support constituted the positive side of the experience. The findings of the current study support the need to rethink about the quality of the current clinical practice education. Proper selection of the clinical settings; clinical instructors periodic in-service training and monitoring; comprehensive students' orientation before clinical exposure; and raising the awareness of the ward nurses regarding to students' roles and the goals of clinical training is becoming visible recommendations.

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