Original Article

Negative emotions and coping experiences of nursing students during clinical practices: A focus group interview*

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Abstract

Objectives: This study aimed to reveal negative emotions experienced by nursing students during clinical training and their coping experiences.

Methods: A total of 10 students studying at Aydın Adnan Menderes University Faculty of Nursing during the 2018–2019 academic year at 2nd, 3rd, and 4th grades constituted the study group. The study group was determined according to maximum diversity sampling. The study was conducted in a qualitative, phenomenological design. The data were collected through a focus group interview. The MAXQDA 2018 program was utilized in the data analysis and the creation of models. The data were arranged according to common/similar themes with descriptive analysis.

Results: According to the results obtained from the study, three themes, including "emotions experienced in the clinic," "the effects of emotions experienced in the clinic," and "the way of coping with negative emotions," and related subthemes were identified.

Conclusion: It was determined that nursing students experienced anger, sadness, helplessness, and despair at most among negative emotions, and they experienced happiness, conscience, and empathy at most among positive emotions. Although negative emotions experienced by students had different effects on psychological, academic, physical, and social fields, the coping ways were observed to be acceptance, indoctrination, and communication at most. Recommendations were made on strengthening the clinical environment and clinical training.

Keywords: Clinical practice; coping behavior; emotion; nursing student.

Clinical practice has always been an integral part of nursing education. Clinical training is very essential for students in learning professional skills and gaining professional identity.[1,2] It has been stated that clinical practices, which have a significant role in the development of professional identity,[3–5] are also emotionally challenging and stressful for the students.[1,2,5–11] The general atmosphere of the clinic, working conditions, and especially intensive care clinics and patients can have significant effects on the emotional state of the students.[12] A previous study revealed that, while caring for a terminally ill individual and in the event of death, students experienced weakness, failure, and fear regarding the patient.[13] Many problems such as students not being accustomed to the routines of the clinic, feeling of alienation, fear of making mistakes, not knowing how to approach the patient, communication problems with instructors and clinical staff can prevent the goals of clinical education from being achieved.[11,14–17] All these experiences can have some negative effects on students' thinking and feeling world. Students may experience various problems such as depressive mood, despair, loss of motivation, and disengagement from the profession. A study investigating the stress and coping levels experienced by nursing students in a clinical setting found that nursing students use avoidance as a coping strategy as the level of stress they perceive increases.[18] In another study, it was noted that the depression mean scores were high, especially for students who were not satisfied with school life.[19] Problems experienced in the educational process and at different levels not only affect students emotionally and

What is presently known on this subject?

- It is known that nursing students experience many different problems and stresses during clinical applications. This circumstance affects students' adaptation to the vocational education process and professional identity development.

What does this article add to the existing knowledge?

- Students experienced negative emotions such as anger, sadness, helplessness, worry, hopelessness, and inadequacy more intensely during clinical applications. The nature of the communication and interactions of the students with nurses, patients, and instructors in clinical practice has been decisive in the students' feelings in clinical practice. While coping with negative emotions, students used ways such as acceptance, indoctrination, communication, self-awareness, struggling, affirmation, generating solutions, social support, taking lessons from, and optimism.

What are the implications for practice?

- Revealing the negative emotions that students experience due to some situations in clinical practice will contribute to organizing programs for clinical training to support both the mental health and professional development of students.

socially but also can create significant obstacles in the acquisition of professional skills.[16] Despite all these problems experienced at different levels, the students are expected to show a sensitive and empathetic attitude in line with the holistic care approach to the patients and their relatives.[20] Both the clinical nurse and the instructor have an important responsibility in balancing the students' own feelings and coping with their problems effectively.[6] Students' ability to express their feelings by realizing them can help develop interpersonal relationships and manage their emotions.[21] It is anticipated that understanding the coping behaviors of students in the professional socialization process, especially with the negative emotions they experience in the clinical environment, will contribute to review the educational process of nursing in the context of both theoretical and clinical dimensions and to develop an effective clinical education strategy.

The literature revealed that various subjects were studied, such as the self-efficacy perception in nursing students and anxiety and stress situations related to clinical practice, psychological empowerment,[11,22–26] the impact of health worker-student relationships on nursing students' belonging and learning,[6] and students' experiences with clinical practice and death.[2,13,21] It has been determined that the studies in the literature are mostly in quantitative design. There are no studies in which the experience of coping with emotions directly related to clinical practice has been studied in depth with the focus group method in a qualitative design.

This study aims to determine the nursing students' negative emotions experienced during clinical training and their coping methods with the effects of emotions. In achieving this goal, the following questions were sought;

1. What are the negative emotions experienced by nursing students during clinical practices?

2. What are the effects of negative emotions experienced by nursing students during clinical practice?

3. What are the experiences of nursing students to cope with the negative emotions they experience during clinical practice?

Materials and Method

The research was designed in a qualitative, phenomenological pattern. Phenomenology is not only a philosophical approach but also a research method in which certain methods are used to understand the individuals' perceptions about life, interests, and experiences.[27] In a phenomenological qualitative study, it is recommended that participants "have past experiences and be able to express their experiences clearly"[28] related to the phenomenon being investigated. Focus group interviews are one of the data collection methods used in phenomenological studies.

Study Group

The universe of the study was compromised of 2nd, 3rd, and 4th-grade students studying at the nursing faculty. Among the purposeful sampling methods, maximum diversity sampling was used in determining the study group. The maximum diversity sampling represents to the maximum extent the diversity of individuals who can form a small sample and be a party to the problem studied in this sample.[27] To determine the study group, students were visited during the course breaks and informed about the scope and purpose of the study. Each of the students (15 students) who volunteer to participate in the study had a preliminary interview prior to the study. In the preliminary interview, information was given about the purpose and process of the study. After the preliminary interview, the students who will take part in the study group were determined. The 15 students who volunteered to participate were reduced to 10 students after the preliminary interview, and the study group became clear. Students' time appropriateness, grade, age, gender, motivation to express themselves in the group environment were taken into consideration while forming the study group. Since a large number of individuals in the group might reduce the dynamics of the group, reduce the interaction between the participants and make the group more difficult to control, the population of the focus group was planned to consist of 10 students.[27] In the literature, it has been stated that the focus groups can consist of 4–10 people with the widest limits.[29] Accordingly, the study group consisted of two students from the second-year students, five students from the third-year students, and three students from the fourth-year students. Since the first-year students are not clinically practiced were not included in the study group. The study group consists of five female and five male students.

Data Collection Tools

The "personal information form" regarding sociodemographic characteristics and "focus group interview" were employed as data collection tools.

Personal Information Form

The "personal information form" was designed by examining

the relevant literature.[7,13] The form consists of questions regarding age, gender, income status, family information, and selection of the nursing department with good or bad grace.

Focus Group Interview

Data were collected using a semi-structured and non-directive focus group interview technique. The group discussion technique that focuses on a subject whose boundaries are defined within qualitative research patterns and methods can be expressed as a focus group interview.[27] Focus group interviews have a significant function in collecting qualitative data. In this context, a focus group interview is the most systematic data collection method used in qualitative research.[29] A focus group discussion lasting one and a half hours was held with the students.

In line with the purpose of the research, semi-structured open-ended questions were asked to the students in the focus group interview. These questions are;

1. Can you briefly introduce yourself?
2. What are the emotions you experience in general in clinical practice?
3. What are the negative emotions you experience during clinical training and have difficulty coping with?
4. How do you assess the effects of these negative emotions on your personal life?
5. How do you assess the effects of these negative emotions on your academic life?
6. How do you assess the effects of these negative emotions on your social life?
7. Would you tell about your experiences of coping with negative emotions you experience in the clinical setting?

Process

Before the group meeting, each student was contacted separately to set the appropriate time for everyone and gathered in a seminar room where everyone could communicate face-to-face. The students sat in a circle to see each other's faces. During the group meeting, the door of the hall was kept closed. At the beginning of the session, the purpose of the research was explained, and the written consent of the students was obtained. After obtaining the written consent of the participants, the personal information form was distributed to collect the socio-demographic information of the students. After filling out the information form, the students were informed that the conversations in the group process would be recorded on the audio recorder, and the session was initiated. Based on the semi-structured interview method, participants were encouraged to express their opinions on the research questions; Care was taken for each student to express his/her opinion on the questions. The instructor conducting the interview encouraged all students to contribute equally and in a balanced way. The group dynamic has been established. In order for the educational identity of the researcher not to create

any limitations on the expression of the students in this process, it was emphasized at the beginning of the session that the meeting was not held within the scope of any course, it was enough just to express their opinions regarding the questions created for scientific research purposes so that there are no correct or incorrect answers to the questions. The researcher has stayed objective during the process. At the end of the session, the audio recordings were transcribed. The researcher who conducted the focus group interview has experience and training in qualitative research methods.

Pre-application

A pre-application was held with a group of 4 people in order to evaluate whether the questions are understandable or not. The questions were finalized in line with the feedback from the students. Participants in the pre-application were not included in the study group.

Data Analysis

Computer-aided qualitative data analysis was performed to analyze the data gathered from the interviews and to model the resulting situation. MAXQDA 2018 software was used in the analysis of data and the creation of models. The product name "MAXQDA" is short for the first syllables of the names German sociologist Max Weber (MAX) and Qualitative Data Analysis (QDA). MAXQDA 2018 is one of the qualitative data analysis software for theory building.[30] The codings were created in line with the common opinions of the researchers. Participants were coded according to their grade and gender, and the research findings were written according to these codes.

The interviews recorded for the analysis were deciphered and computerized, and the codes and themes were analyzed using the MAXQDA 2018 software. The data were organized as common/similar themes according to the descriptive analysis. Research findings were analyzed with an inductive approach. The main themes and then the related sub-themes and codes were created by researchers and experts. The themes resulting from the analysis were modeled and visualized.

Validity and Reliability

To ensure the internal validity of the research, the personal information form and questionnaire were reviewed by a faculty member who had various course teaching and research experience in qualitative research; the form was revised according to the feedback received, and the form was finalized. Within the scope of providing external validity, according to Yıldırım and Şimşek,[31] in order for the results to be generalized to similar environments, the qualitative researcher must explain in detail all stages of the study. In this context, detailed explanations of the steps and results of the research were provided to ensure external validity.

Both researchers who encode research data have experience and training in qualitative methods. In order to increase the

coding reliability of the study, a part of the student interview documents was coded for the second time independently by another faculty member who had education and studies in the field of qualitative research, and a comparison was made. The reliability formula proposed by Miles and Huberman[32] was used to calculate the coding reliability of the study.

Consensus Percentage = Agreement/ (Agreement + Disagreement) x 100.

Accordingly, the researchers reached a 17 / (17 + 3) x100 = 85% consensus on the reliability of the coding. The consensus percentage was calculated over the codes. Consensus Percentages above 80% are considered reliable for research.[32,33] The result obtained here is considered reliable for research.

Ethical Issues

Ethics committee approval was obtained from the non-interventional clinical research ethics committee (2018/052 protocol numbered) of a nursing faculty for the study. Additionally, an institutional permit was obtained from the Faculty of Nursing Dean's Office to conduct the study. Prior to the study, written consent was obtained from the students who agreed to participate voluntarily in the study after the purpose of the study and its contribution to the education process and the nursing profession was explained.

Results

Table 1 shows the personal information of the students participating in the study.

Table 2 shows the themes and sub-themes related to the emotions experienced by the students during clinical practices.

Within the scope of the theme of emotions experienced by the students during clinical practice, two sub-themes emerged: "positive emotions" and "negative emotions". As can be seen in Table 2, positive emotions from the most repeated to the least repeated were determined as happiness (10), conscience (7), empathy (4), optimism (3), belonging (3), and compassion (3), respectively. The second-year student (S1) expressed her views on the positive emotions she experienced in the clinic as follows:

"For example, seeing patients happy and smiling affects me a lot. In this sense, I want to be involved in all kinds of care. When I go to and from the hospital, I feel different and go out happy. Sometimes I have so much fun. I don't want to leave the hospital while I'm dealing with something. There are times when I want to work a little more at the clinic."

As an example of a situation in which feelings of conscience, compassion, and anger are experienced at the same time, the third-year student (S5) said: *"There's a feeling of pity for the patients. There's a sense of conscience, compassion, or sometimes we get angry with the nurse."* Regarding the happiness and satisfaction felt as a result of the care provided, the third-year student (S4) said: *"Providing one-on-one care increases patient sat-*

Table 1. Personal information of the participants (n=10)

Student	Gender	Age	Grade
S1	Female	20	2
S2	Male	20	2
S3	Male	20	3
S4	Female	20	3
S5	Female	21	3
S6	Female	20	3
S7	Male	21	3
S8	Male	23	4
S9	Male	21	4
S10	Female	21	4

Table 2. The emotions experienced by the students in the clinic (n=10)

Theme	Sub-Theme	Codes
Emotions in the Clinic	Negative Emotions	Anger (22)
		Sadness (17)
		Despair (12)
		Worry (6)
		Helplessness (5)
		Inadequacy (5)
	Positive Emotions	Happiness (10)
		Conscience (7)
		Empathy (4)
		Optimism (3)
		Belonging (3)
		Compassion (3)

isfaction in terms of observing the patient and providing quality care. Which makes me happy. I'm happy to see the reward for my care." while the third-year student (S7) shared his satisfaction with the sense of worth with the following words: *"When caring for patients, it is very important to me that they are happy. So when I feel like they care, I'm very happy."* Similarly, with regard to both a sense of belonging and happiness, the fourth-year student (S8) emphasized the importance of the sense of belonging to the profession and self-confidence with the following words: *"Now I am in my fourth year and while I am going to the hospital I believe that I can do this profession. I also feel that I belong to this profession. I can contribute a lot to patients and people. This situation makes me happy."*

It was determined that negative emotions were experienced more intensely than the positive emotions felt by students in clinical practices. Within the scope of negative emotions subtheme, the codes of anger (22), sadness (17), helplessness (12), anxiety (6), despair (5), and inadequacy (5) were defined, respectively. Regarding the negative emotions experienced by the students in the clinic, the third-year student (S5) expressed the anger she experienced due to the insensitive behavior of

the nurse as follows: *"A situation I experienced in the intensive care unit during my second-year internal medicine internship… As you know, patients can be naked there, and you have to finish the care as soon as possible and cover it up. I'm not exaggerating; the patient waited there naked for about 20 minutes. If I had my current thoughts, so how shall I say, if I could express myself, I could give a strong reaction. But I just kept in care and watching. I couldn't react. It bothered me. At that moment I got angry"* Regarding a similar feeling, the third-year student (S5) said the following: *"While I was in the intensive care unit, the patients should normally be checked hourly but the nurse received the vital signs 3 hours later. So what she noted an hour later was a thing of the past. She made a lot of mistakes afterward. I couldn't say anything. I think patients are being treated very unfairly. I felt so angry, I even wanted to run away. Then I change my mind. I believe I can change things. I mean, I felt sad for both the patients and myself…"* Another third-year student (S7) criticized the nurses' attitudes and expressed the anxiety he felt as follows: *"Patients and their relatives want to be informed. I always prefer to leave the hospital late and take part in rounds. I go around all the rooms to see what the nurses are doing. Apart from entering the room and saying good morning during the rounds, nurses give the patient's information directly to their colleagues, and when the patient or relatives ask a question, they respond such as "ask the doctor, talk to the doctor" and leave the room... I'm worried, I'm worried both for the nursing profession and the patient. It's terrifying…"*

Regarding the feeling of sadness and worthlessness, the second-year student (S1) expressed her emotion as follows: *"Last semester, when another patient I wasn't responsible for was discharged, the I.V. had to be removed. The relative asked me to remove the iv. As I was about to take the iv, the patient yelled at me, "You go, get me the real nurse." Said in a way that a decent person should come. And then I was like, "I can take it off too." I tried not to say anything wrong. Meanwhile, the nurse came. She witnessed this situation and defended me by saying that "she's a nurse too, she can do it." I was angry. I questioned myself. I was upset. I told the other nurse to do it."*

Table 3 shows the effects of the emotions experienced by the students in the clinic.

Regarding the effects of the emotions experienced by the students during clinical practices, within the scope of the theme of "effects of emotions," four sub-themes emerged as "psychological effect," "academic effect," "physical effect," and "social effect." As can be seen in Table 3, the majority of the emotions that arise are negative emotions. Emotions associated with the "psychological effect" sub-theme were determined as "anxiety (4)", "fear (3)", "happiness (2)", "burnout (2)," and "tension (1)", respectively. Negative emotions (anxiety, fear, burnout, and tension) were defined by negative mood code, while "happiness" was explained by positive mood code. The codes associated with the "psychological effect" sub-theme were determined as "motivation (8)" and "professional development (2)" The codes associated with the "physical effect" sub-theme were determined as "high blood pressure,""stomach ulcer," and

Table 3. The effects of the emotions experienced in the clinic on the students (n=10)

Theme	Sub-Theme	Codes
The effects of the emotions	Psychological effect	Negative mood *(Anxiety (4), Fear (3), Burn out (2), Tension (1))*
		Positive mood *(Happiness (2))*
	Academic effect	Motivation (8)
		Professional Development (2)
	Physical effect	High Blood Pressure (1)
		Stomach Ulcer (1)
		Skin Problems (1)
		Social Effect
		Misunderstanding (1)
		Awareness (1)

"skin problems". The codes associated with the "social effect" sub-theme were determined as "misunderstanding (1)" and "awareness (1)". Students' views regarding each sub-theme are presented below.

In the psychological effect of emotions sub-theme, it was observed that students experienced mostly the anxiety and fear emotions in connection with the negative mood code. Regarding "anxiety," the fourth-year student (S8) expressed his worry as follows: *"We are not sheep in the system. I accept… But we can do what we undertake individually, but I have to worry about whether the system will corrupt me individually."* Regarding the anxiety code, the fourth-year student (S9) expressed his feelings as follows: *"I always have a concern about the profession. How far can I go? How much can I improve myself? I am worried about the future.",* while the fourth-year student (S8) said: *"Would I do it for the sake of the profession? I'll do it anyway... but how far can I do it? I'll do it in fear. I can't be sure."* For the burnout code, the fourth-year student (S8) said the following: *"Many small make a great ... If we try to digest all the resentments in us, after a while, the nurses will burnout psychologically."* It is noteworthy that the anxiety and fear were mostly expressed by fourth-year students. Regarding happiness defined by the positive mood code regarding the psychological impact sub-theme, the second-year student (S2) explained the emotion he experienced as follows: *"Hearing their prayer when you do good to an elder. I feel happy all day when I'm told God bless you."*

Regarding the motivation code of the academic effect sub-theme, the third-year student (S3) emphasized the importance of struggle in getting out of a situation that negatively affects him in the clinic with the following words: *"My spirit of hope and struggle grows even more. I think it will make a much better contribution if we turn bad situations into good situations."* The second-year student (S2), who stated that negative experiences in the clinic are an opportunity for professional development, said: *"The negativity we're experiencing in the hospital*

needs to whip us academically. If we're living with these things, those after us should not live the same negativity. We need to try to figure this out so they can continue smoother and better. The problems are whipping me professionally.”

Regarding the physical effect sub-theme, students experienced "high blood pressure," "stomach ulcer," and "skin problems." Regarding physical problems arising due to the emotions and negative situation she experienced in the clinic, the fourth-year student (S10) explained the effect of the stress she experienced in clinical practice on her body as follows: *“For example, I got a stomach ulcer because of stress. After that, my body started to itch and rash. This year, I've had my blood pressure out of the blue. That's what happens when I repress my problems. My body can't handle it, and my immune system is collapsing directly.”*

Another of the effects of the emotions experienced in the clinic was explained with the social effects sub-theme. Social effects were examined using the "awareness" and "misunderstanding" codes. The findings revealed that social effects might have not only positive but also negative effects on the students. Regarding the awareness code within the scope of this sub-theme, the third-year student (S3) said: *“I feel better when I can control my sadness for the sake of my patient.”* Regarding the misunderstanding code, the third-year student (S5) shared her perception of worthlessness with the following words: *“No matter how accurately I express myself to the nurse, she ignores me or does not want to understand me. I feel misunderstood.”* The fourth-year student (S10) expressed the effect of misunderstanding on her with the following words: *“When a person doesn't understand me, I get too angry, and then I start shaking and crying. Then, I can't talk because of crying...I feel so helpless.”*

Table 4 shows the ways of coping with negative emotions experienced by the students in the clinic.

Within the theme of the students' way of coping with negative emotions, ten sub-themes were identified. These sub-themes are acceptance (8), indoctrination (8), communication (7), self-awareness (5), struggling (4), affirmation (3), generating solutions (3), social support (3), take lessons from (2), and optimism (2), respectively. As can be seen in Table 4, the students

Table 4. Students' ways of coping with negative emotions (n=10)

Theme	Codes
How to Cope with Negative Emotions	Indoctrination (8)
	Acceptance (8)
	Communication (7)
	Getting to know yourself (5)
	Struggling (4)
	Affirmation (3)
	Generating solutions (3)
	Social support (3)
	Take lessons from (2)
	Optimism (2)

cope positively against any situation they experienced in the clinic and the negative emotions towards it. The students' statements regarding this theme and sub-theme are given below.

Regarding acceptance, the third-year student (S3) described his experience of coping in the following words: *“I try to adapt and accept the problematic situations I encounter, thinking about the worse of everything.”* The second-year student (S2), who used the same form of coping, emphasized the importance of acceptance with the following words: *“I couldn't handle it when the patient died. When I first lived, I couldn't stop thinking about it. Every time I go to a hospital, I wonder will my patient die today. I was going to the oncology clinic. It was as if every time I went to the hospital, every week I came in, there was this worry that I was going to lose another patient. But I don't know how, honestly, after a while, maybe I accepted. It's my profession, I'm a healthcare professional, and it's the nature of my profession to lose patients as well as gain. I started to think that I should continue my career knowing this.”*

Regarding the indoctrination, the fourth-year student (S10) expressed the importance of positive language in order to overcome the difficulties she faced: *“I don't compare myself to anyone. That's how I accept it. I'm saying it's something you can handle. Maybe I need some time. Maybe I need other feelings like hoping or being motivated… That's how I'm trying to get over it. I use positive language to inspire myself.”* The third-year student (S6), who used communication as a coping method, said: *“I need to calm my emotion, calm it down. Once I'm calm, I'm communicating with the other one. I can't relax if I don't communicate with the person I'm having trouble with. That's how I cope with my problems.”*

The fourth-year student (S10), who used self-awareness as a coping style, said the following: *“I get sick every week in clinical practice. I'm getting nervous. I'm a nervous person in general. It is understood from the outside that I'm a nervous person. I realized that I was talking to myself, but I couldn't talk to other people. Now, every time there's a problem, I get the person in front of me that I'm having trouble with. If he understands, I give a response. If he doesn't understand, I'm talking to myself. I'm saying maybe the problem is me, take a look at yourself. As a result, I realize that I'm going through a process of change.”*

The third-year student (S3) explained the importance of leadership and acting responsibly in the process of solving their problems as follows: *“I believe we must have authority before we cope. Nurses need leadership qualities. In other words, have to convey the correct information to the other person by knowing their responsibilities within the framework of the discipline. This responsibility must be realized considering the well-being of the patient.”* Another third-year student (S4), who used the same way to cope, emphasized the necessity of scientific knowledge and specialization in the profession with the following statement. *“When I experienced a sense of worthlessness, I ask myself, what can I do next? I think about what can be done to change it. I push forward some things. I think we can overcome these things by improving ourselves… This can be possible by*

showing our presence in the field by attending symposiums or with a master's degree."

The third-year student (S7), who used social support as a way of coping, said the following: *"I first consider the emotions I'm experiencing. You know, like what happened and how I feel...Then I share it with my friends."* The fourth-year student (S10) explained the contribution of social support to problem-solving with the following words: *"When I get sick, I get a lot of support from my family and friends."*

The third-year student (S6) explaining the importance of taking lessons from their experiences with the following words: *"I know there's a teaching in every experience I've had. For example, I'm thinking about an incident I had at the clinic. I'm trying to understand the feeling that this emotion gives me. I'm saying what is the lesson I should learn from this incident, and I make an inference."*

The third-year student (S4), who tried to solve her problems with optimism, said the following: *"I pay attention to the voices in my head to calm down. After weeping a few tears for relief, I say to myself, you are growing, you are maturing... Now the little girl dress on me has started to look burst out and I think I need to grow up now. That's how I motivate myself."*

It was determined that the students initially experienced adaptation difficulties and negative emotions with different intensities during clinical practices, but after a while, they tended to cope more effectively with the negative emotions they felt.

Discussion

Theme 1: Emotions Experienced By Students in the Clinic

Within the theme of emotions experienced by students during clinical practices, two sub-themes identified as positive emotions and negative emotions. Positive emotions were identified as happiness, conscience, empathy, optimism, belonging, and compassion, while negative emotions were identified as anger, sadness, helplessness, worry, despair, and inadequacy. Students were found to experience feelings such as happiness, empathy, optimism, and conscience especially when they felt they were involved in clinical practice, received the result of patient care, and received positive feedback from the patient. A similar study found that taking responsibility in the clinic and participating in care increased the sense of satisfaction and worth by increasing students' self-esteem.[6] Another study had determined that when students are accepted by the patient and when the patient allows the student to care and give positive feedback to the student, the student feels contentment and pride along with job satisfaction.[34] It was determined that experiences that help students feel like a nurse in the clinic are particularly effective in feeling positive emotions.

Findings of the study revealed that despite the positive emotions experienced in the clinic, the students mostly experienced negative emotions. The students stated that they had negative feelings such as anger, sadness, helplessness, worry, despair, and inadequacy in communication problems with the

patient, in situations where they made to feel insecurity about care, in cases where nurses do not comply with the necessary principles in patient care, in cases where nurses are indifferent to the patient and the student, and in communication problems with nurses and instructors. In a previous study, it was reported that nurses, instructors, physicians, and patients, respectively, were effective in the stress experienced by the students.[25] The nature of the student's relationship with other individuals in the clinic becomes significant at this point. In particular, the language and approach used can determine the direction of the emotions that the student will experience.

Numerous studies supporting these study findings had emphasized that students experience anger, helplessness, worthlessness, fear of making mistakes, inadequacy, and worries about the future when they are faced with negative attitudes of health professionals and instructors, communication problems, patient care, and excessive workload.[3,7,14,34–36]

In the study conducted by Dal Santo et al.[34] which coincides with the findings of this study, it was reported that students mostly experienced anger, embarrassment, and weakness in clinical practice. Inability to show the necessary skills in patient care, observing unethical behaviors on patients, and non-cooperative patients were stated to make the student feel weak and inadequate.[34] In a different study, students stated that they were rejected and ignored by nurses, instructors, and patients, resulting in increased stress.[37] Due to the nature of being a nursing student, their unfamiliarity with the hospital environment, alienation, lack of knowledge and skills, and feeling inadequate can affect the intensity of emotions felt as a result of possible stressful situations that may occur during the whole process.

Students experience feelings such as hopelessness, anger, and despair intensely when they are not able to fully reflect the education they receive in school in any way in clinical practice or to intervene in any problematic situation. In a study supporting this finding, it was stated that students experienced helplessness, especially when they encountered dying and suffering patients in the clinic.[38] Identifying and applying appropriate intervention to such problems that deeply affect individuals, such as death or intervention to a suffering patient, are sensitive cases that are challenging not only for the student but also for an experienced member of the profession. In this respect, confronting such situations for the students who are in the inexperience stage, who has insufficient experience in the professional field, may increase the risk of leaving deep emotional scars on them.

It was determined that feelings such as belonging, worthiness, and motivation were experienced more in the students if the nurses were positive and supportive, despite the adverse hospital conditions.[6,39–41] Achievement of the purpose of the care given also affects the students' experience of positive emotions in the clinic. A previous study has found that students experience positive emotions such as satisfaction and happiness, especially when they see that they can be beneficial to the patient they care for.[1]

Students expressed that they experienced feelings such as helplessness, anger, and inadequacy at the same time in cases where they had communication problems with the patient, if the patient refuses the treatment or the student, and when they could not provide the necessary care for the intensive care patients. Studies had determined that the students were disappointed because they could not communicate when the emotional tension increased in communication problems due to the initiation of communication and language differences, and in cases where the patient refused the treatment. [1,11] The theory and clinical practice differences and the lack of school-hospital cooperation might cause students not to be adequately involved in clinical operations.

The negative situations and feelings experienced by the students are also related to the fact that the instructor is not an appropriate role model and cannot be very effective in clinical practice. Students experienced feelings of anger and sadness in these situations. In clinical education, the instructor has an important role for the student to adapt to the process and experience more positive emotions. [40,41] The guidance and supportive role of the instructor in the foreground can ensure that students get the expected benefit from clinical training. Students experience negative emotions such as fear and anger towards the instructor when positive communication cannot be established between the student and the instructor and when they feel that they are evaluated insufficiently by the instructor. [1,3] Experiencing positive emotions such as happiness, belonging, and optimism more than negative emotions such as anger, sadness, and helplessness by students in the clinic can contribute significantly to the formation of professional identity. Considering the data obtained from the study in general, it should be noted that the emotions experienced by the students are multifaceted and that it can be quick to evolve negative emotions due to any cause to the positive. The student's view of clinical experience as learning can be effective in changing emotions from negative to positive. [41] The acceptance of some of the students that they will face difficult situations, especially due to the nature of the nursing profession, may have helped them make positive inferences by reducing the severity of possible negative emotions.

Theme 2: The Effects of Emotions

Within the scope of the theme of effects of the emotions experienced by the students during clinical practices, four sub-themes were identified: psychological impact, academic impact, physical impact, and social impact. The psychological effects of the emotions felt by the students as a result of their experiences during clinical education are defined as fear, anxiety, burnout, and happiness. Similarly, Arieli[1] found that students experienced frustration when they are unable to communicate with their patients in the clinic as they wish. Another study has noted that the students experienced a lot of anxiety due to the fear of making mistakes and fear of being blamed by others in the process of adapting to the new environment.

[11,42] Also, regarding the theme of psychological effect, receiving the prayers of the patient as a result of the care they give made students happy throughout the day. Spiritual satisfaction may have contributed to the positive perception of the effect of the students' intensely active and stressful experiences throughout the day.

The academic effects sub-theme was defined by the codes of motivation and professional development. The statements of the students showed that negative experiences create a driving force for them to struggle. Similar to these findings, Ab Latif and Mat Nor[43] stated that some of the student nurses were able to re-develop a positive view of the stress they experienced in the clinic. Different studies noted that students perceive their problems as a learning experience. [44,45] The ability of students to critically evaluate the events they experience and to encourage themselves positively can be considered an important opportunity for their professional development.

Regarding the physical effects sub-theme, some of the students experienced high blood pressure, stomach ulcers, and skin problems. Similarly, in the study of Elcigil and Yildirim Sarı,[3] it was stated that the students had to work excessively to make the necessary preparations for clinical practice, which led to insomnia and burnout along with stress. Different studies, has also noted that students experienced insomnia and tension before clinical practice. [46,47] Intense stress experienced before and during clinical practices can have a different set of psychosomatic effects on the individual. Expectations from clinical practice training, some preparations that have to be made by the students such as the care plans, and different uncertainties of clinical practice for the student can be perceived as an excessive burden by students.

Misunderstanding and awareness codes were identified within the social effects sub-theme. Clinical experiences have led to both positive and negative effects on students in terms of social effects. Some of the students were stated that they learned to look at things differently as a result of their experiences. Clinical practices are learning opportunities in many ways for the student. In addition to skill development, their experiences with different patients also help students to review their perceptions of the profession and to experience awareness in the process. [38] Another finding associated with the social effects theme is misunderstanding. Some students stated that they did not feel understood or even feel misunderstood because the nurses did not consider them, especially during clinical practices. This misunderstanding causes students to experience negative emotions such as anger, tension, and helplessness. In nursing, it was stated that students mostly experience relation and communication problems in the clinical environment. [46] Where communication and relations are healthier, nurses and staff accept and approach positively to students, the students adapt more easily to the process and increase their sense of satisfaction. [40] One of the determinants of the emotional atmosphere of the working environment is the nature of the relations and communication styles of the

individuals who share that environment. In this respect, the student can be affected by the emotional atmosphere of the clinic.

Theme 3: Way of Coping with Negative Emotions

Ten sub-themes were identified within the theme of how students cope with negative emotions they experience in the clinic. These were defined as acceptance, indoctrination, communication, self-awareness, struggling, affirmation, generating solutions, social support, taking lessons from, and optimism. Despite the negative emotions experienced due to problems caused by patients, nurses, other health professionals, and instructors in the clinic, it was determined that the coping styles of the students were positive. This is a very significant and positive result.

A previous study was listed the student nurses' coping behaviors towards different stressors as crying, self-blame, avoidance, pessimism, desperation, having an optimistic and positive attitude in dealing with everything in life, TV, movies, and physical exercises.[9,11] Another study that examined the stress levels of nursing students from different programs has noted that students use affirmation in solving stressful situations they experience during clinical applications and resort to different solutions to overcome the existing situation on their own.[5] It was determined that the students displayed an attitude towards understanding the problems they experienced and taking lessons. Another study supporting this finding has found that in stressful situations, students take an attitude towards understanding the situation with a set of reflective questions, thus reaching a solution.[37]

Another coping method used by students is social support. The students stated that they relaxed by sharing their problems with their relatives and friends. Getting social support is important in dealing with clinical stress.[11,41,47] Previous studies have emphasized that students use positive thinking and social support to cope with their problems.[10,43,48]

The presence of role model instructors is another factor that influences students' positive coping. The students stated that their instructors had an important contribution in making them ready for the profession and developing a positive outlook. Going beyond the supervisory role of the instructor that evaluates the students only by grade, providing feedback that guides the students by staying in a positive attitude and supporting their development is also considered as social support.[48] It has been stated that with the guidance of the instructors, clinical experiences can be a constructive force for the student to cope with negative situations and reduce their stress.[2,49] It has been emphasized that healthy coping behaviors of students against adverse situations in the clinic, protected them from the possible negative effect of stress.[37] Instructors who support rather than supervise and who guide the students to cope effectively with the difficulties and problems instead of having grading concerns will contribute greatly to the professional development of the student.

Limitations

In addition to having some limitations specific to the qualitative research design of this study, the fact that the interviewer was a faculty member at the same institution as the students may have caused some limitations in the emotional expression of the students.

Conclusion

Experiences during clinical practices have caused positive and negative emotions in students. Negative emotions were experienced more than positive emotions. Seeing patients recover due to the care provided, being responsible for care caused students to experience several positive emotions such as happiness, conscience, and belonging. However, students experienced emotions such as anger, sadness, helplessness, anxiety, hopelessness, and inadequacy when nurses do not act responsibly during patient care and do not show the necessary attention, nurses do not consider the student, and patients do not trust the student nurse.

The emotions experienced by the students in the clinic have several physical, psychological, social, and academic effects. Psychological effects were experienced as anxiety and fear, academic effects were experienced as motivation and professional development, physical effects were experienced as health problems such as high blood pressure, gastric ulcer, and social effects were experienced as misunderstanding and awareness.

It was determined that students are able to cope with negative emotions in different ways, in some problematic situations they first experience negative emotions, but then they cope by motivating themselves to overcome the problem, developing a new perspective with acceptance, indoctrination, communication, self-awareness, struggling, generating solution, social support, taking lessons from, and optimism.

In line with the results of the research, it is important to increase school-hospital cooperation in order for clinical training to support the professional development of students. Since nurses are decisive in the emotions experienced by the students, orientation programs prior to clinical practices can help to minimize the problems experienced between nurses and students. Psychoeducation can be helpful for student nurses to recognize their emotions and balance negative emotions. The constructive use of the feedback process by the instructors to support the students can help students increase their sense of worth, adapt to the clinic, and develop more positive coping power against problems.

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