

ORIGINAL RESEARCH

Nursing pedagogy: Qualitative study of students' nighttime practicum's

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ABSTRACT

The purpose of this descriptive qualitative study is to explore the lived experience of student nurses experiencing their first 12-hour nighttime practicum. Pedagogy, the art, and science of nursing directs the educational context of the nighttime practicum's significant to how students acquire knowledge and skills. However, fatigue among the students working and studying at night has resulted in requests of duty to accommodate; more time off between shifts or no 12-hour shifts. The research question is what the lived experiences of student nurses enrolled in the Bachelor of Science in nursing program completing nighttime practicum during their consolidated practice experience? Two interviews occurred; beginning and end of the students' practicum. Themes extracted included getting ready and prepared, meeting standards of fitness to practice, nursing praxis and practice activities, providing an environment to practice, and burden of fatigue. Findings from the students' first night time practicum highlight that assignments and clinical practice seminars should count as clinical hours, consider 8-hour versus 12-hour shifts, or five days off after a 12-hour set.

Key Words: Student nurse, Pedagogy, Practicum, Night shifts, 12-hour shifts

1. INTRODUCTION

The focus of night work receives little attention during the student nurses' nighttime practicum. All too often we see the effects of illness and staff turnover due to long hours of working at nighttime later in the nurses' career. I do not doubt that if we can substantially improve the quality of the student nurse's experience of working the night shift we will better prepare them for a future career in nursing that contains night work. The nursing professors aim is to guide the students through these nighttime experiences as part of their education. The professors are responsible for designing, implementing, and evaluating education programs for student nurses in the practice setting with nighttime hours. These 12-hour night shifts span from 7:00 AM to 7:00 PM, and consist of two consecutive days followed by two-night

shifts. Although the students are only enrolled in one nursing course these long nocturnal hours can be too much! Yet, due to the ever-increasing amount of night shifts in hospitals, student nurses are facing increased demand for night work, and we must hear their voices. The purpose of this study is to describe the lived experience of the student nurses working at night while caring for patients, completing assignments, maintain a work-life balance and adhering to their standards of practice.

Significant to this study is that many of the student nurses working at nighttime are requesting additional rest days due to fatigue. The research question is what the lived experiences of student nurses enrolled in the Bachelor of Science in Nursing (BSN) program completing nighttime practicum

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during their consolidated practice experience? The College of Registered Nurses standards of practice serves as the conceptual framework. The standards include professional responsibility and accountability, knowledge-based practice, client-focused provision of service, and ethical practice.^[1] As concepts these abstracts become measures for interpreting the study findings, explaining the observations, and act as a starting point in which the researchers begin to explain emerging patterns.^[2]

1.1 Background

An important aspect to consider when planning the students' nighttime practicum is an educational experience that focuses on quality improvement, systems thinking, team leadership, and decision-making.^[3] When viewed from a pedagogy standpoint, what value-added possibilities and challenges does a nighttime practicum have at instructing and educating the student nurse? Pedagogy is the art and science of education; purposely that of instructional theory and defining the many different types and variations of teaching received by students.^[4,5]

The literature suggests that before nighttime practicum's student nurses were an integral part of the hospital workforce which did not include effective pedagogies that focused on successful teaching-learning experiences and critical thinking.^[6,7] Today the advantage of a practicum is the students' gains hands-on experience while applying theory to practice, linking new information to previous, and receiving beneficial feedback. A disadvantage is the student nurses are required to pay for their practicum.

In other Canadian universities, medical and engineering students receive paid practicum helping to reduce their cost of education.^[8] An unpaid nighttime practicum does not justify the contributions of the student nurses' value-added labour, latest knowledge, and research to the hospital facilities. Unlike past students, today's students suffer from practicum-related stressors, poor sleep quality, and higher education costs. Gray^[8] argues that education costs for student nurses are approximately \$10,000 per year, which does not include transportation, travel time, and parking. Besides, some of the students are holding supplementary employment, caring for children, and managing a home while working full-time practicum hours which adds to their levels of fatigue.

Highlighting the beginning of the practicum, the professor assigns the student to an RN preceptor.^[9] The RN preceptor has the potential to influence the students' achievements, help them make connections across various real-life situations, and create a flow of knowledge between disciplines in real-time learning circumstance.^[11,12] Nonetheless, staff

attitudes, values, and emotions have the perspective to affect the students' thoughts, emotions, and new approaches to learning with that of traditional nursing care.

The role of the RN is to provide clinical supervision according to the professional body standards of practice and gives student feedback to the professor.^[9,13] However, the professor reserves the right to adjust the patient assignment that takes into account high patient acuity and duty to accommodate.^[9] Duty to accommodate involves the student advisor reviewing the situation and making recommendations; for example, more time off between shifts, no 12-hour shifts, and no nighttime hours.

Once the students are on the nursing unit, the professor meets with them to review care planning, journaling, and evaluation. The students follow either a Preceptorship or Collaborative Learning Unit models.^[9] The Preceptor model includes a one-to-one relationship with the RN supported by nursing faculty; whereas, the Collaborative Learning Unit model entails working with several nurses and members of the health care team making the student's practice his or her own.^[9] The RN consents to and takes responsibility for the regulatory supervision of the students' activities during their clinical practice experience (CPE) hours.

According to the course syllabus and the health authority,^[8,10] the student's CPE highlights formulating a learning plan with standard practice goals, attending clinical simulation labs, and writing a one-page reflection of participation in the simulation activity. Other attributes of the students' learning includes a reflective practice narrative that references case studies, clinical and ethnic practice issues, and group activity seminar in which the students present their reflective practice narrative. The students sign a mid-term and a final evaluation in which they update their learning plan and provide evidence that they are meeting their standards of practice. At the end of the practicum, the students receive either a pass or fail mark.

2. METHODS

2.1 Study design

A qualitative descriptive approach guided this study. To achieve the aim of the study and explain the experiences and views of students' working night shifts thematic analysis was used. The thematic analysis highlights the study's themes across the data set and is associated with the research question.^[10] Thematic analysis is a useful method for examining the different perspectives of the participants, at the same time, highlighting similarities or differences and generating unexpected insights.

2.2 Participants recruitment

The target population consisted of third-year University students enrolled in a BSN program at a large west coast university. The participants were chosen because at this level; they had completed most of their required coursework and would be able to reflect on various clinical practice experiences. Specifically, the study's participants were a homogeneous group of six students ($n = 6$) who identified as never working a 12-hour night shift. The criterion for participating is enthusiasm and no compensation was offered for participating in the study.

2.3 Ethical considerations

Institutional Review Board approval (#17-082) was obtained for the study from the University Ethics Board. The three dimensions of ethical research were adhered to; respect for persons, concerns for participant's welfare, and justice ensuring that no one was excluded.^[10] Participants gave informed consent after an explanation of the objectives of the data collection was provided, together with assurances of anonymity and confidentiality. Students were informed of the voluntary nature of participation and given the opportunity to ask questions. The students' right to withdraw at any stage of the study was defined within the consent form.

2.4 Sampling

The participants ($n = 6$) in the study were selected using purposive sampling. Purposive sampling involves inclusion in a study of participants who are intentionally selected because they have chosen characteristics; individually, a student nurse.^[2,10] An advantage of purposive sampling is it enables the researchers to select participants based on their characteristics; whereas, the disadvantage is a potential bias.

2.5 Data collection

Data collection using the same interviewer for the students ($n = 6$) occurred between the students' May to August practicum. Two in-person interviews happened at a neutral campus location; one at the beginning of the students' practicum and the other at its completion. Data collection began with three semi-structured questions and moved toward unstructured, open-ended questions. Permission to use previous semi-structured guiding questions in the study; "Rethinking student night duty placements" was granted (V. Zielinski, personal communications, February 8, 2018).

The researcher started with three central questions. This approach intended to open up the research for the participant to provide their perspectives. The topics quickly changed to open-ended ones that began with how and what as the researcher delved deeper into this phenomenon. Neither the researcher nor participants would know what result this

interaction would generate. Why questions were avoided to eliminate any cause and effect. The central focus of the researcher was to listen.

Each student's response was auto taped and later transcribed by the author. During the second interview, the students had the opportunity to reflect on what it means to work the night shift in relationship to educational opportunities, experiences, and clinical practice. Interviews lasted approximately 30 minutes and data saturation occurred at the point where no new information, ideas, themes were found, and redundancy was realized.^[10] Participants did not receive any form of financial compensation, and no adverse events occurred.

2.6 Researchers involvement

The researchers' involvement is critical in the qualitative analysis as they become the tool that interacts with the participant and necessitates swimming with the data looking at developing codes and themes. Reflexivity became a part of the authors' perspective as they engaged in examining their own bias and influence on the research. For example, in preparing to write this paper, our emotions were intensely moved as we remembered the many night shifts we worked. The first author remembers vulnerability and fear of staying awake at night and the second author remembers extreme fatigue, significant to safely driving home tired after a night shift. To this day we have developed a deep insight into the qualitative aspect of what it means to live the experience of staying awake and working at night.

2.7 Data analysis

All interviews were transcribed verbatim by the first author with particular attention paid to the relevance of the practice setting. Analysis began by (a) reading and rereading the transcripts, (b) formulating the meaning of each significant statement, (c) coding looking for a conceptualization of underlying patterns, (d) creating and labeling categories, (e) categorizing themes into groups, and (f) validating to identify experiences common to all the participants).^[10]

Analytic rigor for this qualitative study involved creating trustworthiness, credibility, transferability, and conformability. Firstly, trustworthiness was accomplished through establishing protocols which ensured a similar setting and interaction without structuring the data collected. The inter-coder agreement also helped to establish trustworthiness by each author independently agreeing on the same coding scheme. Secondly, the authors established credibility was through peer debriefing. Thirdly, they established transferability through external checks and looking for outliers. Finally, conformability was sought using an audit trail of field notes.^[2]

The analysis yielded five emergent themes that allowed us to classify specific expressions of the students' commitment to the implementation of a positive practicum. The themes are as follows: getting ready and prepare, meeting standards of fitness to practice, nursing praxis, providing an environment to practice, and burden of fatigue. A description of the themes along with supporting quotes follows to reflect the essence of the students' nighttime practicum experience.

3. FINDINGS

All the students were female (100%), 80 percent single, and 50 percent had children. After completing the interviews all postulates and beliefs were extracted and categorized into five themes; getting ready and prepared, meeting standards of fitness to practice, nursing praxis, and practice activities, providing an environment to practice, and burden of fatigue (see Table 1).

Table 1. Overview of the emerging five themes, categories, and sub-categories significant to fatigue

Theme	Categories	Sub-categories
1. Getting ready and prepared	Meal preparation	Planning, shopping, and preparing
	Planning for slept	Environmental concerns significant to sleeping and transportation
	Knowledge to practice	Emergency situations and ethical issues pertaining to patient care
2. Meeting standards of fitness to practice	Nighttime narratives	Reflecting on the notions of what it means to work at night
	Maintaining physical, mental, spiritual, and emotional health	Nurturing self and sleep
3. Nursing praxis and practice activities	Standards of nursing practice	Care planning, nursing competencies and structuring break times at night
4. Providing a environment to practice	Reflecting on one's values and beliefs	Level of alertness, taking a break, a place to sleep, social life, relational practice, and bullying behavior
5. Burden of fatigue	12-hour night shift	Interrupted sleep patterns and physical symptoms related to tiredness

3.1 Getting ready and prepared

During the pre-interview, the students were concerned with the unknown; how to handle workload issues, timelines, assignments, shadow shift, unit culture, and staffing shortages. The students identified many challenges of getting ready and prepared; meal preparation, planning for slept, slept aids, knowledge to practice, and nighttime narratives.

3.1.1 Meal preparation

First, the students identified plans emphasizing the importance of meal preparation; for example, shopping, planning, and preparing. All the students agreed that bulk shopping and preparing food in advance was a priority. Some students suggested drinking coffee, tea, water, eating every two hours, and snacking to stay awake; whereas, others stressed avoidance of coffee. Figure 1 illustrates the student's attention to food preparation and eating habits.

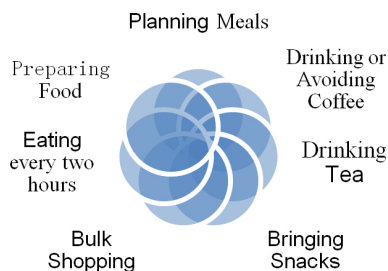


Figure 1. Food preparation and eating habits

3.1.2 Planning for sleep

A second consideration included staying awake at night, sacrificing sleep, driving home in the morning, caring for self and daytime sleeping. The students' comments significant to expected sleep included the following:

Daytime sleeping: "I am very good at sleeping! I do not think that I will have a problem with the day to night switch. I am planning on going to bed as soon as I get home from my second-day shift, wake up early slept from 12 to 5, and then I will go to work." (Participant 1)

Daytime sleeping: "I have already picked up some blackout curtains and maybe have a nap in the afternoon before starting my first night shift." (Participant 2)

Sacrificing slept: "Well, we already have blackout curtains. All our windows are sealed and closed, ear plugs are in, kids are out I would just try to juggle our schedules around as best we can to let each other sleep." (Participant 3)

Staying awake at night: "I just know that if I have a 20-minute power snooze, I am way sharper when I get up so I guess it all depends on the unit culture; what they do I guess is what I will do." (Participant 4)

Riding a bike home after night shift: “When riding a bike you want to make sure that you are alert because of the traffic on the road. I would say if I ever at a point in which I can’t ride my bike home and too exhausted I would just take the bus and leave my bike locked up at the hospital.” (Participant 5)

Driving home after working a night shift: “When I was coming home, sometimes I would have the windows down and the music blaring, but there was just no other option for me I was not going to ride my bike because I was too tired! I was fortunate for night shift because I carpooled with another girl that lived by me, sometimes the traffic was brutal it would take like twenty minutes or a half hour.” (Participant 6)

Driving home after working a night shift: “I can always grab a small coffee a little bit of caffeine would get me through, and I generally open the windows and sing along to the radio.” (Participant 2)

Caring for self “I would make a solid meal so that I do not wake up hungry! I would have a quick shower, get into bed, and try and sleep as long as I can until the next night. I think two in a row should be OK it would give lots of time

to recover on my five days off.” (Participant 6)

3.1.3 Sleep aids

A likely third concern expressed by the students included a need for sleep aids. To facilitate sleeping the students planned on purchasing or utilizing items at hand in their homes. The students stressed the importance of communicating their nighttime schedule with neighbours and friends. Although the students could not control for the warm summer days and heat they did compensate for lack of air conditioning by using fans. Unfortunately, they were unable to control the noise of city workers and people events in the neighborhood. Figure 2 illustrates the students’ creativity critical to facilitating sleep.

3.1.4 Knowledge to practice

Pre-practicum the students were concerned with applying knowledge, skills, and judgment to practice. For example, how would they handle an emergent situation, calling the physicians at night, policy awareness, and skill levels? Post-practicum the students had elevated their practice to consider the ethical issues of nursing; for example, considering palliative care options for a patient in distress. Ethically, the student had made the client the primary concern in providing nursing care and was interested in expanding her practice. Table 2 represents the students’ pre and post suggestions for applying knowledge to practice.

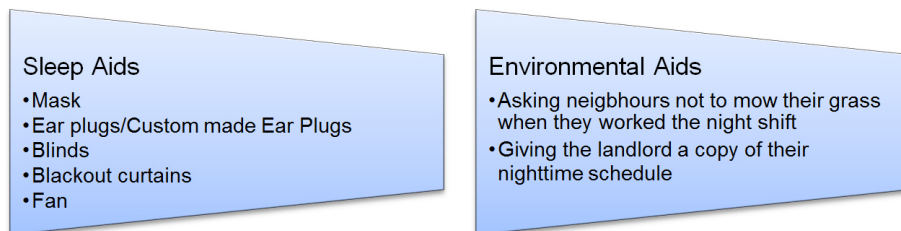


Figure 2. Preparing for sleep using sleep and environmental aids

Table 2. Pre and post application of knowledge to practice

Pre-practicum	Post-practicum
“If I am lacking in certain skills then I would look for a patient with those skills and then I would look through their charts with my MRN” (Participant 2).	“I felt frustrated because I didn’t really know where to go. I was covering for someone else and my nurse was on a break. In the fall I am taking the palliative care course because everywhere you go you encounter palliative care and I want to know better how to care when they cannot talk to me” (Participant 1).

3.1.5 Nighttime narratives

Before starting their CPEs, the students already have preconceived notions of what it means to work a night shift. These ideas originate from dialogues with staff nurses, family, pro-

fessors, and in-class research. Of particular concerns was the bundling of breaks illustrated by the following narrative.

Bundling breaks: “I have heard that some people bundle all their breaks together and take long

naps and some people cat nap. And I know we did some research on it for our research class; we actually found that it was very dependent on the nurse.” (Participant 5)

Nurses: “I know that there is conflict with the management in terms of people will take away the mattresses that the nurses have been hoarding! I have had nurses tell me that they feel like they are breaking their own standards of practice if they don’t nap because they get so out of it at 4 AM.” (Participant 1)

Research Class: “I definitely learned from our research class; a correlation among errors and night work. You are not supposed to be up at night it’s not a normal sleep pattern. I can see more errors happening on night shift than a day shift for sure.” (Participant 5)

Parent: My mother, who is a nurse, “She hated nights! She tried to switch them; she was actually lucky enough to have a co-worker that preferred nights.” (Participation 6)

Parent: Participant’s observation of father, “He would be up from 4:30 AM until 9:30 AM the next morning so it was a long day for him and he has done it for 25 years.” “On his first day off he said he used to sleep in but now he sleeps until three o’clock in the afternoon or four o’clock he is getting older and he is sleeping longer after his last night shift.” (Participant 5)

Nurses: “I have heard from other nurses in practice to stay awake on the night shift they graze. I will try and eat healthy and decrease my sugar, so I don’t have sugar crushes. I will eat more complex carbohydrates rather than instant sugar gratification.” “A lot of them just say they feel rather fussy. If the night has been really hectic, they say that it is blurry.” (Participant 2)

Professor: “She gave a seminar on nights, and she said something like that really struck me—that driving home from your night shift if you did not sleep yesterday you were legally impaired.” As per professor notes, “4 AM apparently is difficult, and that is the worst time plus getting cold.” (Participant 1)

3.2 Meeting standards of fitness to practice

Other perceived challenges that the students envisaged were meeting the standard; Fitness to Practice. According to nursing standards’ fitness to practice includes maintaining physi-

cal, mental, spiritual, and emotional health; to be precise, as a nurse, we must pay attention to nurturing and sustaining ourselves.^[14] As the students pointed out there is a distinct balance between self-care and caring for their children.

“I got to sleep! It’s only 12 weeks, and I can get through it. I got to take care of me, and this is how it is he understands the importance of me finishing so there’s going to be those days that unfortunately, he needs me I am just not available, but I have friends that can support him and are here.” (Participant 4)

“I have kind of given up on exercise it’s hard to balance my family and time on school and when I have time to spend with my family. We trying like in the summer we are taking the kids hiking but then I keep missing that hour of time that I keep to myself.” (Participant 3)

3.3 Nursing praxis and practice activities

To understand the concept of praxis, that is, the thoughts and action of nursing practice, and its application to CPE the students’ attended an orientation with their professors to prepare and develop a learning plan.^[5, 16] Care planning strengths include suggestions that the patient is the expert in their health, and therefore is empowered by the nurse to make their own decisions.^[17] Drawing on the nursing standards to practice, document, competencies for an entry-level RN’s, the students advanced their skills in locating, practicing, and reading policy and procedures, relevant to nursing practice and standards.^[18]

Administration:

“So far, I am reviewing my anatomy and physiology about the heart. I have a list of the common medication that patients take that I am familiarizing myself with. And the head to toe assessment I know we will be required to do that at the beginning of our shift.” (Participant 5)

“I usually for practicum get there about a 1/2 hour before my shift at 6:30 and do patient research. I may have specific learning needs aimed at improving my practice.” (Participant 4)

Of note from this scenario is that students are arriving for their day or night practicum at 6:30 AM/PM to develop a learning or care plan for their shift and leaving at 7:30 AM/PM. Often the students have been on night shift for five hours without having a break. Breaks consist of two 30-minute meal breaks and three 15-minute coffee breaks.^[19]

Table 3 illustrates the students’ bundling their break times. Breaks varied on days for a total of 60 minutes to three hours on the night shift; instead of the required one hour forty-five minutes. During the day shift, the first break may not occur until five hours into the shift and at night time six hours into the shift.

Table 3. Daytime and nighttime breaks

7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM
	1 hour	2 hours	3 hours	4 hours	First Break 5 hours			First Break				No Third Break
7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM
	1 hour	2 hours	3 hours	4 hours	First Break 5 hours			Second Break				No Third Break

*Daytime breaks (30 minutes times 2 for a total of 60 minutes; instead, of 1 hr 45 minutes) and Nighttime breaks (2 to 3 hours for a total of 120 to 180 minutes; instead, of 1 hr 45 minutes).

3.4 Providing an environment to practice

Post-practicum, the students reflected on their nighttime experiences significant to their standards of practice and their level of alertness, taking a break, a place to sleep, social life, relational practice, and one example of bullying behavior. According to Hartrick Doane and Varcoe,^[17] relational practice is more than just interacting with the patient but considering ethical perspectives and reflecting on one’s values and beliefs.^[17] Hartrick Doane and Varcoe also suggest that bullying is best understood-rationally, in which this behavior arises from the characteristics of the workplace. Bullying is witnessed in many forms; for example, being unavailable to assist and hampering another person’s performance.^[17]

Alertness: “I felt like night shifts are OK I don’t mine them, but I felt like I learned more during my day shifts just for the sole reason that I find I don’t pick up on things as well during the night time. I would try and read up on stuff and what not, but I found that I did a better job during my days. It was very hard to stay awake at night.” (Participant 3)

Alertness: “If I have a choice I wouldn’t want to work just nights because it does mess with your sleep cycle and at the end of the day I don’t think it would be the greatest for you to be doing the rest of your life you need a good balance depending on where you get work. I would prefer finding something that had a balance in it not more nights than day shifts.” (Participant 4)

Taking a break: “I like night shifts because I get a break, on day shifts you obviously get breaks usually you get your breakfast at 12, get your

lunch at 3 or 4, and then you don’t get a dinner. I am young which is not an issue for me, but I would not like to do that for the rest of my life.” (Participant 2)

Place to sleep: “We would often bring a stretcher into our CNL’s office, and we had a couple of offices that we could bring in a stretcher from the third floor, lay on that or in the sunroom. I never went to the staff room because you are sitting up in a chair and the door would be open and close the whole time. I tried to go where it was quiet.” (Participant 4)

Social life: “I didn’t have too many friends—a couple of girl friends and my roommate. We were kind of on opposite schedules or at the other hospital, but my roommate and I were on the same schedule so we would often do things together. But we are there for school, and there wasn’t a lot going on. And a couple of other friends that I knew had gone back home but the quality of people I had was enough to balance work, a school with social life.” (Participant 4)

Social life: “No, my son and I we didn’t do much we would go to the gym together or just hang out at home.” (Participant 6)

Relational practice: “Even though I was on the palliative care I never really saw the palliative care approach in the hospital which I found quite fascinating because we learned that in school. The doctors would give orders for comfort care, and I found this the hardest part of being in the hospital. I didn’t think that there was not a lot

of dignity dying there as I would find on the hospice team or palliative care team. I struggled with that to be honest.” (Participant 6)

Bullying behaviors: “I had a rough experience with one nurse. I never got an admission from ER where I was able to go through the whole process of admitting a patient, so we found an admission. I had told her that I had never done one before I had only shadowed. I focus on my patient and she just sort of like left me. The nurse came in three times to say that you need to be watching the time and she wasn’t nice about it! She was very gruff! After the first time I just took a little breath and then the third time she

came in I told her if she liked that she could start from the beginning herself; otherwise, just let me. I felt good standing up for myself and my patient. Then another nurse helped me put in the information, and I was done the section in 10 minutes flat because I work well with computers. I called my professor after I got home and briefed her, and she said you did the correct thing.” (Participant 5)

3.5 Burden of fatigue

See Table 4 for a typical student’s sleep pattern during their four days set of 12-hour shifts (Participant 1).

Table 4. Sleeping pattern of a student over a set of four 12 hour shifts

Day 1 (07:00-19:00 hrs)	Day 2 (07:00-19:00 hrs)	Night 1 (19:00-07:00 hrs)	Night 2 (19:00-07:00 hrs)	Bundling of Breaks on nights	1 st Day off	2 nd Day off	3 rd Day off
Regular sleep pattern	After work stayed up to 02:00 or 03:00 hrs	Before shift: Slept late and have a nap between 16:00 and 18:00 hrs	Prep for 2 nd Night shift Went to bed at 08:30 or 09:00 hrs and slept until 13:00 hr “so tired”	2 hr naps between 01:45-03:45 or 03:45-05:45 hrs	Tired--slept all day	Less tired	Back to normal sleep pattern

Post-practicum, the students reported having one to five hours naps in the afternoon before commencing a night shift. One student description:

“If I have a choice I wouldn’t want to work just nights because it does mess with your sleep cycle and at the end of the day. I don’t think it would be the greatest for you to be doing the rest of your life. You need a good balance depending on where you get work as nurses are always going to be needed during the night too. I would prefer finding something that had a balance in it—not more nights than day shifts sort of thing.” (Participant 4)

After completing a set of four 12-hour shifts, one student declared: “My body just wants to stay up” (Participant 3). Other students report not drinking water after 0500 hours so as not to interrupt their sleep with a trip to the bathroom. Break times consisted of bundling breaks, and the students reported taking breaks ranging from two to three hours. To stay awake at night the students reported eating; regrettably, some gained weight.

Bundling Breaks: “The second night shift was

really hard I was so tired, but our unit bundled their breaks so I found if I went to the break from one to three and slept it was great. But then if we went from four to six or three to five and sometimes it was later it was really hard. I would just fall asleep and then it was time to get up, and it was really hard to fall asleep when I got home.” (Participant 6)

Comfort food: “If I didn’t have first break I really wanted sugar—it was just something that I wanted to keep me awake.” “Sometimes I was very good and other times when there was a potluck I would decide to eat all night; like all shifts, it varied. I guess how much food was on the floor, how good I was at self-control I had that night. If it was really slow, it was hard not to if there was a spread in the back room and everyone was constantly eating.” (Participant 6)

Exercise: “I would get home like 7:30 sometimes a quarter to eight because I would ride my bike but not the entire time; I would get really tired.” (Participant 1)

Weight gain: “I gained four pounds from working so much. I do not know how, I would go to the gym, but on shifts, eating was the best.” (Participant 6)

Weight gain: “I gained so much weight when I get tired I will eat—so I did.” “I found myself

getting tired and knew that I should eat something; so I would just eat.” (Participant 1)

The burden of fatigue experienced by the students included symptoms of nausea, headaches, low blood sugar, and tiredness (too tired to bike). Figure 3 outlines these symptoms.

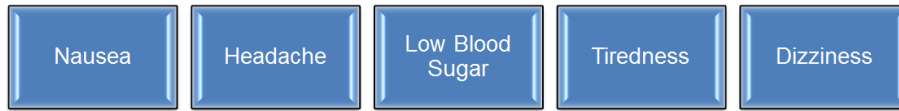


Figure 3. Physical signs and symptoms of the burden of fatigue

4. DISCUSSION

A premise for writing this paper was looking through the student’s lens at the pedagogy of learning and experience during their first night time practicum. The essence of the student nurses experience of completing a nighttime practicum was struggling to find a balance between study, work, and home. All the students reported valuing their standards of practice; that is, the concepts of professional responsibility and accountability, knowledge-based practice, client-focused provision of service, and ethical practice.

The highlight of this research is the incredible amount of work done by the students striving to balance university studies with that of paid work and activities of daily living. Many of the students work on their days off while completing their practicum. Not only did the students work on their days off they reported that during their practicum’s their preceptors or most responsible RN would work short-staffed. Because of the reduced staffing, they were required to pick up extra patients; the students often assumed patients’ with high care needs. One student described an episode of bullying in which she was expected to complete an admission without any guidance. An important attribute of her professor was the student had a supportive professor who was able to balance learning needs with workplace conflict.

Three of the students had the added responsibility of child-care in which they balanced their child’s school activities with completing assignments and sleeping during the daytime. One student sacrificed sleep to attend her child’s school activity. Another significant impact was the students’ social life; the students reported their social activities included spending time with their children, occasional dinners out with friends, and going to the gym. Because of financial considerations work replaced socializing with friends. Another barrier to socializing was being on opposite rotations to their friends.

The students worried about fatigue and driving a car after

completing a night shift; instead, they attempted biking only to find that they were too exhausted to peddle their bike. Other alternatives included busing providing that their community has an early morning bus service. Walking was not always an option because of the distance between the hospital and the students’ home.

The students’ comment on sleep deprivation and the experience of fatigue was; “so tired.” They reported their usual slept pattern during the day never extended past five hours and they often awakened by 11:00 AM. It was not unusual to be awakening by neighborhood activities, too warm an environment, and difficulty falling asleep. To stay awake at night, the students ate to maintain a level of alertness; reporting a potential to gain or have gained weight.

4.1 Recommendations and limitations

Recommendations made by the authors related to assignments and clinical practice included the following; the school of nursing, professor instruction, nursing college, and the Health Authorities. First, the School of Nursing might consider decreasing the number of assignments while nursing students are in clinical placement. The clinical seminars should count as clinical hours. Consider ending lengthy telephone check-ins unless a student placement is off-site. Think about easing students entering into 12-hour night shifts by offering day and evening shifts, consider 8-hour shifts versus 12-hour shifts, and if the students are required to work four consecutive 12-hour shifts, consider five days off in between sets.

Second, the Professors should not require the students to submit assignment mid-set between two-days and two-nights. Third, the nursing college considers working with the health authorities to create an environment to maintain fitness to practice by supporting sleep/rest breaks. Finally, the Health Authorities need to ensure that sleep and rest breaks are supported to uphold Fitness to Practice.

Third, the authors recommend that professors play a role in balancing assignment with hours of work, including information significant to workplace bullying at orientation, considering rotations that allow greater access to carpooling and sharing expenses, and reducing the number of night shifts worked, or eight-hour day/evening rotations. Limitations of this study include the absence of male students. Therefore, these findings do not meet the criteria of transferability beyond that of the female student nurses.

5. CONCLUSION

This study focused on the student nurses completing 193 CPE hours over a six-week practicum between May and June. According to the nursing students' opinions, and experiences the most significant aspects of the practicum were fatigue, personal safety, too tired to exercise, and patient care

issues supporting the need for a restorative nap during the night shift? Other barriers to napping exist within the organizational environment that discourages napping on break time. The findings of the present study suggest less or no night shifts during the students' first practicum and institutional improvements that include rest areas with dimmed lighting and comfortable lounges.

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CONFLICTS OF INTEREST DISCLOSURE

There are no financial and personal relationships with other people or organizations that could improperly influence our work.

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