Medical Students' Experiences of Part-Time Hospital Work: A Qualitative Study

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Abstract

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Keywords

work experience, medical students, qualitative research, content analysis, Iran

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Acknowledgements

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Introduction

Healthcare disciplines, such as nursing and midwifery, are applied and dynamic disciplines. Education in these disciplines consists of both theoretical and practical training, and involves practice, skills training, creativity, and experience (Izadi et al., 2015). Instructors and students in these disciplines must develop their skills and competencies to accurately identify and effectively manage patients' problems and needs (Rahman et al., 2015).

Clinical education is a critical component of healthcare education. Clinical education provides nearly half of the curriculum in some healthcare areas such as nursing (Papastavrou et al., 2016). Clinical education enables students to apply their theoretical knowledge in clinical practice (Izadi et al., 2015), to develop their practical skills (Hengameh et al., 2015), to integrate their theoretical knowledge with practical skills to manage patients' problems, to develop their theoretical thinking, and to exercise their professional skills (Hengameh et al., 2015; Nabolsi et al., 2012). Despite the central role of clinical education in developing students' professional skills, many universities have failed to improve the quality of students' skills and have overlooked appropriate planning for this improvement (Elçigil & Sarı, 2011). Heidari and Mardani (2015) stated that the current methods of clinical education in Iran are ineffective in improving students' practical skills due to a lack of competent clinical instructors, a lack of appropriate educational technologies, the lack of a coherent clinical education program, limited motivation of instructors and students, and ineffective collaboration among hospital staff,

clinical instructors, and students. Studies suggest that university curricula do not adequately prepare students for independent clinical practice: nurses beginning their paid employment as nurses have low self-confidence and high job stress, and as a result are likely to make more mistakes (Anbari & Ramezani, 2010; Elçigil & Sarı, 2011). Given these limitations of the existing clinical education curriculum, part-time work in hospital settings has the potential to enhance the clinical skills of students in the medical field (Kenny et al, 2012).

Income is the most important motivation of students when deciding whether to work in hospitals during their studies (Manoochehri et al., 2016). Attempts to build clinical skills and experiences, preparing for post-graduation work, having a better social life, improving self-confidence, increasing the likelihood of post-graduation employment, and becoming acquainted with new people are other reasons. In Australia, 90% of nursing students work for at least 15 hours a week in their third year of school (Phillips et al., 2012). In Asian nations, 50–60% of students work throughout their studies (Manouchehri, 2017). When medical students work during their university studies, it improves their skills, modifies their attitudes, beliefs, and behaviors, clarifies their perceptions of the real conditions and problems of work, and provides them with income (Hasson et al., 2013; Manouchehri et al., 2016; Salamonson et al., 2012).

However, part-time work can also exert negative effects on student learning and experiences, their post-graduation work, their clinical skills, and their subsequent adaptation to work environments (Manoochehri et al., 2018). For instance, one study found that working students had much lower grade point averages than non-working students, felt regretful about working during their studies, and identified it as a reason for their academic shortcomings (Mercer et al., 2016). Another study confirmed that working more than 15 hours a week while studying can increase the risk of academic failure (Phillips et al., 2012). Furthermore, it can significantly increase the level of stress and anxiety among working students (Mounsey et al., 2013), limit their social activities, produce role conflicts, reduce their quality of life, and lead to errors in performing clinical duties (Hall, 2010; Hasson et al., 2013).

Even though working while studying has a variety of both beneficial and negative consequences on students, there has been little research into this topic. Additionally, most of the scholarship on this topic has employed quantitative research designs and therefore did not produce an in-depth knowledge of the consequences for students of working while studying (Burns & Grove, 2010). Therefore, additional studies, using qualitative designs, are needed to fill this gap:

> Qualitative data describe. They take us, as readers, into the time and place of the observation so that we know what it was like to have been there. They capture and communicate someone else's experience of the world in his or her own words. Qualitative data tell a story. (Patton, 2002, p. 47)

The present qualitative study was conducted to explore medical sciences students' experiences of hospital part-time work during their studies.

Methods

Study Design

This study was conducted using qualitative content analysis (Bengtsson, 2016). Qualitative content analysis is appropriate to collect and organize data in a systematic and standardized way that enables researchers to analyze textual data and draw inferences about the characteristics and the meaning of data. Content analysis begins by reviewing the

interviews several times to see them as a meaningful whole and to become fully acquainted with the concepts presented by the interviewees. In this process, each interview transcript is read verbatim and repeated words or concepts are classified into codes, categories, and themes. This technique enables the analysis of both explicit and descriptive material as well as latent content (Fadlillah et al., 2020; Graneheim et al., 2017).

Researchers

Two of us (Nouri and Pourghane) conceptualized the study and designed the research. One of us (Nouri) collected the interview data. Four of us (Nouri, Pourghane, Mansouri, and Salimi) analyzed the data and drafted the manuscript. Two of us (Pourghane and Oleson) formatted and revised the manuscript for publication.

We are interested in relationships between students' personal and academic lives. There have always been different opinions about the positive and negative effects of part-time hospital work and we hoped to clarify the hidden and ambiguous dimensions of part-time hospital work, using the voices of the students themselves. We hope that our findings might help to inform decision-makers about the advantages and disadvantages that part-time hospital work has for students, medical centers, and patients.

Participants

Our relevant study population consisted of all bachelors-level nursing and paramedical students from Guilan University of Medical Sciences. This university is a public university in Rasht, a city in the north of Iran. The university was founded in 1965 and now enrolls 7000 students, including 2000 in nursing and allied health professions. Guilan University administers seven different hospitals and several research centers. Our participants included 24 students from the fields of nursing (10 students), surgery (4 students), laboratory sciences (4 students), radiology (3 students), and anesthesiology (3 students). Participants included 13 males and 11 females; 23 were single and 1 was married; and their ages ranged between 20 and 25, with a mean of 22.

To gather participants with first-hand experiences of the phenomenon of interest (Alavi et al., 2016), we used purposeful sampling among students within healthcare fields at Guilan University. We sought out a variety of students who were representative in terms of age, gender, marital status, field of study, work shift, hospital, and ward. A detailed description of the study was presented to potential participants and if they agreed to participate, written consent was obtained. This study was approved by the Student Research Committee and the Ethics Committee of Guilan University of Medical Sciences (IR.GUMS.REC.iR.2019.317).

Data Collection

The data were gathered using semi-structured face-to-face interviews. All interviews were conducted by the first author (Nouri) at a peaceful location and at a time that was convenient for the participants. The interviews began with questions regarding the individuals' areas of study, grade point averages, and length of time spent working in the hospital. Then, the following open-ended question about their experiences was posed, "Can you please describe your experience of clinical learning?" Further probing questions such as "Can you please explain more?" were also employed to collect additional in-depth data. We continued data collection up to the point of data saturation. Interviews lasted between 20 and 50 minutes. All interviews were digitally recorded with participants' consent. Some participants expressed

initial concerns about having their voices recorded, but all participants agreed to be recorded after the researchers explained that all data was confidential.

Data Analysis

Data collection and analysis were concurrent. The method suggested by Graneheim and Lundman (2004) was employed. To begin, we transcribed and reviewed the interviews numerous times to comprehend the participants' descriptions of their part-time work. We analyzed each interview as a whole and then extracted the expressive words, phrases, and paragraphs that represented units of meaning. Coding was performed by converting units of meaning into brief phrases that further clarified the concepts. Finally, looking for similarities and differences in an iterative fashion, we revised the codes and sub-categories, constructing three main themes that encapsulated eight sub-themes (Abdi et al., 2020; Elo et al., 2014).

For example, many of the participants discussed the benefits to the hospital of medical students' part-time work (such as the alleviation of staff shortages and improved quality of care through the alleviation of these staff shortages). One male student, for example, stated, "When students are in the hospital, the number of staff shifts is reduced and we help to fill their schedules," and a female student observed, "With the presence of students, the number of employees increases and the quality of patient care increases." Because these data spoke to the effects of work on the hospital setting, we coded these descriptions (and others like them) to establish a sub-theme called "Operational Benefits." Similarly, when many of the participants discussed issues linked to their inexperience and lack of clinical abilities during their part-time hospital job—in some cases producing evidence of dissatisfaction among physicians and patients—we used these descriptions to establish another sub-theme called "Unprofessional Care Delivery." After reviewing the types of all eight emergent sub-themes, these two sub-themes (Operational Benefits and Unprofessional Delivery of Care, both of which related to the effects of student work on the hospital) were clustered together as one of our three main themes: "Organizational Outcomes."

Trustworthiness

The evaluation of qualitative research is frequently guided by the four criteria introduced by Lincoln and Guba (1985): credibility, dependability, confirmability, and transferability (Cope, 2014; LoBiondo-Wood & Haber, 2014; Speziale et al., 2011). Lincoln and Guba later added a fifth criterion: authenticity (Guba & Lincoln, 1989). Credibility, analogous to internal validity, refers to the truth of data (Polit & Beck, 2012). It is enhanced when the researcher depicts the experiences and views of the study's participants in the way that they, themselves, would describe it (Sandelowski, 1986). To ensure credibility, prolonged engagement with the data, sampling with maximum variation, and bracketing (i.e., steps to eliminate preconception and bias in the research) is needed. To build the credibility of this research, the study's findings were provided to the participants and approved by them.

Dependability refers to the research's constancy (Deal, 2010), analogous to the scientific criterion of reliability. A study is deemed dependable if its findings would be replicated using similar participants under the same conditions (Koch, 2006). To increase the dependability of this research, long-term engagement with data, frequent and close communication with participants, and systematic monitoring of the results were carried out by the authors.

Confirmability, analogous to the criterion of objectivity, refers to the researcher's ability to establish that the data accurately reflect the views of the participants; not the researcher's own perspectives (Polit & Beck, 2012; Tobin & Begley, 2004). Audit trails can be valuable

tools in insuring confirmability (Cope, 2014). To increase the confirmability of this research, three academic members who were not part of the study team witnessed and verified the interviews, the extraction of the codes, and the construction of the sub-categories and main categories.

The application of the study's findings to other settings and to other groups represents transferability (Houghton et al., 2013; Polit & Beck, 2012). This quality parallels measures of external validity. Do the findings have meaning for those who were not part of the study? Are they relevant in other situations? This criterion was guaranteed in the study through purposive variation in the selection of samples, ensuring full explanation of the sampling and interviewing processes, and ongoing discussion within the research team about the applicability of the results to other researchers and settings. Through these measures, the authors sought to demonstrate the trustworthiness of the study data.

Finally, authenticity "refers to the ability and extent to which the researcher expresses the feelings and emotions of the participant's experiences in a faithful manner" (Cope, 2014, p. 89). Authenticity incorporates four related aspects: ontological authenticity (expanding personal constructions in one's research), educative authenticity (improving the research constructions of others), catalytic authenticity (stimulating action from research), and tactical authenticity (empowering action; Guba & Lincoln, 1989). In the current research, authenticity was built up through ongoing discussions within the research team about the nature of the data collected, and through the continuous evaluation of the data.

Results

Codes, Sub-Themes, and Main Themes

Units of meaning from the interview transcripts were classified into 21 discrete codes, which in turn were organized by principles of similarity into eight sub-themes, which were further consolidated into the three emergent themes of part-time hospital work: perceived personal benefits, organizational outcomes, and unpleasant clinical environment (Table 1).

Table 1
Codes, Sub-Themes, and Themes in Student Experiences of Part-Time Work in Hospitals

Codes	Sub-Themes	Themes
• Sustained learning • Skill development • Practical learning	Effective learning	Perceived personal benefits
• Engagement in care delivery • Improved relationships	Improved self-confidence	
• Having income • Supporting family	Financial gain	
• Alleviation of staff shortage • Improved care quality through alleviation of staff shortage	Operational benefits	Organizational outcomes
• Occasional dissatisfaction of physicians • Occasional dissatisfaction of patients • Students with low experience	Delivery of unprofessional care	
• Constant stress	Job burnout	Unpleasant clinical environment

• Mandatory acceptance of heavy workload • Necessity to do irrelevant tasks • Unclear job description		
• Meager salary • Delay in monthly payments	Financial strains	
• Incongruence between theory and practice • Stereotypical learning • Absenteeism due to extreme fatigue	Academic discouragement	

Data from the interviews will be used to illustrate each of the main themes and their constituent sub-themes.

Perceived Personal Benefits

According to the participants, their experiences of working in a hospital throughout their studies were beneficial in some ways. These impacts were classified as under the codes of effective learning, increased self-confidence, and financial gain.

Effective Learning

Working in a hospital during their studies made students better healthcare practitioners. It provided them with opportunities to develop their professional knowledge and skills, to use their knowledge in practice, to experience different clinical situations, and to provide care for patients with different health problems. Part-time hospital work helped them to better understand what they were learning during their theoretical training, and it provided them with additional opportunities to practice and develop their skills. Several interviewees observed that without independent clinical experience, they would have been unable to comprehend what they were studying in their textbooks. As a result, working at a hospital while enrolled in school related to more effective and practical learning.

In Iran, students, after passing the sixth semester and obtaining the official license of the university, are eligible to serve patients in clinical settings along with nursing staff. This part-time work is not restricted to working on one ward, and according to the needs of hospitals and medical centers, a student might be moved to different wards and departments, thereby enhancing his or her experience of various dimensions and aspects of clinical skills. One male student explained:

> Since I have started working in hospital as a student, I can better retain whatever I learn because I work independently and should know how to start and finish a task. Now, it's for four months that I'm working in emergency department. My intravenous line establishment practice has significantly improved during this period. In the three-year course of my internship, I had established only fifteen intravenous lines, while I currently establish about thirty lines per day.

Improved Self-Confidence

Self-confidence refers to students' freedom from fear and anxiety when performing tasks independently. Most of the study's participants highlighted their lack of self-confidence during the first days of their work in hospital and all of them noted that part-time hospital work improved their self-confidence. One male student explained: "When a patient with emergency conditions is transferred to the ward or a patient needs cardiopulmonary resuscitation, I engage in all care-related activities like a hospital staff, and this positively affects self-confidence."

Participants also noted that working in hospital settings helps students to establish effective communication with hospital staff. Some considered it to be a key to professional success and to quality care. One female student stated:

> During the first days of my internship and the first days of part-time hospital work, I couldn't establish effective communication with ward staff and patients and experienced considerable stress when talking with them. This caused patients not to closely collaborate with me. However, working in hospital improved my communication skills.

Financial Gain

Some participants referred to the costs of their university education as a heavy burden on their families. Expenses such as commuting from different cities, the cost of food, and educational materials such as books make university study expensive given the fact that most families have very limited economic resources. Therefore, the students engaging in part-time work in university hospitals sought to defray the financial burden of their education and to satisfy their financial needs. Only four of the participants, however, reported that their income acceptably fulfilled their financial needs. One male student explained: "I have two siblings who study at university. Although my income of working in hospital is not very much, it enables me not to ask money from my family in some months." Another male student expressed similar views: "By having part-time hospital work, I feel that I have a source of financial support for myself, and this satisfies me to some extent."

Organizational Outcomes

The first main theme of the research, perceived personal benefits, focused upon the advantages of part-time work for students. But many of the students who participated in this study also spoke about the consequences of student work for the institutions. This generated a second main theme, identified as organizational outcomes. The students described both positive (organizational benefits) and negative outcomes (delivery of unprofessional care) for the healthcare system as an organization.

Operational Benefits

The students who engaged in part-time hospital work helped to alleviate hospital staff shortages and to reduce staff workloads, thereby improving the quality of care. Approximately half of the participants in the study noted that hospital staff were satisfied with the practice of hiring students for delivery of healthcare services. One female student explained: "Staff suffer from the consequences of heavy workload and staff shortages. Therefore, whenever I'm at work, colleagues thank God for having a support staff."

A male student echoed this point, noting that increased staffing translated to the provision of better care: "When we are added to hospital workforce, staff shortage is alleviated, and better care is provided to patients."

Delivery of Unprofessional Care

Not all organizational consequences of student employment were desirable. Students have limited professional experience and cannot always effectively perform at work. This can result in a variety of problems. For example, one male student explained:

> When I worked in emergency department, a patient with a finger wound was referred to the department. The wound needed suture and I performed the suturing. It was my first suturing experience. After suturing, I noticed that the finger was not in the correct anatomical alignment. Therefore, I reported the problem to a staff nurse, and she performed the suturing.

Sometimes it was not the student who raised the issue of sub-standard care, but colleagues, patients, or others (such as the patient's family member). Indeed, some participants noted that their unprofessional care had resulted in complaints being lodged with the hospital authorities. One male student described such a situation:

> I had to establish an intravenous line for a woman with generalized edema. I didn't have the experience of providing care to such patient. After two unsuccessful attempts, the patient got angry and did not allow me to continue my work. Her husband was referred to the nursing station for his objection, but he did not receive a satisfactory response. Therefore, he went out to talk with the Dean of the Hospital.

Some participants also noted that physicians avoided working with students, justifying the practice by stating that students do not adequately follow their orders. One female student explained:

> While a surgeon was debriding the diabetic ulcerated foot of a patient, he asked me to place the patient in a certain position. But I didn't know that position and hence, the physician got angry and said the policy of the hospital authorities to employ students with limited clinical skills was wrong.

Unpleasant Clinical Environment

The final main theme that emerged from the data was an unpleasant clinical environment, representing the personal costs that part-time hospital work imposed on students. These outcomes were grouped across three sub-themes: job burnout, financial strains, and academic discouragement. Each of these will be described in turn.

Job Burnout

Most of the study participants complained of physical and mental burnout and attributed this burnout to heavy workloads and the necessity of performing tasks that were not part of their job descriptions. They noted that hospital authorities and hospital staff exploited them as resources to cover backlogs of work, even when the students were not adequately prepared to

take on those functions. For example, one female student described such a situation: "Sometimes the hospital is crowded, and we have 25 patients. In these situations, they ask me to measure all the vital signs and administer the medications of all patients. It is difficult and tiresome for me."

Another student—a male—described taking on additional work due to these staffing shortages and of being unprepared and ill-equipped to respond to problems: "In the case of staff shortage, they sometimes asked me to use a wheelchair to take a patient to the radiology ward, but I didn't know what to do if something went wrong with the patient."

Participants also reported job burnout due to high levels of fear and stress caused by working in clinical settings and lack of self-confidence in being able to perform their tasks accurately. They noted that this stress caused great occupational strain and reduced their productivity, particularly in the first days of work. One female student said:

> I had considerable stress in the first days of my work in hospital as a student because there was neither an instructor nor my friends to support me. I had great fear over making mistakes and losing personal trust among colleagues.

Financial Strains

Although most students cited financial concerns as the primary reason for working at a hospital throughout their studies, they also remarked that their income was insufficient and that payments were often not made on time. A male student explained: "The payment for our work is very low and I feel it is forced labor."

Another male student confirmed this sentiment: "They pay this small amount of money with delay. Sometimes, they pay the wage of two to three months all at once and omit the wages for some of our working hours."

Academic Discouragement

Most of the participants described poor achievement in their clinical education, which was accompanied by discouragement with their overall education. Incongruence between the theoretical training of their university classes and the practice of actual hospital routines caused confusion and reduced their academic motivation. Moreover, heavy workloads, fatigue, and burnout prevented them from regularly attending their classes. For example, one female student explained: "Sometimes, the instructors' education and the hospital staff's practice are different, and I haven't still understood which one is beneficial to patients."

Another female student observed: "I understood at work that none of my colleagues had creativity and autonomy and they managed all patients almost similarly."

A male student explained:

> After night shifts, I'm very tired. I cannot attend my classes on the days after my night shifts. However, in fact, I don't miss anything, because in our clinical courses, the instructors mostly repeat the same things that they teach in the classroom, and they rarely train practical skills.

Discussion

This study explored the experiences of medical science students who engaged in part-time hospital work during their university studies. Analysis of their interview transcripts revealed both positive and negative experiences, which were organized into themes of

perceived personal benefits, organizational outcomes, and unpleasant clinical environment. These three themes are discussed below.

Perceived Personal Benefits

The advantages of hospital work during university study included effective learning, improved self-confidence, and financial gain.

Effective Learning

Our findings indicated that the students benefited from part-time hospital employment. Students in healthcare fields are exposed to an incredible amount of information and therefore require effective ways for organizing and understanding it (Haghani & Khadivzadeh, 2009). Typically, such material is conveyed to university students through academic classroom lectures. They do, however, require actual training in clinical settings to develop a thorough grasp and to accelerate their learning (Javadinia et al., 2012). Confirming our findings, students in two previous studies stated that traditional clinical education did not satisfy their educational needs and that practical work experience gained through hospital work was necessary for promoting their learning and ensuring their future success (Manoochehri et al., 2016; Salamonson et al., 2012).

Improved Self-Confidence

We determined that working in a hospital allowed students to establish good interactions with hospital personnel and to do their jobs autonomously. In line with our finding, previous studies showed that part-time work promotes student competencies and skills (Hasson et al., 2013); improves coping abilities, interpersonal interactions, and teamwork skills (Martin & McCabe, 2007); facilitates professional socialization (Nelson et al., 2004; Phillips et al., 2012); and facilitates a smoother transition from studentship to working life (Phillips et al., 2012). Nursing staff in the clinical settings are an important source of learning and can also exercise positive effects on behavior and relationships with patients. One qualitative study of 11 third-year nursing students discovered that good interactions with nursing staff may aid in the learning process of nursing students (Vallant & Neville, 2006). Working in the hospital strengthens their relationships with hospital staff, patients, and patients' companions, improves their decision-making skills, and reduces their occupational stress (Manouchehri et al., 2016). However, one of the most important stressors for students who work in clinical settings is healthcare staff criticism of their practice and their inappropriate conduct toward them (Fard et al., 2008). One study showed that in clinical settings, students constantly face new persons and situations and hence, often feel fear and low efficacy (Levett-Jones et al., 2009).

Financial Gain

For students, another advantage of hospital employment was the money earned. Self-sufficiency in financial matters is very important to students, because by working, they can earn money and pay for their education. In addition, students' financial problems are reduced. They can study with more confidence, and they can personally afford accommodation, food, clothing, education, entertainment, and incidental expenses (Manoochehri et al., 2018). Financial difficulties have a detrimental influence on students, especially those who have financial responsibilities to their families.

Parental assistance in financing a university education is an essential factor in the decision to take on part-time hospital work. In fact, one third of the students who do not receive monthly stipends from their parents choose hospital work; on the other hand, only one-fifth of those who receive allowances from their parents choose to work during their studies (Rochford et al., 2009). Although student salaries are not significant, they still help these students financially and ameliorate some of their financial problems while studying (Manoochehri et al., 2016).

Organizational Outcomes

Our analyses suggested that part-time work in hospital had both positive and negative consequences for the healthcare organizations, themselves. This main theme consisted of two sub-themes: operational benefits and the delivery of unprofessional care.

Operational Benefits

Our principal positive organizational outcome involved reducing the crushing workload of onboard hospital staff and eliminating the shortage of nursing staff. Staff shortage in healthcare disciplines, particularly in nursing, is a global healthcare challenge (Marć et al., 2019; Shamsi & Peyravi, 2020). Healthcare policy makers in different countries employ nursing students to alleviate nursing staff shortage (Manoochehri et al., 2016).

Delivery of Unprofessional Care

Unprofessional treatment was seen as a negative organizational result of students' part-time hospital work. Some academics believe that traditional university education is insufficient to meet educational demands (Hasson et al., 2013; Last & Fulbrook, 2003). Hasson et al. (2013) found that students lacked the sufficient professional knowledge, competence, and abilities needed for competent practice. This can produce customer dissatisfaction and ineffective treatment. A prior study on nursing found that employing students in hospital settings resulted in degradation in treatment quality (Manoochehri et al., 2018). Due to their inadequate professional competence, students working in hospitals risk causing irreversible difficulties and blunders, as well as increasing the burden of nurses. All of these issues might be the result of insufficiently structured student employment for hospital labor, which is primarily focused on addressing nursing staff shortages (Manoochehri et al., 2016).

Unpleasant Clinical Environment

The third principal theme emerging in our study was an unpleasant clinical environment. This theme consisted of three sub-themes: job burnout, financial strains, and academic discouragement. These are discussed in relation to the existing research literature here.

Job Burnout

Our findings indicated that students experienced job burnout in terms of heavy workloads. Another study also indicated that working students experienced confusion and tension due to having both occupational and educational roles (Brennan & McSherry, 2007). There are different concerns over students working in clinical settings. Medical field students may be employed to work in any hospital department, and, as students, their work may fall

below professional standards. This can produce conflict with hospital staff as well as with patients and their family members. Moreover, these conflicts can affect students' professional relationships as well as their views on the profession (Hasson et al., 2013). In fact, one of the issues that causes problems for students is the role conflict that occurs when students are asked to do primary and non-specialized work. Many students enter the hospital to perform specialized nursing work but are asked to do basic work.

Also, part-time hospital work limits students' spare time and causes them physical and mental stress, fatigue, irritability, and exhaustion (Lee et al., 1999). Part-time hospital work also reduces students' meaningful presence in schools, classes, and clinical courses; it limits their opportunities for study, and thereby, negatively affects their academic performance and the quality of care for patients (Salamonson & Andrew, 2006). It is noteworthy that although nursing schools approve the competence of nursing students for clinical practice, some students lack the necessary knowledge and skills for quality patient care in real situations (Manouchehri et al., 2016).

Financial Strains

Another subcategory of unpleasant clinical environment was financial strains. Factors such as financial problems, debts, and the absence of a permanent income can have destructive effects on students' lives and drive them into part-time work for income. Working during study can affect their quality of life (Carney et al., 2005). Although students take on part-time hospital work to cover their expenses, part-time healthcare salaries are inadequate and hence, some students decide to work in non-nursing settings. One study showed that nursing students who engaged in part-time non-nursing work had better finances, while students who had part-time nursing work acquired better professional skills (Phillips et al., 2012).

Academic Discouragement

We also found that part-time work during study can produce academic discouragement. Physical and mental stress are very common among working students, and both shift work and fatigue from working night shifts can restrict social opportunities (Manouchehri, 2017). Indeed, the pernicious effects of fatigue on learning (Manoochehri et al., 2018; Rochford et al., 2009), academic disengagement due to professional obligations, absenteeism, and academic failure (Manoochehri et al., 2018; Schoofs et al., 2008) are all negative consequences of student employment (Carney et al., 2005; Manoochehri et al., 2018). Research suggests that students who work more than 15 hours a week may experience serious problems in academic performance (Phillips et al., 2012). Nonetheless, many countries lack legislation prohibiting students from working throughout their studies (Hasson et al., 2013).

Our study also indicated that part-time hospital work was associated with diminished interest in academic (classroom) work as working healthcare students acquired practical clinical skills. Why should students bother to study if they already know the topic from their work in the hospital? Part-time hospital work can lead to non-participation in classes and training sessions, inhibit library use, and interfere with the completion of homework (Salamonson & Andrew, 2006). Students, often asked to perform routine and repetitive tasks, can develop a negative impression of hospital work and patients (Happell, 2002).

Some of the observed differences in our study appeared to relate to timing. The students who took on part-time hospital work in first semesters of their program—coinciding with heavy demands from academic theory courses—appeared to be at heightened risk of academic failure. In contrast, the students who took on part-time hospital work in subsequent semesters—after completing their theory courses—often described the work as useful. Other differences related

to hospital and ward placement. Students who worked in hospital units with small numbers of patients (e.g., the coronary care unit) expressed higher levels of satisfaction than students who worked with large numbers of patients in units where there is little cooperation between nurses and students (e.g., the emergency ward). Differences in individual supervisors almost certainly had a role in student satisfaction, too. Finally, some differences appeared to relate to student motivation. Students who engaged in part-time hospital work to gain experience were more likely to be satisfied with their work (although increasing levels of practical experience can undermine enthusiasm for academic coursework), while students who worked for purely financial reasons were often frustrated by the exhausting nature of the work and dissatisfied by low wages.

Limitations

All research—social and otherwise—is limited in what it can reveal. For example, although quantification is sometimes understood as the measure sine qua non for scientific knowledge (e.g., Lord Kelvin's notorious observation that "when you can measure what you are speaking about, and express it in numbers, you know something about it"; quoted in Ratcliffe, 2016), quantitative data cannot speak to human meaning. Indeed, "qualitative methods offer a depth and a context that elude quantitative analysis" (Oleson, 2016, p. 205). But while qualitative research can describe subjective meaning and preserve the voices of those who are studied, its idiographic focus limits its generalizability. This study was conducted in a single university and hence, its findings might not be generalizable to other settings. Even within the study, because the students worked in different hospitals and wards, they experienced different workloads and supervisors, and therefore identified different advantages and difficulties. This limitation of transferability (Lincoln & Guba, 1985) was addressed through regular discussion within the research team about the relevance of the findings for other settings.

Recommendations

The experience of part-time hospital work can influence student socialization and learning, influence the formation of their professional personalities, and shape their professional future. Working students also help to ameliorate the staffing challenge of nursing shortages. Therefore, based on the results of the present study, part-time student work can be understood as an important element of professional student development. We hope that hospital managers will apply the findings of this study to develop strategies for improving the effectiveness of part-time work. Such strategies might include reducing the number of working hours per shift, reducing overall workload, enhancing supervision opportunities for students, and improving salaries.

To this end, additional research would be helpful. It would be useful to conduct similar studies at other universities to improve the effectiveness of part-time hospital work. Research with newly graduated nurses, examining the effects of part-time work during university study, would be one relevant approach. Another would be a matched comparison of students who work during their studies and those who do not. Additionally, further studies are required to determine the prevalence of some of the problems associated with part-time hospital employment in this study, including low income, fatigue and burnout, and academic failure. Additional research of this kind might allow working students to meet their financial needs while better balancing the competing demands of the classroom and the workplace.

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