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RESEARCH ARTICLE

Experiences and Perceptions of Turkish Nursing Students During Their First Clinical Placement in Intensive Care Units: A Qualitative Study

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ABSTRACT

Background: Clinical practice in the ICU is critical in shaping nursing students' professional development and enhancing their understanding of patient care.

Aim: This study examined the feelings, thoughts and experiential reflections of nursing students during their initial exposure to the intensive care unit (ICU), focusing on their perspectives on the first and last day of clinical practice.

Study Design: The study employed a phenomenological design and was conducted in a province in north-eastern Turkey. Data were collected from 13 nursing students who participated in ICU clinical practice for the first time as part of the Internal Medicine Nursing course during the 2023–2024 academic year.

Findings: Three main themes emerged from students' accounts of their first-day experiences in the ICU: 'negative emotions', 'positive emotions' and 'areas for improvement'. Participants commonly described the intensive care experience as physically exhausting, emotionally overwhelming, and, at times, shocking and frightening. Additionally, students acknowledged that the ICU accurately reflects the nursing profession but described the overall atmosphere as cold. They also mentioned that the critical nature of the ICU could make it a frightening experience. Although ICUs were perceived as professionally fulfilling environments, participants noted that improvements are needed in several areas, including increasing the number of visitors allowed, enhancing physical conditions and addressing nurse staffing shortages. At the end of the 14-week clinical practice, students' final evaluations of the ICU revealed two main themes: 'increase in professional experience' and 'positive emotions'.

Conclusions: The findings indicate that the negative emotions experienced by nursing students at the beginning of their ICU practice were replaced by positive emotions by the end of the clinical training. The results provide a valuable resource for developing supportive strategies to enhance nursing students' adaptation to ICU clinical practice.

Relevance to Clinical Practice: Our findings show that the effectiveness of clinical practice in the ICU on students significantly contributes to the nursing profession by transforming negative emotions such as anxiety experienced in the first days into professional development and awareness over time.

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Impact Statements

- What is known about the topic?
  - ICUs are a crucial environment for the professional development of nursing students, contributing to their ability to provide quality care and shaping their future professional aspirations.
  - Although numerous studies have explored the experiences of nurses and nursing students working in ICU, there remains limited research on the experiences of student nurses during their first and last days of clinical practice in these settings.
- What this paper adds
  - By the end of the 14-week clinical practice period, students reported a shift from initial negative perceptions to more positive views, accompanied by increased professional experience and confidence.
  - Although the findings align with the literature, this study offers a unique contribution due to the extended observation period, as few studies have examined nursing students' experiences in ICUs over such a long duration.
  - The study may be particularly instructive for nursing students who hold preconceived notions about working in advanced care units such as ICUs.

1 | Introduction

The primary objective of intensive care is to minimise mortality rates and prevent morbidity. Intensive care units (ICUs) serve as specialised treatment and monitoring areas for patients with life-threatening conditions, offering advanced care using various technological tools and equipment [1]. In our country, there are 47 700 ICU beds, with a nurse-to-patient ratio of 2.5. The demand for specialised healthcare professionals in these units highlights the need for a workforce aligned with these data projections for future years [2, 3].

ICUs are critical environments that necessitate specialised expertise, as the decision-making process in these settings is more time-sensitive and comprehensive than other areas of healthcare [4]. The high mortality rates, combined with the increased workload and responsibilities placed on nurses, contribute to the elevated stress levels inherent in these units [5]. Despite the high-stress nature of the ICU, nurses play a crucial role in providing care. Given their pivotal position, nurses are required to continually update their professional knowledge and maintain high competency levels to effectively navigate the complexities of intensive care [6].

In Turkey, the undergraduate nursing curriculum includes training specific to intensive care, integrating theoretical education and clinical practice to reinforce the care process [7]. Intensive care, as a domain requiring high-level expertise, can evoke complex thoughts and experiences in students [8]. These experiences shape students' perspectives on their future professional careers. Nursing students practising in intensive care settings often experience emotions such as anxiety, fear, and hopelessness and struggle to comprehend the multifaceted aspects of nursing care [9, 10]. A meta-analysis revealed that over 27% of nurses working in the ICU intended to leave the nursing profession [11]. Despite the challenges, nurses derive intrinsic motivation from their ability to positively impact patients' lives in the intensive care process, as well as from witnessing the satisfaction of patients' families. Additional sources of motivation include the recognition of their professional roles and the appreciation of their contributions by patients, families, colleagues and managers [12]. Research conducted with students has shown that intensive care environments foster higher quality learning and care than other clinical units [13]. However, other studies indicate that students, confronted with death more frequently in these settings, report experiencing negative emotional responses [8]. The positive and negative emotions that the ICU evokes in nursing students significantly influence their perceptions of the professional areas in which they will work in the future. Moreover, the complex care processes and emotionally challenging nature of these environments develop students' professional identity within the nursing field [14, 15]. ICU provides nursing students with the opportunity to observe and apply their professional knowledge and skills under the guidance of an expert. In this setting, students learn to assess patients in real-world scenarios and manage crises effectively. Beyond this, they have the chance to develop their professional identity, enhance communication skills, foster empathy, engage in critical thinking and build self-confidence by assuming responsibility for patient care [16]. Although the complexity of the ICU may evoke mixed emotions in students, they generally view these units as valuable clinical practice settings [17]. ICUs are a crucial environment for the professional development of nursing students, contributing to their ability to provide quality care and shaping their future professional aspirations.

Although numerous studies have explored the experiences of nurses and nursing students working in the ICU, there remains limited research on the experiences of student nurses during their first and last days of clinical practice in these settings.

2 | Methods

2.1 | Aim

This study evaluated the experiences of nursing students on their first and last days of clinical practice in an ICU, where high-level care is provided, during their initial exposure to this environment.

2.2 | Study Design and Sampling

This study is a qualitative study employing phenomenological design. The phenomenological approach focuses on understanding how individuals make sense of their lived experiences [18]. The study explored how students evaluated their initial practical experience in the ICU.

The study was conducted in a province in the northeast of Turkey. The nursing programme in Turkey is a 240-credit,

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4-year undergraduate course organised according to the European Credit Transfer and Accumulation System (ECTS). Nursing students participate in clinical practices throughout their education as part of specific courses. For example, in the Internal Medicine Nursing course, students are required to complete 168 h of clinical practice over 14 weeks. During clinical practice, a rotation system is employed across various clinical departments, providing students with diverse experiences. However, to minimise the risk of infection, student nurses are not rotated through ICUs. Instead, they complete their 14-week clinical practice in the ICU. Nursing students are first introduced to ICU clinical practice as part of the Internal Medicine Nursing course during their second year of study.

In the 2023–2024 academic year, 92 second-year nursing students were enrolled in the Nursing Department of the Faculty of Health Sciences. The population for this study, which employed a phenomenological design, consisted of 14 students who participated in clinical practice within the ICU. The study was conducted in a hospital with seven different ICUs, including those for internal medicine, neurology and chest diseases (combined), surgery, adults, coronary, and anaesthesia. Two students were assigned to each ICU during their education period (12 h per week for 14 weeks).

A semi-structured questionnaire was administered to all students. In phenomenological research, structured or semi-structured questions are commonly employed, as they allow participants to articulate both positive and negative experiences in depth [19]. Accordingly, an open-ended, semi-structured questionnaire was utilised in this study to enable students to share their experiences. The questionnaire was distributed in written form, and students were asked to document their reflections on their initial experience in the ICU. After interviewing 10 participants, it was noted that the responses began to exhibit repetition, and no new themes emerged. In qualitative research, data saturation is achieved when no new insights or themes are identified during the interview process, indicating that further interviews would not yield additional relevant data [20]. The researcher decided to add the remaining four students to the data set to ensure data saturation and include all participants. However, one student did not complete the questionnaire. Consequently, the study was concluded with a total of 13 nursing students. The mean age of the participants was 22.0 ± 1.5 years, with 69.2% identifying as female. The research data were collected in Turkish. To maintain the anonymity of the students, each participant was assigned an identifier labelled 'P'. The socio-demographic characteristics of the students are presented in Table 1.

TABLE 1 | Socio-demographic characteristics of nursing students.

Participant	Gender	Age
P-1	Male	22
P-2	Male	23
P-3	Female	23
P-4	Female	22
P-5	Female	24
P-6	Female	21
P-7	Female	23
P-8	Female	23
P-9	Male	22
P-10	Male	23
P-11	Female	21
P-12	Female	18
P-13	Female	21

2.3 | Data Collection Tools

To assess nursing students' experiences and emotions regarding the ICU, a semi-structured questionnaire was developed by the researchers based on a review of the existing literature [8, 9]. The questionnaire consisted of four open-ended questions formulated using 'what', 'how' and 'why'. The first three questions focused on students' first-day experiences, whereas the final question was for their reflections on their last day in the ICU.

Open-ended semi-structured questions are as follows:

Question 1: What did you think when you first entered the ICU? How did being in the ICU make you feel?

Question 2: Would you like to work in an ICU in the future? Why or why not?

Question 3: When you empathise with patients in the ICU, how would you feel about the unit? How would you like the unit to be?

Question 4: What did you think when you entered the ICU on the last day? How did the ICU process make you feel?

2.4 | Data Collection Process

The study was conducted between October 2023 and January 2024, during the academic term in which clinical education was delivered. Nursing students enrolled in the Faculty of Health Sciences and participating in ICU clinical practice for the first time were included in the study. Semi-structured questionnaires were distributed to students following their first day of practice. Before completing the forms, students were informed about the study's purpose, and written voluntary consent was obtained. They were given 1 day to complete the questionnaire. In the final week of the 14-week implementation period, the semi-structured questionnaires were redistributed to the same students, who were given 1 day. Each student marked both their initial and final questionnaires with a self-chosen symbol to prevent any confusion in matching the de-identified forms. Students were involved in patient care in the ICU over 14 weeks, working alongside staff nurses. Each student was paired with a nurse and was never left alone during the provision of care. When students encountered academic questions or uncertainties, they received guidance from

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faculty members involved in their clinical education. No additional interventions or strategies were implemented to enhance students' experiences or skills during this period. At the end of the clinical rotation, students were asked to share their experiences based on the competencies they had developed and the time spent in the ICU.

2.5 | Data Analysis

Data were collected using the documentary method [21], a commonly employed data collection technique in phenomenological research. The semi-structured questionnaires were analysed objectively using content analysis to ensure consistency and impartiality. In the first stage, the written responses were read multiple times to focus on the data, and relevant codes were identified based on the conceptual framework of the research [22]. Each researcher independently performed the coding, and discrepancies were resolved through discussions to ensure agreement. In the second stage, similar codes were grouped to form overarching themes. In the analysis of the data documents, 73 initial codes were identified from students' first clinical practice experiences. These codes were grouped into 11 sub-themes and subsequently categorised into three main themes. In the analysis of students' final clinical practice experiences, 20 initial codes were obtained, which were then consolidated into five sub-themes and ultimately into two main themes.

This process allowed for identifying patterns and relationships within the data, ensuring a structured and meaningful interpretation of students' experiences. In the third stage, the findings were compiled into a report, with student statements presented as supporting evidence under each theme. Objectivity was maintained throughout the process to minimise bias and enhance the credibility of the results. These methodological steps ensured the robustness of the findings.

2.6 | Trustworthiness

The study adhered to the criteria of credibility, transferability, dependability and confirmability to enhance the reliability and rigour of the qualitative data [23]. Credibility was ensured by presenting research findings with direct student quotations, emphasising key statements that illustrated the core themes. The findings were examined by all researchers to determine whether they formed a meaningful whole, considering internal consistency and external consistency criteria. To ensure reliability, the emerging themes underwent a participant confirmation procedure with feedback (from five students). The study team included five nursing educators (one associate professor, three assistant professors and one research assistant). Two of the researchers were certified in qualitative data analysis.

2.7 | Ethical Considerations

Before conducting the study, ethics approval was obtained from the Non-Interventional Ethics Committee of Recep Tayyip Erdogan University (approval date: 23 February 2023/approval number: E-40465587-050.01.04-617). Additionally, institutional permission was obtained from the relevant dean's office. Written and verbally informed consent was obtained from all nursing students before participating in the study. The study adhered to the guidelines outlined in the Consolidated Criteria for Reporting Qualitative Research (COREQ) [24].

3 | Findings

This study examined the first- and last-day experiences of nursing students participating in clinical practice in the ICU for the first time. To achieve this, students were asked a total of four questions: three questions on their first day and one question on their last day, after completing a 14-week clinical practice period. These questions were distributed through a semi-structured form and analysed using the content analysis method. The findings were presented in two stages. First, the themes were identified based on the responses given by the students after their first day in the ICU. Then, the themes were derived from the responses provided on the last day of the clinical practice. Under each theme, the raw data that led to its identification were included. Content analysis of the documents reflecting students' first-day experiences in the ICU revealed three main themes.

Main Theme 1: *Negative emotions*

After their first practice, students described the ICU as a highly demanding and physically exhausting environment that required significant responsibility. Most students expressed feelings of anxiety, fear, sadness and stress. On the first day, they found the environment unfamiliar and described it as a shocking experience. Students reported that the ICU accurately reflects the nursing profession but described the overall atmosphere as cold. They also mentioned that the critical nature of the ICU could make it a frightening experience.

> When I first entered the environment, I felt a bit out of place. It was a completely different setting (P-1, M).

> While I was wondering how the day would go, it flew by before I even realized how busy it was. The ICU was exhausting. Honestly, I felt very out of place when I first entered this environment, but then I realized that if nurses weren't like this, life could stop for them. When I first entered, I was anxious and timid (P-3, F).

> Since patients here are under constant close supervision, I felt like nurses have way more responsibility than in other units. It's a tough and exhausting place. I thought of the ICU as a stressful environment with a lot of responsibilities. Being constantly connected to a monitor also made me anxious (P-4, F).

> I realized how different nursing in the general ward is from nursing in the ICU. It showed me how demanding this job can be (P-5, F).

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> Being in the same environment with seven ICU patients at the same time upset me at first. There were different medications, side effects, etc. I thought it was difficult, and frankly, I was surprised and intimidated. In regular hospital wards, patients can see their loved ones frequently, but in the ICU, seeing them once a day is heartbreaking (P-7, F).

> I thought working here would be difficult because we must take care of all the patients' needs. The equipment used and the appearance of the patients seemed scary at first. My emotions were mixed. I was afraid and worried about how I would manage here. Staring at nothing but the walls or the complex machines around me would create intense stress and sadness (P-8, F).

> I felt like a fish out of water. I tried to keep up with the fast pace, but there was so much to learn, and the intensity wasn't just about the workload. Seeing most of the patients intubated and unconscious caused me stress. The constant sounds from the machines and not knowing which sounds to recognize as normal or abnormal put pressure on me (P-11, F).

> Rather than imagining myself in this situation, I often think about my parents being in the ICU, and that thought shakes me (P-12, F).

> The ICU was both exciting and exhausting. I learned how physically demanding it is. When I first entered, I was very anxious. It felt like everyone was in a hurry (P-13, F).

Main Theme 2: *Positive emotions*

Students expressed that, in addition to negative emotions like anxiety and fear, they also felt positive emotions, and some even experienced both emotions at the same time. Those who experienced clinical practice in the ICU for the first time realised that the nursing profession requires dedication, courage and a strong theoretical foundation. Additionally, they expressed a deeper appreciation for health and the value of life. Most students experiencing the ICU for the first time expressed an interest in working in this unit and reported feeling professional satisfaction during their practice, which motivated them to consider a career in intensive care. However, two students were undecided, torn between feelings of anxiety and fulfilment, stating that although they might not choose it immediately, they could consider it in the future.

> Helping people in need made me feel good. I was excited to learn a new way of working. By the end of the day, I realized I had ended up in a good place.

> The ICU is now the first department I want to work in. I was able to better understand and appreciate the nursing practices here (P-1, M).

> Working in the ICU made me happy. I felt like an angel. We're doing things here that even the families wouldn't want to do. And I genuinely feel happy while doing it. I never thought there would be such a big difference between the general ward and the ICU. I would like to work here. We take care of every aspect of the patients' treatment and care (P-2, M).

> It's an environment where you can feel both sad and incredibly happy at the same time. Experiencing the ICU has been a huge advantage for me. Working in the ICU made me realize that, above all, I need to be courageous (P-3, F).

> I fell in love with my profession all over again. I felt so proud of myself for choosing this career. Being in direct contact with patients and providing them with care gave me an indescribable sense of peace. I understood how precious it is to be healthy and how much we should be grateful for it. I also saw how sacred it is to care for another human being. The ICU allows me to practice all aspects of my profession. Taking care of patients one-on-one makes me feel even more connected to my career (P-5, F).

> I was happy that I could help them. Being part of their care was a nice experience. I would like to work here. Helping patients made me realize that I achieve professional satisfaction in this setting (P-6, F).

> Seeing the patients smell good after their care and being sedated, and seeing that they were happy, made me feel happy. Helping in every way and being able to touch their lives felt so fulfilling. Working in the ICU showed me how valuable life is (P-7, F).

> I now understand that life is short and fleeting and how important my profession is (P-8, F).

> I thought it was a great place to learn new information and experience it firsthand. It made me more confident while performing procedures. There's a structured system in place, which allows you to work in a calm and organized manner (P-9, M).

> Helping them recently, being by their side, and knowing that they feel better when we're there is an indescribable feeling (P-10, M).

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> The ICU has helped me grow both in terms of professional skills and my overall perspective on life (P-11, F).

Main Theme 3: *Areas for improvement*

Some students mentioned that even though patients are aware of the risk of infections, those who feel lonely may still want to see their loved ones more often. Students suggested several ways to make the ICU environment more comfortable, like reducing machine noises, giving patients control over the lights, replacing curtains with glass partitions and adding windows or clocks to help patients keep track of time. They highlighted the need for more nurses and support staff in the ICU and how crucial communication is.

> For conscious patients, having a TV or music could help with recovery. One thing that needs improvement is the shortage of nurses and technical support staff (P-1, M).

> You can't turn the lights on and off whenever you want. Instead of curtains, individual glass partitions would be better. Healthcare workers should always act with empathy. I would never have negative thoughts about the nurses or doctors here. If I were an agitated patient, I wouldn't want anyone yelling at me (P-3, F).

> As a patient, I'd like to have more visits (P-4, F).

> There's no sense of time here. A TV for conscious patients would help. It would be great if physiotherapists could visit (P-5, F).

> The ventilation system should work better. A psychologist would be helpful for conscious patients (P-6, F).

> I think there should be two visits per day, one in the morning and one in the afternoon. There should be private rooms for privacy instead of sharing space with everyone. There should be a dedicated patient transport team (P-7, F).

> I'd like to see family members more often (P-8, F).

> I'd like to increase visiting hours. I'd like to know what time it is and have more sunlight coming in (P-9, M).

> If I could change one thing, it would be to make the walls more soundproof to reduce noise (P-10, M).

> I would want better explanations regarding procedures and improvements in communication (P-11, F).

> Treatments and procedures shouldn't be done without informing patients first (P-12, F).

> Some doctors say that critically ill ICU patients have no hope left. If I were patient, I wouldn't want to hear that (P-13, F).

After completing 14 weeks of ICU training, students experiencing the ICU for the first time were given another semi-structured questionnaire, including a question about their final day's experiences to assess whether their thoughts and perceptions had changed over time.

Regarding responses, 20 different themes emerged. By grouping similar ones, two main themes were identified. Students reported that their initial feelings of anxiety and fear had been replaced with positive emotions. They also expressed a sense of professional growth and increased confidence in their medical knowledge. Interestingly, none of the students mentioned experiencing physical exhaustion by the end of their training.

Main Theme 1: *Gaining professional experience*

By the end of their ICU training, students reported having acquired valuable clinical knowledge, increased self-confidence and a stronger sense of professional identity.

> Instead of fear and anxiety, I now feel happy and experienced. I'm so glad I did my internship in the ICU (P-1, M).

> Working here taught me discipline and a structured approach. I saw firsthand how much effort goes into caring for a patient (P-2, M).

> I realized how important it is to notice even the smallest changes in a patient's condition early on (P-4, F).

> This experience was both educational and eye-opening. My knowledge of medications improved, and I saw things I had never encountered before (P-6, F).

> As time went on, I saw how beneficial ICU training was. I became more confident and less hesitant when working with patients (P-7, F).

> I now understand what all the beeping machines mean. The ICU started to feel familiar (P-8, F).

> I saw new techniques, diseases, and patient conditions I had never encountered before. The more I worked, the more I realized my initial fears were unnecessary (P-12, F).

> By the end, I appreciated the dedication of nurses and doctors. Understanding their efforts filled me with pride and happiness (P-13, F).

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Main Theme 2: *Positive emotions*

Initially, many students felt anxious and overwhelmed, but by the end of their training, those emotions had been replaced with confidence, happiness and a sense of fulfilment. Only one student expressed emotional numbness and uncertainty about working in an ICU in the future. This student was uncertain about whether they wanted to work in the ICU in the future.

> At first, I felt anxious, but by the end, that feeling was replaced with something much more positive (P-3, F).

> Caring for patients, changing their sheets, and keeping them clean makes me happy (P-5, F).

> Helping patients, being involved in their care, and contributing to their recovery felt rewarding (P-9, M).

> Seeing the gratitude in their eyes was an indescribable joy (P-10, M).

> At first, I thought I'd struggle, but the supportive staff helped me overcome my fear (P-11, F).

4 | Discussion

ICU represents one of the most demanding environments for nurses in clinical practice. The complex and high-intensity nature of the ICU should be considered when designing educational programmes for both nursing students and practising nurses. In a study examining the experiences of nursing students during their initial clinical exposure to ICUs, three key themes emerged regarding their emotions on the first day: positive emotions (professional satisfaction, happiness, pride, etc.), negative emotions (stress, fear, sadness, anxiety, etc.) and areas for improvement (patients' feelings of loneliness, insufficient staffing, inadequate lighting, the disruption of the perception of time, etc.). Despite the low number of patients, students were surprised by the high intensity of the intensive care environment (P-2, M) and expressed apprehension about making errors while providing patient care (P-6, F). Stewart (2021) reported that newly employed ICU nurses perceive the unit as a challenging learning environment due to the extensive skill set required within a short adaptation period [25]. Similarly, nurses transitioning to ICU roles post-graduation described the initial years as highly stressful and demanding [26]. González-García (2020) explored nursing students' experiences during ICU clinical training and observed that although negative emotions predominated in the early days, students later oscillated between positive and negative emotional states [8]. Additionally, Özden's study reported that nursing students experienced high anxiety on the first and last days of their ICU practice [9]. The findings of this study are consistent with the existing literature, demonstrating a positive transformation in students' perceptions throughout their clinical practice, with a notable increase in professional satisfaction from the initial to the final day of training.

Most students in our study preferred working in an ICU in the future, although some remained undecided. Students who reported positive emotions stated that 'providing comprehensive care to the patient was a very rewarding experience' (P-4, F) and expressed 'interest in working in the intensive care unit, although not in the immediate future' (P-12, F). Burucu (2022) identified several factors contributing to nursing students' reluctance to pursue careers in ICUs, including the intensive use of technological equipment, apprehension about operating such devices, high workload and difficulties in communicating with patients [27]. Similarly, DeGrande (2018) reported that newly employed ICU nurses initially experienced discomfort due to their perceived knowledge gaps, recognising the ICU as an environment that demands continuous learning [26]. This uncertainty has been shown to contribute to increased anxiety and reluctance towards long-term employment in ICUs. However, the findings of the present study contrast with these concerns, as the majority of students reported a willingness to work in ICUs following their clinical experience. This positive outcome may be attributed to the structured design of the 14-week ICU rotation, which limited inter-unit transitions—thereby reducing infection risk—and enabled students to gain familiarity with the environment and develop a sense of professional belonging within the ICU setting.

A noteworthy finding of the study was that, through empathising with ICU patients, students identified several key themes, including prevalent negative emotions (such as anxiety, loneliness, embarrassment and sadness), the need to extend patient visiting hours and increase nursing staff, and the importance of enhancing the physical environment of the unit. Students emphasised 'the need to improve the physical environment of the unit and the quality-of-care materials' (P-2, M) and 'highlighted the importance of maintaining communication with patients, even if they are unconscious' (P-11, F). Previous research has identified comparable concerns, emphasising that nursing students acknowledge the critical importance of maintaining patient privacy, especially within high-acuity settings such as ICUs [28]. Patients in intensive care frequently experience high levels of anxiety and distress due to multiple factors, including invasive procedures, lack of privacy, separation from family, immobility, pain, reliance on mechanical ventilation, continuous noise exposure and frequent sleep disruptions [29]. These stressors are often observed and reported by nurses. Studies indicate that the physical conditions of ICUs, if inadequate, can hinder the healing process. Modifications such as improved lighting, noise reduction and optimised patient care spaces have been shown to enhance both patient recovery and nurse well-being [30]. Additionally, restructuring visiting hours and integrating natural light and visual enhancements within ICUs can positively impact both patients and healthcare professionals. Well-lit ICUs with reduced noise levels and adequate patient care spaces contribute to improved nurse well-being, which, in turn, positively influences patient care outcomes [31]. Previous studies primarily focus on the perspectives of ICU nurses regarding the physical environment of these units. Our findings demonstrate that students encountering the ICU for the first time expressed concerns like those of experienced nurses, underscoring the

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critical need for environmental improvements in intensive care settings.

The final finding of the study relates to students' perceptions of the ICU following the completion of their clinical training. After the 14-week clinical practice period, students reported increased professional experience and a shift from negative emotions (such as anxiety, stress and fear) to positive emotions (such as happiness and confidence). They indicated that 'initial feelings of fear and anxiety were replaced by happiness and gained experience' (P-1, M) and that 'participating in intensive care practice enhanced their professional awareness' (P-4, F). Previous research has identified ICUs as significant stressors for nursing students during initial exposure, yet they remain essential components of nursing education [32]. Clinical practice settings offer students valuable opportunities to engage in experiential learning, observe patient care processes and apply theoretical knowledge in real-world scenarios. The ICU presents a unique learning environment due to its multidisciplinary team structure, the complexity of disease processes, the high-acuity patient population and the advanced level of care required [33]. Clinical practice plays a crucial role in enhancing students' clinical knowledge and skills, facilitating the integration of theoretical knowledge into practice, providing insight into real nursing roles and shaping their career expectations [34]. Therefore, structured interventions should be implemented to enhance professional experience and development within clinical practice settings. These interventions should focus on strengthening students' coping mechanisms, fostering discussions about future career expectations among faculty members and peers, and providing adequate support systems for students [35]. The findings of our study indicate that the transition from negative emotions expressed by students at the beginning of their clinical placement to positive emotions by the end can be largely attributed to their increased professional experience and skill development, which in turn enhanced their sense of professional satisfaction. Throughout the intensive care clinical practice period, reinforcement of theoretical knowledge, improvement in hands-on skills and gradual adaptation to the ICU environment had a lasting positive impact on students' perceptions. Consistent with our findings, previous research has demonstrated that as nurses gain experience in clinical settings, their interest in professional development increases, their self-confidence improves and their willingness to engage in continuous learning grows [35, 36]. Additionally, a study involving 9607 nursing students corroborates these findings, reporting that students perceived the ICU, compared with other clinical settings, as providing a superior learning environment and greater opportunities to enhance their clinical skills [13].

4.1 | Implications for Practice and Further Research

This study offers valuable insights for nursing students who may hold preconceived apprehensions about working in high-acuity settings such as ICUs. Furthermore, it is recommended that educators and clinical nursing staff design comprehensive orientation programmes and structured action plans to facilitate students' adaptation to the ICU environment and promote their effective integration into patient care activities.

4.2 | Strengths and Limitations

This study, which explores the experiences of nursing students encountering the ICU for the first time after completing theoretical education, represents a pioneering qualitative study in Turkey. The findings provide valuable insights that may help enhance the experiences of future nursing students undergoing clinical practice in ICUs. Although generalisability in qualitative research is typically limited to the specific context studied, the study analysed approximately 45 pages of documents collected from 13 participants. A total of 93 codes were identified across all responses, which were subsequently organised into five main themes.

5 | Conclusion

Analysis of the study results indicated that on their first day in the ICU, students experienced a mix of positive and negative emotions, physical fatigue and heightened awareness. Although most students expressed an interest in working in the ICU in the future, their initial evaluations of the unit were marked by negative emotions. Key concerns included patient visitation hours, additional nursing staff and improvements to physical conditions. By the end of the 14-week clinical practice period, students reported a shift from initial negative perceptions to more positive views, accompanied by increased professional experience and confidence. Although the findings are consistent with the existing literature, this study provides a unique contribution by capturing nursing students' experiences in ICUs over an extended 14-week period—an approach rarely addressed in previous research. This study may be particularly informative for nursing students with preconceived notions about working in advanced care settings such as ICUs. It is further recommended that educators and clinical nursing staff implement comprehensive orientation programmes and structured action plans to facilitate students' adaptation to the ICU environment and promote their effective integration into patient care processes.

Author Contributions

Yağmur Akbal Demirci: writing – review and editing, writing – original draft, conceptualisation, methodology. **Vacide Aşik Özdemir:** writing – review and editing, writing – original draft, data curation, conceptualisation. **Zeynep Pehlivan Köksal:** writing – review and editing, writing – original draft, conceptualisation. **Burcu Genç Köse:** writing – review and editing, formal analysis. **Hilal Pekmezci:** writing – original draft, conceptualisation.

Ethics Statement

Before conducting the study, ethics approval was obtained from the Non-Interventional Ethics Committee of the Recep Tayyip Erdogan University (approval date: 23 February 2023/approval number: E-40465587-050.01.04-617). Additionally, institutional permission was obtained from the relevant dean's office.

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Consent

Written and verbally informed consent was obtained from all nursing students before participating in the study. The study adhered to the guidelines outlined in the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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