



Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students



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ABSTRACT

Introduction: The clinical placement learning environment is a critical component of nursing education where Australian nursing students spend a minimum of 800 h. Identifying components of successful clinical placements for undergraduate nursing students is therefore paramount.

Purpose: To assess nursing students' views of the learning environment during clinical placement with an emphasis on the pedagogical atmosphere, leadership style of the ward manager, and premises of nursing on the unit or ward.

Material and Methods: The study used Clinical Learning Environment, Supervision and nurse teacher (CLES + T) questionnaire to examine 150 final year undergraduate students' perceptions of the clinical placement learning environment. The questionnaire was anonymous and completed by the students at the end of their clinical placement. The statistical program SPSS v22 was used. Principal components analysis (PCA) for data reduction was run on the 42-question section of the first dimension ('pedagogical atmosphere on the ward') of the questionnaire that measured the perceptions of the learning environment of the 150 final-year undergraduate nursing students. The comments sections of the factors were subjected to interpretive content analysis to create the themes for the two components.

Results: Principle Component Analysis revealed two components that had eigenvalues greater than one: 'Happy to Help' Component 1 and 'Happy to be Here' Component 2. These components were statistically significant ($p < 0.0005$), using Bartlett's Test of Sphericity indicating that the data was likely factorizable. These components scored higher than any other related factors.

Conclusions: Student nurses value a welcoming workplace where staff and educators are happy to help and have a positive attitude to student presence on the wards. More than any other factors these ward-based factors appear to have the strongest influence on student satisfaction.

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1. Introduction

The profession of nursing requires practitioners to have clinical knowledge, skills, and attitudes embedded in their pre-registration undergraduate degree. In Australia, the theory-to-practice nexus is achieved through a practicum program of a minimum of 800 clinical placement hours over the three year curriculum leading to registration as a nurse (HWA, 2014). Melding the needs of industry to the supplying tertiary institutions has resulted in a variety of models of clinical teaching practice. These teaching models have evolved over time, with

tertiary institutions developing localised programs. For example, some universities supply a liaison/facilitator nurse to negotiate placement activities between health care providers and the educational institution (see Saarikoski et al., 2013), while others adopt a mentoring/preceptor relationship between ward staff and nursing student (see Jokelainen et al., 2011). Other models have a ward or unit-based clinical nurse teacher to act as a preceptor/facilitator to students (see Newton et al., 2012). All models must account for the best learning scenarios for students to rehearse the knowledge, skills and attitudes needed as registered nurses (Ehrenberg and Häggblom, 2007).

Clinical placements do more than allow the student to gain clinical skills. A successful placement will culturally acclimatise and prepare the students to adopt the role of the registered nurse (HWA, 2014; Jonsén et al., 2013). Depending on the placement area, students gain diverse skills, such as, for example, the unique challenges of living and working in rural and/or remote areas (Yonge et al., 2012), or where nursing 'fits' in a health care schema (Liljedahl et al., 2015), or even

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how to 'make-do' in resource-poor placements (Msiska et al., 2014). Given the multiplicity of placement types, what students define as a 'successful' placement is equivocal, yet the imperative for success in student clinical teaching remains high for educational and health service providers alike, especially as fear of failing is a major cause of stress for students and ward staff (Higginson, 2006; Jervis and Tilki, 2011).

It is not only the anxiety around the possibility of failure that can be stressful for students (Killam and Heerschap, 2013). Other aspects of clinical placements such as fear of making patient- or technology-related errors (Pulido-Martos et al., 2012; Vaismoradi et al., 2014), fear of not being able to meet the workload expectations on placement (Suresh et al., 2013) are also stressors. Ward staff can also be concerned that students might not value the expertise of the ward staff (e.g. Carlson, 2013; Carlson and Bengtsson, 2014). Preceptors similarly reported feeling stressed before the students arrived on placement due to the perceived increase in their workloads (Hautala et al., 2007). Levett-Jones et al.'s (2015, p.307) research examining the primary concerns of student nurses' prior to their first placement identified a strong desire to feel as though students belonged in their placement areas, particularly when they had previously been informed that the clinical learning environments may have staff who were unsupportive and there was a risk that they would be 'perceived as a nuisance, not being welcomed or wanted'. Levett-Jones et al.'s (2015) findings suggest students arrive at a clinical setting already in a stressed state about failing. Failure in a practical setting can also create tension about the suitability of nursing as a profession for students (Steven et al., 2014). Considering the personal and organisational resources that clinical placements incur, it is important to get the right balance between pre-registration skill building and student satisfaction with a placement.

2. Evaluating Clinical Placements

Undergraduate nursing students' perceptions of their clinical learning environments have been a concern for academics who work in clinical teaching since nursing first went into the tertiary system (e.g. Dunn and Hansford, 1997). Research into components of students' perception of successful clinical placements tends to consider the interactions between students and some or all aspects of the placement environment, such as, for example, the clinical learning environment and the student/supervisory relationship (Levett-Jones et al., 2015; Warne et al., 2010), the psycho-social interaction (Papathanasiou et al., 2014), and consistency of clinical nurse educators (Newton et al., 2012). Andrews et al. (2006) demonstrated that the nursing manager of a ward was the most significant factor in influencing staff attitudes towards student nurses, and therefore the quality of teaching of students. Sundler et al. (2014) considered the clinical learning environment, and also noted one of the contributing factors to a positive experience for students was the leadership style of the ward manager, supporting Henderson et al. (2012) findings that students prefer a learning environment that is welcoming and affiliative, and with ward staff demonstrating a positive personality (Mann-Salinas et al., 2014). McInnes et al. (2015) also report that pre-registration nursing students considered 'feeling a sense of belonging' and 'feeling welcomed' are important factors for successful clinical placements. Smedley and Morey (2010) found nursing students' satisfaction was increased when a positive relationship with clinical teaching staff was achieved. Warne et al. (2010) found students valued an ontologically secure working environment as the most important feature of the clinical placement, where students could learn in an atmosphere where mistakes were considered in the context on ongoing learning. Lamont et al. (2015) reviewed nursing students' satisfaction surveys from multiple Australian universities, and report that the welcoming and ongoing attitude of ward staff towards students not only made a placement successful, but led to 75% of students reporting an intention to apply for post-graduate positions in ward areas that students considered to be welcoming.

These research studies demonstrate the importance of the culture of the environment of the clinical placement to the success to the students, however if a reason for research into clinical placements is to characterise predictors of student satisfaction, then an operational definition of qualitative factors such as 'feeling welcome' or 'staff attitude' is required. The aim of this study is to evaluate students' perception of their clinical placements by examining the learning environment, in order for clinical areas offering placement to tertiary students to be better able to create student-focussed environments based on evidence.

3. Measuring Student Clinical Placement Experience

While several instruments have been developed to monitor or evaluate students' perception of their clinical placements (e.g. Chan, 2003; Dunn and Burnett, 1995; Dunn and Hansford, 1997; Midgley, 2006), the 'Clinical Learning Environment, Supervision and nurse teacher (CLES + T) questionnaire was chosen for this teaching and learning activity, given its reliability across cultures and settings (Gustafsson et al., 2015). The CLES originated in Finland (Saarikoski and Leino-Kilpi, 2002), was extensively validated (Saarikoski and Warne, 2002), and later modified to include the 'T' (nurse teachers) in the measurement (Saarikoski et al., 2008). The CLES + T has since been used extensively throughout the nursing world (Skaalvik et al., 2011), and in a variety of settings (e.g. Bos et al., 2012).

The CLES + T is a 34 item questionnaire, with five sub-dimensions. The theme investigated in this study was the first dimension of 'pedagogical atmosphere on the ward' (Saarikoski et al., 2009). Warne et al. (2010, p810) described the pedagogical atmosphere as the 'psychosocial climate' of the ward. The pedagogical atmosphere theme examines the learning environment of the clinical placement by considering the pedagogical atmosphere, leadership style of the ward manager, and premises of nursing culture on the unit or ward from the students' perspective (see Table 1).

Table 1

The learning environment (first dimension) of the CLES + T scale used in this study. (Source: Saarikoski et al., 2008).

| | |
|---|--|
| Pedagogical atmosphere | <ul style="list-style-type: none"> <input type="radio"/> The staff were easy to approach <input type="radio"/> I felt comfortable going to the ward at the start of my shift <input type="radio"/> During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions <input type="radio"/> There was a positive atmosphere on the ward <input type="radio"/> The staff were generally interested in student supervision <input type="radio"/> The staff learned to know the student by their personal name <input type="radio"/> There were sufficient meaningful learning situations on the ward <input type="radio"/> Learning situations were multidimensional in terms of content <input type="radio"/> The ward can be regarded as a good learning environment. |
| Leadership style of the ward manager (WM) | <ul style="list-style-type: none"> <input type="radio"/> The (WM) regarded the staff on his/her ward as a key resource <input type="radio"/> The (WM) was a team member <input type="radio"/> Feedback from the (WM) could easily be considered a learning situation <input type="radio"/> The effort of individual employees was appreciated. |
| Premises nursing on the ward | <ul style="list-style-type: none"> <input type="radio"/> The wards nursing philosophy was clearly defined <input type="radio"/> Patients received individual nursing care <input type="radio"/> There were no problems in the information flow related to patients' care <input type="radio"/> Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures, et cetera) was clear. |

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