



Clinical education

Undergraduate nursing students' experience related to their clinical learning environment and factors affecting to their clinical learning process

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ABSTRACT

Clinical education is an essential part of nursing education. The purpose of this study was to explore nurse students' experiences related to clinical learning environments, factors affecting to clinical learning process. Descriptive qualitative design was used in this study, and data were collected from 2nd class nursing student (n = 14). The study took the form of in-depth interviews between August–October 2015. The qualitative interviews were analyzed by using simple content analysis. Data were analyzed manually. Experiences nurse students are described five themes. The themes of the study are (1) affecting persons to clinical learning, (2) educational atmosphere, (3) students' personal charactering, (4) the impact of education in school, and (5) students' perceptions related to clinical learning. Participants stated that they experienced many difficulties during clinical learning process. All students importantly stated that nurse teacher is very effecting to clinical learning. This study contributes to the literature by providing data on beginner nursing student' experiences about clinical learning process. The data of this present study show to Turkish nursing student is affecting mostly from persons in clinical learning. The data of this present study will guide nurse teacher when they plan to interventions to be performed to support student during clinical learning process.

1. Introduction

Nursing education consists of theory and practice. Clinical learning forms half of the educational experience of students in nursing education (Warne et al., 2010). Nursing students need to practice in an environment that will provide them with individual and professional development. Clinical education ensures delivering information and skills related to patient care for students. The objective of clinical education is to improve students' professional critical thinking and decision-making skills and increase their self-confidence (Elçigil and Sari, 2007).

The clinical education environment is a social environment where there are individuals with different expectations and requirements and control of the conditions that affect learning is poor (Chan, 2002). These features of the clinical environment complicate providing appropriate learning conditions to students and result in stress among students and trainers (Rahmani et al., 2011; Karaöz, 2013; Elçigil and Sari, 2007). In clinical learning, a positive learning environment, clinical trainer support (Chan and Ip, 2007; Serçekeş and Başkale, 2016; Warne et al., 2010), face-to-face communication with students

(Rahmani et al., 2011), long-term clinical learning experience (Warne et al., 2010), the peers a student has (Serçekeş and Başkale, 2016; Kelly, 2007; Peyrovi et al., 2005) and communication with patients (Rahmani et al., 2011; Serçekeş and Başkale, 2016; Suikkala et al., 2008; Warne and McAndrew, 2008) are all important.

Nurse trainers mentor students during their clinical education and develop students' learning outcomes and competencies (Spitzer and Perrenoud, 2006). It has been pointed out that the communication between trainers and students in the clinical environment (Cilingir et al., 2011; Mlek, 2011; O'Mara et al., 2014; Shahsavari et al., 2013; Yaghoubinia et al., 2014) and the support of the trainer are of importance (Serçekeş and Başkale, 2016; Karaöz, 2013). Trainers' skills in providing feedback and clinical and educational experience affect the students' learning process (Kelly, 2007; Cilingir et al., 2011; Elçigil and Sari, 2007). When students spend a long period of time in the clinic this increases the quality of nursing care and students' professional satisfaction (Warne et al., 2010). Furthermore, it has been suggested that the support of peers and effective communication in the clinical environment has positive effects on students' learning (Serçekeş and Başkale, 2016; Roberts, 2009; Kelly, 2007; Peyrovi et al., 2005). In

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previous studies, it has been reported that students' emotional interaction with patients is highly effective in promoting learning. Students improve their communication skills and nursing practices during their communication with the patient. Simultaneously, students become aware of their own professional improvement through the feedback they receive from the patient in this process (Suikkala et al., 2008; Warne and McAndrew, 2008).

Other factors effective in clinical learning are the clinical environment which arises from features of the clinical environment, the attitude of clinical personnel, the number and characteristics of patients. Students are affected negatively by physical inadequacies such as a lack of equipment and the absence of a common room in the clinical environment (Serçekuş and Başkale, 2016). Poor communication with personnel in clinical environment is an element also negatively affecting students' learning (Serçekuş and Başkale, 2016; Dadgaran et al., 2013; Madhavanpraphakaran et al., 2014; Zadvinskis et al., 2011; Isaacson and Stacy, 2009). Students require the support of nurses working in the clinic (Luanaigh, 2015). Students are stressed when they do not feel like a member of the team (Mlek, 2011; Isaacson and Stacy, 2009). The failure to relate theoretical knowledge to practice is also a significant problem in terms of clinical learning. In many studies, it is pointed out that the gap between theory and practice affects students' learning negatively (Khater et al., 2014; Peyrovi et al., 2005; Sharif and Masoumi, 2005; Elçigil and Sari, 2007; Serçekuş and Başkale, 2016). In clinical learning, the number of patients that students provide care for and the characteristics of the patients also affects learning (Walsh and Seldomridge, 2005; Rahmani et al., 2011; Isaacson and Stacy, 2009). Another problem is when the activity of caring for patients and the expectations of the trainer cause exhaustion in students (Elçigil and Sari, 2007).

Clinical evaluation is another element creating stress in students in clinical education. Clinical evaluation is actually a part of clinical education. However, sometimes the evaluation process creates stress in students because of the trainers, a lack of clinical practice time, an excessive number of students or students' perceptions of their role as only something to be evaluated (Karaöz, 2013). Previous studies state that students experience particular anxiety about being evaluated (Mlek, 2011; Elçigil and Sari, 2007; Cilingir et al., 2011; Serçekuş and Başkale, 2016).

In all studies examining nursing students' clinical learning experience, an effort is made to explain the effects of the clinical environment. In two qualitative studies carried out in Turkey, it is stated that clinical environment has an effect on students' learning (Elçigil and Sari, 2007; Serçekuş and Başkale, 2016). As can be seen, the clinical learning environment is a significant element in nursing students' clinical education. The nature of qualitative research is that the research results reflect the experience of the research sample. With this research, a different group of students' experiences regarding clinical learning environment in Turkey will be reflected. Moreover, the specific experience of the clinical learning environment for nursing students within the Turkish culture, which has a different socioeconomic structure, will be explained. Therefore, the present study aims to describe the experience of undergraduate nursing students related to their clinical learning environment and factors affecting their clinical learning process.

1.1. Clinical nursing education in Turkey

The Turkish nurse training curriculum follows the European Union Standards for Nursing and consists of a total of 4600 h. In Turkey, the nursing education program takes four academic years, including theory and clinical practice. Students in the Bachelor of Science Nursing (BSN) program fulfil 2300 clinical and 2300 theoretical hours during their studies.

Around the world, different models are applied in clinical education. The most commonly found models in the literature from among

these models are 'preceptorship', the 'mentorship system' and the 'faculty nurse educator'. In many higher education institutions providing nursing education in Turkey, the faculty nurse educator model is applied. The very first clinical practical course in nursing undergraduate programs is generally given in the spring semester of the first year, in Turkey. In the second year of education, students make medical visits as a part of the Internal Medicine and Surgical Nursing course. In the institute where this research was conducted, "Faculty Nurse Educator" model was in use and beginning of the second semester of the first educational year the clinical practice experience was provided. The faculty member works together with the nursing student in the clinical environment. In the clinical application, the faculty member leads the way in planning and carrying out the students' nursing care and their communication with the patient. Nurses working in the clinic do not bear a direct responsibility for the clinical learning of students. Students observe the care-giving activities of nurses and their communication with the patient in the clinical environment. In the institution where this study was conducted, this faculty member training model is applied. In clinical application, the trainer to student ratio is one to 35.

2. Method

2.1. Study design

Descriptive qualitative design (Sandelowski, 2000) was used in this study, and data were collected from 2nd year nursing students in individual interviews.

Qualitative researches are supposed to make a choice regarding how the researcher will define the data acquired, no matter what type of data they are. The researcher should define the experiences of participants in an accurate order and realistic way so that their meaning will reveal. In qualitative researches, real-life meanings of events should be presented in everyday language. Phenomenological, theoretical, ethnographic and narrative descriptive researches help telling the events from different perspectives. The researcher is required to give a greater meaning to the information she/he obtains apart from her/his interpretations and reveal the events accurately with all their reality. This tendency is provided through the methodology being selected. Descriptive qualitative research design is a research design that has the most limited number of theoretical approaches in terms of qualitative researches and where the researcher has no theoretical philosophical foresights. This research design allows us to define real-life experiences in detail without any theoretical or philosophical foresights in the natural course of events (Sandelowski, 2000).

2.2. Participants

Participants were recruited from Nursing Department of a Health Science Faculty in western Turkey. Eligibility criteria were as follows: (a) volunteered to attend the study, (b) age of 18 years or more, (c) 2nd year baccalaureate degree nursing student, (c) being able to speak and understand Turkish.

Maximum variation sampling was used. According to this sampling, when the students to be taken into sampling are determined, their gender, age, place of residence, income and satisfaction with the institution are taken into consideration. The Nursing Department of the Health Science Faculty is where the study was performed. There were a total of 150 students attending 2nd year baccalaureate degree nursing program meeting the inclusion criteria. Out of 150 students, 14 volunteered to join the study (Table 1).

2.3. Data collection

The study was performed on 2nd class students between August and September 2015. In-depth semi-structured interviews were conducted, audiotaped and transcribed verbatim. In addition, the researcher took

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