



Factors associated with student learning processes in primary health care units: A questionnaire study



Elisabeth Bos^{a,*}, Hassan Alinaghizadeh^b, Mikko Saarikoski^c, Päivi Kaila^d

^a Center for Family Medicine, Department of Neurobiology, Care Sciences, and Society, Huddinge, Sweden

^b Karolinska Institutet, Center for Family Medicine, Department of Neurobiology, Care Sciences, and Society, Huddinge, Sweden

^c University of Turku, Department of Nursing Science, Finland

^d Karolinska Institutet, Department of Neurobiology, Care Sciences and Society, Huddinge, Sweden

ARTICLE INFO

Article history:

Accepted 29 September 2014

Keywords:

Clinical learning environment
Nursing students
Primary health care
Motivation
Satisfaction
Professional role model

SUMMARY

Background: Clinical placement plays a key role in education intended to develop nursing and caregiving skills. Studies of nursing students' clinical learning experiences show that these dimensions affect learning processes: (i) supervisory relationship, (ii) pedagogical atmosphere, (iii) management leadership style, (iv) premises of nursing care on the ward, and (v) nursing teachers' roles. Few empirical studies address the probability of an association between these dimensions and factors such as student (a) motivation, (b) satisfaction with clinical placement, and (c) experiences with professional role models.

Objective: The study aimed to investigate factors associated with the five dimensions in clinical learning environments within primary health care units.

Design and methods: The Swedish version of Clinical Learning Environment, Supervision and Teacher, a validated evaluation scale, was administered to 356 graduating nursing students after four or five weeks clinical placement in primary health care units. Response rate was 84%. Multivariate analysis of variance is determined if the five dimensions are associated with factors a, b, and c above.

Results: The analysis revealed a statistically significant association with the five dimensions and two factors: students' motivation and experiences with professional role models. The satisfaction factor had a statistically significant association (effect size was high) with all dimensions; this clearly indicates that students experienced satisfaction.

Conclusions: These questionnaire results show that a good clinical learning experience constitutes a complex whole (totality) that involves several interacting factors. Supervisory relationship and pedagogical atmosphere particularly influenced students' satisfaction and motivation. These results provide valuable decision-support material for clinical education planning, implementation, and management.

© 2014 Elsevier Ltd. All rights reserved.

Introduction

Clinical placement plays a key role in education intended to develop nursing and caregiving skills. Students get opportunities to apply and integrate theoretical knowledge with real patients in varying care situations that facilitate learning (Kajander-Unkuri et al., 2013). Previous studies reported various dimensions that affect students' learning processes during clinical placement, for example: (i) supervisory relationship, (ii) pedagogical atmosphere, (iii) management leadership style, (iv) premises of nursing care on the ward, and (v) nursing teachers' roles (Andrews et al., 2006; Chan, 2004; Saarikoski and Leino-Kilpi, 2002). The supervisory relationship is reported to be a

very important dimension in hospital and primary health care (PHC) settings (Berntsen et al., 2009; Bos et al., 2012; Henderson et al., 2009; Mills et al., 2005; Papastavrou et al., 2009; Sundler et al., 2013; Warne et al., 2010). Warne et al. (2010) reported that the supervisory relationship dimension is linked to student satisfaction with clinical placement. Nasrin et al. (2012) reported that nurses and supervisors (as role models) have the most influence on student motivation during clinical education. The present study investigated whether the aforementioned dimensions in clinical learning environments are associated with student (i) motivation, (ii) satisfaction with clinical placement, and (iii) experiences with professional role models.

Background

The clinical part of nurse education plays a central role in learning; consequently, high-quality content is a critical success factor. In contrast to classroom environments, clinical education occurs in a complex

* Corresponding author at: Center for Family, Department of Neurobiology, Care Sciences, and Society, Alfred Nobels Allé 12, SE-141 83 Huddinge, Sweden. Tel.: +46 852 488 663.

E-mail address: elisabeth.bos@sl.se (E. Bos).

context that includes socialization process training that is challenging and crucial for students (Helmich et al., 2011). Theorists, such as Benner (1984) and Bandura (1977) support this contention, and they account for clinical learning processes when reporting the importance of observational learning and modelling as an effective means of transmitting values, attitudes, ways of thinking, and behaviour. Students learn from supervisors via observation of (i) practical skills (particularly at the start of clinical placement) and (ii) attitudes, values, and interaction with patients (Andrews et al., 2006; Donaldson and Carter, 2005; Perry, 2009).

Motivation and Satisfaction

Various factors motivate students to become nurses. Learning outcome quality and success trigger motivation (Bengtsson and Ohlsson, 2010). Here, motivation is defined as a driving force that leads a person forward to a specific goal – based on the individual's interest in learning the subject area (Pintrich and Schunk, 1996). Motivation occurs intrinsically and extrinsically. Via intrinsic motivation, students strive to satisfy themselves. Via extrinsic motivation, they strive to satisfy others (Bengtsson and Ohlsson, 2010), for example, family members or friends who inspired and motivated them to become nurses (Usher et al., 2013). Motivation depends on a student's self-concept, self-esteem, and degree of ability to motivate themselves and be motivated (Bjorkstrom et al., 2003; Dagenais and Meleis, 1982). Besides motivation, several studies show that good preparation for clinical learning and support from the university and the clinical placement unit facilitate learning processes and further increase motivation (Andrews et al., 2006; Kristofferzon et al., 2013). Students who demonstrated low motivation during clinical placement were more motivated by supervisors who established supportive, trusting relationships that were further strengthened if students received positive feedback and confirmation during hands-on learning situations.

Satisfaction is another crucial factor in a learning process. Students' degree of satisfaction during clinical placement depended on factors such as (i) feeling welcomed in the clinical placement and (ii) nurses' attitudes regarding student supervision. Supervisors with unsupportive, indifferent attitudes have a negative impact on students' motivation to learn. Some students in a Milton-Willey et al. (2013) study reported that supervisors' attitudes could make them regret that they chose to become nurses. Length of clinical placement also affects their satisfaction level. Students in clinical placement for seven weeks or longer seem to be more satisfied than students with short placements (Warne et al., 2010). One explanation can be that the students' sense of affiliation increased their satisfaction (Milton-Willey et al., 2013).

Professional Role Model

Traditionally, clinical education was organized from a master-apprentice perspective, which included instruction and teaching. Now, as nursing education is on a higher academic level, students take more active roles in learning. Supervisors still assume the significant expert role in helping to prepare students for professional nursing care, and they play a key role during clinical learning by actively encouraging student participation in discussions through reflection. During reflection, students may contribute and identify innovative ways of implementing changes (Silén et al., 2011).

Personal values and demonstrated attitudes toward patients during clinical placement determine students' preferred role models when it comes to learning. Students learn professional approaches and how to be nurses via their experiences and critical reflections on clinical encounters with good role models (Kenny et al., 2003). Universities are responsible for arranging the clinical part of nursing education. But the nurse teacher role, which is intended for supporting students, is very vague because nurse teachers have no formal clinical responsibility

and natural affiliation with the clinical placement environment (Kristofferzon et al., 2013).

Aim

The present study investigated whether or not an association exists between (i) these dimensions: supervisory relationship, educational atmosphere, management leadership style, premises of nursing care on the ward, and nurse teachers' roles and (ii) these factors: student motivation, satisfaction with clinical placement, and experiences with professional role models. And if an association exists in the clinical learning environment within PHC units, do the dimensions and factors influence each other.

Design and Methods

This study implemented a quantitative approach. Data were collected using the Swedish version of Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) scale. It is a valid research instrument for quality assurance of clinical learning environment of nursing students. It has been validated and internationally reported in Finland, Germany, Netherlands, Italy, New Zealand, Norway, Spain and in Sweden (Saarikoski, 2014).

Settings

The context for the study was PHC units in which students were placed for four or five weeks. PHC units as clinical learning environments provide learning opportunities in patients' homes and in health care centres. District nurses (DNs) provide supervision in PHC units and generally follow a supervision model, whereby one supervisor has one student to supervise (Bos et al., 2012). DNs often establish long, continuous relationships with patients and their families, which generate patient trust and wellbeing. These relationships provide opportunities for holistic views of patients' life situations compared to hospitals in which patient visits have become shorter because they're discharged earlier to their homes (Betony, 2011). The on-going transition from hospital-based care to PHC units increases the complexity of nursing care and demands competent nurses in PHC units (Merrick et al., 2012). Clinical experiences, based on a holistic view of a patient's life and nursing care, facilitate knowledge and understanding that students acquire during PHC unit placements (Betony, 2011).

Data Collection

Study participants were undergraduate students in a nursing programme at Karolinska Institutet in Sweden. A convenience sample of 425 nursing students was used. The study was run in PHC units under the auspices of the Stockholm County Council. Data were collected between December 2008 and January 2010. The researchers together with faculty members distributed the questionnaires to the students in classrooms one week after their clinical placement. The response rate was 84% ($n = 356$). Ninety per cent of the students were female. The mean age was 28 (range 19–54 years).

The CLES + T scale with three additional questions was used for data collection (Bos et al., 2012; Saarikoski et al., 2008). The CLES + T scale consists of items with a Likert-type (1–5) scale that ranges from 1 = fully disagree to 5 = fully agree. The questionnaire has five latent dimensions:

- Supervisory relationship = eight items (D1).
- Pedagogical atmosphere in the ward = nine items (D2).
- Role of nurse teacher = nine items (D3).
- Leadership style of the ward manager = four items (D4).
- Premises of nursing care on the ward = four items (D5).

Download English Version:

<https://daneshyari.com/en/article/10316327>

Download Persian Version:

<https://daneshyari.com/article/10316327>

[Daneshyari.com](https://daneshyari.com)