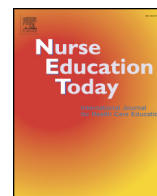




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## Nursing students' perceptions of factors influencing their learning environment in a clinical skills laboratory: A qualitative study

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### SUMMARY

**Background:** The mastery of clinical skills training is required to become a trained nurse. Due to limited opportunities for clinical skills training in clinical practice, undergraduate training at clinical skills laboratories (CSLs) is an essential part of nursing education. In a sociocultural learning perspective learning is situated in an environment. Growing student cohorts, rapid introduction of technology-based teaching methods and a shift from a teaching- to a learning-centered education all influence the environment of the students. These changes also affect CSLs and therefore compel nursing faculties to adapt to the changing learning environment. **Objectives:** This study aimed to explore students' perceptions of their learning environment in a clinical skills laboratory, and to increase the knowledge base for improving CSL learning conditions identifying the most important environmental factors according to the students.

**Design:** An exploratory qualitative methodology was used.

**Participants:** Nineteen second-year students enrolled in an undergraduate nursing program in Norway participated in the study. They took the same clinical skills course. Eight were part-time students (group A) and 11 were full-time students (group B).

**Methods:** Focus group interviews and content analysis were conducted to capture the students' perception of the CSL learning environment.

**Results:** The study documents students' experience of the physical (facilities, material equipment, learning tools, standard procedures), psychosocial (expectations, feedback, relations) and organizational (faculty resources, course structure) factors that affect the CSL learning environment.

**Conclusion:** Creating an authentic environment, facilitating motivation, and providing resources for multiple methods and repetitions within clinical skills training are all important for improving CSL learning environments from the student perspective.

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### Introduction

Clinical skills are difficult for students to acquire since they do not exist independently, but are rather composed of components from the psychomotor, cognitive and affective learning domains (Ross, 2012). Skills acquisition is therefore a complex process in which the students have to incorporate practical performance with knowledge and critical thinking. In addition to practice in hospitals and in home care facilities, one of the most common places for nursing students to learn clinical skills is in the clinical skills laboratory (CSL) (Houghton et al., 2012). CSLs are located at nursing schools and the literature documents that both students and teachers find them useful and important for the development of clinical skills (Freeth and Fry, 2005; Houghton et al., 2012; Moule et al., 2008; Wellard and Heggen, 2010). While Benner

et al. (2010) argue that different educational strategies and repetitions are needed to accomplish learning within psychomotor skills acquisition, Johansson (2012), points out that since learning is always situational, where the learning takes place is just as important as how. From a socio-cultural learning perspective, the CSL environment is therefore vital since it constitutes the context in which learning occurs. Growing student cohorts (Lin, 2013), rapid introduction of technology-based teaching methods and a shift from a teaching- to a learning-centered education (Breymer, 2012) have transformed nursing education (West et al., 2012). These changes that affect CSLs have compelled nursing faculties to adapt to the changing learning environment.

Educational theories now center education on student learning instead of teaching, placing students in a key position within the educational system (Katinka et al., 1998; West et al., 2012). With this increased focus on the importance of student involvement, the expectation of including students' perceptions in evaluating educational programs also arises. Despite the argument that students themselves know best how to learn, we argue that including students' experiences and

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perceptions about educational programs will complement the knowledge base used to improve educational programs (Papathanasiou et al., 2013).

More specifically, nursing faculties should pay attention to the environment in which the learning takes place (Johansson, 2012; Säljö, 2001), and include students' perceptions of their learning environment.

The environment in the CSL is designed to simulate the real clinical learning environment and is as such defined similarly as a practicum environment where students apply theory to practice, acquire critical thinking skills, participate in clinical decision-making, and practice psychomotor and affective skills (Stokes and Kost, 2009, p. 283). Within the nursing literature, numerous studies have explored students' perceptions of learning environments during clinical placements (Björk et al., 2014) while less focus is on the learning environment of the CSL. Existing studies often target students' perceptions of influencing factors such as positive attitude, time, affiliation to the ward and personalization of learning experiences (Henderson et al., 2011; Loo Chuan and Barnett, 2012; Papathanasiou et al., 2013). Several studies of simulation-based learning discuss learning environment and themes such as fidelity, authenticity and bridging-the-gap (e.g. Bland et al., 2014; Dieckmann et al., 2012; Rettedal, 2009). In addition the literature contains studies of the importance of relationships between students and teachers and the qualities of a good teacher (Heydari et al., 2013; Raaheim, 2013; Robb, 2012; Yung et al., 2013). However, there are few studies focusing on the environment of the CSL as a research topic in itself (Freeth and Fry, 2005; Khan et al., 2011) and of students' perceptions of the learning environment in such settings. The aim of the study is therefore to explore the students' perceptions of their learning environment in the CSL. The rationale for this aim is to expand the knowledge base for improving CSL learning conditions and to identify what students consider the most important environmental factors.

## CSL Environment

The study context is a Norwegian CSL environment used for conducting a clinical skills course for second-year students in Bachelor of Science in Nursing. The learning objective for the course is the mastery of 13 clinical skills (see Table 1). All the skills must be done in regard to safe practice, hygiene, practical performance and utilization of available resources in order to pass the course. In addition each skill has its own specific learning objectives designed to strengthen the students' ability to deliver comprehensive care by applying critical thinking, reasoning and decision-making skills in a non-threatening environment. The Norwegian government provides a framework of competencies that guides the schools in skills selection.

The CSL is designed to resemble a hospital ward to optimize the simulation of clinical learning situations. Besides the ordinary interior and layout of patient rooms, toilets, medical supply room, etc. an auditorium in the CSL seats up to 50 students for demonstration and reflection. The

**Table 1**  
Overview of clinical skills.

Skill	Mannequin	Peer student
Cleaning sutured wounds and applying sterile dressing		x
Administering oxygen		x
Assessing and changing stoma	x	
Blood glucose measurement and insulin administration	x	
Administering intravenous fluids and medications	x	
Peripheral venous catheter insertion	x	
Nasal and oral tracheal suction including tracheostomy care	x	
Nasogastric tube insertion	x	
Intramuscular injection	x	
Mobilization of patient with apoplexia cerebri		x
Post-operative mobilization		x
Irrigating wounds/applying hydrocolloid dressing		x
Communication with next of kin		x

CSL is equipped with all necessary reusable and stationary medical equipment. Single supplies such as nasal cannulas, wound dressings, and syringes are handed out to each student in a free equipment kit at the beginning of the course. If medical supplies are lost or broken, a few replacements are available upon request. Every training room also has a computer. All nursing students must meet uniform requirements at all times when in the CSL. Students are encouraged to practice on peer students when advisable; for other procedures, basic mannequins are provided.

During the course, the students have 9 three-hour supervised training sessions. Every session revolves around one or two case studies concerning specific skills and consists of a three-step routine: the teacher demonstrates the procedure, the student practices the procedure, and reflection after performance. Throughout the course, and in preparation for each session, the students are encouraged to use all the available didactic tools: multiple-choice tests, instructional videos, assigned reading and an internet-based discussion forum. Besides the scheduled sessions, the students can book the CSL for unsupervised training every day of the week. At the end of each course the students take a practical–oral exam where they are tested in any one of the 13 skills by two of the faculty teachers.

## Methodology

### Design

An exploratory qualitative methodology using focus group interviews and content analysis was used to establish a knowledge base for understanding the CSL learning environment from a student perspective.

### Settings and Participants

The interviews were conducted in January 2014 in a meeting room in the campus of a Norwegian nursing school between six and nine weeks after the end of the course. All students were recruited through purposive sampling in collaboration with the lecturers at the nursing school, using an open invitation in class in which the first author was present. The participants were all second-year nursing students who had completed the same clinical skills training course in the same Bachelor of Science in Nursing program. All students wanting to participate were encouraged to approach the first author after class. Sixteen females and three males volunteered. Eight of the females were part-time students enrolled in the long-distance bachelor program and had a mean age of 41 (group A). The remaining eleven students, three males and eight females, were full-time, on-campus students with a mean age of 24 (group B). The full- and part-time students were divided into two groups. This was done to ensure that the participants would be comfortable discussing the topic with each other and that their different, shared experiences with the CSL would generate meaningful discussions (Morgan, 1997). The split was also based on the hypothesis that their difference in study program (long-distance vs. on-campus), age and gender compositions would yield different student perceptions that could provide a range of descriptions or influencing factors of the CSL learning environment (Krueger and Casey, 2009). The participants had previously met the first author at an introduction session. None of the students dropped out of the study.

### Ethical Consideration

The students received both written information and oral information on the background and aim of the study, including information about the right to withdraw from the study at any point. Written informed consent was collected prior to the data collection. Approval of the study was obtained from the Norwegian Social Science Data Services (reference number 36260) and from the head of the nursing school.

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