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Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: A questionnaire survey

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SUMMARY

Aim: The aim was to investigate student nurses' experiences of the clinical learning environment in relation to how the supervision was organized.
Background: The clinical environment plays an essential part in student nurses' learning. Even though different models for supervision have been previously set forth, it has been stressed that there is a need both of further empirical studies on the role of preceptorship in undergraduate nursing education and of studies comparing different models.
Method: A cross-sectional study with comparative design was carried out with a mixed method approach. Data were collected from student nurses in the final term of the nursing programme at three universities in Sweden by means of a questionnaire.
Results: In general the students had positive experiences of the clinical learning environment with respect to pedagogical atmosphere, leadership style of the ward manager, premises of nursing, supervisory relationship, and role of the nurse preceptor and nurse teacher. However, there were significant differences in their ratings of the supervisory relationship ($p < 0.001$) and the pedagogical atmosphere (p 0.025) depending on how the supervision was organized. Students who had the same preceptor all the time were more satisfied with the supervisory relationship than were those who had different preceptors each day. Students' comments on the supervision confirmed the significance of the preceptor and the supervisory relationship.
Conclusion: The organization of the supervision was of significance with regard to the pedagogical atmosphere and the students' relation to preceptors. Students with the same preceptor throughout were more positive concerning the supervisory relationship and the pedagogical atmosphere.
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Introduction

Learning in the clinical environment is an essential part of nursing education. In recent decades the higher educational system has undergone changes in accord with the Bologna process whereby nursing education has become integrated into higher education (Davies, 2008; Öhlén et al., 2011), but learning in clinical practice remains important. Clinical skills can be learnt in the laboratory but need to be practised and developed in clinical settings. The clinical learning environment and the supervisory relationship has been highlighted as important (Papastavrou et al., 2010; Warne et al., 2010), and student nurses must learn from practice under the supervision of preceptors. However, the organization of the supervision differs between clinical settings. In light of this, the present study investigates student nurses' experiences of the clinical learning environment in relation to the organization of supervision.

Background

The clinical environment plays an essential part in student nurses' learning. Even though such students report the fulfilment of learning outcomes as high in clinical practice (Löfmark et al., 2012), weaknesses have been reported in the practical skills of newly graduated nurses (Bisholt, 2012). Even if students often report positive experiences during clinical placements, it has been stressed that many students experienced placements where their learning was not optimized. Levett-Jones and Lathlean (2007) describes belongingness as a prerequisite for nursing students' clinical learning, and points to the day-to-day nurse whom students worked with as significant to their sense of belonging and

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learning. Chuan and Barnett (2012) found that learning was hindered by overload of students within the clinical unit and busy wards and students being treated as workers rather than as students, whilst learning was enhanced by students' and staff nurses' positive attitude towards student learning, variety of clinical opportunities, sufficient equipment and sufficient time to perform procedures. Other important aspects of the clinical learning environment are the supervisory relationship, the staff–student relationship and the pedagogical atmosphere (Saarikoski and Leino-Kilpi, 2002, Saarikoski et al., 2005, 2007; Papastavrou et al., 2010; Warne et al., 2010).

In clinical practice there need to be opportunities for students to develop confidence and competence in clinical skills. Student nurses have reported that they need support, and the role of the preceptor has been stressed as important in providing this support (Papp et al., 2003). The method of supervision, the number of supervision sessions and the psychological content of supervisory contact within a positive ward atmosphere are important variables in student nurses' clinical learning (Saarikoski and Leino-Kilpi, 2002). In line with Bowlby's attachment theory, Riley (2011) argues that relationships are fundamental to learning, and maintaining that very little effective learning will take place without them. Bowlby theorized that children learned from interactions with others. Although attachment behaviours are developed during childhood, such behaviours are also the basis for other relationships later in life and can be viewed as a powerful system of interpersonal connection. Attachment may play a role in the way students and preceptors interact. Attachment behaviours can play a part in coping with stressful situations, and support during stressful situations may lessen people' feeling of anxiety. The clinical learning environment is complex and can become stressful to student nurses (Pulido-Martos et al., 2012); thus, supportive and trusting supervision has an essential role to play in the creation of a positive clinical learning environment (Saarikoski et al., 2005). The dynamics of the relationship between the student and the preceptor has been highlighted as important, influencing students' learning.

Different models for supervision within clinical education have been proposed (Budgen and Gamroth, 2008). One which is commonly used is preceptorship, where a student is working under the supervision of a registered nurse (Budgen and Gamroth, 2008; Croxon and Maginnis, 2009; Callaghan et al., 2009). However, both benefits and limitations of this model have been set forth in the literature (Budgen and Gamroth, 2008; Udlis, 2008; Callaghan et al., 2009; Sedgwick and Harris, 2012). Another model used is patient-centred training in student-dedicated patient rooms with several preceptors. This model also has reported advantages and disadvantages (Staun et al., 2010). A need has been expressed both for further empirical studies on the role of preceptorship in undergraduate nursing education (Udlis, 2008) and for studies comparing different supervision models (Budgen and Gamroth, 2008). Studies have been conducted on the clinical learning as well as on different models of supervision, but still there is a lack of quantitative studies evaluating the organization of supervision during clinical placements. Therefore the aim of the study was to investigate nursing students' experiences of the clinical learning environment in relation to how the supervision was organized.

Method

Design

A cross-sectional study with comparative design was carried out. We conducted a questionnaire survey with a mixed method approach (Sandelowski, 2000), where quantitative data were complemented with qualitative data. Data were collected from student nurses in the final term of the nursing programme at three universities in Sweden by means of a questionnaire. An open question was added to the questionnaire to obtain complementary data. The study was part of a research programme investigating various aspects of the organization of the clinical education within nursing programmes.

Setting

This study took place within the framework of the nursing programmes at three universities in Sweden. All of these programmes followed the regulations for nursing education established by the Swedish government, evaluated by the Swedish Higher Education Authority. Thus they were three-year programmes (corresponding to 180 credits in the European Credit Transfer System) with similar content, leading to a Bachelor's degree. About 50% of the courses included clinical practice. All three programmes had a clinical placement in the final term. This placement could be in any of a number of clinical settings, such as hospitals, nursing homes, home-based care, primary health care or psychiatric care. A hospital placement could be in various departments — medical, surgical, and emergency.

Supervision was provided by registered nurses on the staff at the clinical placement. The organization of this supervision differed: the student either had a personal preceptor assigned or followed patients who were in rooms designated for student training. Students following patients had a number of registered nurses on the ward as preceptors, each of whom was a so-called “preceptor for the day”. The role of the “preceptor for the day” is to offer the student close support and exchange of thoughts during the day. The students' progress was documented and followed mainly by means of a logbook (Staun et al., 2010). Responsible for teaching the student during the clinical placement was either a nurse teacher (NT) holding a post at the university or a registered nurse with a position affiliated to the university (Budgen and Gamroth, 2008).

Sample

During spring of 2011, a convenience sampling of student nurses from the three universities was performed. The students were at the end of the final term of the nursing programme. Of the 208 who were eligible, 185 participated in the study. Thus the response rate was 89%. The participants were between 21 and 49 years old, with a median age of 25 years (q_1 23, q_3 28). The majority were female ($n = 161$, 87%). Most students ($n = 101$, 55%) had worked within health care before they started the nursing education. Some of them ($n = 40$, 22%) had earlier educational backgrounds as assistant nurses.

Data Collection

Data were collected by means of a questionnaire in the week following completion of the clinical placement. The first part contained questions about location of the placement and specialization. A question regarding the organization of the supervision was included. The response alternatives were “I had a named personal preceptor assigned”, “I had a named personal preceptor assigned but received supervision also from others” and “I was placed within a patient room and preceptors differed between shifts”. The students also had the possibility to describe the supervision they received in their own words. The next part of the questionnaire contained an instrument with questions about the clinical learning environment and the total satisfaction with the clinical placement just completed. The questionnaire was complemented with an open question giving the students the opportunity to comment on any cause for dissatisfaction with the supervision that they received.

Instrument

The instrument used for measuring the students' experiences of the learning environment in the clinical placement was the Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) evaluation

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