



# Exploratory Factor Analysis of the Pediatric Nursing Student Clinical Comfort and Worry Assessment Tool<sup>1</sup>

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Instrument development

Pediatric nursing clinical often causes feelings of fear, thus hindering students' performance. This sparked the creation of the "pediatric nursing student clinical comfort and worry assessment tool," which can be utilized to identify worry-provoking elements before and after pediatric clinical rotations. The purpose of this study is to describe the development and psychometric testing of this tool. Psychometric tests used to assess data quality, reliability, and construct validity demonstrated that the pediatric nursing student clinical comfort and worry assessment tool can be used to evaluate nursing students' comfort and worry in pediatric nursing clinical rotations.

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PEDIATRIC NURSING STUDENTS experience a great deal of stress and worry over clinical performance in the pediatric setting (Elliott, 2002; Kleehammer, Hart, & Keck, 1990; Lassche, Al-Qaaydeh, Macintosh, & Black, 2012; Moscaritolo, 2009; Oermann & Standfest, 1997). These worries may contribute to decreased performance and overall skill acquisition (Coetzee, 2004; Oermann & Lukomski, 2001). Alleviating these worries may contribute to better student outcomes in the pediatric clinical setting. As of this date, no validated student assessment tools for self-reported worry or comfort in the pediatric clinical setting exist (Lassche et al., 2012). The purpose of this study was to describe development and psychometric testing of the "pediatric nursing student clinical comfort and worry assessment tool."

In pursuit of identifying greatest areas of worry and decreased comfort, a literature review was conducted to pinpoint areas of concern. The two categories found to produce the most worry in the clinical setting were

psychomotor skills, such as tasks and procedures, and psychosocial support (Coetzee, 2004; Oermann & Lukomski, 2001). Another significant area of worry for pediatric students is causing harm or pain to children, which may contribute to student performance and quality of care (Chen, 2010; Lassche et al., 2012). These areas were used as the basis for developing the pediatric nursing student clinical comfort and worry assessment tool.

## Instrument Development

The pediatric nursing student clinical comfort and worry assessment tool was designed as a survey instrument to evaluate student comfort and worry before and after pediatric nursing experiences (Figure 1). This tool was created by the first author to identify specific concerns that many students exhibit or express during pediatric nursing rotations. Questions were formulated based on literature that identified areas of worry for pediatric nursing students.

Face validity was determined through a review of questions by leading experts in pediatric nursing and nursing education. Two subscales were then created within the instrument to address both the "comfort" and "worry" elements identified by

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both the literature and educational experts. An exploratory factor analysis was performed to assess construct validity for the two instrument subscales, comfort and worry, and reported on in a previous study (Lassche et al., 2012). Results provided initial evidence for the construct validity of the comfort and worry subscales.

A Likert-type scale with four choices ranging from *strongly agree* to *strongly disagree* was used for the tool. These choices were assigned a numerical value of 4 to 1 with 4 relating to *strongly agree* and 1 to *strongly disagree*. An additional option of “not applicable” was provided with each item (Lassche et al., 2012). A “balanced” 4-point scale was used to help eliminate some bias related to social desirability of response as noted in other studies (Garland, 1991; Worcester & Burns, 1975).

Usability of the instrument was evaluated by administration of the instrument to students. Participants were able to use the tool appropriately. Participants completed the tool in

less than 10 minutes, and no missing data were found among all response questions. Usability was also determined using question response placement with participants marking: between columns 2% of the time, two answers less than 1% of the time, and not applicable less than 1% of the time (Lassche et al., 2012). No concerns with usability on initial assessment were noted by students using the tool or during data analysis; the tool was not modified or revised to reflect field testing of the items.

## Theoretical Framework

Benner’s novice-to-expert theory was used as a framework for the development of the pediatric nursing student clinical comfort and worry assessment tool. Benner (2001) describes a novice learner in her novice-to-expert theory as being new to a particular experience. In this study, students

### Pediatric Clinical Comfort and Worry Assessment Tool

**Introduction:** Pediatric Nursing is often considered frightening and stressful for nursing students. This tool can help your clinical faculty understand how much experience you have around children as well as any concerns you may have about this rotation or working with children in general. Please indicate your opinion to each given statement listed below by placing an “X” underneath the most appropriate response. Your responses will remain confidential.

Comfort Level with the Pediatric Clinical Setting	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. I am <i>comfortable</i> in performing a pediatric assessment					
2. I am <i>comfortable</i> explaining procedures/medications/therapies to a child					
3. I am <i>uncomfortable</i> administering medications to a child					
4. I am <i>comfortable</i> administering therapies or performing procedures on a child					
5. I am <i>uncomfortable</i> helping children and their families cope during painful procedures					
6. I am <i>comfortable</i> in providing support to children and their families during times of crisis and grief					
Clinical Rotation Worry	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
7. I am worried about caring for an ill child					
8. I am worried about causing physical harm to a child during this rotation					
9. I am worried about causing emotional harm to a child during this rotation					
10. I am worried about causing a child pain during this rotation					
11. I am worried about interacting with children’s families					

**Figure 1** The pediatric nursing student clinical comfort and worry assessment tool as administered to students.

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