Nursing students' perceptions about clinical learning environment in Turkey

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A R T I C L E   I N F O

A B S T R A C T

Clinical education has a vital role in nursing curriculum. Clinical education environment can be enhanced by feedbacks provided by students. The purpose of this research was to search factors that affect the clinical learning environment. A qualitative approach was used. 36 nursing students were recruited from school of nursing in Turkey. It was found that students are negatively affected by communication errors and feedbacks given in the presence of patients by instructors. The constant presence of instructors may be the source of stress for some students. Besides peer support and favourable communication with peers have a positive impact on student learning. Communication with hospital staff and instructors are important. The study revealed that student learning is affected by the level of confidence and support displayed by patients. In order to ensure the most favourable learning environment for students, it is essential that cooperation should be increased between school staff and clinical staff, instructor skills should be developed, and students should be supported in the clinical environment.

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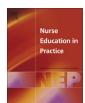
Introduction

Clinical education is an essential part of nursing education. It provides students with the opportunity to put the knowledge, skills and concepts they acquire from classes into practice (Elcigil and Sarı, 2007). Experience gained in clinical learning environments makes a major contribution to students' professional development by enabling them to think in new ways (Peyrovi et al., 2005). In addition, these experiences affect students' future careers (McKenna et al., 2010). A favourable clinical learning environment is critical for favourable learning experiences, and studies on the experiences of students in clinical learning environments have listed the specific factors affecting learning as being instructors (Cilingir et al., 2011; Elcigil and Sarı, 2007; Kelly, 2007; McKenna et al., 2010; Mlek, 2011; Shahsavari et al., 2013; Yaghoubinia et al., 2014), peers (Kelly, 2007; Peyrovi et al., 2005), hospital staff (Dadgaran et al., 2013; Luanaigh, 2015; Madhavanpraphakaran et al., 2014) and patients (Mlek, 2011; Nolan, 1998). However, it is difficult to control clinical environments since they do always involve all these different factors. Consequently, student nurses

should be supported in clinical environments, and the role of nurse teachers and nurse mentors is important in providing this support (Luanaigh, 2015; Shahsavari et al., 2013).

The most critical individuals for student learning in clinical environment are instructors (Sayers et al., 2011). Studies have revealed that the relationships between instructors and students have an effect on students' learning experiences (Cilingir et al., 2011; Elcigil and Sarı, 2007; Kelly, 2007; Yaghoubinia et al., 2014). Positive relationships between instructors and students improve development of problem-solving skills, satisfaction with the clinical environment, clinical performance, increase motivation for learning and decrease anxiety (D'Souza et al., 2013; Yaghoubinia et al., 2014). In addition to these relationship, other studies indicate that student learning is affected by instructors' skills in providing feedback (Elcigil and Sarı, 2007; Kelly, 2007), and by the kind of support and guidance students receive from instructors (Elcigil and Sarı, 2007; Yaghoubinia et al., 2014). Consequently, instructors have an important role to play in creating the appropriate clinical environments for students (D'Souza et al., 2013; Elcigil and Sarı, 2007).

Improvements in the clinical environment are, without doubt, only possible through an evaluation of the feedback provided by students about their experiences in the clinical learning environment. Previous studies have not dealt with all the factors in clinical learning environments as a whole. Thus, it is believed that the

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present study will be of value because it analyses all the contributory factors as a whole.

Meanwhile, sociocultural differences are prevailing between countries. The Turkish nurse training curriculum as European Union Standards for Nursing consists of a total of 4600 h, which includes both theory and clinical practice, and during the Bachelor of Science in Nursing (BSN) program, student nurses are required to undertake 2300 clinical, and 2300 theoretical, hours (Keighley, 2009; Turkey Higher Education Institutions, 2008). There are only a few nursing schools in Turkey that operate a mentorship system. However, in most Turkish nursing schools, it is faculty members that are primarily responsible for clinical education. The mentorship system does not operate at the school where this study was conducted. Instead, faculty members work together with students throughout all the clinical practices. Faculty members, in the clinical area, guide students when planning nursing care, instruct how to communicate with patients, show clinical skills, and evaluate students' performance. Even though clinical nurses aren't directly responsible from clinical learning, students learn by observing nurses' communication with patients and clinical skills. Even though the similar studies about clinical learning environment from other countries and Turkey, culturally different experiences and perceptions of Turkish students need to be evaluated. Therefore the purpose of this study was to reveal students' thoughts about clinical environment and perceptions about the factors affecting clinical learning environments.

Methods

Study design

A qualitative design was preferred since this approach allows participants to freely express their thoughts. Focus groups are one of the qualitative designs. Focus groups enable one to discover participants' emotions and opinions about a particular issue, and to enhance the data by ensuring interaction among participants (Streubert and Carpenter, 2011).

Participants

Thirty-six students attending baccalaureate degree nursing program in Turkey were recruited onto the study. Researchers gave information on the study to all second and third year students, and only students who volunteered to participate were accepted onto the study. Whole of the students who were volunteered to participate were taken for the study. A cohort of 36 students comprised the sample and eighteen of them were second year while eighteen students were third year. All the students who were volunteered to participate had attended clinical practice.

Data collection

Data were collected using focus group interviews. Four focus groups were conducted. Each group had between eight and ten participants. Each of the focus group interviews lasted approximately 60 min. The interviews were audio-recorded. A semi-structured interview form was used for data collection. There were two initial open-ended questions as: (1) How do you evaluate your clinical learning environment? (2) What are the factors that affect your learning clinical learning environment?

Data analysis

The data were analysed through thematic content data analysis, using the process described by Graneheim and Lundman (2004).

According to this, the tapes were transcribed directly into the computer and analysed soon after the interviews. While listening to the tape 'who says what' was noted. The interviews were read through several times. Then the text about the students' experiences about clinical learning environment was extracted and brought together into one text. Paragraphs and sentences were coded by extracting the essence of ideas within them. The various codes were compared based on differences and similarities. To increase the reliability of the data analysis, the students' statements were coded by the two authors separately, the tentative categories were discussed and revised until shared themes and categories were created. Finally two themes as; thoughts about clinical environment and perceptions about the factors affecting clinical learning environments and five categories as; importance of the clinical instructor, peered and peer learning, hospital staff, patients and physical environment were emerged (Graneheim and Lundman, 2004).

Ethical considerations

Ethical approval was obtained from the ethics committee of the university. All the participants were informed that the interviews would be recorded on tape, that participation was voluntary, and that they could leave the study at any time. Verbal and written permissions were obtained from the participants by the primary researcher (PS).

Results

In this study, the participants ranged in age from 19 to 24 (mean age, 20.2 years). Most of the participants were women (75%), and most reported that they considered themselves to be of middle economic status (72%).

Two themes were emerged from the study. The first theme was thoughts about clinical environment and the second theme was perceptions about the factors affecting clinical learning environments. Under the first theme most of the students who participated in the study stated that clinical practices were beneficial on their learning, but also they weren't satisfied for reasons such as inadequate number of clinical practice environments. The findings about the second theme were grouped under five main categories: importance of the clinical instructor, peered and peer learning, hospital staff, patients and physical environment.

Importance of the clinical instructor

Most of the participants stressed that the most powerful factor in learning in clinical environments is their instructors. The participants stated that communication with instructors has a positive or negative impact on their learning. Examples of comments indicating negative effects are as follows:

"…I told my instructor that I had inserted a peripheral intravenous catheter. My instructor said that she couldn't believe I'd done it. …I have no enthusiasm to work now. (Focus group 2, Student 2)"

Most of the participants stated that their learning is affected positively when their instructors provide information, demonstrate how to do something, and give support, as in the following examples:

"One gets enthusiastic when teachers are nice." (Focus group 3, Student 1) "Our instructor was always friendly to us. He would always wander around with us and ask us "Got any problem?" or "Anything unfamiliar?" or "Shall we do that together?" He trusted