



Clinical education and training of student nurses in four moderately new European Union countries: Assessment of students' satisfaction with the learning environment



Ileana Antohe^a, Olga Riklikiene^{b,*}, Erna Tichelaar^c, Mikko Saarikoski^d

^a University of Medicine and Pharmacy "Gr. T. Popa", Iași, Romania

^b Lithuanian University of Health Sciences, Lithuania

^c Windesheim University of Applied Sciences, The Netherlands

^d Turku University of Applied Sciences, Finland

ARTICLE INFO

Article history:

Accepted 12 December 2015

Keywords:

Nurse education
Clinical placements
Mentorship
Learning environment
International survey

ABSTRACT

Nurses underwent different models of education during various historical periods. The recent decade in Europe has been marked with educational transitions for the nursing profession related to Bologna Declaration and enlargement of the European Union. This paper aims to explore the situation of clinical placements for student nurses and assess students' satisfaction with the learning environment in four relatively new member states of European Union: the Czech Republic, Hungary, Lithuania and Romania. The data for cross-sectional quantitative study were collected during the exploratory phase of EmpNURS Project via a web based questionnaire which utilized a part of Clinical Learning Environment scale (CLES + T). The students evaluated their clinical learning environment mainly positively. The students' utter satisfaction with their clinical placements reached a high level and strongly correlated with the supervisory model. Although the commonest model for supervision was traditional group supervision, the most satisfied students had the experience of individualised supervision. The study gives a picture of the satisfaction of students with the learning environment and, moreover, with clinical placement education of student nurses in four EU countries. The results highlight the individualized supervision model as a crucial factor of students' total satisfaction during their clinical training periods.

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Introduction

At the end of 1990's, European Ministers of Education agreed in Bologna to construct European wide development reforms in all fields of education, including health care education. This process led to several reforms which have explored development phases of education systems in European countries and tried to define the main structure of professional education (Suhonen et al., 2009; Salminen et al., 2009).

During the last decade many of the current European Union (EU) countries, from the former Communist Block (the Soviet Republics' Union and aligned countries) in particular, have undergone substantial re-organization of nursing education that also aimed at the

transition of registered general nurse (RGN) training programs from vocational or hospital-based school systems to Higher Educational Institutes (HEIs – universities or colleges). The survey of the training of nurses in the EU certified the fact that in 2012 sixteen EU Member States educated general care nurses exclusively at university level (Bachelors' degree) and two Member States had both academic and diploma level education for nurse students in vocational colleges (DG Internal Market, 2012).

It is emphasized that higher education of nurses is a particular phenomenon in the former Soviet Union and aligned countries and it is not further associated only with getting clinical knowledge and skills, but also with the need for the development of professional identity and values, the acquisition of scientific knowledge and the search for its application when implementing the benefits of modern nursing education, humanistic ideas and professional autonomy (Karasos and Riklikiene, 2008).

Increasing globalization has extended to nursing education programs even more as students move from country to country

* Corresponding author. Lithuanian University of Health Sciences, Faculty of Nursing, Department of Nursing and Care, A.Mickeviciaus str. 9, LT-44307, Kaunas, Lithuania. Tel.: +370 37 787382 (work).

E-mail address: riklikiene@hotmail.com (O. Riklikiene).

seeking international opportunities and entire programs are being delivered abroad. Internationally moving students, the expansion of health care service across borders and a highly mobile nursing workforce altogether demand an examination of how we educate nurses for their profession. Numerous national, regional and international research initiatives have focussed specifically on the education of nurses and recognize the importance of ensuring not only a sufficient quantity, but also the quality and relevance of health professionals joining the workforce, preparing socially accountable professionals, able to practice collaboratively and to deliver care in current complex and global international context of practice (Barry, 2012; Tichelaar et al., 2012).

Together with modern nursing theories, clinical training in a real health care environment has always been in the centre of nursing education supporting students' transition from the "didactic classroom environment to the hands-on clinical world" (Zipp and Colber, 2014). Clinical education experiences support the mastery of psychomotor, cognitive, and affective behaviours needed for competent entry-level practice. Despite the fact that formal mentors in nursing education in the countries under consideration (the Czech Republic, Hungary, Lithuania and Romania) is just a recent practical implication, there is a wide range of international evidence regarding the effective nursing theory and practice integration with changing health care needs and the improvement of educational, psychological and managerial competencies of practicing nurses through mentorship relations (Warne et al., 2010; Tichelaar et al., 2012).

The nursing program providers usually raise the similar questions seeking the improvement and quality assurance of clinical training of student nurses: What are the main features of a good clinical learning environment? What is an ideal duration of a clinical training placement? What kind of mentor–student relationship has to be developed during clinical training? What are the most important elements of good co-operation between HEIs and a health care service organisation? There is still a limited number of studies considering these questions in an international context (Suhonen et al., 2009).

The existent situation of clinical teaching and students' satisfaction with the learning environment has been explored in four relatively new member states of EU: the Czech Republic, Hungary, Lithuania and Romania inside the EmpNURS Project (www.empnurs.eu), during the preliminary exploratory phase, and this article describes the results of the exploration. The analysis of the quality and the relevance of clinical training as a substantial part of the nursing programme from students' perspective are important to ensure the acquisition of expected competencies of graduating nurses and strengthen educational systems further by sharing good practices within the EU countries. Finally, evaluation of how we educate future nurses is essential if nursing is to lead the world to better health (Barry, 2012; WHO, 2013).

Background

The decades after II World War indicated a period of isolation in few relatively new EU countries of Central/Eastern Europe that joined the Union in 2004–2006. In the Czech Republic, Hungary, Lithuania and Romania, being part of the Communist Bloc influenced many fields of life and science stagnated without cooperation and external links with Western European countries. Nursing in these countries used to be treated as a vocation and was dominated by the biomedical approach to health care and by the medical profession – even though the education processes have been recently moved to universities (Kalnins et al., 2001; Karosas and Riklikiene, 2008). Weaknesses of the independent nursing profession could be seen both in theoretical and clinical studies of

nursing, as curricula were strongly based in biomedicine with the subservient role of nurses to physicians. The instructors of nurse students in medical schools were mainly medical doctors with different specialities, but without an official degree in nursing.

The enlargement of EU linked the strategic reorganization of nursing education in every new European Union member state to the implementation of the Directive of the European Parliament, of the Council on the Specialist Education and the recognition of professional qualifications (Directive 2005/36/EC). This was a real reason for nurses to overcome the traditional stereotype attributed to their profession. The training of nurses was taken more seriously, stimulating action towards the necessary changes mostly regarding the content and duration of nursing studies. Despite the harmonization of nursing education in EU member states, there are still remarkable differences in educational standards and pedagogical arrangements between these Central/Eastern EU countries (Spitzer and Perrenoud, 2006).

After the implementation of the Directive 2005/36/EC, a comparative study on practice education of nurse students in nine Western EU member states was carried out in 2007–2009, exploring the factors that enhanced students' learning experience (Warne et al., 2010). The results of this research identified important influences of the national nursing cultural differences on the nurse students' learning environment.

There is also one comparative study that included the learning environment of nurse students in Central/Eastern EU countries (Saarikoski et al., 2007) with similar conclusions as Wrane's et al. research, published in 2010 regarding the importance of students' clinical placement.

The most recent evidence from established European countries goes forward and reflects on roles of clinical mentors, students' expectations and their mentorship experience in different settings outside the hospital. International case study research regarding the variation of roles of clinical mentors in eleven EU and non-EU countries shows the absence of a common model of mentors role across the sampled countries recognized (Dobrowolska et al., 2015). Studies in Sweden focused on student nurses' experience with the clinical learning environment in a nursing home (Carlson and Idvall, 2014) and in primary healthcare (Bos et al., 2015). Their results showed the importance of a good supervisory relationship and their influence on how students experience the clinical learning environment. Qualitative study in Norway reported that learning experiences and motivation of student nurses relates to individual, relational, and organizational aspects. Bachelor students in nursing highlighted the importance of positive relationships between student and mentor under the influence of their own as well as their supervisors' attitudes and competences. In addition, the motivation, self-confidence, and self-respect of students improve when the "feeling welcomed, included, and valued in the ward" is created (Dale et al., 2013).

A study on understanding students' expectations and own experiences of mentorship has been carried out in the UK (Foster et al., 2015). The students were the most positive about involvement of mentors in teaching and explaining, support and supervision, and encouragement. Moreover, the results showed the importance of the support mentors need to provide in the clinical environment.

Despite the expanding the research on mentorship, more international comparative studies on student nurses' clinical training, especially those including the relatively new EU member states, are still needed. This would allow us to close the gap of information on how and to what extent cultural, organizational and educational differences influence nurse students' satisfaction with their learning results from practice.

In our study we have used the term supervision as to the short time relation between the mentors and students during the survey.

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