



Challenging clinical learning environments: Experiences of undergraduate nursing students



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ARTICLE INFO

Article history:

Accepted 29 August 2013

Keywords:

Student perceptions
Clinical learning environment
Clinical educator
Faculty–student relationships

ABSTRACT

Clinical learning is an essential component of becoming a nurse. However at times, students report experiencing challenging clinical learning environments (CCLE), raising questions regarding the nature of a challenging clinical learning environment, its impact on students' learning and how students might respond within a CCLE. Using an Interpretive Descriptive study design, researchers held focus groups with 54 students from two Canadian sites, who self-identified as having experienced a CCLE. Students defined a CCLE as affected by relationships in the clinical area and by the context of their learning experiences. CCLE decreased students' learning opportunities and impacted on them as persons. As students determined which relationships were challenging, they tapped other resources and they used strategies to rebuilt, reframe, redirect and/or retreat relative to the specific challenge. Relationships also acted as buffers to unsupportive practice cultures. Implications for practice and research are addressed.

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Introduction

Effective clinical nursing education is critical to prepare nurses for their practice-based profession. It provides essential opportunities for students to integrate theoretical nursing knowledge into nursing care, build clinical judgment, and develop a professional identity. The clinical environment within which nursing education occurs is dynamic and encompasses complex variables which may influence students' learning experiences (Campbell et al., 1994; Papp et al., 2003; Wilson, 1994). In this paper we will examine a challenging clinical learning environment from a student perspective.

Clinical learning environment

Research exploring the relationship between students' learning experiences and the clinical learning environment [CLE] describes student perceptions of CLEs that are 'supportive' (Chan, 2002a; Henderson et al., 2006), 'pleasant' (Windsor, 1987), and 'good'

(Papp et al., 2003), contrasted with less favourable environments deemed 'nonsupportive' (Dunn and Hansford, 1997; Hartigan-Rogers et al., 2007). In the literature on clinical learning environments, the quality of students' relationships with clinical faculty (Cook, 2005; Gillespie, 2002, 2005), and staff nurses (Chesser-Smyth, 2005; Henderson et al., 2006) significantly impact students' perception of the CLE by rendering experiences challenging when clinical faculty and staff nurses are not supportive.

Elements of nursing unit culture and practice positively influence students' perceptions of the CLE: teamwork and good staff morale (Lofmark and Wikblad, 2001), positive staff attitude toward patient care, quality patient-centered care, (Dunn and Hansford, 1997; Robinson et al., 2006) and access to positive role models (Hart and Rotem, 1994). In contrast, rigid, hierarchical environments (Chan, 2002b), lack of nursing practice guidelines (Lofmark and Wikblad, 2001), and lack of awareness of students' learning needs (Dunn and Hansford, 1997) contribute to an unsupportive CLE.

Researchers have used inventories as quantitative tools to study students' perceptions of CLEs (Chan, 2002a; Saarikoski and Leino-Kilpi, 2002; Smedley and Morey, 2010). Inventories generate standardized and comparable data, however, they are limited to the extent by which they can capture the complex, dynamic and relational nature of the CLE.

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Table 1
Participant demographics.

Demographics	Site 1 (N = 33) %	Site 2 (N = 21) %		
Age (years)				
Average	24.1	26.0		
Range	19–37	19–38		
Gender				
Female	29	19		
Male	3	2		
Missing	1	0		
Highest level of education prior to nursing education				
High School	23	70%	1	5%
College	4	12%	0	0%
University 2 years	0	0%	31	4%
University Bachelor	5	15%	16	76%
University Master's	0	0%	1	5%
Year enrolled at time of focus group				
Year 1	0	20 ^a		
Year 2	9	1		
Year 3	16	0		
Year 4	11	0		

^a Students in the 4-year program started clinical placements in Year 2 (site 1); students in the 2-year program started clinical placements in Year 1, semester 2 (site 2).

Challenging clinical learning environments

Authors indicate that unsupportive CLEs negatively impact students' learning, yet scant attention has been given to explicit examination of challenging clinical learning environments (CCLE). In two studies exploring clinical faculty perceptions of their roles (O'Mara et al., 2004, 2006), CCLE emerged as an important determinant. Faculty identified CCLEs as characterized by unwelcoming nursing staff, clinical faculty's lack of expertise in the clinical area, or a lack of fit between students' abilities and patient acuity. The research by O'Mara et al. (2006) raised questions about the experiences of students in a CLE such as whether their perceptions of a CCLE mirror those identified by faculty, or do students perceive different aspects of a CLE as challenging? Further, with discrete exceptions (Dunn and Hansford, 1997), students' responses to unsupportive CLEs are largely absent from reported findings. Thus, a research study was proposed to explore students' perceptions of challenging clinical learning environments, their responses within CCLEs, and the impact of a CCLE on their learning experiences.

Methods

Purpose

The purpose of this study was to explore students' perceptions of a CCLE. The research questions included: (1) How do students define a challenging clinical learning environment? (2) How do students perceive the impact of a CCLE on their learning? and (3) How do students respond to a CCLE?

Study design and ethics

A qualitative study design using an Interpretive Descriptive method (Thorne et al., 1997) was used. This design is suited to nursing practice research and emphasizes inclusion of existing knowledge in an analytic framework, use of purposive sampling, multiple data sources and inductive data analysis (Thorne et al., 1997). Ethics approval was received from research ethics boards at each site.

Participants

Participants were recruited using pamphlets, electronic messages and teacher announcements over a two semester period. The

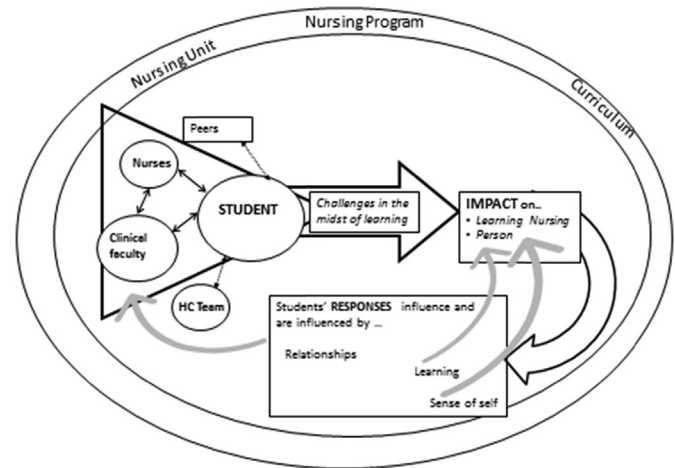


Fig. 1. Conceptual Model: Students' perceptions of a CCLE. Legend: HC Team is a health care team.

54 participants were undergraduate nursing students who had completed a clinical faculty-supervised clinical learning experience in an acute care setting, and who self-identified as having experienced a challenging clinical learning environment. Clinical faculty was defined as a nurse, employed on a part- or full-time basis by a University or College, who taught nursing students in the clinical setting. Most clinical faculty held a Master's degree. Participants were students in baccalaureate nursing programs, site one was an integrated four year self-directed learning program and site two was an accelerated 22 month program for students with advanced university standing Table 1.

Data collection

Data were collected from focus groups over two semesters at site 1, followed by two semesters at site 2. Focus groups were audio-recorded. Students from site 1 were also asked to complete a reflective journal entry following the focus group, although only three did so. Three students from site 2 submitted clinical journals.

Methodological rigour

Investigator triangulation occurred with five researchers with diverse backgrounds and expertise working together. Method triangulation was used at the data collection level: with focus groups and reflections (Streubert and Carpenter, 2011). Participants from site 1 attended member-checking meetings to corroborate themes developed by researchers and share any new information. Attempts to gather participants for member-checking in site 2 were unsuccessful. Participants are described to enhance transferability. An audit trail (including interview transcripts, field notes, theoretical notes from member checking sessions, reflective journals and minutes of researcher team meetings) was maintained to support dependability and confirmability (Lincoln and Guba, 1985).

Data analysis

Focus group audio recordings were transcribed and corrected for errors. All identifying data was removed from reflective journals. Data collection and analysis occurred concurrently. Key insights, hunches and other relevant information from notes taken during focus groups were shared with all researchers and guided further data collection. Constant comparison was used to analyse the data (Thorne, 2000). Each site-based research team conducted a

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