



## Nursing students' assessment of the learning environment in different clinical settings



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### ABSTRACT

**Introduction:** Nursing students perform their clinical practice in different types of clinical settings. The clinical learning environment is important for students to be able to achieve desired learning outcomes. Knowledge is lacking about the learning environment in different clinical settings.

**Aim:** The aim was to compare the learning environment in different clinical settings from the perspective of the nursing students.

**Design:** A cross-sectional study with comparative design was conducted.

**Method:** Data was collected from 185 nursing students at three universities by means of a questionnaire involving the Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) evaluation scale. An open-ended question was added in order to ascertain reasons for dissatisfaction with the clinical placement.

**Results:** The nursing students' satisfaction with the placement did not differ between clinical settings. However, those with clinical placement in hospital departments agreed more strongly that sufficient meaningful learning situations occurred and that learning situations were multi-dimensional. Some students reported that the character of the clinical setting made it difficult to achieve the learning objectives.

**Conclusion:** In the planning of the clinical placement, attention must be paid to whether the setting offers the student a meaningful learning situation where the appropriate learning outcome may be achieved.

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### Introduction

Clinical education is a major and important part of the pre-registration nursing education programmes and includes up to half of the nursing student training period (Furåker, 2001). The clinical learning environment is of particular importance for the achievement of the desired learning outcomes within the clinical placement (Salminen et al., 2010). According to Papp et al. (2003), the clinical environment encompasses all that surrounds the nursing student — clinical setting, staff, patients, nurse teacher etc. The fact that this environment varies in quality means that opportunities to achieving the learning outcomes vary. It is therefore difficult to plan an optimal clinical learning environment. The

present study focuses on nursing students experience of the learning environment during their clinical placements. The study is part of a major project investigating various aspects of the organization of the clinical education on the nursing programmes.

### Background

According to Papp et al. (2003), a good clinical learning environment is described by nursing student as a clinical setting where there is co-operation among staff and a good atmosphere where they feel appreciated and are given opportunities to study in order to achieve their objectives. The nursing student also state that a precondition for learning is that the learning opportunities are varied and that the demands correspond to the student's personal level (ibid). Besides the pedagogical atmosphere in the clinical setting, the supervisory relationship, the leadership style of the ward manager and the quality of care are crucial for creating a good

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learning environment (Saarikoski and Leino-Kilpi, 2002; Papp et al., 2003). Moreover, it is important that there be co-operation between educational and health-care institutions about the clinical learning environment (Bisholt, 2009). Inadequate communication between such institutions can produce a tension and lead to less co-operation, thereby affecting students' opportunities to learn during their placement. The nurse teacher has an important role to play in linking education and clinical practice (Carlson et al., 2009, 2010). Studies have shown that a good clinical learning environment is promoted through co-operation between the nurse teacher and the clinical staff (Papp et al., 2003; Johansson et al., 2010). The nurse teacher and the nurses are the ones primarily responsible for ensuring that the students have the opportunity to participate in as many learning situations as possible (Carlson et al., 2009). Few studies have considered the role of ward managers with regard to creating and maintaining a good learning environment even though this role is vital (Maben et al., 2006). The ward managers have strategic responsibility for learning at the ward level but their role has changed, reducing their direct involvement at the individual student level (O'Driscoll et al., 2010).

The nursing students' clinical placement can be in a variety of settings — for instance in a highly specialized hospital department, in a nursing home or within municipal home-based care of the elderly. The placement needs to be of such a nature as to support learning and provide opportunities for diverse clinical experiences (Edwards et al., 2004). Chan and Wan (2007) emphasize that the clinical learning environment is an irreplaceable part of the preparation for the profession of nursing. Research on clinical education within the nursing programmes during recent decades has mainly focused on the pedagogical atmosphere in the clinical setting, the supervisory role of the nursing staff and (more recently) the nursing students' relationship with the patients (Salminen et al., 2010). There are few studies focussing on the nursing students' opportunities to learn the profession in different clinical settings. Against this background, the aim of the present study was to compare the learning environment in different clinical settings from the perspective of the nursing students.

## Methods

### Design

A cross-sectional study with comparative design was conducted at three Swedish universities during spring 2011. Data was collected from nursing students at the universities by means of questionnaires. A mixed method approach was used (Sandelowski, 2000) in that complementary data was collected by means of an open-ended question added to the questionnaire.

### Sampling and settings

The study population consisted of third-year nursing student who were doing a course involving clinical practice in the final term of the nursing programme. They were enrolled through convenience sampling. Those who met the study criteria were asked, one week after completion of the course, whether they would give their informed consent to participate. Of the 208 who were eligible, 185 gave such consent. Thus the response rate was 89%, being 80%, 93% and 93% respectively at the three universities.

The universities, where the nursing student were recruited, followed Swedish regulations for nursing education including academic requirements such as independence, responsibility, critical thinking, capability to use research and decision-making (SFS, 1992:1434, SFS, 1993:100). The programmes were all of three years' duration (180 ECTS credits) and led to a Bachelor's degree.

Courses including clinical practice accounted for approximately half of the time and credits. The program in Sweden can be organized in such a way that students spend two days to six or seven weeks clinical practice to gain experience. Students often have clinical placement in each term. Students' total hours of the clinical placement are approximately 32 h per week. In Sweden, the number of weeks and hours, as well as clinical areas and clinical practice varies each term. This varies in other countries as well, depending on the nurse education and health care structure and curriculum (Zabalegui and Cabrera, 2009; Levett-Jones et al., 2009). In the study, students who were undergoing their last course in clinical placement had four to six weeks of clinical placement. The nursing student could choose clinical setting for their practice. They could perform their practice in a hospital or a nursing home, or within home-based care, primary health care or psychiatric care. Hospital placements were in a variety of departments — medicine, general surgery, orthopaedic surgery, thoracic surgery, urology, geriatrics, infectious diseases, paediatrics, neurology, oncology and emergency. During the clinical practice, the students received supervision from staff nurses within the departments. The supervisors' role was to teach practical skills, serve as a role model and assess the nursing students' professional development. The organization of the supervision was decided by the staff themselves and could differ between the clinical settings. There was also a nurse teacher employed by the university, who served as a link between the university and the clinical setting and was responsible for seminars with the integration of theory and practice during the clinical placement. The nurse teacher also participated in the final assessment and grading of the individual student together with the supervisor. Instead of a nurse teacher, some students met a clinician who had a post with affiliation to the university and had the same role and responsibility as a nurse teacher towards the student (Budgen and Gamroth, 2008).

### Data collection

Data was collected from the nursing student by means of a questionnaire answered about a week after they had finished their clinical practice. The questionnaire contained items concerning demographic characteristics, organization of supervision and type of clinical setting.

The instrument used for investigating the students' perception of the learning environment in the clinical setting was the Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) evaluation scale (Saarikoski and Leino Kilpi, 2002; Saarikoski et al., 2008). The CLES + T has 34 items classified as "Pedagogical atmosphere on the ward" (9 items), "Leadership style of the ward manager" (4 items), "Premises of nursing on the ward" (4 items), "Supervisory relationship" (8 items) and "Role of the nurse teacher in clinical practice" (9 items). The term nurse teacher is defined as a nurse teacher employed by an educational institution teaching both theoretical and clinical knowledge (Saarikoski et al., 2008). The students respond to statements in the scale on a 5-point Likert-type scale: fully disagree (1), disagree to some extent (2), neither agree nor disagree (3), agree to some extent (4) or fully agree (5). The original version of the CLES + T has proved to be a reliable and valid instrument and to have construct validity in the case of nursing students of different nationalities (Saarikoski et al., 2008; Warne et al., 2010). Psychometric tests of the Swedish version of the scale have shown that it has satisfactory psychometric properties also when used among Swedish nursing students with clinical placement in a hospital (Johansson et al., 2010) and in primary health care settings (Bos et al., 2012). The internal consistency of the scale was tested in the present study by means of Cronbach's alpha. The alpha value was 0.95 for the total scale, and ranged from

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