



## Views and perceptions of nursing students on their clinical learning environment: Teaching and learning

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### SUMMARY

**Introduction:** The clinical learning environment constitutes an initial area of professional practice for nurses and student opinion contributes to its improvement.

**Purpose:** The assessment of students' views and perceptions of a Greek nursing school on their clinical learning environment.

**Material and Methods:** The study was concurrent and included 196 students. We used the published questionnaire "Clinical Learning Environment Inventory (CLEI)" which is a tool for identifying and assessing Nursing students' perceptions of the psychosocial characteristics of their clinical learning environment. The questionnaire was anonymous and completed by the students themselves during their clinical training at the hospital. We conducted inductive and descriptive statistics. The level of statistical significance was set at  $p < 0.05$ . The statistical program SPSS 16.0 was used.

**Results:** The highest mean score for the Actual Clinical Learning Environment was observed in the scales of "Personalization" (23.97) and "Task orientation" (23.31) while for the Preferred Clinical Learning Environment in the scales of "Personalization" (27.87), "Satisfaction" (26.82) and "Task orientation" (26.78). The lowest mean score for the Actual Clinical Learning Environment was found in the scales of "Innovation" (19.21) and "Individualization" (19.24) while for the Preferred Clinical Learning Environment in the scales of "Individualization" (22.72) and "Involvement" (24.31). Statistically significant positive correlation was found between "Satisfaction" and all other scales of the CLEI.

**Conclusions:** There is a noticeable gap between the expectations and reality of the clinical learning environment for the students in nursing. Reorganization of the educational framework is needed with an emphasis on innovation and individualization.

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### Introduction

Modern health care is provided within a dynamically evolving clinical environment, where new technologies and skills are applied. Clinical nurses are required to be well informed and committed to continuing education in order to incorporate all the latest scientific data into their practice. The learning environment plays a crucial role, especially during the clinical training of student nurses, as they come into contact with the realities of their function and form opinions on their professional careers and the clinical area prospects (Clarke et al., 2003; Egan and Jaye, 2009).

It has been found that the students want to function in learning groups and maintain open lines of communication with their trainers (Clarke et al., 2003; Henderson et al., 2006a; Levett-Jones et al., 2007). Behaviors that facilitate learning and encourage reflection, and various initiatives promote innovation and individualization for future nurses.

If a clinical experience is acquired in this manner, we avoid the sterile repetition of practices proven to lead to an impasse and to be obsolete through an educational or clinical perspective (Newton and McKenna, 2007; Levett-Jones and Lathlean, 2009; Newton, 2011).

The aim of modern education distances itself from the simple integration into existing clinical frameworks and fosters a more critical attitude. Thus, the depiction of students' views and their expectations from clinical training provides valuable information for the reorganization and improvement of their studies, with an obvious impact on future educational attainment and the establishment of nurses.

The purpose of this study was to assess students' views and perceptions of a Greek nursing school on their clinical learning environment.

Modern trends in professional education stress the importance of embodying the realities of working environments to academic training. Due to the current economic difficulties worldwide, this embodiment constitutes a necessity. To be sure, nursing education has always been closely linked with real working environments, and student nurses have always held a dual role, where learning was combined with active involvement and contribution to patient care (Allan et al., 2011); closely related is nursing's continuing goal of providing holistic care, which

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presupposes a consistent co-existence of theoretical knowledge, values and principles together with practical applications and technical details. However, recent economic developments pose a threat to holistic approaches, as the elements of cost-effectiveness and cost-cutting procedures tend to impose a new way of providing care, where saving resources is the ultimate goal. In light of these remarks, it is evident that, more than ever, student nurses need to be trained as effectively as possible in a real-time clinical environment, and gain theoretical and practical knowledge in an interpersonal way, where the synergy of academic values and professional realities is anew fundamental.

## Material and Methods

Study participants were students of the Nursing Department, TEI of Larissa. The sample consisted of 196 students during the spring semester of the academic year 2008–2009. Specifically, it involved 77 students on their fifth semester, 53 students on their seventh semester and 66 students on their eighth semester. The eighth semester is the final one, where there are no lectures in the class, and the students are required to work at a hospital as trainees, based on the theoretical and clinical skills which they acquired during previous semesters. Students of the first four semesters were excluded from the research because they have little contact with the clinical setting and therefore would provide inadequate responses on their clinical experiences. The total number of the students of the Nursing Department was 851, from which 300 students were in fifth, seventh and eighth semester (participation rate 65.3%).

The study was a cross-sectional, descriptive type research, and data was collected with a questionnaire form. The questionnaire was anonymous and completed by the students themselves during their clinical training at the hospital.

In order to investigate the clinical learning environment, the “Clinical Learning Environment Inventory (CLEI)” was used in the questionnaire. CLEI is a tool for identifying and assessing the perceptions of nursing students on the psychosocial characteristics of their clinical learning environment. CLEI has been used internationally, developed after a thorough retrospective study of the literature on the learning environment of the classroom and the clinical learning environment, as well as discussions with experts in the field of nursing education and clinical nursing (Chan, 2001; Chan, 2003). A similar questionnaire has an important role in the creation of the CLEI, entitled “College and University Classroom Environment Inventory” (CUCLEI), which was used in colleges and universities, as well as the theoretical background developed in accordance with the studies of Moos on the human environment in hospital departments, schools, universities, prisons and the military sector.

Moos suggested that there are three dimensions that characterize the educational environment and that these dimensions should be included in all of the tools used to determine it (Moos, 1979). These three dimensions are:

- Personal Development dimensions that determine maturity and self-esteem.
- The System Maintenance and System Change dimensions that include the degree to which the environment is orderly, clear in expectations, maintains control and responds to change.
- The Relationship dimensions that recognize the nature and intensity of personal relationships within the environment and the mutual support and mutual aid.

The CLEI consists of two types of questionnaire: the “Actual form” which assesses students’ understanding of the psychosocial characteristics of the real clinical learning environment, and the “Preferred form” for the assessment of psychosocial characteristics of the desired clinical learning environment. The two questionnaires on the questionnaire forms are almost identical with minor wording differences.

The questionnaire includes 42 questions from the resulting 6 scales, each scale consisting of 7 questions. Each question can be answered with one of the answers “Strongly Agree”, “Agree” “Disagree,” and

“Strongly Disagree” (Likert four-point scale), which score 5, 4, 2, and 1 respectively, while there are questions which score in reverse, that is 1, 2, 4, and 5. Incomplete or incorrect answers (multiple notes) score 3. The 6 CLEI scales reflecting the psychosocial characteristics of the clinical learning environment and their correlation with the dimensions of Moos are:

- Individualization: assesses the degree to which students are allowed to make decisions and the extent to which they are treated according to their ability or the interest shown. This corresponds to the dimension of the System Maintenance and System Change.
- Innovation: assesses to what extent the teacher introduces interesting new teaching techniques and learning activities, and whether he or she provides a productive clinical experience. This corresponds to the dimension of the System Maintenance and System Change.
- Involvement: assesses the extent to which students participate actively and consistently in activities in the clinical area. This corresponds to the dimension of the Relationship.
- Personalization: emphasizes the opportunities that the student has to interact with the teacher. This corresponds to the dimension of the Relationship.
- Task orientation: assesses the extent to which the activities in a clinical department are clear to the student and well organized. This corresponds to the dimension of Personal Development.
- Satisfaction: assesses the degree of satisfaction which students show from their training in a clinical setting. This corresponds to the dimension of Personal Development.

In a Hong Kong study, scale reliability of the CLEI had been confirmed with reported Cronbach alpha coefficients ranged from 0.50 to 0.80 for the Actual form and 0.51–0.76 for the Preferred form (Chan and Ip, 2007). In the same study the mean score (standard deviation) for each scale of the Actual form of CLEI was 24.17 (4.46) for Personalization, 23.07 (4.50) for Satisfaction, 22.19 (3.63) for Involvement, 21.35 (3.90) for Individualization, 19.90 (3.32) for Task orientation and 15.23 (3.50) for Innovation. Additionally, the mean score (standard deviation) for each scale of the Preferred form of CLEI was 30.33 (3.04) for Personalization, 30.19 (3.11) for Satisfaction, 27.60 (3.12) for Involvement, 26.47 (3.28) for Individualization, 25.38 (2.57) for Task orientation and 23.50 (2.80) for Innovation (Chan and Ip, 2007).

The processing and statistical analysis of empirical data was performed using the software package SPSS 16.0 for Windows, with the methods of descriptive and inferential statistics. To determine the difference between Actual and Preferred Clinical Learning Environment, the *t*-test was used in pairs (control means of two dependent samples). The scale of “Satisfaction” was used to measure the outcome because many research studies about the clinical learning environment recommend the use of this scale of CLEI as an outcome measure and because a very strong relation was found between Satisfaction and the other scales of CLEI (Chan, 2002; Perli and Brugnoni, 2009). Correlation coefficient of Pearson (*r*) and the model of multiple linear regression were used to explore possible relations between students’ Satisfaction and the other scales of the CLEI. *P* values < 0.05 were defined as reflecting the acceptable level of statistical significance.

## Results

The questionnaire on the Actual Clinical Learning Environment (Actual form) was completed by 196 students, and the one on the Preferred Clinical Learning Environment (Preferred form) by 180 students.

The reliability of each CLEI scale factor was determined by assessing the Cronbach alpha (internal consistency evaluation of data). The Cronbach alpha coefficient for each CLEI scale ranged from 0.55 to 0.76 for the Actual Clinical Learning Environment, and from 0.58 to 0.77 for the Preferred Clinical Learning Environment.

The highest mean score (Table 1) for the Actual Clinical Learning Environment was found for the scale of “Personalization” (23.97) and

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