



Clinical education

Nursing students' perceptions of the qualities of a clinical facilitator that enhance learning



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ABSTRACT

There is a wealth of research investigating the role of the clinical facilitator and the student experience of clinical education. However, there is a paucity of recent research reviewing the students' perspectives of facilitators' qualities that influence their learning. This paper explores undergraduate nursing students' perceptions of the qualities of a clinical facilitator that enhanced their learning. The study was designed as a cross-sectional survey. A total of 452 third year nursing students at one Australian University were invited to participate. A total of 43 students completed the survey and were analysed; thus, the response rate was 9.7%. Results of the study indicate that nursing students perceive availability, approachability and feedback from the clinical facilitator to be highly influential to their learning in the clinical setting. The relational interdependence of these is discussed. Clinical facilitators have an important role in student learning. The findings of this study can be used in the development of clinical facilitator models, guidelines and in continuing education.

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1. Introduction

Education for registered nurses in Australia transferred from hospital-based to university-based programs more than thirty years ago. Since this transfer, nursing education has adapted to encompass changes in healthcare needs, government policies, and advances in technology, demography, educational standards, pedagogies and ideologies. Furthermore, the number of nursing students has increased over the past ten years to buffer the predicted nursing shortage due to anticipated demands from an ageing population and a greying nursing workforce (Courtney-Pratt et al., 2012).

Given the shift from the workplace to the university, a vital component of the university-based curriculum is the clinical experience placement, which enables nursing students to develop the required competencies for occupational practice (Newton et al., 2009). During these clinical experience placements, students are usually paired with a practicing registered nurse, with their learning overseen and supported by a clinical facilitator. Clinical facilitation in its varying forms is a contemporary model of support

used in nursing education both nationally (Andrews and Ford, 2013) and internationally (Rowan and Barber, 2000).

The clinical facilitator role includes facilitating students' transfer of nursing theory to practice, monitoring students' progress, defining and supporting learning difficulties, as well as communicating and liaising with clinical staff and faculty to provide student support. This role has various labels depending upon the locality and educational institution; examples include "link tutor", "nurse academic", "principal academic", "clinical educator" and "academic liaison person" (Andrews et al., 2006; Courtney-Pratt et al., 2012; Dickson et al., 2006; Dwyer and Reid-Searl, 2005; Henderson and Tyler, 2011; Mallik and Aylott, 2005).

The clinical facilitator role has become independent of the academic teaching role and the clinical provision of care (Kelly, 2007; Lambert and Glacken, 2005; Mallik and Aylott, 2005). Much of the clinical facilitator positions in Australia are sessional, contract-based employment (Andrews and Ford, 2013; Dickson et al., 2006; Mallik and Aylott, 2005). Given the uncertain nature of this type of work, as well as the wide variety of clinical placement settings and facilitator expertise, it is reasonable to expect varied outcomes of student support and learning. Additional consequences of clinical facilitation being undertaken by sessional workers may include lack of staff performance reviews, lack of follow up from student feedback, insufficient facilitator training and reduced opportunities for in-service education and role/career

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development opportunities (Tunny et al., 2010). The autonomous, isolated nature of the work may undermine the growth of a collaborative, supportive team of facilitators. All of which may lead to variable student experiences of facilitation and support from the clinical facilitators whilst on placement (Andrews and Ford, 2013).

2. Background

Whilst there has been a wealth of research investigating the role of the clinical facilitator and the student experience of clinical education, there is a paucity of recent research reviewing the students' perspectives of facilitators' characteristics and behaviours on their learning. There is a small but developing body of knowledge examining the qualities of clinical facilitators that enhance learning. In the 1980s work was undertaken to develop a list of qualities that a clinical teacher may have (see for examples Brown, 1981; Mogan and Knox, 1987). The Nursing Clinical Teacher Effectiveness Inventory (NCTEI) used a 48-item checklist (grouped into 5 categories – teaching skills, nursing competence, interpersonal skills, evaluation skills and personality) to identify students' perceptions of the characteristics of "best" and "worst" clinical teachers (Mogan and Knox, 1987). In this early work, nursing students identified "being a good role model" (under the category of nursing competence) as the "best" teacher characteristic (Mogan and Knox, 1987). Twenty years later, Tang et al. (2005) rephrased and used four of these categories (teaching ability, professional competence, interpersonal relationship and personality characteristics) as the basis of a questionnaire to examine students' perceptions of the effectiveness and ineffectiveness of clinical facilitators. In this work, students identified that all four of these categories were important, but they rated interpersonal relationships as the most beneficial (Tang et al., 2005). Overall, the researchers concluded that "teachers' attitudes toward students, rather than their professional abilities", were the crucial difference between effective and ineffective teachers (Tang et al., 2005 p.187).

There are numerous references from a collective of Norwegian nurse scholars of a translated version of an Australian Nursing Clinical Facilitators Questionnaire (NCFQ), said to have been sourced from University of Technology, Sydney (Espeland and Indrehus, 2003; Kristofferzon et al., 2013; Löfmark et al., 2012; Råholm et al., 2010; Saarikoski et al., 2013). From this body of work, it has been identified that the Norwegian nursing students showed that supportive behaviour in clinical supervision was valued more highly than challenging behaviour (Kristofferzon et al., 2013); clinical facilitators were viewed as more important than preceptors to challenge critical thinking, reflection and exchange of experiences between students (Löfmark et al., 2012); and students were more satisfied when supervision was related to the intended learning outcomes for the clinical practice (Löfmark et al., 2012). Unfortunately, the NCFQ was not published and is no longer locatable on the internet.

As the clinical placement is a core component of undergraduate nurse education, and the clinical facilitator role has changed substantially in the last 20 years, it is important to understand the ways in which clinical facilitators enhance student learning. This paper reports on the results of an Australian survey designed to answer the question: "What are nursing students' perceptions of the qualities of an effective clinical facilitator that enhance their learning?"

3. Research methods

The aim of this study was to explore undergraduate nursing student perceptions of the qualities of a clinical facilitator that enhanced their learning. In particular, we sought student

understandings of the qualities of an effective clinical facilitator; the preparation and skills required for an effective clinical facilitator; and ways in which the students believe their learning can be enhanced by clinical facilitators. The study was a descriptive online survey which sought both qualitative and quantitative information about the students' experiences of different clinical facilitators, across their undergraduate nursing degree program.

3.1. Instrument design

The survey tool was developed following a detailed literature review which identified 19 common key qualities of an effective clinical facilitator (from the works of Dwyer and Reid-Searl, 2005; Henderson and Tyler, 2011; Kelly, 2007; Kristofferzon et al., 2013; Lee et al., 2002; McAllister and Moyle, 2006; Mogan and Knox, 1987; Tang et al., 2005). These 19 qualities are evident in Table 2. Previous tools (such as the NCTEI and NCFQ) were not used due to the change in role and responsibility of the clinical facilitator since their development and tool accessibility, however their content did inform the development of our survey tool.

Initial questions in the survey asked open text responses about what the student understood the qualities or attributes of a good clinical facilitator to be, and in particular those that have enhanced and inhibited their own learning. No prompting was provided with regard to what these qualities might be for these initial questions. Following this, a series of Likert scale questions were included where students were asked to rate independently the 19 identified qualities of a clinical facilitator that enhanced their learning (see Table 2). A Likert scale of 1–5 was used; where 1 was 'not at all important' to 5 which was 'extremely important'. Following the Likert scale questions which provided students with the 19 qualities identified from the literature, the participants were asked to select the single most important quality of a clinical facilitator that enhanced their own learning. Although similar to the initial question, it was deemed important to ask this question, as once being made aware of the list of 19 qualities it may have given participants additional concepts and the opportunity to reflect on their experiences from their initial responses. Further open text questions asked participants their perceptions of: the experience a facilitator should have to support learning; the preparation of a facilitator to support learning; and ways in which their learning experience could be enhanced by facilitators in future clinical placements. In total there were ten questions in the survey. The survey was piloted with two students for readability and interpretation.

3.2. Sample

The setting for this study was an Australian University providing a three-year Bachelor of Nursing degree. Approval to conduct this study was gained from the University Human Research Ethics Committee and the Dean of the School of Nursing and Midwifery. As we were exploring students' perceptions of different facilitators and the qualities that enhance their learning, we sought students that had likely experienced more than one clinical facilitator. Therefore, we used a convenience sample of all third year undergraduate nursing students at one university in 2013. All 452 students enrolled at the beginning of the third year clinical placement block were invited to participate in the study.

Each student was sent an email to their university email account which outlined the purpose of the study, gave information about the risks and benefits of participation, and a URL to access the online survey. A reminder email was sent 4 weeks after the initial request. In order to maintain anonymity of the student population, researchers were required to recruit through a third-party person and not have access to the individual student information. No

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