



Pre-registration nursing student's quality of practice learning: Clinical learning environment inventory (actual) questionnaire



Eleanor Shivers, Felicity Hasson*, Paul Slater

Institute of Nursing & Health Research, School of Nursing and Health Sciences, Ulster University, Shore Road, Newtownabbey, Co. Antrim BT37 0QB, Northern Ireland

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ABSTRACT

Background: Clinical learning is a vital component of nurse education and assessing student's experiences can provide useful insights for development. Whilst most research in this area has focused on the acute setting little attention has been given to all pre-registration nurses' experience across the clinical placements arenas.

Objectives: To examine of pre-registration nursing students (first, second and third year) assessment of their actual experiences of their most recent clinical learning experience.

Design: A cross sectional survey involving a descriptive online anonymous questionnaire based on the clinical learning environment inventory tool.

Settings: One higher education institution in the United Kingdom.

Participants: Nursing students (n = 147) enrolled in an undergraduate nursing degree.

Methods: This questionnaire included demographic questions and the Clinical Learning Environment Inventory (CLEI) a 42 item tool measuring student's satisfaction with clinical placement. SPSS version 22 was employed to analyse data with descriptive and inferential statistics.

Results: Overall students were satisfied with their clinical learning experience across all placement areas. This was linked to the 6 constructs of the clinical learning environment inventory; personalization, innovation, individualization, task orientation, involvement, satisfaction. Significant differences in student experience were noted between age groups and student year but there was no difference noted between placement type, age and gender.

Conclusions: Nursing students had a positive perception of their clinical learning experience, although there remains room for improvement. Enabling a greater understanding of students' perspective on the quality of clinical education is important for nursing education and future research.

1. Introduction

Historically and legally, clinical teaching is one of the major components of nursing worldwide (Siggins Miller Consultants, 2012). As well as clinical skill development, practice in a clinical setting also enables socialization into the professional role (Thomas et al., 2015). The European Directive (2005) for the education of general nurses requires 4600 h of theoretical and clinical components, with at least half of this time spent in the clinical setting. In the United Kingdom, 50% of nurse education is undertaken in the clinical arena, in a range of settings (Murphy et al., 2012) including community and acute. A raft of studies have highlighted that clinical experience influences students attitudes towards that clinical setting (Bjørk et al., 2014; Happel and Gaskin, 2013; Awuah-Peasah et al., 2013; Happel and Platania-Phung, 2012). To the extent that it can sway where they are likely to work once graduated (Boyd-Turner et al., 2016; McKenna et al., 2010). Therefore,

it is vital that practice learning experience is of high quality and valued by pre-registration nurses in order to enhance student's learning outcomes.

Yet questions regarding the quality of the placement have arisen (Willis Commission, 2012; Royal College of Nursing, 2008) with evidence suggesting that students do not believe that all clinical learning environments are conducive to learning (Callaghan, 2011; Perli and Brugnolli, 2009). Given the acute shortage of clinical placement positions, it is important that such environments are "suited to students' perceptions and expectations" (Brown et al., 2011, p e22). However the majority of research from the student perspective of placement has focused on acute sector placements (Bjørk et al., 2014). The purpose of this study is to assess students' views and perceptions of their most recent clinical learning environment, including hospital, community, surgical and other (nursing home).

* Corresponding author.

E-mail addresses: mconvilleh@aol.com (E. Shivers), f.hasson@ulster.ac.uk (F. Hasson), pf.slater@ulster.ac.uk (P. Slater).

Table 1
CLEI scale descriptors.
(Source: Chan, 2003).

Psycho-social	Scale descriptors
Personalisation	Emphasis on opportunities for the individual student to interact with clinical teacher/clinician and on concern for student's personal welfare
Involvement	Extent to which students participate actively and attentively in hospital ward activities
Task orientation	Extent to which ward activities are clear and well organised
Innovation	Extent to which clinical teacher/clinician plans new, interesting and productive ward experiences, teaching techniques, learning activities and patient allocations
Individualisation	Extent to which students are allowed to make decisions and are treated differentially according to ability or interest
Satisfaction	Extent of enjoyment of clinical field placement

2. Background/Literature

Clinical nurse education is located within a range of settings, each presenting its own complex social environment. In each setting, the student nurse has a dual role of learner and active involvement, contributing to patient care (Allan et al., 2011). However, clinical learning occurs in an environment designed for clinical services rather than education (Henning et al., 2011). Therefore, a lack of control of the environment may influence the quality of the student learning. Nevertheless, research has identified that sociocultural characteristics of a learning environment can influence students' experiences (Moos, 1974). In reviewing clinical education experiences of nurses, Chan (2003) outlined the six psycho-social aspects students identify as important in the clinical learning environment (see Table 1).

The six psycho-social aspects form the basis of the Clinical Learning Environment Inventory (CLEI) (Chan, 2003), which is one of the most commonly used instruments used to measure students' perceptions (Bjørk et al., 2014). The tool consists of two scales (Actual and Expected). The actual scale measures the actual learning environment, whilst the expected assesses what the students would ideally like in the clinical environment. The application of the actual tool has mostly been used to access students' views of hospital placements (Bigdeli et al., 2015; Poon, 2014; Papathanasiou et al., 2014; Perli and Brugnolli, 2009; Midgley, 2006; Henderson et al., 2006). However, a growing body of research has started to explore other clinical settings such as nursing homes (Berntsen and Bjørk, 2010), mental health facilities (Saarikoski et al., 2006) and primary care practices (McInnes et al., 2015). The tool has been found to be homogeneous and its validity established in several countries worldwide including Greece (Papathanasiou et al., 2014), Italy (Serena and Anna, 2009), and Australia (Chan, 2003). In addition, Chan (2003) and Chan and Ip (2007) reported good psychometric properties of the tool with established internal reliability (Chan, 2003; Perli and Brugnolli, 2009; Bjørk et al., 2014) and discriminant validity (Chan, 2003; Chan and Ip, 2007). For example, Chan (2004) reported the Cronbach alpha coefficients ranging from 0.73–0.84 and 0.66–0.80 respectively for the actual and expected scales. With regards to face validity, items of the CLEI tool were derived from the literature, modified classroom environment tool and a panel of experts. This is an accepted approach to computing the face validity index (Polit and Beck, 2006).

Previous research has consistently reported that students perceive personalisation to be of primary importance (Siggins Miller Consultants, 2012). Such findings are common themes across health setting, discipline and country (Bigdeli et al., 2015; Papathanasiou et al., 2014; Rodger et al., 2011; Brown et al., 2011; Smedley and Morey, 2010; Ralph et al., 2009). Nursing research supports this, for example, a number of authors report that good communication and collaboration between student's clinical tutors and/or practitioners (Courtney-Pratt et al., 2012; Brown et al., 2011; Smedley and Morey,

2010), involvement in practice (Chuan and Barnett, 2012), and feeling part of the team (Midgley, 2006; Papp et al., 2003), can affect the acquisition of skills, knowledge and professionalism. However, research suggests that access to qualified supervision and support is unstandardized across clinical environments, such as nursing homes (Harrington et al., 2012).

Results from previous CLEI studies indicate that nursing students are involved in the accomplishment of tasks, albeit at varying levels (Smedley and Morey, 2010; Perli and Brugnolli, 2009; Henderson et al., 2006). However, reports that students are doing routine and non-nursing duties (Hasson, 2012) suggest that some placement areas may limit access to challenging learning opportunities for students, stifling occasions to learn critical and clinical judgement skills (Kaphagawani and Useh, 2013).

Concepts such as innovation have not featured strongly in some CELI studies (Papathanasiou et al., 2014; Smedley and Morey, 2010; Chan and Ip, 2007; Midgley, 2006; Henderson et al., 2006), and a number of studies have reported individualisation to have low scores (Berntsen and Bjørk, 2010; Perli and Brugnolli, 2009; Ip and Chan, 2005). However, Bjørk et al. (2014) reported that mental health care students scored this concept as high, attributing this to characteristics of the placement setting.

Students' level of satisfaction score with clinical placement reportedly varies. In a UK study, Murphy et al. (2012) compared students' level of satisfaction across hospital and community placement settings and reported that district nursing was the best liked placement. Whilst in a Norwegian study, Skaalvik et al. (2011) reported that students assessed nursing home placements negatively. However, satisfaction score can be influenced by a number of factors, such as level of engagement, feeling part of a team, and being involved in well-organised activities (Lamont et al., 2015; Levett-Jones et al., 2007). Two Iranian studies concluded that satisfaction was not considered in clinical education environments (Bigdeli et al., 2015; Moattari and Ramezani, 2009), despite Chan and Ip (2007) viewing it as an education outcome requiring the attention of nursing authorities and policy makers.

3. Methods

This was a descriptive, cross-sectional online survey. With permission of the author (Chan, 2002), the actual CLEI questionnaire was used. It consists of 40 items grouped into six construct scales with each scale consisting of seven Likert (four-point) scale type questions (1–4, 1 being strongly negative and 4 being strongly positive). Two of the questions were excluded as they were felt to be non-applicable to the areas of clinical learning. The validity of the modified sub scale was confirmed prior to full analysis. A pilot study was conducted with 51 third year pre-registration nursing students (adult branch), not included in the main study, and reviewed by a panel of education experts to ensure the appropriateness of wording and understanding. This process contributed to the reliability and validity of the questionnaire and helped to ensure clarity and ease of administration (Boynton, 2004).

In addition to the CLEI tool, a demographics section was added to the questionnaire, to enable baseline characteristics of respondents to be summarised. Cronbach alpha coefficients of CLEI scale have ranged from 0.73 to 0.84 (Chan, 2003). These Cronbach alpha coefficients confirmed reliability however Chan and Ip (2007) reported less reliable Cronbach's alpha of 0.5–0.8, following modification of the instrument. The Cronbach alpha coefficients for this study for each scale ranged from 0.61–0.90, which confirm a very satisfactory level of scale reliability (Tavakol and Dennick, 2011).

3.1. Setting and Sample

All adult and mental health nursing students enrolled on the BSc (Hons) programme (n = 633) from one higher educational institution

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