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Clinical education and student satisfaction: An integrative literature review

Karen F. Phillips, EdD, MSN, IBCLC, ICCE^{a, *}, Lizy Mathew, EdD, RN, ANP^a,
Nadine Aktan, PhD, FNP-BC^a, Bryant Catano, MS^b

^a Department of Nursing, College of Science and Health, William Paterson University, 300 Pompton Rd, Wayne, NJ 07470, USA

^b Department of Biology, College of Science and Health, William Paterson University, 300 Pompton Rd, Wayne, NJ 07470, USA

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ABSTRACT

The clinical component of undergraduate clinical education is a critical area in nursing programs. Faculty shortages have made recruitment of clinical faculty and clinical teaching more challenging. As such, alternate models of clinical faculty assignments are being explored to address faculty shortages. This article contains an extensive literature review conducted to survey models of clinical education and student satisfaction with the clinical environment. The purpose of this paper is to examine student satisfaction in the clinical learning environment using articles employing the Clinical Learning Environment Inventory (CLEI) along with examining the use of alternate clinical staffing models in differing levels of undergraduate nursing students. A literature search focusing on studies published between 2002 and 2015 was conducted from 5 electronic databases. Thirty-five articles were reviewed and 22 were selected for this literature review. The studies reviewed concluded that students favored a more positive and favorable clinical environment than they perceived as being actually present. A supportive clinical learning environment is of paramount importance in securing positive teaching learning outcomes. Nurse educators can apply the results of this review in order to develop and maintain quality clinical teaching and to promote a positive, student-centric, clinical learning environment.

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1. Introduction

Nursing programs have been challenged to hire and retain qualified nursing faculty. This shortage of nursing faculty directly impacts the clinical learning environment. The clinical experience is a crucial aspect of learning nursing practice [1] which enables students to connect theoretical and conceptual knowledge [2]. Several models are currently being utilized by nursing programs to improve the quality of the clinical learning environment such as Collaborative Learning Units (CLU), Dedicated Education Units (DEU), Preceptorship, School-Clinical Agency Partnerships, Faculty Supervised Practicum, and Joint Hospital University Appointments [3–5].

Several factors have been found to contribute to the nursing faculty shortage. These include a lack of compensation as nurses in

clinical settings are compensated at a higher rate, making faculty positions less attractive. Other factors include the aging nursing faculty, limited funding available for tuition, and length of time necessary to complete the advanced degrees necessary to obtain a faculty position [6]. The traditional model of clinical education where on faculty member oversees 6–10 students may not provide the most effective learning environment [7] and has been difficult to staff due to adjunct or part time faculty with other work commitments. A need for more innovative ways to provide clinical education is necessary [7]. The rationale for this review focuses upon a gap that has been identified in the literature related to clinical nursing education. One objective of this work is to provide for the reader an integrative review of the existing literature on clinical nursing education and student satisfaction.

Faculty are defined as a nurse employed by an academic institution to teach nursing [6]. Clinical nursing faculty teach in the clinical area. For the purpose of this study, shared clinical teaching will be defined as two faculty sharing teaching responsibilities for a clinical group. Excellence in clinical teaching can be facilitated by effective clinical faculty [8]. Clinical learning provides nursing

* Corresponding author.

E-mail addresses: phillipsk116@wpunj.edu (K.F. Phillips), MathewL@wpunj.edu (L. Mathew), AktanN@wpunj.edu (N. Aktan), CatanoB@wpunj.edu (B. Catano).

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Table 1
Summary of the studies reviewed.

Reference (Author & Year)	Location and year of the study	Study design	Study population	Data selection methods	Aim of study	Summary of Results
Chan. (2003) [9]	South Australia	Cross-sectional simple descriptive survey	160 Preregistration nursing students	The authors used the Clinical Learning Environment Inventory (CLEI) as previously described with no changes.	The aims of the study were to assess discriminant validity of the subscales of the CLEI, to evaluate student's perceptions of the clinical learning environment, and to investigate variances between actual and preferred clinical milieus.	The findings from the study noted that there were significant differences between student perceptions of the actual clinical learning environment and the preferred clinical learning environment. Overall, students preferred a more positive clinical situation than they perceived as being actually present. Open and direct communication and a supportive environment were critical in establishing a constructive learning experience.
Newton et al. (2010) [10]	Two campuses of a university in Victoria, Australia	A principal component analysis (PCA) of the CLEI	Students in year 2 or 3 of a Bachelor of Nursing (BN) degree from two campuses of the university (n = 513)	The actual form of the (CLEI) was delivered to all students, then a principal component analysis was performed	To test the psychometric properties of the CLEI using factor analysis	Factor 1- student centeredness relates to the degree of student centeredness exhibited by the teacher. The cluster describes the attributes of the clinical teacher in engaging with students on an individual level, listening to them and offering additional support to help them meet their goals. For the affordances and engagement factor, the items together seem to relate to the opportunities afforded to students to actively engage in ward activities. The individualization factor relates to students being able to have some control over their clinical experience and to facilitate the achievement of their individual learning needs-essentially 'having a voice' or 'being heard'. For factor 4, fostering workplace learning, which relates to a workplace that fosters learning, where students' assignments are clear, well planned and interesting, and they have the opportunity to express their opinions. Factor 5- valuing nurses' work, is indicative of students recognizing the value of nursing work. For factor 6, innovative and adaptive culture, appears to reflect the way in which students responded compared to the original CLEI. This factor analysis offer alternative scales to the original CLEI. The scales take into account the nuances of workplace learning, in particular the affordance and engagement required to enable the development of a learning practice. Replication of this factor analysis through further research with the CLEI across clinical settings is required.
Chan and Ip. (2007) [11]	Major university in Hong Kong. 2005–2006.	Cross-sectional, simple descriptive survey.	All Year 2 to Year 4 students enrolled in the Bachelor's program in a major university in Hong Kong	The authors used the Clinical Learning Environment Inventory (CLEI) as previously described with no changes.	To evaluate nursing students perceptions of differences in actual and preferred clinical experiences.	Personalization scored the highest mean in both Actual and Preferred versions; and Teaching Innovation reported the lowest mean in both versions of the CLEI. The mean scores for each scale of the Preferred form are comparatively higher than those of the Actual form, suggesting that, in comparison with the actual hospital learning environment experienced, students prefer an environment at higher levels. Students were seen to have a fairly consistent idea of how they would like the clinical learning environment to be. Correlation analyses showed significant associations between Satisfaction and all five scales of the CLEI.
Chan. (2002) [12]	Major university school of nursing in South Australia.	Cross-sectional, simple descriptive survey	All 2 nd -year bachelors of nursing students at a major university school of nursing in South Australia. (n = 108)	Both forms of the Clinical Learning Environment Inventory (CLEI) were given to all participants, then scale reliability and discriminant validity indicators were used to evaluate the reliability and validity of the CLEI.	To estimate the discriminant validity of the subscales of the CLEI, to assess nursing students' perceptions of hospital learning environments during clinical field placement, and to examine the differences between student nurses' perceptions of the actual clinical learning environment and their preferred clinical learning environment.	The statistical analysis confirmed the validity and reliability of the CLEI as a tool for assessing nursing students' perception of the hospital nursing environment. The study found that there were significant differences between students' perceptions of the actual clinical learning environment and their preferred clinical learning environment. In general, students preferred a more positive and favorable clinical environment than they perceived as being actually present.

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