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Original Article

Pilot study: Nursing students' perceptions of the environment in two different clinical models

Robert D. Perry^{a,*}, Madeline M. Press^b, Noelle Rohatinsky^c,
Roslyn M. Compton^b, Monique Sedgwick^d

^a Department of Educational Administration, University of Saskatchewan, Saskatoon, Saskatchewan, Canada

^b School of Nursing, Saskatchewan Polytechnic, Saskatoon, Saskatchewan, Canada

^c College of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan, Canada

^d Nursing Program, University of Lethbridge, Lethbridge, Alberta, Canada

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ABSTRACT

Purpose: This pilot study aimed to assess the reliability and validity of a modified Dundee Ready Educational Environment Measure (m-DREEM) tool used to evaluate the effects of different pedagogical approaches in a clinical learning environment on nursing students' learning perceptions.

Methods: A sample consisting of 130 nursing students in two different models of clinical education was surveyed.

Results: This pilot study demonstrated that m-DREEM yields a high internal consistency. This tool can be used to evaluate nursing students' perceptions of their clinical learning environment on the basis of five sub-scales: students' learning perceptions, facilitators, academic self-perception, atmosphere, social self-perception, and mentorship.

Conclusion: A definitive and inferential relationship between sub-scales and clinical models, namely, block and non-block dispersed models, could not be determined because of the small sample size of the block clinical model. Hence, further research should be performed.

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1. Introduction

Clinical experiences are necessary to help nursing students apply theoretical concepts and skills to professional practice [1]. However, effective mechanisms of structuring clinical hours within nursing curricula to maximize learning have yet

to be developed. For instance, Canadian nursing programs rely on two clinical education models: block clinical model (BCM) and non-block dispersed model (non-BCM). In a BCM, clinical hours are scheduled over consecutive days for an extended duration and thus resemble a full-time work schedule. In this model, the primary learning focus is the application of

* Corresponding author.

E-mail address: robert.perry@usask.ca (R.D. Perry).

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knowledge in clinical settings and the improvement of clinical care skills. In a non-BCM, clinical hours are dispersed and interweaved with other coursework throughout the academic term. In this model, the learning focus includes clinical skills and theoretical knowledge development. In contrast to a BCM, a non-BCM is a hybrid of clinic- and classroom-based learning. The primary difference between a BCM and a non-BCM is that the former focuses on clinical experiences and the latter includes facets other than clinical experiences. Although both models have been adopted in undergraduate nursing education programs across western Canada, limited research has been conducted to determine their effects on student learning. We hypothesized that student learning may be affected by the structural placement and timing of clinical hours within a nursing curriculum; we also found and modified a tool to provide additional insights into the students' perceptions of the learning environment [2,3]. The purpose of this pilot study was to assess the reliability and validity of a modified Dundee Ready Educational Environment Measure (m-DREEM) tool in the evaluation of the effect of these pedagogical approaches in clinical learning environments on nursing students' learning perceptions.

2. Literature review

Learning theories reveal the relationship between learning and environment. In experiential learning theory, the environment plays a central role in learning [4,5]. As a learner interacts with the environment, learning occurs. Kolb [6] described learning as the transformation of experience into knowledge. However, the environment is not the only factor influencing learning. Bandura [7] identified three key concepts that affect learning: individual, environment, and behavior. He described a reciprocal relationship among these three concepts, which create learning experiences.

A clinical learning environment can affect students' learning perceptions. Flott and Linden [8] indicated that clinical learning environments are composed of four components: "(1) the physical space; (2) psychosocial and interaction factors; (3) the organizational culture, and (4) teaching and learning components" (p. 501). They also observed that negative clinical experiences influence students' self-confidence and readiness to practice as a nurse. Clinical experiences also affect satisfaction with nursing and nursing retention. Clinical environmental settings, student supervision by clinical instructors and staff nurses, mentoring, peer support, and student satisfaction contribute to students' positive or negative learning perceptions [9]. In a review of literature relevant to learning perceptions in practice environments, understanding staff and student perceptions may change the focus of nursing culture from tasks to innovative critical thinking to improve practice and patient care [10]. The theory-practice gap may also be addressed by understanding students' learning perceptions. Therefore, confusion between learnings in classrooms and practical applications may be openly discussed and potential strategies may be established [9,11].

Various groups of individuals influence student learning. For instance, student peers help develop leadership and clinical skills and promote problem solving and critical thinking

abilities [12,13]. Clinical teachers, interdisciplinary team members, and ward managers influence the determination of positive or negative learning environments for students [14–19]. In particular, the integration of empowering actions into clinical teaching strategies provides meaningful lessons and enhances students' confidence, autonomy, and engagement in clinical decision-making processes [20,21]. Valuable learning is manifested in students who actively participate in patient care but not in passive observers [18,22]. Preceptor teaching, which is a one-to-one teaching and learning relationship technique, results in more effective student learning than group learning [23].

Student learning in clinical learning environments can also be enhanced by establishing mentoring relationships [24]. However, studies have yet to investigate the effects of clinical structural types, namely, BCM or non-BCM, on the development of mentoring relationships with fellow students or staff members. Nursing students involved in mentorships in a clinical area experience a decreased anxiety levels and do not feel isolated; they also exhibit self-confidence and socialization, learning, and critical thinking abilities [12,25–28]. Developing mentoring relationships facilitates collaboration between students and staff, which may affect students' clinical learning perceptions [29,30]. If positive mentoring relationships are developed, students' clinical practice is enhanced and positive patient outcomes are observed.

Block and non-block clinical education structures and their effects on nursing students' learning perceptions have yet to be examined. This pilot study was undertaken to identify variables that influence students' learning perceptions in two clinical education models and to provide insights into this particular research area.

3. Pilot study

m-DREEM is a composite survey tool that includes (a) student demographics, (b) the Dundee Ready Educational Environment Measure (DREEM), (c) a mentorship component, (d) open-ended questions on clinical model preferences, and (d) Kolb LSI 3.1. Our pilot study aimed to determine the effects of block and non-block clinical models on students' learning perceptions. What are the effects of block and non-block clinical models on students' learning perceptions?

3.1. Measures

DREEM is a self-report questionnaire that provides environmental, non-culturally specific, quality assurance-based comparisons among and within various courses in health profession education [31–33]. It consists of 50 items divided into five domains: learning perceptions, facilitator's perceptions, academic self-perception, atmospheric perceptions, and social self-perceptions [34,35]. The DREEM inventory has been widely and successfully used as a valid and reliable tool, with Cronbach's α of approximately 0.9 [36,37]. In health care education, including clinical and non-clinical settings, DREEM internal consistency scores range from 0.91 to 0.93 [38,39].

In our m-DREEM, the core components of DREEM were retained but were modified to align with our specific interests and to reflect regional and professional vernaculars. For

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