

INFLUENCES OF SOCIOCULTURAL FACTORS WITHIN THE CLINICAL LEARNING ENVIRONMENT ON STUDENTS' PERCEPTIONS OF LEARNING: AN INTEGRATIVE REVIEW

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A persistent deficit in new graduate nurses' clinical reasoning skill exists. Clinical reasoning is best learned in the sociocultural clinical learning environment (CLE), yet many CLEs fail to engage nursing students in the cognitive work of nursing that promotes development of clinical reasoning. Despite two decades of recommendations to improve CLEs based on students' perceptions of learning, widespread improvement remains elusive. The aim of this review was to synthesize what is known about the influence of sociocultural factors in the acute-care CLE on prelicensure nursing students' perceptions of learning, for the purpose of identifying factors that when modified may promote improvement of clinical reasoning skill. The integrative review methodology was used to synthesize and identify gaps in evidence on students' perceptions of learning in the acute-care CLE. Global commonalities exist in the impact of the sociocultural CLE on students' perceptions of learning, including overall sociocultural atmosphere, membership in the health care team, supervisory relationships, peer relationships, and clinical education structure. This review provides evidence that modification of CLE factors and examination of their influence on measurable learning outcomes such as clinical reasoning are the necessary next steps to facilitate improvement of new graduate nurses' clinical reasoning skill. (Index words: Clinical learning environment; Perceptions; Nursing education; Clinical reasoning) *J Prof Nurs* 0:1–24, 2016. © 2016 Elsevier Inc. All rights reserved.

OVER THE LAST decade, nursing education has been repeatedly challenged to provide high-quality clinical education that prepares nurses to safely navigate the complexities of patient care (Benner, Sutphen, Leonard, & Day, 2010; Institute of Medicine, 2010; National League for Nursing, 2003). Translation of knowledge, skills, and attitudes learned in classroom and laboratory settings into safe, effective nursing practice is best achieved through experiential learning in the clinical learning environment (CLE). The most facilitative CLEs provide ample opportunity for advancement of theoretical

knowledge and mastery of cognitive and psychomotor skills through student engagement as a member of the health care team (Benner, 1984; National Council of State Boards of Nursing, 2005; Tanner, 2010). Despite charges to investigate (National League for Nursing, 2012) and efforts to promote quality clinical education (Ironside & McNelis, 2010), 90% of hospital and health system executives (Berkow, Virkstis, Stewart, & Conway, 2008) and 63% of nurse preceptors (Hickey, 2009) report that new graduate nurses' lack essential competency in cognitive skills such as clinical reasoning and decision-making expected upon entry into the workplace. In addition, nursing students recognize that their ability to acquire those essential competencies and become competent clinical practitioners is influenced in part by the sociocultural characteristics of the CLE, in which their clinical education occurs (Chappy, Jambunathan, & Mamocha, 2010; Chuan & Barnett, 2012; Orton, 1981).

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The sociocultural environment of a CLE is comprised of physical characteristics (physical layout, space, number and types of participants in that space, i.e., students, clinical faculty, staff, and patients), social characteristics (interactions among participants, i.e., student inclusion in health care team, student-supervisor relationships, peer relationships, and level of inclusion of students as members of the health care team), and cultural characteristics (beliefs about patient care, participant roles, and hierarchy of those roles) that result in an overall sociocultural atmosphere of that particular CLE (Lave & Wenger, 1991). Differences in these factors and in the interactions among students and these factors result in highly variable student experiences (Dunn & Hansford, 1997; Papp, Markkanen, & von Bonsdorff, 2003; Saarikoski, Isoaho, Warne, & Leino-Kilpi, 2008) and in perceived ability to become competent clinical practitioners (Newton, Cross, White, Ockerby, & Billett, 2011).

There is a paucity of evidence about the influence of the CLE on measurable learning outcomes (e.g., gains in factual knowledge, objective ratings of clinical performance). For that reason, this review will focus on studies related to student's perceptions of learning, which may provide insight into potentially modifiable factors within the CLE that may influence specific learning outcomes. This review will synthesize what is known and identify gaps in knowledge about factors within the acute-care (hospital) CLE, which influence prelicensure nursing students' perceptions of learning. The goal of this review is to identify factors that, when modified, may enhance clinical reasoning skill of prelicensure nursing students.

Methodology

The integrative review methodology was used to synthesize the evidence on the concept of student's perceptions of learning in the acute-care prelicensure CLE (Whittemore & Knafl, 2005). Because of the significant difference between acute-care (hospital) learning environments and nonacute (simulated, outpatient, and community) learning environments, this review is limited to empirical studies in English with a focus on students' perceptions of the influence of acute-care CLE characteristics on their learning experiences. The Cumulative Index to Nursing and Allied Health Literature and Medline Ovid Technologies, Inc. databases were searched using the key search terms of *clinical learning environment, nursing education, nursing students, clinical education, student placement, dedicated education unit, undergraduate, prelicensure, and student perceptions*. This initial search produced a total of 842 articles for review. After review for the inclusion criteria of English language and empirical study of prelicensure nursing students' perceptions of learning in the acute-care (hospital) CLE and elimination of duplicates, a total of 36 studies published from 1997 to 2015 met the inclusion criteria. Articles focused on nurse or faculty perceptions or educational strategies without study of students' perceptions of the CLE were excluded. The remaining studies were analyzed, and common factors

influencing students' perceptions of learning were identified (Table 1).

Results

This sample represents studies from countries across the globe, the majority originating in Australia ($n = 12$) and Scandinavia ($n = 9$) where clinical education is primarily conducted in staff nurse preceptor and collaborative teaching models, and the United States ($n = 5$) where faculty-facilitated group models are predominant. Remaining studies originate from Europe ($n = 4$), Hong Kong ($n = 3$), UK ($n = 2$), and Canada ($n = 1$). All articles were reports of studies using (a) quantitative methods that quantify the influence of CLE atmosphere, quality of relationships, and opportunities for learning on students' perceptions of learning in the CLE ($n = 16$), (b) qualitative methods including interview and analysis of journals ($n = 9$), or (c) mixed-methods approaches ($n = 11$). Descriptive single-site (student participants were from only one college or university) ($n = 26$) and multisite ($n = 10$) studies examining students' experiences in one model of clinical education dominate the sample. Comparison of the perceptions of students in different models of clinical education was common ($n = 19$), with limited use of quasi-experimental design ($n = 3$) or experimental design ($n = 1$). It is important to note that all studies but one reported here rely on student self-report of experiences of learning rather than other measures of learning outcomes.

Five major sociocultural factors emerged as significant influences on students' perceptions of learning in the CLE across the globe: (a) overall sociocultural atmosphere, (b) membership in the health care team, (c) supervisory relationships, (d) peer relationships, and (e) clinical education structure.

Overall Sociocultural Atmosphere

It is clear that the CLE is a multifaceted sociocultural environment comprised of a hierarchy, power structure, and relationships that affect the overall atmosphere of the CLE and students' perceptions of the quality of learning experiences (Dunn & Hansford, 1997; Lave & Wenger, 1991; Papp et al., 2003; Saarikoski & Leino-Kilpi, 2002). Students are thrust into a complex social context of existing relationships where they are expected to assume an often ambiguous role as a member of the health care team and develop the competence and confidence necessary for clinical practice. There is consensus that a CLE characterized by a friendly, welcoming atmosphere promotes positive student perceptions of the CLE (Chan, 2002; Chuan & Barnett, 2012; Courtney-Pratt, FitzGerald, Ford, Marsden, & Marlow, 2012; Croxon & Maginnis, 2009; Dunn & Hansford, 1997; Löfmark, Thorkildsen, Råholm, & Natvig, 2012; Nolan, 1998; Papp et al., 2003). Staff acceptance of students facilitates students' engagement (Nolan, 1998) and promotes feelings of camaraderie as expected in a functional team (Bourgeois, Drayton, & Brown, 2011; D'Souza, Karkada, Parahoo, & Venkatesaperumal, 2015; Dimitriadou, Papastavrou,

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