



Clinical education

A Slovenian version of the “clinical learning environment, supervision and nurse teacher scale (Cles + T)” and its comparison with the Croatian version

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ABSTRACT

Nursing clinical learning environments are particularly important for the achievement of good practice in clinical training of student nurses, and thus, for the nursing competence development. Hence, it is important to have an instrument consisting of reliable and valid criteria for assessing the clinical learning environment, applicable in different contexts, and translated in the respondents mother tongue. The goal of the present research was to test the reliability and validity of the Slovenian version of the “Clinical Learning Environment, Supervision and Nurse Teacher evaluation scale”, and to compare it with the Croatian version. The data was collected between 10 March and 10 June 2015 at four Slovenian institutions, where nursing BSc study programmes are performed. The final sample consisted of 232 students (response rate 68.8%): 81.9% were females and 18.1% males, average age was 23. The translated instrument in Slovenian language resulted as reliable and valid, it reflects the expected five factors of the original version despite some minor problems in the factor structure and in test-retest. The most important difference between the Slovenian and Croatian version is in the factor structure regarding the implementation of roles in clinical learning environment.

1. Introduction

The discrepancy between theoretical and practice-related knowledge is a common problem occurring in undergraduate education (Maben et al., 2006). This is reflected in nursing BSc studies as academic and clinical dissonance (Meyer and Xu, 2006). Pattillo (2012) reports that nursing graduates are concerned about the fact their lack of experience will impact future employability. Hence, it is not a case that clinical training is of significant relevance for the acquisition of competences in nursing education (Bergjan and Hertel, 2013). As some authors (Ali and Panther, 2008; Lovrić et al., 2015) point out, only a high-quality clinical training can help them to achieve the essential knowledge, develop skills and personal characteristics required in the professional environment. Hence, clinical training is an important element of nursing BSc study (Bisholt et al., 2014) and, if successfully implemented, it overcomes the discrepancy between the theoretical and practice-related knowledge. In Slovenia, the clinical training consist of at least 2300 h, which is one half of the 4600 h of workload that nursing BSc students' should perform. Therefore, it is relevant to develop methods, procedures, and instruments for the evaluation of the quality of clinical training (Lovrić et al., 2015).

A major prerequisite of the quality of clinical training is an environment that supports the acquisition of students' knowledge and skills. For decades, the clinical learning environment and its influence on students' learning has been an important topic in the nursing academic community (Hooven, 2014) as it is particularly relevant for the acquisition of the required competencies to enact the role of a registered nurse (Salminen et al., 2010). A successful clinical learning environment should be tailored to the needs of students' learning (Benner et al., 2010). Last, but not least, elements of clinical learning environment significantly affects students' satisfaction (Papastavrou et al., 2016).

Clinical training is performed in different types of clinical learning environments (Bisholt et al., 2014), where nursing BSc students gain diverse skills (Doyle et al., 2017; Liljedahl et al., 2015). As these clinical learning environments vary in quality, opportunities for achieving the desired learning outcomes may also vary. Hence, nurse educators require reliable and valid instruments for assessing and comparing the quality of nursing clinical learning environments. Suhonen et al. (2009) state that these instruments should be universally applicable as they are a prerequisite for performing cross-cultural comparative studies in nursing clinical training. However, according to our experience as lecturers and creators of nursing study programmes in Slovenia and

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Croatia, staff responsible for the quality assurance often prefer to develop their own instruments, which lack of reliability and validity, rather than find, translate, and use a universally applicable instrument.

This field of clinical training has still not been sufficiently investigated in this part of Europe. In Slovenia there is a need for instruments that assess the quality of nursing clinical learning environment and can be universally applied. The purpose of our study is to provide a reliable and valid instrument to be used by nursing educators in Slovenia. This study is a sequel of a study, carried by Lovrić et al. (2016) in Croatia in 2015. Until 1991, Slovenia and Croatia were both part of the former Yugoslavia. Despite the fact that they share a common history, there are some cultural and structural diversities that are evident in the organization of the health care system and consequently the organization of clinical training. By comparing the translated versions of the instrument, the results of this study may also indicate the differences in the perception of the clinical learning environments among Slovenian and Croatian student nurses.

2. Background

An instrument, to be a reliable and valid criterion for assessing the clinical learning environment should encompass all characteristics relevant for the achievement of students' competencies. An adequate nursing clinical learning environment is perceived by students as a setting where they feel appreciated, and where the cooperation among staff and a positive pedagogical atmosphere with plenty of opportunities for meaningful learning situations are present (Papp et al., 2003). Both Papp et al. (2003) and Johansson et al. (2010) point out that the cooperation between the clinical staff and the nurse teacher fosters an adequate clinical learning environment. Several authors noted (e.g. Saarikoski and Leino-Kilpi, 2002; Johansson et al., 2010; Papp et al., 2003) that the cooperation between the clinical staff and the nurse teacher, leadership style of the ward manager, the supervisory relationship, and the quality of nursing care foster an adequate clinical learning environment.

Different instruments are available for assessing the clinical learning environments. In her systematic review, Hooven (2014) analysed different instruments for the clinical learning environment assessment. In total, five instruments were found: "Clinical Learning Environment - CLE" (Dunn and Burnett, 1995), "Student Evaluation of Clinical Education Environment - SECEE" (Sand-Jecklin, 1998), "Clinical Learning Environment Inventory - CLEI" (Chan, 2001, 2003), "Clinical Learning Environment Diagnostic Inventory - CLEDI" (Hosada, 2006), and finally "Clinical Learning Environment and Supervision Instrument evaluation scale - CLES" (Saarikoski and Leino-Kilpi, 2002) and its upgraded version "Clinical Learning Environment, Supervision and Nurse Teacher evaluation scale - CLES+T" (Saarikoski et al., 2008).

The reasons to use CLES+T in our study were: 1) its psychometric characteristics, confirmed in different studies; 2) its coverage of all characteristics relevant for the students' learning outcomes; and 3) its international recognition. As noted in the correspondence with prof. Saarikoski, who granted us the permission to translate CLES+T in Slovenian language, the instrument has already been used in over 40 countries and translated into 27 languages. Hence, CLES+T represents a valid, internationally recognised instrument for assessing the nursing clinical learning environment. CLES+T combines five constructs confirmed by the psychometric testing (Saarikoski et al., 2008), which are presented in the Appendix (see column Constructs/Items).

A systematic literature review indicates that CLES+T, despite its widespread use, had previous to our study not been translated into Slovenian language. Furthermore, this topic lacks of prior valid research studies that would focus on the cultural and linguistic diversity in the clinical learning environment education. These diversities represent a challenge in nursing education, as they may, according to Mikkonen et al. (2017), have an impact on the students' perception of clinical learning environment and the achievement of required skills

and competencies.

The goal of this study is twofold: (1) provide a reliable and valid version of CLES+T in Slovenian language; (2) to identify and explain differences in reliability and validity results between the Croatian and the Slovenian versions in view of cultural and structural diversities between the two countries.

3. Methods

3.1. Process of translation and adaptation of the instrument

Two lecturers, Slovenian native speakers, independently translated CLES+T into Slovenian. Both have been teaching in nursing BSc study programmes in Slovenia for more than 10 years and are proficient in the use of English language. The translated version was consolidated by both translators, who prepared the final translated version. Another lecturer, also a Slovenian native speaker who has been teaching English in health care to nursing BSc students for more than 10 years, performed the back-translation. The back-translator was excluded from the forward translation. The back-translated instrument was compared to the original CLES+T and no relevant translation errors were identified. In addition, an expert in Slovenian language reviewed the final translated version. Furthermore, two registered nurse experts (one assistant professor and one senior lecturer - mentioned in the acknowledgement), revised the translated version of CLES+T and confirmed its consistency with the system standards for nursing BSc study programmes in Slovenia. Before the questionnaire was sent to all participants, five students were asked to revise the questionnaire for clarity. According to their suggestions, we included the explanation of terms "ward manager", "nurse teacher", and "nursing philosophy" in the questionnaire guidelines.

3.2. Participants

Students from 4 Slovenian institutions, where nursing BSc studies are performed, were included in the study. In total 337 students, who were present in a clinical placement for a minimum of five days and gained some clinical experience, participated. Questionnaires with no-responses were removed from further analysis. The final sample included 232 students (68.8%), of whom 190 (81.9%) were females and 42 (18.1%) males. There were 112 students (48.3%) enrolled in the first year, 68 (29.3%) the second, 47 (20.3%) third year, and 5 (2.2%) were graduates (who were absent during clinical training in year 3 and had to compensate the missing hours). The majority of participants (157 or 67.7%) were regular students and 75 (32.3%) were part time students. The average age was 23 (SD = 6.2). In order to perform the test-retest reliability, 50 students were randomly selected.

3.3. Data collection

Participants responded voluntarily and anonymously to the questionnaires between March 10 and June 10, 2015 at the aforementioned institutions. During this period, students had clinical training in various clinical settings under the supervision of the same mentor. The duration of clinical training ranged between five and ten days. The duration varied according to the course programme curriculum, skills, and competences that students should acquire.

Data collection was performed using the web tool OneClick Survey (University of Ljubljana, n.d.). Students' offices of the aforementioned institutions invited students to participate in the study by sending them emails and appending notices. The information contained the link to the web questionnaire, with detailed guidelines and the purpose of the study presentation. Furthermore, clinical mentors asked and reminded the students to respond to the questionnaire. In order to avoid recall bias, the participants responded to the questionnaires during the last week of their training. A week after the first completion of the questionnaires the retest was performed as recommended by Taylor and Kuyatt (1994).

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