Healthcare students' evaluation of the clinical learning environment and supervision – a cross-sectional study

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ABSTRACT

Background: The purpose of clinical placements and supervision is to promote the development of healthcare students´ professional skills. High-quality clinical learning environments and supervision were shown to have significant influence on healthcare students´ professional development.
Objectives: This study aimed to describe healthcare students` evaluation of the clinical learning environment and supervision, and to identify the factors that affect these.
Design: The study was performed as a cross-sectional study.
Methods: The data ($n = 1973$) were gathered through an online survey using the Clinical Learning Environment, Supervision and Nurse Teacher scale during the academic year 2015–2016 from all healthcare students ($N = 2500$) who completed their clinical placement at a certain university hospital in Finland. The data were analysed using descriptive statistics and binary logistic regression analysis.
Results: More than half of the healthcare students had a named supervisor and supervision was completed as planned. The students evaluated the clinical learning environment and supervision as 'good'. The students´ readiness to recommend the unit to other students and the frequency of separate private unscheduled sessions with the supervisor were the main factors that affect healthcare students` evaluation of the clinical learning environment and supervision. Individualized and goal-oriented supervision in which the student had a named supervisor and where supervision was completed as planned in a positive environment that supported learning had a significant impact on student's learning.
Conclusions: The clinical learning environment and supervision support the development of future healthcare professionals' clinical competence. The supervisory relationship was shown to have a significant effect on the outcomes of students' experiences. We recommend the planning of educational programmes for supervisors of healthcare students for the enhancement of supervisors' pedagogical competencies in supervising students in the clinical practice.

1. Introduction

The completion of clinical placements and the realization of supervision have a key role on healthcare students` achievement of desired learning outcomes (Cooper et al., 2015; Dimitriadou et al., 2015; McIntosh et al., 2014; Saarikoski et al., 2007), development of their professional identity and competence (Newton et al., 2010) as well as their learning of clinical skills (Saarikoski et al., 2008). Countries within the European Union (EU) have faced several changes in

healthcare education, one of which relates to clinical facilitation: the nurse teacher responsible for supervision has a significantly decreased role in supervising students during clinical placement (Hall-Lord et al., 2013; Jokelainen et al., 2011; Saarikoski, 2002; Saarikoski et al., 2009). In addition, group supervision has clearly decreased and respectively one-on-one supervision has increased, which is presented by an increase in the overall satisfaction of students (Saarikoski et al., 2009). Within Europe, students' experiences of supervision are predominantly positive (Saarikoski et al., 2007; Warne et al., 2010), however, the most

satisfied students are those who received individualized supervision (Antohe et al., 2016) and who had a formal supervisory relationship (Saarikoski et al., 2007). Antohe et al. (2016) emphasize the model of individualized supervision as a pivotal factor in the overall satisfaction of students during clinical placement.

Although the basic premises for supervision, such as the implementation, adequacy and effectiveness of supervision along with sufficient resources are dependent on the pedagogical premises of the work unit (Hooven, 2014), the task of the healthcare unit is to guarantee that the clinical placement offers adequate and appropriate learning opportunities (Bisholt et al., 2014; Jokelainen et al., 2013). Quality supervision is essential in which the individual learning needs and goals of the student are met (Bisholt et al., 2014; Jokelainen et al., 2013) and where requirements and goals are established for the clinical placement (Dimitriadou et al., 2015; Jokelainen et al., 2013), regardless of the student's educational organization, training or degree programme. Previous research puts great emphasis on the impact that high-quality clinical learning environments and supervision have for healthcare students; it is imperative to further identify and examine the factors that influence these. This study aimed to describe healthcare students` evaluation of the clinical learning environment and supervision, and identify the factors that affect these.

2. Background

The Bologna Process and EU directives have had a significant impact on the development of healthcare education in Europe (Jokelainen et al., 2011; Salminen et al., 2010). The European Commission called for the Bologna Process (1999) to enhance consistent developmental practices in all sectors of education (Saarikoski et al., 2009). Competence should be based on the European Qualifications Framework (EQF) and evaluated according to the ECTS (European Credit Transfer and Accumulation System) grading system (Salminen et al., 2010). Healthcare degrees completed both at the university of applied sciences and at the secondary healthcare degree level require theoretical studies, in addition to clinical placements that enhance professional development (Gustafsson et al., 2015). According to the European Parlament and the Council Directive, healthcare education should contain as much as 50% of clinical training in real life clinical environments (77/452/EEC).

In general, the clinical learning environment refers to the clinical healthcare work environments in which healthcare students complete their clinical placements, which is included as part of the clinical studies of their healthcare education (Jokelainen et al., 2011; Papastavrou et al., 2016). The concept of clinical placement can be defined as learning that happens under the supervision of a professional from a healthcare organization (Flott and Linden, 2016), which includes the application of theoretical knowledge, the development of clinical skills and the integration of professional activities (Newton et al., 2010). Clinical learning consists of two parts: the learning environment and supervision. The components of a good clinical learning environment include orientation, appropriate learning situations and feedback, the opportunity for professional development and a student-centred learning culture (Bisholt et al., 2014; Papp et al., 2003; Salminen et al., 2010).

The clinical supervisor has a significant role in supporting students` professional development (Jokelainen et al., 2013; Levett-Jones et al., 2009; Saarikoski et al., 2007; Saarikoski et al., 2009). The role of a clinical supervisor is founded upon healthcare expertise and is a part of the duties and responsibilities of healthcare professionals (Budgen and Gamroth, 2007; Chang et al., 2015; Jokelainen et al., 2011; McIntosh et al., 2014). The concept of supervision is defined as the teaching and supervising of students performed by all healthcare professionals, which includes teaching practical skills, completing student assessments and supporting learning during the clinical placement (Jokelainen et al., 2011).

In clinical facilitation, the main task of the nurse teacher from the educational organization is to pedagogically support the learning process of both the supervisor and of the student. The nurse teacher is responsible that the clinical placement is carried out according to the goals of the degree programme. (Warne et al., 2010.) In this study, the term 'healthcare student' includes the healthcare student who is completing either the university level, university of applied sciences level or secondary level healthcare degree. The term registered nursing student refers to those students studying general nursing, midwifery, public health nursing or paramedic nursing, which are all university of applied sciences level programmes in Finland. Licensed practical nursing education is offered at the secondary degree level and offered through vocational schools. Other healthcare degree programmes refer to study programmes such as bioanalyst, physiotherapist, radiographer, dental hygienist, occupational therapist and rehabilitation counsellor, which are offered through universities of applied sciences. (Ministry of Education, 2006).

3. Methods

3.1. Aim

The aim of this study was to describe healthcare students` evaluation of the clinical learning environment and supervision, and to identify the factors that affect these.

3.2. Study design

This study was designed as a cross-sectional study.

3.3. Sample and data collection

The data were gathered through an online survey during the academic year 2015–2016 from healthcare students who completed their clinical placement at a certain university hospital in Finland. In this study, the clinical learning environment consisted of hospital outpatient and inpatient units. All of the healthcare students ($N = 2500$) who completed their clinical placement during this time frame were invited to participate in the evaluation of their clinical learning following their clinical placement. A total of $n = 1977$ students answered the survey and the overall response rate was 79%. Four of the responses were removed because less than half of the CLES + T items had been answered. The data sample used in this study consisted of $n = 1973$ students.

3.4. Instrument

The Clinical Learning Environment, Supervision and Nurse Teacher scale (CLES + T) (Saarikoski et al., 2008) was developed for the evaluation and study of clinical learning environments and supervision, as well as an instrument for the quality assessment of healthcare education. The CLES + T scale is composed of five main dimensions, which consist of a total of 34 items: *the supervisory relationship* (8 items), *pedagogical atmosphere on the ward* (9 items), *role of the nurse teacher* (9 items), *leadership style of the ward manager* (4 items), and *premises of nursing on the ward* (4 items). (Saarikoski et al., 2008).

In the evaluation instrument used in this study, the target organization deleted two items from the original CLES + T scale (Saarikoski et al., 2008): *The ward manager was a team member* and *The ward can be regarded as a good learning environment*. Three additional items that were not part of the original scale (Saarikoski et al., 2008) were added by the target organization: *Basic familiarization was well organized*, *Patient cases were used in my supervisory process* and *My supervisor's supervision skills supported my learning*. The remaining items were consistent with the CLES + T scale's 5-factor model (Saarikoski et al., 2008) (Table 2). Internal consistency was evaluated by calculating Cronbach's Alphas