Nurse Education Today xxx (2015) xxx–xxx

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

A Survey on Turkish nursing students' perception of clinical learning environment and its association with academic motivation and clinical decision making☆

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ARTICLE INFO

Article history:
Accepted 20 August 2015
Available online xxxx

Keywords:
Nursing students
Clinical practice
Academic motivation
Clinical decision making

SUMMARY

Background: Nursing education is a process that includes theoretical and practical learning and requires the acquisition of theoretical knowledge and skill. Nursing students need a good clinical practice environment in order to apply their knowledge and skills due to the fact that the clinical practice settings play an important role in the nursing profession.
Objectives: This study was carried out in an effort to explore nursing students' perception of the clinical learning environment and its association with academic motivation and clinical decision making.
Design: A descriptive survey design was used.
Setting: This study was conducted in Giresun University in Turkey.
Participants: Participants were second-, third- and fourth-year undergraduate students (n = 222) in the Bachelor of Nursing Science Degree in the academic spring term of 2014–2015.
Methods: The data was collected using the 'Clinical Learning Environment Scale', the 'Academic Motivation, and the 'The Clinical Decision Making in Nursing Scale'.
Results: Of the respondents in this study, 45% of the students were second class, 30.6% of the students were third class and 24.3% of the students were fourth class. There was a statistically significant positive correlation found between the clinical learning environment and the nursing students' academic motivation ($r = 0.182$, $p < .05$). However, there was no correlation between the clinical learning environment and clinical decision making ($r = 0.082$, $p > .05$).
Conclusion: One of the prerequisites for the training of qualified students is to provide nursing students with a qualified clinical environment. It was found that nursing students' academic motivation increased as the quality of their clinical learning environment improved.

Introduction

In nursing education, clinical context is recognized as an essential arena for students to learn about practice in the "real world" (Egan and Jaye, 2009). Clinical placement represents an integral part of the nursing education curricula, so the place where practical work is carried out becomes a fundamental part of the students' learning experience. Clinical learning plays a crucial role in undergraduate nursing programs. Not only does it provide opportunities for students to apply theories learned in the classroom to the real world of clinical nursing, it also offers a socialization process through which students are introduced to the practices, expectations and real-life working environment of the nursing profession (Dunn et al., 2000; Papastavrou et al., 2010).

Although the clinical practicum is a large and essential component of any undergraduate nursing degree (Henderson et al., 2012), the quality of the clinical learning environment (CLE) is also considered an important factor when determining the quality of the clinical experience for the student (Papp et al., 2003). According to Papp et al. (2003), a good clinical learning environment is described by nursing students as a clinical setting in which there is cooperation among staff and a good atmosphere where they feel appreciated and are given opportunities to study in order to achieve their objectives. A range of factors can positively influence the CLE including: cooperation, attitude, morale and friendliness of the staff, positive staff attitudes towards patient care, quality patient-centered care, and access to positive role models (Löfmark and Wikblad, 2001; Papp et al., 2003; Lewin, 2006). In contrast, rigid, hierarchical environments, lack of nursing practice guidelines, and lack of awareness of students' learning needs contribute to an unsupportive CLE (Löfmark

☆ This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.
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http://dx.doi.org/10.1016/j.nedt.2015.08.015
0260-6917/

and Wikblad, 2001; Chan, 2002). While ward-based, hospital learning environments remain fundamental, multidimensional milieus for nursing education, a study conducted by Chan (2002) has indicated that not all practice settings are able to provide student nurses with positive clinical learning environments.

Background

The main objective of clinical education is to develop the nursing students' professional skills and knowledge needed in life-long learning and critical thinking, to create self-confidence as a nurse, and to ensure that the nurse is able to make his or her clinical decisions and be independent (Löfmark and Wikblad, 2001; Papp et al., 2003). Clinical education provides the student with the opportunity to apply the knowledge, skills and concepts learned in the classroom to the actual care of the patient (Elcigil and Sarı, 2007). The quality of the clinical learning environment (i.e. physical environment, teaching staff, nurses and other health professionals) is important for the nursing students' learning, clinical decision making and academic motivation during their clinical education (Papastavrou et al., 2010; Salminen et al., 2010).

The factors that influence academic success are different for every student; however one of the major predictors for academic achievement for both male and female students is academic motivation (Kaufmann et al., 2008; Olani, 2009; Rose, 2011). Academic motivation is a key determinant of academic achievement. Intelligence is not the only predictor of academic achievement and retention for nursing students. To reach specific goals in nursing education and achieve qualified education, academic motivation is important. A student who is not highly motivated is not ready for learning. Additionally, if there is not important catalyst to promote learning, the student does not improve the interest for learning (Vallerand et al., 2008; Bacanlı and Sahinkaya, 2011). Motivation is classified as intrinsic motivation, extrinsic motivation, and amotivation based on the "self-determination theory" that was developed by Deci and Ryan in 1985 (Deci and Ryan, 2000). Generally, studies have found that highly academically motivated students engaged in learning are more likely to achieve better grades and exhibit lower dropout rates (van den Berg and Coetzee, 2014; Khalaila, 2015). However, each type of motivation (intrinsic and extrinsic) separately may not have the exact same effect on students' performance. The most important thing that causes a person to perform a work or action is intrinsic motivation. In order to perform better, the motivation should be turned into intrinsic motivation (Bacanlı and Sahinkaya, 2011).

The education provided during clinical practice helps nursing students acquire professional skills, including knowledge, critical thinking and clinical decision making that will be necessary for them throughout their lives, and helps them to make independent nursing decisions (Papp et al., 2003; Elcigil and Sarı, 2007). Decision making is an integral part of nursing practice (Lauri and Salantera, 2002). Nurses with limited clinical experience make decisions based on theoretical learning and may not recognize deviations from unambiguous clinical presentations found in nursing textbooks (Benner et al., 2009). One study showed that only 30% of new nursing graduates consistently demonstrated the ability to recognize and safely manage commonly occurring problems in their patients (Del Bueno, 2005). In a study conducted by Jeffries and Rizzolo (2006) it was reported that clinical decision making perceptions of nursing students were similar due to the fact that all students had clinical practice experience, comprehended the clinical environment, undertook the care of a real patient, and adapted to the new environment.

Materials and Methods

Design and Sample

A descriptive survey design was used to explore nursing students' perceptions of the clinical learning environment and its association with academic motivation and clinical decision making. Participants were all second, third and fourth-year undergraduate students in the Bachelor of Nursing Science Degree at the University of Giresun. Two hundred twenty two (222) nursing students were enrolled in this study. In this study, sampling was not used and the research population was comprised of all students.

Instruments

The data was collected by the researchers using the demographic form for students, 'Clinical Learning Environment Scale', 'Academic Motivation Scale' and 'The Clinical Decision Making in Nursing Scale'. The demographic form included the socio-demographic characteristics of the students. *The Clinical Learning Environment Scale* was developed by Dunn and Burnett (1995) and its validity and reliability in a Turkish setting were tested by Sarı (2001). Cronbach's alpha value of the scale is 0.82. This scale consists of 20 items (i.e. item 2: Learning aids such as books/articles are available to nursing students on this unit, item 8: In planning the shift, allowance is made for nursing students to gain the widest possible experience, item 14: Nursing care individualized for each patient on this unit, item 18: This experience has made me more eager to become a Registered Nurse). The scale is a 5-point Likert-type (1 = strongly disagree to 5 = strongly agree). The highest possible score is 110 and the lowest possibly score is 22 in this scale. The increase in the total number of points indicates that students have found the clinical learning environment to be appropriate (Sarı, 2001).

The Academic Motivation Scale was developed in Turkey by Bozanoglu (2004). Cronbach's alpha value of the scale is 0.87. This scale consists of 20 items (i.e. item 2: Everything I learned causes more curiosity, item 7: When I have a choice I usually choose homework that is bother for me, item 12: I always liked to work in new and different issues, item 15: I would like to help others with something I learned, item 17: I try so much to learn something even though course grade will not been given). The scale is a 5-point Likert-type (1 = strongly inappropriate to 5 = strongly appropriate). The highest possible score is 100 and the lowest possible score is 20 in the scale. The score increase indicates that academic motivation is higher (Bozanoglu, 2004).

The Clinical Decision Making in Nursing Scale (CDMNS) was developed by Jenkins in 1983 (Jenkins, 2001). The scale consists of 40 items and four subscales. The CDMNS is a five-point Likert-type scale (1 = never to 5 = always), and 18 items of the scale are reversed and the options range from never to always. The total scale score varies between 40 and 200. There is no cut point. A high score from the scale indicates a high decision making perception while a low score demonstrates a low and negative decision making perception. Cronbach's alpha value of the original scale was 0.83 (Jenkins, 2001). In Turkey, a reliability and validity study of the CDMNS was carried out by Durmaz and Dicle in 2012 (Dicle and Durmaz-Edeer, 2013).

Data Collection

The data was collected during, *Surgical Nursing, Children's Health and Illness Nursing, Public Health Nursing,* and *Management in Nursing* clinical practices of nursing students during the 2014 and 2015 academic period in this study. Nursing students were trained in two government hospitals in conjunction with their theoretical courses in the academic spring term. After written consent was obtained from the director of institution, the questionnaires were administered to each of the classes one by one during their clinical training in spring semester. First year students have been excluded from the study because they had minimal clinical contact during clinical practice of the first year course. Before it was applied, verbal permission was obtained from the responsible lecturer of the lesson. At the end of each lesson, required statements for the study were posed to the students, special permission was obtained, adequate time was given and they were asked to respond to the

Please cite this article as: Aktaş, Y.Y., Karabulut, N., A Survey on Turkish nursing students' perception of clinical learning environment and its association with academic motivation and..., Nurse Educ. Today (2015), http://dx.doi.org/10.1016/j.nedt.2015.08.015