

**THE DIPLOMA NURSING STUDENTS' PERCEPTIONS
TOWARD THEIR CLINICAL LEARNING ENVIRONMENT**

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Abstract

Clinical learning is incorporated in the nursing curriculum to provide nursing students with an opportunity to apply and practice the knowledge, skills and attitude they have learnt in the classroom. In facilitating the integration of theoretical knowledge into clinical practice, it is important to create a positive clinical learning environment. As clinical learning represents an essential element of nursing education, factors that affect its effectiveness need to be identified and further investigated. This study explored the perceptions of clinical learning environment between medical and surgical wards among the diploma nursing students. This study used SECEE tool by Sand-Jecklin consisted of 29 questions with four sub-scales: atmosphere of the wards, learning support by staff nurses, learning opportunity available in the wards and communication with staff nurses in the wards. Data analyzed by comparing the means of both medical and surgical wards showed that students perceived surgical wards (17.29) was more positive for clinical learning compared to medical wards (17.88). The results of paired t-test showed there was no significant difference in students' perceptions of clinical learning environment between medical and surgical wards in terms of atmosphere of the wards ($p=0.974$), learning support provided by staff nurses ($p=0.478$) and learning opportunity available at both wards ($p=0.212$). However, there was a significant difference in perception of the nursing students towards medical and surgical wards in terms of communication with staff nurses ($p=0.027$). This research showed that providing positive clinical learning environment is perceived as essential for clinical learning of the diploma nursing students. In view of this, collaboration between faculty and hospital is important in building the supportive learning environment which contributes in producing qualified nurses with the requisite knowledge, attitude and skills.

Introduction

Effective clinical learning environment has been identified as important for clinical learning of nursing students (Henderson, Twentymen, Heel & Lloyd, 2006). In fact, the success of the nursing programme is largely dependant on effectiveness of the clinical learning (Pearcey & Elliott, 2004). Clinical learning environment encompasses all that surrounds the nursing students during their clinical learning which includes the clinical setting, the equipment, the staff, the patients, and the nurse teachers or clinical facilitators (Papp, Markkanen & von Bonsdorff, 2003). The environment exposes students to the real world of nursing and helps them develop their nursing practice competencies (Chan, 2001). However, unlike classroom learning which is more structured and predictable, clinical learning environment often presents students with various factors and circumstances that cannot be controlled (Shin, 2000). Thus, students were frequently thrown into unplanned activities with patients and other health care providers (Chan, 2001) which contributed to difficulty for students to achieve optimum clinical learning (Papp, Markkanen & von Bonsdorff, 2003).

According to Chan (2001), clinical learning which usually takes place in the hospital setting presents a bigger threat to nursing students than learning in a structured classroom. Previous studies have indicated that nursing students frequently felt vulnerable in the clinical environment (Massarweh, 1999). Many nursing students reportedly perceived clinical experience as anxiety-provoking (Kushnir, 1986). Smyth (2005) stated that when anxiety is high, an individual is immobilized, perceptions are narrowed and learning is impeded. These factors may give

impact on students' clinical learning in a way not intended originally.

Literature review

Clinical learning induced nursing students into the profession of nursing (Shin, 2000). This is achieved when the learning experiences matched with the learning needs of the students with the population found in the setting (Mundt, 1997). Chan (2001) confirmed that nursing students in her study perceived clinical learning enabled them to put what they had learned in the classroom into action. The students felt satisfied if they were treated with respect, ward activities were clear and organized and have opportunities to be directly involved with the nursing care. Qualitative data from this study (Chan, 2001) concluded that the students preferred if the learning environment was more positive than what they perceived as being actually present.

According to Saarikoski and Leino-Kilpi (1999), the basic element of a clinical learning environment is the ward and its characteristics, that is, the ward as a physical and socio-psychological environment. Students described good clinical learning environment consisted of good cooperation between staff members and the conduct of the ward was in accordance with the quality of good nursing care principles (Papp, Markkanen & von Bonsdorff, 2003). The nature of ward environments influenced clinical learning and the most frequently cited cause of a poor learning experience was an unsatisfactory ward atmosphere. For instance, Smyth (2005) emphasised that learning process was dependant upon the collaborative support and facilitation in the clinical learning environment. Meanwhile, Shin (2000) realized that shortage of ward facilities have affected the nursing students to practice procedures like medication

administration, patient education and aseptic technique. In addition, a negative clinical learning environment was found to be associated with lack of supervision and mentoring by staff nurses (Papp, Markkanen & von Bonsdorff, 2003).

Students viewed that support from staff nurses and others on the ward were important in a student's clinical experience. In relation to this, Chan (2001) suggested that positive relationships with clinician and other participants in the clinical learning environment must be emphasized as an important domain that were crucial to the development of a positive learning environment. Meanwhile, Yim and Chan (2005) highlighted that supportive clinical learning environment is of paramount importance in securing the required teaching and learning process. Chan (2001) found that students preferred hospital environments that recognized their individuality and provide them with adequate support. Papp, Markkanen and von Bonsdorff (2003) highlighted that support regarding the planning and implementation of practical nursing situations were vital to students. Saarikoski and Leino-Kipli (2002) indicated that the most important factor in the students' clinical learning is the supervisory relationship involving elements of assessing, teaching, supporting and facilitating students' learning. In fact, students found some difficulties to learn without these support.

With regards to learning opportunities in the ward, students stated that tagging along with the staff nurses and being a part of the team were their valuable experiences (Henderson, Heel, Twentyman & Lloyd, 2006). By working alongside the registered nurses students can learn through a process of observation and role-modelling (Clynes

& Raftery, 2008) providing a chance to learn and practice their clinical. Themes like 'willingness to help' were emphasized by students to describe that the staff supported their clinical learning (Gillespie, 2002).

Other negative perceptions were related to inadequate communication with the staff nurses during ward placements. If clinical placements are to be effective, there is a need for stronger communication links between those responsible for nurse education across a variety of settings. Castledine, 1994 View Record in Scopus Cited By in Scopus (2) It was claimed that mentors, and other staff at clinical placements, were often unaware of students' learning objective requirements at different stages of their pre-registration education (Andrews et al, 2006). Clearly, various factors in the clinical learning environment have impacted the outcome of a student's clinical placement.

Midgley (2006) stated that the clinical learning environment represents an essential element of nursing education and warrants further investigation. Limited studies have compared different types of wards as learning environments. According to Henderson, Heel, Twentyman and Lloyd (2006), the difference in terms of acuity and workload of individual wards and also depending on a particular situation when students are placed, may have contributed to negative perceptions toward the clinical learning environment. The study done by Saarikoski and Leino-Kipli (1999) found that short-stay wards with a technical orientation were considered by students to be more of a valuable learning environment than those in which basic nursing care is provided for long-stay patients. In practice, this means that surgical wards are most

often cited as high-quality learning environments by students. Saarikoski and Leino-Kipli (1999) found that students perceived psychiatric ward as the best learning environment followed by surgical wards, pediatric ward and finally medical wards.

This study focuses on perceptions of diploma nursing students toward their clinical learning environment in a teaching hospital in the East Coast of Peninsular Malaysia. The well-equipped hospital consists of various wards like medical wards, surgical wards, psychiatric wards, pediatric wards, and critical wards. It is assumed that differences between the individual wards will provide varied environments for students' clinical learning. Specifically, this study compared perceptions of students toward the difference in clinical learning environment between the medical and surgical wards. The study finding would be valuable in providing better clinical learning experience for the students.

Method

The same group of diploma nursing students was used to collect data on students' perceptions of the clinical learning environment between medical and surgical wards.

The students were given a Student Evaluation of Clinical Education Environment (SECEE) questionnaire from Sand-Jecklin (2000) that asked their perceptions on atmospheres of the wards (6 items), learning support from staff nurses (8 items), learning opportunity available in the ward (8 items) and communication of the student with staff nurses (7 items). Other aspects included in the questionnaire were issues on student orientation; nursing staff/preceptor availability, communication, role modeling, workload, and preparation to serve as a student resource; learning

resources availability; student opportunity for hands on care; and the impact of other students at clinical site. All negative items reflected a negative environmental characteristic were reverse coding during analysis of data.

Pilot test of the questionnaire was carried out with 30 respondents who met the inclusion criteria to assess their understanding and ability to answer the question within 10 to 15 minutes. The Cronbach's alpha coefficient for Student Evaluation of Clinical Education Environment (SECEE) inventory was 0.96 compared to 0.89 in previous study by Sand-Jecklin (2000).

Ethical consideration

Ethical approval was obtained prior to data collection from the institution's ethical committee. No coercion for participation in the study was enforced on the students. Students were asked to provide their clinical environment perceptions through completion of the survey and anonymity was maintained.

Subject

A Hundred and thirty four respondents from the first and second year diploma nursing programme participated in the study. All students have completed their clinical learning in adult medical and adult surgical wards of the identified hospital. The adult medical wards were named ward A for males and B for females (not the real name) while the adult surgical wards were ward C for females and ward D for males. These wards were chosen because they were the main wards prescribed to nursing students to gain their clinical learning experiences. Sample size for this study was decided by using the table of sample size determination by Cohen, Manion and Morrison (2001). A summary of the demographic data of the respondents is presented in Table 1.

Table 1 Summary of demographics of respondents (n= 134)

Demographic data	Frequency (%)
Sex	
Male	42 (31.3)
Female	92 (68.7)
Age	
18	11 (8.2)
19	64 (47.8)
20	38 (28.4)
21	9 (6.7)
22	4 (3.0)
23	3 (2.2)
24	1 (0.7)
25	2 (1.5)
27	1 (0.7)
34	1 (0.7)
Ethnic	
Malay	125 (93.3)
Chinese	4 (3.0)
India	2 (1.5)
Others	3 (2.2)
Educational level	
SPM	118 (88.1)
Matriculation	5 (3.7)
STPM	5 (3.7)
Diploma	5 (3.7)
Degree	1 (0.7)
Year of study	
First year	86 (64.2)
Second year	48 (35.8)

Data analysis

The study used descriptive statistics which are mean and standard deviation to evaluate whether the clinical learning environment was positive or negative. Mean of both wards was compared to evaluate whether the ward has a

positive or negative learning environment using paired t-test. The ward is perceived as positive clinical learning environment if the mean is less than the other one. The analyses were made using Statistical Package for Social Science (SPSS) version 12.

Results

Factors that influenced nursing students' perceptions toward clinical learning environment were examined. Of the four subscales in SECEE (table 2), learning opportunities scored the highest mean in both medical and surgical wards. On the other hand, ward atmosphere scored the lowest mean in both wards. The differences between students' perception of clinical learning environment were examined by exploring the differences in each

subscale between medical and surgical wards. The paired t-test was carried out for paired samples ($n=134$). With 95% confidence interval and alpha set at 0.05, the results indicated there were no significant differences in all subscales between medical and surgical wards except for communication ($p=0.027$). The mean scores for all subscales of medical wards were higher than surgical wards, with the differences in scale means for each scale ranging from 0.01 to 0.59. See table 2 for details.

Table 2 Differences in mean score of subscales in SECEE for both medical and surgical wards ($n=134$)

Factors	Mean (SD)		Mean Difference	(95%CI)		t-stat(df)	p-value
	Medical	Surgical		Lower	Upper		
Ward atmosphere	16.20(2.67)	16.19(3.04)	0.01	-.4489	.4638	0.03(133)	0.974
Learning support	19.79(4.06)	19.58(4.64)	0.21	-.3855	.8183	0.71(133)	0.478
Learning opportunities	20.72(3.58)	20.41(3.78)	0.31	-.1769	.7889	1.25(133)	0.212
Communication	17.88(4.33)	17.29(4.58)	0.59	.0706	1.1234	2.24(133)	0.027*

** $p<0.05$, paired t-test*

Discussions

There were a lot of factors that could affect a student's perception toward their clinical learning environment. In this study, the students were mainly satisfied with medical and surgical wards as the clinical environments to support their clinical learning. With the exception of communication subscale which indicated there was a significant difference between medical and surgical wards, students in this study perceived atmospheres of the ward, learning support provided by staff nurses and learning opportunity available in the both wards were appropriate as the clinical learning environment. Students however perceived medical wards were better than surgical wards.

Ward atmospheres played an overall role in contributing to positive or negative learning environments. Both wards of the identified hospitals have similar layouts in terms of number of beds, basic equipments and staffing. The wards are also busy admitting patients with a variety of medical and surgical conditions. The ward sisters have played their important role in ensuring enough resources are available for student learning. Students in this study also received ward orientation the first time they had been posted to the wards which may have given a positive perception towards the ward as a clinical learning environment. In addition, the nursing programme obtained continuous support from the hospital in providing facilitators from

the hospital to help in supervising the students.

Dunn and Hansford (1997) observed that a productive, stimulating and supportive environment created more satisfied students and facilitated the achievement of a more effective learning environment. Having a sufficient number of facilities, equipments and cases are essential basic needs for students to practice what they learned in the classroom. Without enough resources, the students would not be able to successfully integrate the theory into practice. It is recognized that not all practice settings are able to provide nursing students with a positive learning environment (Chan, 2002).

Findings of the study also indicated that students obtained enough support from staff nurses and ward facilitators during their clinical learning. Wards that are busy with the routine procedure enable students to get more clinical learning experiences. Moreover, staff nurses usually assign nursing students to perform the procedures under their guidance. This is to say that whenever learning opportunities were available in the two wards, staff nurses were available to supervise and provide guidance for them particularly when the learning opportunity is new. Effective clinical learning is achieved when the learning experiences found in the clinical placement matched the students' learning needs (Mundt, 1997).

Unfortunately, the students have a different perception towards communication given by staff nurses in both wards. Communication with staff nurses in surgical wards were better than communication given by staff nurses in medical wards. Medical wards in this hospital were busier than the surgical wards. As a result, the staff nurses may not have sufficient time to

establish a good rapport with the students. Dunn and Hansford (1996) found that staff-student relationships highlighted the major influence of the nursing staff on the students' perception of the clinical learning environment. It meant that if the relationship between the staff nurse and student is good, the student will accept the learning environment as a good one. However, if the relationship of staff nurse and student is bad, student will perceive the ward as a negative learning environment.

The relationship between staff nurses and students is important because a good relationship will indicate the student and staff nurse have good communication in completing the ward task. If the staff nurse and student have good communication, they can assist each other in the ward. A student nurse can help the staff nurse in procedures that need to be done by the staff nurse while staff nurses can help students in their studies, e.g the staff nurse can field questions asked by students and explain procedures students do not know already. Through communication, staff nurses indirectly give student nurses learning support and opportunity for them to learn. Communication between each person concerned would provide and enhance a supportive learning environment (Chan, 2004).

Limitations

Although the total sample size was reasonable (n=134), generalization of the findings have to be taken cautiously as only one institution was studied. Furthermore, a larger sample size involving more institutions of teaching hospitals should be considered. As it has been known with all survey results that obtained self-report from respondents, this study may also has the limitation in terms of revealing the real perceptions.

Recommendations

These results suggest that conducive ward atmosphere, availability of staff nurses / facilitators for supervision and good communication are essential elements if the clinical learning environment is to be effective for student learning. With this fact, it is critical for the hospital authority to ensure that the hospital has sufficient resources and support for students. This is vital to produce qualified nurses with the requisite knowledge, attitude and skills. Since the medical and surgical specialities always come up with the latest medical technology, knowledge and proficiency of staff nurses and ward facilitators must be kept up-date in order for them to give effective guidance and supervision.

Besides that, the faculty must take crucial steps and collaborate with the hospital in ensuring the ward is more effective for student learning. The faculty and the hospital must take the initiative to implement measures to make students familiar with the clinical learning environment before the real placement because clinical learning best occurs in a non-threatening and supportive environment to foster student growth and professional development.

Conclusion

This study finding suggests that perceptions of nursing students toward their clinical learning environment are influenced by the factors described earlier. Since clinical learning is an essential component in the nursing education to prepare future nurses for their professional roles, factors affecting students' clinical learning should be given priority attention. Although perceptions of students in this study were positive, both the nursing programme and hospital concerned

must continue to collaborate and improve to ensure the effectiveness of the clinical learning environment. The value of this study lies in highlighting to those concerned with students' clinical learning the importance of providing an effective clinical learning environment. In order to view a wider perspective, it is necessary to explore in-depth regarding the factors influencing perceptions of students toward their clinical learning environment.

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