

# Third Year Student Nurses' Perceptions Regarding Their Clinical Learning Environment

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## 1 INTRODUCTION

Student nurse is a person who is training to be a nurse at a nursing school and works to maintain, promote and restore the health of patients while following the procedures of the hospital where she or he gaining practical experiences (Schater *et al.*, 2011). The clinical learning environment (CLE) is the place where the theoretical components of the curriculum can be integrated with the practical and transformed into professional skills and attitudes within an emotionally safe environment (Steven *et al.*, 2014). Nursing students require a CLE which provides adequate facilities both human and physical resources. The purpose of this study is to examine third year student nurses' perceptions regarding their CLE.

## 2 METHODOLOGY

This is a quantitative descriptive cross sectional study. Third year student nurses studying in the college of Nursing Colombo was selected using purposive sampling technique because third year nursing students have more experiences with available recourses and barriers to practice in CLE compared to other nursing students. Ethical approval for the study was obtained from the Ethical Review Committee of the National

Hospital of Sri Lanka (NHSL). Permission to conduct the study was taken from the Deputy Director General of NHSL and Principal, College of Nursing Colombo. Participants were informed about the purpose of the study and consent was taken from each voluntary participant. Privacy and confidentiality were assured by maintaining anonymity. A self-administered questionnaire was used as the data collection tool. Third year student nurses' perceptions regarding their CLE assessed based on five point Likert scale. The data transformed in to numerical amount and analyzed using Microsoft Excel work sheet.

## 3 RESULTS

The response rate of the sample (n=184) was 90.21% (166). Within the total, age distribution was ranged from 23 to 30 years. Majority of participants were between 26 to 28 years. All the participants were Sinhalese and 157 were female students. Most of them were (161) Buddhists.

### 3.1 Perceptions on human resources

Forty four point three percent (44.3%) participants responded nursing tutors do clinical supervision and return demonstrations occasionally. Only 1.29% agreed that they do clinical supervision



and return demonstration always. Of the sample 7.3%, 22.4% and 54.5% responded staff nurses were willing to support always, frequently and occasionally respectively. The responses related to support from the medical staff were 50.3% occasionally. Among the selected students 42.5% showed that individual instruction by nursing tutors was rare while 24.6% and 11.4% showed it as occasionally and frequently, respectively. The 45.5% students stated that staff nurses have good interactions with student nurses occasionally (Figure 1).

### 3.2 Perceptions on physical resources

From the participants 45.2% responded that sufficient equipment for procedures were frequently available. Of them 41% agreed that they had adequate time period for practice in special units occasionally. Separate areas to arrange procedures in every ward (38%) and ability to finish the whole procedure within allocated time period (31.9%) occasionally. (Figure 2).

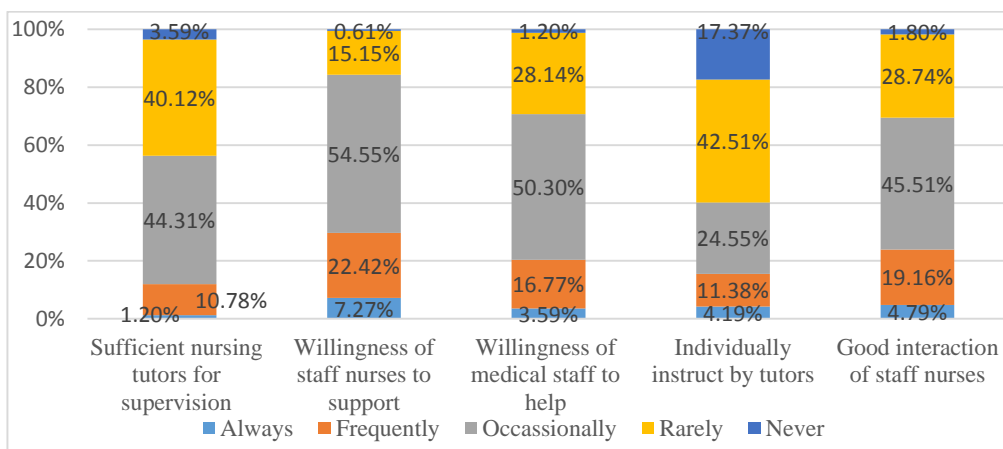


Figure 1: Human Resources

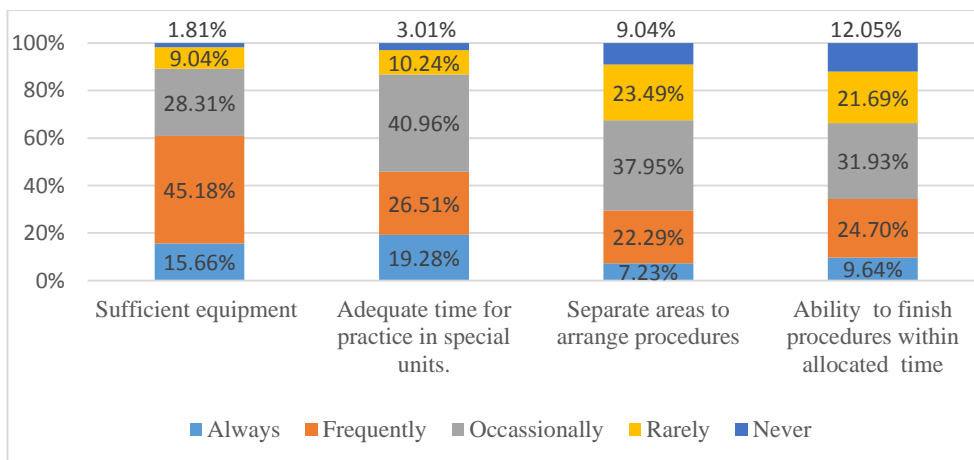


Figure 2: Physical Resource



### 3.3 Perceptions on learning opportunities

Everyone has opportunities for practice procedures in the ward 31.7% occasionally. Participants responded 33.5% satisfied frequently with ward rotations. The opportunities to operate special instruments in the ward, 36.5% and 38.3% responded rare opportunities to perform procedures in the ward as same as learned in the class room respectively. Of the sample 46.7% agreed that the nursing tutors were too busy. Participants 37.1% responded they have lack of experience to care critically ill patients. Among the sample 44.8% agreed feel stress when doing procedures individually. Students 32.1% were agreed that too many students in the clinical area. (Figure 3)

According to determine expected CLE of the student nurses; 55.4% students were

expected staff nurses should be strict but helpful. Students (61.9%) were agreed that their willingness to do procedures with staff nurses. Students were strongly agreed (39.3%) that there should be a similar time period for both clinical practice and educational environment. Regarding statement of increase the clinical rotation time in gynecology, obstetrics and pediatric wards 41.7% were responded neutral about the effectiveness of it. Students 50.3% were strongly agreed that they wish their tutors always help and evaluate the nursing procedures. Students (54.2%) were agreed that they have chances to assess and practice the patients. Students disagreed (48.9%) with the statement “expect clinical practice should happen in before theoretical knowledge”. Their responded were neutral (43.1%) regarding that they expected to get clinical experiences with all the students in the college at the same time and different time schedules for separate year of nursing batches.

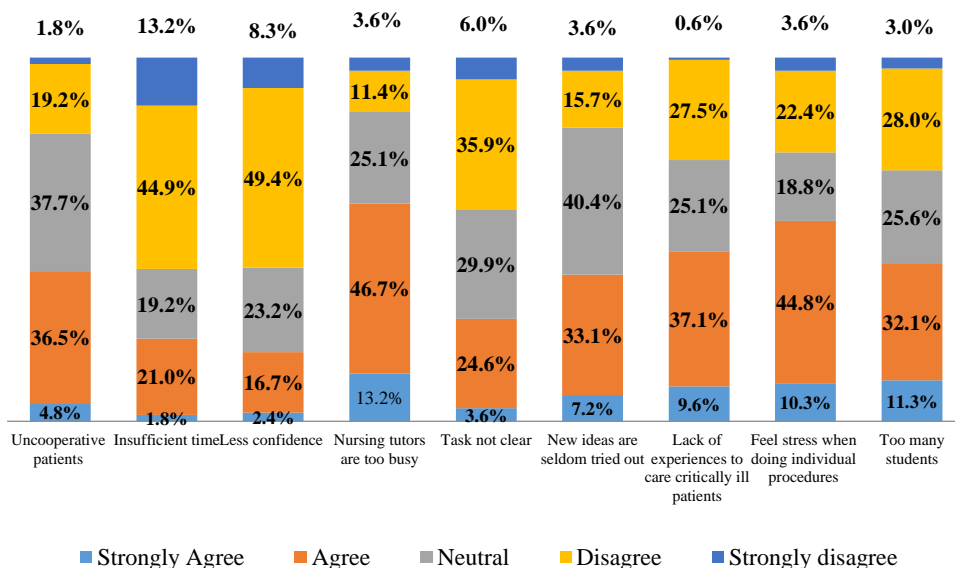


Figure 3: Barriers in CLE

### 3 DISCUSSION

Findings revealed that student nurses had less satisfaction on available human resources. Insufficient nursing tutors, lack of attention to students' individualization and less staff support were also found as negative perceptions. In this regard Rahmani *et al.* (2011) emphasized, students were not satisfied with their clinical instructors, staff nurses and medical staff support and interaction with each other and also stated lack of attention to student individualization was a major problem.

According to study findings, an overall perception on physical resources was negative. Similarly Mohammadi *et al.* (2004) stated lack of necessary educational aids and lack of adequate facilities were affect negatively to the CLE. Majority of students responded that they were unable to finish whole procedure within the allocated time due to short stays in clinical setting. In contrast Serena *et al.* (2009) stated that students were satisfied with activities done in the ward.

Students have negative perceptions on learning opportunities in the CLE. Majorities were responded that they were not satisfied with ward rotations and opportunities in the ward for practice, opportunities to perform procedures as same as they learned and operate special instruments. McCarthy *et al.* (2008) concluded that short clinical rotations limited the chance to learn and reduced learning opportunities. Furthermore they stated that students have negative perceptions regarding the opportunities to perform procedures in CLE.

Uncooperative patients and overcrowding of students in CLE were identified barriers in CLE. Similarly, Truong (2015) also emphasized this matter. Fewer students rated their perceptions more positively. Findings show students have sufficient

time for practice. In contrast, Brammer (2006) stated time is a major barrier. According to the study that student tasks were clear in the setting. In contrast, Zaighami *et al.* (2004) reported unspecified task orientation was the main problem in CLE.

Findings revealed majority of student nurses expected, staff nurses should be strict, cooperative, knowledgeable and experienced. But different studies show different aspects on it. Truong (2015) stated staff nurses were less of helpfulness, openness, reluctant to teach students. Findings show maximum amount of students were expected to do procedures with staff nurses. Ghodsbin and Shafakha (2008) showed that non-cooperation of nursing staff was the main preventing factor in clinical education. Always help and evaluate the nursing procedures by the nursing tutors was another important expectation in majority of students. This expectation represented in another way by Bigdeli *et al.* (2015) spend a limited time and interact with different instructors in the ward rotation lead a good interaction with instructors.

Majority of students expected to have chances to assess and practice the patients. Bigdeli *et al.* (2015) emphasized, facilitate cooperation in ward activities affect the clients' health and students' safe practice. Majority of students expected that would be increased clinical time in special wards. Gallagher *et al.* (1999) reported increase in clinical performance with more steady clinical allocation as opposed to recurrent rotations. There were discrepancies between theory taught at the college and the actual practice in the setting. Taylor (2000) stated that students undergo ambiguities when they go to new CLE, therefore they need support.



## 4 CONCLUSIONS AND RECOMMENDATIONS

Study shows that support, guidance, supervision and caring are essential components that student nurses expect from the staff nurses and nursing tutors. It is necessary to facilitate adequate time for practice in special units, facilitate areas to arrange procedures and improve ability to finish the procedures within the allocated time period. The identified barriers are insufficient time, less confidence, stress, uncooperative patients, overcrowded and tight schedules of the nursing tutors.

It is recommended to improve collaboration between the College and hospital by holding annual meetings that address issues relevant to clinical practice for students. Enhance scheduling, create clinical coordinator positions, improve planning and negotiating of placements are also recommended. Continuous studies on CLE evaluation and their results are important. Also staffs nurses must encourage being mentors for student nurses

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