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# **Research Article**

# Nursing Students' Satisfaction with Clinical Learning Environment

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## **Abstract**

**Background:** The quality of clinical learning usually reflects the quality of the curriculum structure. The assessment of the clinical settings as learning environment is a significant concern within the contemporary nursing education. The nursing students' satisfaction is considered as an important factor of such assessment, contributing to any potential reforms in order to optimize the learning activities and achievements within clinical settings. **Purpose:** The purpose of the study was to assess nursing students' satisfaction of the clinical settings as learning environments. **Method:** Cross-sectional Pearson Correlation study design was used. 5 point Likert scale questionnaire was use as a research tool. Questionnaire consist of 2 parts, first consists on demographic data of participant and second part is further divided in to five sections focusing on Pedagogical atmosphere, Leadership style of the ward manager, Premises of **Results:** Pedagogical atmosphere is also strongly correlated with student Satisfaction as sig is .000 and r value is .799. Leadership style is associated with student Satisfaction, as result shown sig is .000 and r value is .799 so these are also strongly correlated with each other. Nursing Care has very strong correlation with student Satisfaction as sig is .000 and r value is 1.000.student satisfaction has strong correlation with Supervisory Relationship as sig is .000 and r value is 1.000.Nursing care on the ward, Premises of learning on the ward and supervisory relationship. **Conclusion:** The current study illustrated the value of the development of an organized mentorship system. This was viewed by the participant nursing students as one of the most important variables in their clinical learning and their satisfaction with the clinical learning environment.

Keyword: Nursing education; Mentorship; Clinical environment; Nurse Teacher; Satisfaction

#### Introduction

The clinical learning environment is an interactive network of forces within clinical setting—that influences learning outcomes (Jokelainen, 2011). Nursing is a practice-based profession. Clinical education is a major component of the nursing curriculum. It is important because it allows the nursing students to understand clinical practice and facilitates to gain the knowledge (Papastavrou *et al.*, 2016). The Clinical learning environment includes everything that surrounds students and affect their professional development in the clinical setting. There is considerable evidence supporting the clinical learning as extremely beneficial in familiarizing students with clinical judgment and decision-making (Hope *et al.*, 2011). The Clinical learning environment is the place where the theoretical

components of the curriculum can be integrated with the practical and transformed into professional skills (Steven et al., 2014). However, from the nursing students 'point of view, clinical learning environment is "the most anxietyprovoking component of nursing education as they have to satisfy a dual role, that of the learner and that of the worker (Moscaritolo, 2009). Students' clinical experiences transformed from "learning by doing" means student learn through practice However, not all the clinical settings are conducive to students' learning outcomes or contributing to their competencies' development (Hand, 2006). The clinical learning environment consists of the ward atmosphere that incorporates items like how easy the staff members are to approach, the team spirit among nursing staff that encourage students to participate in the discussions. The leadership style an attitude of the ward

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manager towards the staff members also contribute in student learning at clinical setting (Gies, 2013). However, there is a lack of a clear and commonly accepted definition of clinical learning environment that contributes to nursing students' satisfaction with the Clinical learning environment. The students 'satisfaction seems to depend on various dimensions of teaching and learning in clinical settings (Levett-Jones & Bourgeois, 2015).

#### **Problem Statement**

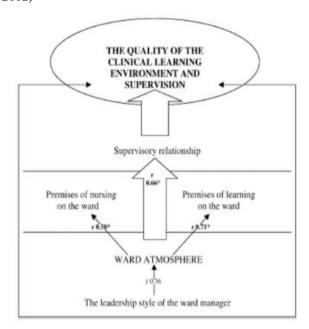
It has been generally observed that nursing students were not satisfied with their clinical learning environment there are many contributing factors some of these are: Student feel uncomfortable at clinical place. Because Nursing Student found ward atmosphere is not conducive to learning. Somewhere, supervisor showed negative attitude to develop interactive supervisory relationship. Nursing students found clinical environment incompatible to learning as lack of an easy approach to clinical staff and inability to get supervisors' feedback related to practical issues.

#### Research Question

Are nursing students satisfied with their clinical learning environment?

#### Theoretical Framework

The theoretical framework reflects a range of factors that contribute to students learning in the clinical placements. The factor models explain this phenomenon of clinical learning environment and supervision (Saarikoski & Leino, 2002)



**Fig. 1:** A preliminary model of clinical learning environment and supervision by staff nurses. (The arrows illustrate correlation relations between the sub-dimensions.) (Saarikoski & Leino-Kilpi, 2002)

Clinical learning environment and supervision scale is based on the content analysis of the results arising from a number of empirical studies, the pedagogical atmosphere relates to the psychosocial climate of the ward. From the viewpoint of students, the most important feature of a good learning environment is their sense. This is achieved in an environment, in which the atmosphere is fair and students learn to solve problems. It is often the ward manager who is responsible for promoting a particular approach to the supervision of students learning. Likewise how the ward culture is experienced (positively or negatively) was reflect on the leadership style of the ward manager. A positive team spirit and a less hierarchical leadership style should be present within ward. Nurse teachers are normally employed by a higher educational institution. As such Premises of nurses on the ward and Premises of learning on the ward make a significant contribution to educational process within practice settings, including coordinating student assessments and learning.

### Sampling Method

Convenient sampling technique was use for data collection.

#### Inclusion Criteria

All male and female nursing students of 1<sup>st</sup> Year, 2<sup>nd</sup> Year and 3<sup>rd</sup> year of 4- Year Bachelor of Science in Nursing (Generic) having age 18-years to 29-years was included in this study. Study was also include those participants who was freely willing to participate.

## **Exclusion Criteria**

All male and female 4<sup>th</sup> Year of 4-Year Bachelor of Science in Nursing and those who was not willing to participate from Lahore School of Nursing (The University of Lahore) was excluded in this study.

#### **Data Collection Method**

5 point Likert scale questionnaire adopted from (Saarikoski & Leino-Kilpi, 2002) was use as a research tool. Questionnaire consist of 2 parts, first consists on demographic data of participant and second part is further divided in to five sections focusing on Pedagogical atmosphere, satisfaction comp, Leadership style of the ward manager, Premises of nursing care on the ward, and supervisory relationship

## **Results and Discussion**

Data shown in Table 1 deals with description of demographic data and the interpretation of variable related to study. In this study both male and female nursing students participated, male students were 7.1% and the female were 92.9%. Demographic variables are both male and female gender having Age from 18 years to 29 years old study of years included 1<sup>st</sup> year 2<sup>nd</sup> year, and 3rad year of 4- Year Bachelor of Science in Nursing, Supervision of the participants by one supervisor, no supervisor or changed supervisor.

Table 1: Demographic data

Variable	Frequency (f)	Percentage (%)
Gender of Participants		
Male	6	7.1
Female	79	92.9
Age of Participants		
18-21 Year	61	71.8
22-25 Year	17	20.0
26-29 Year	7	8.2
Study years of the participants		
1st Year Bachelor of Science in Nursing	46	54.1
2 <sup>nd</sup> Year- Bachelor of Science in Nursing	39	45.9
3 <sup>rd</sup> Year-Bachelor of Science in Nursing	24	28.2
Organization of Supervision of the Participants		
No supervisor appointed	42	49.4
One supervisor strained relation	30	35.3
Changed supervisor	13	15.3

**Table 2** Pearson Correlations

Clinical Learning Environment		Satisfaction Comp
Pedagogical atmosphere	Pearson Correlation	.799**
	Sig. (2-tailed)	.000
Leadership style	Pearson Correlation	.789**
	Sig. (2-tailed)	.000
Premises Nursing of Care	Pearson Correlation	.774**
	Sig. (2-tailed)	.000
Premises Nursing of Learning	Pearson Correlation	.830
	Sig. (2-tailed)	.000
Supervisory Relationship	Pearson Correlation	1.000**
	Sig. (2-tailed)	.000

Pedagogical atmosphere is also strongly correlated with student Satisfaction as sig is .000 and r-value is .799. Leadership style is associated with student Satisfaction, as result shown sig is .000 and r-value is .789.premises of nursing Care has very strong correlation with student

Satisfaction as sig is .000 and r-value is .774. Premises nurses of learning with student satisfaction has strong correlation sig .000 as r value is .830 nursing students' satisfaction with Supervisory Relationship as sig is .000 and r value is 1.00 (Table 2) .

 Table 3: all Instruments Items

	Very	_	Neutral	Agree	Strongly Agree
	Disagree				
The staff was easy to approach	7.1%	35.3%	35.3%	20.0%	2.4%
During staff meeting (e.g., before shifts) I felt comfortable	3.5%	28.2%	37.6%	24.7%	5.9%
in taking part the discussion.					
There was a positive atmosphere on the ward.	1.2%	24.7%	36.5%	31.8%	5.9%
The staffs were generally interested in student's	3.5%	28.2%	29.4%	36.5%	2.4%
supervision.					
The staff learned to know the students by their personal	3.5%	24.7%	31.8%	37.6%	2.4%
names.					
There were sufficient meaningful learning situation on	4.7%	29.4%	30.6%	34.1%	1.2%
the ward.					
The learning situation were multi-dimensional in terms	3.5%	21.2%	44.7%	29.4%	1.2%
of content.					
The ward can be regarded as a good learning	5.9%	28.2%	40.0%	22.4%	3.5%
environment.					
Leadership style of the ward manager(WM), premises of	3.5%	36.5%	34.1%	23.5%	2.4%
nursing on the ward(NC)					
The WM regarded the staff on his/her ward as a key	3.5%	20.0%	36.5%	35.3%	3.5%
resource person					
The WM was team member*	4.7%	25.9%	47.1%	20.0%	2.4%
Feedback from the WM could easy be considering a	4.7%	25.9%	30.6%	35.3%	3.5%
learning situation.					
The effort on individual employ was appreciated.	5.9%	32.9%	31.8%	28.2%	1.2%
The ward nursing philosophy was clearly defined.	5.9%	27.1%	32.9%	30.6%	3.5%
Patient's received individual nursing care.	8.2%	22.4%	44.7%	20.0%	4.7%
There were no problem in the information flow related to	10.6%	21.2%	34.1%	28.2%	5.9%
patients' care.					
Nursing Documentation (e.g., nursing plans, daily	5.9%	31.8%	31.8%	25.9%	4.7%
procedures etc.) was clear.					
My supervisor showed a positive attitude towards	4.7%	29.4%	34.1%	24.7%	7.1%
supervision.					
supervision I felt that is received individual	5.9%	32.9%	29.4%	22.4%	9.4%
I continuously received feedback from supervisor.	8.2%	25.9%	31.8%	25.9%	8.2%
Overall I am satisfied with the supervision I received	8.2%	27.1%	28.2%	28.2%	8.2%
The supervision was based on the relationship of equality	8.2%	22.4%	32.9%	31.8%	4.7%
and promoted my learning.					
There was a mutual interaction in the supervisory	5.9%	18.8%	42.4%	27.1%	5.9%
relationship.					
Mutual respect and approval prevailed in the supervisory	8.2%	25.9%	34.1%	25.9%	5.9%
relationship.	-				
The supervisory relationship was characterized by a sense	10.6%	20.0%	32.9%	28.2%	8.2%
of trust.	- · - · · ·		'-	, +	

The response of participant has been merged of two categories very disagree+ disagree = disagree and strongly agree + agree = agree. Result shown that 42.4% responded of the research was disagreed that the staff was easy to approach and 22.4% was agreed. 31.7% participant was

disagreed about the staff meeting (e.g., before shifts) that they felt comfortable in taking part the discussion but 30.6 was agreed. 25.9% responded was disagreed that there was a positive atmosphere on the ward and 37.7% agreed. 31.7% participant was disagreed that the staffs were generally

interested in student's supervision but 38.9% was agreed. 28.2% participant was disagreed that the staff learned to know the students by their personal names but 40% was agreed. 34.1% participant was disagreed that there were sufficient meaningful learning situation on the ward but 35.1% are agreed. 24.7% participant was disagreed that the learning situation were multi-dimensional in terms of content and 30.65 was agreed.34.1% participant was disagreed that the ward can be regarded as a good learning environment and 25.9% was agreed. 40% participant was disagreed that Leadership style of the ward manager (WM), premises of nursing on the ward (NC) but 25.9% was agreed.23.5% participant was disagreed that The WM regarded the staff on his/her ward as a key resource person but 38.5 % was agreed. 23.5% participant was disagreed that the WM regarded the staff their ward as a key resource person but 38.8% was agreed. 30.6% responded of the research was disagreed that the WM was team member but 22.4% was agreed. 30.6% participant was disagreed that Feedback from the WM could easy be consider a learning situation and 38.8% was agreed.38.8% participant was disagreed that the effort on individual employ was appreciated but 29.4% was agreed. 33% responded of the research was disagreed that the ward nursing philosophy was clearly defined but 34.1% was agreed.30.6% participant was disagreed that Patient's received individual nursing care and 24.7% was agreed. 31.8% participant was disagreed that there were no problem in the information flow related to patients' care but 34.1% was agreed. 37.7% participant was disagreed that Nursing Documentation (e.g., nursing plans, daily procedures etc.) was clear but 30.6% was agreed. 34.1% participant was disagreed that their supervisor showed a positive attitude towards supervision but 31.8% was agreed. 38.8% responded of the research was disagreed that supervision they felt that they received individual but 31.8% was agreed.34.1% participant was disagreed that he/she continuously received feedback from supervisor but 34.1% was agreed (Table 3).

The findings is statistically significant of nursing students' Satisfaction with leadership style of ward manager which consist of feedback from ward manager. The strong correlation (r = 0.779 p < 0.000) between students' satisfaction and of the CLE dimensions leadership style of the ward manager, The findings congruent with the current study that the supervision models of ward placements may have lead ward managers to place students' education within the priorities of the ward. This may indicate an engagement of tasks and priorities between the needs of healthcare and the goals of the universities' personnel. However, the fact remains that the ward managers' presence is influential on the nursing staff to involve themselves in the students' learning process (O'Driscoll *et al.*, 2010).

## Recommendations

To arrange seminars and workshops for nurse manager and nursing leader to understand the importance of team work and collaboration to facilitate nursing student to create a healthy learning environment. To re-clarify the potential roles of mentor .supervisor and ward manager involved in students' clinical learning so that adequate preparation will be made to meet educational objectives.

To encourage both the nursing staff and the mentors in order for theoretical knowledge to be effectively transferred into clinical practice, thus minimizing the theory practice gap

#### Limitations

Being a student first experience. Study was conducted in one setting with only few student so results cannot be generalized.

# Conclusion

The current study illustrates satisfaction of nursing students with clinical learning environment and the value of development of an organized mentorship system. It is concluded that the participant of nursing students as one of the most important variables in their clinical learning and their satisfaction with the clinical learning environment. Student's acceptance within the nursing team and the nursing students' satisfaction on the organization of nursing care. The context of the current study, nursing students were found to be highly satisfied with the clinical learning environment and this was related to the level of motivation and the nursing care delivery, the supervisory relationship with the mentor in clinical practice.

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