

Nursing Students and Clinical Instructors' Perceptions of Clinical Learning Environments, Supervision, and Teaching (CLES-T)

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ABSTRACT

Objectives: This study aimed to investigate the perceptions of International Islamic University Malaysia (IIUM) Kuantan nursing students, clinical nurse instructors, and staff nurses of the support offered to student nurses during learning in a clinical setting. **Methodology:** A cross-sectional study was carried out on undergraduate nursing students (n=118), and clinical instructors (n=8) at the faculty or Kulliyyah of Nursing, IIUM, using the Clinical Learning Environment, Supervision and Nurse Teacher (CLES-T) survey. Descriptive analysis was used to investigate the sociodemographic data, and further statistical tests were conducted with regard to their levels of perception. **Results:** Overall, the participants perceived the clinical learning environment to be good. There was no difference in perception between nursing students and the clinical nurse instructors ($p>0.05$). There was no significant difference in terms of gender and levels of perception ($p>0.05$). This study did find a significant relationship between level of study and area of posting for students and perception levels ($p<0.05$). **Conclusion:** This study showed that the majority of the students had positive perceptions of the clinical learning environment, supervision, and nurse teachers. The school provided sufficient support within the clinical learning environment in term of supervision and nurse teachers. These results will help the nursing school in terms of upgrading the clinical learning environment and encouraging collaboration with hospital management to provide a good clinical learning experience for students.

KEYWORDS: Clinical learning environment, supervision, teaching, CLES-T.

INTRODUCTION

Nowadays, professional nurses are generally produced by means of bachelor's degree programmes (1). It is important for the students on these programmes to have the opportunity to learn not only theoretically but also practically. However, the large number of nursing institutions have led to competition and increases in student numbers, potentially threatening the long-term stability of the workforce (2). It is thus a challenge for teaching staff and clinicians to provide the support required to enable the maximum number of students to progress through their courses in the minimum time and to enter the workforce as safe and competent nurses (2).

Various studies have been conducted to evaluate clinical learning for nursing students (3,4,5,6,7,8,9). The basic concepts of clinical learning can be divided into the clinical learning environment, supervision, and nurse teachers (7). It has been found that learning in a clinical environment is not necessarily easy for nursing students (10). Previous studies have found that clinical practice gives many

students anxiety and stress (9). Clinical settings, unfamiliar equipment, unknown staff, patients, the nurse mentor, and the nurse teacher are among the things that a student must be concerned with in the clinical learning environment (8). The teaching-learning process is most likely to be effective in providing human resource development when the learning environment offers sufficient support (3), but such a supportive clinical learning environment requires collaboration between education and service providers (11).

Theoretical Framework Effective learning practice depends on the relationship between students and supervisors (12). Positive supervision affects nurses' perception of patient assessments, clinical decisions, cultural competency, professionalism, positive feelings, and willingness to remain in professional nursing (13, 14). A good role model allows a student to develop good professional qualities (15). Clinical supervisors can use their knowledge from previous encounters and their interpretations of current experiences to help students find the rationale in what they observe (12). Barriers include poorly prepared supervisors, heavy workloads for supervisors, supervisors not being acknowledged for their contributions, and insufficient assistance from the team (12), all of which will affect the clinical learning experience.

The Clinical Nurse Instructor (CNI) or nurse teacher is a person involved in both the clinical and teaching environment. The CNI is the one who should identify the students' needs in clinical learning environments and work together with the ward management to provide the best conditions for their learning experiences (8). This ensures students will receive good training to prepare them to be competent nurses. The objective of this study is to investigate the perceptions of International Islamic University Malaysia (IIUM) Kuantan nursing students,

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clinical nurse instructors, and staff nurses of support during learning in clinical settings, including their responses to the clinical environment, supervision, and nurse teachers. Based on this objective, several research questions were formed: What is the perception of nursing students and clinical nurse instructors within the Kulliyah of Nursing of the clinical learning environment? Is there any association between sociodemographic characteristics and responses to the clinical learning environment, supervision, and teaching (CLES+T)?

MATERIALS AND METHODS

Research Instrument

The Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) scale (5,6,7,16), a self-administered questionnaire, was adapted for use in this study. This contained 36 items categorized into three domains: clinical learning environment, supervisory relationship, and the role of the nurse teacher. The domain of clinical learning environment covers the educational atmosphere, leadership style of the ward manager, and nursing care in the ward. The supervision domain reflects the supervisory relationship, while the nurse teacher domain reflects the role of the NT in clinical practice (16). These were assessed on 5-point Likert-type scales ranging from “fully disagree” to “fully agree”. A pilot study was conducted to test the validity and reliability of the questionnaire used, and 25 participants participated in this via an online survey. The participants for the pilot study were recruited using social media, and the pilot study yielded a Cronbach’s alpha value of 0.981.

Sampling and Data Collection

This study involved undergraduate students (n=118), and clinical nurse instructors (n=8) from the Kulliyah of Nursing who were recruited using a convenience sampling method. The inclusion criteria for the participants were i) students and faculty members from Kulliyah of Nursing in International Islamic University Malaysia, Kuantan Pahang, ii) students had experienced clinical placement as a part of the studies in nursing bachelor program for a minimum of 4 weeks in a clinical area or department of a hospital, and iii) participants were able to understand English. The questionnaires were distributed by a representative at each level of study for the students, and five days were given for completion before the representative collected the completed surveys.

Data Analysis

A descriptive quantitative study with cross-sectional design was used to identify the perceptions of nursing students and clinical nurse instructors of clinical learning environments in the Kulliyah of Nursing, IIUM. Descriptive analysis (frequency, percentage, mean and standard deviation) was utilised to examine the sociodemographic data and evaluations of the clinical learning environment. For further inferential analyses involving group comparisons, non-parametric testing was used in IBM SPSS 20.0. A reliability test was conducted using Cronbach’s alpha. A test for normality showed that the data were not normally distributed, thus a non-parametric test was used. Chi-square results were used to examine the relationships between levels of perception and categories of participant. The Kruskal-Wallis test and Mann-Whitney test were used to investigate the differences in mean scores of the CLES-T of nursing students.

RESULTS

Sociodemographic Characteristics

The total number of respondents in this study was 118: these were divided into Year 2 students (n=26), Year 3 students (n=54), Year 4 students (38), and clinical nurse instructors (n=8). The majority of the students had clinical experience in various specialised areas such as medical and surgical, orthopaedic, gynaecology, mental health, paediatric, and intensive care (Table 1).

Table 1: Sociodemographic characteristics of the respondents

Socio-demographic	Frequency (n)	Percentage (%)
Gender		
Male	17	13.5
Female	109	86.5
Year of study		
Year 2	26	22.0
Year 3	54	45.8
Year 4	38	32.2
Clinical nurse instructors	8	100

Descriptive Analysis of CLES-T

Table 2: Mean and Standard Deviation for each domain in CLES-T

Domain	Year 2	Year 3	Year 4	CNI
	Mean (SD)			
Clinical Learning Environment	3.54 (0.95)	3.52 (0.64)	3.92 (0.43)	4.25 (0.46)
Supervisory relationship	3.90 (0.65)	3.58 (0.64)	4.18 (0.54)	4.38 (0.52)
Nurse Teacher	3.92 (0.80)	3.67 (0.75)	3.97 (0.54)	4.36 (0.52)
Total score of CLES-T	3.75 (0.74)	3.63 (0.63)	3.99 (0.56)	4.25 (0.46)

Table 2 shows that majority of the students had positive perceptions of the clinical learning environment, supervision, and nurse teachers. All clinical nurse instructors also showed positive perceptions of the clinical learning environment.

Table 3 shows the relationship between levels of study and CLES-T scores. The levels of study of students are related to significant differences in the clinical learning environment, supervision, and overall mean scores of the CLES-T. The significance values of these relationships were tested with a Mann-Whitney U test. Being in Year 3 (Md=4, n=54) and Year 4 (Md=4, n=38), U= 667.00, z=-3.33, p=0.00 was found to have a significant effect on Domain CLE. In Domain SV, there were significant differences between Year 2 (Md=4, n=26) and Year 3 (Md=4, n=54), U= 517.00, z=-2.14, p=0.03 and Year 3 (Md=4, n=54) and Year 4 (Md=4, n=38), U= 541.00, z=-4.32, p=0.00. Finally, there was significant difference in the overall score on the CLES-T between Year 3 (Md=4, n=54) and Year 4 (Md=4, n=38), U= 733.5, z=-2.59, p=0.00 CLES-T.

DISCUSSION

As noted, one element that causes effective clinical learning among nursing students is good interpersonal relationships with supervisors and feeling part of the team (8, 15, 17). In contrast, dissatisfaction or negative experiences were seen when the staff nurses (supervisor) did not have any interest in teaching the nursing students (8, 18). Students also need to be accepted as a part of the team; previous studies have shown that student might not be able to learn if they are not appreciated and treated like workers (11).

Table 3: Relationship between levels of study and CLES-T

CLES-T	Mean Rank			X ²	P-value*
	Year 2 (n=26)	Year 3 (n=54)	Year 4 (n=38)		
Clinical Learning Environment (CLE)	56.50	52.13	72.03	10.15	0.01
Supervision (SV)	62.44	47.09	75.12	19.35	0.00
Nurse Teacher (NT)	63.75	53.23	65.50	4.36	0.11
Overall CLES-T	59.23	52.79	69.22	6.31	0.04

(n=118) *Kruskal-Wallis H Test, p-value <0.05 considered as significant at 95% confident interval.

In this study, both students and clinical nurse instructors had the same perceptions of the clinical learning environment. In contrast, previous studies have noted that staff are more favourable towards the clinical learning environment than students (11). The difference might be due to differences in settings between studies.

A reason for the differences related to level of study might be that students gain more experience as they undergo clinical placement repeatedly and are able to build stronger interpersonal relationships with their supervisors as they progress. Another reason for differences in satisfaction in students may be the duration of study and development of understanding of students in clinical learning. The understanding of nursing in the students gradually improves from sophomore to senior year as they progress from simple to complex matters and improve their critical thinking abilities (19). This means that as the students go through years of study and practice in nursing, they will develop better rationales and better understandings of nursing (3,9,11).

CONCLUSIONS

From this study, it can be concluded that nursing students at the Kulliyah of Nursing have good perceptions of the clinical learning environment. The clinical nurse instructors involved in the clinical placements also have positive perceptions. The Kulliyah provides sufficient support to develop a good clinical learning environment in term of supervision and nurse teachers. Despite this result, it has been suggested that more attention needs to be paid to some elements of the clinical learning environment, as some students still perceived it negatively. A good relationship with hospital management is needed to increase the satisfaction of students in the clinical learning environment. It was also noted that specialised areas need to be monitored, as the learning environments there might hinder the students' clinical learning experiences.

Further study needs to be done to identify which elements have associations with and stronger effects on clinical learning in nursing students. One suggestion is to compare this study with similar ones in other nursing institutions to identify the differences between those institutions. The type of clinical placement also requires further study. Finally, the effect of the clinical learning environment on students' achievement also requires further investigation.

CONFLICT OF INTEREST

The author declares that there was no conflict of interest in this study.

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CONFLICT OF INTEREST

The authors have no conflict of interest to declare with regard to this work.

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