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PERCEPTION OF CLINICAL ENVIRONMENT AMONG NURSING STUDENTS OF A PRIVATE COLLEGE OF NURSING IN PAKISTAN

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ABSTRACT

Objectives · To measure the perceptions of bachelors of science in nursing students about clinical learning environment ·To compare the perceptions of bachelors of science in nursing students among gender **Methodology:** An analytical cross sectional survey was carried out from June-2015 to December 2015 in a private college of nursing in Islamabad, Pakistan. A sample of 195 nursing student from bachelors of Science in nursing programs (116 Generic BSN & 79 Post-RN BSN Program) were selected purposively. Data was collected through trained data collector. An adapted with permission and self-administered Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) scale was used to collect the data. Data was analyzed by using SPSS Version 16.0, Ethical approval was taken from Institutional Review Board. Written informed consent was taken from participants. **Results** All the participants (195) were from two undergraduate programs; Generic BSN 59.5% (116) and Post RN BSN 40.50% (79). Overall 49.23% (96) nursing students were agreed to some extent with the clinical environment. The findings of study indicated pedagogical atmosphere agreement to some extent 45.13% (88); leadership style of ward manager agreement to some extent {91 (46.67%)}; nursing care on the ward and role of nurse teacher fully agree 21.54% (42) and supervisory relationship 20% (39). Supervisory relationship component score indicated highest level of disagree to some extent 14.36% (28) as compared to other components. Median score of each component remains four which indicates students' perception about clinical environment was high. Student regards quality of clinical environment in good category. The inferential statistics were carried out for gender association with CLES+T components. There was significant difference in pedagogical atmosphere Pearson Chi-square [(7.64, df(3), p(0.050)], supervisory relationship F-exact (24.19, df(4), p(0.000) and role of nurse teacher (23.7, df(4), p(0.000) however other two components; leadership style of ward manger and nursing care on the ward were not significant. **Conclusion** Strengthening the triad of student, supervisor and teacher could improve the clinical environment perceptions. Clinical learning is vital in nursing education as it forms the basis of clinical practice and patient care. Therefore, positive perceived environment is imperative for the nursing

students.

KeyWords: Nursing, Perception, Clinical environment

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INTRODUCTION

Nursing education is blend of theory, skills lab work and clinical practice. The prime goal of BSN program is to prepare students to work in the variety of clinical setting as novice practitioners. Clinical practice provides nursing students to learning from the real world experiences. Nursing skills need in the clinical setting with real patients is far more helpful than arranged scenarios in the labs or in a class room.[1] For that reason, learning from clinical is of more importance. In addition, clinical put into practice provides nursing students with the chance to gain practical knowledge as well as affective and psychomotor skills that are fundamental for them to be good professional.[2,3] In most nursing educational institutes, nursing students are deployed in clinical settings for approximately half of their educational period.[4] In Pakistan Bachelor of Science in Nursing (BSN) students spend 1539 hours[5] in four years of their study period. Moreover, full one year internship in hospital nursing practice environment under supervision. Therefore, clinical learning environment is corner stone, where BSN students prepare themselves to professionally enter into nursing practice. The post registered nurse (PRN) BSN students also spend 908 hours in their two year bachelor program.[6]

A clinical learning environment includes everything that surrounds the nursing students, including the clinical settings, the staff and the patients.[7] Several evidences suggested that clinical environment consists of many aspects including supervisory relationship between students and mentor/preceptor/teacher, the leadership style of the ward manager, the quality of nursing care on the ward and the climate and culture of the clinical environment. These aspects have been studied by many researchers since eighties.[8-10] A number of research studies show that the learning environment is a significant component with respect to clinical learning and learning outcomes.[11-13]

It is found that some clinical departments give priority teaching nursing students whereas some of them consider nursing students as aid or additional workers. Ward mangers are in best position to create conducive clinical learning environment and closely supervise learning of nursing students.[14-16] Since ward managers are involved in assessing patients' need for care, ensuring the things happened in reality[17], patient care activities assignments and supervising nursing students in their areas.[18]

Clinical experience is also significant for professional development and preferences for future workplaces for the students.[19,20] Working in a specified field may enable the students to choose and shine in their definite career ladder. Another study described that nursing students' satisfied experience in clinical areas may increase the recruitment of graduated nurses to particular clinical area.[21] This may perhaps reduce leakage and brain drain from the nursing profession.

The clinical learning environment mainly depends upon a supportive atmosphere based on psychological and pedagogical aspects.[8,10] This includes staff – student relationships and meaningful learning situations constituting a pedagogic atmosphere.[10] Professional interpersonal relations, support and feedback have an affirmative impact on the clinical learning environment. The professional relationship also creates and maintains a positive clinical learning environment for nursing students.[22]

Clinical supervision has diverse facets in clinical learning including; teaching practical skills, assessing and facilitating in acquiring clinical knowledge, giving feedback, bridging gap between theory and practical and building confidence in nursing student.[23-25] Furthermore, the supervisor helps students to socialize to the nursing profession. According to Löfmark & Wikblad[11] staff nurses' negative attitudes and behaviors have impact on nursing students' learning in clinical placements. Clinical supervision exclusively by practicing staff nurses or nursing faculty is highly discouraged and new model based on cooperation and collaboration between nursing faculty and staff nurses is of great interest in nursing training.[26-28] The supportive relationship of nursing staff with nursing students and nursing teachers contribute a lot in making clinical environment supportive for learning.[29-31] The students are encouraged and they perform in the clinical area with confidence. While, in the unwelcoming environment student continuously strive for acceptance rather learning areas.[32] The helped and supported nursing students view their clinical experience interesting, unchallenging and facilitate them to learn.[33, 34]

In a facilitative clinical environment, nursing students are assigned tasks according their capabilities. Otherwise, they might have unsatisfactory learning

experience upon restricting to take part in direct patient care and ward activities.[35]

The role of nurse teacher is highlighted in facilitating the nursing student to integrate theory to practice while they are practicing in the ward. Therefore, co-operation between the hospital and the nursing school is essential to ensure continued open communication and adequate team work.[36]

A review of literature described that in-spite of all this, nursing students have more positive and satisfactory perception of clinical environment and clinical practice in difference western countries[35, 37] but little has been explored in eastern part of the world. The objectives of this study were;

- To measure the perceptions of Bachelors of Science in nursing students about clinical learning environment of a private nursing college.
- To compare the perceptions of Bachelors of Science in nursing students among gender in private nursing college.

METHODOLOGY

Study Design and Duration: An analytical cross-sectional survey was carried out from June-2015 to December 2015

Study location and Population:
Undergraduate nursing students of Shifa College of Nursing were the study participants. Shifa College of Nursing is offering two undergraduate programs; Generic BS Nursing and Post-RN BS Nursing.

Sample Size and Methodology:
The census method was used for sample size determination. All students enrolled in Generic BSN and Post-RN BSN program were sample of this study. There were 116 in Generic BSN Program and 79 in Post-RN BSN Program so the total sample was 195 nursing students. Students were selected purposively in this study.

Data Collection:
Instrument:
The Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) scale is internationally accepted as valid tool for assessment of clinical learning environment in hospital setting (Tomietto et al., 2012). The more recent version of CLES+T, developed by Saarikoski et al., 2008. It is composed of 34 items which consists of five components of the clinical environment: 1) pedagogical atmosphere, 2) leadership style of the ward manager, 3) supervisory relationship, 4) premises of nursing care on the ward and 5) the role of nurse teacher. Each statement have five possible response options on Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The permission was obtained from Saarikoski to use CLES+T scale in this study.

Being the teacher in the same college data was not collected by the researchers to avoid any potential biases and influence on the students' voluntary participation. Therefore a data collector from the college staff was trained and briefed about data collection procedure. Data was collected through self-administered questionnaire (CLES+T).

Inclusion Criteria: All students of BSN & Post-RN BSN of College of Nursing

Exclusion Criteria:

- BSN year-I students because they did not have exposure to clinical area while this study was carried out.
- Students re-joining the college after semester/year freeze
- Students on leave for more than one month

Data Analysis Plan:
Data was validated before entry in SPSS Version 16.0. Description statistics applied to calculate the median, frequencies and percentages of demographic data and each components of CLES+T. Interquartile range with minimum and maximum values were obtained from the data. Chi-Square and fisher exact test was applied on components of CLES+T and gender to measure their association.

Ethical Consideration:
Ethical approval was taken from institutional review board (IRB) of Shifa International Hospital. Written informed consent was taken from the participants after explaining the study purpose, potential harm, study benefits, right to withdraw at any stage of study and volunteer participation. Strict protocols were set to maintain the confidentiality of the participants. Questionnaires were kept locked. The information was coded. The data entered to SPSS was protected by a password and access was only granted to researchers

TABLE 1:
Frequency (%) of program and classes according to their agreement status

CLES+T Components Pedagogical	Program	Year	Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
Atmosphere	BSN	II	0 (0)	2 (5.41)	15 (40.54)	14 (37.84)	6 (16.22)
		III	0 (0)	8 (21.05)	24 (63.16)	6 (15.80)	0 (0)
		IV	0 (0)	6 (14.63)	13 (31.70)	22 (53.35)	0 (0)
	PRN	I	0 (0)	1 (2.22)	11 (24.44)	26 (57.77)	7 (15.56)
		II	0 (0)	4 (11.76)	10 (29.41)	20 (58.82)	0 (0)
Leadership							
style of ward							
manager	BSN	II	0 (0)	2 (5.04)	14 (37.84)	17 (45.95)	4 (10.81)
		III	1 (2.63)	11 (28.95)	13 (34.21)	13 (34.21)	0 (0)
		IV	0 (0)	3 (7.32)	9 (21.95)	27 (65.85)	2 (4.88)
	PRN	I	0 (0)	2 (4.44)	9 (20.00)	22 (48.88)	12 (26.67)
		II	3 (8.82)	4 (11.76)	11 (32.35)	12 (35.29)	4 (11.76)
Nursing care							
on the ward	BSN	II	0 (0)	2 (5.04)	11 (29.72)	14 (37.84)	10 (27.03)
		III	2 (5.26)	8 (21.05)	8 (21.05)	15 (39.47)	5 (13.16)
		IV	1 (2.44)	5 (12.20)	15 (36.59)	14 (34.15)	6 (14.63)
	PRN	I	0 (0)	1 (2.22)	9 (20.00)	23 (51.11)	12 (26.67)
		II	1 (2.94)	6 (17.65)	7 (20.59)	11 (32.35)	9 (26.47)
Supervisory							
relationship	BSN	II	1 (2.70)	3 (1.00)	11 (29.72)	14 (37.84)	8(21.62)
		III	1 (2.63)	18 (47.37)	11 (28.95)	7 (18.42)	1 (2.63)
		IV	1 (2.44)	3 (7.32)	9 (21.95)	21 (51.22)	7 (17.07)
	PRN	I	1 (2.22)	0 (0)	13 (28.89)	15 (33.33)	16 (35.56)
		II	2 (5.88)	4 (11.76)	9 (26.47)	12 (35.29)	7 (20.59)
Role of nurse							
teacher	BSN	II	1 (2.70)	3 (1.00)	10 (27.03)	16 (43.2)	7 (18.92)
		III	4 (10.53)	7 (18.42)	19 (50.00)	8 (21.05)	0 (0)
		IV	1 (2.44)	4 (9.76)	10 (24.39)	20 (48.80)	6 (14.63)
	PRN	I	0 (0)	1 (2.22)	0 (0)	27 (60.00)	17 (37.78)
		II	1 (2.94)	3 (8.82)	7 (20.59)	11 (32.35)	12 (35.29)

until the completion of data analysis phase.

RESULTS

Descriptive and inferential statistics were obtained from 195 participants, having the response rate of 87.44%. All the questionnaires were checked for completeness and any errors. Not a single questionnaire was found incomplete. The study participants were 56.40% (110) female and 43.60% (85) male nursing students.

All the participants (195) were from two

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FIG 1.
Frequency of agreement on overall CLES+T and its components

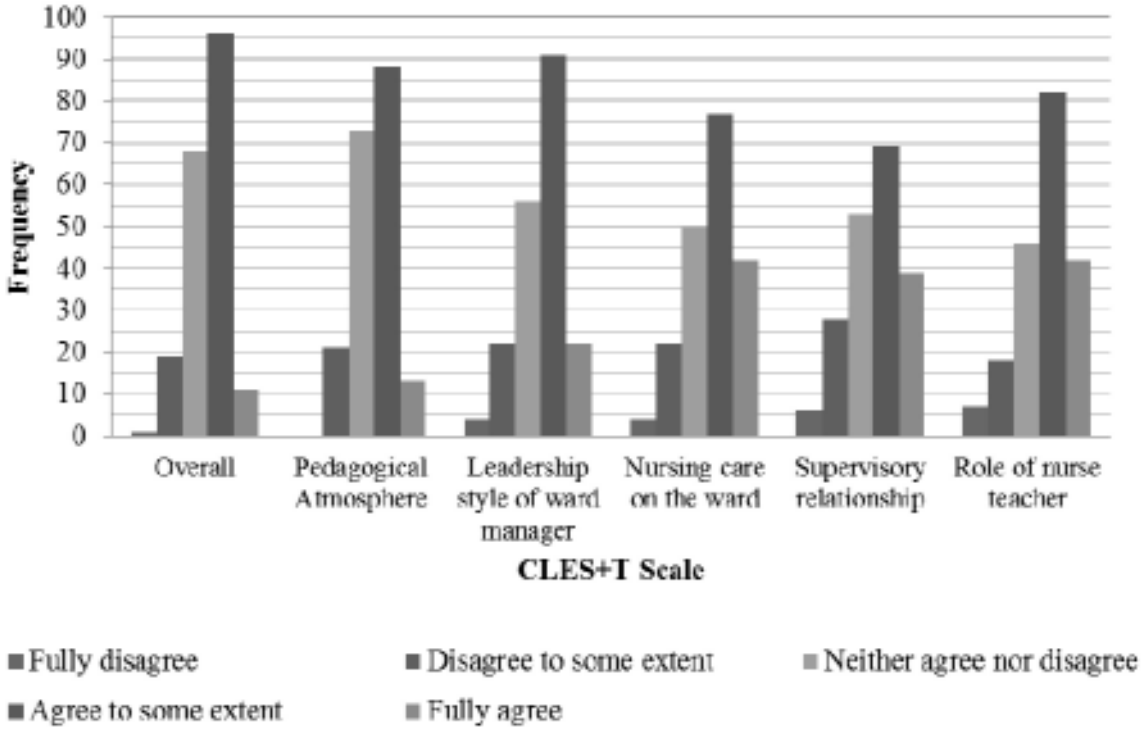


TABLE 2.
Interquartile and Min-Max value of CLES+T scale components

CLES+T Components	Interquartile Value			Min-Max Values	
	p 50	p 25	p 75	Min-value	Max-value
Pedagogical Atmosphere	4	3	4	2	5
Leadership style of ward manager	4	3	4	1	5
Nursing care on the ward	4	3	4	1	5
Supervisory relationship	4	3	4	1	5
Role of nurse teacher	4	3	4	1	5

undergraduate programs; Generic BSN 59.5% (116) and Post RN BSN 40.50% (79). Generic BSN program has further three classes; BSN-II (37), III (38) & IV (41) and PRN program has only two classes; PRN-I (45) & II (34). PRN-I has lowest number of participants and PRN-I has highest number.

Overall students were agreeing to some extent with all the components with few variations. Majority of the students from BSN-II & III {15 (40.54%) & 24 (63.16%)} neither agree not disagree but BSN-IV and PRN-I & II student agree to some extent in pedagogical atmosphere component. Students from all the classes agree to some extent with leadership style of ward manager. Most of the students from BSN-IV 15 (36.59%) neither agreed not disagree with nursing care on the ward. High percentage of only BSN-III students 18 (47.37%) perceived supervisory relationship negatively (disagree to some extent) but high percentage of PRN-

TABLE 3.
Association between gender and CLES+T scale components

CLES+T Components	Pearson Chi-Square	Fisher's Exact Test	df	p-value
Pedagogical Atmosphere	7.64	——-	3	0.050
Leadership style of ward manager	———	7.07	4	0.121
Nursing care on the ward	———	6.91	4	0.131
Supervisory relationship	————	24.19	4	0.000
Role of nurse teacher	———-	23.7	4	0.000

I students16 (35.56%) full agree with this component. BSN-III students 19 (50.00%) neither agree nor disagree with role of nurse teacher while PRN-II 12 (35.29%) fully agrees with role of nurse teacher. Other classes agree to some extent with this component.

Overall 49.23% (96) nursing students were agree to some extent with the clinical environment followed by 34.87% (68) neither agree not disagree. In Pedagogical atmosphere 45.13% (88) nursing student indicated agreement to some extent while (73) were neither agree not disagree. Leadership style of wad manager presented highest level of agreement to some extent {91 (46.67%)} among all the CLES+T components. Nursing care on the ward and role of nurse teacher scores highest percentage in fully agree 21.54% (42) in each component followed by supervisory relationship 20% (39). Supervisory relationship component score indicated highest level of disagree to some extent 14.36% (28) as compared to other components. Fig 1 contain detail information about agreement in five point scale in five components and one overall CLES+T scale.

Median score of each component remains four which indicates students' perception about clinical environment was high. Student regards quality of clinical environment in good category. Minimum value for pedagogical atmosphere is two and for all other components it is one. Maximum value for all the components is five. Differences in interquartile and Min-Max range are presented in table 2.

Pearson Chi square and Fisher Exact test indicated statistically significant differences among gender regarding three components of CLES+T scale; pedagogical atmosphere, supervisory relationship and role of nurse teacher however other two components; leadership style of ward manger and nursing care on the ward were not significant. Table 3 presenting these results is detail.

DISCUSSION

Demographic characteristics of the study participants were 56.40% (110) female and generic BSN 59.5% (116). Overall 49.23% (96) participants were agree to some extent with the clinical environment followed by 34.87% (68) neither agree not disagree. Leadership style of ward manager presented highest level of agreement to some extent {46.67% (91)} among all the CLES+T components while in pedagogical atmosphere 45.13% (88) nursing student indicated agreement to some extent, nursing care on the ward and role of nurse teacher scores highest percentage in fully agree 21.54% (42) in each component. Supervisory relationship component score indicated highest level of disagree to some extent 14.36% (28) as compared to other components. The supervisory relationship is weak among students and supervisor that could result in decrease motivation to learn and engage in patient care activities. Students rated higher the role of teacher at clinical. Therefore, synchronization among supervisor and teacher is imperative for facilitating the learning environment for the nursing students since majorly agreement with pedagogical environment. This is also evident in median score of CLES+T component remains four which indicates students' perception about clinical environment was high and regards quality of clinical environment in good category which in congruent with other studies from west which stated that nursing students have more positive and satisfactory perception of clinical environment and clinical practice.[35]

Generic BSN program has high number of students as compared to Post-RN in this study so this might have impact on some results like overall level of

satisfaction with clinical environment.

BSN-IV and PRN-I & II students spent more time at the clinical comparing to other groups of students and their agreement with pedagogical atmosphere is different. For that reason, they spend more time in clinical environment their perception would be more congeal. While other student would have not got enough time to adjust with the clinical environment though other components have their own impact. Environment could become more comfortable for those students who spend more time in it as they could adjust and learn from it. This could be one of the reasons that could not clearly indicate their agreement level on either side.

In clinical environment nursing students' learning mainly depends upon a supportive atmosphere based on psychological and pedagogical aspects.[4, 9] This includes staff – student relationships and meaningful learning situations constituting a pedagogic atmosphere.[10] Noteworthy, to convert student's mistakes into vital learning experience require patience and acceptance by nursing staff.[35]

Majority of the students were agree to some extent with leadership style of ward manager in making their clinical environment more learning which is similar to finding from various studies ward mangers create best conditions for clinical learning and closely supervise learning of nursing students in clinical areas.[14-16]

This study findings indicated that most of the students were agreed to some extent with the nursing care on the ward as good learning components of clinical environment which is contrary to findings of a study[11] negative attitude and behaviors of nurses has negative impact on nursing students learning in clinical areas.

High frequency of PRN-I students were fully agree with supervisory relationship however BSN-II & BSN-IV and PRN-II were agree to some extent with this component. These results were similar to evidences from literature that supportive relationship of nursing staff with nursing students and nursing teachers contribute a lot in making clinical environment supportive for learning.[29-31] On the other hand, students who perceive unwelcoming relationship struggle for learning.[32] Moreover, poor relationship with supervisor leads to poor clinical performance by nursing students.[38]

Most of the students were agreed to the role of teacher in making clinical environment as better place for learning. A study of South Africa has similar results role of lecturer is considered to be more positive by nursing students in clinical environment[36] while study from Sweden students perceived it negatively and gave low score to this component.[39]

Pedagogical atmosphere, supervisory relationship and role of nurse teacher have significantly associated with gender of participants. This difference might have been due to inequality in number of students in in both genders.

Study Limitation and recommendation

Study participants were from a private nursing college therefore it cannot be generalized upon overall nursing institutions in Pakistan. The public and private sector based study could highlight the overall perception of the nursing students about their clinical environment.

CONCLUSION

It is concluded that overall Post RN BSN showed more positive perceptions. There is also difference of perception among gender, females presented more positive perception. Regardless of good atmosphere perception, students perceived the role of teacher and immediate supervisor relationship as an important factor for making their clinical learning environment conducive. Increased contact time with the clinical practice shown to be related with more positive perception of clinical learning environment which is consistent with both bachelor programs. Strengthening the triad of student, supervisor and teacher could improve the clinical environment perceptions. Clinical learning is vital in nursing education as it forms the basis of clinical practice and patient care. Therefore, positive perceived environment is imperative for the nursing students.

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Authors contribution:
* Peincipal researher and collection of data ** Drafting the paper
*** Data analyysis
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