

# Perception of Nursing Students Regarding Clinical Learning Environment, Supervision (CLES)

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## Abstract

**Background:** In nursing education, clinical placement is a vital part of nursing students' education. The clinical learning environment is considered as first place of professional practice for nurses and student's opinion contributes to its improvement. The aim of the current study was to assess the perception of nursing students regarding clinical learning environment supervision in obstetric and gynecological department. **Method:** A quantitative research approach with descriptive survey research design was used to collect data from 222 nursing students using total enumerative sampling technique from September 2017 to April 2018. Clinical Learning Environment and supervision scale (CLES) was used to assess the perception of nursing students with their clinical learning environments. **Results:** The study results showed that the sub domain of supervisory relationship (90.62%) was having highest mean percentage and relationship between student, staff and teacher sub domain has lowest mean percentage (84.38%). The nursing students evaluated the sub domain of relationship between student, staff and teacher (22.07%) as 'need to improve' and integration of theory and practice (67.57%) as 'good.' There is significant positive co-relation between all domains of clinical learning and supervision.

**Conclusion:** It was found that the student valued supervision, pedagogical and learning environment. Majority of nursing students experienced the content of supervisory relationship was the most important dimension in CLES. This means that nursing students were oriented to unit settings/ wards by clinical instructor/teacher, they felt that they receive individualized supervision and continuous feedback and suggestions of improvement from clinical instructors/teacher and there were frequent bed side rounds.

**Key words:** Clinical Learning Environment & Supervision, clinical placement, obstetrics & gynecological nursing, nursing students.

## Introduction

The clinical learning environment is important in facilitating students to achieve their learning outcomes.

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Studies have shown that high quality of clinical learning environment and supervision has significant influence on the development of professional identity and competency<sup>1</sup> and clinical skills<sup>2</sup> among students. An effort to develop the quality experience within a supportive and pedagogically adjusted clinical learning environment is a concern for educational institutions<sup>2</sup>. Relevant studies revealed that quality of clinical learning environment usually depends on the quality of curriculum<sup>3</sup>, supportive relationship between student and mentor, peer support and sense of belonging<sup>4</sup> among

students. If students are welcomed, incorporated and appreciated in the clinical setting then the experience of clinical learning environment and supervision is considered as positive.<sup>5</sup>

The clinical learning environment and supervision is an interactive forces' network within the clinical setting that influence the leaning outcomes. It comprises everything that surrounds students and affects their professional development in the clinical setting<sup>4</sup>. When the students enter the unfamiliar area of the clinical setting, the atmosphere of this particular setting can have enduring influences on their learning experience<sup>2</sup>. The clinical learning environment can have a great influence in the development of the attitude, knowledge, skills, and problem solving ability of students who engage into this situation<sup>3</sup>. In addition, one to one supervision in the clinical setting has significantly increased students satisfaction. Although the basic premises for supervision include implementation, adequacy and effectiveness of supervision along with sufficient resources are dependent on the pedagogical premises of the work unit. Quality supervision is essential in which the individual learning needs and goals of the student are met<sup>6</sup>.

In this context, development of decent learning environment depends on five distinctive constructs: the ward's pedagogical atmosphere includes teamwork and personnel's interest in students' learning needs; the supervisory relationship constructs reflect the sense of trust, student/mentor equality and continual feedback. The third construct is leadership style which represents the relationship between ward managers, staff and the students. The premises of nursing on the ward refers to the organization of the nursing care and the role of teacher in clinical practice reflects the teacher's ability to minimize the theory practice gap.<sup>7</sup>

Mostly studies have been done in the hospital setting to explore the attitude, satisfaction and perception of health care students regarding clinical learning environment<sup>8</sup>. Nursing is a respectable profession and the acceptability of male nurses in the hospital setting has increased over the years. A study showed that the male nurses' student expressed discomfort in the beginning, low acceptance and more role strain than the females especially while providing care to the mothers in the obstetrical and gynecological ward<sup>9</sup>. It

is beneficial to understand expectation of the students for their clinical experience to provide a positive CLE and proper supervision<sup>6</sup>. Hence, the investigators felt the need to assess the nursing students' perceptions with their clinical learning environment and supervision in a selected college of Nursing of Mullana, Ambala, Haryana.

## Methods

A quantitative research approach was adopted with a descriptive survey design using the CLES ( $\alpha=0.89$ ) to collect data from nursing students. For the purpose of this study, required permission to use the CLES was obtained from its original developer through consecutive emails. CLES was developed and validated by Vikas Choudhary et al<sup>8</sup> which was designed to evaluate the nursing students' perceptions of clinical learning environment. The CLES scale has 53 items that classified into three dimensions 1. Clinical learning environment 2. Role of clinical instructor/ teacher 3. Supervisory relationship. Nursing students' were asked to score their perception of each item on 3-point likert scale i.e. 3 (Always), 2 (sometime), 1 (never).<sup>5</sup>

The ethical approval (IEC: 1307) for the study was obtained from the institutional ethical committee. Formal administrative approval was obtained from the Principal (M.M. College of Nursing, Mullana, Ambala, Haryana). Nursing students were explained the nature of the study and informed consent was obtained from the nursing students regarding their willingness to participate in the study.

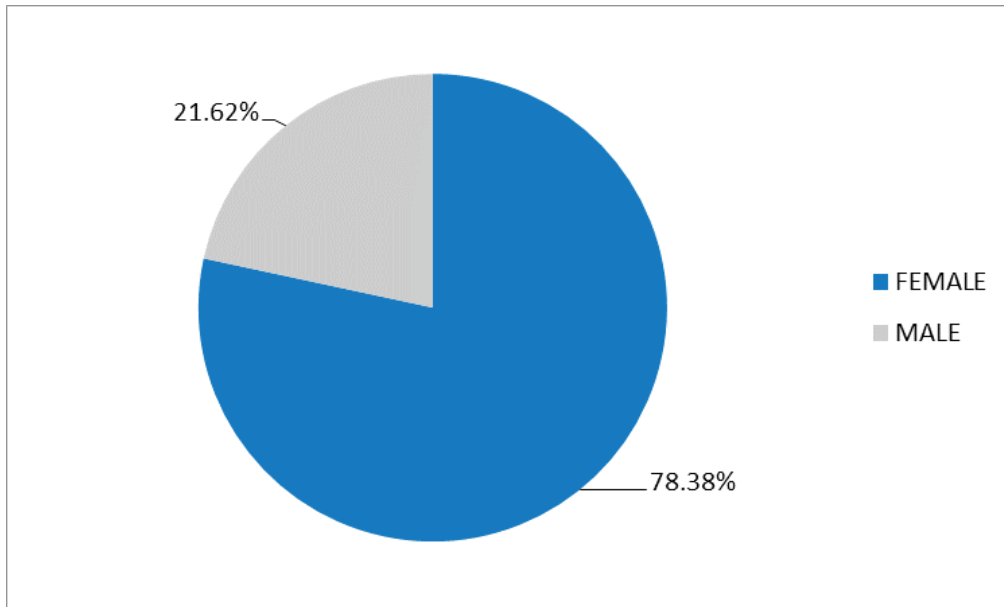
## Setting and sample

The study was conducted at M.M College of Nursing which has 1150 bedded parent hospital for clinical experience of nursing students. Study was conducted between September 2017 to April 2018. Total enumeration sampling technique was used to select nursing students (N=222) Completed their posting in obstetrics and gynaecology nursing department during this time frame. They were assigned to clinical placements in the obstetrics and gynecological area and were posted into antenatal ward, labour room, postnatal ward, and postnatal intensive care unit, feeding rooms, high risk room, septic room, obstetrics and gynecological outpatient department (OPD), obstetric & gynecological

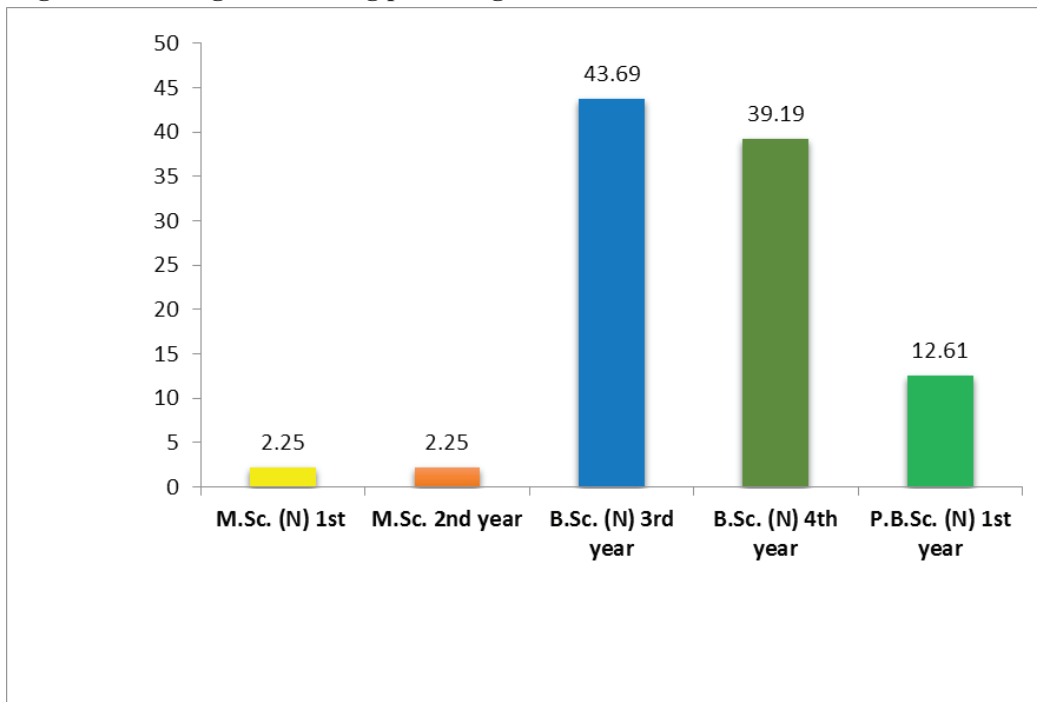
wards. The students spent 48 hours/week in the clinical area during their clinical placement and had teachers as their educational supervisor along with duty staff nurses. Data was collected after completion of their clinical posting in obstetrics and gynecology area via google form to get fair response and to maintain anonymity.

### Results

Data were entered in Microsoft Excel 2007 and using SPSS (Armonk, NY:IBM Corp) version 20 for analysis. Majority (78.38%) of the nursing students were females (**FIGURE 1**). Less than half (43.6%) of the nursing students were from B.Sc. Nursing 3<sup>rd</sup> year and only (2.25%) were from M.Sc. Nursing 1<sup>st</sup> and 2<sup>nd</sup> year. (**FIGURE 2**)



**Figure 1: Pie diagram showing percentage distribution of students in terms of Gender.**



**Table 1: Domain Wise Range, Mean, Standard Deviation, Mean Percentile and Rank of CLES**

N=222

CLES Domains	Sub domains	Range	Mean + SD	Mean percentile	Rank
The learning environment	Pedagogical environment	16-27	23.95 + 2.54	88.62	V
	Leadership style	06-15	13.44 + 1.74	89.58	IV
	Nursing care in ward	07-21	18.49 + 2.34	88.05	VII
Role of clinical Instructor	Integration of theory and practice	17-30	27.62 + 2.79	92.05	I
	Cooperation between nursing staff and teacher	03-09	8.19 + 1.18	90.99	II
	Relationship between student, staff and teacher	03-09	7.59 + 1.40	84.38	VIII
Supervisory Relationship	Occurrence of supervision	10-17	14.99 + 2.04	88.15	VI
	Content of supervisory relationship	16-33	29.91 + 3.16	90.62	III

Table 1 illustrates domain wise mean, standard deviation, mean percentage and rank of clinical learning environment & supervision (CLES) in obstetrics & gynecological area. The sub-domain with highest mean percentage indicated lowest deficit area and lowest mean percentage indicated highest deficit area. Hence, rank was given according to the scores which depicts that nursing students were highly satisfied with the integration of theory and practice in their clinical learning environment and were least satisfied by the student, teacher and staff relationship in their clinical leaning environment and supervision.

**Table 2: Frequency and Percentage Distribution of Nursing Students in terms of Level of CLES Scale**

Domains	Sub domains	Need to Improve		Average		Good	
		F	%	f	%	F	%
Learning Environment	Pedagogical environment	07	3.15	110	49.55	105	47.30
	Leadership style	31	13.96	63	28.38	128	57.66
	Nursing care in ward	27	12.16	78	35.14	117	52.70

**Cont... Table 2: Frequency and Percentage Distribution of Nursing Students in terms of Level of CLES Scale**

Role of clinical Instructor	Integration of theory and practice	12	5.41	60	27.03	150	67.57
	Cooperation between nursing staff and teacher	16	7.21	86	38.74	120	54.05
	Relationship between student, staff and teacher	49	22.07	102	45.95	71	31.98
Supervisory Relationship	Occurrence of supervision	32	14.41	79	35.59	111	50.00
	Content of supervisory relationship	14	6.31	63	28.38	145	65.32

Highest percentage of nursing students evaluated all the domains of clinical learning environment and supervision as a 'good'. Less than one fourth (22.07%) of nursing students evaluated relationship between student, staff and teacher as 'need to improve' followed by 14.41% of nursing students evaluated occurrence of supervision as 'need to improve'. Nearly half (49.55%) of nursing students evaluated pedagogical environment as 'average' followed by 45.95% of nursing students evaluated relationship between student, staff and teacher as 'average'. More than two third (67.57%) of nursing students evaluated integration of theory and practice and 65.32% of nursing students evaluated content of supervisory relationship as 'good'. It inferred that nursing students described that relationship between student, staff and teacher as weakest sub-domain and integration of theory and practice as a strongest sub-

domain. **(Table 2)**

#### Description of CLES subscale and it's domain

The mean value of the sum variables in the main sub domains that were measured on the likert scale varied between 2.53 to 2.76. The supervisory relationship (Mean=2.76, S.D. 0.03) and integration of theory and practice (Mean=2.76, S.D. 0.09) sub domain received highest evaluation. The lowest evaluation was in the sub domain of relationship among student, staff and clinical instructor (Mean= 2.53, SD=0.17). The leadership style, nursing care, integration of theory and practice, cooperation and relationship with students and supervisory relationship showed good reliability equals to or more than 70%) whereas reliabilities of occurrence of supervision and pedagogical environment were 0.47 and 0.69 respectively.

**Table 3: Bivariate Correlation between Total Perception and CLES Domains (N= 222)**

TOTAL PERCEPTION	PEDAGOGICAL ENVIRONMENT	LEADERSHIP STYLE	NURSING CARE IN WARD	ROLE OF TEACHER	SUPERVISORY RELATIONSHIP
SPEARMAN CORR. COEFFICIENT	0.888**	0.927**	0.898**	0.523**	0.862**
p-VALUE	<0.001	<0.001	<0.001	<0.001	<0.001

\*\* Correlation is significant at  $\alpha= 0.01$

Result of Spearman's Rho correlation coefficient was statistically significant between the overall perception and all of the five sub domain ( $p<0.001$ ). It inferred that overall nursing students perception was positively correlated with all the sub-domain of CLES scale. ( $p<0.001$ ) **(Table 3)**

**Table 4: Association of Gender and Clinical Learning Environment and Supervision among Nursing Students**

**N=222**

CLES Domains	Sub domains	Male		Female		Independent sample t-test	
		Mean	SD	Mean	SD	't' value	p value
The learning environment	Pedagogical environment	23.9	2.06	23.9	2.67	0.88	0.03*
	Leadership style	13.5	1.44	13.4	1.82	0.56	0.11 NS
	Nursing care in ward	18.4	1.9	18.4	2.4	-0.04	0.15NS
Role of clinical Instructor	Integration of theory and practice	28.3	1.7	27.4	2.9	2.2	0.00*
	Cooperation between nursing staff and teacher	8.4	.68	8.1	1.27	1.9	0.01*
	Relationship between student, staff and teacher	7.8	1.09	7.5	1.4	1.3	0.00*
Supervisory Relationship	Occurrence of supervision	15.6	1.4	14.8	2.1	2.4	0.00*
	Content of supervisory relationship	30.3	2.18	29.7	3.3	1.0	0.01*

**\* Association is significant at the 0.05 level (Independent t-Test)**

Table 4 exhibits association of gender with clinical learning environment and supervision among nursing students. For both genders, highest mean score was obtained for supervisory relationship and lowest mean

score for relationship between student, staff and teacher. All sub-domains showed significant association with gender (male and female) except leadership style and nursing care in ward which inferred that clinical learning environment and supervision were independent on leadership style and nursing care in ward.

**Table 5 :Association of Year of Study and Clinical Learning Environment and Supervision among Nursing Students**

N=222

Groups	Mean	SD	F value	p value
B.SC 3RD YEAR	149.5	9.5	15.26	0.00*
B.SC 4TH YEAR	136.5	15.2		
P.B.SC. 1ST YEAR	148.2	8.30		
M.Sc. 1ST YEAR	152.8	5.2		
M.Sc. 2ND YEAR	142.8	9.8		

Table 5 reveals association of year of study and clinical learning environment and supervision among nursing students. The highest mean score were reported in M.Sc. (N) 1<sup>st</sup> year and lowest mean was reported for B.Sc. (N) 4<sup>th</sup> year. Analysis of variance confirmed that there was a significant mean score difference for all domains among different year of study.

### Discussion

The clinical education is beneficial in preparing today novice nursing students to become tomorrow proficient health care providers. This study deals to assess nursing student's clinical learning environment and supervision in obstetric and gynecological nursing area.

The findings of the current study revealed that the total mean score of the CLES scale was 144.1 (89.27%), the participating nursing students have perceived their clinical learning environment in obstetrics and gynaecology nursing area as good.. Similar findings have been reported by Papastavrou E, et al.<sup>10</sup>, who assessed the nursing student's experiences and satisfaction toward their clinical learning environment and found good level of satisfaction.

Also, The findings of the present study are similar to what was reported by Sundler, et al.<sup>11</sup>, they examined

nursing students' satisfaction with their clinical learning environment and found that, the total mean score of CLES was good which indicate good satisfaction and good experience with the clinical posting in obstetric and gynecological nursing.

The present study reveals that the pedagogical environment and role of clinical instructor/teacher was found the most important domain and sub domain during clinical placement and was evaluated as 'good'. the results strengthen the importance of a good pedagogical atmosphere by Warne et al<sup>12</sup> and a positive learning environment by Antohe et al.<sup>13</sup>

Present study shows positive co-relation between all domains of clinical learning and supervision Similar findings depicts by Dunn SV<sup>14</sup> that clinical learning environments requires positive relations among the dimensions of clinical learning. This is in line with the findings of previous studies<sup>15,16</sup> which showed that CLE is related to the quality patient care and patient contact. It is confirmed by O'Driscoll MF et al.<sup>16</sup> that a task oriented approach to nursing care is considered as a barrier to students' learning.

Domain wise analysis of current study showed a surprising score that is (92.05%) of nursing students experienced the integration of theory and practice as the

most important dimension in CLES. This means that nursing students were oriented to ward /unit settings by clinical instructor/teacher, they felt that they have capability of more critical reflection of nursing practice and in-depth understanding of essential content of nursing competence and received continuous feedback and suggestions of improvement from clinical instructors/teacher. Levett-Jones et al.<sup>17</sup> approved that students need feedback and to maintain open communications with their faculty trainers. Research have shown that alert nurses who are in charge of designing practical placements leads to successful completion of learning outcomes in exact appointed approach among students.

The present study exhibits association of gender with all domains of clinical learning environment and supervision among nursing students. It reveals the significant mean score difference between male and female nursing student's similar findings revealed by Suriya Khatoon et al.<sup>18</sup> showed significant mean score difference between male and female students except premises of nursing domain.

**Limitations of the Study:** One of the limitations of the current study was that the participants were selected from one nursing College in Haryana. Perception regarding clinical placement is assessed only in one clinical area.

Nursing students represent the future nursing workforce, thus nursing education is an important investment for the quality of the provided clinical nursing care. During a nursing programme, students are systematically prepared to reach the minimum standards of 'competencies' on knowledge, attitude and skill in order to be certified for their professional capability.

Extensive researches can be conducted to compare the experiences of student nurses with their clinical learning environment, studying in different nursing colleges. The present study recommends that interventional studies may be conducted in the areas of satisfaction as expressed by student nurses and qualitative research may be conducted on a similar topic. Seminars and workshops should be organized for the mentors/ supervisors to understand the importance of team work and create a healthy clinical learning environment so that adequate preparation will be made to achieve educational objectives.

## Conclusions

Based on the findings of the study, it can be concluded that nursing students were highly satisfied with the integration of theory and practice in their clinical learning environment and were least satisfied by the student, teacher and staff relationship in their clinical learning environment and supervision. Nursing student valued supervision, pedagogical and learning environment. Therefore, careful understanding of students' satisfaction of their clinical learning environments essential to design effective teaching and learning process to meet learning objectives and to meet quality standards of nursing education and practice.

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**Conflict of Interest:** None

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