



Nursing Students' Satisfaction with Their Clinical Placement

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Authors' contributions

This work was carried out in collaboration between both authors. Author AA designed the study, wrote the protocol, supervised the work, and performed the statistical analysis. Author SAM carried out data collection. Author SAM wrote the first draft of the manuscript. Author AA managed the literature searches and edited the manuscript. Both authors read and approved the final manuscript.

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ABSTRACT

Introduction: Exposure to positive clinical learning experience influences the nursing students' knowledge, skills, attitudes, and interest in continuing the nursing profession. It is widely acknowledged that clinical placement evaluations while students are on placement is very useful for better understanding of what constitutes quality clinical education from the students' perspective to provide better educational experiences.

Aim: The aim of the study was to assess the nursing students' satisfaction with their clinical placement experiences and the degree to which their experiences are regarded as positive.

Methodology: A descriptive design was used for the purpose of the study at college of Nursing in the eastern region of Saudi Arabia. Students enrolled in clinical courses during 2010-2012 were included. Clinical placement evaluation form was used for data collection and students were asked to respond to three open ended questions asking them for the advantages and the disadvantages of each clinical placement and their suggestions for improvement.

Results: The majority of the students (75.6%) agreed or strongly agreed with statements rating their satisfaction with the clinical placement. However, students were dissatisfied with short clinical exposures, staff nurses role and evaluation process from the clinical instructors.

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Conclusion: Nursing students were found to be satisfied with their clinical placement but they highlighted negative areas that could be taken into consideration by the faculty members, clinical instructor, clinical staff as well as students to enhance the learning that takes place in the clinical setting.

Keywords: Nursing; clinical placement; satisfaction.

1. INTRODUCTION

The clinical setting is one of the most valuable educational resources available to nursing schools [1]. It is an essential element to the successful preparation of registered nurses [2-5]. The clinical experiences gained at these clinical settings provide nursing students with the opportunity to combine cognitive, psychomotor, and affective skills [6]. It enhances students' professional responsibility; assist students with self-directed learning and acquiring decision making and problem solving skills [7]. In clinical placement, students are able to transfer knowledge from classroom to real-life situations and apply theory into practice. Additionally, students distinguish between different settings, internalize learning and develop self-monitoring skills [8].

The challenges confronting nurses in today's rapidly changing health care environments have highlighted the necessity for graduating students to feel both competent and prepared for practice. This necessity has in turn highlighted the increasing significance of the nature and quality of student clinical learning experiences [9,10]. Therefore, nurse educators should provide clinical placements that offer a positive learning environment to support the achievement of clinical learning outcomes [11,12]. Clinical placements need to be positive and valuable experience [13] and in an environment conducive to learning to promote students' personal and professional growth. Moreover, supportive clinical placements nurture meaningful learning experiences. Exposure to positive clinical learning experience has an influence on nursing students' knowledge, skills, attitudes, and interest to continuing in nursing profession. Additionally, research findings suggesting that nursing graduates are more likely to seek employment in clinical settings in which they had positive experiences as students [14,15].

The clinical placement environment is dyadic in nature. It includes the ward atmosphere, the culture and the complexities of care, and the supervisory relationships between students, clinical and school staff [16]. Factors affecting the

learning placement experience of nursing students were reported in a recent research study [17]. These factors were either related to: (1) student nurse experiences of clinical learning environments, (2) the supervision provided by qualified nurses in clinical placements, and (3) the level of interaction between student and nurse teachers.

Early studies examined multiple facets of student learning in clinical placement and demonstrated the complexity and demanding nature of the clinical environment, indicating that this area of learning is unpredictable and far beyond the control of faculty members [18-20]. Other studies questioned the effectiveness of clinical settings, claiming that they fail to provide students with positive examples of behavior [21] and even recognized it as a source of stress, creating feelings of fear and anxiety which in turn affect the students' responses to learning [22-24]. Literature reveals a considerable overlap between the different roles of ward managers, suggesting that the educational role is neglected [20,25].

More recent international studies found that the leadership style of the ward manager remains an important element of learning [17] and others support that cultural and organizational factors in the ward often influence students' learning experience [26,27].

Empirical studies concentrated on the supervisory relationships and supervision that takes place with an individual supervisor or in a group [17]. Terms like "mentor", "preceptor" and "link teacher" are extensively explored to describe a supervisory role and the one-to-one relationship between student and mentor, or individualized supervision was found crucial to the process of professional development [28-31]. Other studies focused on staff-student relationships and the impact this relationship has on students' learning [23,32-34]. Poor staff relationships, lack of staff commitment to teaching, autocratic and hierarchical relationships, lack in the student-supervisor relationship were found as obstructive factors for learning, whereas feeling part of the team is

closely linked to the opportunity to learn [23,30,32,35]. It is also argued that the practice experience may not be an educational experience because learning methods like reflection that advance student nurses' intellectual development are not actually implemented [26,35].

One mean to identify and evaluate the factors affecting the effectiveness of clinical placement learning experience is to look at the clinical experience through the students' eyes [10]. It is very useful to assess the clinical learning experiences while students are on placement. It is widely acknowledged that placement evaluations are useful and valuable strategy to adopt [36]. Through this evaluation, all involved parties can better facilitate students learning. Evaluations will provide students an opportunity to reflect and examine issues of practice, enable them to focus on particular concerns, such as adequate orientation, availability of assistance from staff members. It also will allow students to express their general satisfaction or dissatisfaction with clinical placement. Not only students will benefit from clinical placement evaluation, but also the educational institution and the nursing services as well.

The evaluation of the nursing students' clinical placement experience will provide an opportunity for collaboration and development of collegial relationship between the educational institution and nursing services in the clinical site. Feedback from students' clinical placement evaluation will be shared with nursing services to better facilitate students' clinical placement through planning, resources allocation and monitoring of clinical placements. Therefore, to provide useful insight into the undergraduate student clinical placement, the current study aims to assess the nursing students' satisfaction with their clinical placement experiences and the degree to which their experiences are regarded as positive.

2. MATERIALS AND METHODS

The current study aims to assess the nursing students' satisfaction with their clinical placement experiences and the degree to which their experiences are regarded as positive.

2.1 Design

Descriptive design using a self-administered questionnaire was utilized.

2.2 Subjects

The target population was all nursing students enrolled in nursing courses with clinical placement during the last two academic years (2010-2011, & 2011-2012) at the college of nursing. Three groups of students were enrolled in clinical courses and that was as follow:

2.2.1 The first group

The first group was stream1 students (high school graduates) level 5 and they were enrolled in one clinical course; nursing care of adult1 during fall 2011-2012; and that was their first clinical exposure.

2.2.2 The second group

The second group was Stream 2 students (graduate of baccalaureate of science) level 3 and they were enrolled in two clinical courses; nursing care of adult 1 and nursing care of adult2 during fall 2011-2012; and that was also their first exposure to clinical settings.

2.2.3 The third group

The third group was stream 2 and were enrolled in 2 clinical courses; nursing care of adult 1 and nursing care of adult 2 during fall 2010-2011 (level 3), and in three clinical courses; nursing care of children and their families, nursing care of childbearing women and mental health nursing during spring 2010 – 2011 (level 4), and in three clinical courses; critical care, nursing management, and community health nursing during fall 2011-2012 (level 5). Each student in the first group (19 students) rotated through 5 clinical placements thus a total of 95 responses could have been expected from the first group. Eighty responses could have been expected from the second group (16 students) as they rotate through 5 clinical placements. Eighty responses could have been expected from the third group (10 students) as they rotated through 8 clinical placements. The total sample should have consisted of 255 responses. Students followed different clinical teaching models during their clinical placement; preceptor, nurse buddy, and clinical teaching instructor model.

2.3 Instrument

Data was collected using The Clinical Placement Evaluation Form (Appendix 1) developed by Penman and Oliver for the purpose of evaluating

the clinical venues providing placement for the Discipline of Nursing and Rural Health nursing students [1]. The form is a 12 items structured questionnaire. The questionnaire includes items related to the students' satisfaction with the general environment of the venue (item 1 & 8) and the support provided by the staff (item 9). The questionnaire provided information about the capacity of the venue to meet learning objectives (item 3), afford learning opportunities (items 4, 5, 6, & 11), and provide orientation to students (item 7). Also students were reporting the impact of the placement on their confidence level (item 10) and perceived value of the clinical placement for other students (item 12). Students readiness for the placement was also reported (item 2). Students' response for each item was rated on a Likert scale from 1 to 5, where 1 indicating strongly disagrees while 5 indicating strongly agree. The questionnaire was validated by the revision of experts in the field of clinical teaching. Three open ended questions were added to the instrument where students can express the advantages, disadvantages of the clinical placement and recommendations for improvements.

2.4 Ethical Considerations and Data Collection

The proposal was approved by the research committee at the College and an IRB approval from National Guard Health Affairs IRB committee was granted on May 2013. Participation in the study was voluntary and anonymously. Return of the completed survey implied consent to utilize the data for research purposes, including publishing the findings. Confidentiality and anonymity were maintained throughout the study. All college students were approached at the end of each clinical placement and invited to participate in the study after explanation of the purpose. Students were asked to fill in the clinical placement evaluation questionnaire at the end of each clinical placement rotation for each clinical course they were enrolled in. The questionnaire was explained for all students to clarify any unclear sentences.

2.5 Data Analysis

Data was analyzed using SPSS version 17 for the quantitative data (means, standard deviations, frequencies, percentages, and ranges). Qualitative data was analyzed by

grouping responses into themes by the authors and an expert faculty in clinical teaching.

3. RESULTS AND DISCUSSION

A total of 45 students were approached to participate in the study. A total of 255 responses were expected from all of the students' clinical rotations. Only 205 surveys were returned, giving a response rate of 80%. Of these responses, 79 responses from stream 1 level 5 students, 84 responses from stream 2 level 3, 21 responses from stream 2 level 4 and 21 responses from stream 2 level 5. Students were rotated to different clinical areas. Fig. 1 illustrates the percentage of students rotated through various placement settings which included medical, surgical, critical, nurse clinic, pediatric, maternity, psychiatric, primary health care clinics, and nursing management while students shadow a nurse manager in different settings. Clinical courses were 3 credit clinical hours with placement of one day a week with mean duration of 3.3 ± 1.7 days in each clinical rotation.

Table 1 shows the overall satisfaction of the clinical placement and Table 2 highlights the responses of students according to the different clinical area. It can be seen from Table 1 that students were satisfied overall with the clinical placement (75.6%), the students were particularly positive (70% and above) about the clinical experience enhancing their clinical skills, supporting their professional growth, and the staff willingness to assist their learning. However, Table 2 highlights certain areas where students were more satisfied or dissatisfied with the clinical placement. Areas with highest satisfaction were found in nursing clinic placement followed by pediatric unit placement. Areas with least satisfaction were found in nursing management followed by psychiatric placement Fig. 2.

Quotes from the qualitative part were identified. The quotes presented highlight the reasons for dissatisfaction with the clinical placement. Some of the significant remarks from the students were: "The clinical placement for each rotation is too short, we could not get familiar with the unit"; "Hope to spend more time in clinical to have maximum advantage of learning"; "Nursing staff are always busy with their duties and they are unable to have both education and service role"; "Some staff nurses are willing to and interested in helping students in clinical placement but they are not aware of the skills and strategies necessary in clinical education and are not

prepared for their role to act as an instructor”; “we did not learn much, we were not allowed to practice many nursing procedures”; “The instructors have a more evaluative role than a teaching role”; “The instructor should ensure that the student has practiced in all clinical procedures more than once before coming to the clinical area and before evaluation”; “There should be a clear plan for the clinical assignment”; “Try to find cases in the hospital similar to each lecture to see and understand them clearly”; and “Concentrate on clinical practice in hospital more than theory”. Students also had expressed a positive response to the placement of nurse lead clinic as they mentioned that they have learned many nursing procedures in the nursing clinic.

A better understanding of what constitutes quality clinical education from the students’ perspective would be valuable in providing better educational experiences [10]. The current study aimed at evaluation of nursing students’ satisfaction of their clinical placement experience during the 2010, 211-2012 academic years. What was extremely positive in this evaluation was that the majority of the students were satisfied with the clinical rotations they been through in relation; the general environment of the venue, the support provided by the staff, the capacity of the venue to meet learning objectives, afford learning opportunities, orientation provided, the impact of the placement on their confidence level and the value of the clinical placement for other students.

Although the study revealed an overall satisfaction with the clinical placement, there is a need to highlight the aspects that students found disadvantaged their clinical experience in the clinical setting.

Students indicated that they need more support from the clinical staff, as about 30% of them indicated that the staff was neither willing nor available to help them to learn. Nursing students always value the support provided by the nursing staff at the clinical unit [37]. The impact of clinical staff mentor and support on students positive learning experience cannot be overestimated, they play a major role in influencing the nature of the practice environment and support provided in this learning experience, this support foster students independence and self-reliance. This ultimately, affects the quality and competency of the newly graduated nurses. Additionally, Dunn and Hansford recommended that registered Nurses (RNs) working on wards in which students undertake clinical learning experiences should be adequately prepared and supported for their role in student learning [32]. Students also made recommendation about the role of the clinical instructor or the clinical faculty. Students pointed they felt that the instructor role was more toward evaluation which was a stress itself more than support at the clinical area. They also wanted to have the instructor emphasis on the teaching rather than the evaluation.

Table 1. Nursing students’ satisfaction with the clinical placement overall (N=205)

Survey Item	Students’ responses N (%)	
	Unsatisfied (strongly disagree, disagree, and neutral)	Satisfied (strongly agree, and agree)
Overall, the clinical placement was a pleasant learning experience.	50 (24.4%)	155 (75.6%)
I felt well prepared for the placement	50 (24.4%)	155 (75.6%)
I met my objectives to my satisfaction	81 (39.5%)	124(60.5%)
The placement assisted my learning	67 (37.1%)	129 (62.9%)
The placement enhance my clinical skills	60 (29.3%)	145 (70.7%)
The placement was supportive of my professional growth.	59 (28.8%)	146 (71.2%)
There was adequate orientation provided.	64 (31.2%)	141 (68.8%)
I was expected by the venue	84 (41.0%)	121 (59.0%)
The staff members were very willing and available to assist my learning.	60 (29.3%)	145 (70.7%)
As a result of my experience, I feel confident working in this venue.	74 (36.1%)	131 (63.9%)
There were many learning opportunities for me in this venue.	55 (26.8%)	150 (73.2%)
The clinical experience would benefit the other students	65 (31.7%)	140 (68.3%)

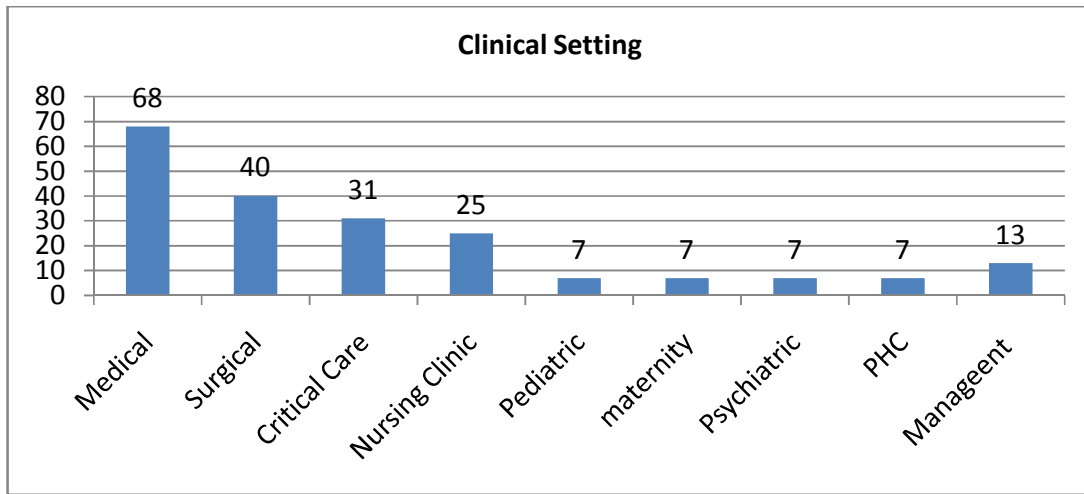


Fig. 1. Percentage of students' responses by clinical settings

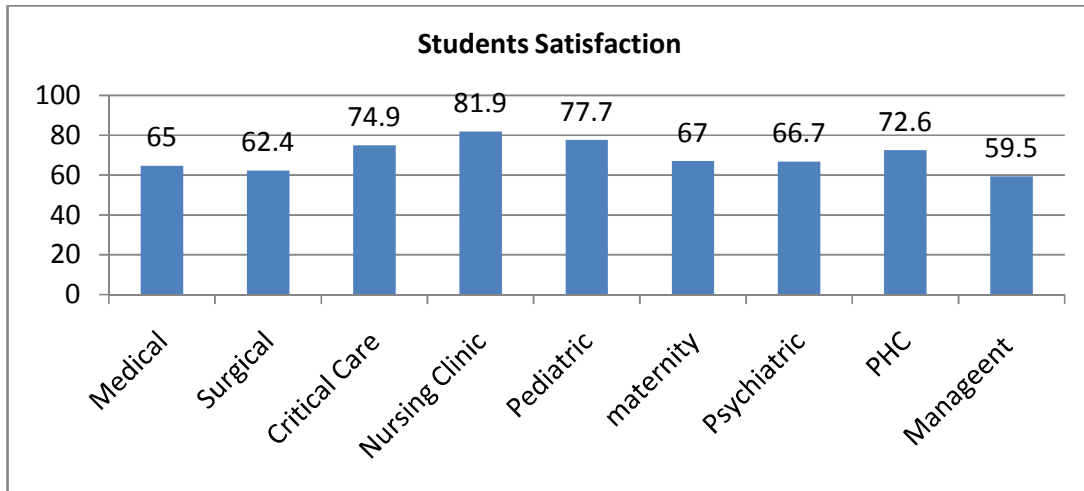


Fig. 2. Mean percentage of students satisfaction for each clinical setting

The role of the clinical faculty is a dynamic one that needs active engagement in identifying the needs of the student in order to ensure that students become competent, professional, knowledgeable and caring in their approach [38]. Literature indicates that there are however no clear answers around various aspects of supervision including the issue of optimal length and frequency of supervision [17,39]. Whilst observation and evaluation are necessary aspects of the clinical learning environment, they should be performed in a supportive, non-threatening manner and be used for formative guidance, not just summative evaluation [22]. The method of supervision, the number of separate supervision sessions and the

psychological content of supervisory contact within a positive ward atmosphere were reported that they are the most important variables in the students' clinical learning [17]. This again emphasizes the importance of utilizing clinical facilitators who are competent and skilled and who know how and what to teach. Students should not feel that someone is looking over their shoulder waiting for the opportunity to criticize. Instead they should feel that they have immediate help and support available to guide them through difficult tasks at any time they need it. Students' feelings of incompetence can be decreased by creating a climate for learning where less than perfect 'behavior' is acceptable.

Table 2. Distribution of students' satisfaction with clinical placement by the clinical setting / (N=205)

Survey item	Medical (n=139) %	Surgical (n=82) %	Critical (n= 63) %	Nurse clinic (n=51) %	Pediatric (n=14) %	Maternity (n=14) %	Psych (n=14) %	PHC (n=14) %	Management (n=26) %
Overall, the clinical placement was pleasant	(102)73.6%	(59)72.5%	(53)83.9%	(49)96%	(12)85.7%	(10)71.4%	(10) 57.1%	(10)71.4%	(12)46.2%
I felt well prepared for the placement	(78)55.9%	(43)52.5%	(45)70.9%	(39)76%	(10)71.4%	(12)85.7%	(11)75.5%	(6)42.9%	(10)38.5%
I met my objectives to my satisfaction	(82)58.8%	(47)57.5%	(47)74.2%	(33)64%	(10)71.4%	(12)85.7%	(10)71.5%	(8)57.1%	(14)53.9%
The placement assisted my learning	(104)75.1%	(51)62.5%	(49)77.4%	(39)76%	(12)85.7%	(8)57.2%	(8)57.2%	(8)57.1%	(16)61.5%
The placement enhance my clinical skills	(102)73.5%	(62)75%	(47)74.2%	(39)76%	(12)85.7%	(10)71.4%	(8)57.2%	(10)57.2%	(10)38.5%
The placement was supportive of my growth.	(86)61.7%	(49)60%	(53)83.8%	(45)88%	(12)85.7%	(12)85.7%	(8)57.2%	(8)57.1%	(14)53.9%
There was adequate orientation provided.	(74)52.9%	(41)50%	(43)67.7%	(35)68%	(10)71.4%	(6)42.9%	(10)71.5%	(12)85.8%	(16)61.5%
I was expected by the venue	(80)57.4%	(55)67.5%	(47)74.2%	(43)84%	(14)100%	(10)71.5%	(12)85.8%	(14)100%	(20)77%
The staff members were very willing and available to assist my learning.	(83)60.3%	(39)47.5%	(47)74.2%	(45)88%	(8)57.2%	(8)57.2%	(8)57.2%	(12)85.7%	(16)61.6%
As a result of my experience, I feel confident working in this venue.	(94)67.6%	(57)70%	(47)74.2%	(45)88%	(12)85.7%	(12)85.7%	(10)71.4%	(12)85.8%	(16)61.5%
There were many learning opportunities for me in this venue.	(92)66.2%	(53)65%	(47)74.2%	(41)80%	(8)57.2%	(10)71.5%	(10)71.4%	(10)57.1%	(16)61.6%
The clinical experience would benefit the other students	(96)69.1%	(53)65%	(47)74.2%	(46)90%	(10)71.5%	(8)57.2%	(10)71.4%	(10)71.4%	(16)61.6%
Weighted mean ± SD	64.8±7.2	62.4±8.5%	74.9±4.4	81.9±9.1	77.7±12.3	67±13.6	66.7±9.2	72.6±13.3	59.5±10.6

It was concerning to note that more than half of students in nursing management course indicated that the placement was not pleasant, the placement did not enhanced their clinical skills and they felt not well prepared for the clinical placement. This results might be due to the nature of the nursing management subject as it has a newly taught hard concept as well as some of the students had to register for the course without taking any previous clinical course. Although this is a concern that need further exploration by the college we also need to note that 60% or more of the students in the Nursing Management Course indicated that there were many learning opportunities in the placement as well as they felt confidence at the end of the placement. The question arise her whether confidence related to knowledge. However other studies have reported that students have express concerns about preparation for the clinical placement and recommendations were made to address the concerns for their particular setting [1].

4. CONCLUSION

The study gets the attention to the many positive as well as negative aspects of the clinical experience of the nursing students at the college. It raises the need for collaboration between the higher education and health care sectors to make the clinical learning environment best meet the needs of undergraduate nursing students. This collaboration should aims to establish creative models for clinical education which take into account current health and education so reforms. A nurturing and supportive environment can be created when organizational aims of the service and educational sectors are merged in a climate that encourages collaborative learning, trust and mutual respect [40].

Opportunities should be made available for students to reflect and verbalize their feelings about their clinical experiences, positive or negative using innovative exploratory methods such as contracts and reflective diaries [41].

5. LIMITATIONS OF THE STUDY

Because of the small number of the students at the college and the limited clinical sites further studies need to be conducted with larger sample and in different settings.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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APPENDIX

Appendix 1. Clinical placement evaluation form

	Strongly disagree			Strongly agree	
1) Overall, the clinical placement was a pleasant learning experience.	1	2	3	4	5
2) I felt well prepared for the placement	1	2	3	4	5
3) I met my objectives to my satisfaction	1	2	3	4	5
4) The placement assisted my learning	1	2	3	4	5
5) The placement enhance my clinical skills	1	2	3	4	5
6) The placement was supportive of my professional growth.	1	2	3	4	5
7) There was adequate orientation provided.	1	2	3	4	5
8) I was expected by the venue	1	2	3	4	5
9) The staff members were very willing and available to assist my learning.	1	2	3	4	5
10) As a result of my experience, I feel confident working in this venue.	1	2	3	4	5
11) There were many learning opportunities for me in this venue.	1	2	3	4	5
12) The clinical experience would benefit the other students	1	2	3	4	5

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