



Clinical education

Nursing students' learning dynamics and influencing factors in clinical contexts

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ABSTRACT

Clinical placements are essential for students to develop clinical skills to qualify as nurses. However, various difficulties encountered by nursing students during their clinical education detract from developing clinical competencies. This constructivist grounded theory study aims to explore nursing students' experiences in clinical nursing education, and to identify the factors that influence the clinical education students receive. Twenty-one individual and six group semi-structured interviews were conducted with sixteen fourth year nursing students and four registered nurses. This research identified six factors that influence nursing students' clinical education: interpersonal, socio-cultural, instructional, environmental, emotional and physical factors. The research has developed a dynamic model of learning in clinical contexts, which offers opportunities to understand how students' learning is influenced multifactorially during clinical placements. The understanding and application of the model can improve nursing instructional design, and subsequently, nursing students' learning in clinical contexts.

1. Introduction

Nursing is a practice-based profession and therefore learning within clinical environments is imperative to pre-registration nurse education. Through clinical placements, nursing students acquire practical skills and theoretical knowledge whilst developing their professionalism in real clinical environments (Moscaritolo, 2009).

Clinical environments have become more complex in recent decades and the dynamics of nursing education in those environments have, accordingly, become complex as well. As a result, there is a need for nursing educators to gain an understanding of nursing students' needs during clinical placements to effectively support their education (Flott and Linden, 2016). While existing nursing literature, such as Levett-Jones et al. (2009) and Melincavage (2011), has explored nursing clinical placements and identified the factors that influence placement experiences, research that holistically explores the complex dynamics of clinical nursing education is limited. This study explores nursing students' experiences during clinical placements in South Korea (hereafter Korea) to identify and understand the dynamics of their learning in clinical environments.

1.1. Background

In the education of nursing practice, nursing students are given opportunities to conduct experiential learning in university laboratories and/or real clinical environments in order to develop their practical competencies. This can also be called clinical education, clinical practicum, clinical training or practice placements.

There is international consensus in the nursing literature that clinical placements are indeed an essential part of nursing education (Flott and Linden, 2016; Levett-Jones et al., 2007; Yamada and Ota, 2012). Parker and Wadley (2015), defined nursing clinical placements as “where a nursing or midwifery student applies their knowledge to practice, learns key skills and achieves the required competencies for registration ... Learning in the contextual setting of clinical practice enables students to confront many of the challenges and issues related to caring” (p.123).

By undertaking clinical placements, nursing students are expected to develop clinical competencies, which include problem-solving skills (Ehrenberg and Häggblom, 2007). Additionally, clinical experiences can strongly influence the development of their professionalism in nursing fields and help them to smoothly transition and adjust to the workforce after qualifying as a nurse (Dinmohammadi et al., 2013). Due to the importance of clinical placements, the Royal College of Nursing (2017) reported that the United Kingdom and other European

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countries conduct 2300 h or more for nursing clinical placements, and that clinical placements can take up to half of the students' whole nursing education in those countries (Warne et al., 2010).

In Korea, most nursing schools provide a four-year baccalaureate degree programme. All nursing schools must meet the criteria set for the baccalaureate programme by Korean Accreditation Board of Nursing Education (2016). The board recommends that nursing students should earn 25 credits in liberal art courses, 18 to 26 credits of foundation nursing courses (e.g., anatomy and biology), and 70 to 90 credits are required for core nursing courses (e.g., paediatric and adult nursing). Clinical placements are also included in the core nursing curricula and nursing students are required to spend a minimum of 1000 h on placements (Korean Accreditation Board of Nursing Education, 2016). Nursing students usually start clinical placements from their third year. The recommended clinical placement hours are similar to that of the USA and Australia, but far fewer than that of the UK and EU countries where 2300 h are required (Royal College of Nursing, 2017; National Council of State Boards of Nursing, 2006; Levett-Jones et al., 2008).

Clinical education is mainly provided by nursing staff, while university lecturers play a more indirect role (Barrett, 2007; Stokes and Kost, 2012). As nursing students spend many hours with nurses in clinical environments, nurses play a key role in nursing students' clinical education. However, reports in international nursing literature indicated that many nursing students experienced difficulties adjusting to and learning in clinical environments due to the lack of clinical experience, limited opportunities to put their knowledge to practice, and the unfamiliarity and complexity of clinical environments (Chernomas and Shapiro, 2013; Lapkin et al., 2010; Lim, 2011). These difficulties are associated with their lack of clinical competencies, and also increase the students' anxieties in clinical environments (Chernomas and Shapiro, 2013). Moreover, newly-qualified nurses with insufficient clinical competencies and nursing knowledge may experience a reality shock at their new workplaces and thus consider resigning from their post (Duchscher, 2009; Kumaran and Carney, 2014). Therefore, these difficulties should be addressed to improve and better nursing education. However, there is a dearth of research that explores holistically how different factors can cause difficulties in nursing students' learning process in clinical contexts.

2. The study

2.1. Aim

To explore nursing students' experiences of clinical placements in Korea and to identify the factors that influence their learning during clinical placements.

2.2. Design

Grounded Theory offers a chance for the construction of a theory via the inductive use of data from participants (Creswell, 2007). In particular, constructivist grounded theory (CGT) methodology is "suitable for studying individual processes, interpersonal relations and the reciprocal effects between individuals and larger social processes" (Charmaz, 1995, p.28–29). This research adopted a qualitative research design guided by CGT (Charmaz, 2014) as this research aimed to explore nursing students' learning dynamics in clinical environments by identifying individual and contextual factors that influence the dynamics.

2.3. Participants

A purposeful sample of 16 nursing students from four nursing schools in Seoul, Korea was recruited to understand the students' experience of clinical placements. The inclusion criteria were nursing students who 1) were enrolled in a nursing baccalaureate program and

2) had clinical placement experience. The exclusion criteria were nursing students who 1) were already registered nurses but studied in nursing undergraduate programmes to earn a nursing bachelor degree and 2) had experience of global nursing clinical placements. In addition, the theoretical sampling of Grounded Theory allows us to recruit four nurses for interview.

While carrying out the student interviews, we decided to recruit an additional four nurses who worked in tertiary hospitals and have provided clinical placement education in their hospitals to the nursing student participants in this research. This is because through the student interviews, we identified that nurses were key persons who influence students' learning in clinical contexts (i.e., theoretical sampling strategy of CGT) (Charmaz, 2014). We expected that the interviews with nurses would act as a supplement to gain an in-depth understanding of nursing students' clinical learning experience. In order to recruit the nurses, we contacted the tertiary hospitals via email and the hospital introduced four nurses who volunteered to participate in this research.

2.4. Data collection

CGT research guidelines by Charmaz (2014) were used to inform the process of this research.

Semi-structured interviews were conducted using around 30 open-ended interview questions (e.g., Tell me about the clinical contexts where you have done placements, What were your roles during clinical placements? And How were your relationships with people in the hospital?). Brief information regarding the interview questions were emailed to participants one week beforehand to encourage more reflective and analytical answers. Four individual and two group interviews were initially conducted with 10 nursing students (i.e., first round interviews) Theoretical sampling was used to conduct further rounds of interviews with nursing students (13 individual and four group interviews) and nurses (four individual interviews) until theoretical saturation of the findings was attained (i.e., second and third round interviews) (Charmaz, 2014).

Interviews lasted approximately 90 min each and they were conducted in calm and secure public places, such as lecture rooms in universities or common rooms in hospitals, in order to preserve the nursing educational contexts. All interviews were recorded with a voice recorder device. Memo writing was adopted during or after the interviews as it is useful for both analytical interpretation and theoretical sampling (Charmaz, 2014).

2.5. Ethical considerations

This research study received ethical approval from the School of Health in Social Science Ethics Committee at the University of Edinburgh and written informed consent from each of the participants was obtained.

2.6. Analysis

All collected interview data were transcribed and coded using CGT methodology guidelines, which include initial, focused and theoretical coding strategies (Charmaz, 2014). Initial coding creates a taxonomy of codes that represent the main characteristics of the data, while focused coding enables development of core categories from initial codes. Finally, theoretical coding analyses the relationship between the developed categories (Charmaz, 2014). Constant comparison during the coding stages plays a critical role in identifying the concomitant features of the data, codes and categories (Charmaz, 2014; Glaser and Strauss, 1967). It also offers consistency and creativity for theory development and is continued until theoretical saturation is reached.

In this research, initial coding was achieved through line-by-line and in-vivo coding of the interview scripts. Focused coding was then

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