5-1-2009

Student Perceptions of Their Learning Experience in the Clinical Setting: A Pilot Study

Peggy Gnehm
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_projects

Part of the [Other Nursing Commons](#)

Recommended Citation

Gnehm, Peggy, "Student Perceptions of Their Learning Experience in the Clinical Setting: A Pilot Study" (2009). *Master's Projects*. 763.

DOI: <https://doi.org/10.31979/etd.2jsx-9jqa>

https://scholarworks.sjsu.edu/etd_projects/763

This Master's Project is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Projects by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

**SAN JOSE STATE UNIVERSITY
SCHOOL OF NURSING**

**MASTER'S PROGRAM PROJECT OPTION (PLAN B)
PROJECT SIGNATURE FORM**

STUDENT NAME Peggy Gnehm

SEMESTER ENROLLED Spring 2009

TITLE OF PROJECT Student Perceptions of Their Learning
Experience in the Clinical Setting: A Pilot Study

NAME OF JOURNAL International Journal of Nursing Education
Scholarship

The project and manuscript have been successfully completed and meet the standards of the School of Nursing at San Jose State University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.

ADVISOR'S SIGNATURE

DATE

Phyllis M. Connolly

8/4/09

ADVISOR'S SIGNATURE

DATE

Please submit this form to the Graduate Coordinator. Attach abstract, two copies of the manuscript, and documentation of submission to the journal (i.e., Postal receipt)

Student Perceptions of Their Learning Experience in the Clinical Setting: A Pilot Study

Peggy Gnehm, BS, RN

Virgil Parsons, DNSc, RN

Phyllis Connolly, PhD, PMHCNS-BC

Clinical experience during nursing education is a valuable learning opportunity, supporting the integration of theory and practice. Positive or negative perceptions of the learning environment potentially affect student retention and recruitment as well as motivation and by extension, possibly learning. The purpose of this pilot study was to explore possible strategies of assessing student perceptions of their overall clinical learning experiences and provide insight into student feelings about specific portions of their experience with goals of nurturing the positive as well as identifying potential areas for improvement within the program. Though students were satisfied overall with their clinical experiences, they were disappointed with the level of staff support and frustrated with written assignments.

STUDENT PERCEPTIONS OF THEIR LEARNING EXPERIENCE
IN THE CLINICAL SETTING: A PILOT STUDY

By

Peggy Gnehm, BS, RN
MS Candidate, School of Nursing
San Jose State University
San Jose, CA 95192-0057

Virgil Parsons, DNSc, RN
Professor, School of Nursing
San Jose State University
San Jose, CA 95192-0057

Phyllis Connolly PhD, PMHCNS-BC
Professor, School of Nursing
San Jose State University
San Jose, CA 95192-0057

Contact Person: Peggy Gnehm

Abstract

Clinical experience during nursing education is a valuable learning opportunity, supporting the integration of theory and practice. Positive or negative perceptions of the learning environment potentially affect student retention and recruitment as well as motivation and by extension, possibly learning. The purpose of this pilot study was to explore possible strategies of assessing student perceptions of their overall clinical learning experiences and provide insight into student feelings about specific portions of their experience with goals of nurturing the positive as well as identifying potential areas for improvement within the program. Though students were satisfied overall with their clinical experiences, they were disappointed with the level of staff support and frustrated with written assignments.

Research Problem

Clinical experience during nursing education is an invaluable learning opportunity (Midgley, 2006), allowing students to connect the theoretical concepts and factual information learned in their classrooms to actual practice. Studies have provided evidence that positive or negative student perceptions of their learning environment affect their experience (Braten & Olaussen, 2007; Midgley, 2006). The purpose of this pilot study was to explore possible strategies of assessing student perceptions of their clinical learning in one baccalaureate program.

Factors affecting student perceptions of their clinical experience are well investigated, though most research on this subject was not conducted in the United States. Students' perception of their learning in the clinical setting has been less well explored. Evidence suggests

perceived positive or negative experiences affect student retention and recruitment as well as motivation and by extension, possibly learning (Braten & Olaussen, 2007; Hutchings, Williamson & Humphries, 2005; Midgley, 2006).

Research Question

What are student perceptions of their learning experience in the clinical setting?

Perceptions can be defined as intuitively recognizing or discerning a general mood or emotional environment. Perceptions of a learning environment and by extension, learning experience, can be positive, neutral, or negative insofar as the individual feels the environment facilitates or impedes his/her pursuit of their goals. This pilot study attempted to gain insight into student feelings about their clinical learning environment by using an updated version of the Clinical Learning Environment Scale (CLES) developed by Dunn and Burnett (1995).

Literature Review

Bandura (1977; 1995; 2000) concluded that there was a connection between feelings of self-efficacy and empowerment and behavioral change (learning) in various settings. Bandura's (1977) theory is based on the use of knowledge and skills, autonomy, self-reflection, and self-evaluation in learning. These are all essential qualities in nurses, and by extension, nursing students.

There is a great deal of research showing connections between the learning environment and a positive or negative sense of self-efficacy. Much of the reviewed literature shows a

relationship between student satisfaction and academic success. It is possible that all these factors are related; environmental factors contribute to satisfaction which in turn creates either positive or negative outcome expectations which are in turn related to success. Student success is simply another way of describing learning.

Midgley (2006) described the importance of positive clinical experiences for student nurses. "The clinical field remains an invaluable resource in preparing students for the reality of their professional role supporting the integration of theory and practice and linking the 'knowing what' with the 'knowing how' (p. 338)." Midgley's quantitative study in Australia showed that personalization and satisfaction were the most important areas affecting student perceptions of their clinical experiences.

Harvey and McMurray (1994) employed Bandura's (1977; 1986) theory to show a connection between nursing student self-efficacy ratings and program completion in their quantitative study in Australia. Student self-efficacy ratings were analyzed early in their program. After the chosen cohort completed their program, the earlier results were retrospectively re-analyzed with a focus on the success of students relative to their scores. Students who demonstrated low self-efficacy scores were less likely to complete their program. High self-efficacy scores were suggestive of success in the nursing program.

This study employed scales ranking both academic and clinical self-efficacy. They stated that using both measures "would provide a useful means of identifying areas in which the student feels less competent and so unwilling to attempt performance, and allow intervention to increase appropriate efficacy" (Harvey & McMurray, 1994, p. 13).

Murdock and Neafsey (1995) also employed Bandura's (1986) theory in their research. Their study found that self-efficacy measurements in conjunction with pre and post-testing were

a valuable evaluation tool in post licensure nursing continuing education programs. "The relatively low correlations between the knowledge and self-efficacy measures suggest that each may tap a different dimension of the learning outcomes, thus providing a broader perspective of learning" (Murdock & Neafsey, 1995, p. 5).

Parsons (1999) also applied Bandura's (1977; 1986; 1995; 2000; Bandura & Adams, 1977) Self-Efficacy theory to nursing education. Though this study investigated techniques to build the confidence of post-licensure nurses, it again showed a connection to feelings of self-efficacy and success.

Hutchings, Williamson and Humphries (2005) inquired whether there was a relationship between staffing (both educator and staff) and students' clinical experiences. This study did elicit some interesting findings regarding student perceptions of their clinical experiences. This qualitative longitudinal study used three focus group interviews to obtain data. The study primarily addressed the supernumerary status of students as well as the effects of increased numbers of students on the clinical learning environment. One of the observations noted was that "if students are dissatisfied with the quality of learning in practice, then that may affect attrition, recruitment and retention" (Hutchings et al., p. 7). Hutchings et al. also posed the question whether negative clinical experiences may possibly affect learning.

Chan (2002) found that there were marked differences between student preferences for clinical learning and their perceptions of the reality of the clinical learning environment. He felt that learning goals would most likely be enhanced if attempts were made to change the clinical environment to increase congruence between student preferences and the actual clinical environment.

Knowles (1990) and Smith (1988) found that the underlying concept of all learning environment research was the study of relationships among the physical (environmental), human, interpersonal, and organizational components of a given area. They also found that mutual respect and trust between faculty and students were of utmost importance, elements found to increase student feelings of self- efficacy.

The studies that employed Bandura's (1977; 1986; 1995; 2000; Bandura & Adams, 1977) theoretical frameworks indicated that students demonstrated improved performance when given autonomy and encouraged to reflect and evaluate their own accomplishments with faculty guidance. Hutchings et al. (2005) found that student satisfaction with their educational experience may affect retention, recruitment, and possibly learning.

Chan (2002) hypothesized that increasing congruence between student desires for their clinical environment and their actual clinical environment may enhance student learning.

Knowles (1990) and Smith (1988) found that recognition of the culture of the environment and mutual respect and trust were key components of the clinical experience. Not coincidentally, mutual trust and respect are components of increased self-efficacy.

Conceptual Framework

The conceptual framework for this study was Bandura's (1977; 1986; 1995; 2000; Bandura & Adams, 1977) Self-Efficacy theory. A common theme in the majority of the noted literature is that students who feel empowered, and thus capable of a particular behavior, will be more successful performing said action than people who feel less able.

Self-efficacy is related to control, context, autonomy, independence, self-reflection, self-evaluation, and feedback. These items contribute to outcome expectations, very similar to self-efficacy and also connected to success. The student's sense of self-efficacy is related to their educational experience and learning.

"The beliefs that individuals create and develop and hold to be true about themselves form the very foundation of human agency and are vital forces in their success or failure in all endeavors, not the least of which is education" (Pajares, n.d., n.p.). It is not unreasonable to infer that students' perceptions of their clinical experience may either positively or negatively affect their feelings of self-efficacy, just as their feelings of self-efficacy affect their academic success (Wigfield & Eccles, 2000; 2002).

There is a great deal of research showing connections between the learning environment and a positive or negative sense of self-efficacy. Much of the reviewed literature shows a relationship between student satisfaction and academic success. It is possible that all these factors are related; environmental factors contribute to satisfaction which in turn creates either positive or negative outcome expectations which in turn are related to success. Identifying both positive and negative factors so each can be addressed is the overall goal of the study. This would enable the nurturing of positive factors as well as decreasing elements that contribute to negative outcome expectations

Methodology

Research Design

This was an exploratory descriptive study using a web-based survey. Student demographic data were collected using a six question self-designed tool and seven questions from SurveyMonkey's (2009) course evaluation survey template. Responses were strictly

voluntary. The primary study included 21 questions based on the CLES distributed electronically to selected students. There were seven additional questions from SurveyMonkey's (2009) course evaluation survey template, used to elicit additional information from the students regarding their overall feelings about their experiences and were not included in interpreted data. These were identified as "informational questions."

The group was a non-randomized convenience sample. Opportunity for narrative student comments and suggestions were included both to clarify information as well as provide potential areas for further study.

The primary instrument employed was based on Dunn and Burnett's (1995) Clinical Learning Environment Scale (CLES). This particular tool was chosen for its broad focus. Other potential instruments only addressed either the relationships with hospital staff or only the school/faculty component. This tool addressed both of these factors.

Twenty-one questions were based on the CLES. There were seven informational questions preceding the main survey obtained from SurveyMonkey's (2009) course evaluation survey template, slightly altered to better reflect the clinical setting. The CLES scale was modified by the investigator of this study for language and slightly changed to reflect organizational differences between hospitals in Australia and the United States. The results from the CLES questions were analyzed and categorized for meaning according to the translation information provided by Dunn and Burnett (1995).

In Dunn and Burnett's 1995 study, the reliability alpha measurements were 0.85 for the section addressing student satisfaction and 0.78 for nurse manager (charge nurse) commitment to student learning needs. The section for hierarchy and ritual's alpha was 0.71; staff relationships, 0.77 and patient relationships, 0.63. Dunn and Burnett (1995) determined that "these factors

have strong substantive face validity and construct validity as determined by CFA Reliability coefficients range from high to marginal (p. 1170).”

Subjects, Setting, Sampling and Procedure

All students within two semesters of completing a baccalaureate nursing program at a public university in Northern California were sent surveys electronically. This particular group of students was chosen for their broad range of experience in a variety of clinical settings. This variety of experience was considered likely to increase the likelihood that their overall expectations and reflections will be more insightful than students with fewer clinical experiences.

The study commenced after approval by the University Institutional Review Board. Informed consent was implied by voluntary completion of the survey. Questionnaires did not include any personal identifiers: the names of the recipients were not known to the researcher and electronic addresses were not recorded, though the survey site does block repeated respondent access by blocking individual computer (as opposed to mail) addresses.

The survey was mailed electronically to a total of 87 potential participants who were enrolled in the final two semesters of the baccalaureate program. Several of the respondents had recently graduated prior to their response.

A total return rate of 7% (N=6) was obtained. The poor response rate was potentially caused by a combination of factors. The survey was distributed at the very end of the academic year, potentially decreasing student availability due to vacations or other commitments. The initial contact link for the survey did not function properly, possibly causing user frustration. When this error was found, the survey was re-distributed with a functional link. The link in the second contact mailing worked perfectly, but unfortunately, due to problems within the survey

website, the first three questions did not function properly, arbitrarily disallowing certain responses. It is unknown how many of the respondents were affected. This particular malfunction may have deterred many potential respondents, particularly because it occurred in the beginning of the questionnaire.

Results

Demographics

The demographic data revealed that three of the respondents self-identified as Mexican American/Latino/a, two as Caucasian/White, and one as Asian/Pacific Islander. No responses were noted for Asian Indian, Native American/Alaskan, African American/Black, or other. Two identified English as their second language; four were primary English speakers.

The ages of the respondents ranged from 21 to "over 45." Two were 21-25, two were 31-35, one was 36-45, and one was over 45. Two of the respondents were currently enrolled in their final semester of the nursing program, and the remaining subjects recently completed the program.

Two of the respondents had worked in the health care field during or prior to their enrollment in the program. Nursing assistant and emergency room technician were identified as jobs held in the health care field. Five of the respondents were completing their first degree, and all currently enrolled respondents believed they would progress to the subsequent program level. The self-reported grade point averages of respondents was evenly divided between 3.0-3.49 (3) and 3.5-4.0 (3).

Survey Results

All responses were scored one through five, with one corresponding to strongly disagree and five representing strongly agree. Due to survey website difficulties, the first three

SurveyMonkey (2009) course evaluation survey template informational questions were discarded completely. In the comment section related to these questions, one student stated that the assigned homework assignments were simply 'busy work' and this individual did not feel they were helpful to their learning process. Another stated much of the assigned homework was worthless.

The fourth informational (SurveyMonkey, 2009) question asked whether students felt their course syllabus was clear. Students indicated that it was indeed clear, with an average rating of 4.17. The next informational question rated the degree in which their instructor encouraged critical thinking with an average rating of 4.17. Availability of instructors in the clinical setting averaged only 3.67, as did student feelings that written assignments helped them to apply theoretical concepts. The last remaining informational question was designed to elicit overall student feelings of how they generally felt about attending classes in the clinical setting on a daily basis. One student indicated overall negative feelings about going to class, while all the other respondents responded positively. Of note, no one rated their experience as neutral, very negative, or very positive.

Six items in the CLES were related to staff-student relationships (see Figure 1). Five of the CLES questions dealt with hierarchy and ritual on the units, all of which were reverse scored, thus higher scores in this case indicated negative feelings. (The chart in Figure 2 indicates the reverse scoring.) There were three questions regarding commitment of the charge nurses and nurse managers to student learning needs (see Figure 3). Four questions addressed student-patient relationships (Figure 4) and the remaining four questions dealt with student satisfaction (Figure 5). Figure 6 describes overall student perceptions of their learning environment.

Discussion

The overall average student rating for student-staff relationships was 2.8 based on the scores of 1 to 5. The students indicated that they did not feel they were included as part of the healthcare team, nor did they feel treated as an individual, rating these areas as 1.5 and 2.17, respectively. These perceptions could potentially decrease the positive feelings about their clinical experiences (Hutchings et al., 2005; Midgley, 2006), and thus diminish feelings of self-efficacy.

Balancing the preceding results is the average score for the remainder of the section, 3.29. This indicated that the students felt staff exposed them to new experiences as much as possible, that the units were generally pleasant, and that questions were treated respectfully and thoughtfully. Feeling that staff attempted to find new experiences for students, validates the perception that staff are aware of student learning needs. Both Knowles (1990) and Smith (1988) found that mutual respect and a pleasant atmosphere increased feelings of self-efficacy.

Average scores for the questions regarding hierarchy and ritual on the units ranged from 2.5 to 3.8. This section as a whole, rated just slightly above neutral (3.05). It is possible that students are comfortable with routine and/or do not feel it is appropriate (or lack the confidence) to question authority. It is also possible that routine increases comfort level, increasing student feelings of self-efficacy. Due to the neutrality of student responses, it is likely these areas have neither a positive nor negative effect.

The section addressing student perceptions of charge nurses' commitment to their learning needs revealed an average score of only 1.92. Students believed that the charge nurse was too busy with more important matters to be able to spend time with them, and charge nurses spent very little time with students.

The students did indicate they felt that the charge nurse was concerned with their learning needs (average score, 2.5). Hutchings et al. (2005) found that student perceptions that staff were too busy to address their needs created dissatisfaction with their clinical experience, and thus decreasing their sense of self-efficacy. It is possible, though, that other (non-charge) nursing staff and faculty were able to adequately fill this void, reflected by the students' overall satisfaction with their clinical experience.

Students evaluated their relationships to patients positively, with an average section score of 3.6. Hutchings et al. (2005) indicated that positive relationships with patients increased student satisfaction, increasing their sense of self-efficacy.

The highest overall scores were obtained within the section addressing overall student satisfaction, with an average score of 3.96. One student seemed to be extremely dissatisfied with the clinical experience, and, due to the small sample size, the average score was decreased from 4.4 to 3.96.

The overriding message from the reviewed literature was that overall satisfaction was a key indicator of a sense of self-efficacy and positive outcome expectations in students. These positive expectations were reflected in student beliefs that they would advance to the subsequent semester or graduate as expected.

Limitations

By far, the greatest limitation was the small non-random sample size and the timing of the distribution. In addition, there were multiple web-based problems which interfered with both participant response and use of some of the items. It was decided to continue with the study, despite these problems, with the intent of repeating it at a later time. It was determined that for

optimal results it is necessary to perform a trial run to ascertain, prior to distribution, function of the web-based application.

The research was also conducted using a single group of students from a single nursing education program, further reducing generalizability. The validity and reliability of the original instrument were also compromised due to changing the wording for location and currency.

Conclusion

The greatest predictor of student feelings of self-efficacy and by extension, positive outcome expectations and success within the program was overall satisfaction with their clinical experience. Results from the CLES section devoted to overall satisfaction were positive, indicating potential positive feelings of self-efficacy and outcome expectations connected to their clinical experiences. Though there were areas where improvements may be made, the students did seem to have had positive overall experiences.

The negative feelings about the rationale for various homework assignments connected to their clinical rotations could possibly be remedied by faculty explanation of the rationale for said assignments, verbally connecting the assignments to learning outcomes. Students did include in their narrative comments that many items were dependant on the specific facility and especially the individual staff they worked with on a daily basis. Areas for future study also include assessments of student perceptions of their learning environment within various facilities or units.

References

- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood, NJ: Prentice Hall.
- Bandura, A. (1995). *Self-efficacy in changing societies*. New York: Cambridge University Press.
- Bandura, A. (2000). *Handbook of principles of organizational behavior*. Oxford, UK: Blackwell.
- Bandura, A. & Adams, N. (1977). Cognitive process mediating behavioral change. *Journal of Personality and Social Psychology*, 35 (3), 125-149.
- Braten, I. & Olaussen, B. (2007). The motivational development of Norwegian nursing students over the college years. *Learning in Health and Social Care*, 6 (1), 27-43.
- Chan, D. (2002). Development of the clinical learning environment inventory: Using the theoretical framework of learning environment studies to assess nursing students' perceptions of the hospital as a learning environment. *Journal of Nursing Education*, 41 (2), 69-75.
- Dunn, S. & Burnett, P. (1995). The development of a clinical learning environment scale. *Journal of Advanced Nursing*, 22, 1166-1173.
- Harvey, V. & McMurray, N. (1994). Self-efficacy: A means of identifying problems in nursing education and career progress. *International Journal*

of Nursing Studies, 31 (5), 471-485.

Hutchings, A., Williamson, G. & Humphreys, A. (2005). Supporting learners in clinical practice: capacity issues. *Journal of Clinical Nursing*, 14, 945-955.

Knowles, M. (1990). *The adult learner: A neglected species* (4th ed.). Houston, TX: Gulf.

Midgley, K. (2006) Pre-registration student nurses' perception of the hospital-learning environment during clinical placements. *Nurse Education Today*, 26, 338-345.

Murdock, J. E. & Neafsey, P. J. (1995). Self-efficacy measurements: An approach for predicting practice outcomes in continuing education? *Journal of Continuing Education*, 26 (4), 158-165.

Pajares, F. (n.d.) Self-efficacy beliefs in academic contexts: an outline. Emory University. Retrieved May 4, 2008 from <http://www.des.emory.edu/mfp/efftalk>

Parsons, L. C. (1999). Building RN confidence for delegation decision-making skills in practice. *Journal of Nurses Staff Development*, 15 (6), 263-269.

Smith, P. (1988). The emotional labour of nursing. *Nursing Times*, 84 (44), 50-51.

SurveyMonkey.com (2009). Academic/research course evaluation template.

Retrieved January 6, 2009 from http://www.surveymonkey.com/MySurvey_Wizard.aspx

Wigfield, A. & Eccles, J. S. (2000). Expectancy-value theory of achievement motivation. *Contemporary Educational Psychology*, 25, 68-81.

Wigfield, A. & Eccles, J. S. (2002). The development of competence beliefs, expectancies for success, and achievement values from childhood through

adolescence. *Development of Achievement Motivation*. (pp. 91-120) San

Diego: Academic Press.

Figure 1-Student/Staff Relationships

Figure 2-Hierarchy and Ritual

Figure 3-Charge Nurse Commitment to Student Learning Needs

Figure 4-Student Patient Relationships

Figure 5-Overall Student Satisfaction

Figure 6-Perceptions of Learning Environment