

# An Investigation of Psychosocial aspect of Iranian Nursing Students' Clinical Setting

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## Abstract

The clinical experience prepares nursing students to become competent and professional practitioners. Therefore, it is important to identify the key characteristics of a positive and constructive clinical learning environment. This cross-sectional study assessed undergraduate nursing students' (n=313) perceptions of their clinical learning environment. The participants were freshman to fourth year nursing students enrolled in the Faculty of Nursing and Midwifery of Shahid Beheshti University of Medical Sciences.

Participants were invited to complete anonymously the actual versions of the Clinical Learning Environment Inventory (CLEI) (Chan, 2001). It was found that the participants gave a higher score to "Student Involvement" and a lower score to "Teaching Innovation".

The study indicated that there is still work to be done to provide a healthy clinical learning environment for nursing students and this task belongs to nursing researchers, educators, and health care organization preceptors. In this study, students' struggle to engage themselves in patients' affairs ranked first indicating that it had its roots in the cultural and religious context of Iran. Iran is a country where nursing and patient care are holy issues.

**Key words:** Clinical environment, Learning, Nursing students, Iran

Please cite this article as: Please cite this article as: Boozaripour M. et al. An Investigation of Psychosocial aspect of Iranian Nursing Students' Clinical Setting. *World Family Medicine*. 2017; 15(9):193-199  
DOI: 10.5742/MEWFM.2017.93124

## Introduction

Modern health care is provided within a dynamically evolving clinical environment, where new technologies and skills are applied. The learning environment plays a crucial role, especially during the clinical training of student nurses, as they come into contact with the realities of their function, and form opinions on their professional careers and the clinical area prospects (Egan and Jaye, 2009).

The clinical learning environment is important not just for clinical skill development, but for students to also learn about the 'norms' of practice, that is, processes in care delivery (Eraut, 2000).

Professional nursing is based on performance (Henderson and Tyler, 2011) while the most important part of the curriculum of this discipline is clinical training which serves as the bridge between theory and practice (Benner, 2012). In fact, the clinical setting is a suitable opportunity for practical application of the knowledge and skills provided to the students in the theoretical training (Elcigil and Sari, 2007). It provides the suitable conditions for acquiring the necessary practical experience to prepare the students for working in the real world (Hickey, 2010). Since gaining experience in the clinical setting and working at the patients' bedside are much more useful than organizing scenarios in laboratory conditions and theoretical classes, clinical learning is of utmost significance.

The clinical training environment, which is the place for cultivating nursing students' clinical skills, entails all the elements that have surrounded them. The clinical ward, devices and equipment, personnel, patients, and nursing instructors (Papp et al., 2003) are among the key components accepted as the clinical setting for training nursing students (Salmani and Amirian, 2006).

The complexity of the clinical environments has led scholars to explore this setting from different viewpoints. Categories like noting learners' individual characteristics, satisfaction with clinical training, students' participation in clinical activities, maintenance of students' individuality, clarity of students' duties and responsibilities during the clinical program and the use of innovations in the students' clinical training are of great importance (Ip and Chan, 2005). Clarification of students' perceptions of clinical learning is one of the challenges of nursing education (White, 2003). Indeed, the nursing students who receive the nursing education are able to describe the complex aspects of clinical experiences more than any other individual. To tell the truth, enjoying an appropriate clinical setting is vital for acquiring a suitable clinical experience. Some studies introduce various factors including instructors (Shahsavari et al., 2013, Kelly, 2007), hospital staff (Dadgaran et al., 2013), and patients as influential in this experience. From the students' perspective, the relationship between the nursing school and teaching hospitals is very important so that the positive cooperation between nursing instructors and personnel has been reported as one of the impressive factors in promoting nursing students' clinical learning (Johnson, 2015).

The major mission of the university is the training of the required expert manpower, development and promotion of knowledge, expanding research activities, and preparing the suitable context for developing the country. Universities ought to make continuous efforts to recognize problems, develop and implement programs, and finally, refine those programs. Undoubtedly, the identification of problems is the first step in reducing them. Also, the students themselves are the most reliable and the best source for exploring the problems in clinical training as they are directly involved in this process (Changiz et al., 2012). A study conducted to determine the nursing students' perception of the present status of the clinical training environment demonstrated that the students were dissatisfied with communication errors and receiving feedback from their instructors at the patient's bedside so that they rendered the continuous attendance of the instructors in the ward as a source of stress and anxiety. On the contrary, they believed that classmate support and suitable relations with peers was a factor that promoted their clinical learning (Serçekuş and Başkale, 2016).

Some studies have been carried out in Iran on the important role of clinical training in nursing and the high importance of understanding the students' attitudes towards clinical training and its application in planning nursing programs. Another study, conducted to determine the clinical limitations perceived in nursing student-instructor interactions in Iran, revealed that the effective interactions between students and instructors greatly influenced the quality of clinical training in nursing so that the identification of these limitations would help nursing instructors to manage the clinical nursing situations in an effective manner. In this study, continuous control and being observed by the clients, their families, and ward personnel as outsiders' eyes, the disparities between theoretical teaching and clinical training, close contact, disputes in the clinical setting, instability, and unreliability are mentioned as the perceived limitations in student-instructor interactions (Shahsavari et al., 2013). Moreover, another study performed in Iran in 2009 showed that the students had no positive perception of the clinical training climate so that more comprehensive attempts must be made to enhance students' satisfaction (Peyman et al., 2011).

Iran is a country with a 98% population of Muslims in which the healthcare system and nursing performance originate from culture and religion. In Iranians' view, giving care to the patient is rendered as the best practices accepted by God, Almighty (Shahriari et al., 2012) and these systems of values and beliefs have entered the educational system (Joolaei et al., 2006).

Given the significance of clinical experience in forming the basic skills and nursing students' professional capabilities and also considering that recognition of clinical setting problems from students' perception as the clients of the teaching process serves as one of the first steps in fostering the quality of clinical training, and also noting the disparities in the Iranian community compared to other societies, this study aimed to determine BS nursing students' perception of the psychosocial aspects of the status of clinical training

setting in the teaching hospitals affiliated to one of state medical universities in Tehran, capital of Iran in 2016.

## Methodology

This was a descriptive cross-sectional study conducted on all the nursing students studying in the first to sixth semester who had passed their clinical training in teaching hospitals affiliated to one of the medical universities in Tehran, capital of Iran, in the second semester of the academic year 2014-2015. Using student numbers, 52 nursing students were selected randomly from each semester so that, on the whole, 313 students entered the study. The inclusion criteria were: being a BS nursing student and signing an informed written consent. In this study, in addition to demographic information questionnaire including age, gender, and marital status, the "Clinical Training Environment Inventory" was used. This Inventory was first developed by Chan and assesses students' perception of psychosocial aspects of clinical training setting. Various studies have used this instrument and scholars have repeatedly approved its validity in different countries (Midgley, 2006, Newton et al., 2010, Chan, 2003). It has also been used in Iran in various studies and its reliability and validity have been confirmed (Manoochehri et al., Rahmani et al., 2011). It consists of 42 items with six 7-item categories including respecting students in the clinical setting, students' satisfaction with the clinical environment, students' participation in clinical activities, noting individual differences among the nursing students, clarity of students' clinical duties, and the application of educational innovations in students' clinical training. These categories are measured by a 4-item Likert scale ranging from completely agrees, agree, and disagree, to completely disagree. The positive phrases are scored as completely disagree=1, disagree=2, agree=3, and completely agree=4.

On this basis, the negative phrases are scored reversely. The deleted responses are given 3 points. Although the validity of this checklist was previously confirmed by Chan (Newton et al., 2010) in Australia using correlations mean and by Pakpour et al. in Iran using content validity (Pakpour et al., 2015), its validity was investigated in this study using content validity on the basis of research goals. In so doing, first the original questionnaire developed by Chan was translated into Persian and then given to 10 expert scholars along with the English version. After exerting the experts' opinions, the corrected form was given to 2 experts for final use. After confirmation, it was given to the study units to be completed. Using Cronbach's  $\alpha$ , the reliability of this questionnaire was estimated in previous studies as 0.73 and 0.84. Yet, it was estimated again in this study as Cronbach's  $\alpha=0.85$ . To carry out the research, the researcher attended the students' clinical setting in the last days of their training according to the appointments made beforehand. The research goals and procedures were elucidated, informed written consent was obtained, and ethical considerations were explained and observed. Then, the questionnaire was handed to them and completed by them in 30 minutes. Subsequently, the questionnaires were collected and scored on the basis of the scoring procedure explained above. The gleaned data were analyzed using SPSS13. The data were described with frequencies for qualitative variables, and mean, SD, and 95% of CI for quantitative variables. Moreover, the data were analyzed using Chi-square test, Fisher's exact test, independent t-test, and ANOVA (analysis of variance) with  $P<0.05$ .

## Ethical considerations

The formal research approval was obtained from ethics center of Shahid Beheshti University of Medical Sciences and nursing schools (Ethics code: SBMU2.REC.1394.101).

## Results

A total of 313 questionnaires were collected. The total mean of perceived clinical training was  $129.95\pm 17.93$  for BS students of nursing. Seeing that 35 points are devoted to each category, the maximum and minimum score obtained in this study pertained to the categories "students' participation in clinical activities" and "the use of educational innovations in clinical training". Our findings indicated that the nursing students ranked "clarity of students' clinical duties" as second, "respecting students" as third, "students' satisfaction" as fourth, and "noting individual differences among the students" as fifth (Table 1).

**Table 1: Mean and SD of total score of perceived clinical setting and its categories in BS nursing students in 2016**

Questions	Mean± S.D
Personalization	22/ 71±4/ 82
Satisfaction	5/ 40± 22/36
Student Involvement	23/50±3/07
Individualization	19/98±4/13
Task Orientation	23/19±4/06
Teaching Innovation	18/20±4/28
Total	129/95±17/93

In this study, most of the study units were female (55.59%), single (90.09%), and without a history of hospital work (73.48%). ANOVA showed that students' gender was significantly correlated with total score of perceived clinical environment so that the mean total score of perceived clinical setting was significantly greater in male students than in female students ( $P=0.024$ ); however, students' gender ( $P=0.881$ ) and a history of hospital work ( $P=0.916$ ) were not significantly correlated with total score of clinical training setting (Table 2).

**Table 2: Absolute and relative frequencies of students' demographic information and the correlation between this information and total score of perceived clinical setting in BS nursing students in 2016**

Variables		Number	Percentage	P value
Sex	Female	174	55/59	0/024
	Male	140	44/70	
Marital status	Single	282	90/09	0/881
	Married	31	9/90	
Job history in health centers	Yes	83	26/51	0/916
	No	230	73/48	

## Discussion

The results of this study demonstrated that the means of obtained scores for the status of clinical learning environment in various areas were different so that "Student Involvement" obtained the highest score. With this category, we mean students' struggle for engaging themselves in patients' affairs, creation of constructive relations between students and trainers and between students and personnel, and participation in ward reports and rounds. Austin's theory (1984) is one of the theories that emphasizes student's participation in training. He defines student's participation as the rate of mental and physical energy spent by a student on knowledge acquisition. He considers this participation as a spectrum which varies from one time to another and from student to student. In this theory, participation consists of three components: input, environment, and output while environment is defined as all the experiences acquired by a student during their education (Johnson, 2015). The findings of this study showed that the greatest score obtained for this category belonged to the item "I put effort into what I do" while the smallest score belonged to the item "The preceptor(s) talk rather than listen to me". On the basis of the studies conducted so far, instructors' performance is one of the most influential factors contributing to effective clinical education. This is because the instructors are those who transfer their knowledge and experience to students through applying effective communication strategies. So, it can be said that the instructors are the linking bridge between theory and clinical practice (Moosavi et al., 2017). Hence, in planning effective programs for improving clinical training, special attention should be given to trainers and their performance (Baraz Pordanjani et al., 2009). Moreover, our results indicated that the category "Task Orientation" ranked second among the six categories. This category indicates how far the ward activities have been clear and well-organized. Furthermore, our findings revealed that the highest score obtained in this study belonged to the item "Getting work done is important in this setting" while the lowest score belonged to the item "This is a disorganized clinical placement" in this category. Another

study carried out in Iran, enumerated the strong points of clinical education from nursing and midwifery students' point of view as follows: clarity of students' duties in the ward, presentation of lesson objectives in the first day of clinical training, training in the line of achieving these goals, and students' awareness of assessment and evaluation method in the first day of clinical training (Delaram, 2006). Nonetheless, in another study, the Iranian nursing students reported lack of clarity of students' duties as the major problem in clinical training (JAHANMIRI et al., 2004).

In this study, the category "Personalization" ranked third. This category deals with the opportunities devoted to interactions between students and instructors and the importance of noting the individual differences among the students' learning styles (Serena and Anna, 2009). In the studies by (Pakpour et al., 2015) and (Ip and Chan, 2005), this category ranked first while it ranked second in (Moh'd Alraja, 2011)'s study. Additionally, the results demonstrated that the greatest score belonged to the item "The preceptor(s) try his/her very best to help me" while the smallest score belonged to the item "The preceptor(s) do not bother with my feelings". In fact, the students highlight the human relations in clinical education and emphasize the need for respect for students, support, and being perceived by trainers (Boozaripour et al., 2017, Masoumpoor et al., 2015). In Rosenkoter's study, respect for students and showing of this respect for students during education is considered as the ethical codes for nursing trainers (Rosenkoetter and Milstead, 2010).

Findings indicated that the category "Satisfaction" ranked fourth among the six categories. Studies show that satisfaction with the status of clinical education is very important and varies with respect to time and place (Salimi et al., 2012). This category is concerned with wasting of time in clinical training, the interest for coming to the clinical training, and on the contrary, boring clinical environment and dulling time of training. The results showed that the highest score was obtained by the item "I look forward to attending clinical placement" while the item "I enjoy coming to this clinical setting" scored lowest.

This finding can indicate that the students would have sufficient enthusiasm for clinical work provided that the clinical setting is promoted and attractive conditions are created such as fostering students' interest in working in a clinical climate. In Serena's study, the students expressed their satisfaction with clinical training and did not look at it as waste of time (Serena and Anna, 2009). Another study in Iran also reported satisfaction with training planning and goals to be at the moderate to good level (Fotoukian et al., 2013). In the study by (Vahabi et al., 2011), the students reported the quality of clinical training in the category of clinical trainers' performance at the relatively appropriate level. Moreover, in the study by (Manoochehri et al.), the mean score of satisfaction was significantly higher in females compared to males ( $P=0.002$ ).

The category "Individualization" ranked fifth among six categories. This category deals with noting students' interests, individual differences among the students, and permitting independent decision-making by students. This category ranked fifth in the studies by Berntsen and Ip (Berntsen and Bjørk, 2010, Ip and Chan, 2005). The findings of this study showed that the item "I am allowed to negotiate my workload" scored highest while the item "I am expected to do the work in the same way as other students" scored lowest indicating that trainers and the clinical staff note individual differences among the students in the clinical environment. One of the factors that affect learning is the style of learning. People use different styles of learning dependent on their individual differences. The learning style may be defined as the method used by individuals to organize and process new knowledge and experiences in their minds. The point that some trainees do not learn well despite the teachings of good trainers may indicate that different learners have different priorities in learning (McLeod, 2006), that is, they acquire and process information in different ways proportional to their individual differences: seeing, hearing, reflection and practice, analysis, and imagination (Mills, 2002). Regarding the results of this study and the fifth rank among six categories of this Inventory, it appears that attention ought to be focused more on individual differences among the students. Students of nursing and midwifery, due to the nature of their discipline and professional importance, require a special type of practical training which demands trainers and instructors to use various methods of teaching. Consequently, an awareness of students' characteristics and needs in the teaching-learning process aids the trainer in the logical designing of training and teaching. Various studies have indicated a significant correlation between gender and learning styles. The dominant learning style among the girls is the reading-writing style while that of boys is the auditory style. A meta-analysis study that investigated the dominant learning style among the nursing students, reported that the dominant learning styles among the Iranian nursing students were convergent, attractive, divergent, and conformant, respectively (Mohammadi I, 2013).

The category "Teaching Innovation" ranked sixth, i.e., the last rank, from BS nursing students' perspective in our study of clinical learning environment. This category

indicates the degree to which the trainer designs clinical experiences, teaching methods, and learning activities in an innovative, attractive, and productive manner. The results of this study demonstrated that the greatest score was obtained by the item "The preceptor(s) used different teaching methods to guide me" while the item "New ideas are seldom tried out" scored lowest. Presently, most famous universities around the world are seeking teaching methods that lead to promoted clinical decision-making and continual student-centered learning (Magnussen et al., 2000). The relationship between nursing education and nursing services is constantly increasing in nursing pedagogy (Jarvis, 1987). Nursing education can be a dynamic process if it violates the limitations in time and place and moves towards innovations, developments, and the use of innovative approaches and methods in teaching and learning (Shabani, 1995). In other words, the selection of a suitable teaching method is one of the most important measures in the implementation of educational curricula. This is because successful and efficient learning is mostly the result of effective teaching and training (Baghaie and ATRKAR, 2003). The results of our study and the last rank of this category may serve as a warning against lack of innovations in nursing education. The acquisition of the least score by this category indicated that students are less frequently exposed to interesting learning experiences and innovative creative teaching methods in the course of their clinical education.

## Conclusion

The success of nursing educational programs depends on the efficacy and sufficiency of clinical experiences. The pedagogic programs at any level and rate, struggle to come close to the appropriate defined standards for any teaching-learning activity. The identification of the problems present in the clinical training and taking some measures to correct them would foster the quality of nursing services. This may enable the authorities and parties involved in education to gain a correct picture of the present situations in clinical settings and acquire a proper landscape of the future. Clinical training is a dynamic process in which the students apply their learned concepts in interaction with the clinical environment. Today, considering the rapid changes in the healthcare settings, if richer clinical training is provided, the nurses will be more efficient and skilled in the near future. To achieve efficient clinical training, it is mandatory to assess the present status of training continuously, identify the weak and strong points of the field, and evaluate the quality of training and education. In this way, the defined standards may be assessed and operationalized. One of the diagnostic tools in this regard is the investigation of the clinical setting. An acceptable clinical environment for professional preparation of nursing students for the future may be created by the cooperation between trainers and clinical staff. Better results of clinical training may be obtained by some attempts to make useful changes in the clinical environment to adjust it more to the students' preferences. Our findings showed that more work should be done to provide a healthy learning environment for nursing students. The burden of such a work is laid on the shoulders of scholars, trainers, and nurse managers.

The devotion of lower scores to the categories like “the use of innovation in education”, “clarity of students’ clinical duties”, and “noting individual differences in learning among the students” showed that these were among the important issues noted by students. This demands more accuracy in decision-making by educational policy-makers. In this study, the category students’ struggle to engage themselves in patients’ affairs ranked first indicating that it had its roots in the cultural and religious context of Iran. Iran is a country where nursing and patient care are holy issues.

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