

Analysis of Nursing Students Learning Experiences in Clinical Practice: Literature Review

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ABSTRACT Learning in the clinical practice is an important component of nursing education considering that nursing is practice-based profession. The importance of clinical practice cannot be overemphasized as it prepares nurses to become competent practitioners. The aim of this study is to investigate nursing students' learning experiences in clinical education. The objectives of the study are to assess effective learning in clinical learning environment. A review of literature was performed using electronic data bases of articles from 2003-2012 that were in English. The studies revealed that effective learning takes place in a clinical learning in clinical practice occurs if students are given opportunities to practice what they have learnt in the classroom and skills laboratory supervised and supported, provided with feedback in an environment where there is good interpersonal relationships and communication. There is a need to use strategies that facilitate learning in clinical practice in addition to creating a conducive clinical learning environment.

INTRODUCTION

The aim of this study is to explore nursing students learning experiences in the clinical practice. Learning in the clinical practice is an important component of nursing education considering that nursing is practice-based profession. The quality of nurse education depends largely on the quality of the clinical experience that student nurses receive in the clinical environment (Henderson et al. 2006). The clinical practice takes place in a dynamic social complex environment where patient care is provided as well as students learning (Ip and Chan 2005). Students' experiences in a clinical learning environment may have profound impact on their learning whether positively or negatively. Experiences, including application of theory to practice, effective mentoring and constructive feedback positively influence learning (Ralph et al. 2009). Nonetheless, poor relationships with clinical staff, lack of support from educators and lack of challenging learning opportunities are some of the negative experiences that may affect students' learning (Ip and Chan 2005). These experiences may differ from one clinical learning environment to another as organization of clinical education differs from place to place or country to country.

The purpose of clinical practice has been illustrated in literature (Elcigil and Sari 2007;

Mannix et al. 2006). Macfarlen et al. (2007) state that clinical practice prepares nursing students to become competent practitioners who will be able to provide quality health care and promote health of the people they serve (WHO 2005). Apart from learning the skills, students are able to experience the real world of nursing in addition to the responsibilities of the nurse and develop interpersonal relationship with others (Benner et al. 2009; Sharif et al. 2005). Clinical practice allows students to become socialized into the norms and culture of the nursing profession (Fitzgerald et al. 2011). This indicates the importance of clinical practice in nursing education. Therefore, learning in the clinical practice should be effectively facilitated in order to adequately prepare nursing students for the work they do after qualifying.

Learning takes place when students apply what they have learned in classroom situation and practiced in a simulation laboratory into the reality of nursing. Evidence from literature suggest that there is a gap in integrating theory to practice which has been of concern for a long time in nursing education which have had an impact on students learning in clinical skills (Ip and Chan 2005; Sharif and Masoumi 2005; Kelly 2007; Longley et al. 2007). Students become anxious and confused if they practice something different from what they learnt in the classroom (Sharif and Masoumi 2005). Such emotions in

students in addition to learning on what may not be ideal may negatively affect their performance in the clinical learning

In order to become competent practitioner, student nurses need to be guided and supervised. Supervision of nursing students in clinical practice plays a significant role in nursing profession as it has an influence on the students learning of the knowledge and skills (Häggman-Laitila et al. 2007). Lack of supervision may lead nursing students learning incorrect procedures as they lack guidance become incompetent and lose interest in nursing profession as they feel frustrated in their work due to incompetence.

It is suggested that students have to be given opportunities to practice different tasks to gain confidence, become perfect and learn from the mistakes they will make (Löfmark and Wikblad 2001). As much as this suggestion is ideal, the number of students in the nursing colleges has increased in such that students are not given adequate opportunities to learn. The increase of students' numbers may lead to students not being competent to some tasks when completing their training hence unable to provide quality care (Heller et al. 2005).

Learning in clinical practice takes place if students know what they are doing is right or wrong. This is done through feedback that is provided to students from clinical nurses. Mentors, preceptors and nurse educators during clinical learning (Clynes and Raftery 2008) Feedback helps students to gain confidence as through feedback students know their progress

Furthermore, good interpersonal relationship, communication and support between staff and students create a conducive environment which is essential for students learning in the clinical setting. Such behaviours reduce anxiety and foster socialisation process, confidence and self-esteem thus promoting learning.

METHODS

A wide range of data search was conducted by the authors to identify studies on nursing students' experiences of learning in the clinical practice. Electronic data research was done data engines included; Academic research premier, CINAHL, ERIC, Health source/ nursing/ academic edition, Master file premier, Medline, Psych Articles and Psycinfo, thesis and dissertations. The inclusion criteria were research articles and reviews published in English in scholarly

peer reviewed journals with abstracts and full texts published from 2003 to 2012. The search included studies with all types of methods and yielded 58 articles.

Review of literature was done by answering the following question. What are the nursing students' learning experiences in the clinical practice? Key words used in the search were: Learning, clinical practice, clinical education, clinical learning environment, experiential learning and student nurse.

RESULTS AND DISCUSSION

Despite a wealth of research on clinical education learning in clinical practice is still a problem (Croxon and Maginnis 2008). The studies had different purposes and used different methods making analysis and comparison difficult. Nevertheless, findings from the studies provided insight into the experiences of nursing students learning in the clinical practice on what impacts effective clinical learning.

Theory Practice Gap

The theory-practice gap has been described as the disparity between what has been learnt in the classroom setting and what is practiced in the clinical environment. Evidence from literature suggest that there is a gap in integrating theory to practice which has been source of concern for a long time in nursing education. According to Sharif and Masoumi (2005) in Iran, Elcigil and Sari (2007) in Turkey and Safadi et al. (2012) in Jordan, students reported disparities between what was learnt in class and simulation laboratory and the actual practice in clinical practice. Theory forms a basis for learning which students have to apply in the clinical practice in order to make meaning from the theory. Conflicting practices between the ideal nursing taught and that of clinical setting results in students being confused, stressed and anxious may indicate that students are not effectively learning to prepare them for work they do after qualifying (Evans and Kelly 2004; Sharif and Masoumi 2005). Learning takes place when students apply what they have learned in classroom situation and practiced in a simulation laboratory into the reality of nursing.

Several studies have illustrated measures to try and close the theory-practice gap. Studies suggest the use of pedagogical approaches such

as guided reflection and Problem Based Learning can close the gap (PBL) (Sharif and Masoumi 2005; Ehrenberg and Häggblom 2007; Dlamini 2011). PBL and Reflective process which focuses on both cognitive and affective aspects allow students to learn from their practice experience through discussions and meetings with other students under the guidance of the preceptor. Students become independent self-learners thereby developing the critical thinking and problem solving skills (Ehrenberg and Häggblom 2007).

Task Involvement, Participation and Opportunities for Learning

Learning also takes place if nursing students are given the opportunity to practice real nursing by doing. Task participation can be referred to as students offered opportunities to learn and getting involved in providing holistic patient care and not merely doing a list of tasks (Henderson et al. 2012). Grealish and Ranse (2009) argue that task participation and accomplishment facilitates learning than mere application of theory to practice. However, if students are able to participate and accomplish a task that is challenging then theory is been translated into practice therefore, learning takes place.

Responses from students that they were doing routine tasks and sometimes non-nursing duties (Sharif and Masoumi 2005; Mntambo 2009; Hickey 2010) suggest lack of challenging opportunities for students to be able to learn critical and clinical judgment skills. According to Chuan and Barnett (2012) students reported a variety of learning opportunities which facilitated their learning. However, these learning opportunities were compromised if there was increased workload. This suggest that learning in the clinical practice for student nurses to become competent is depended on availability of challenging opportunities which encourages students to ask questions and reflect on their experience hence becoming critical thinkers and be able to make clinical judgement.

Task participation and accomplishment facilitate learning as it leads to development of clinical skill and confidence (Smedley and Morey 2009; Scully 2010; Henderson et al. 2012).

Clinical Supervision and Support

Clinical supervision is an important element in facilitating learning in the clinical setting

(Hickey 2007; Saarikoski et al. 2007; Papastavrou et al. 2010). Effective supervision by clinical teachers in clinical environment is vital for students learning (Papp 2003; Lambert and Glecken 2005). Clinical nurse educators' role is to enhance learning through provision of opportunities for learning. Supporting, guiding and conducting timely and fair evaluations. However, in the studies students felt that this role is not fulfilled as clinical nurse educators take more a role of evaluation than supervision which is mainly done by nursing staff who lack teaching experience and may not know the needs of the students (Sharif and Masoumi 2005). In addition, heavy workload and attitudes of staff compromised supervision (Maben 2006; Chuan and Barnett 2012). Clinical performance increases if students are given necessary support in the clinical environment (Elcigil and Sari 2007).

It was evident in the literature that there were variations on supervisory models from country to country for example a study conducted in European countries (Warn et al. 2010) showed these variations. Students are satisfied with regular supervisory discussions and mentorship which provide individualised supervision (Papastavrou et al. 2010; Warn et al. 2010). Individualised supervision facilitates learning on the premise that one to one relationship with the mentor or preceptor allows students to express about their learning experiences and feelings in the practice thus leading to self-confidence, promote role socialization, professional development and independence thereby attain clinical competency (Sharif and Masoumi 2005; Warne et al. 2005; Papastavrou et al. 2007; Saarikoski 2007). Nevertheless, it has also been reported that students prefer group supervision and cluster facilitation as it promotes their personal and professional growth (Croxon and Maginnis 2009; Holmlund et al. 2010; Walker et al. 2012). This suggests that students have different preferences in clinical learning.

Apart from clinical supervision, the studies have revealed peer support and social support as a vital elements in facilitating students learning (Kellys 2007; Roberts 2008). Students perform better both academically and clinically if they have social support from peers and significant others (Ip and Chan 2005; Elcigil and Sari 2007). According to Chuan and Barnett (2005) lack of peer support in the clinical environment was manifested by conflicts, tensions and competi-

tions for opportunities for practice which is detrimental for learning. Students' relationships are important for learning. Students support each other, discuss about their practice, share knowledge, skills and experiences thus, being socialised in the profession (Bourgeois et al. 2011).

Feedback

Feedback is a prerequisite for effective learning. Clynes and Raftery (2008) defines feedback as a collaborative process of providing insight to learners about their performance. Students expressed concern that feedback was always negative with poor communication or no feedback at all that lead them feeling demotivated (Elcigil and Sari 2008).

Negative feedback with poor communication and lack of it may have negative impact on learning. It is believed that when students know their progress and deficiencies on their practice and improve on the weaknesses, they get motivated and become confidence hence optimizing learning, leading to growth (Clynes and Raftery 2008; Komararat and Oumtanne 2009). Feedback will also assist students to reflect on their practice thereby learning from experience.

Conducive Clinical learning environment

The clinical learning environment can influence nursing students learning positively or negatively (Frankel 2009). A conducive clinical learning environment is one that is supportive with good ward atmosphere and good relationships and is perceived to produce positive learning outcomes (Papp et al. 2003; Edwards et al. 2004). An environment that positively influences learning have been reported as where staff are happy, friendly with good morale and attitude, cooperative and willing to teach and guide students provide quality patient care (Papp et al. 2003; Edwards et al. 2004; Lewin 2006; Papastvrou et al. 2010; Chuan and Barnett 2012). Students feel confident and motivated to learn in an environment where they are respected. Recognized, supported and regarded as part of the team (Chesser-Symth 2005; Ip and Chan 2005; Hickey 2007; Kellys 2007; Levett-Jones and Lathlean 2008; Henderson et al. 2010).

In contrast relationship problems have been highlighted including staff being unfriendly, with bad attitude, hostile and denying the students

opportunities to learn (Mntambo 2009; Cheraghi et al. 2012) Poor relationship may lead to frustration and demotivation thus, negatively affecting students learning in acquisition of knowledge and skills to become competent practitioners

CONCLUSION

There is evidence from literature that students' experiences in the clinical practice can either positively or negatively impact on their learning. The similarities and differences in the findings of the studies have shown that clinical learning environments are unique which may be attributed to differences in cultural, socio-economic and political factors in addition to curricula and organization of clinical nursing education. Therefore, research has to be conducted to explore nursing students' learning in the clinical practice across cultures in different countries.

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