

## **Clinical Environment Learning Evaluation**

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Learning is acquiring new, or modifying existing, knowledge, behaviors, skills, values, or preferences and may involve synthesizing different types of information. There are a variety of influences in the clinical-learning environment that can significantly limit and hinder the development of the learner.

The environment in which clinical education takes place can be unstructured, unpredictable, and overwhelming. This has the possibility of making the nursing students feel more vulnerable and anxious. Different attributes form the clinical learning environment, and both the quality and the experience of these learning outcomes can be decided by the interactions that takes place among the nursing students with and within these elements.

Nursing students clinical experiences are vital for their learning, knowledge and education, professional growth, and preferences for the prospective place of work. Several research studies have demonstrated that the learning environment has a significant role with respect to clinical learning and learning outcomes.

The nursing profession in India has an imperative part to play to meet the goals of national health policy. The nurses are required to fulfil many responsibilities to provide the necessary care to their clients. The clinical area is an extremely complicated entity, made up of the ward culture, practices of nursing care, management system, etc.

During clinical placement, learning experiences of nursing students are heavily influenced by the prevailing culture in the clinical area. A good ward atmosphere where staff viewed students as less experienced colleagues and treated them as such is described as being favorable to student learning. If students are welcomed, appreciated, and incorporated into the ward team then the clinical learning experience is considered positive.

Clinical Learning Environment Evaluation Scale (CLEES) has been prepared and being used by many of the nursing schools and colleges but a standardized tool is yet not formulated. In India, there is not a valid research instrument available to study clinical learning environments. Some empirical studies have been done but the data collection tools used in these studies were developed only for the appropriate studies with little generalizability of methodology and evident outcomes.

Saarikoski and Leino-Kilpi<sup>[1]</sup> developed an assessment scale to define students' views about clinical-learning environment and clinical supervision. The derived instrument was tested experimentally in a study involving nurse students (N = 416) from four nursing colleges in Finland. The results revealed that the process of supervision, the number of separate supervision sessions and the psychological content of supervisory contact within a positive ward atmosphere were the most essential variables in the students' clinical learning. Further, it was recommended that ward managers could generate an

atmosphere of a positive ward culture and a positive attitude towards students and their learning needs. The construct validity of the instrument was analyzed using exploratory factor analysis which indicated that the most vital element in the students' clinical learning was the supervisory relationship. The two most essential elements comprising a "good" clinical learning environment were the management style of the ward manager and the premises of nursing on the ward.

Choudhary *et al.*<sup>[2]</sup> led a methodological study to create clinical learning environment and supervision evaluation (CLESE) scale for nursing students of M.M. University Mullana, Ambala. Modified Delphi technique was used to create CLESE scale with nine experts. After three Delphi rounds, the scale was attempted on 190 student nurses of M.M. University. The reliability of scale was evaluated by Cronbach alpha which was 0.89 indicated the internal consistency of scale. Stability of CLESE scale was evaluated by test retest and was 0.83. Construct validity was analyzed by factor analysis. All (53) item had correlation >0.20. Bartlett's test of sphericity and KMO value of data were allowing for the factor analysis, hence all items were included in factor analysis. In factor analysis, 10 components were produced and all items had loading value more than 0.30 and were responsible for 50% of variance, so all were retained in the final scale. Hence, a valid and reliable CLESE scale was created to assess clinical learning environment and supervision for nursing students.

Similarly Abraham<sup>[3]</sup> developed and evaluated clinical learning environment evaluation scale (CLEES) for student nurses of Jamia Hamdard, New Delhi.

CLEES consisted of 51 items divided in three domains and five subdomains. Validation of CLEES was done through Delphi technique. Content validity was checked using CVI (0.87) and construct validity by exploratory factor analysis. Internal consistency of the instrument assessed using Cronbach alpha was 0.98.

A good clinical learning environment is set up through good co-operation between the teaching and the clinical staff. Nursing schools or colleges should be able to deliver a suitable clinical-learning environment at the right time, so that theory and practice can be balanced with each other. Thus, assessing the clinical learning environment for student nurses is of utmost importance and further research into development of such tools is imperative.

## REFERENCES

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