

## CHAPTER 1

### INTRODUCTION

#### *Background and Significance of the Research Problem*

Nowadays, modernization, globalization and liberalization on the society bring tremendous changes in healthcare practice. Thus, nursing education has to work parallel with this changes to produce competent nurses as the nursing profession is known to be the backbone for health care delivery services (Gaberson & Oermann, 2010). Generally, the purpose of nursing education is to provide the essence of theoretical components and required hours for clinical practice as stipulated by the nursing regulatory body which is to facilitate and prepare the undergraduate nursing students to develop their competency at the level of a professional nurse (Moscaritolo, 2009). Moreover, nursing educational institutions have encountered more demands from the global society for preparing skilled, knowledgeable and specialized nurses to work in several settings (Anema & McCoy, 2010). In order to prepare competent nurses, clinical practice plays an essential role in acquiring knowledge and mastering nursing skills (Chan, 2004). Clinical practice enables students to develop competencies in their ability to apply the knowledge, skills, and attitudes to the clinical setting (Chan, 2001). In addition to that, Benner, Hughes, and Sutphen (2008) asserted that clinical preparation provides students with opportunities to apply nursing theory to practice and furthermore creates more meaningful learning experience.

Indeed, the nursing profession is essentially a practice discipline in which clinical education is an important part of the nursing curriculum (Chan, 2001). As a result, we need to emphasize clinical education by providing a supportive clinical learning environment that positively enhances sound competent nurses as one of the most effective strategies in nursing education (Nash, 2007).

Clinical learning environment (CLE) is defined as the interactive network of forces within the clinical setting that influence the students' clinical learning outcomes (Dunn & Burnett, 1995). According to Dunn & Burnett (1995), the concepts of clinical learning environment include: 1) staff-student relationships refer to the importance of the students was attached to the willingness of nursing staff to engage in a teaching relationship and to accept the student as a learner with a legitimate role on the team; 2) nurse manager commitment refers to the role of the nurse manager in establishing and maintaining the clinical learning for students; 3) student-patient relationships refer to students opportunities to approach individual patients whereby students' efforts are valued by patients while providing care; 4) student satisfactions refer to the importance of the students' own attitudes in relation to the clinical learning environment; and 5) interpersonal relationships refer to elements relating to aspects of relationship between various participants in the ward setting as well as elements of organizational culture. The review of literature shows that, related concepts of clinical learning environment emphasize the importance of physical, human, interpersonal and organizational properties, mutual respect and trust among teachers and students (Knowles, 1990). In addition to that, student learning activities in clinical settings also require facilitating, supporting, and supervising from clinical teachers, nursing staffs, physicians, and other healthcare members (Saarikoski

& Leino-Kilpi, 2002). Nursing students encounter that learning activities in clinical setting are more challenging and complex than those in classroom settings (Chan, 2004). It is not surprising that learning in the clinical area presents a bigger threat to students than learning in the classroom because they are expected to act as a professional in the clinical setting (Chan, 2001). Thus, focusing on clinical learning education is requiring of nurse educators and healthcare agencies. There have been number of studies which focuses on identifying features, attributes and aspects along with factors that contribute to positive CLE to facilitate students' study and learning processes in their clinical environment (Dunn & Burnett, 1995; Newton, Jolly, Ockerby, & Cross, 2010). According to Dunn & Burnett (1995), various components in clinical learning environment that interact with students' learning activities can influence to quality of learning outcomes in clinical settings. Therefore, clinical learning environment has a vital role in achieving students' clinical learning outcomes.

Clinical learning outcomes (CLO) are the statements of what students are expected to know, understand, and be able to demonstrate at the end of their clinical practice as perceived by nursing students (Al-Kandari, Vidal, & Thomas, 2009). According to Al-Kandari and colleagues, clinical learning outcomes includes nine dimensions as the following: 1) *knowledge* refers to the application of the selected concepts from the biological sciences, social sciences, and nursing; 2) *nursing process* refers to the application of the nursing process; 3) *communication* refers to the effective interpersonal communication skills among students and others; 4) *student role* refers to students' participation as a member of the health team; 5) *accountability* refers to the accountable and responsible behavior of the students; 6) *patient teaching*

refers to the students' attainment of the objective in providing learning needs of the clients; 7) *organizing plan* refers to the student's awareness of selected principles of organization; 8) *caring* refers to the patient caring behaviors; and 9) *psychomotor skills* refers to the students' performance of selected nursing skills safely according to established levels. Al-Kandari et al. (2009) stated that these nine dimensions were congruent with the clinical objectives and they covered the cognitive, affective, and psychomotor domains of learning.

Clinical learning outcome is the heart of clinical education and it is also the expectation of both students and nurse educators (Al-Kandari et al., 2009). In addition, nursing students expect to acquire effective clinical learning outcomes while studying in clinical settings. Students who acquire sound clinical learning outcomes are easier transferred to the nursing professions (Gaberson & Oermann, 2010). Besides, literature has showed that there are several components that have high impacts on CLOs of nursing students during practicum rotations such as staff-student relationship (Dunn & Burnett, 1995; Saarikoski & Leino-Kilpi, 2002); nurse manager commitment to teaching (Dunn & Hansford, 1997); and student involvement (Hart & Rotem, 1995). In order to maximize student learning outcomes in clinical setting, nursing educators have developed several clinical teaching models to help students enhance clinical learning outcomes such as preceptorship (Brennan & Williams, 1993; Daigle, 2001; Gleeson, 2008), mentorship (Pulsford, Boit, & Owen, 2002), and clinical education unit (Henderson, Twentyman, Heel, & Lloyd, 2006). The purposes of implementation of these clinical models were to create positive clinical environment that facilitate nursing students maximize clinical learning outcomes (Gleeson, 2008; Henderson et al., 2006; Nash, 2007). Similarly, student learning

outcomes is found positively related to the levels of cohesiveness, satisfaction, and task orientation in the learning environment, and is negatively related to levels of friction and disorganization (Fraser & Fisher, 1983). Consequently, it can be assumed that student's clinical learning outcomes might be improved by adjusting the clinical learning environment (Chan, 2001; Dunn & Burnett, 1995; Hosoda, 2006; Saarikoski & Leino-Kilpi, 2002).

Nursing education in Vietnam begun since the 1930s. Since then, there have been several evolutions which took place that showed the progress of nursing education from military camps based to currently university based. The baccalaureate nursing program was approved by the Ministry of Education (MOE) in 2001 and then, it has been gradually implemented to nursing institutions until now (MOE, 2001; VNA, 2009). Currently, Vietnam has 15 universities which are offering the baccalaureate nursing programs where fourteen nursing faculties exist in the medical universities and one being a university of nursing. These institutions along with several nursing colleges also provide lower level programs which are the diploma and the certificate levels (VNA, 2009). Besides that the MOE requires nursing institutions which offer this program must have a congruence of contents, learning objectives, and learning outcomes for general nursing programs. The learning objectives of baccalaureate nursing program cover all three domains of learning which include cognitive, affective, and psychomotor; however, the nursing institution can adapt 20% of total credits according to the specific fields of interest, geographic and cultural aspects. In this study, the researcher proposed to conduct a study on the fourth-year baccalaureate nursing students who were studying at the end-of-program clinical course before graduation. By that time, the participants have learnt all the courses

offered comprising of both theoretical and clinical components. Hence, it is very crucial as an educator to explore as what is truly perceived by the student and this is a step where future curriculum can be improved based on the stakeholders' demand particularly the students.

Baccalaureate of nursing program in Vietnam starts clinical practice from first semester of the third-year on clinical placements until the last semester of the fourth-year. Clinical rotations take place in various clinical settings such as medical, surgical, pediatrics, obstetrics, and other specialties disciplines. Clinical duration for each discipline is approximately 4-6 weeks and then, students will be on rotation basis to posting on other ward based on the curriculum. Moreover, before entering the clinical settings, students are prepared for prerequisite courses such as theoretical nursing, practicing fundamental nursing skills in the skill labs, communication skills, and patients' psychology (MOE, 2001; Thuan, 2007; VNA, 2009). Additionally, the curriculum requires nursing institutions to follow the time frame; for example, when students take medical-nursing course, the theoretical lessons are often given prior to clinical practice in medical-wards. In other words it is followed continuously after the theoretical components to the clinical attachment, hence this process provides optimal learning opportunities to the student where the process of transferring theoretical knowledge to the practice before students are transferred to clinical fields (MOE, 2001).

In terms of providing clinical learning environment for the fourth-year baccalaureate nursing students, most of nursing schools use the traditional model of clinical teaching which one faculty member often works a half day in clinical settings providing the instruction and evaluation for a group of 10-15 students (VNA, 2009).

However, the statistics by VNA (2009) showed that Vietnam experiences the lack of both quantity and quality nurse teachers; in fact, there are only 533 nurse teachers nationwide which stand for only 13 % of total teachers and the large number of 3,636 (87%) teachers are adopted from other disciplines. The faculty member who provides clinical education is named “clinical instructor” and their functions seem like a liaison personnel rather than a practitioner. These clinical instructors also experience the workload in both faculty and clinical responsibilities (Muc, 2009; VNA, 2002, 2009). Thus, in order to establish the supportive clinical learning environment, the contracts or mutual agreements were signed between nursing institutions and hospitals (MOE, 2001; VNA, 2002, 2009). These mutual agreements accept the clinical instructor to coordinate with the nurse managers, nurse staff and other health care members to support, facilitate, and supervise nursing students’ learning in the ward during their clinical settings. Furthermore, the report by Muc (2009) showed that nursing schools have acknowledged that nurse managers have put great contributions to support students learning in each ward. On the other hand, most of the nurse managers have not been trained in nursing management and have limitations on teaching/supervising thus experience the heavy workload (Thanh, 2007). These conditions may cause some difficulties in creating harmonious learning environment for baccalaureate nursing students.

Moreover, the study by Phu, Xuan, and Tuan (2007) showed that most of the time the learning activities of student nurses are interacting with staff nurses. It is also compulsory for the staff nurses who hold the secondary or higher level certificates should have the responsibility for facilitating nursing students to learn in clinical settings. This rule was stipulated by MOH in 1997. Although establishment of

the relationships with nursing staffs are very important to help students meet their learning objectives and enhance clinical learning outcomes, the findings of Phu, et al., (2007) depicted that some staff nurses are reluctant to teach the baccalaureate students. The researchers also indicated that the reasons consisted of limited clinical teaching skills, heavy workload, and limited support from the clinical instructors. Additionally, another reason that impacts clinical learning of baccalaureate students is credential levels of nurses, because most of the nurses who guide and facilitate clinical practice have lower level of education themselves (MOH, 2007). This may lead to the nurses feel that they are not confident in teaching, facilitating, supervising and evaluating baccalaureate nursing students (Xuan, Personal Communication, November 15, 2010).

Furthermore, heavy workload occurs in most health care settings, especially in large hospitals where the most difficult cases are referred from secondary and primary health care sections. Moreover, there are two or more patients occupying the same bed in the large hospitals which in turn has caused difficulties in students to build relationships with patients, relatives, and others (Jones, O'Toole, Hoa, Chau, & Muc, 2000; VNA, 2002). As a result, the students frequently feel anxious and vulnerable in the clinical environment. They also encounter difficulties in communication with both patients and healthcare members (Xuan, Personal Communication, November 15, 2010).

Currently the quality of nursing students is the main concern of nursing education in Vietnam. Although the process of upgrading nursing schools over 10 years has brought significant internal changes affecting the ability to perform as a professional nurse of newly graduate nurses (VNA, 2009), a study by Hoi & Xuan

(2010) reported that newly graduated nurses can perform only 50% of given nursing procedures well when they took recruitment examinations and they also have limitations in communication and patient counseling. The authors further stated that due to the inadequate number of nursing supervisors, many types of students from different programs practicing in the wards, lead to the overlap in practicing patient care. In addition to that, the work overload and too many patients occurs in most of the provincial and tertiary hospitals so staffs have to spend more time on caring for the patients; they do not have much time for guiding the students in nursing practice (Hoi & Xuan, 2010). Another report by VNA (2009) showed that new graduate nurses had difficulty in the transition to clinical settings and hospitals often have to spend greater amounts of time and money for the job training of new nurses after recruitment. Surprisingly, Vietnam has not yet established the Nursing Licensure, so the quality of new graduate nurses may have differences among nursing institutions. Moreover, Huy et al., (2010) reviewed 170 studies conducted from 2004-2009 published in the national nursing magazines, the findings showed that there were only 5 research studies (3%) on nursing education in total so far. Therefore, nursing education system lacks consistency in evaluating the learning outcomes of new graduate nurses. Moreover, no study has showed on the relationship between CLE and CLOs of baccalaureate nursing students in Vietnam.

In summary, this study was conducted to understand the situation of clinical learning environment and clinical learning outcomes, and to examine the extent both variables are related as perceived by the fourth-year baccalaureate nursing student in The Socialist Republic of Vietnam. The results would be of great benefit for nursing educators, nursing policy makers, nursing administrators as well as

hospital boards to create effective learning environment that encourage nursing students achieve the best learning outcomes.

### *Objectives of the Study*

1. To assess the level of clinical learning environment as perceived by the fourth-year baccalaureate nursing students in The Socialist Republic of Vietnam.
2. To assess the level of clinical learning outcomes as perceived by the fourth-year baccalaureate nursing students in The Socialist Republic of Vietnam.
3. To examine the relationship between clinical learning environment and clinical learning outcomes as perceived by the fourth-year baccalaureate nursing students in The Socialist Republic of Vietnam.

### *Research Questions*

1. What is the level of clinical learning environment as perceived by the fourth-year baccalaureate nursing students in The Socialist Republic of Vietnam?
2. What is the level of clinical learning outcomes as perceived by the fourth-year baccalaureate nursing students in The Socialist Republic of Vietnam?
3. Is there any relationship between clinical learning environment and clinical learning outcomes as perceived by the fourth-year baccalaureate nursing students in The Socialist Republic of Vietnam?

### *Definition of Terms*

*Clinical learning environment* refers to the interactive network of forces within the clinical setting that influence students' clinical learning outcomes (Dunn & Burnett, 1995). The clinical learning environment consists of five dimensions: 1) staff-student relationships; 2) nurse manager commitment; 3) student-patient relationships; 4) interpersonal relationships; and 5) students satisfactions. In this study, it was measured by using Clinical Learning Environment Scale developed by Dunn and Burnett (1995), and it was translated into Vietnamese language by the researcher.

*Clinical learning outcome (CLO)* refers to the statements of what students are expected to know, understand, and be able to demonstrate at the end of their clinical practice as perceived by nursing students. The clinical learning outcomes include nine dimensions: 1) knowledge; 2) nursing process; 3) communication; 4) student role; 5) accountability; 6) patient teaching; 7) organizing plan; 8) caring; and 9: psychomotor skills. In this study, clinical learning outcomes was measured by Clinical Learning Outcomes for Nursing Students (CLONS) developed by Al-Kandari et al., (2009) and this instrument was also translated into Vietnamese by the researcher.

*Fourth-year baccalaureate nursing student (4<sup>th</sup> year BNS)* refers to individuals who are studying in the last year of the baccalaureate nursing program at

the Faculty of Nursing in Medical University and University of Nursing in The  
Socialist Republic of Vietnam.