Student nurses experience of learning in the clinical environment

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Summary

The clinical learning environment is a complex social entity that influences student learning outcomes in the clinical setting. Exploration of this environment gives insight into the educational functioning of the clinical areas and allows nurse teachers to enhance students’ opportunities for learning. Since Cyprus is undergoing major reforms in nursing education, building on the experience and knowledge gained, this study aims to explore the present clinical situation and how this would impact on nursing education moves to the university. As nursing education would take on a different approach, it is assumed the learning approach would also be different, and so utilization of the clinical environment would also be improved. Six hundred and forty five students participated in the study. Data were collected by means of the clinical learning environment and supervision instrument. A statistically significant correlation was found between the sub-dimensions “premises of nursing care” and “premises of learning” indicating that students are relating learning environment with the quality of nursing care and patient relationships. The ward atmosphere and the leadership style of the manager were rated as less important factors for learning. The majority of students experienced a group supervision model, but the more satisfied students were those with a “personal mentor” that was considered as the most successful mentor relationship. The findings suggest more thorough examination and understanding of the characteristics of the clinical environment that are conductive to learning.

Introduction

Nursing education in Cyprus has been developing for almost over a century. The first nursing training programme started in 1946 (Antoniou, 1990) but officially, planned courses for general nurses were organized and commenced in 1960 when Cyprus declared as an independent state. Nursing education became responsibility of the Ministry of Health and with the assistance of the World Health Organization, aimed to establish nursing education in Cyprus “on a high international level” (WHO, 1960). During mid 1990s nursing in Cyprus experienced a first educational transformation with the upgrading of courses to a diploma level, although it remained under the umbrella of the Ministry of Health. A major evaluation report from experts from the World Health Organization (WHO, 1987) identified problems similar to those reported in other countries, like linking theory to practice, poor acquisition of skills and problems in the supervision of clinical practice. Two studies regarding nursing education in Cyprus also confirmed weaknesses in the level of support both nurse teachers and clinical teachers are able to provide to nursing students in Cyprus (Antoniou, 1990; Papastavrou, 1997). In 2002, a team of experts from the EU member states performed an evaluation mission (peer review) with the support of TAIEX (Technical Assistance and Information Exchange) in Cyprus (EU, 2002) which resulted in improving the continuous education programs for nurses.

Nursing in Cyprus has followed the apprenticeship model for many years, which enabled nurses to learn their trade ‘on the job’ as the school of nursing was attached to the hospital and provided the professional education necessary to support healthcare needs. This model provided a practice-based workforce, however it was criticized as it was questioned whether the preparation met the needs of a changing health service (Longley et al., 2007). Consequently, a number of significant changes occurred, the most radical being the shift to the tertiary section (The Republic of Cyprus, 2003) and the development of privatization in education that has given an end to the state monopoly of nurse training which has now become a marketable commodity.

The reformation of the traditional nursing education system and the integration with higher education is suggested to have many advantages (Owen, 1988) as well as complexities like the
skepticism whether theory would diminish clinical skills and practice (Barton, 1998). As in many countries the reason for this move was to improve the educational experience of students and thus the competence of graduates. In many areas of Europe, this transition took place more than one or two decades ago and the importance of clinical education for quality nursing care has gained increasing attention over the last years. The integration of nursing into higher education in the early 90s and the move to higher education in the UK, resulted in the introduction of several innovations like the supernumerary student status and the adoption of various roles including: the lecturer employed by the University; joint appointments; mentors; specialist and advanced practitioners including the nurse consultant; and more recently the clinical nurse educator (Pollard et al., 2007). An increase in theoretical components of nurse education was generally well received; however the increasing theory–practice divide is often attributed to the move of nurse education into Higher Education. There were concerns that focusing on theoretical aspects of nursing impacted on clinical skills, consequently, it was questioned whether nurses gained adequate preparation to carry out the required skills in practice (Longley et al., 2007).

This study has been informed by previous work in other countries, in regards to the transition into tertiary sector for nursing education. Building on the experience and knowledge gained in these countries, this study aims to explore the present clinical situation and how this would impact on nursing education moves to the university. As nursing education would take on a different approach, it is assumed the learning approach would also be different, and so utilization of the clinical environment would also be improved. The results of the study will be used to reorganize nursing practice as a part of the design of the new curriculum aiming to equip students of nursing with the competencies required to meet the complex demands of care and to apply theory in practice.

Student supervision and clinical practice

Historically, the clinical support roles in Cyprus followed the British model of nursing education, with the “one teacher” (nurse teacher had dual responsibility for classroom and clinical teaching), a role that was suggested as a method of resolving the theory–practice segregation (Lambert and Glacken, 2004). In an attempt to alleviate nurse teacher workload and address the long debated theory–practice divide clinical teachers were employed in the 1980s and these posts lived for over 20 years. More recently, the role of mentors was introduced because it was considered that collective teaching would be more beneficial in supporting students in the clinical area and reducing the theory–practice gap. Mentors were experienced staff nurses who attended 1 day seminar preparation that was provided by the teachers of the School, but unfortunately the ambiguous nature of their role and the experience of challenges in fulfilling their roles effectively as a consequence of workloads, insufficient time, inadequate staff levels, primary patient care responsibility and lack of coherent training and support, made mentorship inadequate.

The clinical learning environment as explored in this study consists of the ward atmosphere that incorporates items like how easy the staff members are to approach, the spirit of solidarity among nursing staff and encouragement of students to participate in the discussions. The leadership style refers to the attitude of the ward manager towards the staff members, his or her appreciation of the efforts of individual employees and the leader’s behavior as a team member (Saarikoski and Leino-Kilpi, 2002). The “ward premises” includes the nature of care delivery, the wards nursing philosophy, the delivery of care, e.g. individualized, the flow of information related to patient care and the documentation of nursing, like for example the nursing care plans and the daily recording of nursing procedures (Saarikoski et al., 2002). The supervisory relationship was explored by examining concepts that measured the pedagogical and psychological content of the relationship, including the mentor’s attitude towards supervision, individualized approach and feedback to the student.

Background/literature

One of the main features of nursing as a science and a profession is that nursing education is characterized by a close relationship between theory and practice, meaning that nursing cannot be learned through either theory or practice only. However clinical learning takes place in the complex social context of the clinical environment that is defined in several ways (Dunn and Hansford, 1997; Saarikoski and Leino-Kilpi, 2002; Papp et al., 2003) and consists of different important elements.

The theoretical framework of this study is based on the dyadic nature of the clinical environment: One is the learning environment including the ward atmosphere, the culture and the complexities of care, and the other is the supervisory relationships between students, clinical and school staff (Saarikoski and Leino-Kilpi, 2002). The clinical learning environment is also seen as a concept that can be measured although numerous research projects insisted on the qualitative approach of exploring the students’ experiences (Chun-Heung and French, 1997; Papp et al., 2003; Peyrovi et al., 2005; Chesser-Smyth, 2005). Some measurement instruments for assessing aspects of the clinical learning environment have been developed (Dunn and Hansford, 1997; Callaghan and McLaugherty, 1997; Chan, 2001; Saarikoski and Leino-Kilpi, 2002; Hosoda, 2006) including most of the components synthesizing a clinical environment as an area of learning.

Early studies in the 1980s examined multiple facets of student learning on clinical placement and demonstrated the complexity and demanding nature of the clinical environment, indicating that this area of learning is unpredictable and far beyond the control of faculty members (Fretwell, 1980; Ogier, 1981; Orton, 1981; Smith, 1988; Robinson, 1991; Elkan and Robinson, 1993; Twinn and Davies, 1996; Chun-Heung and French, 1997; Jarratt, 1983). Other studies questioned the effectiveness of clinical settings, claiming that they fail to provide students with positive examples of behavior (Greenwood, 1993; Lindeman, 1989) and even recognized it as a source of stress, creating feelings of fear and anxiety which in turn affect the students’ responses to learning (Kleehammer et al., 1990; Nolan, 1998; Chesser-Smyth, 2005).

At the same time studies focused on the leadership style of the ward manager (Fretwell, 1983; Orton, 1981) although the literature reveals a considerable overlap between the different roles of ward managers, suggesting that the educational role is neglected (Gerrish, 1990; Bezuidenhout et al., 1999; Twinn and Davies, 1996). More recent international studies found that the leadership style of the ward manager remains an important element of learning (Saarikoski and Leino-Kilpi, 2002) and others support that cultural and organizational factors in the ward often influence students’ learning experience (Saarikoski et al., 2002; Mantzoukas and Jasper, 2004; Pearcey and Elliott, 2004).

Later empirical studies concentrated on the supervisory relationships and supervision that takes place with an individual supervisor or in a group (Saarikoski, 2003). Terms like “mentor”, “preceptor” and “link teacher” are extensively explored to describe a supervisory role and the one-to-one relationship between student and mentor, or individualized supervision was found crucial to the process of professional development (Marrow, 1994; Andrews and Chilton, 2000; Myrick and Yonge, 2001; Earnshaw, 1995; Myrick, 1988).

Other studies focused on staff–student relationships and the impact this relationship has on students’ learning (Nolan, 1998;
Dunn and Hansford, 1997; Chun-Heung and French, 1997; Atack et al., 2000; Andrews and Roberts, 2003; Nolan, 1998). Poor staff relationships, lack of staff commitment to teaching, autocratic and hierarchical relationships, lack in the student-supervisor relationship were found as obstructive factors for learning, whereas feeling part of the team is closely linked to the opportunity to learn (Lofmark and Wikblad, 2001; Nolan, 1998; Dunn and Hansford, 1997; Myrick and Yonge, 2001). It is also argued that the practice experience may not be an educational experience because learning methods like reflection that advance student nurses’ intellectual development are not actually implemented (Chun-Heung and French, 1997; Lofmark and Wikblad, 2001; Mantzoukas and Jasper, 2004).

Methods

Aims of the study

The aim of this study was to explore the students’ experiences of the clinical environment and supervision of the hospital-based system of education in Cyprus, and forms the basis for future replication when nursing has totally moved to the “university system”.

The specific objectives were:

1. To explore how student nurses find their experience of the learning environment and supervision in clinical placements.
2. To identify which factors of the clinical environment and supervision contribute to learning.
3. To create a data base on clinical learning and supervision that will form a starting point for future studies in Cyprus.

The questionnaire

The research instrument used was the English version of the Finnish clinical learning environment and supervision (CLES) scale tested in earlier studies (Saarikoski and Leino-Kilpi, 2002), which consists of background variables and statements that evaluate the learning environment and the supervisory relationship. More specifically, the questionnaire (CLES) consists of 27 statements and it is sub-divided into five sub-dimensions with the following number of items: ward atmosphere (five items); leadership style of the ward manager (four items); premises of nursing care on the ward (four items); premises of learning on the ward (six items) and supervisory relationship (eight items). The respondent answers to the statements are on a five-step Likert-type scale.

Ethical considerations

The only committee that exists in this country is the National Bioethics Committee and according to the committee’s mission (http://www.bioethics.gov.cy) this study was not under its jurisdiction. Therefore permission for access to the field of research was obtained from the director of the school and from each of the group leader–teachers. The aims of the study were explained to the students and they were guaranteed anonymity and confidentiality.

Statistical methods

For the statistical analysis the software package SPSS was used. Reliability and validity analyses were applied to confirm the scientific rigor of the translated research instrument. Moreover, descriptive frequencies on the items of the sub-dimensions of the scale were found. Statistical tests, such as ANOVA and Bonferroni, were also performed, in order to examine differences among the various groups. Analysis of variance (ANOVA) is a statistical procedure that examines if the means of several groups are all equal, generalizing the t-test to more than two groups, using the F-distribution. Post-hoc tests, such as Bonferroni, are performed when ANOVA has shown that there exist differences among the groups, in order to assess which groups are different, by comparing the groups pairwise.

The participants

Six hundred and forty five (645) that is 90% of all the undergraduate students of the only Public School of Nursing in Cyprus (Ministry of Health) completed the questionnaire. These were the last students of the hospital-based education system since next semester students will be admitted to the Department of Nursing at the Cyprus University of Technology, under different admission requirements. Some missing data exist randomly in various questions, and therefore the sample size is not 645 in all variables. The mean age of the respondents was 20.4 years, with standard deviation 2.72 years. The clinical placements of respondents were divided into six different hospitals, covering all regions of Cyprus. About 226 of the respondents (40%) were first-year students, 195 (40%) were second-year students and 138 (25%) were third-year students. The clinical placement occurred in several wards, most common being the medical (24%), the orthopedic (16%) and the surgical (13.8%) and the remainder 56% were mainly in nephrology, cardiology, oncology, pediatrics, neurosurgery, gynecology, angiothoracics, intensive care or casualty department (Table 1).

Validation of the instrument

For the purpose of this study, the CLES was translated and blindly back translated from English to Greek (Maneesriwongul and Dixon, 2004). The validity and reliability of the instrument was evaluated by considering a random sample of 350 students out of the total sample of 645 students that participated in the study. The construct validity of the instrument was analyzed using exploratory factor analysis (Papastavrou and Lambrinou, 2009). The total percentage of variance that the factor model explained was high (67%) and the questions loaded (i.e. were grouped) on the same factors as the factors in the original questionnaire. The

<table>
<thead>
<tr>
<th>Department</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>35</td>
<td>6.9</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>83</td>
<td>16.3</td>
</tr>
<tr>
<td>Medical</td>
<td>121</td>
<td>23.8</td>
</tr>
<tr>
<td>Surgical</td>
<td>70</td>
<td>13.8</td>
</tr>
<tr>
<td>Oncology</td>
<td>21</td>
<td>4.1</td>
</tr>
<tr>
<td>Emergency room</td>
<td>12</td>
<td>2.4</td>
</tr>
<tr>
<td>Intensive care unit</td>
<td>13</td>
<td>2.6</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>18</td>
<td>3.5</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>18</td>
<td>3.5</td>
</tr>
<tr>
<td>Vasc and thoracic surgery</td>
<td>15</td>
<td>3.0</td>
</tr>
<tr>
<td>Nephrology</td>
<td>39</td>
<td>7.7</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>19</td>
<td>3.7</td>
</tr>
<tr>
<td>ENT</td>
<td>8</td>
<td>1.6</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>21</td>
<td>4.1</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>9</td>
<td>1.8</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Out patient department</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Total valid</td>
<td>508</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing data</td>
<td>137</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>645</td>
<td></td>
</tr>
</tbody>
</table>
In order of importance according to the factor analysis results, are ‘supervisory relationship’, ward atmosphere, premises of nursing care, premises of learning, and leadership style of the ward manager. The reliability of CLES was evaluated with the Cronbach’s alpha reliability coefficients. The alpha value of the total scale was 0.95, which is extremely satisfactory, and the alpha values of the sub-dimensions ranged from 0.79 to 0.95, which are very satisfactory. More detailed results regarding the construct validity and reliability of the translated CLES can be found in Papastavrou and Lambrinou, 2009.

In the total sample of 645 students of the current study, the alpha values of the sub-dimensions were again very satisfactory, ranging from 0.81 to 0.95 (see Table 2). These results are very similar to the alpha values (ranging from 0.73 to 0.94) of the Finnish and English samples when the instrument was validated and tested in an international comparative study (Saarikoski et al., 2002). Each sub-dimension was measured as the average of the answers in the corresponding items. The relations between the sub-dimensions of the instrument were measured with the Pearson correlation coefficients. The analysis showed that these inter-correlations are highly significant ($p < 0.01$) for all sub-dimensions (Table 3), which implies that the properties of a good clinical learning environment interact together and their theoretical meanings also interact. Our results, in fact, show stronger relations between the sub-dimensions compared to the original instrument, where some of the sub-dimensions (e.g. leadership style of the ward manager) were not significantly related with the other sub-dimensions.

Results on CLES

Students evaluated their clinical learning environment and supervision by staff nurses as ‘good’. The means of all sub-dimensions varied between 3.27 and 3.61 (on the 1–5 scales) (see Table 2). Moreover, the skewness values of all the sub-dimensions were negative ($-0.51$, $-0.38$, $-0.59$, $-0.39$, $-0.47$, respectively). The combination of the results on means and skewness shows that the assessments of students lean in the direction of positive values ($>3$). The highest score was 4.03, equally given to an item measuring “ward atmosphere” and an item measuring “premises of learning on the ward”. Overall it was the sub-dimension “premises of nursing care on the ward” which had the highest mean, since the scores on the items were consistently high. The lowest overall evaluation (mean score 3.27) was received by the sub-dimension “supervisory relationship”. This sub-dimension is, however, the most consistent since the Cronbach’s alpha for reliability is very high (0.95). The highest mean in this sub-dimension (3.50) was achieved for the item “The mentor showed a positive attitude towards supervision” and the lowest mean (3.12) for the item “I continuously received feedback from my mentor”. These two means are very similar with the corresponding item means found in the original instrument (3.99 and 2.85, respectively).

A nurse supervised most of the students (247 students or 45%), a nurse specialist supervised 131 cases (24%), a head-nurse 80 cases or 14.6% and an assistant head-nurse 40 cases (7.3%), another student supervised 12 students (2.2%), a clinical teacher supervised 2 cases (0.4%), a doctor supervised 1 case (0.2%) and 14 students (2.6%) were supervised by all of the above. Moreover, 9 students (1.6%) were supervised by a teacher and 13 students (2.4%) did not have any supervisor.

In the questionnaire, there were six alternatives regarding supervisory relationship. Table 4 shows the frequencies for each alternative. For the analysis, the first three alternatives (1) the student did not have a named supervisor, (2) a personal supervisor/mentor was named, but the relationship with the mentor did not work at all, and (3) the named mentor changed during the clinical placement, even though no change had been planned) were combined into one class and named ‘failed supervisory experiences’. Results showed that 167% or 30.3% of the respondents had failed supervisory experiences. Alternatives 4 and 5 ((4) supervision varied according to the shift or place of work and (5) Supervisor had several students, the so-called team supervision) were combined and named ‘team supervision’. Results show that of the respondents in this study the majority, 326% or 58%, experienced team supervision. The remainder of the respondents, 11.4%, had a personal mentor and the relationship worked in practice. If we consider all alternatives except 4 and 5 (team supervision) as a “personal mentor relationship”, we can say that only 27.3% of the respondents who experienced personal mentorship expressed their satisfaction with that relationship.

We also examined the relation between the continuous variable reflecting the total satisfaction of students of their supervisory relationship (measured as the average of the 8 corresponding items), and the method of supervision. The mean in the group “failed supervisory experience” was 2.73, in the group “team supervision” was 3.37 and in the group with a successful mentor relationship was 4.18. A statistical difference was examined using an ANOVA test, which showed that the differences between the three groups were highly significant (Table 5).

Post-hoc Bonferroni tests, which compared the groups pairwise, showed that the differences were statistically significant between

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward atmosphere</td>
<td>3.44</td>
<td>0.87</td>
<td>0.82</td>
</tr>
<tr>
<td>Leadership style of the ward manager</td>
<td>3.43</td>
<td>1.01</td>
<td>0.81</td>
</tr>
<tr>
<td>Premises of nursing care on the ward</td>
<td>3.61</td>
<td>0.89</td>
<td>0.82</td>
</tr>
<tr>
<td>Premises of learning on the ward</td>
<td>3.43</td>
<td>0.90</td>
<td>0.85</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>3.27</td>
<td>1.05</td>
<td>0.95</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Correlation matrix of the sub-dimensions (CLES).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Ward atmosphere</td>
</tr>
<tr>
<td>Leadership style of the WM</td>
</tr>
<tr>
<td>Premises of nursing</td>
</tr>
<tr>
<td>Premises of learning</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level.

<table>
<thead>
<tr>
<th>The method of supervision</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student did not have a named supervisor</td>
<td>68</td>
<td>11.2</td>
</tr>
<tr>
<td>2. A personal supervisor (mentor) was named, but the relationship with the mentor did not work at all</td>
<td>51</td>
<td>8.4</td>
</tr>
<tr>
<td>3. The named mentor changed during the clinical placement, even though no change had been planned</td>
<td>65</td>
<td>10.7</td>
</tr>
<tr>
<td>4. Supervision varied according to the shift or place of work</td>
<td>209</td>
<td></td>
</tr>
<tr>
<td>5. Same supervisor had several students, the so-called team supervision</td>
<td>142</td>
<td>23.5</td>
</tr>
<tr>
<td>6. Supervisor was a so-called personal mentor and the relationship worked in practice</td>
<td>69</td>
<td>23.5</td>
</tr>
<tr>
<td>Missing data</td>
<td>41</td>
<td>11.4</td>
</tr>
<tr>
<td>Total</td>
<td>645</td>
<td>100</td>
</tr>
</tbody>
</table>
all three groups. Therefore, the results say that the most satisfied students were the students with a successful mentor relationship and the most unsatisfied students were the ones with a failed supervisory experience.

We then examined if the total satisfaction with the supervisory relationship was different among students with different frequencies in the sessions with the supervisor. The frequency of the private sessions varied from none to more than once a week, where 19.3% of the students had no private session, 30.2% had a session once or twice, 13.6% had a session less than once a week, 15.6% had a session once a week and 21.3% had a session more than once a week. An ANOVA test showed that there were significant differences between the groups \((F = 42.25, p-value < 0.001)\) and Bonferroni tests showed that students who had more frequent sessions with their supervisor were more satisfied.

There was no statistical difference among students in different specialty departments (cardiology etc.) \((F = 1.37, p-value = 0.150)\). Regarding who the supervisor was (nurse, teacher etc.), in relation to satisfaction, the results of ANOVA showed that there was a statistical difference among students \((F = 6.39, p-value < 0.0001)\), but post-hoc Bonferroni tests showed that the differences were significant only between students who did not have a supervisor compared to students who had a supervisor, in other words students were more satisfied if they had a supervisor compared to not having one.

Additional results using ANOVA, showed that there was a statistically significant difference between years of study in terms of their satisfaction \((F = 8.89, p-value < 0.001)\). More specifically, Bonferroni tests showed that the significant difference existed between first- and third-year students \((p-value < 0.001)\), and second- and third-year students \((p-value = 0.037)\), where first- and second-year students were more satisfied with their supervisory relationship compared to third-year students.

### Discussion

Nursing students engaged in the traditional training system perceived their clinical placements and supervision by a qualified staff as “good”. These results are similar with studies from other countries (Saarikoski and Leino-Kilpi, 2002) although the overall evaluation of the Cypriot students of their clinical placement was found less positive. The quality of nursing care was identified as especially important since the respondents rated the “Premises of nursing care on the ward” very high. This result is analogous to the views of the British students in international studies (Saarikoski et al., 2002) and can be explained in historical terms, since both the health care system and nursing education in Cyprus were strongly based on the British tradition. The same observation was made in the results of studies using different instruments in Australia (Dunn and Hansford, 1997) and a different methodology in Iran (Peyrovi et al., 2005). However, this finding is different from the views of the Finnish students who repeatedly identify the ward atmosphere as the most important element of the clinical environment and not the premises of nursing care on the ward (Saarikoski and Leino-Kilpi, 2002; Saarikoski et al., 2002). A statistically significant correlation was found between the sub-dimensions “premises of nursing care” and “premises of learning” indicating that students in Cyprus are relating learning environment with the quality of nursing care and patient relationships. Although the approach of this study didn’t allow explanations, the differences of opinion in the various countries can partly be explained in the context of the meaning of caring that may be of educational or a cultural origin and reflects the plethora of caring definitions presented in the literature (McCance et al., 1997).

Cypriot students evaluated the ward atmosphere with lower scores and they also gave the lowest evaluation to the item “during staff meetings I felt comfortable taking part in the discussions”. Two of the elements describing clinical learning experience in several studies are: the need of the students to be appreciated (manifested in a learning environment where students are a part of a nursing care team) and a need to be supported. In qualitative studies in the UK (Spouse, 2001), Canada (Myrick and Yonge, 2001), Ireland, (Chesser-Smyth, 2005) and Sweden (Lofmark and Wikblad, 2001), it was found that mutual respect and positive regard for others had an impact on the students’ confidence levels. Feeling a part of a team and treated with respect as an individual is also identified as a part of the socialization process that reduces anxiety, increases confidence and promotes learning (Lofmark and Wikblad, 2001; Nolan, 1998).

The leadership style of the ward manager in this study was identified as less important when compared with earlier studies in other countries (Fretwell, 1983; Ogier, 1981) and also in later studies (Wilson-Barnett et al., 1995; Dunn and Hansford, 1997; Saarikoski et al., 2002) nevertheless Cypriot students gave ward managers a low evaluation score. However, differences in other countries (Bezuidenhout et al., 1999; Chesser-Smyth, 2005) can be explained by different forms of student supervision, different types of ward organization and the introduction of supernumerary status and mentorship that has rendered the leadership style less transparently important to the learning environment in some areas. It is also possible that the presence of clinical teachers who are designated to supervise and guide students on the ward made ward managers abandon their traditional pedagogical role which they have gradually delegated to the school staff. This finding can also be explained historically in terms beyond nursing education and culture. Cyprus was under foreign occupation for thousands of years and this kind of oppression might have shaped a climate of suspicion and mistrust about any kind of management. It is possible therefore that people’s views and consequently students’ opinion about leadership and the role of the ward manager in the promotion of learning was recognized as negative.

The supervisory relationship was found problematic, since 30% of the students had “failed supervisory relationship” and this is mainly due to reasons of occurrence and organization of supervision. Students were supervised by a variety of people, ranging from staff nurses, to managers, doctors, fellow students or they were not assigned to a supervisor. It is also clear that the mentorship system did not work as expected and one explanation might be the presence of clinical teachers that may have prevented the mentors of undertaking a more active role in student supervision. Although the organization of clinical practice rested on the school, this finding reflects the apprenticeship system and the dependence of nursing education from the ministry of health. The majority of students experienced group or team supervision and these results are very different from the organization of supervision systems in other European countries, where the use of mentors and individualized supervision are very common (Saarikoski et al., 2002, 2007) but are similar to that in schools where other members of staff acted as supervisors, the models of team supervision were very common (Saarikoski et al., 2007).

### Table 5

Differences in satisfaction of supervisory relationship, according to method of supervision.

<table>
<thead>
<tr>
<th>Method of supervision</th>
<th>Satisfaction mean</th>
<th>Satisfaction standard deviation</th>
<th>ANOVA F-statistic</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Failed supervisory experience</td>
<td>2.73</td>
<td>1.15</td>
<td>57.66</td>
<td>&lt;0.001¹</td>
</tr>
<tr>
<td>2. Team supervision</td>
<td>3.37</td>
<td>0.91</td>
<td>6.39</td>
<td>0.0001</td>
</tr>
<tr>
<td>3. Successful mentor relation</td>
<td>4.18</td>
<td>0.66</td>
<td>4.18</td>
<td>0.037</td>
</tr>
</tbody>
</table>

¹ Differences between the three groups are significant at the 0.01 level.

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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
In contrast to other countries, students in Cyprus do not evaluate their supervision experience positively (Saarikoski et al., 2007, 2002) and they are not satisfied from the team supervision model. Only a small percentage of students (11.44%) find supervisory relationship successful. Students’ total satisfaction was observed to have a statistically significant link with the occurrence of supervision: the more satisfied students were those who had a personal mentor, where the student-mentor relationship worked in practice as they had more frequent sessions with their supervisor. There are also differences in satisfaction between the 1st and 3rd year students indicating that either younger students have more frequent sessions from the supervisor, or that the 3rd year students tend to be more demanding from the supervisory relationship.

The reliability of the Greek version of the CLES was found to be very high in this study, indicating that the instrument is an effective data collection tool for examining the learning environment in a culture that is very different from the north European countries. In the factor analysis all items of the instrument fitted into the expected factors and were grouped on the same factors as those of the original questionnaire, confirming the construct validity of the CLES. According to the results of this study, the “supervisory relationship” is the most important pedagogical activity of the nursing staff, contributing to the clinical learning environment and supports the original instrument. However, there are differences in the second most important factor explaining the variance of variables, demonstrating that the Cypriot experience regarding important variables of the clinical environment is different when compared to the Finnish and the British ones.

There are limitations in this study. Student data collection was organized from the only nursing school on Cyprus, so the results cannot be generalized. The discussion of differences and similarities in the results with other countries mentioned previously must be considered with caution because of differences in nursing education and the organization of clinical practice.

The study offers a valuable insight into student nurses experience of learning environment and supervision in Cyprus. The number of participants is quite high when compared to the sample sizes of other studies despite the limitation that there is only one school of nursing in Cyprus which is representative of the country.

Conclusions and implications

The results of this study reveal that there are many challenges for educators and practitioners in coping with changes brought with the transition of nursing into Higher Education. Integration will provide academic recognition by higher education, facilitate sharing of skills and knowledge with other disciplines and give access to extensive educational resources (Barton, 1998). However, since Nursing is predominantly a practice-based profession, it is vital that nurse education continues to have a strong practical element. The Cypriot experience in Cyprus (EU Commission, 2003). The reliability of the Greek version of the CLES was found to be extensive educational resources (Barton, 1998). However, since Nursing is predominantly a practice-based profession, it is vital that nurse education continues to have a strong practical element despite its full integration into higher education. It is worrying that given the importance of learning in the clinical area, a significant percentage of students experienced failed supervisory relationships and the majority had team supervision that comes in contrast with the philosophy and principles of individualization.

The implications of the findings and the challenge for nurse educators is to find new innovative ways for the re-organization of nursing curricula and nursing practice so as to match the theoretical and academic element with the practical component of nursing education. There are also opportunities for both educators and students to work within a more creative environment that will promote and add to the professional knowledge base (Barton, 1998).

The finding that the respondents who experienced personal mentorship expressed satisfaction with that relationship, is suggesting that the role of the mentor needs to be reformed, strengthened and supported. At the same time new roles need to be explored as well as other pedagogical approaches within the clinical practice in order to decrease the gap that exists between the academic and the clinical component of nursing education.

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References


