

UNIVERSITI SAINS MALAYSIA



**PERCEPTION OF FINAL YEAR NURSING
STUDENTS TOWARDS THE HOSPITAL
UNIVERSITI SAINS MALAYSIA (HUSM) AS A
CLINICAL LEARNING ENVIRONMENT**

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DECLARATION

This is to certify that the dissertation entitled '**Perception of Final Year Nursing Student Towards Hospital University Science Malaysia as a Clinical Learning Environment**' is a benefice record of research work done by Miss Juliana Jamal, Matriculation Number: 77932 during the period of July 2006 until April 2007 under my supervision. This dissertation is submitted in partial fulfillment of the requirements for the Degree of Bachelor of Health Sciences (Nursing). All the achievement and data from this research are hereby declared as the property of University Science Malaysia (USM).



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PERCEPTION OF FINAL YEAR NURSING STUDENTS TOWARDS THE HOSPITAL UNIVERSITI SAINS MALAYSIA (HUSM) AS A CLINICAL LEARNING ENVIRONMENT

ABSTRACT

The clinical nursing education is one of the important components of the nursing program in preparing nurses for entry into the nursing profession. Many students reported having problems during clinical learning. Stress, anxiety and initial clinical experience are some of the problems. Therefore, attention should be given to determine factors affecting student learning outcomes in the clinical environment. There are many factors could influence students' perception toward clinical environment such as physical of the clinical area and support from staff nurses. Therefore, to get a clear view regarding this situation, the fourth year degree nursing student from University Science Malaysia (USM) and the third year diploma nursing students form Universiti Darul Naim Malaysia (UDM) were examined by distributing survey questionnaire. It is important to explore students' perceptions about problems and conditions during clinical environment in HUSM. By understanding clinical learning experiences are essential for developing more effective clinical nursing education.

This study was done to explore perceptions among final year nursing students toward Hospital Universiti Sains Malaysia (HUSM) in providing clinical learning environment. The design of this study was a cross-sectional survey using quantitative approach. The sample population was from USM and UDM. Subjects of this study were the fourth year nursing students (n=35) of University Sains Malaysia (USM) and the third year diploma students (n=28) from University Darul Iman Malaysia (UDM). The potential number of student respondents from all institutions approximately n=63.

ABBREVIATIONS

HUSM	Hospital Universiti Sains Malaysia
USM	Universiti Sains Malaysia
UDM	Universiti Darul Iman
SPM	Sijil Peperiksaan Malaysia
STPM	Sijil Tinggi Peperiksaan Malaysia
SECEE	Student Evaluation of Clinical Education Environment
SPSS	Statistical Package Social Science

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The clinical nursing education is one of the important components of the nursing program in preparing nurses for entry into the nursing profession. Many students reported having problems during clinical learning. Stress, anxiety and initial clinical experience are some of the problems. Therefore, attention should be given to determine factors affecting student learning outcomes in the clinical environment. There are many factors could influence students' perception toward clinical environment such as physical of the clinical area and support from staff nurses. Therefore, to get a clear view regarding this situation, the fourth year degree nursing student from University Science Malaysia (USM) and the third year diploma nursing students form Universiti Darul Naim Malaysia (UDM) were examined by distributing survey questionnaire. It is important to explore students' perceptions about problems and conditions during clinical environment in HUSM. By understanding clinical learning experiences are essential for developing more effective clinical nursing education.

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Inclusion criteria of sample were all fourth year nursing students of USM and all third year nursing student of UDM. The students who were willing to participate and have given consent were included in this study. Data was collected from the beginning of November to December 2006 using the questionnaire. Data obtained were analyzed descriptively using 'Statistical Package Social Science' (SPSS). Chi-Square and Independent t-test were chosen to test the hypothesis, and the p value of <0.05 was found to be significant.

Student perception towards clinical learning environment were categorized into two variable, which were a) physical setting; facility and number of cases($p=0.24$) and b) support and assistance by staff nurses ($p=0.01$). For the first variable the results was physical setting which was not associated with student perception. Whereas the result for the second variable was there were association between support and assistance by staff nurses and student perception.

Based on students' perception, the HUSM can be regarded as a good clinical learning environment because majority student had agreed that HUSM is proper place to do clinical practicum. Besides, students had stated that their difficulty to find someone to help when they need assistance with a situation or skill. That's mean staff nurses not give their support and assistance to students during clinical placement. A better understanding of what constitutes quality clinical education from the students' perspective would be valuable in providing better educational experiences. This study also can be reference to the other researcher who wants to study the same topic in the future.

CHAPTER 1

INTRODUCTION

1.1 Background of The Study

Nursing education aims to train student nurses to become capable, competent and knowledgeable nursing professionals (Massarweh, 1999). To achieve nursing education aims, students must developed the theoretical or their knowledge on which to base their care, as well as the clinical skills needed to implement this knowledge. According to Peyrovi et al. (2005) nursing as a practice-based profession required student nurses to learn how to become professional in the clinical learning environment. The clinical placement will provide students with the opportunity to experience nursing in the real world or real situation. This is crucial in order to shape the professional identity of nursing students and at the same time it is also the primary source of enhancing professional attitudes, values and norms. Therefore, it is important to have a positive clinical learning environment to be created as to facilitate the integration of theoretical knowledge into clinical practice (Massarweh, 1999).

Cook, Gilmer, & Bess (2003) claimed that the aim of nursing education is to foster nurses who have the ability and knowledge to care for clients in the clinical environment. It is not possible, in the laboratory setting, to stimulate completely 'real client' nursing care and communication with real clients who are sick, distress, afraid and anxious. In the clinical field, nursing students have the opportunity to use knowledge in practice, to develop psycho-motor skills and to become socialized into nursing profession (Peyrovi *et al.* 2005). Nursing education program that reflects student learning needs are based on best practice have the potential to improve nurses' professional identity and

workplace satisfaction (Sullivan, 2001). According to Dunn and Burnett (1995), the learning environment consists of all the conditions and forces within a setting that impact learning (Palmer *et. al* 2005). As Shuell (1996, p. 726) stated that, “teachers and students work together in a rich psychological of a classroom, (Sand-Jecklin 1998).

Clinical learning environment is an essential part of the nursing curriculum because clinical education vital to the curriculum of pre-registration nursing courses. Clinical practice is a period of transition, which allows students to consolidate knowledge and practice skills acquired during fieldwork practice in a working situation. During clinical field placement, students are expected to develop competencies in the application of knowledge, skills, attitudes, and values inherent in the nursing profession.

Identifying student perceptions of the quality of the clinical learning environment is such a crucial issue. According to Napthine (1996), the quality of students’ clinical experience is an important determining factor in the quality of nursing education (Peyrovi *et al.* 2005). The result can show the factors affecting the effectiveness of the teaching-learning experiences among nursing students.

University Sains Malaysia (USM) the nursing program bears some similarities to the nursing education program worldwide. The USM nursing education program lasts 4 years and leads to a baccalaureate program in nursing. Nursing student start clinical training from the second semester and this is run concurrently with theoretical courses until the end of third year. The fourth year is allocated exclusively to clinical placement training. Universiti Darul Iman Malaysia (UDM), the nursing education program only 3 years and leads to a diploma program in nursing. Nursing students start clinical training

from the first semester and this run concurrently with theoretical courses until end of the third year.

Student nurses are trained in the university hospital, Hospital University Sains Malaysia. In the clinical field, they are assigned to care patient based on nursing process. Case method is the teaching strategy choice to improve knowledge regarding disease and nursing management. By this approach, students have opportunity to experience working with patients in many conditions. They learn in the clinical learning environment under the direct guidance and supervision of a nurse educator and from their lecturer.

1.2 Problem Statement

The clinical nursing education is one of the important components of the nursing program in preparing nursing for entry into the nursing profession. Many students reported having problems during clinical learning. Stress, anxiety and initial clinical experience are some of the problems. Therefore, attention should be given to determine factors affecting student learning outcomes in the clinical environment. There are relationships between factors such as physical of the clinical area and support from staff nurses, these will affect learning outcome. These factors could influence students' perception toward clinical environment. To get clear view regarding this situation, fourth year degree nursing student from University Science Malaysia (USM) and third year diploma nursing students form Universiti Darul Iman Malaysia (UDM) were examine by distributing survey questionnaire. It is important to explore students' perceptions about problems and conditions during clinical environment in HUSM. By understanding clinical learning experiences are essential for developing more effective clinical nursing

education. There is a lot of different between learning in classroom or in nursing laboratory with learning in clinical environment. During clinical practicum students have their opportunity to experience nursing in real world or real situation. The students more deal with human beings either the patients or the staff in that unit or ward. So that, they have to cooperate with staff nurses, doctor, attendance and patients. The supportive staff and facilitators can affect learning outcomes in the clinical environment. This is very important to determine students' perception whether they satisfy or not with supporting given by staff nurses and facilitators during clinical practicum.

Dealing with patient not only based on providing care but also in communication skills. There is important to know is it ongoing changes in the clinical learning environment adequate preparation for student or not. The key issue here is the relevance and quality of clinical education in undergraduate course. In many surveys, however, undergraduate report that the clinical practice and clinical education components of their undergraduate course were too short and that the course was too theoretical (Chan, 2002). Nursing service providers often report that undergraduates 'are inadequately prepared for clinical practice in that they are deficiency in certain skills'. To succeed in clinical learning environment the student has a sense of confidence regarding the performance of specific tasks or the other word they must have high **self-efficacy**. In this study, the researchers choose to use self-efficacy theory as a guideline. According to Lorschach & Jinks (1999), self-efficacy influences students' perceptions of the learning environment. They submit that the student's perceptions of the learning environment changes moment by moment and is specific to the teaching/learning dynamic operating at the time.

1.2.1 Conceptual Framework

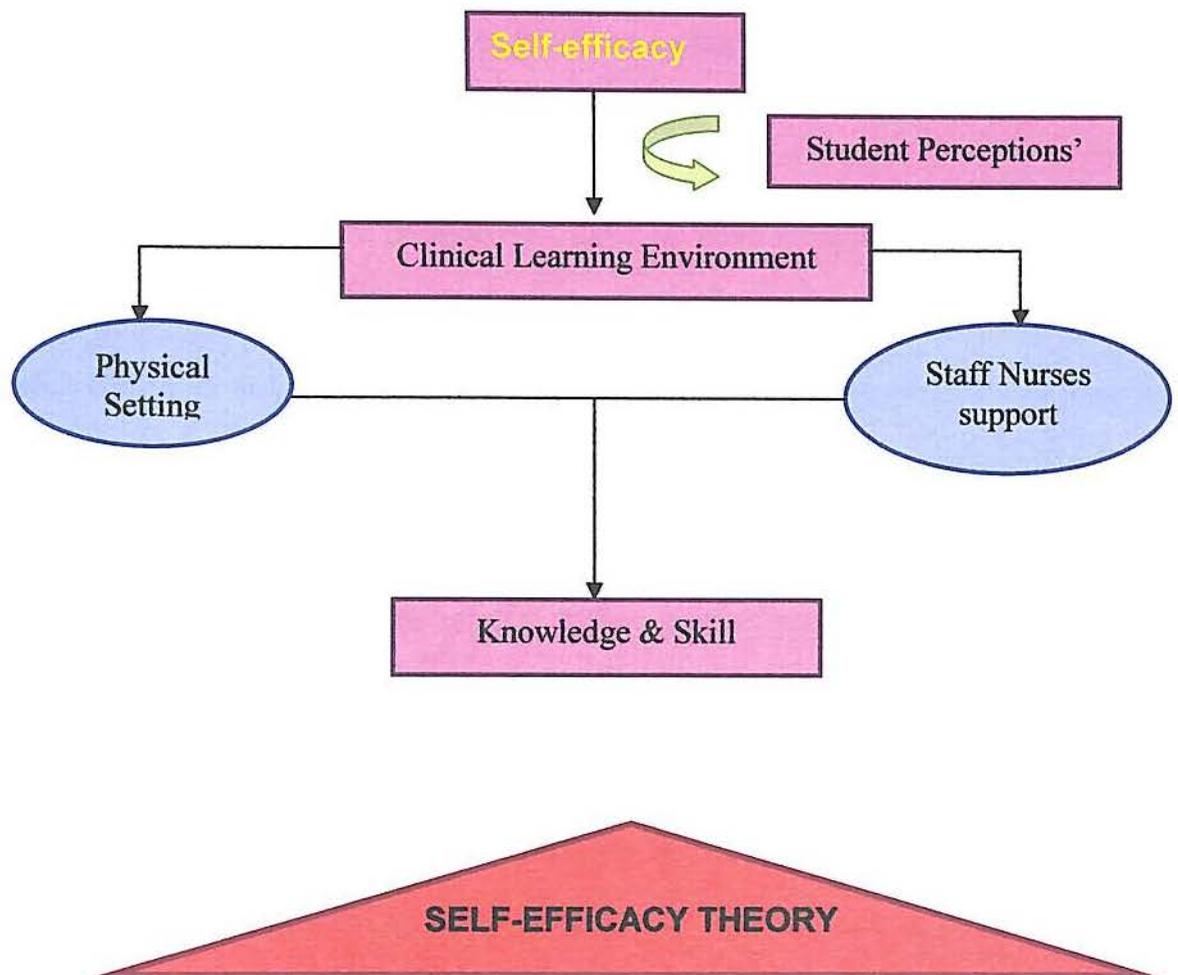


Figure 1.1 Self-efficacy Theory

Marakas, George M.; Yi, Mun Y.; Johnson, Richard D, 1998 'The multilevel and multifaceted character of computer self-efficacy: toward clarification of the construct and an integrative framework for research'

The self-efficacy theory was used in this research as guideline. This theory was adapted and modified from the multilevel and multifaceted character of computer self-efficacy: toward clarification of the construct and an integrative framework for research, by; Marakas, George M.; Yi, Mun Y.; Johnson, Richard D.

From the students' perspective, clinical environment provided important opportunities for learning. **Student perceptions of the learning environment influence learning behaviors and outcomes that, in turn, become part of the experienced learning environment of self and others.** There are many student reporting problems that affect their learning in clinical environment. The factors can determine by students' perception toward clinical environment. The relating factors such as **physical of the clinical area and support from staff nurses.** To make sure student able to implement new knowledge and skill, physical setting and support by staff nurses very important to consider. When the physical setting appropriate and nurses give their support and assistance to student nurses during their clinical placement student have high self-efficacy to perform in clinical area. Student self-efficacy beliefs regarding academic performance can have important implications for improving learning environments (Lorsbach & Jinks, 1998). It means the high self-efficacy student can implement their knowledge and skill in clinical area successfully. Student can gain new knowledge and skill in clinical placement, student also know how to relate theoretical into practice in clinical learning environment (Massarweh, 1999). When they completed the clinical placement the student get better clinical learning experience. This better clinical learning experience make student have high self-efficacy to walk in real situation.

To succeed in clinical learning environment the student has a sense of confidence regarding the performance of specific tasks or the other word they must have high **self-efficacy**. In this study, the researchers choose to use self-efficacy theory as a guideline. According to Lorschach & Jinks (1999), self-efficacy influences students' perceptions of the learning environment. They submit that the student's perceptions of the learning environment changes moment by moment and is specific to the teaching/learning dynamic operating at the time.

1.3 Objective of The Study:

To explore perceptions of final year nursing students toward Hospital Universiti Sains Malaysia (HUSM) in providing clinical learning environment.

1.3.1 Specific Objective:

- 1.3.1.1 To determine the appropriateness of HUSM as a clinical learning environment in terms of equipment and cases.
- 1.3.1.2 To identify provision of support and assistance by HUSM nurses to nursing students during clinical practice.
- 1.3.1.3 To compare the perception between UDM nursing student and USM nursing student towards HUSM as clinical learning environments.

1.4 Research questions:

- 1.4.1 Is HUSM appropriate as a clinical learning environment in term of equipment and cases?
- 1.4.2 What is the perception of nursing students regarding support and attention that given by staff nurses?
- 1.4.3 Are the perceptions of UDM and USM nursing student is different?

1.5 Hypothesis:

1.5.1 Null Hypothesis: Physical setting not associated with student perception

Alternate Hypothesis: Physical setting associated with student perception.

1.5.2 Null Hypothesis: Support and assistance by staff nurses not associated with student perception

Alternate Hypothesis: Support and assistance by staff nurses associated with student perception

1.5.3 Null Hypothesis: There are no significant different between UDM and USM nursing students with student perception.

Alternate Hypothesis: There are significant different between UDM and USM nursing students with student perception.

1.6.1 Definitions of Term

1.6.1 Perception: The process, act, by which we become aware (through seeing, hearing etc) (Ruse, 1996). According to this study, perception is

referred to student perceptions account for appreciable amounts of variance in learning outcomes, often beyond that attributable to background student characteristics (Fraser and Fisher, 1994).

1.6.2 Nurse: One skilled in caring for young children or the sick (usually under the supervision of a physician) (Farlex, 2006).

1.6.3 Student nurse: A nurse in training who is undergoing a trial period (Farlex, 2006)

1.6.4 Experience: The process of gaining knowledge or skill by doing and seeing things (Farlex, 2006) In this research context, experience is referred as the process of gaining knowledge or skill among nursing students while doing clinical practicum.

1.6.5 Learning Environment: All the forces and condition within a setting that impact student learning (Dunn & Burnett, 1995). The forces include but are not limited to the physical setting, instrument methods, interaction with others and opportunities for growth.

1.6.6 Clinical Learning The clinical learning environment includes only settings in

Environment: which clinical nursing is practiced and nursing students learning experiences have applied (Dunn & Burnett, 1995).

1.6.7 Equipment: Something with which a person, an organization, or a thing is equipped (Farlex, 2006).

1.6.8 Support and attention: The act of supporting, the state of being supported. Attentions an observant consideration (Farlex, 2006).

1.6.9 Self-efficacy: As a sense of confidence regarding the performance of specific tasks (Lorsbach & Jinks, 1999).

1.7 Significant of the study

The study was identifying the appropriateness of HUSM as clinical learning environment. Various studies have indicated that not all practice settings are able to provide student nurses with positive learning environment (Chan 2002). The end of study HUSM was determined as a proper place for students doing their clinical placement to gain more clinical learning experiences. Many student nurses were experienced degree of culture shock on entry to the world of clinical learning environment. This experience is complex and multidimensional. It is important to explore students' perception about their clinical learning experience during their exposure to clinical environment. Regarding appropriateness of HUSM as clinical learning environment because after study and find the result, the school can make some changes to fulfill the objective of the nursing student clinical placement. It was seen to maintain the quality of student and staff

relationship, provide an environment in which enough equipment and number of cases in the clinical learning environment. However, the value of this study lies in the resulting implication for nursing education and future research. A better understanding of what constitutes quality clinical education from the students' perspective would be valuable in providing better educational experiences. This study also can be reference to the other researcher who wants to study the same topic in the future.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The purpose of this study is to explore the perceptions about what student learned and how they learned during their clinical practicum, and to examine the role played by assessment in influencing student teaching (Tiwari et al., 2005). Learning environment research is primarily focused on student perceptions of the learning environment. In their overview of research on learning environments, Lorsbach & Jinks (1999) conclude that:

... student perceptions account for appreciable amounts of variance in learning outcomes, often beyond that attributable to background student characteristics. The practical implication from this research is that student outcomes might be improved by creating classroom environments found empirically to be conducive to learning. (p. 27)

Student need to be prepared for clinical practice and the inevitable conflict they will encounter between the theoretical and practice (Shah & Pennypaker 1992; Ferguson & Jinks 1996). Throughout the placement they require feedback from both academic and clinically and knowledge of their progress in comparison to other student (Palmer, S. P. 2005). It is interesting to note the clinicians' description of their clinical teaching role focuses on demonstrating procedures and providing student with hands on experience (Gray &Smith, 1999.), but rarely includes an acknowledgment of their role in further development student's knowledge or the transfer of learning. Students are also disappointed if their individual contribution to patient care is not acknowledge (Hart & Rotem 1994) and if they are not made welcome (Pierce 1991) or treat as members of the

nursing team. To be members of the team there must be time to develop trust, rapport and to know the ability of the team members (Peyrovi *et al.* 2005).

2.2 Physical Setting

Massarweh (1999) described the clinical setting as the clinical classroom. In contrast to classroom teaching, clinical education occurs in a complex social context where a teacher monitors clients', students', and clinicians' needs. Unlike classroom learning in which student activities are structured, students in clinical learning environment frequently find themselves involved in unplanned activities with patients and other health care providers.

Central to many studies of nursing in the clinical setting is the concept of ward learning environment. The related concept of learning climate also emphasizes the importance of the physical, human, interpersonal, and organizational properties and mutual respect and trust among teachers and students (Jayne, 2003). In a survey study to identify nurses' perceptions of professional development in clinical setting, Hart & Rotem (1995) identified a significant positive correlation between professional development and six independent variable (i.e., autonomy and recognition, role clarity, job satisfaction, quality of supervising, peers support, opportunities for learning) (Peyrovi *et al.* 2005).

Several American studies have been conducted on various aspects of clinical learning in nursing education programs. Wilson (1994) described six goals of learning in a clinical setting, from nursing students' perspective: to do no harm to a patient, to help patients, to integrate theory-based knowledge into clinical practice, to learn clinical practice skills, to look good as a student, and to look good as a nurse. Clinical

experience, an essential ingredient of such programs (Mundt, 1997), is the only when students, academics and clinicians work together in the achievement of learning outcomes necessary for graduate practice. Multiple problems exist in the current organization of clinical practice, the relationship between clinicians, students and academics.

The study done by Wotton & Gonda (1999), the purpose of the present paper is to present the findings of a quantitative and qualitative study of students' and clinicians' responses to questions on the strengths and weakness of an innovative clinical placement model: Dedicated Education Units (DEU). The paper described the success of the DEU in developing clinical culture which is considered by clinicians and students to be conducive to learning and the maintenance of quality of patient care.

2.3 Staff Nurses as a Guider

Students prefer clinical settings with a high degree of staff support and morale (Orton, 1991). An Australian study measured undergraduate nursing students' perceptions about their clinical learning environment. Findings related the importance of staff nurse attitudes, organizational policies, and student characteristics (Dunn & Hansford, 1997). Many studies suggest that staff nurse attitudes contributing to a positive clinical learning environment include warmth and rapport, support in gaining access to learning experiences, and the willingness of staff to engage in a teaching relationship.

In 1995, an English study was conducted that focused on registered nurses' experiences mentoring undergraduate nursing student (Atkins & Williams, 1995). In this study, researchers concluded that mentoring student nurses is a complex activity

requiring a high degree of skills, including educational preparation, support, and recognition. Previous studies suggest the nurse manager of clinical units plays a key role in establishing and maintaining an atmosphere conducive to learning. Nursing students perceived that the management style and interpersonal skills, including approachability, of clinicians are of prime importance and that the provision of learning opportunities is more important than formal teaching.

Some investigators focused on students' learning experiences in the clinical field. The study conducted by Nolan (1998) find that the student nurses described that being part of the team, that is doing and practicing, and preoccupation about the theory-practice gap, were influential in their learning experiences (Jayne, 2003). In Papp et al. (2003) study, several elements emerged from nursing students' clinical learning experiences: feeling appreciated (manifested by students feeling a part of the nursing care team), feeling supported (by staff nurses), quality of clinical (quality of patient care) and self direct learning

2.4 Self-efficacy theory

Self-efficacy theory provides valuable insights regarding student learning in the social environment. Bandura's (1997) social cognitive theory postulates that perceived self-efficacy affects an individual in all aspects of life, including educational experiences. Beliefs about one's competence to successfully perform a task can affect motivation, interest, and achievement. The higher the perceived efficacy, the higher the goal

aspirations people adopt and the firmer their commitment to achieving those goals. Educational activities should foster self-efficacy through the use of social interaction. By doing so, the learning environment is structured to de-emphasize competition and highlight self-comparison of progress to build a sense of self-efficacy and promote academic achievement (Bandura, 1997). Grusec' (1992) also found that people contribute to their own life course by selecting, influencing, and constructing their own circumstances based on perceived self-efficacy and self-regulatory capacity. Students and teachers select activities based on their self-efficacy beliefs. Strong self-efficacy by students and strong teacher efficacy enables students to control their learning, persist at tasks, and increase goal attainment by choosing tasks that challenge their existing knowledge. Teacher efficacy is as important as student efficacy in the design and implementation of learning activities.

Self-efficacy studies in athletic training education have supported learning theory literature. Jurges et al. (2001) found that athletic training students who had the knowledge of a select skill and the belief that they had the ability to perform that particular skill were more effective in the clinical environment. Vela (2001) further supported the development of self-efficacy by promoting the use of learner-centered practices to enhance self-efficacy in the clinical experience. From an educational perspective, the implementation of constructivist strategies in both the clinical and didactic settings can help students relate prior knowledge to new knowledge while promoting a strong sense of self-efficacy. Low self-efficacy probably leads to less effort, which in turn would lead to lower success resulting in even lower self-efficacy. Furthermore, someone with a higher level of self-efficacy might not be motivated to exert effort if it is felt that there is little

more to learn about the topic or if the learner feels that what is left to learn is of little value given what is already known. Although perceived self-efficacy is an important self-referent factor that mediates the interrelationships between knowledge and performance, the motivation to try, and to persevere, is also associated with outcome expectations. Outcome expectations are beliefs regarding the results of given actions regardless of one's beliefs about one's personal efficacy to perform those actions. Consequently, both perceived self-efficacy and outcome expectations are critical elements of the learning environment because they are learned perceptions associated with student motivation.

Self-efficacy influences several aspects of behavior that are important to learning. Among these are the choice of activities that a student makes, the effort put forth and persistence in accomplishing a task (Grusec' 1992). The most frequently cited **self-efficacy theorist**, Bandura, theorizes that individuals develop general anticipation regarding cause and effect based upon experience. Furthermore, he suggests that individuals develop particular beliefs about their ability to cope with situation-specific constructs. For example, student move from classroom learning to clinical environment learning, the situation has a lot of different such as they must work together with staff nurses and have to faces patients with different health problem. So that it take time to student to be familiar and confident to work in clinical environment. But for student with high academic self-efficacy would be likely to demonstrate greater success.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research design

The design of this study is a cross-sectional survey using quantitative approach.

3.2 Location

The study was conducted at Hospital University Sains Malaysia which is located 5 KM from Kota Bharu, Kelantan. The respondents will be among final year nursing students.

3.3 Population

As the population size is small, this study was included all students. The sample population is from USM and UDM. The study was used convenience sampling. Subjects of this study are fourth year nursing students (n=35) of University Sains Malaysia (USM) and third year diploma students (n=28) from University Darul Iman Malaysia (UDM). The potential number of student respondents from all institutions approximately n=63. Permission to conduct the investigation was obtained from each institution prior to administration of the instrument.

The inclusion and exclusion criteria are as the following:

- **Inclusion criteria:-**

- all fourth year nursing students of USM
- all third year nursing student of UDM
- students who are willing to participate and have given consent

- **Exclusion criteria:-**

- student who refuse to participate

3.4 Instrumentation:

The researcher used self-administer questionnaire, that was adopted from Sand-Jecklin (2000) and which was tested two times in 1998 and 2000. The Student Evaluation of Clinical Education Environment (SECEE) inventory measures nursing student perceptions of their clinical learning environment. The applied cognition and cognitive learning theories highlight the significance of the learning environment as a factor in student learning. It consists of 17 items with Likert-based agreement response options from strongly agree to strongly disagree. The instrument terms address the following issues: (a) student orientation; (b) nursing staff availability, communication, role modeling, workload, and preparation to serve as a student resource; (c) learning resource availability; (d) student opportunity for hands on care; and (e) the impact of other student clinical site. This questionnaire was modified by researcher and was pilot tested after ethical approach obtained. The respondents answer all questions in the questionnaire which consists of section A and section B.

Section A: Demography data includes age, sex, race, years of study and levels of education.

Section B: It consisted of 17 items with Likert-based agreement response options.

Instrument terms address the following issues a) facility/equipment and number of cases, b) learning support and assistance of staff nurses.

The questionnaire is expected to be answered in 20 minute.

The questionnaire was modified by researcher after that this questionnaire was validated by the qualified person in nursing education field. Three copy of the

questionnaire were giving to validating process to make sure the questionnaire is relevant to use to measure the research hypothesis. After get the validating result, the researcher runs pilot study (n=10) before collect the data. Calculations for reliability of the scales and for the instrument as a whole were conducted separately for each institution as well as for all institutions together. Reported internal reliability figures represent standardized coefficient alphas. Review of the analyses indicated that the overall Cronbach's alpha for the entire instrument was 0.847. The reliability of the instrument as a whole was highest with all items included. The research done by Sand-Jecklin (2000) in evaluating the Student Clinical Learning Environment (SECEE) questionnaire, reported that the student response consistency (Cronbach's alpha coefficient) for the entire instruments was 0.897. Study done by Chan (2002), a Cronbach's alpha of 0.6 is considered an acceptable level in questionnaires like this.

A total of 63 questionnaire were distribute to students with a response rate of hundred percent. Quantitative questions were organized and analyzed under sub categories of: section A (A1-A5) is demography data, and section B (B1-B5) are firstly about facility/equipment and number of cases and (B6-B17) learning support and assistance by staff nurses. The data were analyzed by computer system 'Statistical Package Social Science' (SPSS) software 12 versions. The descriptive statistic used to analyze for frequency and the percentage. The histogram was used to show the percentage. The hypothesis was tested by using Chi-Square and Independent t-test.

3.5 Ethical Consideration

The ethical aspect was considered for this study as follow:

1. **Freedom from harm**
 - This proposed study not pose any intervention on subject
 - To avoid inflicting any psychological harm, the questionnaire is pilot to avoid inaccurate answering of questioned.
 - Briefing of the research procedure was provided before data collection.
2. **Freedom from exploitation**
 - The proposed study used only for academic purposes.
3. **Risk benefit ratio**
 - No risk to the subjects to participate in the study. In fact the purposed study has its significant to improved clinical learning environment.
4. **Right to self-determination**
 - the subject participation in this study on voluntarily basis
 - No risk was posted to subject if they refuse to participate.
5. **Right to privacy**
 - To make sure the anonymity, the questionnaire only coded by the specific number.
 - Confidential, the participant did not have to fulfill their name on the questionnaire.
6. **The proposed study was sought research and ethic approval as well as permission from the School of Health Science.**

3.6 Data collection:

Data was collected during the end semester of 2006, the interview from the beginning of November to December 2006. The subjects who meet the inclusion criteria of the study were included. All subjects who was agreed to participate in the study contacted to come in specific day fixed by researcher. Students under USM gathered in one of the tutorial room in School of Health Sciences. The researcher contacted the group leader of UDM, and give briefing about the study. After that, leader distributed the questionnaire among UDM student. Prior to this, the researcher asked consent from the subjects.

The data was collected by the researcher. The questionnaire was given after the researcher has explained the detail of the study. The subject answered this questionnaire within 20 minutes. The researcher also responded if there are any queries regarding the questionnaire from the respondents. The researcher collected the responded questionnaires and keep in a sealed enveloped to be analyzed.

3.6.1 Flow Chart of Data Collection

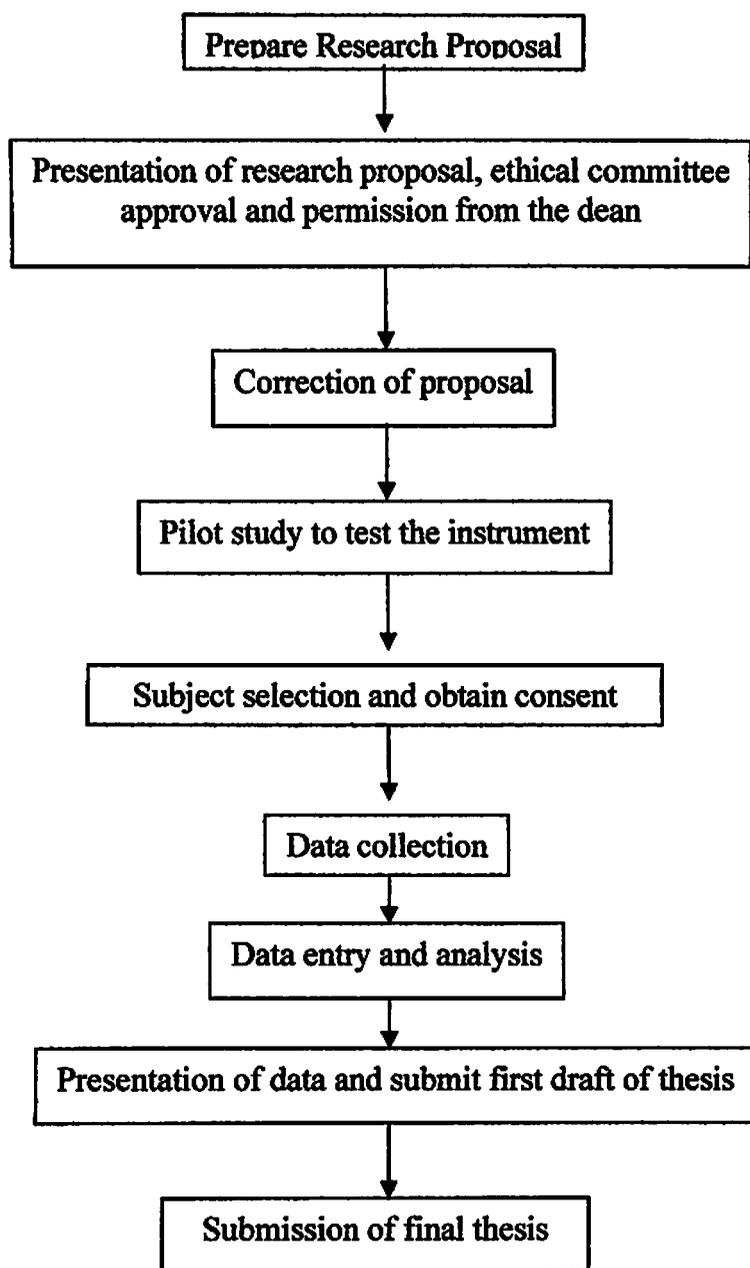


Figure 3.1 Flow chart

3.7 Data Analysis

The data was analyzed by computer system 'Statistical Package Social Science' (SPSS) software 12 versions. The descriptive statistic used to analyze for frequency and the percentage. The histogram chart was used to show the frequency and the percentage. The hypothesis was tested by using Chi-Square and Independent t-test.

3.8 Measurement of Variables

Three dependent variables have been identified by researcher. There are a) physical setting in term of facility and number of cases and b) support and assistance by staff nurses. The independent variable is students' perception.

The researcher was known about student perception on the physical setting after analysis the questionnaire. The facility/equipment and number of case variable in section B1-B5 contains five questions. Below is the total mean score from question one (B1) until question five (B5).

5- 9	Disagree
10 – 16	Unsure
17 – 25	Agree

The second variable is the perception of nursing students regarding support and attention that given by staff nurses. Section B6-B12 contains twelve questions. Researcher was total up the question starting from question one (B6) until question five (B12) and the maximum mark is 60 and the minimum mark is 12. Below are the four score:

12 - 24	Disagree
24 – 40	Unsure
41 – 60	Agree