

Creating a positive learning environment for adults

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Abstract

The key requirements for creating a positive learning environment do not come readily packaged. Instructors can then implement the concepts to keep students motivated and engaged in the learning process. The aim of study is to Creating a Positive Learning Environment for Adults; by assessing Nursing Students perceptions regarding Clinical Learning Environments in Beni – Suef University (actual and expected). A sample of 127 students in nursing faculty, Beni–Suef University from third and fourth grade in the first semester of the academic year 2014/2015. Tools: Structured interviewing questionnaire sheet, which include: Tool (1): Socio demographic data, Tool (2): the Clinical Learning Environment Inventory (CLEI) originally developed by Professor Chan (2001). Results: The results indicated that there were significant differences between the preferred and actual form in all six scales. In other word, comparing with the actual form, the mean scores of all items in the preferred form were higher. The maximum mean difference was in innovation and the highest mean difference was in involvement scale. Conclusion: It is concluded that nursing students do not have a positive perception of their actual clinical teaching environment and this perception is significantly different from their perception of their expected environment

Keywords: Adult learner, positive learning environment, clinical learning environment, nursing education, nursing students.

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1. Introduction

The key requirements for creating a positive learning environment do not come readily packaged. Instructors can then implement the concepts to keep students motivated and engaged in the learning process. Learning in the clinical practice is an important component of nursing education considering that nursing is practice-based profession. Learning environment' refers to the tone, ambience or atmosphere created by a teacher through the relationships developed within the classroom and the way in which instruction is delivered. Research in the field of learning environments over the past few decades has often involved associations between students' cognitive and affective learning outcomes and their perceptions of psychosocial characteristics of their classroom environments (Aldridge, Fraser & Ntuli, 2009).

A positive learning environment *never* happens by accident – it is the direct result of actions taken by instructors who understand adult learners. Hallmarks of a positive learning environment are trust, open communication and shared learning experiences. Instructors who maintain the positive nature of the environment make use of the existing knowledge and skill of their students. Fundamental aspects of the environment include: recognition of the differences between androgogy and pedagogy and A deep understand of how the adult student functions in the classroom. A willingness and commitment to communicate with adult students in a way that fosters open exchanges (Walters & Frei, 2007).

Clinical learning is an integral part of nursing education; yet, clinical education has been problematic. Why are some clinical experiences better than others? Various studies have indicated that not all practice settings are able to provide student nurses with a positive learning environment (Chan, 2002).

Nursing students are subject to an educational process that involves academic as well as clinical education. This means that in addition to their academic experiences, nursing students must progress through diverse clinical learning environments prior to graduation. These environments are viewed as integral components of nursing education, providing students with opportunities for integrating theory and practice, acquiring experiences and knowledge, and building values for professional practice (Midgley, 2006).

1.1. Establish an emotionally safe and friendly learning environment

This entails using techniques and strategies that make it safe to learn. Foster an atmosphere of equality and mutual respect between all participants – learners and trainers. Build trust and confidence by keeping information or discussions confidential. Facilitate the sharing of ideas, experiences and information. As facilitator, value each learner and his or her input. Participants who feel good about themselves are more encouraged to become emotionally involved in the learning (Boudreau, 2012).

There are many conditions that lead to higher trust. Each moment houses an opportunity to either increase or decrease trust, from the first contact at the beginning of a session to long after the session is over. Initiate each relationship with a warm smile and a firm handshake. Make the effort to connect with each learner, learn and use their names, and listen empathetically to know and serve their needs. One way to build trust is by asking for volunteers for risky activities instead of assigning arbitrarily (Boudreau, 2012).

"Students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team" (Pickett & Fraser, 2009).

The importance of the learning environment has gained recognition from findings of many studies. Many research studies show that learning environments not only have the positive correlation with the students' outcomes, motivation, and attitudes. Furthermore, there are some research studies on learning environments which focus on student outcomes, students' and teachers' perceptions, and

evaluation of the strategies (Fraser, Fisher & McRobbie, 1996). Moreover, this study is distinctive in the way that it brings teachers', principals', and school administrators' attention to the importance of the learning environment to enhance educational practice at their clinical areas.

The aim of the present study was to create a Positive Learning Environment for Adults; through assessing Nursing Students perceptions regarding Clinical Learning Environments in Beni – Suef University (actual and expected) and the research question of the study is:

“What are nursing students' perceptions of the clinical learning environment in nursing homes?”

2. Method

A Descriptive research design was utilized in this study; it was portrayed under the four main designs as follows.

- 1- Technical Design.
- 2- Operational Design.
- 3- Administrative design.
- 4- Statistical Design.

2.1. Research design

Descriptive cross-sectional study, based on the learners' responses to the Clinical Learning Environment Inventory (CLEI) was used.

2.1.1. Technical design

The technical designs for this study included research setting, subjects, tools and methods of data collection. This study was conducted in nursing faculty of Beni–Suef University .

2.2. Target population

2.2.1. Sample size

A sample of 127 students in nursing faculty, Beni–Suef University from third and fourth grade in the first semester of the academic year 2014/2015. The inclusion criteria: were to be a student and to spend clinical practice in a maternal and neonatal department

1. Tools for Data Collection: *Structured interviewing questionnaire sheet, which include tow-parts for data collection as the following:-*

- a. Tool (1): Socio demographic data such as (sex , age, students grade)
- b. Tool (2): the Clinical Learning Environment Inventory (CLEI) originally developed by Professor Chan (2001), in which its modified Farsi version (Actual and Preferred forms) consisting 42 items, 6 scales and 7 items per scale was used. The CLEI six domains are personalization, student satisfaction, involvement, individualization, task orientation and innovation (Chan & Ip, 2007).

Table 1. Tool (2)

Scale	Description
Individualization.	Reflects the extent to which students are allowed to make decisions and are treated differentially according to ability or interest.
Innovation.	Measures the extent to which the clinical teacher or clinician plans new, interesting, and productive learning experiences, teaching techniques, learning activities, and patient allocations.
Involvement	Assesses the extent to which students participate actively and attentively in hospital ward activities.
Personalization.	Emphasizes opportunities for individual students to interact with the clinical teacher or clinician and concern for students' personal welfare.
Task orientation	Assesses whether the instructions for hospital activities are clear and well organized. These scales pertain to specific aspects of the environment.
Student Satisfaction	Student Satisfaction in actual form was used to assess the students' level of satisfaction due to their clinical placements.

Chan (2002) also developed an additional seven-item scale to assess students' overall satisfaction with their clinical placement. This subscale (i.e.,satisfaction) was later added to the final version of the CLEI (Chan & Ip, 2007). The CLEI comes in two versions: the Actual form, which measures the learning environment as perceived by the student, and the preferred form, which measures ideally liked or preferred perceptions. The 42 items are a mixture of positive and negative items. Responses to each item are marked on a four-point Likert-type scale with the following response alternatives: 5 (strongly agree), 4 (agree), 2 (disagree) and 1 (strongly disagree). Omitted or invalid responses were scored 3 as suggested by Chan (2001). To calculate mean scores, the scores on negative items were reversed. Higher scores on each subscale indicate better satisfaction.

3. Field Work

Students were given written information and invited to participate in the study after the purpose of the study was explained. The questionnaires were administered in the classroom the week following completed clinical studies. The researcher was present to answer questions. It was estimated that students spent approximately 20 minutes answering the two questionnaires.

4. Ethical Consideration

Informed consent was obtained from students on participation in the study, explanation of the purpose and importance of the study before interviews were conducted. The nature of the study was harmless.

4.1. Operational design

The operational design included preparatory phase, content validity, reliability.

4.1.1. Preparatory phase

It included reviewing of literature, different studies and theoretical knowledge of various aspects of the problems using books, articles, internet, periodicals and magazines.

4.1.2. Content validity

Tools were validated & used from Published sources as mentioned before in tools of data collection.

4.2. Administrative design

Written letter clarifying the purpose and setting of the study were submitted from the researcher to the Dean of Nursing faculty, Beni-Suef University to seek his approval for carrying out the study.

5. Limitation of the Study

This study assessed only the students' perspectives of the clinical learning environment. Including perceptions from the perspectives of clinicians and clinical teachers would provide a broader perspective to complete the picture.

5.1. Statistical analysis

Data was collected and entered into a database file. Statistical analysis was performed by using the SPSS for windows version 16. Data was described by summary tables and figures Descriptive and inferential statistics (t-test, paired t-test, ANOVA)

T-test was used to compare differences of mean scores in actual and preferred clinical learning environments between males and females. ANOVA was used to compare differences of mean scores in actual and preferred clinical learning environments between age, and grade point average. Paired t-test was used to compare differences of mean scores between nursing students actual and preferred clinical learning environments.

6. Results

As regard for study sample the table shows that; Students had different perceptions about actual and expected clinical learning environments assessed by investigating the differences on related scales of the CLEI actual and expected forms. A paired t-test was used to analyze the paired samples (n =127). The results suggested significant differences ($p < 0.001$) between all the paired scales in the actual and expected forms. In this regard, comparing the mean scores of all scales between expected and actual forms indicated that the mean scores of expected forms were higher than the actual one. The highest mean differences belonged to the innovation (12.45 ± 6.781) and the lowest mean difference was in involvement scale (3.39 ± 4.478)

t-test showed that there was no significant difference among students' perception of the actual environment according to their sex ($p = 0.096$), while a significant difference was seen in two scales of satisfaction and task orientation ($p = 0.002$).

One-way ANOVA results showed significant differences between actual and expected environments, in all scales for all participants according to their year of study (3rd and 4th) ($p < 0.001$). While, in an

expected environment individualization was the only scale that showed significant difference according to the year of this study ($p < 0.001$). Also, it indicated that in the actual environment, there is no significant difference among students' perceptions of all scales according to grade point average, but in an expected environment the involvement scale showed a significant difference according to the grade average ($p = 0.006$).

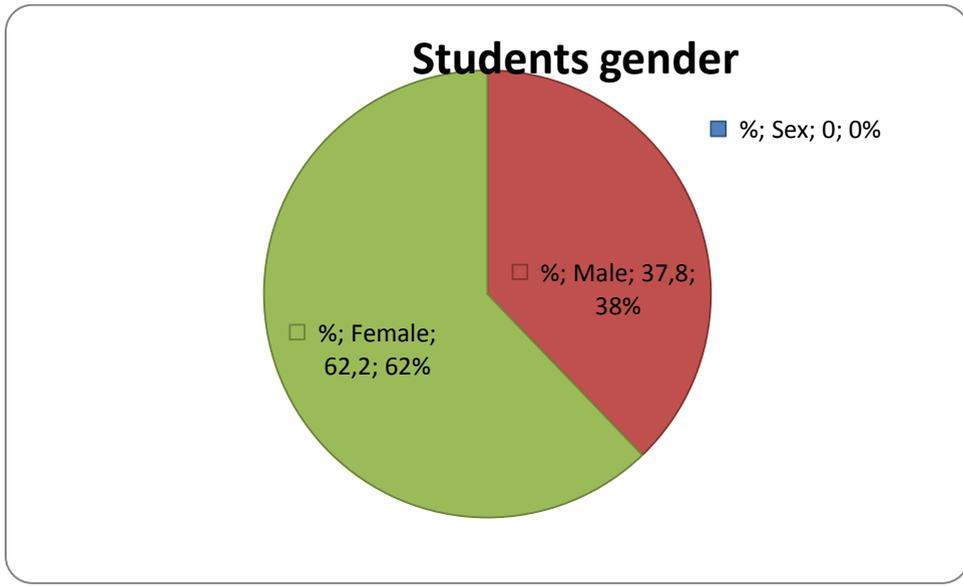


Figure (1): This figure shows that Socio-demographic Characteristics of students (gender) 62.2% were female (79)

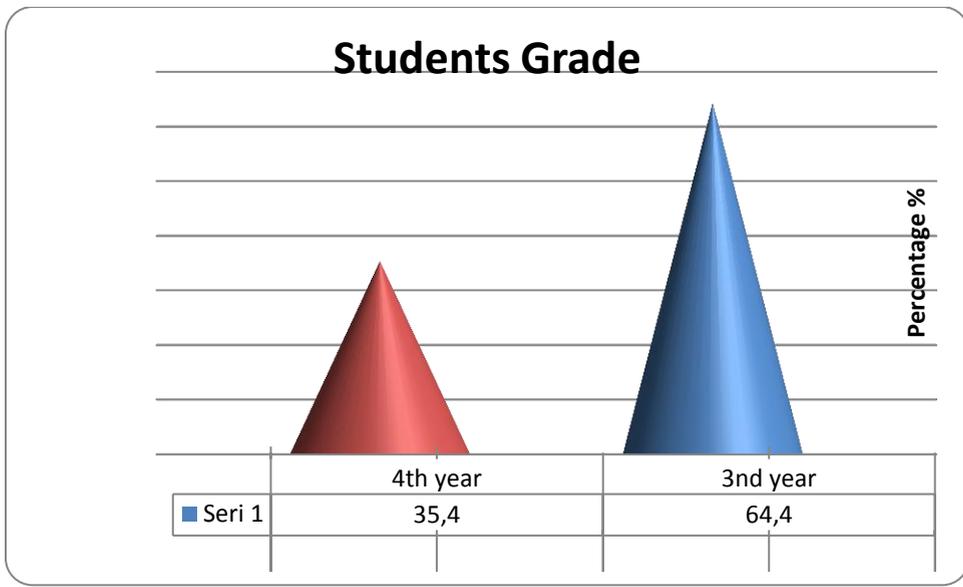


Figure (2): This figure illustrate that Socio-demographic Characteristics of students (grade) 64.6% were from third year (82).

Table 1. The CLEI assessment scores for nursing students

Scale	Mean (n=127)		SD (N=127)		Mean difference	p<
	Actual	Preferred	Actual	Preferred		
Personalization	23.65	29.64	5.393	2.770	5.99	<0.001
Student Satisfaction	21.38	30.51	6.715	3.542	9.31	<0.001
Involvement	21.28	24.67	3.428	3.050	3.39	<0.001
Task Orientation	23.15	29.41	4.801	2.957	6.26	<0.001
Innovation	17.20	29.65	5.091	4.003	12.45	<0.001
Individualization	20.35	27.83	5.259	6.124	7.48	<0.001

7. Discussion

Educational environment is one of the most important factors in determining the success of an effective curriculum and effective learning. Hence assessing the educational environment is of vital importance. (Al-Kabbaa Ahmad, Saeed, Abdalla & Mustafa, 2012). Based on the present study’s findings there was a significant difference between actual and expected environments. The highest and lowest mean scores between actual and expected environments belonged to innovation and involvement domains, respectively. The mean score of the other domains such as student satisfaction, and personalization were situated between the extremes. While Berntsen and Bjørk (2009) reported that The difference in subscale means in their study indicates that students were most satisfied with the aspect of Personalization in their clinical learning environment, whereas Innovation had the lowest mean score.

Regarding “Student satisfaction of clinical education” was the second domain with significant difference between actual and expected environments. This means that it was not considered in clinical education environments. This study result agrees with Moattari and Ramezani (2009) whose reported that student satisfaction as one of the major components of the clinical education atmosphere. Chan has considered student satisfaction as education outcome and has attracted the attention of nursing authorities and policy makers to this issue (Chan, 2007).

Regarding “individualization domain” the present study showed that nursing instructors has paid less attention to this issue. On the same line Pardijani and Fereydon (2007) have considered individual differences and qualifications of students as the main elements of educational quality improvement.

In individualization domain, students’ independence in clinical decision making was taken into account. Lack of attention into individual differences is one of the weaknesses of clinical education environments that is unable to provide the conditions in which students become fully competent to make independent clinical decisions; this is supported by Hadizadeh and Firozi, 2005; Zeyghami and Fasele, 2004 and it is indicated that 76% of students’ dissatisfaction were due to inability to make decisions for proper planning of clinical care of patients (Berntsen & Bjork, 2009).

The difference in subscale means in the current study indicates that students were most satisfied with the aspect of Personalization in their clinical learning environment, whereas Innovation had the lowest mean score “Task orientation” was the difference between actual and expected environments

that is due to ambiguity of students' tasks in clinical settings. They perceived task orientation as an important factor that influences the outcomes of their clinical placement. The students perceived the opportunities for themselves to be directly involved with hands-on skills often controlled by clinicians and clinical instructors. It is apparent that the participants have enjoyed applying their learned skills into practice in the clinical environment. Most importantly, the compliment from clients and clinicians for a well done job were both encouraging and rewarding. This was at the same line of Hart and Rotem (1995), whose mentioned that students enjoy being active and having a proper level of autonomy.

Difference between actual and expected settings was "personalization", in which instructors have not paid enough attention to students' personality and did not involve them in professional and clinical practice. The actual form reflected that the maximum mean score in personalization is related to the previous support student received. However, the students in clinical environment who felt being supported, respected, and recognized, supported the personalization scale of preferred form by means of allocating high scores (Ip & Chan, 2005). The maximum score in CLEI belonged to the personalization. This scale emphasizes the chance of student to cooperate with clinical educator and clinical staff in addition to concerning student's personal welfare. On the other hand ; The subscale Personalization belongs to the relationship dimensions (Chan, 2001b), one of the three human environment categories that identify the nature and intensity of personal relationships within the environment and the extent to which people are involved and support and help each other. High scores on Personalization may be related to the individual orientation toward students found in the supervisory system in the nursing homes. This is supported by the fact that two of the four items with highest mean scores belong to this category. Valuation of Personalization concurs with findings in studies in the hospital setting (Chan, 2002; Ip & Chan, 2005; Midgley, 2006); however, these studies do not discuss what supervisory system the students encountered in their hospital practice. The importance of Personalization was further emphasized in these studies because students also scored this domain as the most important in their valuation of a preferred learning environment.

However, two similar and more recent studies from hospital settings (Ip & Chan, 2005; Midgley, 2006) show much lower mean scores than those reported by Chan (2002). Of note, they are similar to the mean scores in the current study, indicating small differences in learning environments across different care settings. The difference in subscale means in the current study indicates that students were most satisfied with the aspect of Personalization in their clinical learning environment, whereas Innovation had the lowest mean score.

8. Conclusion

According to the results of this study, considering students' expectations of clinical teaching environment and decreasing the gap between the actual and expected clinical environments is necessary. In addition, continuous studies on clinical teaching environment evaluation and their results, and to assess clinical instructors' and clinical staff opinions about the clinical teaching environment are recommended.

Some basic guidelines that instructors should follow to create and maintain a positive learning environment include: Treat students as adults and recognize their existing skill and experience. Set clear and meaningful expectations for adult students. Avoid creating an environment that results in hostility. Address errors privately and respectfully. One of the most important elements for instructors to remember is the need to treat adult learners as adults. Instructors should be conscious of this factor and work to avoid such circumstances by creating an environment of clear expectations, open dialogue, and professional feedback. Feedback should be clear and actionable and it must be delivered privately. Public criticism of an adult learner is viewed as disrespectful and hostile and often results in a

breakdown in communication. Careful examination of the needs of an adult learner provides an important set of guidelines to all instructors. These guidelines are central to maintaining a positive learning environment and to maintaining communication.

9. Recommendations for Future Research

- Designing a larger study that can give such improvement a more convincing direction.
- Another study including perceptions from the perspectives of clinicians and clinical teachers would provide a broader perspective to complete the picture.

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