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Vietnamese Nursing Students' Perspectives on Learning Environments: A Multisite Benchmarking Study to Inform Future Initiatives

Joanne Ramsbotham, PhD, MN, RN¹

Thi Thuy Ha Dinh, PhD²

Hue Thi Truong, MP³

Ann Bonner, PhD, MA, BAPSc (Nurs), RN, MACN¹

Dang Tran Ngoc Thanh⁴

Nguyen Minh Chinh⁵

Nguyen Huong⁶

Tran Thuy Duong, MSN⁷

(1)School of Nursing, Queensland University of Technology, Brisbane, Australia

(2)Hanoi Medical University, Brisbane, Australia

(3)Khanh Hoa Medical College, Khanh Hoa Medical College, Nha Trang, Viet Nam

(4)Nursing, Pham Ngoc Thach University of Medicine, Ho Chi Minh City, Viet Nam

(5)Nursing, Nam Dinh Nursing University, Nam Dinh, Viet Nam

(6)Faculty of Nursing, Hanoi Medical University, Hanoi, Viet Nam

(7)Faculty of Nursing, Hai Duong Medical Technical University, Hai Duong, Viet Nam

Over the last three decades Vietnam has experienced rapid economic growth and social change following the shift from a socialist state to a market economy. Similarly, the Vietnamese health sector has been challenged by population growth and shifts from traditional to western lifestyle practices. The disease profile of the population has also changed with greater prevalence of lifestyle related chronic diseases (WHO, 2017). Health care provision, however, remains largely hospital based as there is little focus on preventative or family/community care. Consequently, there is severe over-crowding in hospitals, often more than two patients to a bed, extended lengths of stay, and for nurses, a very heavy workload (1 nurse: 25-30 patients is the norm). The Vietnamese health sector is attempting to address these challenges through development of the health workforce and, in particular, nursing is being transitioned toward an autonomous, university educated profession with nursing-specific benchmarks. However, what remains unknown is how current factors within nursing education environments in both Vietnamese universities and health settings facilitate or are a barrier to nursing students' learning, and the subsequent impact on development of competence. Within the context of this study the learning environment is defined as a combination of forces and interactions that impact negatively or positively on students' learning outcomes, in either the university or health care setting.

This study aimed to investigate undergraduate Bachelor of Nursing students' perceptions of the education environment at both university and clinical experiences in health, within new competency-based curriculum contexts in four universities across Vietnam.

Literature

Learning environments in health disciplines typically comprise both on-campus university based learning and off-campus work integrated learning. Within the on-campus theoretical environment, nursing students commonly develop relevant knowledge and skills that prepare them for experiences during off-campus clinical practice where they integrate learning and develop competence through participation in real health care (Flott & Linden, 2016; Kristofferzon et al., 2013). Nursing practice is the cornerstone of developing future nurses and students learn most effectively in clinical environments that support and encourage learning (Bisholt et al., 2014; Dale et al., 2013) yet issues concerning quality in nursing placements persist internationally. In relation to nursing in Vietnam, where bachelor level programmes have been in place for about 15 years (Chapman et al., 2012), the issues affecting on-campus and clinical environments are considerable. For example in on-campus contexts, nursing is taught largely by medicine and superficial recall-based assessment strategies such as multi-choice questions and rote learning dominate curricula. In clinical practice anecdotal evidence from nurse teachers indicates growing levels of

student overcrowding, lack of opportunities to implement prior on-campus learning in the clinical situation; and a lack of consistency between university teaching and hospital care practices. There is a paucity of research examining the quality of the university and clinical learning environment in Vietnam upon which recommendations for improvement might be based.

Methods

During 2016 a cross-sectional multi-site study was conducted at four Vietnamese universities providing undergraduate nurse education to investigate nursing students' perceptions of on-campus and off-campus learning environment experiences. Following ethical approval, students (n=891) completed two self-report instruments, previously translated into Vietnamese in separate studies using a forward and backward translation process (Sousa & Rojjanasrirat, 2011). The Vietnamese language version of the Dundee Ready Education Environment Measure (V-DREEM) measures students' perspectives of their university learning environment (four-point Likert scale; five subscales and 47 items) (Roff, 2005; Huong, 2013). The Clinical Learning Environment Inventory (V-CLEI), also in Vietnamese language, measures students' perspectives of their clinical learning environment (four-point Likert scale; six subscales, 42 items) (Newton et al., 2010; Troung 2015). Additionally, two open-ended items sought information about barriers and facilitators of learning in the clinical environment.

Results

Results showed students were predominately female (84%) and enrolled in 2nd, 3rd and 4th year (60%, 27% and 13%) respectively. Statistical modelling showed that that university environments were different between universities ($p < 0.001$) and year of course ($p < 0.001$) but not between gender ($p = 0.35$). V-DREEM scores were similar between year 3 ($M=126.7$, $SD=16.5$) and year 4 ($M=125.8$, $SD=12.8$) students, while year 2 students ($M=128.7$, $SD=16.4$) rated the university environment significantly higher ($p<0.001$) than students in year 3 or 4. Students' rated the *Perception of Teaching and Learning* subscale highest reflecting satisfaction with this element of the university environment. Overall the V-CLEI mean score was in the low range ($M=138.7$, $SD 14.7$, possible range 42-168). Modelling indicated that students' experience in clinical environments was statistically different between universities ($p < 0.001$) and length of clinical placement ($p < 0.001$). Year 2 ($M=140.4$, $SD=14.9$) and year 3 ($M=138.7$, $SD=13.5$) students scored the clinical environment higher than year 4 students ($M=131.6$, $SD= 14.5$, $p < 0.001$) but there was no difference between male and female students ($p = 0.66$) and type of clinical wards ($p = 0.46$). Interactions with clinical staff were the most frequently reported facilitating factor or barrier to student learning.

Discussion

Vietnamese students in this study are largely satisfied with new active methods of teaching and learning within their university experience. The clinical environment score in this study was relatively low confirming anecdotal evidence and reflecting a clinical environment not supportive of student learning. Ideally students rate their clinical environment and experiences highly as clinical practice is popular and students usually engage enthusiastically (Bisholt et al., 2014; Dale et al., 2013). Consistent with patterns found globally, partnerships between universities and hospitals in clinical nurse education, and use of supporting processes such as effective preceptorship are crucial to facilitating students' learning. This study provides benchmarks from which priorities for change were identified for the participating universities. Other universities and colleges across Vietnam will be able to conduct similar evaluations.

Title:

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Keywords:

evaluation, learning environment and students' perceptions

References:

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Abstract Summary:

This study investigated Vietnamese undergraduate Bachelor of Nursing students' perceptions (n=891) of their education environment during university and clinical experiences in health care, within new competency-based curriculum contexts in four universities across Vietnam. Results inform future change in nursing education provision at both organisation and national level.

Content Outline:

Introduction and background

- Trends in Nurse Education Globally
- Nursing in Vietnam

Literature

- Factors that affect nursing student competence development
- Importance of students' perspectives

Design and methods

- Aim
- Instruments
- Settings
- Sample & recruitment
- Analysis

Results

- University environment
- Clinical environment
- Open-ended items - content

Discussion

- Satisfaction with new teaching and learning approaches evident
- Issues in clinical environment identified as not supporting learning
- Importance of university and clinical sector collaboration to support student learning is emphasized

First Primary Presenting Author

Primary Presenting Author

Joanne Ramsbotham, PhD, MN, RN
Queensland University of Technology
School of Nursing
Senior Lecturer
Kelvin Grove
Brisbane
Australia

Professional Experience: Senior Lecturer - Course Coordinator - Undergraduate Programs Dr Ramsbotham has coordinated the undergraduate Bachelor of Nursing program, led the postgraduate paediatric /child health subject area within the Masters of Nursing program at QUT and is currently the first year subject area coordinator for the Bachelor of Nursing. She has expertise and a range of experience in employing and evaluating the impact of learning and teaching approaches in these areas. Dr Ramsbotham has demonstrated significant contributions to academic leadership in curriculum development and implementation as well as effective course and subject administration.

Author Summary: She is a senior lecturer, expert in adult education and training Dr Ramsbotham has coordinated the undergraduate Bachelor of Nursing program, led the postgraduate paediatric /child health subject area within the Masters of Nursing program at QUT and is currently the first year subject area coordinator for the Bachelor of Nursing. She has expertise and a range of experience in employing and evaluating the impact of learning and teaching approaches in these areas.

Second Author
Thi Thuy Ha Dinh, PhD
Hanoi Medical University
Lecturer
School of Nursing, QUT
Kelvin Grove
Brisbane NA
Australia

Professional Experience: Ha is a nursing lecturer at Hanoi Medical University in the nursing faculty and has experience in teaching and research. Ha recently completed her PhD study at QUT, Australia researching self care efficacy in Vietnamese people with heart failure.

Author Summary: Ha is a nurse passionate about improving nursing care in her home country of Vietnam and is particularly interested in undergraduate education within her role as teacher at Hanoi medical university.

Third Author
Hue Thi Truong, MP
Khanh Hoa Medical College
Head of Nursing Department
Nha Trang
Viet Nam

Professional Experience: Hue has a Masters in Research (2015) from QUT Australia and is experienced in course design and teaching within the Vietnam Nursing environment. Her passion is in improving the nursing profession in Vietnam.

Author Summary: Hue is interested in research in nursing education particularly in understanding the factors that effect students" development of competence. Hue leads the nursing department of the Khanh Hoa Medical college and coordinated curriculum.

Fourth Secondary Presenting Author
Corresponding Secondary Presenting Author
Ann Bonner, PhD, MA, BAPSc (Nurs), RN, MACN
Queensland University of Technology
School of Nursing
Professor
Kelvin Grove
Brisbane
Australia

Professional Experience: Professor Ann Bonner is the Director of Research (School of Nursing), Chronic Conditions Management program leader (IHBI), and Visiting Research Fellow at the Kidney Health Service, Metro North Hospital and Health Service.

Author Summary: Professor Ann Bonner leads the Renal Nursing Professorial Unit. She is also co-leads the NHMRC Chronic Kidney Disease Centre for Research Excellence (CKD.CRE), is a Visiting Renal Nursing Scholar (Department of Renal Medicine, Princess Alexandra Hospital) and Visiting Nurse Scholar (Logan Hospital). She has published over 130 peer-reviewed journal articles and sits on numerous editorial and review panels.

Fifth Author
Dang Tran Ngoc Thanh
Pham Ngoc Thach University of Medicine
Nursing

Nurse Teacher
Phường 12,
Ho Chi Minh City
Viet Nam

Professional Experience: Thanh holds a Doctorate and is one of the first nurses in Vietnam to qualify at this level. She is passionate about the development of nursing in Vietnam and is committed to leading the profession toward international standards.

Author Summary: Thanh leads nursing education at PNTU and has experience in designing and leading nursing subjects. She is a strong advocate for the development of nursing and for the health of the Vietnamese population.

Sixth Author
Nguyen Minh Chinh

Nam Dinh Nursing University
Nursing
Nurse Teacher
Nam Dinh
Viet Nam

Professional Experience: Chinh is a Nurse Teacher and has undertaken Doctoral level study in Thailand. She is interested in developing the nursing profession within her home university and country.

Author Summary: Chinh leads subjects of study within undergraduate nursing education at Nam Dinh Nursing University. She has contributed to the development of the nursing profession in Vietnam.

Seventh Author
Nguyen Huong
Hanoi Medical University
Faculty of Nursing
Dr
Hanoi
Viet Nam

Professional Experience: Huong is a one of the first PhD qualified nurses in Vietnam. Her research interest is within women's health. She leads subjects of study within nursing education at Hanoi Medical University.

Author Summary: Huong is a one of the first PhD qualified nurses in Vietnam. She is vice head of Pediatrics and Mental health Nursing at Hanoi Medical University.

Eighth Author
Tran Thuy Duong, MSN
Hai Duong Medical Technical University
Faculty of Nursing
Nurse Teacher
Thanh Bình
Hai Duong
Viet Nam

Professional Experience: Duong is a Nurse Teacher and has undertaken Masters study in Australia at Queensland University of Technology. She is interested in developing the nursing profession within her home university and country.

Author Summary: Duong is passionate about advancing the profession of nursing in Vietnam and leads

subjects of study within undergraduate nursing education at HDMTU. Her research interests are in cancer care.