

Vietnamese Nursing Students' Perspectives on Learning Environments: A Cross-Sectional Benchmark Study Informing Future

Initiatives

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Learning Objective: Attendees will develop an understanding of learning environment measurement strategies and identified challenges within nurse education environments in Vietnam

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Trends in Nurse Education Globally

- Graduates as lifelong learners, users of evidence and conduct/consume research
- Curriculum – transformative learning. Improving interface between education & practice ^[1,2]
- Greater focus on people: prevention of non-communicable disease burden and primary care location; patient/client safety and care that impacts health outcomes
- Imbalance in number and education level of health professionals; nursing shortage^[1]

Factors known to effect competence development [3,4,5,6,7,8]

Students
Engaged
Knowledgeable
Beginning skills
Prepared and motivated to do practice

Teaching Staff
Active, student centred, evidence based teaching
integrate VN competency standards
Prepare students

← Learning at university /college

Students opportunity to be care
time, responsibility/looking for experiences, assessments, respond to feedback

Learning Interactions in the clinical practice environment

Environment relationships
Workload/time to work with student, nurse leader, patients and family, nurse teachers, staff nurses, feedback

STUDENT COMPETENCE

Importance of students' perspectives

- Challenge tradition: student as end user/consumer/ client of curricula
- Student learning - complex interactions [4]
- Students' perspectives on learning experiences are associated with quality of university and clinical learning environment [3,4,6,7,8]
- Form part of a wider view/data set on course performance

The Vietnamese context



Nursing In Vietnam



Evaluation Study

Design: cross sectional

Objectives:

1. To examine students' perspectives of their learning environment (university and practice in hospital)
2. To provide baseline benchmarks for decision making and improvements in teaching and learning in partner universities

- **Setting:** 4 partner universities across Vietnam
- **Sample:** convenience sample of 2, 3 & 4 year Bachelor of Nursing students (**$n = 891$**)
- **Data collection - March to August 2016**
- **Ethical clearance:** QUT and partner university agreement

Instruments

University environment

Vietnamese - Dundee Ready Educational Examination Measure (V-DREEM) ^[11] (nursing version)

- 4 sub-scales & 47 items ($\alpha = .80$).
- Original English: Roff, 2005.
- 4 point Likert scale: 1 - Strongly disagree to 4 - Strongly agree

Clinical environment

Vietnamese - Clinical Learning Environment Inventory (V-CLEI) ^[12] (nursing specific)

- 6 sub-scales, 42 items, ($\alpha = .74$)
- Original English: Newton et al, 2010
- 4 point Likert scale: 1 = Strongly disagree to 4 = Strongly agree

Plus: Two open questions about clinical experiences. Describe:

- 3 barriers to learning and 3 facilitators of learning.

Student demographic results

Age (mean)	21 years
Gender	(n, %)
Male	138 (15.5%)
Female	753 (84.5%)
School Year	
Year 2	530 (59.5%)
Year 3	243 (27.3%)
Year 4	118 (13.2%)
Participating wards	
Medical	318 (35.7%)
Surgical	258 (29%)
Others	315 (35.3%)
Previous placement in ward (yes)	73 (8.2%)
Length of clinical placement	
2 weeks	162 (18.2%)
3 weeks	288 (32.3%)
4 weeks	84 (9.4%)
6 weeks	158 (17.7%)
More than 6 weeks	199 (22.3%)

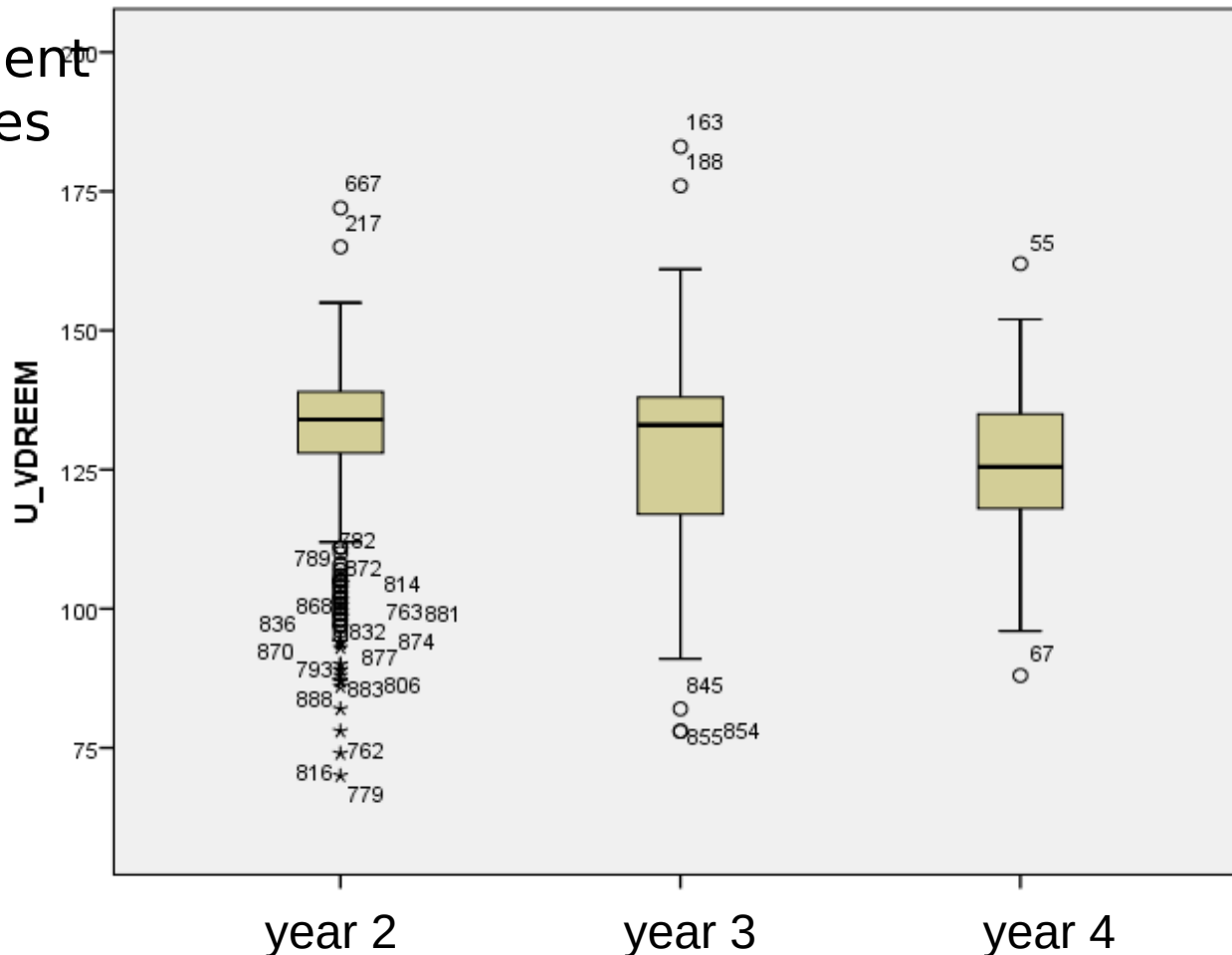
University learning environment

Mid-range results. However Asian cultural rating norms often higher than west.

Scale and subscale	Possible score	Mean	SD
All V-DREEM (n=891)	47-188	127.8	15.9
Students' Perception of teaching & learning	12-48	32.9	5.1
Students' Perception of teachers	9-36	25.5	4.6
Students' Academic Self-Perception	8-32	21.4	2.8
Students' Perceptions of Atmosphere	11-44	29.1	4.1
Students' Social Self-Perceptions	7-28	18.6	2.6

University environment and year

Student scores



Significant difference by year ($p < 0.001$), year 2 students rated higher than year 3 and 4. No item mean score met criteria for strong performance (mean of ≥ 3.5) using Western cut points.^[10]

Highlighted areas Strongly Agree/ Agree

Areas that \approx or \geq 50% participants

Item (with item order)	% Strongly Agree or Agree
2. The teachers are knowledgeable	75
16. The teaching helps to develop my competence	72
22. The teaching helps to develop my confidence	80
24. The teaching time is put to good use	60
40. The teachers are well-prepared for their teaching session	68
45. Much of what I have to learn seems relevant to a career in healthcare	72

Highlighted areas

Disagree/ Strongly Disagree

Areas that \approx or \geq 50% participants

Item (with item order)	% Strongly Disagree or Disagree
5. Learning strategies which worked for me before continue to work for me now	68
12. This course is well timetabled	53
27. I am able to memorized all I need	57
42. The enjoyment outweighs the stress of studying nursing care	49
50. I feel able to ask the questions I want	50

University Environment

Overall impression

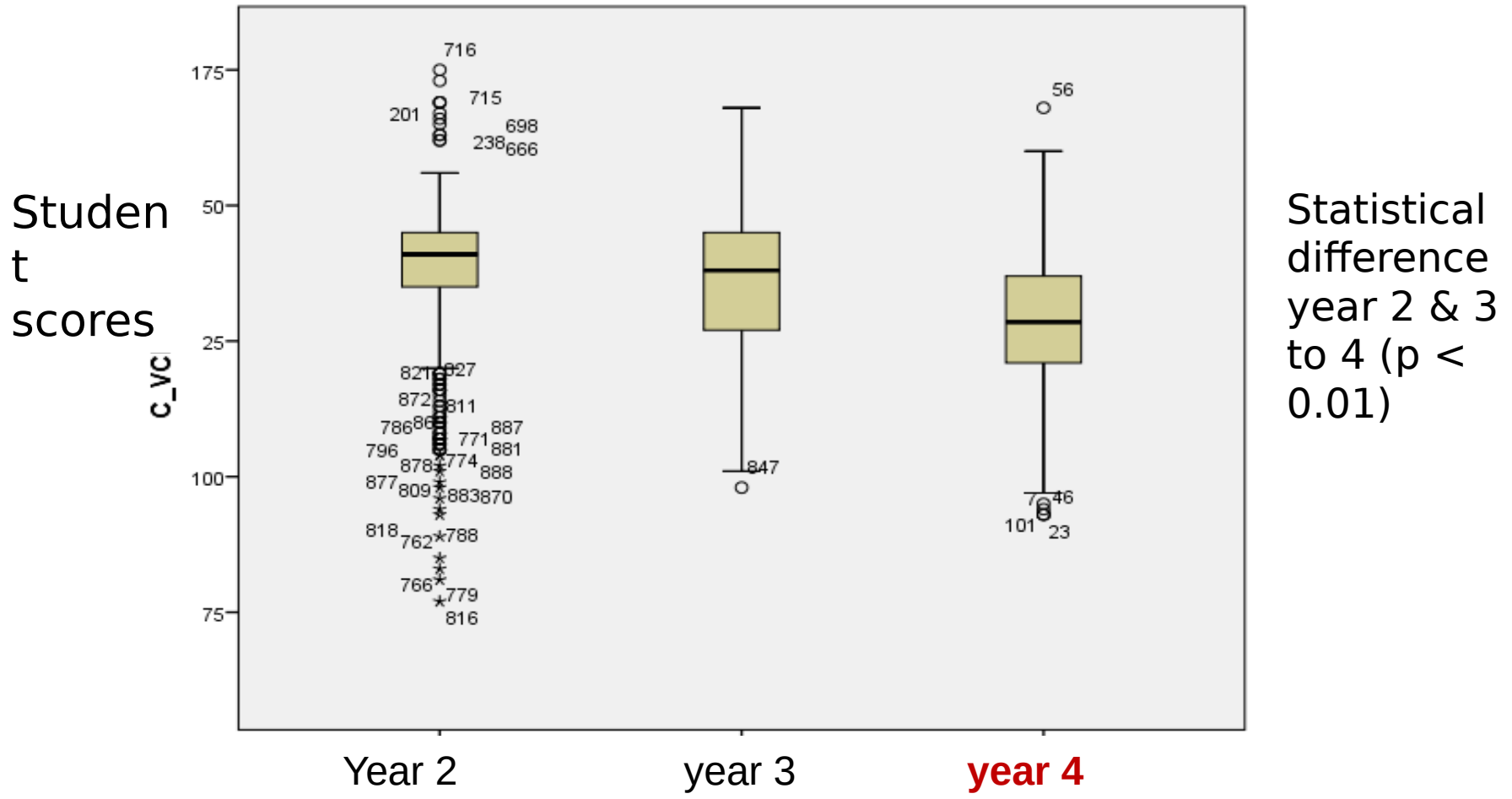
- Nurse teachers leading change and impacting student learning
- Some change evident in ways students learn
- Challenges:
 - use of learning time,
 - shift away from content driven passive approaches to student centered and active learning

Clinical environment learning

Low to mid-range results. However Asian cultural rating norms often higher than west.

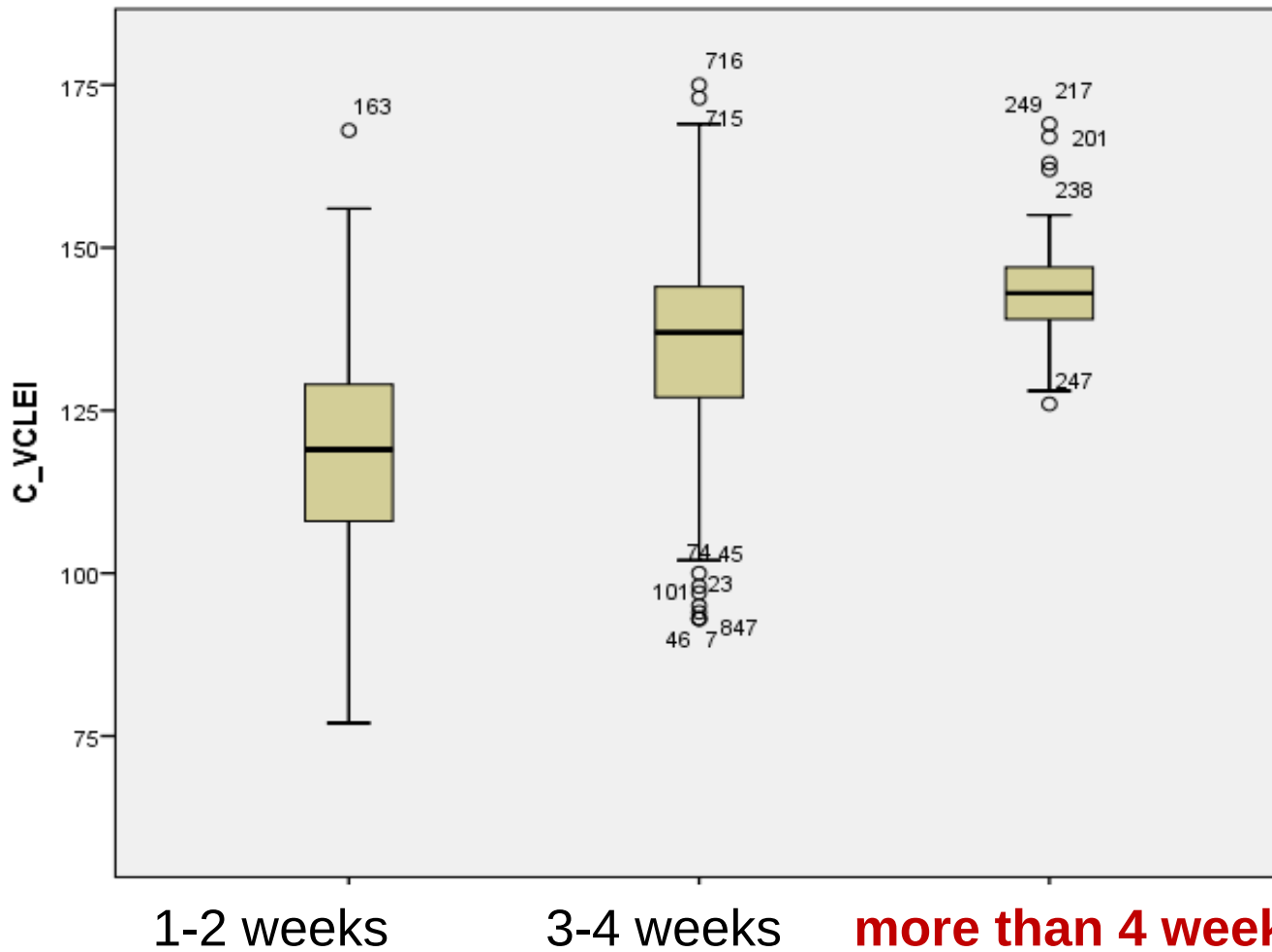
Scale and subscale	Possible score	Mean	SD
V-CLEI	52 - 208	138.7	14.7
Affordances and engagement	16-64	42.5	5.3
Student centeredness	20-80	53.3	6.3
Enabling individual engagement	4-16	10.8	2.1
Valuing nursing work	3-12	8.4	1.7
Fostering workplace learning	6-24	15.5	2.2
Innovative learning	3-12	7.8	1.4

Clinical environment year



Clinical placement time

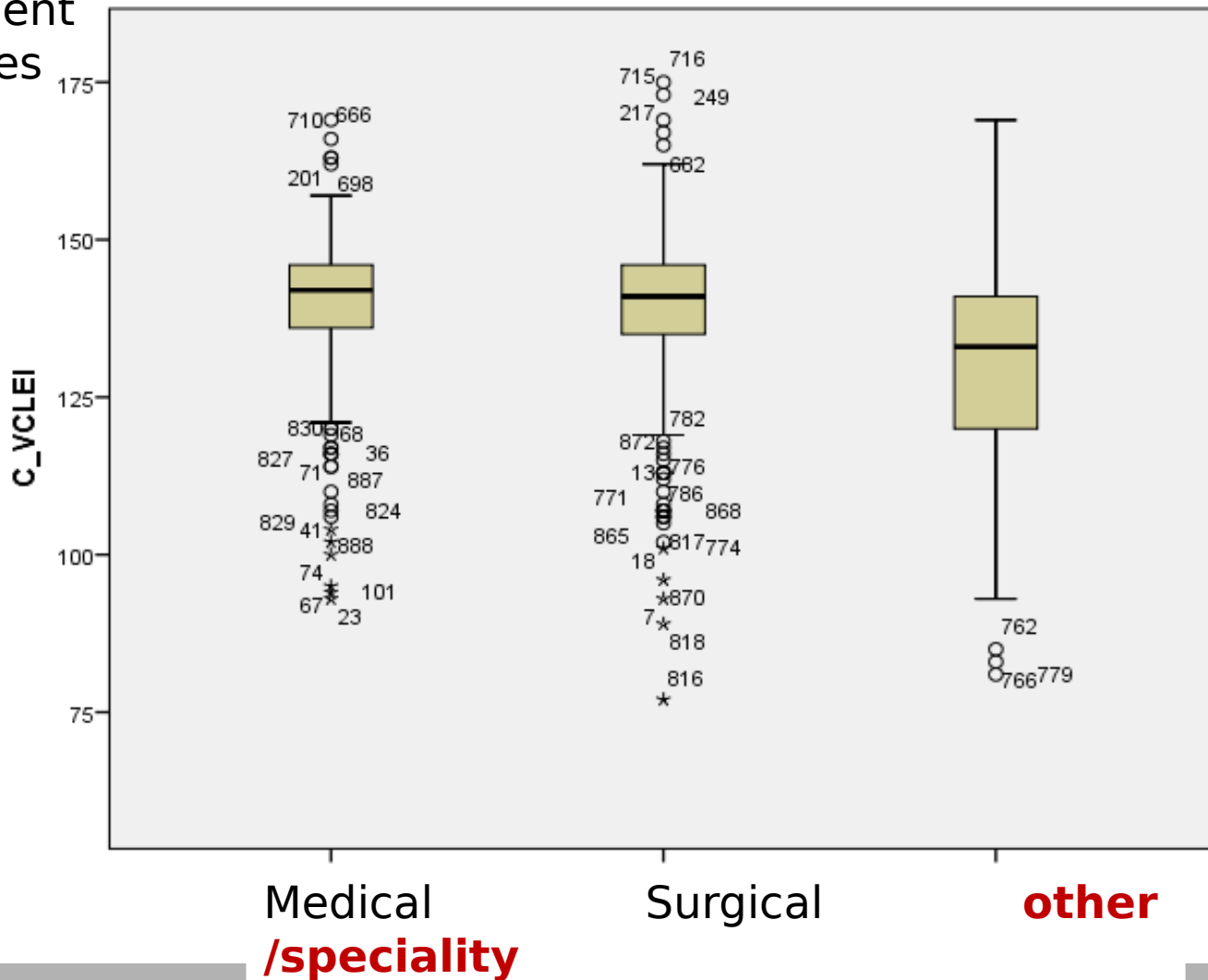
Student scores



$p < 0.001$

Clinical ward type

Student scores



Statistical difference medical and surgical to other /speciality ($p < 0.001$).

No difference between medical or surgical ($p = 0.178$)

Short answer question responses: most common facilitator of clinical learning

- Positive interaction with chief nurse/staff (n = 353)
- Clinical teachers (faculty) and preceptors willingness and to support student learning (n = 155)
- More chance of practice (weekend shifts, swap positions) (n = 133)
- Adequate facilities/resources (n = 118)
- Cooperative patients/family (n = 85)
- Opportunity to strengthen knowledge and skills (n = 84)

Short answer question responses: most common barrier to clinical learning

- Unfriendly or uninterested ward staff (n=111)
- Heavy workload (overcrowding patients, work pressure) (n = 91)
- Uncooperative patients/family members (n = 89)
- Clinical teachers or preceptors were too busy to provide help in learning or to listen to students (n = 81)
- Few chances to practice taught skills (n= 79)

Clinical Environment - Impressions

- Similar clinical trends/challenges across VN
- Need for a shift in organisational/resource support for partnerships and collaborations to improve clinical relationships/expectations and clinical mentoring behaviours
- Connect hospital nurses with university as stakeholders – promote new culture of building nursing profession and leadership at local level
- Priority: build more opportunity for students to learn by providing real care, positive effect on competence

Summary:

Nurse education environments in Vietnam

- Similar patterns in VN students' expectations and challenges in learning environments as known globally [3,4,6].
- Students value new, active learning and moves away from traditional passive learning in university and clinical
- Future - health sector/university partnerships embed student support - essential to development of nursing profession to meet population needs alongside systems



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