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**DEVELOPING STANDARDS FOR THE  
SELECTION OF AN EFFECTIVE  
CLINICAL PRACTICAL  
SETTING FOR NURSE  
STUDENTS**

**Thesis**

*Submitted For Partial Fulfillment of the Master  
Degree in Nursing Sciences  
(Nursing Administration)*

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**Faculty of Nursing  
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2012**

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**By**

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Ain Shams University  
2012**

# تطوير معايير لاختيار مكان التدريب العملي الفعال لطالبات التمريض

## رساله

مقدمة توطئة للحصول على درجة الماجستير في علوم التمريض  
(إدارة التمريض)

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مقدمه من  
فاديه موسى عبد المجيد موسى

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2012

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## *ACKNOWLEDGMENT*

*First and foremost, I feel always indebted to ALLAH for all the blessings bestowed to me.*

*I would like to express my deep thanks and gratitude are addressed to Dr. Samia Mohamed Adam, Professor and Head of the Department of Nursing Administration, Faculty of Nursing, Ain Shams University, for her constructive assistance and directions. She has spent a lot of her valuable time building up this work, I am greatly indebted to her continuous guidance.*

*I am also much grateful to Dr. Rabab Mahmoud Hassan Lecturer of Nursing Administration, Faculty of Nursing, Ain Shams University, for her most valuable advices, kind supervision, and continuous encouragement. I appreciate her help and support.*

*Lastly, I wish to convey my thanks to all colleagues and nurse students who participate & gave some time to fill up the forms of this study.*

## TABLE OF CONTENTS

Contents	Page
INTRODUCTION	1
AIM OF THE STUDY	6
REVIEW OF LITERATURE	7
Definitions	
- Clinical Learning Cycle	9
-Factors Influencing Clinical Learning Environment (CLE)	15
- Characteristics of Effective Learning Environment	17
- Effect of Developing Standards for Practical Settings	20
- Concept of Nursing Standards.	22
- Importance of Nursing Standards.	22
- Developing of Nursing Standards.	24
- Writing of standards.	25
- Standards Criteria.	26
- Types of Standards	28
- Standards and Quality	34
- Standards and Quality Assurance	35
- Validity & Reliability of Standards	36
SUBJECTS AND METHODS	42
RESULTS	54

DISCUSSION	85
CONCLUSION	96
RECOMMENDATIONS	97
SUMMARY	98
REFERENCES	101
APPENDICES	-
ARABIC SUMMARY	-

<b>Abbreviations</b>	<b>Abbreviation Meaning</b>
<b>ANA</b>	American Nursing Association
<b>CCU</b>	Cardiac Care Unit
<b>CLE</b>	Clinical Learning Environment
<b>DYSSS</b>	Dynamic Standards Setting System
<b>ENB</b>	English National Board for Nursing
<b>FMEA</b>	Failure Mode Effects Analysis
<b>ICU</b>	Intensive Care Unit
<b>ISO</b>	International Organization for Standardization
<b>JCAHO</b>	Joint Commission on Accreditation of Health care Organization
<b>Lab</b>	Laboratory
<b>NANB</b>	Nurse Association of New Brunswick
<b>OR</b>	Operating Room
<b>RCA</b>	Root Cause Analysis
<b>SBAR</b>	Situation, Background, Assessment, Recommendation
<b>SMART</b>	Specific, Measurable, Appropriate, Reliable & Timely
<b>TIN</b>	Technical Institute of Nursing

## LIST OF TABLES

Table	Title	Page
1	Demographic characteristics of jury group .	55
2	Dmographic characteristics of the studied nurse teachers.	56
3	Demographic characteristics of the studied nurse students.	57
4	Agreement of jury groups on general form of proposed standards (face validity) .	59
5	Mean percent for Agreement of jury groups on proposed standards (content validity).	60
6	Agreement of jury groups on the hospital and external units standard.	61
7	Agreement of jury groups on Institute laboratory standard	62
8	Agreement of jury groups on Equipment and supplies standard	63
9	Agreement of jury groups on Manpower standard	64
10	Agreement of jury groups on the task orientation standard	65
11	Agreement of jury groups on the personalization standard	66
12	Agreement of jury groups on student involvement standard	67
13	Agreement of jury groups on the students satisfaction standard	68
14	Number and percents of nurse teachers and nurse students agreeing on the importance on The Hospital & External Units.	69
15	Number and percents of nurse teachers and nurse students agreeing on the importance on Institute Laboratory.	70

LIST OF TABLES (Cont.)

Table	Title	Page
16	Number and percents of nurse teachers and nurse students agreeing on the importance on equipment and supplies.	71
17	Number and percents of nurse teachers and nurse students	72
18	Number and percents of nurse teachers and nurse students agreeing on the importance of Task Orientation.	74
19	Number and percents of nurse teachers and nurse students agreeing on the importance on Personalization.	75
20	Number and percents of nurse teachers and nurse students agreeing on the importance of Student Involvement.	76
21	Number and percents of nurse teachers and nurse students agreeing on the importance of Student's Satisfaction.	77
22	Comparison between nursing students and nurse teachers opinions regarding the developed standard.	78
23	Nursing students agreement on the importance of standards according to their institute	79
24	Nurse teachers' agreement on the importance of the developed standards according to their institute.	80
25	Nurse teachers' agreement on the importance of the developed standards according to their age.	81
26	Nurse teachers' agreement on the importance of the developed standards according to their experience in teaching nursing.	82
27	Nurse teachers' agreement on the importance of the developed standards according to their qualification.	83
28	Comparison between practical settings in Ain Sham University Hospitals and practical settings in Ain Shams Specialized Hospital regarding fulfilling the developed standards as observed by the researcher.	84

## INTRODUCTION

Teaching in clinical settings presents nurse educators with challenges that are different from those encountered in the classroom. In nursing education, the classroom and clinical environments are linked because students must apply in clinical practice what they have learned in the classroom, and through other experiences. However, clinical settings require different approaches to teaching. The clinical environment is complex and rapidly changing, with a variety of new settings and roles in which nurses must be prepared to practice (*Kathleen, & Oermann, 2010*).

Clinical teaching is more important than classroom teaching, because nursing is a professional practice discipline, what nurses and nursing students do in clinical practice is more important than what they can demonstrate in a classroom. Clinical learning activities provide real-life experiences and opportunities for transfer of knowledge to practical situations (*Oermann, & Gaberson, 2009*).

The learning environment influences an individual's self efficacy, for students to feel competent and confident in their abilities, nursing teachers need to be supportive, welcoming, willing to engage with students and be verbally encouraging. How students interpret their relationship with manpower in clinical area; therefore has a big impact on their learning process. The students valued positive relationships with the nurses and felt that their learning was enhanced when the nurses were fully involved with the students. Good learning opportunities occur when nurse students were able to sit down with supervisors and discuss their patient cases. They clearly appreciate when they are recognized as learners and not someone who “eases nurses' workload”. Students may be

often faced with the fact that when nurses are busy with patient care, either due to nature of the clinical area or due to nursing staff shortage, students who work closely with nurses may end up providing patient care or perform clinical skills and not necessarily obtain optimal learning opportunities (*Sullivan, & Decker, 2005*)

Student's progress is judged by the performance of clinical skills, which is consistent with an overall students' belief that the activity of “doing” a skill defines their practice and is an important aspect of nursing (*Cookfair, 2002*). This can explain why some students place such an emphasis on practicing skills. It appears then that the performance of clinical skills gives them a sense of accomplishment and mastery. Benefits of clinical setting for nursing students are preparing them to be a part of the health care system, learning about these sites, developing the skills that these settings are best able to provide many clinical assessment and decision-making skills that appear with this routine procedure may best take place in a clinical setting, and developing therapeutic communication competencies may be best achieved in settings (*Estabrooks, et al., 2005*).

A supportive environment is critical for effective assessment, because students need to recognize that the teacher's feedback is intended to help them to improve their performance. The clinical setting needs to provide experiences that foster student learning and development. In addition, staff members need to be supportive to students; work collaboratively with each other, students, and the faculty member; and communicate effectively individually and as a team. Most of all, there has

to be trust and respect between the teacher and students (*Henderson et al., 2006*).

Educational standards are drawn on general educational goals. They specify the competencies that institutes must impart to their students in order to achieve certain key educational goals, and the competencies that students are expected to have acquired by a particular grade, these competencies are described in such specific terms that they can be translated into particular tasks and, in principle, assessed by tests ( *Eckhard et al., 2004*).

Educational standards thereby constitute a key mechanism in the effort to secure and improve the quality of the work done in institutes. The standards can serve as a guide for institutes and classroom instructions and give educators a frame of reference for their work. The institutes' task is to meet the competency requirements to the extent possible, given the abilities to the students and the situation in the institute, and the fulfillment of these requirements can be determined with reference to the educational standards, so it makes it possible to establish the degree to which the education system has succeeded in its mission, and gives the institutes' feedback on the outcomes of their work ( *Eckhard et al., 2004*).

## **Significance of the Study**

The clinical segments of all health professions education are designed to prepare students to be sensitive and proficient practitioners of their respective disciplines. Although students may learn their responsibilities from the clinical setting where they trained by observing training role models who are experienced professionals, formal and consistent clinical education would help to ensure that all students are exposed to a comprehensive, uniform clinical experience in their profession (*De Torney and Thompson, 2007*).

The clinical training settings are selected somewhat at random for convenience, geographic location, and availability of “slots” for students. Perceptions and experiences of the clinical instructors and staff concerning learning, training, and clinical education come into play as well. Randomness should be reduced in the selection, use, and evaluation of the training clinical education settings (*Kattleen and Oermann, 2010*).

Previous work has focused on the teaching and learning involved in clinical education not on the environmental, administrative, and personnel factors of a clinical education setting. Currently, there is no widely accepted set of standards and measurement criteria for the evaluation and selection of clinical education settings in training.

Lack of formal emphasis on clinical education settings promotes haphazard and coincidental learning during students’ clinical experiences. Instruction may not be consistent or available from clinical setting to the next. Such disorder occurs because many trainers have not realized the importance of the clinical education setting. The focus in clinical

education settings must include educational standards and experiences designed to augment students' knowledge and to promote their professional maturity. The clinical setting provides validation of previously learned principles and concepts; moreover, clinical skills are learned and practiced in simulated environments.