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The purpose of the project is to evaluate the psychometric properties of the Student Satisfaction and Self-Confidence in Learning Scale as a tool for measuring student self-confidence and satisfaction with learning pediatric nursing skills in a service-learning environment.
Introduction

• Currently there is no dedicated instrument for specifically measuring novice nurses' beliefs and attitudes about learning clinical nursing skills in the service-learning environment.

• An existing instrument, the Student Satisfaction and Self Confidence in Learning Scale (SCLS), developed and validated by the NLN to evaluate learning in a simulation environment, shows promise for being adapted as a service-learning assessment tool.

• Establishing reliability of this instrument for this purpose will add to available research tools.
Challenges in Pediatric Clinical Opportunities

• Enrollment in healthcare programs is growing across the country, unfortunately at the same time changes in the healthcare system are resulting in fewer hospital resources and a decline in traditional clinical training sites.

• While education in the classroom and simulation experiences provide the necessary background knowledge and essential skills, clinical experiences deliver a higher level of value to students.

• To accommodate the lack of clinical sites, schools and programs must begin to look at non-traditional sites such as childcare centers, camps, and community-based clinics.
Clinical Alternatives

• 50% of simulated learning can be effectively substituted for traditional clinical experience in all core courses across the prelicensure nursing curriculum without compromising learning outcomes

• Students need to experience direct interactions with the individuals, families, groups, and populations that they will be caring for when they enter professional practice.

• Community-based clinical training affords students the opportunity to apply what they have learned in the classroom to real-world situations to gain a better understanding about the effect of physical and social environments on the health of both patients and communities.

• While extensive evidence is available verifying that simulation teaches essential clinical skills there is no such evidence supporting the use of service-learning environments for clinical education.
Experiential Learning

• Experiential learning experiences provide an opportunity for students to:
  • Utilize the skills and techniques discussed in their curriculum.
  • Think critically in a real-world environment
  • Connect classroom objectives to clinical environments
  • Demonstration of professionalism
  • Gain assessment skills
  • Meet the needs of the community

• Experiential learning is different because it explicitly aims to establish reciprocity between all partners and increase students’ social responsiveness.
Goals of Service Learning

• **Understanding Social Issues:**
  - An individual's frame of reference that guides decision making in terms of complex social issues.
  - A desire to engage in future service activities in terms of both a feeling of responsibility and a commitment to do so.

• **Personal Insight:**
  - An individual's perception of self.
  - Identity; awareness of oneself in terms of strengths and weaknesses; career aspirations; self-efficacy; self-esteem; determination; persistence.

• **Cognitive Development:**
  - Task and skill development and academic achievement.
  - Management skill development; writing skills; problem-solving skills; critical-thinking skills; GPA; course performance.
Current Evaluation

The unique nature of SL experiences makes it difficult to generate definite and generalizable outcomes.

Currently there is no dedicated instrument designed to specifically assess nursing student satisfaction or learning in experiential learning clinical experiences.

Historically student satisfaction and learning have been identified through nonspecific surveys, student reflection, observation, focus groups and post experience interviews.

Indications are that there is no consistency in measured concepts and instruments used in the implementation of SL in the nursing curricula, constraining rigorous research.
Surveys Measuring Service Learning

- **Student Service-Learning Course Survey (SSLCS)** (Wang et al., 2005): Measures domains of social justice responsibility, charitable responsibility, interpersonal responsibility and personal competence.

- **California Critical thinking Disposition Inventory**

- **Cultural Competence among healthcare workers**

- **Adopted Inventory of Civic engagement**

- Questions remain:
  - Which questions should be standardized in survey instruments when researching the effects of SL on student outcomes?
  - Should these questions reflect specific course objectives alone?
  - Should standard questions be generated with surveys customized based on course content?
Reflective Journaling

• “Reflection is an invitation to think deeply about our actions so that we may act with greater insight and more efficiently in the future” (Watson, 2001).

• As self-reflection is qualitative in nature, reporting effects requires the generation, development, and reporting of themes.
Observation and Interview

- Interviews provide more in-depth information than surveys, but they take longer to administer and analyze, and are less likely to yield responses that can be generalized to a larger population.

- Service-learning evaluators often use observations to illustrate findings, provide insights into implementation or student reactions and impacts, or show exactly what a practice looks like.
Methodology

- The SCLS is composed of 13 items that assess the students’ attitude toward satisfaction with instruction and self-confidence in learning the nursing curriculum through simulation (Jeffries and Rizzolo, 2006).

- The survey questions were adapted by removing language that references simulation and utilizing terminology that reflects learning through pediatric service-learning experiences.
Methodology

- The survey was administered to novice nursing students during their final semester in a pre-licensure BSN nursing program at a university in the southern United States following completion of several pediatric service-learning clinical experiences.

- Psychometric testing was performed using Excel RealStats statistical add-in and included item analysis, correlation, and internal consistency.
<table>
<thead>
<tr>
<th>Question</th>
<th>SD</th>
<th>D</th>
<th>UN</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>Std. dev.</th>
<th>Average Inter-item Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The teaching methods used in this clinical experience were helpful and effective.</td>
<td>0</td>
<td>0</td>
<td>3.23</td>
<td>41.13</td>
<td>55.65</td>
<td>4.52</td>
<td>0.56</td>
<td>0.71</td>
</tr>
<tr>
<td>2. The clinical experience provided me with a variety of learning materials and activities to promote my learning the pediatric curriculum.</td>
<td>0</td>
<td>0</td>
<td>4.03</td>
<td>43.55</td>
<td>52.42</td>
<td>4.48</td>
<td>0.58</td>
<td>0.7</td>
</tr>
<tr>
<td>3. I enjoyed how my instructor taught during the clinical experience.</td>
<td>0</td>
<td>2.42</td>
<td>4.03</td>
<td>31.45</td>
<td>62.1</td>
<td>4.53</td>
<td>0.69</td>
<td>0.77</td>
</tr>
<tr>
<td>4. The facilities used in this clinical experience were motivating and helped me to learn.</td>
<td>0.81</td>
<td>2.42</td>
<td>7.26</td>
<td>37.9</td>
<td>51.61</td>
<td>4.37</td>
<td>0.79</td>
<td>0.74</td>
</tr>
<tr>
<td>5. The way the clinical experience proceeded was suitable to the way I learn.</td>
<td>0.81</td>
<td>1.61</td>
<td>4.03</td>
<td>41.94</td>
<td>51.61</td>
<td>4.42</td>
<td>0.72</td>
<td>0.75</td>
</tr>
<tr>
<td>6. I am confident that I am mastering the content of the clinical experience that my instructors presented to me.</td>
<td>0.81</td>
<td>0.81</td>
<td>6.45</td>
<td>45.97</td>
<td>45.97</td>
<td>4.35</td>
<td>0.71</td>
<td>0.69</td>
</tr>
<tr>
<td>7. I am confident that this clinical experience covered critical content necessary for the mastery of the pediatric curriculum.</td>
<td>0.81</td>
<td>1.61</td>
<td>4.84</td>
<td>41.13</td>
<td>51.61</td>
<td>4.41</td>
<td>0.73</td>
<td>0.76</td>
</tr>
<tr>
<td>8. I am confident that I am developing the skills and obtaining the required knowledge from this clinical experience to perform necessary tasks in a clinical setting</td>
<td>0.81</td>
<td>0.81</td>
<td>4.03</td>
<td>45.16</td>
<td>49.19</td>
<td>4.41</td>
<td>0.69</td>
<td>0.77</td>
</tr>
<tr>
<td>9. My instructors used helpful resources to teach during the clinical experience</td>
<td>0</td>
<td>0.81</td>
<td>4.03</td>
<td>37.9</td>
<td>57.26</td>
<td>4.52</td>
<td>0.62</td>
<td>0.75</td>
</tr>
<tr>
<td>10. It is my responsibility as the student to learn what I need to know from this clinical activity.</td>
<td>0</td>
<td>2.42</td>
<td>2.42</td>
<td>36.29</td>
<td>58.87</td>
<td>4.52</td>
<td>0.67</td>
<td>0.72</td>
</tr>
<tr>
<td>11. I know how to get help when I do not understand the concepts covered in the clinical experience</td>
<td>0</td>
<td>0</td>
<td>3.26</td>
<td>35.48</td>
<td>61.29</td>
<td>4.58</td>
<td>0.56</td>
<td>0.68</td>
</tr>
<tr>
<td>12. I know how to use clinical experience activities to learn critical aspects of pediatric skills.</td>
<td>0</td>
<td>0.81</td>
<td>3.23</td>
<td>42.74</td>
<td>53.23</td>
<td>4.48</td>
<td>0.60</td>
<td>0.69</td>
</tr>
<tr>
<td>13. I am confident that I am able to connect content covered during class time to the clinical experience.</td>
<td>0</td>
<td>0.81</td>
<td>4.84</td>
<td>37.1</td>
<td>57.26</td>
<td>4.51</td>
<td>0.63</td>
<td>0.76</td>
</tr>
</tbody>
</table>
Results

- 124 Completed Surveys. Responses on the SCLS were skewed, with most participants responding either “Agree” or “Strongly Agree” on all items.

- The overall SCLS Alpha was 0.97. Alpha was 0.93 for the satisfaction and 0.95 for the self-confidence subscales, respectively.

- The correlation between the satisfaction and self-confidence subscales of the SCLS is very high (0.93); thus, satisfaction and self-confidence in learning cannot be considered conceptually or statistically independent.

- Correlation scores were all acceptable and ranged from .67 (item 11) to .77 (item 8).
Conclusions

• Establishment of this assessment tool provides robust evidence to ensure that the decision to incorporate service-learning clinical experiences into nursing programs as well as judgments made about service-learning educational practices and student self-confidence in learning following service-learning experiences are beneficial and credible.

• Additional assessments comparing this scale with other established tools are needed to further establish instrument validity.
References


• Institute of Medicine, (2010). The future of nursing leading change: Advancing health report recommendations.


• Stallwood, L. G., & Groh, C. J. (2011). Service-Learning in the Nursing Curriculum: Are We at the Level of Evidence-Based Practice?. Nursing education perspectives, 32(5), 297-301.

Questions