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

**Students’ opportunity to do care**
- Time, responsibility/looking for experiences, assessments, respond to feedback

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

Learning at university/college

Learning interactions in the clinical practice environment

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
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) \cite{11} (nursing version)
- 4 sub-scales & 47 items (a= .80).
- 4 point Likert scale: 1 - Strongly disagree to 4 - Strongly agree

Clinical environment

Vietnamese - Clinical Learning Environment Inventory (V-CLEI) \cite{12} (nursing specific)
- 6 sub-scales, 42 items, (a= .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

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

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

<table>
<thead>
<tr>
<th>Scale and subscale</th>
<th>Possible score</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>All V-DREEM (n=891)</td>
<td>47-188</td>
<td>127.8</td>
<td>15.9</td>
</tr>
<tr>
<td>Students’ Perception of teaching &amp; learning</td>
<td>12-48</td>
<td>32.9</td>
<td>5.1</td>
</tr>
<tr>
<td>Students’ Perception of teachers</td>
<td>9-36</td>
<td>25.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Students’ Academic Self-Perception</td>
<td>8-32</td>
<td>21.4</td>
<td>2.8</td>
</tr>
<tr>
<td>Students’ Perceptions of Atmosphere</td>
<td>11-44</td>
<td>29.1</td>
<td>4.1</td>
</tr>
<tr>
<td>Students’ Social Self-Perceptions</td>
<td>7-28</td>
<td>18.6</td>
<td>2.6</td>
</tr>
</tbody>
</table>
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 ≈ or ≥ 50% participants

<table>
<thead>
<tr>
<th>Item (with item order)</th>
<th>% Strongly Agree or Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The teachers are knowledgeable</td>
<td>75</td>
</tr>
<tr>
<td>16. The teaching helps to develop my competence</td>
<td>72</td>
</tr>
<tr>
<td>22. The teaching helps to develop my confidence</td>
<td>80</td>
</tr>
<tr>
<td>24. The teaching time is put to good use</td>
<td>60</td>
</tr>
<tr>
<td>40. The teachers are well-prepared for their teaching session</td>
<td>68</td>
</tr>
<tr>
<td>45. Much of what I have to learn seems relevant to a career in healthcare</td>
<td>72</td>
</tr>
</tbody>
</table>
Highlighted areas
Disagree/ Strongly Disagree
Areas that $\approx$ or $\geq$ 50% participants

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

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

Student scores

Statistical difference year 2 & 3 to 4 (p < 0.01)
Clinical placement time

Student scores

1-2 weeks  3-4 weeks  more than 4 weeks

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
References