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Original Article

Influence of Nursing Student's Perception of Clinical learning setting on Their Willingness to Care for Elderly Adults' Patient

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ARTICLE INFO

ABSTRACT

Due to aging population, nursing students will be particularly inclined to work with the elderly right after graduation. **Objective:** To assess the influence of Pakistani nursing students' views of the clinical learning setting and clinical-oriented attributes on their future desire to care for geriatric patients is crucial to determine. **Methods:** A study population consisted of 297 nursing students was questioned using questionnaires to investigate the influence of student nurses' perceptions of the clinical instructional setting in clinical area on their desire to care for older individuals; The Elderly Care Awareness Questionnaire (ECAQ) scale and the Clinical Learning Environment and Supervisory (CLES) scale. **Results:** The total CLES score was good-moderate (mean = 3.57, SD = 0.40). With 50.5 percent of the variance, regression analysis demonstrates a strong association between nursing students' clinical learning setting and their desire to provide care for old individuals ($R^2 = 0.505$, $F(1,295) = 300.473$, $p = 0.000$). All seven categories of the CLES questionnaire revealed a strong correlation between nursing students' motivation to care for elderly patients. **Conclusions:** Learning atmosphere & administrative and executive style showed strongest relationship with nursing student desire to care for elderly adults. Nursing students' perceptions of the clinical learning setting were significantly influenced by their age and year of study.

INTRODUCTION

Clinical learning settings allow students to improve their abilities, interact with other professionals, and bridge the gap between classroom and workplace knowledge. Providing care for the ageing population is one of the challenges facing health care frameworks, which calls for the deployment of highly skilled and qualified nurses [1]. Older people have more health care needs than people of other ages because of physiological changes brought on by ageing and an increase in chronic and incapacitating diseases [2]. Despite some theories pertaining to ageing determine the commencement of the phenomenon of ageing before birth [3]. From a time-based context, the age of 65 marks the beginning of ageing [4]. Many studies and data show that the ageing process is moving at a rapid pace, and that the world's population is ageing faster than ever [5]. Approximately 21% of Americans and 28% of Europeans will be over the age of 65 by 2030, and the proportion of Pakistan's population that is over 65 will rise by 9.3 percent [6, 7]. Given these numbers, it is expected that an increasing number of elderly people will require health services and social assistance. It is crucial to look at nursing students' interest in caring for older people in Pakistan. Unfortunately, care for seniors is the least preferred choice, and numerous studies show that nursing students have negative perceptions of caring for elderly patients [8, 9]. The ability to provide competent care

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requires knowledge. Nursing students learn about common ailments and nursing care for the elderly as part of their nursing theoretical education. Knowledge has been shown to be significantly linked to readiness for dealing with the geriatric people [10]. Nevertheless, it is well recognised that perception have a role in the readiness to care for the elderly [10, 11]. Perception is a way of thinking or feeling towards something or somebody [12]. The intention of an individual to execute an activity is determined by his or her perspective toward a certain conduct. In the last two decades, several research have been carried to measure student nurses' knowledge and perceptions about the urge to provide care for the geriatric patients [1, 2]. The perspective of nurses regarding the caring for older patients can have a significant influence on their ability to perform properly and effectively [13]. According to studies, nurses' views regarding older adult care evolve during their undergraduate years and are influenced by elements such as the learning environment, training programmes, and practical exposure [14]. Nursing students tend to acquire in hospital studies. Several elements influence learning outcomes, including the level of educators' knowledge, the efficiency of supervising the students' learning experience, education systems provided, and the mental ambiance of the surroundings [15]. Since nurses' perspectives of nursing discipline are formed during the learning phase in schools of nursing and clinical settings, the practicum surrounding is not just an adequate portal for constructing active learning, but also performs a vital role in students' opinions of numerous different occupations and career pathways [16]. In Pakistan, a bachelor's of nursing science degree takes four years (8 semesters), and specialty courses in geriatrics begin in the second year of study (3 semester). Research is needed to investigate the factors that influence nursing students' desire to work with elderly patients in Pakistan. This research examines the perspectives of nursing students and their interactions with the clinical learning setting. The data will be shared with the Institution's authorities to identify constraints in the teaching and practice settings. This study aggregate with the previous study done by the Qumer *et al.*, 2022 exploring further finding majorly regarding nursing students' perception of clinical instructional atmosphere and its relationship with students' desire of caring for elderly adults' patients [17].

Lack of knowledge on nursing students' interest in caring for elderly patients and how it relates to the clinical learning setting in Lahore, Pakistan, was a research problem. No pertinent research was found regarding this topic. This was our gap in knowledge.

METHODS

This study was conducted at the University of Lahore Teaching Hospital, Lahore, between October 2022 and February 2023. Methods of data collection included a self-reported questionnaire and a non-probability, voluntary, and convenient sampling technique. The sample size was calculated 297 using an online calculator [18] and participants were invited to participate. This study took place in the wards of the University of Lahore Teaching Hospital, Shalamar Hospital Lahore, Sharif city Hospital Lahore, and Bahria International Hospital Lahore, after gaining the standard of conduct and accordance to moral interests of the participants and faculty authorization, where elderly adults' patients were hospitalized and student nurses were training. A baseline demographic questionnaire, a Clinical Learning Environment and Supervision (CLES) questionnaire, and an Elderly Care Awareness Questionnaire (ECAQ) was used to collect the data. The CLES questionnaire had 34 items across seven domains, while the ECAQ had 12 questions [19, 20]. The data were analysed using descriptive statistics, Pearson correlation, and spearman rho coefficient to determine relationship among variables. The dependent variable was subjected to regression analysis. The variation in influence of gender and marital status on nursing students' perception of clinical learning setting was investigated using student independent t-test and One-way Anova test. A p-value of less than 0.05 was regarded as significant statistically.

RESULTS

A total of 297 people filled out surveys. Women made up 79.8% of the overall number of participants, while males made up 20.2%. The participants' average age was 22.36 ± 1.38 years old. Table 1 shows the demographic features of nursing students.

Table 1: Socio-demographics of respondents

Variables	Attributes	Frequency (%)
Gender	Male	60 (20.2)
	Female	237 (79.8)
Marital Status	Single	285 (96.0)
	Married	12 (4.0)
Semester	4	43 (14.5)
	6	164 (55.2)
	8	90 (30.3)

To investigate if these variables influenced nursing students' desire to care for geriatric patients, regression analyses were performed. The predictors accounted 50.5 percent of the variation in the regression model ($R^2 = 0.505$, $F_{(1,295)} = 300.473$, $p = 0.000$), confirming a remarkable correlation between the variables. Hence, we reject H_{01} at alpha value of 0.05 ($p = <0.05$) (Table 2).

Table 2: Results from the regression analysis (N = 297)

Regression analysis with elderly Care awareness Questionnaire				
Variables	B	β	F (1,295)	p-value
Clinical Learning Environment and Supervision Questionnaire	1.069	0.710	300.473	0.0001

The parameters of the CLES questionnaire analysis revealed a significant relationship between the educational setting, the administrative and executive style, the responsibilities of the educator and his or her capacity for integrating knowledge of theory and practice, and cooperation among the clinical workforce, students, and coach with regard to nursing students' desire to care for elderly patients. The desire to care for elderly people increases as each of these factors' mean scores grows. It should be noted that the supervisory relationship received the lowest mean score (3.59±0.52) while the instructor's capacity to combine theoretical and practical knowledge received the best mean score (3.87±0.64). Interestingly, the management style and Learning atmosphere have the biggest effects on students' desire to care for elderly patients (r=0.650 and r = 0.751 respectively). Moreover, it can be noticed that Student and coach and responsibilities of the educator and his or her capacity for integrating knowledge of theory and practice have low to moderate relationship with nursing student desire to care for elderly patients (r = 0.289 and r = 0.305) respectively. So, we reject H_{02} and accept that there is significant relationship among all domains of CLES and nursing student willingness to care for elderly patients (Table 3).

Table 3: The mean and standard deviation of each component from CLES, as well as their correlation with ECAQ.

Dimensions	Mean ± SD	r	p-value
Learning atmosphere	3.64 ± 0.47	0.751	0.0001
Administrative and executive style	3.76 ± 0.64	0.650	0.0001
Nursing assumptions in department	3.74 ± .61	0.372	0.0001
Supervisory relationship	3.59 ± 0.52	0.411	0.0001
Responsibilities of the educator and his or her capacity for integrating knowledge of theory and practice	3.87 ± 0. 64	0.305	0.0001
Collaboration among the clinical workforce and instructor	3.77 ± 0.64	0.441	0.0001
Student and instructor	3.78 ± 0.63	0.289	0.0001
Total mean score	3.57 ± 0.40	0.604	0.0001

r = Spearman's rank correlation coefficient, p= Level of significance.

There were no statistically significant variations in the mean score of clinical instructional setting perception between male & female students and single & married students (p = 0.062 and p = 0.271). But when a student's year of academic studies rises, their opinion of the clinical instruction learning rises dramatically (p = 0.05). Additionally, as students become older, their perception of the clinical instructional setting substantially changes. It must be highlighted that statistical analysis showed a substantial relationship between age and each of the seven CLES questionnaire components (p 0.05) (Table 4).

Table 4: Association between sociodemographic attributes and mean clinical learning setting perception score.

Variables	Attributes	Mean ± SD	Statistical test	p-value
Gender	Male	3.64 ± 0.43	t= -1.871	0.062
	Female	3.76 ± 0.43		
Marital Status	Married	3.74 ± 0.43	t= 1.103	0.271
	Single	3.60 ± 0.28		
Semester of study	4	3.03 ± 0.30	F = 317.951	0.0001
	6	3.69 ± 0.19		
	8	4.16 ± 0.29		
Age		22.36 ± 1.38	r = 0.450	0.0001

t = Student independent t test, F = One-way Anova, r = Spearmen's rank correlation coefficient

DISCUSSION

According to the findings of this study, nursing students' readiness to care for elderly patients is correlated with their disposition towards the clinical setting for learning, which is consistent with a prior study carried out in Iran [21]. Numerous studies have shown that the better the level of care offered and the fewer the percentage of nursing errors are, the more nurses are interested in caring for older patients [22]. Students' willingness to care for elderly individuals grew overall as their perspective of the clinical learning setting improved. This improved perspective was seen in all seven dimensions of the clinical learning setting, with a high association to the Learning atmosphere, administrative and executive style, nursing assumption in the department, collaboration between the clinical team and the teacher and supervisory relationship, as well as a partial but substantial relationship with instructor's ability to incorporate conceptual and practical knowledge and student and instructor. The influence of the Learning atmosphere on students' perceptions of clinical learning settings was significant in this study, and it received the highest score out of seven dimensions. According to Darling et al., establishing a suitable learning environment has a substantial impact on optimistic attitudes and the desire to work with the elderly [9]. Regardless of several studies confirming the influence of a good and satisfied Learning atmosphere on student perceptions of the learning atmosphere [21, 23], in Anagor et al., clinical education environment did not receive positive feedback from students [24]. According to the findings of these studies, various attitudes of the educational context were connected to improper instructional spaces in various centers, including cultural discrepancies as well as an uneven provision of educational technology and resources. Student nurses identified the ward- manager's administrative and executive style as another factor which influences their perception of the clinical learning setting, which was a noteworthy findings from this study. The nurse

manager was regarded by students as the most essential critical resource assisting them during clinical practice. Our findings were found to be consistent within the literature. One research found that nurses work in ward were the most significant elements influencing nursing students' attitude towards CLE, which was identical with our findings [25]. However, our findings were countered by Norwegian research on nursing students' CLE experiences, which found that ward managers are not actively involved in education or monitoring of nursing students [23]. Through collaboration with the clinical staff and regular visits, nursing teachers are active in the CLE. Nursing students having regular contacts with the nursing teacher had better CLE overall scores, according to this study. This result is in line with the findings of a prior study done in Greece [15]. Only students' age and year of study was significantly associated with their attitude towards clinical atmosphere in term of demographic factors, and as their age grew, so did their positive attitude of the clinical learning atmosphere and readiness towards care of older adults improved. This result might be attributed to increased student clinical experience as well as increased acquaintance with clinical settings during clinical placements. In this study, students in the fourth semester had the least perception of the learning environment, while those in the last semester had the greatest. This finding is consistent with results of Sistani Allahabadi *et al.,* who identified age significantly influence the student's attitude towards clinical instructional setting [21]. This disparity in study outcomes highlights the importance of educational settings in shaping students' perceptions and understanding. It appears that as students become older and gain experience, their value systems and beliefs alter. Perhaps as students become older, their views and perspectives on the challenges of the clinical situation alter. It might be due to the communities' diverse cultural backgrounds. This results clearly demonstrates nurse instructors and clinical supervisors are critical factors that may foster a positive attitude toward elderly care and should be included in curricula aimed at increasing nursing students' readiness for geriatric care. To develop positive attitudes regarding geriatric care among student nurses, concepts about caring for older people should be included in the nursing curriculum early in their training. The majority of research in the international literature, begin and end with samples, without much or no reference to the target population. After defining our population, selecting a sample, collecting and analyses the information for the collected data, and extrapolating the results to our population as projected values and hypotheses testing results, we were able to answer queries and deal with problems[17].

CONCLUSIONS

Overall, perception of clinical learning setting had a significant influence on students' willingness to care for geriatric patients. All seven dimension of clinical learning setting had significant relationship with students' willingness to care for elderly. However, learning atmosphere & administrative and executive style was most significant. Age and year of study had significant relationship with perception of clinical learning setting.

Authors Contribution

Conceptualization: MQ, TF
Methodology: MQ, TF
Formal Analysis: MQ, TF
Writing-review and editing: MQ, TF

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

Source of Funding

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