NURSING STUDENTS' EXPERIENCE OF RECEIVING FEEDBACK IN CLINICAL LEARNING: A QUALITATIVE STUDY

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■ ABSTRACT

Objectives: To explore nursing students' understanding of feedback, its timing and implementation in clinical learning with assessment of their perceived impact on performance due to feedback and barrier recognition.

Methodology: This qualitative phenomenological study was conducted in College of Nursing, Allama Iqbal Medical College, Lahore and College of Nursing, Nishtar Medical University, Multan. Nursing students at level of bachelor were recruited using purposive sampling until data saturation. Data was collected through in-depth interviews of 28 participants. It was tape-recorded, transcribed and analyzed through thematic analysis framework method with inductive and deductive approach.

Results: Eight themes were derived, namely; students' understanding of feedback, feedback practices, categories of feedback provided, styles and occurrence of feedback, Components of feedback, effects of feedback on learners' performance, perceived barriers to feedback practice, and areas for improvement in clinical supervision.

Conclusion: Study revealed that in clinical setting infrequent and irregular feedback is provided to student which is not according to set criteria of evaluation of skills in clinical settings. Instructors focus on specific behaviours and are biased. Improper feedback and barriers to feedback hinder students' learning.

Key words: Feedback; Clinical learning; Practice.

■ INTRODUCTION

Effective feedback is one of the responsibilities of clinical nursing instructors in order to enhance student's clinical performance in theory and clinical practice[1]. It is observed that the suggestions and information given by the teachers through verbal, nonverbal or written format have impact on learners' performance[2]. On the other hand, feedback causes distress and low self-esteem in the learners, when it is not clear, concise and self-explanatory. So, it should be positive, goal directed and according to standardized criteria[3]. Generally, three types of feedback are recommended such as oral, written or combined. However, it is evident that students learn better when oral and written feedbacks are used simultaneously. Moreover, face to face or individual conference is more effective for treating the errors in learners' performance[4].

Feedback, for effective performance can be given on spot, weekly, monthly and upon completion of tasks. Furthermore, if it is participative, supportive, systematic and non-threatening then it will be helpful in developing self-confidence, self-realization, effective interpersonal communication, time management and decision making skills in learners[5]. Feedback is one of the important elements for students' learning in clinical involvement, which enables nurse trainees to serve securely, precisely and mercifully in human clinical settings. For this purpose, trainee nurses require sufficient support, supervision and watchful arrangement by the instructors to pick up the greatest advantages from the learning environment[6]. Despite so many advantages, feedback is a time-consuming activity and it requires establishment of an educational culture and training of supervisors[7]. Furthermore, for students, it should focus on specific areas in a positive way. These areas require appreciation and improvement through respectable manners and confidentiality. Although positive feedback enhances students' morals and performance, supportive clinical practice situation is still mandatory[8]. A study revealed that the students perceived feedback as a positive activity and constructive feedback motivated them to learn more effectively in clinical setting[9]. Similarly, another study explored that students wanted feedback soon after completion of assigned task as they felt it more effective in the entire process of learning[10]. Constructive feedback enhanced and directed students' performance, while criticism hindered their learning. Moreover, it is desired that feedback providers

should stress on increasing learners' comfort in learning situation[11].

Furthermore, a large number of barriers may influence effective feedback practices such as ineffective communication between teachers and students, incompetent teachers, non-supportive clinical learning environment, inappropriate time and theory-practice gap etc[12]. So, instructors should be aware of innovative techniques for more effective clinical teaching. Meanwhile, teachers are required to regularly upgrade their knowledge and skills on the latest drifts in clinical practice. They must design a series of related events or processes that leave sustainable impact on students and organization, and also provide a framework to remove theory practice gap[13]. Hence structured feedback is essential to correct learner's mistakes and to develop new strategies to improve students' performance in learning process. Since, teaching learning theories developed by different educational theorists like Hull, Guthrie, Thorndike and Skinner, focused on the role of reinforcement in motivating the individual to behave in certain ways, but no structured feedback system has been formally developed and provided to learners yet. Moreover, the researcher of the current study being a nursing instructor observed that hardly any of the guidelines were being used for assessing student's performance for the purpose of improvement. Therefore, researcher wants to touch this area with an intention to explore nursing students' point of view about feedback i.e. how they perceive it, what are current practices, how it should be improved and what factors have impact on it?

Theoretical framework:

System theory, proposed by Ludwing Von Bartalanffy in 1940, was used as theoretical framework in current study. According to general systems theory, the relationship between feedback and learning is unavoidable component to bring about the change in teaching and learning process as shown in Figure 1. So the study was aimed to to explore nursing students' understanding of feedback, to identify how and when feedback takes place in clinical learning, to assess students' perceived impact of feedback on performance and to recognize barriers in current feedback practices during clinical learning.

■ METHODOLOGY

Qualitative phenomenological study was conducted in College of Nursing, Allama Iqbal Medical College, Lahore and College of Nursing, Nishtar Medical University, Multan. After approval from Institutional Review Board (IRB) of the university, institutional permission was taken from concerned administrative authority. Students of B.Sc. Nursing (3rd Year and 4th Year) were recruited using purposive sampling until data saturation, when no new information was identified by the participants. Failure students undergoing for supplementary examination were excluded. After introduction, researcher explained the purpose and procedure of data collection. Written informed consent was attained, and then direct face-to-face in depth interviews of 28 participants were conducted using an interview guide. Sample size was large enough for qualitative study, as study was conducted in two different set-ups, and students had variety of experiences to share, so data saturation started around 25 participants. Researcher added 3 more participants to avoid losing any information. Interviews with the participants were conducted to collect the data. Interviews were conducted in Urdu language with proper confidentiality and privacy, and the participants had the right to withdraw at any time. The interviews were recorded with the permission of the participants. Qualitative data obtained during interview was analysed using thematic analysis framework method with inductive approach. Six-phase guide by Braun and Clarke (2006) was used, which was very helpful for conducting this kind of analysis.

Each participant was given an identity document (ID) number. Interview Recordings were transcribed and translated by the researcher manually, and reviewed by the experts in English language. Written transcripts were read and re-read to get familiarity with the data, common words and phrases were highlighted as meaning units, these units were coded and grouped together to generate themes and subthemes. Then, the researcher discussed all transcripts with co-authors to ensure that selected themes and subthemes were representative of the data. Then themes were defined and written down verbatim.

To analyse the findings in context of theoretical framework used in study, deductive analysis method was used. In deductive analysis method, predetermined codes generated in inducted analysis were categorised according to relevance with the concepts of general system theory and then these codes were presented in theoretical framework.

■ RESULTS

Twenty-eight students of 3rd year and 4th year B.Sc. Nursing with age range of 18-22 years were the participants in the study. After inductive thematic analysis of qualitative data, eight themes emerged from the participants' responses which are described below.

Theme 1; Students' understanding of feedback

The participants explained well the term feedback, as all of them perceived it as a two-way process where their activities were observed by clinical teachers. This was validated when learners defined feedback as an analysis of work by supervisor which is done in clinical areas.

"I think feedback is a process in which supervisor judge our work and evaluate deficiencies and tell us how to correct. It is a task of supervisor to give feedback" (ID14)

Theme 2; Feedback Practices

According to participant's point of view, the current feedback practices should be goal oriented and according to set criteria. Respondents perceived feedback practices are objectives focused, but commonly mistakes oriented. Participants professed that it is a behaviour modification tool, as stated,

"feedback is usually conducted against the set standards although it is used as a fault findings practice in which the teachers just focused on our mistakes." (ID21)

Theme 3; Categories of feedback provided.

The participants identified multiple types of feedback provided to them in their clinical learning, but according to them, verbal feedback usually occurs during clinical assignment to ensure performance accuracy. However, verbal feedback is also strengthened by written, they stated. Besides this, some other forms of feedback were also conveyed by the participants. According to them, positive feedback is offered in recognition of students' good performance and the negative one on poor performance. Two of the study participants mentioned that,

"Positive feedback enhances my morals and motivates me for better performance while negative hurts my feelings, ultimately leading to mistakes or even spoil my interest in clinical practice". (ID5, ID11)

Theme 4; Styles and Occurrence of feedback

Under this theme, the participants reported how and when they are provided with feedback. They reported that their performance is graded as poor, average, good and excellent, they also expressed that tasks are clearly defined when these are given to students and the feedback is most often provided at the end of each task they perform. Participants perceived that feedback which is provided at the end of year is not very productive for performance upgradation.

"We are just rated as poor, average, satisfactory or good and usually supervisors don't directly observe us. They just give feedback at the end of year. So don't put much in my learning" (ID19)

Theme 5; Components of feedback

The participants reported that they are observed and communicated for performance, discipline and punctuality and their relationships with staff and peers in clinical learning. The findings showed that almost all the components of feedback were equally recorded, but mostly importance was given to personal relationships, and favourite students were ranked high in feedback. As participants told,

"Teachers give us feedback on our skill performance, uniform, discipline etc. but I observe that they discriminate among favourite students and other students". (ID04, ID09)

Theme 6; Effects of feedback on learner performance

On exploring the impact of feedback on learners' performance, the participants acknowledged that it enhances attention in clinical learning, updates students about their progress, and communicates with the learner for observed learning needs for clinical perfection. It encourages learner to take part in proper learning actions and also plays an important role in professional development. While participants also explored that

negative feedback provided in negative way hinders student's learning.

"Feedback helps in repairing our faults and is beneficial for professional development and clinical skills perfection." (ID10, ID24)

"It demoralizes the students when they receive continuously negative feedback so negative feedback should be given with positive attitude". (ID03, ID11)

Theme 7; Perceived Barriers to feedback practice

Participants conveyed a list of barriers, faced by them, in the entire process of feedback in students' clinical area. The study participants identified lack of up to date knowledge of ward staff and theory practice gap as barriers which create obstacles in their learning, and consequently effect productive feedback process. Insufficient number of clinical instructors and non-supportive behaviour of ward staff are also one of the identified barriers as reported by the participants.

"We are not provided feedback regularly and effectively due to many reasons, sometimes instructors are not available, sometimes they don't have time to observe, some instructors even don't know how to give feedback." (ID04, ID12)

Theme 8; Areas for improvement in clinical supervision

The participants recommended that current feedback practices can be improved by correlating theory with practice, by improving education and refining staff skills, by developing positive attitude and ensuring conducive learning environment. According to participant's point of view, clinical training permits nursing students to take direct experience from the live nursing situation,

to exercise the hands-on practice, to learn about general nursing routines, and to acquire the responsibilities of the nurse that is essential for becoming a registered nurse, so they must be provided with positive feedback and conducive learning environment.

"Teachers should be trained for effective feedback practices and they should also be kept updated by training and continuous nursing education. They should be trained for providing feedback by workshop." (ID09, ID21)

"Staff nurses who are supervising students in clinical should also update their skills according to advance standards" (ID1, ID16).

◼ DISCUSSION

This study explored that all students had the clear concept of feedback and its purpose in the clinical learning e.g. to interact with students, directly supervise them and

rectify their mistakes by clinical teachers. Findings are in line with previous exploratory study.[9] Similarly, findings suggest that students perceive that feedback should be an important element of educational and clinical activity in order to attain predetermined objectives, meet standards, identify errors and ensure correction in student's performance, but they perceive, it is used only as fault finding activity and negative criticism tool, as supported by previous study[14].

Findings suggested that verbal and written feedbacks usually occur during performing any clinical assignment which improves efficiency. These results are also matching with the study 'verbal feedback promotes students' ability to accurately perform a given activity when supported with written.[15] Furthermore, findings explored that positive feedback enhances student's abilities while negative and biased hinders student's capacity to learn. Results are also supported by literature.[8,9]

Findings of current study communicated that the instructors use traditional feedback methods and provide mostly at the end of every assignment and rate students' performance as poor, good, very good and sometime excellent. On the other hand, some of the students reported, it is not clear enough which is contrary to the previous studies that mentioned regular feedback provided during or soon after any of assigned task can be more helpful to prepare students as a best practitioner nurses in future[16].

In present study, performance, discipline, punctuality and relationship with staff and peers were perceived as important components in the feedback system, which are also the components of standard criteria of feedback practices.[17] Current study showed that instructors focus on overall performance rather than focusing on skills performance.

Findings suggested that participants acknowledged that feedback provided in positive way enhances attention in clinical
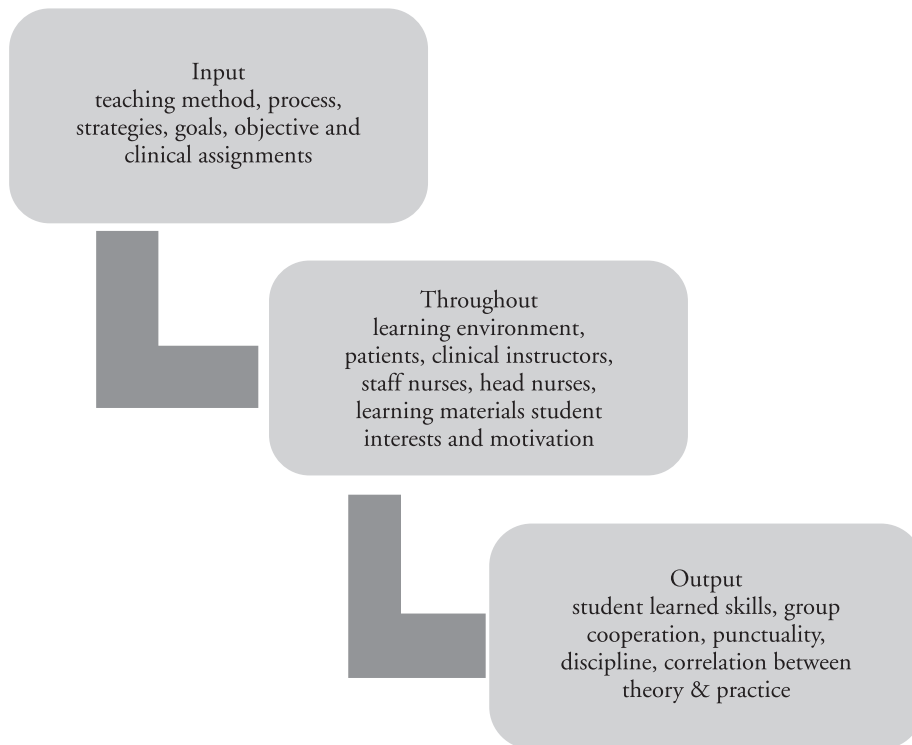

Figure 1: The Relationship Between Feedback and Learning

learning, helps in repairing faults, update about their progress, and motivates them for further hands-on practice improvement. Results of this study aligned with previous studies which mentioned that feedback performed properly, can lasts a major impact on the learner's efficiency and growth as well as retention in workplace[18].

Students proposed that inadequate number of clinical instructors/supervisors, lack of training and education, unfavourable ward learning environment and insufficient time, shortage of clinical resources and overcrowded wardsare perceived as barriers. These findings of our study are in line with previous study which explored that these barriers prevent them and supervisors to ensure positive and productive feedback[19].

Findings of the study explored that, students suggested that, to improve feedback practices a standardized assessment tool or strategies should be used and appropriate number of ward supervisors and clinical instructors should be trained with sound professional and technological knowledge and skills to provide proper feedback.[20,21] In addition, feedback should be provided with respectful manners and a comprehensive written feedback should be augmented by faculty development to ensure meaningful use.[11]

CONCLUSION

Study revealed that current feedback practices in clinical are infrequent. Irregular feedback is provided to students which is not according to set criteria of evaluation of skills in clinical settings. Instructors focus on specific behaviours and are biased. Improper feedback and barriers to feedback hinder students' learning. Well informed, timely and constructive feedback positively influences learners' performance. Furthermore, nursing tutors should be trained through workshops.

RECOMMENDATIONS

Current study recommends the periodic training of clinical teachers on feedback practices and development of standardized assessment tool or strategies for assessing students' performance. The study is expected to be helpful to the Pakistan Nursing Council, Policy Makers, Various Universities involved in nursing education, Academician, and Educators enduring to upgrade the faculty in learning process and the students at large.

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Author's Contribution

NS conception and design of study, statistical analysis & interpretation of data with manuscript drafting. SM conception and design of study, statistical analysis & drafting of the manuscript. SF drafting with critical revision of manuscript and final approval. MG analysed data for the manuscript. Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of Interest

Authors declared no conflict of interest

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None

Data Sharing Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.