perceptions of STUDENT NURSES of their PERSONAL AND ACADEMIC DEVELOPMENT during placement in the community as a clinical learning environment

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ABSTRACT

A descriptive survey was conducted to investigate the perceptions of student nurses about the community as a clinical learning environment. Thirty nine students (21 second years and 18 third years) participated in the study. A seven-point Likert scale questionnaire was used to obtain data on how nursing students perceived the community as a clinical learning environment in facilitating their personal and academic development. The questionnaire items were categorised according to (a) independence on learning, (b) opportunities for learning, © peer support, (d) organisational support, (e) quality of supervision, (f) role clarity, and (g) satisfaction with chosen career.

Data were analysed using descriptive and inferential statistics. Of the eight clinical learning variables studied, means scores and standard deviations of seven variables yielded positive perceptions of students about the community as a clinical learning environment. On Spearman rank correlation all the variables correlated positively with personal and academic development. A difference on three variables, personal and academic development, opportunities for learning and satisfaction with chosen career was found between perceptions of second and third year students on analysis of variance (ANOVA). In two variables, that is, personal and academic development and satisfaction with nursing as a chosen career, the second year students were more positive than third year students. Third year students perceived the community negatively with regard to opportunities for learning.

‘A high level of satisfaction with nursing as a chosen career was also evidenced by their commitment to stay in nursing....’

INTRODUCTION

1.1 BACKGROUND

From the origins of the nursing profession, clinical learning has been associated with hospitals and other similar institutions. The hospital setting is, however, no longer seen as the most appropriate clinical learning environment for preparing professional nurses. Literature on the inadequacy of traditional clinical learning sites such as hospital wards in preparing nursing students for the future health needs of communities abounds globally (Faller, Dowell & Jackson, 1995; Filerman, 1995; Peters, 1995; Reilly & Oermann, 1985; Tenn, 1995).

Most of these authors view the future role of the nurse as being the agent who prepares clients to assume responsibility for their own health and self-care. According to these authors this role necessitates a different approach from the illness-focussed curricula offered in hospital settings.

Responding to these concerns Peters (1995), as well as Tenn (1995), advocated a community-focused and wellness-orientated approach to nursing education, based on principles of promoting health and preventing illness. Similarly, Faller, Dowell and Jackson (1995) recommended that future nurses should be educated to provide primary health care, based on needs identified in the community.

Community-based education (CBE) for health professionals thus became synonymous with the term 'appropriate education' to address such needs. Promoting educational programmes that would produce health professionals who were responsive to the health needs of the people was also advocated by the World Health Organisation (WHO, 1985). The WHO viewed community-based education as 'a means to ensuring that health personnel are responsive to the health needs of the people and a means of achieving educational relevance to community needs' (p.6).

Nooman (1994:69) differentiated between two types of community placements. He described community-based education as 'a curriculum which throughout its entire duration includes an appropriate proportion of learning activities in a balanced variety of educational settings in the community and in a diversity of health care services at all levels'.

Nooman viewed community-based learning activities as those activities that take place in the community for example field trips to the community sites for learning. A community-orientated programme was defined by Schmidt, Neufeld, Nooman and Ogunbode (1991) as that which takes into consideration the health problems of the community when designing its curriculum. Within the context of this study community-based education was seen as an educational programme where community placements constituted 50% or more of student's learning activities.

The other aspect of CBE in the context of this study which should be stressed is that the nursing students were exposed in community placements to mainly preventive aspects of health care.

Their experience was no longer limited to hospital care for ill patients, as the main focus of CBE is to promote health and prevent illness. Perceptions of students of whether or not this 'new' learning environment is in fact effective for their personal and academic development are not well documented, at least within the South African context.

1.2 PURPOSE OF THE STUDY

The purpose of this study was to assess the student nurses's perceptions of the community as a clinical learning environment. The question asked was: What are the perceptions of nursing students regarding their personal and academic development in community clinical learning with reference to: (a) independence in learning, (b) opportunities for learning, © quality of supervision, (d) peer support, (e) role clarity, (f) satisfaction with chosen career and (g) organisational support?

1.3 CONCEPTUAL FRAMEWORK

The conceptual framework guiding this study was derived from the work done by Hart and Rotem (1995) on the effects of the social context of the clinical environment on nurses' professional development.

These researchers used unstructured interviews and non-participant observation in order to 'identify the attributes that define the clinical learning environment for registered nurses' (Hart & Rotem, 199:3). The characteristics of the clinical workplace which facilitate professional development included:

(a) organisational support for learning- the extent to which formal and informal policies and procedures facilitate learning,

(b) social support - the extent to which nursing staff co-operate and work together as a team at ward level,

(c) autonomy - the extent to which staff are given an appropriate level of responsibility and authority to perform their duties,

(d) variety - the extent to which work is diversified,

(e) supervisory style - the extent to which staff are given appropriate guidance and support in performing their duties,

(f) career perspective - the extent to which nurses intend to stay in nursing,

(g) change - the extent to which staff are willing and able to effect improvement in practice (p.4).

Based on a study involving five metropolitan teaching hospitals, Hart and Rotem (1995) reported a fairly positive perception of the clinical learning environment by the registered nurses who participated in their study.

The present study investigated the perceptions of nursing students regarding the effect of the community as a clinical learning environment in facilitating their personal and academic development. Therefore it became necessary to modify Hart and Rotem's (1995) conceptual framework, and consequently their questionnaire, for this study.

The clinical learning variables studied were:

(a) independence in learning - the extent to which students took responsibility for their learning,

(b) peer support - the extent to which students were helpful and supportive towards one another,

(c) organisational support - the extent to which formal and informal policies and procedures facilitated learning,

(d) opportunities for learning - the extent to which learning opportunities were restricted or unavailable,

(e) quality of supervision - the extent to which supervision and facilitator's interaction facilitated or impeded learning,

(f) role clarity - the extent to which students understood and accepted their roles and responsibilities in community settings,

(g) satisfaction with chosen career - the extent to which student nurses enjoyed their studies and intended to pursue a career in nursing.

1.4 DEFINITION OF TERMS

Nursing students refer to students registered in the second and third year generic baccalaureate nursing degree at the University of Natal in 1996.

Perceptions refer to views of the student nurses about the community as measured by the modified Hart and Rotem scale on professional development.

Community refers to a clinical placement in a geographic area, rural or urban where a group of people live and share a similar physical environment and a common way of life.

Personal and Academic Development refers to the extent to which nursing students perceive they have improved in terms of knowledge, attitudes and skills necessary for practising in the community.

Clinical learning environment refers to the communities in which students are placed for their learning. These may be rural, urban or peri-urban.

2. LITERATURE

2.1 THE INFLUENCE OF THE CLINICAL LEARNING ENVIRONMENT ON NURSING STUDENTS' PERSONAL AND ACADEMIC DEVELOPMENT

Reilly and Oermann (1985) described the clinical setting as more than just a place to apply theory to practice.
To them it is where the students learn problem-solving, decision making and divergent thinking skills necessary for dealing with uncertainties of clinical practice.

Collaborating with other disciplines is also seen as an important aspect in the clinical setting.

They viewed the clinical setting as also providing an environment for the socialisation of student nurses into the values of the profession.

Schon (1983) supported this when positing that accountability for one's own actions is best achieved through experience because of its real problems, real clients, high risk situations, deadlines and demands for performance.

A number of studies (Hart & Rotem, 1995; Meredith, 1978; Reilly & Oermann, 1985) identified some attributes in the clinical learning environment which impact on learning of the students. Such aspects include among others the physical setup, personnel, the nursing care delivery system and availability of resources.

They believed that it is the interaction among these aspects that determined the effectiveness of the setting as a learning environment.

Similarly, Quinn (1995) identified the characteristics of a good clinical learning environment perceived by nursing students as facilitating their learning.

These were summarised as:

(a) a humanistic approach to students - students expected professional nurses in the clinical settings to treat them with kindness and understanding.

They expected support from them and wanted to be treated as students rather than an extra pair of hands,

(b) team spirit - students expected professional staff to promote good working relationships within their teams and accept them as part of those teams,

(c) management style - students expected to be given responsibility and encouraged to use their initiative,

(d) teaching and learning support - professional staff were expected to act as supervisors, mentors, preceptors, or councillors as was appropriate,

(e) opportunities for learning - a good learning environment was viewed as being characterised by the provision of opportunities for students' learning, for example attending medical rounds, observing new procedures and having access to patient's records,

(f) self-directed learning - an effective environment was viewed as that which encouraged the students to take responsibility for their own learning and actively to seek out opportunities for this, and

(g) peer support - peers in the clinical setting also provided an invaluable support for the student.

Most important is the influence of the clinical instructor on the student's learning. Availability of supervision brings security not only to the student but also to the patients.

In Barr's words 'knowing that the student has back-up support gives a certain security to the patient' (1980: 50). In essence 'if the learning climate is positive students will feel good about being there, what they are doing and learning and the input and control they have over their experience, they will feel challenged by and able to meet the challenges of the clinical setting' (Barr, 1980: 49).

Most important is the influence of the clinical instructor on the student's learning...

To a certain extent the concept of the social context of the clinical learning environment as operationalised by Hart and Rotem (1995) is applicable to this view regarding the nature of the clinical learning environment.

2.2 PERCEPTIONS OF STUDENT NURSES REGARDING THE COMMUNITY AS A CLINICAL LEARNING ENVIRONMENT

Although the community is gaining popularity as a clinical learning environment, students' perceptions of this 'new' environment have not been fully explored. Only two studies which looked at both the hospital and the community were located.

Erkel, Nivens and Kennedy (1995) conducted a study whose goal was to develop culturally sensitive health professionals who could function within an interdisciplinary team to deliver care in rural settings.

The curriculum model used integrated concepts from the context of care with selected health care delivery models and experiential teaching strategies. The context of care encompassed interdisciplinary team building, rural health care issues and trans-cultural care.

Students were introduced to case management, patient-focused care and community-orientated primary care. Experiential teaching strategies were used in all aspects of the course.

The results of the study by Erkel et al. showed that by actually living and practising in a rural community students learned that rural health care presents unique challenges as well as opportunities for a positive, quality lifestyle, both personally and professionally.

Increased sensitivity to barriers to care for rural clients and appreciation for rural lifestyles were two of the most explicit outcomes of the study. Team participation in a community orientated primary health care project also increased nursing students' appreciation for other disciplines' perspectives.

In a phenomenological study of a United Kingdom diploma in nursing (Project 2000), by Hallet, Williams and Butterworths (1996: 580) all the students who participated commented on discrepancies between the theories they were taught in the college of nursing and the practice they encountered in both the hospital and the community.

Many referred to the community as reality and said that coming to terms with reality was the necessary prerequisite for learning in either setting. One student commented that 'tutors are in a different situation, they'll go in there and tell you something, but when you go out and do it in the ward or community it's going to be different because you've got to do it with a patient'.

In the same study both students and supervisors also commented on the differences they had observed between the experience to be gained in the hospital and that which was offered in the community setting.

One supervisor said 'the students commented quite a lot about how different

things are - its a lot more real. In the hospital they are there with their duvets matching and their Marks and Spencer pyjamas and all the rest of it, whereas here you see them in their own home and it's a lot more sort of personal and you can learn a lot more about them because of the setting that they are in' (Hallet et al., 1996:581).

Increased opportunities to gain experience in practical procedures, techniques and experience of communicating with patients and clients were given great importance by all the students interviewed.

Students also attached great importance to the acquisition of confidence.

Another student described how the continuity and long term nature of care in the community setting had allowed her to observe the consequences of her actions and thus understand them better. Learning to be rational about their practice in this way enabled students to begin to develop independent approaches to nursing practice.

By reflecting on practice students came to appreciate what nursing meant to them. Many students commented on the importance of the help and encouragement they received from their supervisors. They also observed that they valued the opportunity to work alone.

They saw learning by experience as a progressive, and collective process. With the acquisition of such competence they gained a degree of confidence which freed their minds of anxiety about practice and permitted rational reflection.

The researchers in this study concluded that there was importance to the knowledge embedded in practice which could only be developed through experience.

3. METHODOLOGY

This was a descriptive survey involving baccalaureate nursing degree students in their second (n =28) and third year (n = 21) aimed at examining their views about the community as a clinical learning environment.

All the students registered for the second and third year of study were targeted for participation. A population rather than a sample was used in order to overcome the problem of small numbers.

Students in their second year are placed in the community. Their learning is based on the experiences gained in the community. Clinical learning in the third year is hospital-based.

3.1 DATA COLLECTION AND INSTRUMENTATION

A modified version of the questionnaire designed by Hart and Rotem (1995) was used in this study. The 41 item questionnaire was divided into two sections. Section (A) consisted of three items on demographic data.

The significant variable in this section was whether the students had any previous nurse training before registering for the present course which could affect their perceptions. Section (B) consisted of 38 items and investigated perceptions of the students regarding the community as a clinical learning environment in facilitating their personal and academic development.

This section used a seven point Likert scale with 1= strongly agree and 7= strongly disagree and an undecided option at the centre. Students were requested to circle the number that best reflected the degree to which they agreed or disagreed with the statements. Items included in section B were related to the following variables:

(a) independence in learning (5 items),

(b) peer support (5 items),

(c) organisational support (5 items),

(d) opportunities for learning (4 items),

(e) quality of supervision, (4 items),

(f) role clarity (4 items), and

(g) satisfaction with chosen career (6 items), and

(h) personal and academic development (7 items).

Questionnaires were distributed through the facilitators of the different groups of students. Facilitators were given instructions to guide students on filling-in of the questionnaire.

Of particular importance was the fact that third year students had to reflect back to their second year when answering the questions. The completed questionnaires were also received through the facilitators.

Of the 49 questionnaires sent out, only 42 (86%) were returned. Three of those returned were incomplete thus only 39 (80%) were used for this study.

3.3 RELIABILITY AND VALIDITY OF THE INSTRUMENT

Ten of the participating students were asked to complete the questionnaire twice in order to establish test-retest reliability. Two of the ten questionnaires were however, incomplete.

The questionnaires were coded in order to maintain confidentiality. A correlation analysis using the Spearman Rank Correlation was done which revealed a relatively high correlation between the two tests. For example for 26 out of the 38 items a perfect correlation was found ($r=1$ and $p=0$).

For the remaining 12 items the correlation coefficient ranged between .19 and .76. Furthermore a t-test yielded a t- value of -0.53 with $p= 0.61$. Therefore, the null hypothesis of no difference between the initial and the subsequent test scores was supported.

Content validity of the modified Hart and Rotem (1995) instrument was established by a survey of literature in the area of community-based education and clinical teaching. Five experts in facilitating student's learning in the community placements were also requested to assess the instrument in terms of whether or not the items included actually did test the variables of interest in the study.

Each one of these experts categorised the items according to independence in learning, peer support, organisational support, opportunities for learning, quality of supervision, role clarity, and satisfaction with chosen career. From the four responses received only one item was considered irrelevant and this was removed.

Based on the experts' suggestions the term 'community' was included in some items for clarity. The participant's categorisation showed that some variables had only two to three items, and thus six new items were added to increase the numbers of the variables tested.

A rotated varimax factor analysis was conducted to verify the original classification of the 38 items. For five out of the eight factors extracted, it was possible to arrive at clear and discernible theoretical constructs.

These were personal and academic development (PAD), opportunities for learning, satisfaction with nursing as a chosen career, quality of supervision and organisational support.

Three factors loaded with items which were very diverse. Perusal of the items under each one of these factors did not lead to any discernible theoretical construct that could be used to explain such loadings.

Therefore a decision was made to re-classify them into the original categorisation made by the experts. The variable role clarity fell out of the categories as no items seemed to be related to it at all.

3.4 DATA ANALYSIS

Summary statistics were computed to ascertain the mean scores and standard deviations for all the categories. The Spearman Rank Correlation was performed to measure the relationship between personal and academic development and the clinical learning variables under study.

An Analysis of Variance (ANOVA) was then conducted to test the differences between second and third year students in their perceptions of the community as

a clinical learning environment in facilitating their personal and academic development.

4. RESULT

4.1 RATINGS OF THE COMMUNITY AS A CLINICAL LEARNING ENVIRONMENT

Generally, positive perceptions of the community as clinical learning environment were obtained.

The means and standard deviations of the variables are presented in Table 1.

The cut off point for the significance of the results was set at midpoint of the total score.

As can be observed from Table 1, positive perceptions about the community as a clinical learning environment were found for six out of the seven variables under study.

Opportunities for learning was the only variable that was not rated positively by the students.

The mean score for this variable was 19.2 with a standard deviation of 6.9.

The cut off point for positive rating was set at 17.5 or less.

4.2 DIFFERENCES BETWEEN PERCEPTIONS OF SECOND AND THIRD YEAR STUDENTS ON THE VARIABLES UNDER STUDY

Further analysis of the data, by splitting the second from the third year data was performed. A Bartlett's test for homogeneity of variance was first performed, and a B value =1.05459 with the p=0.166468 was obtained.

This result confirmed that, although the sample for this study was not randomly selected, it was homogenous. An ANOVA with each of the seven variables was computed to test for significant differences between the responses of the second and third year students.

Second and third year students differed significantly in their perceptions of the community as a clinical learning environment on three of the seven variables of interest in this study. These were PAD, opportunities for learning and satisfaction with chosen career.

These data appear in Table 2. Second year students were more positive compared to third year students. Mean scores for the second year students on these three variables were much lower compared to those of third year students.

No significant differences were observed between groups on perceptions about the organisational support for their learning (F-ratio = .27, p = .61), peer support (F-ratio = .0, p = .99), independence in learning (F-ratio = 2.3, p = .27) and the quality of supervision.

4.3 THE RELATIONSHIP BETWEEN THE CLINICAL LEARNING VARIABLES UNDER STUDY AND PERSONAL AND ACADEMIC DEVELOPMENT

The Spearman Rank Correlation analysis between personal and academic development with each of the clinical learning variables - independence in learning, opportunities for learning, peer support, organisational support, quality of supervision, and satisfaction with chosen career - revealed positive and significant relationships for all variables. See Table 3.

For all the seven variables the correlation coefficient ranged between .38 and .74. The correlation between opportunities for learning and personal and academic development was high at r = .74, followed by the satisfaction with chosen career at

TABLE 1: Perceptions of Students about the Community as a Clinical Learning Environment. (n = 39)

Variable in the Clinical Setting	Total Score(Level of Significance)	Mean	Standard Deviation
Personal and Academic Development	77 (38.5)	22.9	9.6
Opportunities for Learning	35 (17.5)	19.2	6.9
Satisfaction With Chosen Career	28 (14)	9.8	5.2
Quality of Supervision	28 (14)	12	4.9
Independence in Learning	21 (10.5)	8.4	3.1
Peer Support	21 (10.5)	7.4	4.1
Organisational Support	35 (17.5)	13.8	5.0

N.B. The **lower** the mean compared to the total score per individual variable, the **more positive** the student's view of the community as facilitating the variable concern.

TABLE 2: Differences Between the Second and Third Year Students on Their Perceptions About the Community as a Clinical Learning Environment

Variable in the Clinical Setting	Second Years		Third Years		Difference in Scores	
	Mean	SD	Mean	SD	F	p value
Personal and Academic Development	18.7	7.2	27.8	9.9	10.9	.002
Opportunities for Learning	16	6.1	22.8	5.9	12.5	.001
Satisfaction With Chosen Career	7.0	3.0	13.0	5.4	18.9	.0001

TABLE 3: Spearman Rank Correlation Between the Clinical Learning Variables and Personal and Academic Development (n=39)

Clinical Learning Variables	PAD	
	CORRELATION	SIGNIFICANCE LEVEL
OL	.74	.000
SCC	.63	.000
QS	.38	.020
IL	.43	.008
PS	.42	.009
OS	.45	.006

r = .63. The lowest relation was between the quality of supervision and personal and academic development at r = .38. This was, however, significant at p = .020.

5. DISCUSSION

5.1 THE COMMUNITY AS A CLINICAL LEARNING ENVIRONMENT

The findings of this study supported those of various authors of research work in clinical education (Hart & Rotem, 1995; McCabe, 1985; Reilly & Oermann, 1985; Quinn, 1990; Wong & Wong, 1987). The perceptions of the student nurses in this study showed similarities both with earlier studies about hospitals as clinical learning environments and with those about community clinics as learning environments.

The positive perceptions of the nursing students about the community as a clinical learning environment in facilitating personal and academic development supported Hart and Rotem's study.

The students' positive perceptions about their **independence in learning** as facilitated by the community as a clinical learning environment augurs well for CBE. Literature abounds on the importance of helping students assume responsibility for their own learning.

An environment that promotes self-directed learning was identified by Quinn (1990) as one of the characteristics of a good clinical learning environment. Because of their self-directedness the students developed the ability to identify their learning needs based on community assessment.

Except for the variable **opportunities for learning**, on the whole students did perceive the community positively as a clinical learning environment.

In fact the second years who were still in community placements at the time of data collection were strongly positive about their opportunities for learning in the community. It should be remembered that the third year students were placed in hospital wards at the time of data collection. The intervening ward experiences may have influenced their perceptions about the community as a clinical learning environment.

Alternatively it might be that Quinn's (1990) statement, that a 'good' clinical learning environment should be characterised by the provision of opportunities for learning and allowing access to learning resources such as patient's records and ward rounds by doctors and professional staff, holds true even for the students in a CBE programme.

Student's perceptions of their **peers as a source of support** during their learning in the community supported the findings by Windsor (1987) that students provide emotional support for one another in the clinical setting.

According to Windsor (1987) this cohesiveness among the group reduces the likelihood of anxiety related to learning in the clinical setting.

A high level of **satisfaction with nursing as a chosen career** was also evidenced by their commitment to stay in nursing as well as developing their careers further. Interestingly the traditional approaches to nursing education are frequently associated with a high turnover of student nurses especially during the early years of training.

The delay in the placement of young students in the wards, with immediate exposure to traumatic experiences, and the fact that students dealt with healthy people in the community must have been one of the reinforcements towards viewing nursing positively.

In essence the community as a clinical learning environment facilitated the students' personal and academic development.

5.2 THE RELATIONSHIP BETWEEN THE CLINICAL LEARNING VARIABLES UNDER STUDY AND PERSONAL AND ACADEMIC DEVELOPMENT

The positive correlation between personal and academic development and independence in learning, organisational support, opportunities for learning, quality of supervision and satisfaction with chosen career supported the expectations associated with the modified Hart and Rotem's (1995) conceptual framework used in this study.

The eight variables conceptualised in the clinical learning environment were thought to affect a student's personal and academic development either positively or negatively.

Although the correlation between the quality of supervision and personal and academic development was low (r= .38), it was statistically significant at p= .02. It was encouraging to note, however, that all students agreed that the supervision they received from facilitators was generally supportive and that help and expert advice was available when they needed it.

6. CONCLUSION

The results of this study confirm that the community setting, although a 'new' clinical learning environment for a number of educational programmes in the health professions in South Africa, is comparable to the hospital or other traditional clinical learning settings in facilitating students' personal and academic development.

Delaying students' encounter with traumatic ward experiences such as death and terminal illness might actually work favourably for the profession.

However, it should be noted that, although students in CBE programmes are expected to be self-directing, they still need some supervision, guidance and support with managing their learning activities.

The need to balance 'supervision' with self-directed learning may take some time to develop in a profession that traditionally saw the nursing students as totally dependent in terms of teaching and learning activities. Facilitators in community clinical settings will have to learn to strike a balance between direction and guidance.

Similarly, careful identification of learning opportunities might help improve students' perceptions regarding this variable.

The students who formed the population of this study were allocated in different groups and placed in different communities.

Because these communities were so diverse, it would be interesting to assess the difference in perceptions of students according to these communities to evaluate whether the type of the community affects the students' perceptions of their suitability for learning experience.

Community/problem-based education is becoming an appropriate form of educating health professionals. In order to equip nurses for future nursing practice, life-long learning skills as well as self-directed learning skills are necessary.

A careful selection of clinical learning sites in the community is, however, important in order to ensure maximum facilitation of students' personal and professional development.

7. REFERENCES

Barr, F. (1980). Are your students positive about their experience in the clinical area? *Canadian Nurse*, 76(9), 48-50.

Erkel, E. A., Nivens, A. S. & Kennedy, D. A. (1995). Intensive immersion of nursing students in rural interdisciplinary care. *Journal of Nursing Education*, 34(8), 359-365.

Faller, H. S., Dowell, M. A. & Jackson, M. A. (1995). Bridge to the future: Non-traditional clinical settings, concepts and issues. *Journal of Nursing Education,* 34 (8) 344-349.

Hallet, C. E., Williams, A., & Butterworth, T. (1996). The learning career in the community setting: a phenomenological study of a Project 2000 placement. *Journal of Advanced Nursing*, 23, 578-586.

Hart, H., & Rotem, A. 1995. The clinical learning environment: nurse's perceptions of professional development in clinical settings. *Nurse Education Today*, 15, 3-10.

Meredith, G. M. (1978). Evaluation of clinical experiences in nursing education. *Psychological Reports,* 43, 69-70.

Nooman, Z. M. (1994). Implementation of a community-oriented curriculum: The task and the problems. VIIIth *International Workshop on Community-based education incorporating problem-based learning*, March, 21-27. Egypt: Ismalia.

Peters, R. M. (1995). Teaching Population-Focused Practice to Baccalaureate Nursing Students: A Clinical Model. *Journal of Nursing Education.* 34,(8), 378-383.

Quinn, F. M. (1990). *The principles and practice of nurse education.* London: Croom Helm.

Reilly, D. E. & Oermann, M. H. (1985). *The clinical field, its use in nursing education.* Norwalk: Appleton-Century Crofts.

Schmidt, H. G., Neufeld, M. D., Nooman, Z. M. & Ogunbode, T. (1991). Network of community-oriented educational institutions for the health sciences. *Academic Medicine*. 66(5), 259-263.

Schon, D.A. (1983). *The reflective practitioner: How professionals think in action.* London:Temple Smith.

Tagliareni, M. E. & Murray, J. P. (1995). Community-focused experiences in the AND curriculum. *Journal of Nursing Education*, 34(8), 366-371.

Tenn, L. 1995. Primary health care nursing education in Canadian university school of nursing. *Journal of Nursing Education*, 34(8), 350-357.

Windsor, A. 1987. Nursing students' perceptions of clinical experience. *Journal of Nursing Education.* 26(4), 150-154.

Wong, J. & Wong, S. (1987).Towards effective clinical teaching in nursing. *Journal of Advanced Nursing.* 12, 505-513.

World Health Organisation (1985). *Community-based education of health personnel.* Geneva 4-6 November 5-87.