ORIGINAL ARTICLE

Nursing Student Engagement: Student, Classroom, and Clinical Engagement

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ABSTRACT

A nursing student's level of engagement is extremely important. Their engagement efforts impact their current and future learning, their clinical care interactions, and ultimately, ongoing retention within the nursing profession. The level of engagement with the nursing role and responsibilities will contribute toward the patients' quality of healing. Interventions toward wellness, provided with engagement, create nurturing and supportive caring. Student education must facilitate engagement by being relevant and evidence-based. The current concept of student engagement is outlined in the following sections: engagement definitions, nursing student engagement, classroom engagement, and clinical engagement.

An up-to-date literature review of student nurses' engagement in learning is presented; gaps in the literature are identified. Engagement is not a new teaching strategy, however, it has recently become extremely popular and effective as traditional lectured education is becoming replaced by this more active and participatory teaching and learning methods.

Definitions: Engagement

Engagement is still evolving today, and is described as active learning which is very interactive, problem-based in orientation, and encourages participation and contribution from everyone involved. Engagement is an important component of nursing. Higher levels of engagement provide more information and better understanding, therefore, allowing the nurse to provide a higher standard of care. "Engagement demonstrates caring, which is the essence of nursing (Bail, 2007)." Fredricks, Blumenfeld, and Paris (2004, p. 60-61) define engagement as a 'meta' construct. A meta construct is defined as a multifaceted construct where multiple components are present and interconnected, with importance placed on their relationships to each other. The contemporary construct of engagement presented by these authors includes three components:

a. behavioral engagement- includes academic and social participation, important for positive academic outcomes and preventing students from dropping out,

b. emotional engagement- both positive and negative interaction with teachers, classmates, academics, and school creating ties to an institution and influence willingness to do the work, and

c. cognitive engagement- draws on idea of investment, incorporates thoughtfulness and willingness to exert the effort necessary to comprehend complex ideas and master difficult skills.

According to this construct, engagement can vary in intensity and duration, be short term and situation specific, or long term. The 'evolution of the intensity of engagement, once established, builds on itself, contributing to increased improvement in more distal outcomes of interest (Fredricks, et al., 2004, 61).' Engagement is important because is assists nursing students to develop into higher quality nurses.

Measuring engagement is complex when trying to identify which components are present (behavioral, emotional, and/or cognitive engagement) and to what extent each is contributing to learning. Behavioral engagement involves participation, attentiveness, and doing assigned work. Emotional engagement can be identified with getting along with the others involved and also the level of value they place on the tasks at hand. Cognitive engagement is the psychological investment in learning, concentration, and completing work. Each of these factors contributes to one's feelings and motivation toward various levels of engagement. Within a 'caring and supportive environment' the students would feel a sense of 'relatedness' and therefore be more highly engaged (Fredricks, et al., 2004). Learning is an ongoing process, and in relation to engagement, 'We need to be articulating the transformative journey more transparently (Richards & Richards, 2013).' Educators need to ensure students know that discussing, questioning, and reflecting all play an active component within their learning. For example, if students are inaccurate within a discussion this is not necessarily a bad thing, just an opportunity to help them become more aligned with accurate information, or best practices as a means of doing things more correctly. When educators can create this open teaching-learning dialogue with students, the students are more likely to be engaged with the situation and their learning is more enhanced. Students need to learn to appreciate the dialogue that is occurring around them. As constructive contributions to their experiential learning, when others are inaccurate, there is often additional learning that is occurring within that exchange. These dialogues reinforce previous knowledge and enhance confidence, and assist to develop more critical thinking skills.

Schaufeli, Martinez, Pinto, Salanova, and Bakker (2002, p. 24) describe engagement as, "persistent and pervasive affective-cognitive state or work-related state of mind that is characterized by vigor, dedication, and absorption." Involvement (engagement) requires investment in energy, is continuous, has both quantitative and qualitative features, is directly proportional to quality and quantity of learning involvement; and lastly, the learning effectiveness is a direct reflection of the capacity to induce student involvement (Popkess & McDaniel, 2011, p. 90). Intrinsic satisfaction develops when students learn relevant, challenging, and directly applicable content (Bruce, Omne-Ponten, & Gustavsson, 2010). Student learning and personal development are critical for student development, especially competencies in decision making, systems thinking, and team leadership (IOM, 2010). Engagement enhances the development of these critical thinking skills, which are core to quality nursing performance.

Research on student engagement demonstrates 'smaller schools generally engage students more effectively, although some large universities exceed

smaller universities, thus a more in-depth look at the settings is required (Kuh, 2003).' Kah (2003) also states students will perform up to their teacher's expectations, and will respond better when they receive immediate feedback. Engagement activities include: asking questions, doing community work, working collaboratively with fellow students, and participating in student-faculty interactions with substance. However, engagement cannot occur without effecting strong learning practices and without the ability to apply this learning to other practical matters. A diagram of Engagement Facets and the relevant components are identified below:

Nursing Student Engagement

Nursing students are educated and supported within a dual role, one within the classroom and one within the clinical settings. Active involvement within both learning hemispheres helps students to become more effective, current, and knowledgeable as they become engaged nurses.

The providers of today's care are changing to meet today's demand for multifaceted, acute and chronic illnesses. Finding the right style of learning for today's environments has become a critical priority. Highlighting deficiencies in care quality have assisted the impetus for the reform of health care education. The five multifaceted fundamental competencies announced by the Institute of Medicine's (IOM, 2003, p. 4) recommendations include all health professionals should be educated to:

1. Provide patient-centered care,
2. Work as members of an interdisciplinary team,
3. Employ evidence-based practice,
4. Apply quality improvement approaches, and
5. Utilize informatics.

Organizing care directly around the patient's needs and priorities are foundational to modern care. However, the delivery systems are still developing into refined organizational structures, workflows, and prioritizing to deliv- er unique patient experiences for to-
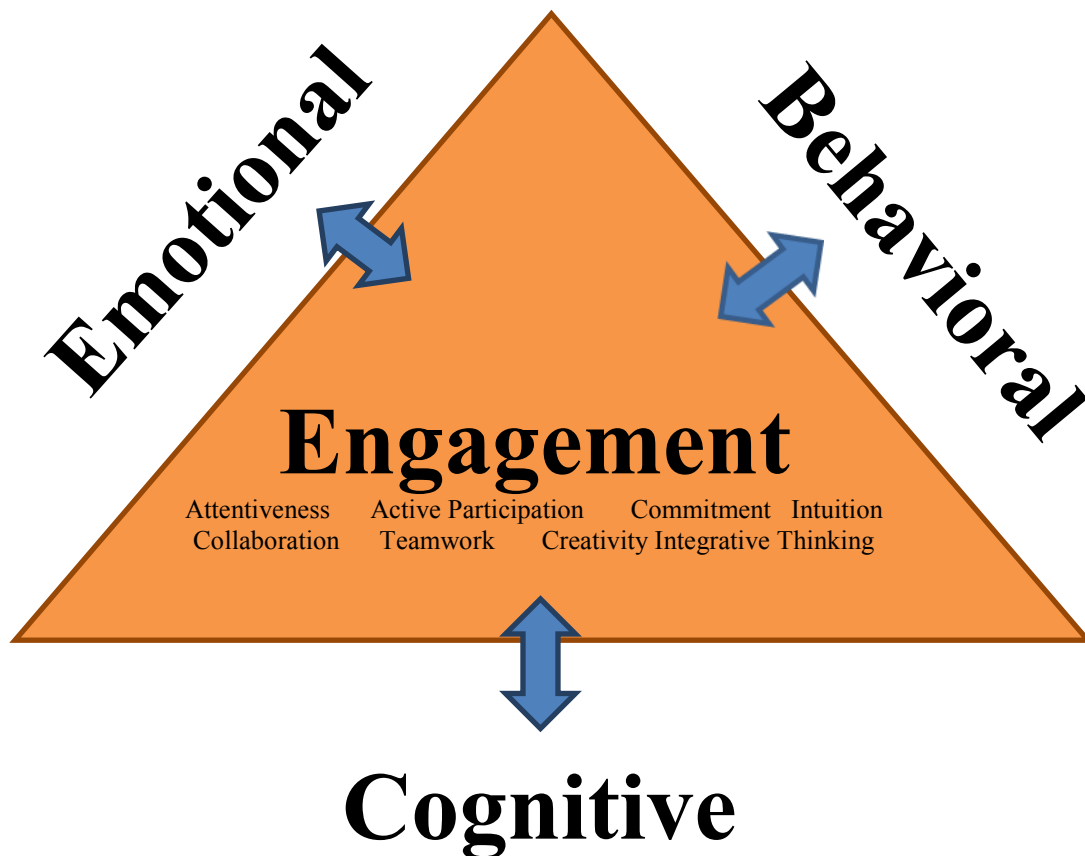

Figure 1.TEngagement Facets: Emotional, Behavioral, & Cognitive Facets

day's 'standard' care provision. Engagement can assist in moving students to be more independent thinkers and well-rounded problem solvers to help facilitate this necessary transition. Educators are continually attempting to transition their teaching styles to more align with these current learning priorities: active, participatory, experiential, and contextualized interactions (Crookes, Crookes, & Walsh, 2013).

Hickey et al. (2010) reported a need to shift learning toward student-centered 'thinking' instead of memorizing. This approach can evolve the students' thinking by critical problem solving, utilizing high level prioritizing, working toward breadth with their communication skills, and enhancing team collaboration skills. These are not traditional strengths of a teacher-centered educational system. Today's students (nurses) need to be integrative thinkers and able to think outside 'standard' care. For example, Students should not only memorizing (just for test taking purposes) but develop critical thinking skills for life-long learning. Students need to readily seek and develop sufficient alternative cost effective solutions when they solve various complex problems.

Engagement can provide the 'creativity' necessary within an environment to facilitate these necessary changes. The style of content delivery and ongoing support for students can assist today's students to function well in groups, in isolation, and within a variety of diverse challenges. However, there is variation within subgroups of nursing students in relation to their dedication, intentions, and levels of engagement. Students that demonstrated highest levels of active and emotional engagement were taking classes as older students or were currently employed as nursing assistants; additionally, males demonstrated more overall active engagement while females exhibited more overall emotional engagement (Bruce, Omne-Ponten, & Gustavsson, 2010). This study's results support that students with lower levels of engagement have decreased coping levels in stressful situations. These students can become disengaged, leading to unhealthy student behaviors, student errors, and potentially may drop out of nursing classes.

Student Nurse Classroom Engagement

Attempts to transition from traditional lecturing toward active learning are occurring nationally. Teachers today intersperse questions in lecture to stimulate discussion. However, this is still not active enough. Engagement is fundamental component of the teacher's

behavior when desiring to create an environment which entices higher levels of learning. Today's students can become better engaged by breaking into various sized groups which work on specific problem-solving, or reviewing and critiquing required content articles, and/or organizing various types of presentations. This integration provides the necessary learning of core content while assisting each other's learning.

Instructors can find maintaining a student's engagement level when having to deliver various topics is extremely challenging. Although requiring reassurance throughout the process, a problem-based style of learning has led to greater engagement than the traditional lecture style for learning (Cooper & Carter, 2012). Using a problem-based format for mental health student learning was found to be innovative, and additionally, a solid form for self-development. Focus groups, essays, and 'patchwork text' (sequence of short pieces joined by reflective commentary) all contribute to this self-development style of learning. Cooper and Carter (2012) did find problems with this style of learning. Students' reported problems such as: "did not know what the most important things were", "did not know if they were learning the right stuff", and "did come up with different ideas than they would not have gotten in lectures." Properly prepared gaming techniques also can contribute to engagement and learning, competition, and clinical application exercises (Crookes, Crookes, & Walsh, 2013). The challenges of these various delivery systems can be minimized with closer attention and feedback early on during student learning experiences. This requires 'involved' educators, engaged in the whole learning process. In relation to educators' engagement, a recent look at students' perception of effective teaching (Kelly, 2007) found teacher knowledge, feedback and communication skills as important for their positive encouragement. Therefore, the educator must be specifically engaged themselves for a higher level of student learning to occur.

One area of concern is the use of skills lab for teaching/learning experiences. These settings have the capacity to produce both engaged and disengaged care provision (Soffer, 2014). Many student feel more comfortable learning initial skills with manikins. The use of this 'simulation' care can foster better nursing care (Crookes, Crookes, & Walsh, 2013). For others, the falseness creates disengagement, more fooling around, and a lack of depth in learning. Careful design and supervision when using manikins (when carried out with control, integrity and focused learning objectives) can produce learning retention and enhance student engage-

ment.

Peer assessment is an option as a potential positive engagement strategy. Peer assessment is used to enhance engagement and promote the development of lifelong learning habits (Casey, et. al., 2011). This strategy promotes development of deeper critical thinkers, and improved critical thinking and evaluation skills. The Casey et al. (2011) study found students gained many attributes, these included: reflecting more on their work, enhancement of their overall confidence, and becoming better self-regulated learners. The cons of this strategy are: 1) the assessment responsibility is perceived by students to be the instructors' responsibility- not another student's, 2) they would have the better judgment (with the educator's direction) including better accuracy and quality, 3) the potential for increased bias and increased anxiety when using peer assessment, and 4) required more preparation from instructors for creating this autonomous style of work. This study requested further research on student engagement strategies and learning. However, the depth of development and commitment for lifelong learning is critical for effective contemporary nursing.

Students may find better engagement when they have a variety of schoolwork and variety of school work settings. Today's students' performance testing should also rely on a diversity of assessment methods which can assess a range of their competencies (Hunt & Hutchings, 2014). This includes both performances as a single student and in groups. Students need to become competent performers at both to be productive within today's healthcare environment. One important factor to note is that 'group marking' is still problematic for 'free-riders' (students contributing little to the activities), and these authors found this to be an ongoing problem within some group work projects. Additionally, using narrative techniques to discuss and share others' unique experiences assist to develop levels of experiential learning that would not have occurred without exposure to these descriptive scenarios (Crookes, Crookes, & Walsh, 2013).

Student nurses have used 'clickers' within the classroom setting to enhance their engagement with the discussion (DeMaio & Drake, 2012). This challenges the students by encouraging active participation and evaluative discussion, although anonymously. This active participation tool allows processing of concepts, procedures, and other data to occur and be challenged without students feeling personal repercussions. It safely informs the teacher as to the students' level of 'grasping' key concepts of the discussed material (Filer,

2010), as feedback is, 'immediate and quantifiable'. This can be followed by targeting content areas needing reinforcement to ensure overall learning of key material. Using alternative styles of presenting core content such as podcasts has been investigated to check the success in engaging students (Gipson & Richards, 2011). Students were found to be just as successful when using podcasting as with case scenarios for learning. The findings of this study found that the "student-centered engagement" was what contributed to student learning. Therefore, alternative methods of delivering content, besides passive lecturing, can be just as effective and more enjoyable. For example, YouTube video postings which are accessible at any time have been entering the mainstream of student education (Clifton & Mann, 2011). This alternative vast breadth delivery method adds variety and an attention grabbing style for the interests of primarily the newest generation of learners. These formats allow learning to occur outside the classrooms. These methods provide educators a forum for assisting students to develop better information literacy and critique skills which are critical skills for nursing.

The students' engagement levels can be increased by using student-written quiz questions (Evans, 2011). The students' efforts in creating specific questions will actually reinforce learning of required core content. Although time-consuming, this style of learning can complement other styles to enhance the students' overall learning experience.

Another area for consideration is the use of face-to-face tutorials (Elder, Lewis, Windsor, Wheeler, Forster, Foster, & Chapman, 2011). These tutorials supplemented the core content and provided a different style of learning not available by other means. Tutorials can be considered personal and less threatening, and provide an opportunity for open sharing and discussion.

One area for the further development is the facilitation of cultural competence within the nursing care provided. Incorporating engagement strategies into developing this core of clinical skills has yet to be accomplished on a general scale (Shattell, Nemitz, Crosson, Zackeru, Starr, Hu, & Gonzales, 2013).

Student Nurse Clinical Engagement

Engagement in clinical settings involves responding to and dealing with the unexpected, unplanned activities that come up in routine clinical practice. Different types of patient admissions, discharges, and trans-

fers occur during a usual working day. Also each individual patient's status can vary from stable to unstable. Learning opportunities in these clinical settings are predominantly experiential learning. Students always benefit from clarification of their perceptions and what they believe the clinical environment can provide and compare this with actual clinical practices (Midgley, 2006).

Learning occurs in this complex social environment (Brown, et al., 2011), with both formal and informal learning opportunities. This complex environment, has presented six factors: autonomy and recognition, role clarity, job satisfaction, quality of supervision, peer support, and opportunities for learning. Each of these factors contributes toward engaging students to enter and remain within a health care profession.

Students desire a positive clinical environment and a personalized relationship with their clinical instructor. Today, students want their learning facilitated, encouraged, and their reflection activities supported (Papathanasious, Tsaras, & Sarafis, 2014). The clinical environment is should be guided by an experienced clinician. Students prefer a more individualized and innovative opportunity to practice as they are learning to become competent nurses; however, this is not a realistic objective in most clinical practice settings (Papathanasious, et al., 2014). Students are transitioning from their academic 'knowing' identity to a hands-on clinical 'doing' identity. How students view their learning settings is critical for effective learning. Learning occurs formally by 'doing' and informally by 'discussing'. As they develop, they appreciate the active participation that is vital for their learning. Any improvements to their participative clinical learning would most likely assist with their developing improved critical thinking skills as well as gaining stronger general clinical knowledge and confidence.

Nursing students and nurses today need to be engaged within the clinical environments and develop experience with using 'best evidence' for their practice settings. Nurses are still transitioning from traditional ritualistic care approaches to versatile and current best evidence approaches (Henderson, Cooke, Creedy, & Walker, 2012). Most recent evidence reports students primarily focusing on fitting into the clinical setting and not developing a contemporary critical thinking and reflective perspective (Henderson, at al., 2012). Students need to feel comfortable to ask questions and explore alternative effective practices, and feel welcomed to do these independent thinking activities. Setting this type of learning environment with reflective practice increases student satisfaction and should improve the clinical care provided (Edgecombe, & Bowden, 2009).

Recent research from Budgen and Gamroth (2008) has reviewed the various models of education, analyzing their ability to meet the current pressures for beginning practitioners to be prepared to integrate into larger health care systems. These systems aim to provide continuity of care throughout the lifespan (inclusive of both wellness and illness care). Despite the mode of educational delivery, students need to be engaged with the specific learning style delivered, and engaged in both the educational and practice environments. The most recent evidence supports the use of clinical preceptors for quality learning experiences (Hickey, 2010). The preceptors themselves need to be thoroughly engaged with their patients, and students could learn from these role models the necessary behaviors to obtain quality care provision. However, preceptors have reported that key student skills were still lacking: psychomotor and assessment skills, critical thinking, time management, communication, and teamwork (Hickey, Forbes, & Greenfield, 2010). These skills are ongoing skills to learn and are foundational for quality care provision today.

Recent evidence found students desire: 1) skill mastery before moving onto more complicated care, 2) an enhanced opportunity to practice communication with fellow care providers, and 3) more solidifying work on time management and organizational skills (Hartigan-Rogers, Cobbett, Amirault, & Muise-Davis, 2007). Areas for skill mastery for entry into practice for students include: setting priorities, organizational skills, and advanced technical skill mastery (Hickey, 2010). The students also would have liked more time to provide care to more than one patient, and to interact more with health care team members. The students also wanted a diverse range of conditions including: clear communication of expectations, approachable instructors, and 'facilitative instruction'. They also desired to actively seek their learning opportunities, have promotion of student independence, and enhanced assistance in developing their clinical judgment skills. The student-teacher relationship must be supportive. The sharing of both positive and negative experiences must be comfortable for students. The time spent in training must prepare students thoroughly, with enough depth and breath, to start their practices competently and with good feelings of positive job satisfaction. These are high expectations for intense nursing programs.

Nursing students need to gain positive experiences in their interactions with other health care providers. These interactions need to be professional to efficiently gain the outcomes needed for the patients. Students need to create opportunities for replication of these positive interactions. This is an increasing necessity in today's busy and complicated practice. Students can gain these skills via supported methods of interdisciplinary rounding where everyone's input is heard and valued (Henderson, 2009). However, Henderson (2009) pointed out the effectiveness of this rounding relies on the individual's current level of confidence in interacting with other professionals in practice, the characteristics of the working culture, and the mentor's expectations and support for the students' involvement. The nurses (or other health professionals) that lead the team discussions are effective when they have strong listening and processing skills, and role model these behaviors for students during patient discussions (Pollard, 2009). Pollard (2009) also found the students that set their own personal clinical goals during practicum, discussed them with their preceptors before clinical experiences, and then submitted their reflections on the attainment of these goals were more engaged in their overall clinical experiences.

If the clinical setting is emotionally taxing on the providers' level of emotional engagement, this complicates the ability to provide effective learning for students. The inherent factors of complicated critical illnesses, lack of adequate support systems, and repetitive poor outcomes for patients and families creates a toll on a student's (or nurse's) reserve. The resiliency from a well-rounded provider, within a balanced nursing practice, can provide the setting for stable emotional care providers. The ability for the nurse to engage in the clinical situation and connect with the patient as a unique individual is required (Bail, 2007). Sharing in feelings of suffering, loss, and debilitation can assist students to build the emotional strengths to overcome the patients' losses and assist in the work toward a patient's acceptance.

Efforts are being made to increase the levels of incorporating nursing students into true interprofessional roles. These experiences create feelings of independence and autonomy, assist communication and collaboration, enhance the understanding of nursings' role, and better contribute toward a well-functioning team (Hood, Cant, Leech, Baulch, & Gilbee, 2014). These opportunities allow the students to test their 'ought to be' and 'desired' behaviors within the clinical context. They also assist with creating committed team workers for the increasing and enhanced team expectations of care provision.

Certainly work is transitioning to a collaborative, multi-level work team when providing care. This involves communication both up, down, and sideways along the traditional 'power' chain. From doctors to nurses, from nurses to certified nursing assistants, from social workers to nurses, from physical therapists/and other ancillary staff to doctors and nurses, - all this communication must be clear, correct, timely, and constructive. All the care providers need to be engaged and positively collaborate to achieve the best patient and family outcomes. Students within this complex environment are challenged to contribute. Students need encouragement and assistance with their input along with strong role modeling. The clinical learning is most effective when reflective analysis of the process occurs. This allows the students to incorporate their experiences into their expanding knowledge bank. The most effective learning occurs when the student have systematic support for their interprofessional engagement (Pollard, 2009). When the setting lacks this coordinated effort, the student is dependent solely on their personal level of confidence. The student requires witnessing their nursing role models to demonstrate constructive and positive egalitarian working relationships with others.

One example of student engagement and learning investigated by researchers is the use of action research (Seib, English, & Barnard, 2011). This methodology engaged students in active processes in the clinical setting, changing the interaction from a didactic experience to an interactive and collaborative exchange. This minimizes the educational gap between academia and practice, creating a learning environment beneficial for both students and faculty.

Another example found within a cross-collaborative university and community setting was addressing alcohol use and encouraging alcohol prevention. An innovative participatory course was designed to address this problem. The issue was current, relevant, and engaging for students to be a part of solving, and the outcome potentially beneficial to the whole community. The evidence-based interventions and activities could assist everyone involved and result in positive outcomes. This type of learning for students was realistic and engaging by "providing valuable insights and fresh ways of thinking (Buettner, Andrews, & Glassman, 2009).

Student perceptions of their clinical learning environments are important and relevant to their future practice. When students are limited to only observation their level of engagement is lowered. Engagement increases when students are encouraged to participate such as within mental health treatment sessions where students actively participate with the group's dialogue. An excellent preceptor will have the students follow the provided cues to assist with focused participation to encourage everyone to contribute toward stated goals.

Conclusion

Engagement is an important topic to review and reflect on as educators, organizations, and institutions. Engagement, when stimulated, can be directed to enhance the bonds between the care providers (students, nurses, and other health professionals) and the patients. Students can use the engagement skills they developed while in the nursing program when they graduate to continue to provide a high quality of care that is required within today's healthcare environment. Facilitating engagement may assist students to be better protected when they learn, to learn a variety of options to refer to when situations arise, and to maintain their interests and learning over time.

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