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Level of Satisfaction of Delivery Room Exposure among Senior Nursing Students of West Visayas State University

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ABSTRACT

Background

The Board of Nursing, in accordance with its mandated powers and functions, emphasizes that competencies in intra-partal and immediate care of the newborn must be developed among nursing students. Thus, it is important to determine whether provisions for such to come up to the expectations of the students. This study aimed to evaluate the level of satisfaction of delivery room exposure among senior nursing students. Likewise, it aimed to ascertain if the sex, academic performance in NCM 202 B and NRS 203, span of completion and number of hospitals of actual delivery exposure and influence their level of satisfaction.

This descriptive study included 106 senior nursing students as participants. Simple random sampling method was employed in the selection of participants, utilizing a 34- item researcher-made questionnaire in evaluating the level of satisfaction on the delivery room exposure. Generally, the results of the study revealed that senior nursing students were satisfied with their previous delivery room exposure. Students were also satisfied with the teaching-learning experience, followed by the support of the hospital staff and facilities. No significant differences existed in the level of satisfaction on the delivery room exposure when grouped according to sex, academic performance, span of completion and number of hospitals of actual delivery.

Key Terms: Level of satisfaction, delivery room exposure, senior nursing students

Introduction

Bachelor of Science in Nursing (BSN) is a four year degree program that teaches students the necessary skills and knowledge to care for the sick and injured. The program revolves around four main components; health promotion, disease prevention, risk reduction and health restoration (CHED Memorandum Order [CMO] No. 14, Series of 2009). In a practice discipline like nursing, professional competence needs to be ensured and should be demanded from its graduates with the end purpose of providing safe, quality, cost-effective and truly responsive nursing care. The Philippine's Professional Regulation Commission through the Board of Nursing is the agency tasked to regulate practice, professional training, registration of new professionals, and sometimes compensation and work conditions of these professionals. Its functions are geared toward safeguarding the public from unlawful practice of nursing by ensuring quality, competency and proficiency of health professionals through regulation of professional practice (Rebullida& Lorenzo, 2002).

Part of the Board's duty is to conduct the licensure examination for nurses. The Board requires the following actual delivery room (DR) procedures: three (3) handled actual normal deliveries, and three (3) cord dressing or initial care of the newborn before a graduate of Bachelor of Science in Nursing (BSN) can qualify for the Nurse Licensure Examination (NLE)(CMO No. 14, Series of 2009).

The CMO 14, s. 2009 aims to amend the nursing curriculum to produce nursing graduates that can provide a relevant and quality health services locally and internationally.

The American Nurses Association (2002) has stated that nurses and their employers are jointly responsible for creating an environment in which competent nurses can provide quality outcomes. Despite these mandates, healthcare institutions are faced with the challenges of providing stimulating, relevant, and cost-effective continuing nursing education programs. The explosion of available nursing knowledge and the increasing need for nursing competencies through regulating bodies have also contributed to the challenges in continuing education. Today's nurses are faced with ongoing pressure to demonstrate proficiency in a variety of nursing skills.

According to Adult Learning and Constructivist principles, direct application and association of real-world principles and knowledge are essential to a successful learning experience and satisfaction (Forrest, 2004).There has been no study conducted regarding the level of satisfaction for delivery room exposure of fourth year students in WVSU.

This study was anchored on the "Attribution theory" of Weiner, Bernard (1974). Attribution theory deals with two concepts, duty and culpability. Duty is the belief about what services should do and not do. Culpability is whether the service is to be blamed if anything goes wrong. It is said that attribution may be a filter through which all negative experiences must pass before the evaluation is made. In other words, a person's evaluation is affected by his or her previous experiences. Satisfaction results from experiences which are good, of quality and will determine the success of implemented process (Alford BL, 1998).

This research assumed that the level of satisfaction on delivery room exposure of fourth year students is influenced by certain personal-related factors. The interplay of these factors is illustrated in Figure 1.

Figure 1 below illustrates such factors.

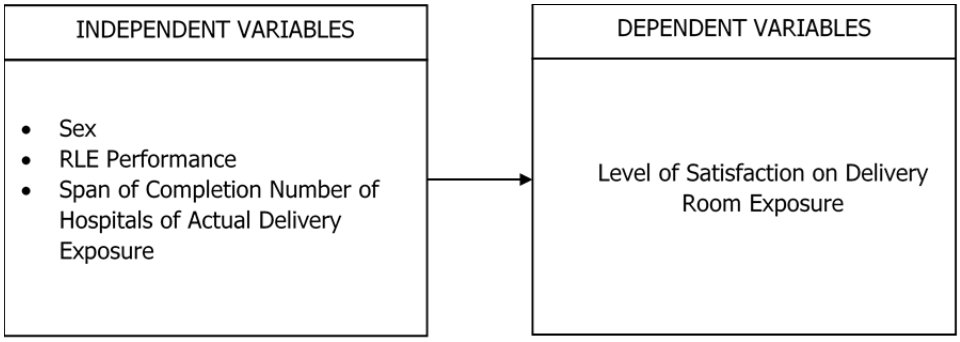

Figure 1. Factors associated with the level of satisfaction of delivery room exposure among the senior nursing students of West Visayas State University.

This study aimed to determine the level of satisfaction of delivery room exposure among the senior nursing students of West Visayas State University.

Specifically, this study sought answers to the following questions:

(1) What is the level of satisfaction of delivery room exposure among the senior nursing students of WVSU when taken as an entire group and when grouped according to the (a) sex, (b) RLE performance, (c) span of completion, and (d) number of hospitals of actual delivery exposure? How do they rank?

(2) What is the level of satisfaction in the delivery room exposure of the nursing students along the aspects of (a) support of the hospital staff, (b) teaching- learning experience, and (c) facilities? How do they rank?

(3) Are there significant differences in the level of satisfaction among the senior nursing students of WVSU when they grouped according to the (a) sex, (b) RLE performance, (c) span of completion, and (d) number of hospitals of actual delivery exposure?

On the basis of the aforementioned questions, the following hypothesis was advanced:

(1) There are no significant differences in the level of satisfaction of delivery room exposure among the senior nursing year students when they are grouped according to the (a) sex, (b) RLE performance, (c) span of completion, and (d) number of hospitals of actual delivery exposure.

Students' Affiliation in Health Care Facilities

Affiliation Hospital is a health facility being utilized by the higher education institution in specialized areas for supplementary clinical learning of students. A Contract of Affiliation shall be used as a legal document to show the terms of references among involved parties. Parties to the contract of affiliation should provide and maintain an environment conducive to the attainment of the teaching-learning objectives. The nursing school and the hospital agency should establish effective coordination and cooperation. Open communication should exist among the medical staff and the school personnel. (CMO No.5 series of 2008)

Affiliation Hospital or agencies is a health facility being utilized by the HEI in specialized areas for supplementary clinical learning of students such as mental, orthopedics and communicable diseases. Cross regional affiliations will not be allowed unless in cases where specialty areas cannot be found in the region. The base hospitals, affiliation hospitals and community health agencies being used by the students for RLES either conducted in urban or rural community should have the following facilities: classroom for conference, library, comfort room, dressing room, lounge, and locker (CMO 14, Series of 2009).

Provision should be made for adequate physical facilities, supplies and equipment for effective nursing care and learning experiences of students. The nursing service should be provided with a designated training coordinator and the required staffing composed of qualified professional and nonprofessional personnel. The faculty and the nursing service personnel of the affiliation agency should work together in the planning, implementation and evaluation of the related learning experiences of students. There should be an adequate number of patients varying in age, sex, level or acuity and types of illness desired for teaching-learning experience of different curricular levels (CMO No.5, Series of 2008).

Definition of Students' Satisfaction

Satisfaction is defined as a psychological state resulting when the emotion surrounding disconfirmed expectations is coupled with consumer's prior feelings about the consumption experience. It is defined as an experience of fulfillment of an expected outcome (Hon, 2002). Kotler et al. (2009) define satisfaction as 'a person's feeling of pleasure that result from comparing a product's perceived performance or outcome to their expectations. It means if the performance matches the expectation, the consumer will be satisfied.

Harvey (2005) said that this may include perceptions of the learning and teaching, the learning support facilities (such as libraries, computing facilities), the learning environment (lecture rooms, laboratories, social space and university buildings), support facilities (student accommodation, health facilities, student services) and external aspects of being a student (such as finance, transport infrastructure).

The primary goal of educational institution is the total development of the student. One of the ways educational institutions attain this goal is by continuously gathering information on student satisfaction. As cited by Beltyukova and Fox (2003), student satisfaction is defined as an "ever present campus variable", a key outcome of higher education (Astin, 1993), and a "quality enhancement tool designed to improve the quality of the student experience" (Harvey, 2005).

Student satisfaction is important in improving the quality of service of any educational institution. Colleges and universities use student satisfaction data to better understand, improve and change campus environments, thereby creating settings more conducive for student development. In this sense, student satisfaction is an indicator of the institution's responsiveness to student's needs and a measure of institutional effectiveness, success and vitality (Beltyukova& Fox, 2003). Moreover, measuring student satisfaction is useful to educational institutions' progress, pinpoint their strengths and identify areas for improvement.

Factors Affecting the Level of Students' Satisfaction in the Clinical Environment

Researchers have identified many factors that have impact on the students' satisfaction. Sex, academic performance in the clinical area, length of clinical exposure, as well as the number of times exposed to clinical setting, have shown to be related to the students' satisfaction level in several studies (Jaradeen, Jaradat, Safi &Tarawneh, 2012; Kim &Seo, 2012; Tessema, Ready & Malone, 2012; Papastavrou et. al, 2009; Valentine, 2003).

Sex. In the past, the notion of the gender gaps in higher education has been viewed from the perspective of inequities faced by females as they progressed through the educational pipelines. Even today, the topic of gender differences continues to receive significant attention at both institutional and national levels (Sax & Harper, 2005; Reynolds & Burge, 2007). Some researches (LPC, 2009; Perry et al., 2003; Sax & Harper, 2005; Umbach& Porter, 2002) found that gender has significant influence on student's satisfaction levels. Also, the study of Kim and Seo (2012) has identified the significant difference between males and females in terms of the level of satisfaction in the clinical nursing practice. In this study a comparison of the two groups found that male nursing students are higher than female in terms of satisfaction level during their clinical exposure. In contrast to these, the study of Dirkin, Mishra &Altermatt (2005) found no significant difference between male and female students regarding satisfaction.

Academic Performance. A study of Jaradeen et al. (2012), entitled "Students Satisfaction with Nursing Program" conducted to nursing students of Mutah University, Jordan having the variables of sex, academic performance in both clinical and lecture settings, was chosen for the similarity of variables. The study revealed the there was no significant difference in the academic performance of student in determining their satisfaction level. Furthermore, they explained that students' satisfaction level in the clinical area is neutral and determined other variables to be affecting the level of satisfaction. In contrast, the study of Saenz et al., (1999) and Valentine (2003) revealed that there was significant difference in terms of academic performance and it does affect the satisfaction level of students.

Length of Clinical Exposure and the Number of Times Exposed in the Clinical Area. Another Study of Valentine (2003), entitled "Institutional factors as predictors of students' Academic Performance" conducted in South Western Nigeria College, having variables of the length of clinical practice, and areas for practice, was chosen for the similarities of variables. This study has concluded that the length of exposure and the frequency of being exposed in the clinical area in the clinical area greatly affect the satisfaction level in the area. The results revealed that the longer and the more frequent the student is exposed within the area, the higher the satisfaction rate.

Related Studies on Students Satisfaction on Clinical Area

A study conducted by Sharif (2015), entitled " A Qualitative Study of Nursing Students Experiences of Clinical Practice" conducted in College of Nursing and Midwifery, Shiraz University of Medical Sciences, Iran, concluded that Nursing student's experiences of their clinical practice provide greater insight to develop an effective clinical teaching strategy in nursing education. The main objective of this study was to investigate student nurses' experience about their clinical practice.

Focus groups were used to obtain students' opinion and experiences about their clinical practice. Ninety (90) baccalaureate nursing students at Shiraz University of Medical Sciences (Faculty of Nursing and Midwifery) were selected randomly from two hundred students and were arranged in 9 groups of ten students. To analyze the data the method used to code and categories focus group data were adapted from approaches to qualitative data analysis. Four themes emerged from the focus group data. From the students' point of view," initial clinical anxiety", "theory-practice gap"," clinical supervision", professional role", was considered as important factors in clinical experience. The result of this study showed that nursing students were

not satisfied with the clinical component of their education. They experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting. The result of student's views toward clinical experience showed that they were not satisfied with the clinical component of their education, Four themes of concern for students were 'initial clinical anxiety', 'theory-practice gap', 'clinical supervision', and 'professional role'.

The nursing students clearly identified that the initial clinical experience is very stressful for them. Students in the second year experienced more anxiety compared with third- and fourth-year students. This was similar to the findings of Bell and Ruth who found that nursing students have a higher level of anxiety in second year. Neary identified three main categories of concern for students which are the fear of doing harm to patients, the sense of not belonging to the nursing team and of not being fully competent on registration which are similar to what our students mentioned in the focus group discussions.

In the study of Jinks and Patmon (2005) entitled "Clinical Experience of Students", conducted in Shiraz University, also found that students felt they had an Insufficiency in clinical skills upon completion of pre-registration program. Initial clinical experience was the most anxiety producing part of student clinical experience. In this study fear of making mistake (fear of failure) and being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience. This finding is supported by Hart and Rotem and Stephens. Developing confidence is an important component of clinical nursing practice. Development of confidence should be facilitated by the process of nursing education; as a result students become competent and confident. Differences between actual and expected behavior in the clinical placement creates conflicts in nursing students. Nursing students receive instructions which are different to what they have been taught in the classroom. Students feel anxious and this anxiety has effect on their performance. The existence of theory-practice gap in nursing has been an issue of concern for many years as it has been shown to delay student learning.

All the students in this study clearly demonstrated that there is a gap between theory and practice. This finding is supported by other studies such as Ferguson and Jinks and Hewison and Wildman and Bjork. Discrepancy between theory and practice has long been a source of concern to teachers, practitioners and learners. It deeply rooted in the history of nurse education. Theory-practice gap has been recognized for over 50 years in nursing. This issue is said to have caused the movement of nurse education into higher education sector. Clinical supervision was one of the main themes in this study. According to participant, instructor role in assisting student nurses to reach professional excellence is very important. In this study, the majority of students had the perception that their instructors have a more evaluative role than a teaching role. About half of the students mentioned that some of the head nurse (Nursing Unit Manager) and staff nurses are very good in supervising us in the clinical area. The clinical instructor or mentors can play an important role in student nurses' self- confidence, promote role socialization, and encourage independence which leads to clinical competency.

A supportive and socializing role was identified by the students as the mentor's function. This finding is similar to the finding of Earnshaw. According to Begat and Severinsson supporting nurses by clinical nurse specialist reported that they may have a positive effect on their perceptions of well-being and less anxiety and physical symptoms.

The students identified factors that influence their professional socialization. Professional role and hierarchy of occupation were factors which were frequently expressed by the students. Self-evaluation of professional knowledge, values and skills contribute to the professional's self-concept. The professional role encompasses skills, knowledge and behavior learned through professional socialization. The acquisition of career attitudes, values and motives which are held by society are important stages in the socialization process. According to Corwin, autonomy, independence, decision- making and innovation are achieved through professional self-concept. Lengacher (1994) discussed the importance of faculty staff in the socialization process of students and in preparing them for reality in practice.

Maintenance and/or nurturance of the student's self-esteem play an important role for facilitation of socialization process. One view that was expressed by second- and third-year student nurses in the focus group sessions was that students often thought that their work was 'not really professional nursing' they were confused by what they had learned in the faculty and what in reality was expected of them in practice.

According to Reilly and Germann (1992:133) and their study entitled "Student nurses' experiences during clinical practice in the Limpopo Province" conducted in the University of South Africa, it is through experience in the clinical setting that student nurses acquire the knowledge, skills, and values essential to professional practice and become socialized into the nursing profession. This is where students encounter the human side of nursing (Mellish. Brink & Paton 1998:207).

A conducive and supportive learning environment for student nurses depends on the availability of placement support systems, such as supervision, mentorship, preceptorship and relationships between the faculty, student nurses and clinical staff. Learning in practice placement requires an environment which is conducive to learning, and provides the appropriate support from skilled practitioners and educators. A clinical setting rich in learning experiences, but lacking a supportive environment, discourages the learners in seeking experience and results in the loss of learning and growth opportunities. On the other hand, a setting with limited experiences but rich in support may provide opportunities for student nurses to examine new health needs and ways of addressing them. Thus, regardless of where clinical practice is taking place, the learning climate influences student nurses' achievement and satisfaction with the learning experience (Reilly &Oermann 1992:117; Quinn 2000:425). The findings of Mhlongo (1996:30) and Netshandama (1997:105) revealed that a shortage of staff and equipment affects the conduciveness of clinical learning environments. Moeti et al (2004:82) share similar views, in those financial constraints on healthcare, high bed occupancy, and shortage of staff and equipment, exacerbate the situation, as staff become frustrated and depressed by the lack of resources, leaving them with little energy and time to effectively attend to the needs of student nurses. It therefore appears that there are a variety of factors which have a negative influence on student nurses' learning during clinical practice.

Summary

According to CMO No.5 series of 2008, affiliation of the students in health care facilities should be made for adequate physical facilities, supplies and equipment for effective nursing care and learning experiences of students. The Nursing service, the academe and the health care facility should provide an environment that is conducive for the growth and development of students in the area without sacrificing their satisfaction to their exposure.

As defined by Harvey (2005), satisfaction can be the extent of an individual's experience compared with his or her expectations. Satisfaction or dissatisfaction with a program or facilities is influenced by prior expectations regarding the level of quality. Many studies showed different factors affecting the level of satisfaction of student, which include the following: sex-related, academic performance, length and frequency of clinical exposure.

In terms of sex, studies of LPC (2009), Perry et al. (2003), Sax and Harper (2005), and Umbach and Harper (2002), revealed that there is a difference in the level of satisfaction among sexes. It was supported by Kim and Seo (2012) that males are more satisfied with the clinical exposure. On the other hand, the study of Dirkin, Mishra &Altermatt (2005), revealed neutrality between sexes in terms of satisfaction level in the clinical setting.

Another variable discussed was the relationship of academic performance and the level of satisfaction. The study of Jaradeen et al (2012) A study of Jaradeen et al. (2012), entitled "Students Satisfaction with Nursing Program" conducted to nursing students of Mutah University, Jordan, revealed the academic performance has no significant effect to the level of satisfaction. In contradiction to this, Saenz et al. (1999) and Valentine (2003) expressed significance of academic performance and its relationship to the level of satisfaction, making it a major factor in evaluating the satisfaction level.

In the study of Valentine (2003), he confirmed the positive effects of longer clinical exposure and the number of times exposed in the area to the satisfaction level among students.

Another study showed, that factors affecting the level of satisfaction to student nurses views toward clinical experience showed themes or factors which were identified as a concern for students were 'initial clinical anxiety', 'theory-practice gap', 'clinical supervision', and 'professional role'. By evaluating the satisfaction of students in the area the institution will be able to identify its strengths and by means enhance it evaluate its weaknesses and be able to improve it (Neary 1998:205).

Studies show how external and internal factors affect the level of satisfaction among student nurses in the delivery room. The satisfaction of student nurses in the area will be the main factor on how clinical instructors will determine how this exposure has enhanced the competency of students (Reilly & Oermann 1992:117; Quinn 2000:425).

Research Design and Methodology

The main purpose of this study was to determine the level of satisfaction of delivery room exposure among the senior nursing students of West Visayas State University. Likewise, it aimed to ascertain if sex, RLE performance, span of completion and number of hospital of actual delivery exposure influence their level of satisfaction.

This survey method utilized a 34 item researcher-made questionnaire, which gathered data on the participants' level of satisfaction on delivery room exposure. The independent variables of this study were sex, RLE performance, span of completion, and number of hospitals of actual delivery exposure. The dependent variable is the level of satisfaction of delivery room exposure.

Methodology

The Participants. The participants of this study were the 106 randomly chosen senior students who were officially enrolled in the first semester of Academic Year 2014-2015, have completed the requirements as mandated by Republic Act 9173; handled 3 deliveries and 3 newborn care, and gave an informed consent willingly and provided answers to the questionnaires given by the researchers.

After determining the population, the Slovin's formula was used to obtain total participants. The students were classified according to their sex, RLE performance represented by NCM 202 B and NRS 203, span of completion and number of hospitals of actual delivery exposure. The levels of the personal variables are arbitrarily as follows:

As to sex, they were grouped according to male and female. As to RLE performance, consent was sought to the participants to obtain their grades in NCM 202 B and NRS 203 from the Chairperson of the Division of Fundamentals of Nursing II. The average of the grades was obtained by the researchers and was grouped according to their general average: higher RLE performance (1.00-2.25) and lower RLE performance (2.25-3.00) (Bulletin of Information, College of Nursing, pp. 17 Reprinted 2011). As to span of completion, they were grouped as to when they have completed their required number of handled delivery and cord care: first semester or second semester of Academic Year 2012-2013 or completion duties in the delivery room of Academic Year 2013-2014 and 2014-2015.

As to the number of hospitals of actual delivery, they were grouped according to the number of hospital such as one hospital, birthing center, or rural health unit only; two hospitals, birthing center, or rural health units and three or more hospitals birthing center, or rural health unit.

Table 1 shows the distribution of respondents. Of 106 participants, 17 (16.0%) were male and 89 (84.0%) were female. When they were grouped according to RLE performance, 19 (17.9%) students belonged to higher RLE performance (1.00-2.25), and 87 (82.1%) students belonged to lower RLE

performance (2.50-3.0). When they are grouped according to span of completion, 5 (4.7%) students have completed during first semester of School Year 2012-2013, 51 (48.1%) students have completed during second semester of School Year 2012-2013 and 50 (47.2%) students have completed duties in the delivery room of Academic Year 2013-2014 and 2014-2015. When they are grouped according to number of hospitals of actual delivery, 17 (16.0%) students have been exposed and completed their delivery room requirements in one hospital, birthing center, or rural health unit only; 64 (60.4%) students have been exposed and completed their delivery room requirements in two hospitals, birthing center, or rural health units and 25 (23.6%) students have been exposed and completed their delivery room requirements in three or more hospitals birthing center, or rural health unit.

Table 1

Distribution of Participants

Categories	F	%
A. Entire Group	106	100
B. Sex		
Male	17	16.0
Female	89	84.0
C. RLE Performance: NCM 202 and NRS 203		
Higher	19	17.9
Lower	87	82.1
D. Span of Completion		
First Semester of S.Y 2012-2013	5	4.7
Second Semester of S.Y 2012-2013	51	48.1
Completion Duties in the Delivery Room of S.Y 2013-2014 and 2014-2015	50	47.2
E. Hospitals of Actual Delivery		
One Hospital, birthing center, or rural health unit	17	16.0
Two Hospital, birthing center, or rural health unit	64	60.4
Three or more Hospital, birthing center, or rural health unit	25	23.6

Materials and Instrumentation. In collecting the data needed for the study, a 34-item researcher-made questionnaire-checklist composed of two parts. Part one was composed of the personal data sheet. It extracted personal information such as sex, RLE performance, and span of completion and number of hospitals of actual delivery.

Part Two consists of 34 statements indicating level of satisfaction on delivery room exposure. A questionnaire was used to measure the level of satisfaction on the delivery room exposure. The participants were asked to put a check mark on the appropriate column that corresponds to their response based on the four choices: Strongly Agree, Agree, Somewhat Agree and Disagree. The participants were rated according to their answer, and responses were interpreted accordingly to the scale of means. To determine the student's level of satisfaction, the satisfaction on delivery room exposure test was used.

Each statement in the instrument was answered using the following:

Weight	Response Description
4	Strongly Agree
3	Agree
2	Somewhat Agree
1	Disagree

"Strongly Agree" meant that the participant completely conformed to the idea of the statement.

"Agree" meant that the participant conformed to the idea of the statement.

"Somewhat Agree" meant that the participant conformed to the idea of the statement however with inhibitions and doubts.

"Disagree" meant that the participant has not conformed to the ideas of the statement.

To interpret the results on the level of satisfaction of deliver room exposure the researchers used the following scale of means and their corresponding description:

Scale of Means	Description
3.25 – 4.00	Very Satisfied
2.50 – 3.24	Satisfied
1.75 – 2.49	Slightly Satisfied
1.00 – 1.74	Not Satisfied

"Very Satisfied" meant that the delivery room exposure was able to provide excellent and quality learning and clinical experience and that students were able to Integrate theory and practice with confidence and competence without supervision.

"Satisfied" meant that the delivery room exposure was able to provide the adequate learning and clinical experience and that the students may be able to Integrate theory and practice with confidence and with ease with minimal supervision.

"Slightly Satisfied" meant that the delivery room exposure able to provide needed learning and clinical experience and that the students may be able to integrate theory and practice, however may not be able to perform confidently and properly, needs casual supervision.

"Not Satisfied" meant that the delivery room exposure has not met the students' expectations. The exposure may not be able to provide the learning and clinical experience needed by the student to be able to perform confidently and lacks the skills needed.

Preceding the implementation of the study, the questionnaire was faced and the content validated by the research adviser, and a panel of jurors who were experts in the topic: a researcher, a grammarian and a delivery room clinical instructor. The results of the face and content validation showed that the questionnaire was relevant and clear. The data gathering instrument also faced the West Visayas State University- Center of Unified Ethics Committee for ethical considerations.

Reliability Testing. To ensure that the data gathering instrument was reliable, a reliability testing was conducted to another nursing institution namely; Aklan State University-College of Nursing. To test the reliability of results of the test, the items were processed through reliability statistics using Cronbach's Alpha. A result of 0.7 or higher meant that the instrument was reliable.

Out of the 34 items from the researcher-made instrument, 34 were reliable and accepted having a Cronbach's Alpha result of .99.

Procedure

Approval from Center of Unified Research Committee to conduct the study was obtained last August 2014. Permission to conduct the study was secured from the Dean of the College of Nursing of West Visayas State University. A cover letter was prepared and the data gathering instrument as well as the procedure, method and purpose of the study was presented to the Dean. Permit was secured from the Chair of Division of Professional Nursing to conduct the study on the senior nursing students. List of the said students who are officially enrolled in the first semester of the Academic Year 2014-2015 was obtained from the Chair of Division of Professional Nursing. To determine the total population, inclusion and exclusion criteria were set.

All those qualified in the following inclusion criteria were taken as participants of the study: (a) officially enrolled in the first semester of Academic Year 2014-2015, (b) have completed the requirements as mandated by Republic Act 9173:(3) handled deliveries and (3) newborn care, and (c) those willing to give an informed consent and provide answers to the questionnaires given by the researchers.

The researchers of this study were excluded since they have firsthand knowledge about the study to avoid bias and prevent contamination of the data. Also, those students who have not completed the said requirements were excluded since they have not met the inclusion criteria.

After the actual population was identified, simple random sampling method was employed in the selection of participants; the lottery technique was utilized in determining the participants. Sample size of participants was determined using the Slovin's formula.

After determining the sample, the researchers personally distributed the informed consent and explained the nature and objectives of the study, the needed data, the risk and benefits, time and effort they will be spending and any anticipated discomfort during the conduct of the study and how the gathered data were processed and analyzed. Those who have signed the informed consent and agreed to participate in the study were immediately given the research instrument. The participants were given 15-20 minutes to accomplish the said data gathering instruments. The instruments were retrieved by the researchers and reviewed for the completeness of the needed data. Data were tallied, classified and subjected to appropriate statistical test. The duly accomplished data gathering instruments were kept and only the research group members have access to them. Results were then interpreted.

Ethical Considerations. Within the month of August 2014, the researchers had obtained the approval of West Visayas State University- Center of Unified Research Committee to conduct the study. After determining the actual participants, informed consent was given. The researchers discussed to the participants the purpose and nature of the study as well as the benefits and risks in taking part in the study. Freedom for self-determination was emphasized; meaning, participation was voluntary. Any type of coercion or undue influence was avoided while recruiting the participants. The participants have the right to refuse to participate or withdraw without a penalty was assured. The researchers respected those participants who withdrawn or refused to partake in the study.

Participants were asked to complete the informed consent, which were available in English. If this consent will be signed by the participant, it will serve as a proof that they are willing to participate in the study, that they are willing to release some of their personal information, they understood the nature and objectives of the study, the needed data, the risk and benefits, time and effort they will be spending and any anticipated discomfort during the conduct of the study and how the gathered data were processed and analyzed. Anonymity and confidentiality were guaranteed. A code assigned to each participant was used instead of their full name and was placed in the questionnaires. Completed questionnaires after the data gathering were filed and kept in a safe place where only the researchers have access.

Data Analysis

The data gathered for this study were subjected to computer-processed statistics using the Statistical Package for the Social Sciences (SPSS) which was a software package used for statistical analysis.

The descriptive data analysis tools used in this study were mean, frequency, and standard deviations.

Mean. The obtained mean scores were used to determine the level of satisfaction of delivery room exposure.

Frequency. The number of observation in a given statistical category. This was used to determine the number of responses indicated by the participants.

Standard Deviation. This was used to determine the homogeneity of mean scores in terms of academic performance in NCM 202 A, span of completion, number of hospitals of actual delivery and sex.

For inferential analysis, the t-Test, and One-Way Anova were used.

t-test of Independent Sample. To determine the significant differences in the level of satisfaction of delivery room exposure when students are classified according to academic performance and sex.

One-Way Variance (ANOVA).To determine the significant differences in the level of satisfaction of delivery room exposure when students are classified according to span of completion and number of hospitals of actual delivery exposure

All inferential tools were set at 0.05 alpha level of significance.

Results and Discussions

Descriptive Data Analysis

This study used the mean (M) and standard deviations (SD) to determine the level of satisfaction on delivery room exposure among senior nursing student of West Visayas State University when taken as a whole and categorized according to sex, RLE performance in NCM 202 B and NRS 203, span of completion and number of hospitals of actual delivery exposure.

Level of Satisfaction on Delivery Room Exposure among Senior Nursing Students of West Visayas State University. Results in Table 2 revealed that, senior nursing students, when taken as an entire group (M = 3.1, SD = 0.43), were "Satisfied" with the delivery room exposure. When students were grouped according to the variables of the study, the senior nursing students were found to be "Satisfied" by the delivery room exposure.

The standard deviations, ranging from .26 to, .57, showed a narrow dispersion of the means, indicating that senior nursing students were homogeneous in their level of satisfaction toward their delivery room exposure. Table 2 summarizes the data.

Level of Satisfaction on the Different Categories of the Questionnaire. Results of the Table 3 revealed the ranking of statements from the questionnaire in which the scores were arranged from highest to lowest mean equivalent. The part two of the questionnaire is divided into three categories: (a) Support of the Hospital Staff, (b) Teaching-Learning Experience, and (c) Facilities. Results showed that, the category of Teaching-Learning Experience, (M = 3.19) has the highest scores means. Meanwhile, for the category of Facilities (M = 3.06) has an averages score. However, the category of Support of Hospital Staff (M = 2.89) has the lowest score means. The categories of Teaching-Learning Experience, Facilities and Support of the Hospital Staff have "Satisfied" description basing on the scales of means. Table 3 summarizes the data.

Table 2

Level of Satisfaction of Delivery Room Exposure: Means and Standard Deviations

Categories	N	Mean	Description	SD
Entire Group	106	3.10	Satisfied	0.43
A. Sex				
Male	17	3.16	Satisfied	0.45
Female	89	3.04	Satisfied	0.43
B. RLE Performance: NCM 202 and NRS 203				
Higher	19	3.00	Satisfied	0.57
Lower	87	3.08	Satisfied	0.40
C. Span of Completion				
First Semester	5	3.16	Satisfied	0.26
Second Semester	51	3.00	Satisfied	0.40
Completion Duties in the Delivery Room	50	3.11	Satisfied	0.48
D. Hospital of Actual Delivery				

One hospital, birthing center, or rural health unit	17	3.23	Satisfied	0.42
Two hospital, birthing center, or rural health unit	64	3.02	Satisfied	0.41
Three hospital, birthing center, or rural health unit	25	3.06	Satisfied	0.48

Note. 3.25 – 4.00, Very Satisfied; 2.50 – 3.24, Satisfied; 1.75 – 2.49, Slightly Satisfied; 1.00 – 1.74, Not Satisfied

Table 3

Level of Satisfaction on the Different Categories of the Questionnaire

Items	Means	Description	Rank
Category			
Teaching-Learning Experience	3.19	Satisfied	1
Facilities	3.06	Satisfied	2
Support of Hospital Staff	2.89	Satisfied	3

Inferential Data Analysis

The t-Test for independent samples was used to determine the significant differences in the level of satisfaction on delivery room exposure when they are grouped according to sex and academic performance.

Differences in the Level of Satisfaction on Delivery Room Exposure among Senior Nursing Students. The t-Test computation on Table 4 showed that there is no significant difference on the level of satisfaction on delivery room exposure of the senior nursing students when they were grouped according to sex [t (1.00) = .32, p = .32] and academic performance [t (.88)= .38, p = .38). Table 4 summarizes the data.

On the other hand, ANOVA results in Table 5 showed that there is no significant difference on the level of satisfaction of delivery room exposure when students were grouped according to span of completion [F(2, 103) = .82, p = .45] and number of hospitals of actual delivery [F(2, 103)= 1.67, p = .19]. Table 5 summarizes the data.

Table 4

t-Test Results on the Differences in the Level of Satisfaction on Delivery Room Exposure when grouped according to Sex and RLE Performance

	Mean	t	dF	Sig. (2-tailed)
A. Sex				
Male	3.16			
		1.00	104	.32
Female	3.04			
B. RLE Performance				
Higher	3.00			
		0.88	104	.38
Lower	3.08			

Table 5

One Way ANOVA Results on the Differences in the Level of Satisfaction on Delivery Room Exposure According to the Span of Completion and Number of Hospitals of Actual Delivery

	Sum of Squares	dF	Mean Squares	F	Sig.
Span of Completion					
Between Groups	.31	2	.16		
				.82	.45
Within Groups	19.51	103	.19		
Total	19.82	105			
Number of Hospitals of Actual Delivery					
Between Groups	.62	2	.31		
				1.67	.19
Within Groups	19.20	103	.19		
Total	19.82	105			

Conclusions

In view of the findings, the following conclusions were drawn:

(1) The satisfaction manifested by the senior nursing students seemed to show that their delivery room exposure have lived up to the expectations of the students. For the students, generally were in agreement that there is congruency in didactic and practical aspects of their learning. Students were happy on the support of the hospital staff, their availability, accommodation, and supervision in the area. Most of the senior nursing students were pleased on how delivery room instructors manage the exposure, provide activities for personal growth and support the students within the area. With regard to the facilities of hospital, birthing center or rural health unit, students were contented with the availability, adequacy and functionality of the equipment, materials and facilities within the area.

(2) Along the aspects of teaching-learning experience, support of the hospital staff and facilities, the senior nursing students were generally satisfied with the exposure. However, there is much to be improved within these categories and improvements that should be met so that the satisfaction level of the students would improve.

(3) Regardless of sex, RLE performance, span of completion, and number of hospitals of actual delivery exposure; the students were satisfied with the exposure in the delivery room. This is an indication of the good practices of the College of Nursing in providing the students the necessary and needed skills of future nurses of to meet the local, national and international standards.

The students' display of the same level of satisfaction on the delivery room exposure is an indication that the students were given equal opportunities to be exposed to delivery rooms regardless of their sex and other personal variables. This also indicates that the delivery room instructors had given all the nursing students chance to get involved in the deliveries to complete the required number within the requisite span of time.

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