

Quality of the educational environment in Slovakia and the Czech Republic using the DREEM inventory

Badanie jakości środowiska edukacyjnego w Słowacji i Czechach z wykorzystaniem inwentarza DREEM

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STRESZCZENIE

BADANIE JAKOŚCI ŚRODOWISKA EDUKACYJNEGO W SŁOWACJI I CZECHACH Z WYKORZYSTANIEM INWENTARZA DREEM

Cel pracy. Badanie miało na celu ocenę i porównanie postrzegania przez studentów pielęgniarstwa ich środowiska edukacyjnego na uniwersytetach na Słowacji i w Czechach, zbadanie różnic w zależności od płci i lokalizacji oraz zidentyfikowanie obszarów wymagających poprawy.

Materiał i metody. Badanie ilościowe z udziałem 742 studentów pielęgniarstwa przeprowadzono przy użyciu inwentarza DREEM. Dane zostały zebrane w 2021 r. i przeanalizowane za pomocą SPSS, przy użyciu statystyk opisowych i testu U Manna-Whitneya do oceny różnic między grupami.

Wyniki. Studenci pielęgniarstwa ogólnie pozytywnie postrzegali swoje środowisko edukacyjne, bez znaczących różnic w zależności od płci lub lokalizacji. Podczas gdy wyniki DREEM wskazywały na wspierające praktyki, niższe wyniki w atmosferze edukacyjnej podkreślały potencjalne obszary wymagające poprawy.

Wnioski. Regularna ocena za pomocą narzędzi takich jak DREEM jest niezbędna do utrzymania wysokiej jakości edukacji pielęgniarstwa. Chociaż wyniki były pozytywne, potrzeba poprawy wsparcia emocjonalnego i społecznego dla studentów pozostaje wyraźna.

Słowa kluczowe: edukacja, studenci, pielęgniarstwo, środowisko uczenia się

ABSTRACT

QUALITY OF THE EDUCATIONAL ENVIRONMENT IN SLOVAKIA AND THE CZECH REPUBLIC USING THE DREEM INVENTORY

Aim. The study aimed to assess and compare nursing students' perceptions of their educational environment at universities in Slovakia and the Czech Republic, exploring differences based on gender and location, and identifying areas for improvement.

Material and methods. A quantitative study with 742 nursing students was conducted using the DREEM inventory. Data were collected in 2021 and analyzed with SPSS, using descriptive statistics and the Mann-Whitney U test to assess group differences.

Results. Nursing students had a generally positive perception of their educational environment, with no significant differences based on gender or location. While DREEM scores indicated supportive practices, lower scores in the educational atmosphere highlighted potential areas for improvement.

Conclusions. Regular assessment using tools like DREEM is vital to maintain high-quality nursing education. Although the results were positive, the need for improvements in emotional and social support for students remains clear.

Key words: education, students, nursing, learning environment

INTRODUCTION

Students' perception of the educational environment is a crucial source for enhancing and implementing changes in the educational setting [1]. When students recognize that their teacher genuinely cares about them and is invested in their success, they feel more confident asking questions, making mistakes, and taking risks to learn new things. To foster such relationships, the teacher should be attentive to each student's strengths and interests, as well as their challenges and frustrations. The teacher should also serve as a positive role model in learning and in celebrating achievements [2]. This approach is particularly important in the education of healthcare students, where building strong teacher-student relationships can enhance students' empathy, communication skills, and overall professional development. In healthcare education, these relationships help students navigate the emotional and ethical complexities of patient care, ultimately leading to better patient outcomes [3].

Another key responsibility of the teacher is to establish a learning environment where students feel motivated to engage and learn, all within the framework of a safe and supportive classroom that aligns with clear expectations [4]. By modeling and fostering a safe environment with clear, purposeful rules, teachers inspire students to act responsibly and support one another. Emphasizing intrinsic motivation is crucial, as it encourages students to actively engage and take ownership of their learning goals [5]. In recent years, numerous researchers have concentrated on the impact of the learning environment in undergraduate medical education, with a particular focus on how students perceive this environment. The educational environment is increasingly recognized as a critical factor in shaping the effectiveness of a curriculum [6]. It influences not only the academic outcomes of students but also their professional development, well-being, and overall satisfaction with their education. A well-structured and supportive educational environment fosters deeper learning, enhances student engagement, and better prepares future healthcare professionals to meet the challenges of their field. Thus, understanding and optimizing the educational environment is essential for the continuous improvement of medical education [7].

The learning environment serves as a critical foundation for the educational experiences of healthcare students and influences their preferences for future workplaces. It is regarded as a key determinant in the success of effective curricula and significantly impacts students' academic achievements and professional preparedness [8]. Additionally, a positive and supportive learning environment enhances students' willingness to persevere through the rigors of their studies and remain committed to the healthcare profession, which is essential for addressing the ongoing demand for skilled healthcare professionals and ensuring quality patient care [9]. Environments characterized by competition, authoritarianism, stress, or intimidation can demotivate students and diminish their commitment to the learning process. In contrast, learning environments that are collaborative, collegial, and supportive are likely

to foster stronger commitment among nursing students. This increased engagement can, in turn, enhance their preparedness for clinical training [10]. Students' perceptions of the educational environment serve as critical insights for informing and implementing improvements within the educational setting [1]. In the context of professional health education, considerable attention has been given to assessing the educational environment, particularly in relation to its impact on educational outcomes [11].

A range of methodologies has been employed to examine the educational climate, with research in this area tracing back to the 1970s. Notably, in 1970, Arnold Rothman and his colleagues at the University of Toronto conducted pioneering work on the Learning Environment Questionnaire (LEQ) [12]. The Learning Environment Questionnaire (LEQ) was a 65-item survey designed to assess various aspects of the educational climate, including goal orientation, academic enthusiasm, internal and external pressures on students, student interactions, and the degree of authoritarianism within the medical school. Eight years following this initial research, Marshall adapted over half of Rothman's original 55 items for use in the Medical School Learning Environment Survey (MSLES) [13]. The late 1990s saw the introduction of the Dundee Ready Education Environment Measure (DREEM) questionnaire, a significant advancement in the assessment of educational environments [14]. The DREEM questionnaire was specifically designed to evaluate the perceptions of students in health professions education. It has since become a widely recognized tool for identifying strengths and areas for improvement within educational settings, allowing institutions to make data-driven decisions to enhance the overall learning experience. The introduction of the DREEM has enabled more nuanced and comprehensive evaluations of the educational climate, contributing to a deeper understanding of how the environment impacts student outcomes and professional development [15]. While there are several related tools designed to assess the educational environment, such as the precursor to DREEM, the Medical Education Environment Measure (MEEM), as well as more specialized instruments like the Postgraduate Hospital Educational Environment Measure (PHEEM), the Surgical Theatre Educational Environment Measure (STEEM), and the Anaesthetic Theatre Educational Environment Measure (ATEEM), the Dundee Ready Education Environment Measure (DREEM) remains the most widely utilized tool [15]. This predominance is largely due to DREEM's comprehensive design, which allows it to be effectively applied across diverse educational settings within healthcare education. Its versatility, validity, and extensive adoption in both undergraduate and postgraduate environments have established DREEM as the gold standard for evaluating educational climates [1].

The DREEM instrument is a validated and universally applicable tool that has been extensively translated into multiple languages, including Arabic, Spanish, Chinese, Swedish, Japanese, Greek, Thai, Persian, Indonesian, and Turkish. This widespread translation underscores its global relevance and adaptability across diverse cultural and educational contexts [16]. The DREEM instrument

is widely acknowledged as a reliable and culturally neutral tool for evaluating educational environments across a variety of medical education settings. Its robustness allows administrators to identify areas of concern and potential limitations within the current curriculum, facilitating informed decisions for curriculum modifications and improvements. This tool's versatility and adaptability make it an essential resource for continuous quality enhancement in medical education [17]. The DREEM instrument is a valuable tool for generating a comprehensive profile of an institution's or program's strengths and weaknesses. It facilitates comparative analyses within the institution and enables standardization across different institutions. By serving as a predictor of student performance and providing baseline data, DREEM supports the identification of areas requiring remedial action. Additionally, it allows for international comparative analysis and benchmarking against other medical schools, thereby enhancing the institution's ability to align with global educational standards [18]. Roff and McAleer [19] developed a practical guide to interpreting the total mean scores of DREEM.

Damiano et al. [20] observed that the DREEM instrument is employed internationally for a variety of diagnostic purposes and is widely regarded by users as a valuable assessment tool. However, discrepancies in reporting and analysis methods are evident across different publications. The application of both non-parametric and parametric statistical methods is common, yet their inconsistent usage presents challenges in achieving uniformity. This variability complicates the process of making direct comparisons between studies conducted at different institutions [21].

METHOD

A quantitative exploratory study was conducted to compare the educational environment experienced by nursing students at selected universities in the Czech Republic and Slovakia.

The research was carried out at two universities located in Central Europe, involving nursing students from both countries. This investigation was supported by the grant titled „Evaluation of the Educational Environment at Medical and Nursing Faculties”. Data collection was conducted during the final week of the second semester in 2021, using paper-based questionnaires distributed to the students.

Participants were asked to complete the questionnaires during class and subsequently place them in unmarked envelopes, which were then deposited in a designated collection box. Participation in the study was voluntary, with students having the option to decline by submitting blank questionnaires. The act of submitting a completed questionnaire was considered as implied consent to participate. The envelopes containing the completed questionnaires were collected by one of the study's authors for subsequent analysis.

Participants in this study were undergraduate nursing students from the 1st, 2nd, and 3rd years in 2021, drawn from a total population of 806 students. A total of 742

nursing students from the selected universities in Slovakia and the Czech Republic participated in the research. The disproportion in the number of students from Slovakia (566; 76.3%) and the Czech Republic (176; 23.7%) can be attributed to the larger population of nursing students in Slovak universities.

The primary objective of this study was to examine the relationship between selected socio-demographic characteristics and the evaluation outcomes of the educational environment. The DREEM questionnaire [15], which consists of 50 closed-ended statements, was used for this evaluation. These 50 items are categorized into five subscales: Students' perceptions of learning (12 items), Students' perceptions of teachers (11 items), Students' academic self-perceptions (8 items), Students' perceptions of the atmosphere (12 items), and Students' social self-perceptions (7 items). Each statement is rated on a five-point Likert scale. Reverse coding is required for items 4, 8, 9, 17, 25, 35, 39, 48, and 50. Higher scores reflect a more positive evaluation of the educational environment. The questionnaire yields a total score of up to 200, representing the maximum rating for an excellent educational environment (0-50 Very poor, 51-100 Plenty of problems, 101-150 More positive than negative, 151-200 Excellent). To ensure transparency and reliability of the results, the internal consistency of the DREEM questionnaire was assessed using Cronbach's alpha.

The original English version of the DREEM instrument was translated into Slovak/Czech and subsequently back-translated into English by certified translators to ensure linguistic and cultural validity of the tool. The DREEM results can be analyzed at three distinct levels: (i) individual items, (ii) subscales, and (iii) the overall DREEM score. For each participant, the raw scores of the items within each of the five subscales are summed, and the mean of these sums is calculated to generate subscale summary scores. The five subscales measured by the DREEM inventory are: (1) perceptions of learning (maximum score of 48), (2) perceptions of teachers (maximum score of 44), (3) academic self-perceptions (maximum score of 32), (4) perceptions of the atmosphere (maximum score of 48), and (5) social self-perceptions (maximum score of 28). The overall DREEM score is obtained by summing the subscale summary scores. Items within each domain that achieve an average score of 3.5 or higher are considered positive indicators of the educational environment. Items with an average score of 2 or lower should be scrutinized more closely, as they signify problematic areas. Items with an average score between 2 and 3 indicate areas within the educational environment and institutional climate that may require enhancement [17]. Analyzing individual items by examining the mean scores across all participants allows for the identification of specific strengths and weaknesses within the educational environment.

The data were analyzed using SPSS software, version 21. The authors manually entered the data from each demographic questionnaire and the DREEM instrument into SPSS for analysis. Descriptive statistics, including the mean, standard deviation, and standard error of the mean (with 95% confidence intervals), were calculated

for each DREEM item, as well as for the overall and sub-scale scores, following the methodology outlined by Roff et al. [15]. To assess statistically significant differences between groups, the Mann-Whitney U test was employed. A p-value of less than 0.05 was considered indicative of statistical significance in this study.

RESULTS

The DREEM questionnaire was completed by 742 students (with 92.1% response rate). Most of the students were from Slovakia 566 (76.3%) and 176 (23.7%) were from the Czech Republic. Of the total number of students, 72.4% were female and 27.6% were males. The demographic variables are presented in Tab. 1.

The overall mean for the DREEM questionnaire was 123.95 ± 17.7 (out of 200) which is 62% of the maximum possible score (Tab. 2). The internal consistency of the DREEM questionnaire was assessed using Cronbach's alpha, which yielded an overall value of 0.92, indicating excellent reliability.

Perceptions of the atmosphere generally yielded lower scores; however, no significant differences were observed across the five domains of the DREEM questionnaire or in the responses based on gender. The overall DREEM score, along with the scores within each domain, stratified by country and gender, are presented in Tab. 3. Statistically significant associations were identified between the total DREEM score and both country and gender, with significant p-values observed for Slovakia ($p=0.047$) and the Czech Republic ($p=0.035$).

The mean score on the perception of learning subscale in women was 29.96 ± 0.201 (29.92 ± 0.219 (SK) and 30.10 ± 0.474 (CZ)) and in men was 28.65 ± 1.150 (28.48 ± 1.141 (SK) and 29.40 ± 3.932 (CZ)) from 48 (a more positive approach). Perceptions of teaching subscale (from 44) in female was 27.86 ± 0.166 (27.46 ± 0.181 (SK) and 29.15 ± 0.371 (CZ)). In men, the mean score was 28.15 ± 0.744 (27.95 ± 0.841 (SK) and 29.00 ± 1.703 (CZ)) (moving to the right direction). On the academic self-perception subscale (total score 32) the mean score in women was 20.96 ± 3.8 (21.23 ± 3.6 (SK) and 20.06 ± 4.3 (CZ)) and in men 20.69 ± 4.0 (21.14 ± 3.7 (SK) and 18.80 ± 5.0 (CZ)) (feeling more on the positive side). The mean score on the perception of the atmosphere was 27.84 ± 5.3 in women (27.06 ± 4.9 (SK) and 30.38 ± 5.9 (CZ)) and 30.38 ± 5.9 in men (26.43 ± 5.1 (SK) and 30.20 ± 8.1 (CZ)) from 48 (a more positive atmosphere). On the social self-perception subscale (from 28) the mean score in women was 17.43 ± 3.2 (17.58 ± 3.1 (SK) and 16.97 ± 3.2 (CZ)). The mean score of that domain in men was 16.42 ± 3.8 (16.48 ± 4.1 (SK) and 16.20 ± 2.6 (CZ)).

To assess the correlation between the domains, Spearman's correlation coefficient was utilized, which is appropriate for determining correlations within a randomly selected bivariate dataset (X_1, Y_1). The results of the correlation analysis between the domains, as determined by Spearman's correlation coefficient, are presented in Tab. 4. The analysis revealed that no significant correlations were identified among all possible domain pairs, including „Perception of Learning,” „Perception of Teaching,” „Academic Self-Perception,” „Perception of Atmosphere,” and „Perception of Social Atmosphere”. The conclusions drawn from these findings can be interpreted on two levels. Firstly, there are no significant correlations between the domains, a conclusion supported by the low correlation coefficients reported in Tab. 4. The highest observed correlation coefficient was 0.610, identified between the domains „Perception of Learning” and „Perception

■ Tab. 1. Demographics of students who participated in the study

Site of teaching	All	Male	Female
Faculty of Health Care SK	566 (76.3%)	105 (18.5%)	461 (81.4%)
Faculty of Health Studies CZ	176 (23.7%)	41 (23.3%)	122 (69.3%)

Data represented as N (%); SK – Slovakia; CZ – Czech Republic

■ Tab. 2. DREEM score by gender

Domains	All	Male	Female	P-value*
Total score (Maximum = 200)	123.95 ± 17.7 62%	121.08 ± 19.2 61%	124.06 ± 17.6 62%	0.308
Perceptions of learning (Maximum = 48)	29.92 ± 5.3 62%	28.65 ± 5.8 60%	29.96 ± 5.3 62%	0.625
Perceptions of teaching (Maximum = 44)	27.87 ± 4.4 63%	28.15 ± 3.8 64%	27.86 ± 4.4 63%	0.692
Academic self-perceptions (Maximum = 32)	20.95 ± 3.8 65%	20.69 ± 4.0 65%	20.96 ± 3.8 66%	0.447
Perceptions of the atmosphere (Maximum = 48)	27.82 ± 5.3 58%	27.15 ± 5.8 57%	27.84 ± 5.3 58%	0.086
Social self-perceptions (Maximum = 28)	17.40 ± 3.2 62%	16.42 ± 3.8 59%	17.43 ± 3.2 62%	0.300

Data represented as mean $\pm$ SD

Maximum is the maximum possible score that can be attained in the DREEM questionnaire domains

*Mann-Whitney Test

■ Tab. 3. DREEM score by country and gender

Domains	Faculty of Health Care SK		p-value*	Faculty of Health Studies CZ		p-value*
	Male	Female		Male	Female	
Total score (Maximum = 200)	120.48 ± 17.3	123.26 ± 16.5	0.047	123.60 ± 27.9	126.66 ± 20.5	0.035
Perceptions of learning (Maximum = 48)	28.48 ± 5.2	29.92 ± 5.1	0.068	29.40 ± 8.7	30.10 ± 6.1	0.079
Perceptions of teaching (Maximum = 44)	27.95 ± 3.8	27.46 ± 4.2	0.072	29.00 ± 3.8	29.15 ± 4.8	0.073
Academic self-perceptions (Maximum = 32)	21.14 ± 3.7	21.23 ± 3.6	0.069	18.80 ± 5.0	20.06 ± 4.3	0.304
Perceptions of the atmosphere (Maximum = 48)	26.43 ± 5.1	27.06 ± 4.9	0.065	30.20 ± 8.1	30.38 ± 5.9	0.068
Social self-perceptions (Maximum = 28)	16.48 ± 4.1	17.58 ± 3.1	0.097	16.20 ± 2.6	16.97 ± 3.2	0.094

SK – Slovakia; CZ – Czech Republic; *Mann-Whitney Test

■ Tab. 4. Correlation Spearman's rho between domains

			Perception of Learning	Perceptions of Teaching	Academic Self-Perception	Perceptions of Atmosphere	Social Self-Perceptions	Overall score
Spearman's rho	Perception of Learning	Correlation Coefficient	1.000	0.602	0.603	0.610	0.409	0.866
		Sig. (2-tailed)		0.000	0.000	0.000	0.000	0.000
		N	742	742	742	742	742	742
	Perceptions of Teaching	Correlation Coefficient	0.602	1.000	0.461	0.555	0.269	0.754
		Sig. (2-tailed)	0.000		0.000	0.000	0.000	0.000
		N	742	742	742	742	742	742
	Academic Self-Perception	Correlation Coefficient	0.603	0.461	1.000	0.484	0.406	0.752
		Sig. (2-tailed)	0.000	0.000		0.000	0.000	0.000
		N	742	742	742	742	742	742
	Perceptions of Atmosphere	Correlation Coefficient	0.610	0.555	0.484	1.000	0.345	0.812
		Sig. (2-tailed)	0.000	0.000	0.000		0.000	0.000
		N	742	742	742	742	742	742
	Social Self-Perceptions	Correlation Coefficient	0.409	0.269	0.406	0.345	1.000	0.564
		Sig. (2-tailed)	0.000	0.000	0.000	0.000		0.000
		N	742	742	742	742	742	742
	Overall score	Correlation Coefficient	0.866	0.754	0.752	0.812	0.564	1.000
		Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	
		N	742	742	742	742	742	742

of Atmosphere,” which is statistically insignificant for scientific interpretation. Conversely, the lowest correlation coefficient, 0.269, was found between the domains „Perception of Teaching” and „Perception of Social Atmosphere,” which is also statistically insignificant for scientific purposes. Based on these findings, it can be concluded that Spearman's correlation coefficient may not be the most suitable method for determining correlations among the domains in this context. Future research should consider alternative methods for exploring potential correlations within such a substantial and significant sample.

DISCUSSION

This study aimed to evaluate and compare the educational environment of nursing students at universities in Slovakia and the Czech Republic using the DREEM inventory. The results revealed that the overall perception of the educational environment among nursing students in both countries was generally positive, with a mean DREEM score of 123.95 ± 17.7 , representing 62% of the maximum possible score. This finding is consistent with the global trend observed in similar studies conducted across various countries, where the educational environments are often rated as „more positive than negative” [16].

Despite the generally favourable evaluation, the study also identified that perceptions of the educational environment did not significantly differ based on the geographical location (Slovakia vs. Czech Republic) or gender of the respondents. This outcome suggests a level of homogeneity in the educational practices and institutional cultures within nursing programs in these Central European countries. Such uniformity may reflect shared educational standards, similar curriculum designs, and aligned pedagogical approaches [22] across the universities involved in this study.

The lack of significant gender differences in the perception of the educational environment is particularly noteworthy. While some previous studies have reported gender-based disparities, with female students often rating their educational experiences more positively [1], the current study did not replicate these findings. This absence of gender-based differences could suggest that the nursing programs in Slovakia and the Czech Republic have successfully created an inclusive educational environment that meets the needs of both male and female students equally. However, it is also possible that the specific cultural context of these countries plays a role in shaping student perceptions, leading to a more uniform experience across genders [23].

The overall positive evaluation of the educational environment is encouraging, yet it also warrants a closer examination of specific domains where improvements may be needed. The perception of the atmosphere, although generally positive, was noted to score slightly lower compared to other domains. This aspect of the educational environment encompasses factors such as the emotional climate, student support systems, and the overall sense of belonging within the educational setting. Given its importance in fostering effective learning and student well-being, targeted efforts to enhance the atmosphere could further improve the overall educational experience for nursing students [24].

It is also important to situate these findings within the broader context of global nursing education. The DREEM scores reported in this study are comparable to those observed in other countries, such as Malaysia and China, which also reported scores indicating a predominantly positive educational environment [16]. However, the scores are higher than those reported in countries where significant challenges in the educational environment have

been identified, such as Saudi Arabia and Sri Lanka [25]. These comparisons highlight the relative strengths of the nursing programs in Slovakia and the Czech Republic while also underscoring the importance of continuous assessment and improvement.

The DREEM inventory has proven to be a robust tool for evaluating educational environments across diverse cultural and institutional contexts [15]. Its application in this study has provided valuable insights into the strengths and potential areas for improvement within the nursing programs of these two countries.

This study has some limitations that should be considered. The reliance on self-reported data through the DREEM inventory may introduce response bias, as students' perceptions might be influenced by social desirability. Additionally, the study was conducted at only two universities in Slovakia and the Czech Republic, which may limit the generalizability of the findings to other institutions. The uneven distribution of participants between Slovakia and the Czech Republic might have influenced the findings. While the larger sample from Slovakia provides robust data for this group, the smaller Czech cohort could limit the generalizability of comparisons. Lastly, while the translation of the DREEM instrument was carefully performed, subtle cultural differences may have influenced how students interpreted the questions, potentially affecting the comparability of the results.

Future research should consider longitudinal studies to track changes in student perceptions over time, particularly in response to curricular reforms or shifts in educational policy. Additionally, incorporating qualitative methods could enrich the quantitative findings, offering a more nuanced understanding of the factors that influence student perceptions of their educational environment.

CONCLUSIONS

This study underscores the positive perception of the educational environment in nursing programs at universities in Slovakia and the Czech Republic, as assessed using the DREEM inventory. The findings indicate that these programs provide a supportive and effective learning environment that meets the needs of both male and female students, reflecting a level of consistency in educational practices and institutional cultures across these Central European countries.

The DREEM inventory, as a validated tool specifically designed to assess the learning environment of health professional students, has proven to be a valuable resource in identifying both strengths and areas for improvement within these programs. Regular use of DREEM in the evaluation of educational environments is crucial, not only for diagnosing and addressing potential challenges but also for ensuring that educational practices remain aligned with the dynamic needs of the healthcare sector. The tool's capability to compare different groups and conditions offers valuable insights into how the learning environment influences student outcomes, including their satisfaction, academic performance, and learning behaviors.

While the overall evaluation is positive, the study suggests that further attention could be directed towards improving the educational atmosphere, particularly by enhancing emotional and social support systems for students. Addressing these areas could further enrich the educational experience and contribute to more effective training of future healthcare professionals.

Future research should broaden its scope to include a wider range of institutions and incorporate qualitative methods to gain a deeper understanding of student perceptions. Longitudinal studies would be beneficial to monitor changes over time and evaluate the impact of curricular reforms.

In conclusion, the ongoing evaluation of educational programs using the DREEM inventory is essential for maintaining high-quality training in nursing education and ensuring that these programs continue to meet the evolving needs of students and the healthcare profession.

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