



They Treated us Like Employees Not Trainees: Patient Educator Interns' Experiences of Epistemological Shock

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Abstract

Aim: To explore Patient Educator Interns' (PEIs') experiences of learning when entering the working environment. **Methods:** Semi-structured interviews were conducted with 10 PEIs. Following a narrative type of analysis, case summaries were prepared, compared and interpreted.

Results: At the beginning of their internship, PEIs held specific desires and expectations concerning the type of training and work they would experience. These included the expectation of explicit educational activities and specific types of work activities. PEIs' expectations were frequently not met in reality.

Discussion: The findings of the study suggest that new graduates face epistemological shock, which is the challenge of understanding the change from receiving formal instruction at university to learning through participation and engagement in the workplace. **Conclusions:** Universities could do more to explain to students the differences in learning between university and the workplace, so students better understand the value of participation for learning.

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1. Introduction

Across healthcare disciplines, much attention has been devoted to the transition between university-based training and workplace practice.¹ This transition period is widely regarded as stressful, yet critical for

individuals' development as safe and effective healthcare practitioners.² Reported consequences of problems in transition range from poor confidence to abandonment of the profession altogether.¹⁻⁴

Within nursing, Duchscher⁵ has described the shock that new nurses face when "moving from the known role of a student to the relatively less familiar role of professionally practising nurse" (p.1105). Applying previous work on "reality shock" by Kramer,⁶ Duchscher identified four elements of transition shock for nursing professionals: emotional, physical, intellectual and socio-cultural. The emotional element refers to a feeling of being inadequate to the demands of the activities to be

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completed and decisions to be taken. Also, new professionals may become less confident and more anxious when managing complexity in their work, such as with multiple illnesses in patients, or where they feel underprepared to cope, such as when a patient dies^{5,7–10}. Shock is experienced on a physical level from difficulty coping with long shifts and high task burden, or challenges with prioritising tasks.^{5,9–11} Intellectual shock may result from realisation of knowledge deficits,⁵ including a lack of understanding of particular work systems or the role new graduates are expected to fulfil in that workplace. Sociocultural shock is experienced when new graduates struggle to find a connection between the role they have been prepared for and the way in which the workplace expects them to act,^{5,9,12} seen for example in their need to distinguish themselves from others and in the efforts they make to be accepted.⁵

Within medicine, transitions involving increased responsibility are also regarded as stressful and recent papers have drawn attention to the ways that doctors can be better supported in the workplace. Authors such as Alexander et al.¹³, Kilminster et al.², and Teunissen and Westerman¹⁴ have suggested that addressing challenges in transition is not only the responsibility of individual graduates and their training institutions, but also the practice settings where graduates are employed. Kilminster et al.² have proposed that transitions in medicine should be regarded as critically intensive learning periods (CILPs) and an individual's ability to navigate the transition will be affected by the extent to which the workplace recognises his/her learning needs. This is supported by empirical work, which has indicated that feelings of unpreparedness are less evident when graduates have experienced support and feedback from senior staff and been exposed to more practice opportunities.^{2,13}

In light of this literature on transitions, this study set out to explore what the transition experience entailed for graduates of a new profession who had entered their first year of practice. Patient Education is a relatively new and discrete healthcare profession, in which qualified professionals provide education about health, healthcare, and self-management to patients in health care settings.¹⁵ To practice as a patient educator in Saudi Arabia, graduates must first complete a five-year Bachelor of Health Education degree, before entering a year of internship. Workplace experience is limited prior to the internship as the Bachelor-level training is almost always delivered and supervised by university staff. The mandatory internship year is when graduates start to gain first-hand experience of working in different health institutes and providing

health education services. Graduates have a degree of choice in their internship site as they can choose between different health care institutions that offer health education¹⁶.

In developing this study, we considered it likely that patient educator interns (PEIs) experienced similar challenges to graduates in more established professions such as nursing and medicine. However, we were particularly interested in the extent to which workplaces supported graduates of a profession where there was no history nor experience of the profession to draw upon. This reflects our sociocultural view of learning, in which learning is recognised as an on-going, complex process influenced by different organisational, social and cultural factors^{17,18} and involves learners' active engagement at work.^{17,19} Through interviewing PEIs and gaining an understanding of their experiences, we hoped to develop recommendations for PEIs as well as training programmes and workplaces where they are employed. In a previously published paper we have discussed how coming into a new profession exacerbated the transition shock among new graduates.²⁰ In this paper, we focus on the participants' learning process and how PEIs understood learning during their internship.

2. Methods

2.1. Aim

The aim of the study was to explore PEIs' experiences of learning when entering the working environment and our research objectives were a) to ascertain PEIs' views on the internship experience, b) to identify the factors that influence PEIs' learning, and c) to develop a set of recommendations that can guide the improvement of PEIs' and other new graduates' training.

2.2. Overview

This study adopted a constructivist paradigm, using qualitative methods in a single embedded case study approach.²¹ PEIs from Saudi Arabia were interviewed one on one to ascertain their experiences of internship. This design was chosen to allow in depth exploration of the highly individual context of patient education in Saudi Arabia. Ethical approval for this design was obtained from both the University in the UK where the research was being undertaken and the University where the participants had graduated from.

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