



A contemporary examination of workplace learning culture: An ethnomethodology study



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SUMMARY

Background: Creating and maintaining a sustainable workforce is currently an international concern. Extensive literature suggest that students and staff need to be ‘engaged’, that is they need to interact with the health team if they are to maximise learning opportunities. Despite many studies since the 1970s into what creates a ‘good’ learning environment, ongoing issues continue to challenge healthcare organisations and educators. A ‘good’ learning environment has been an intangible element for many professions as learning is hindered by the complexity of practice and by limitations on practitioners’ time available to assist and guide novices.

Objectives: This study sought to explore the nature of the learning interactions and experiences in clinical nursing practice that enhance a ‘good’ workplace learning culture for both nursing students and qualified nurses.

Design: An ethnomethodology study.

Setting: A range of clinical settings in Victoria and Queensland, Australia.

Participants: Students and registered nurses (n = 95).

Methods: Fieldwork observations were carried out on student nurses and registered nurses, followed by an individual interview with each participant. An iterative approach to analysis was undertaken; field notes of observations were reviewed, interviews transcribed verbatim and entered into NVivo10. Major themes were then extracted.

Results: Three central themes: learning by doing, navigating through communication, and ‘entrustability’, emerged providing insights into common practices potentially enhancing or detracting from learning in the workplace.

Conclusions: Students’ and registered nurses’ learning is constrained by a myriad of interactions and embedded workplace practices, which can either enhance the individual’s opportunities for learning or detract from the richness of affordances that healthcare workplace settings have to offer. Until the culture/or routine practices of the healthcare workplace are challenged, the trust and meaningful communication essential to learning in practice, will be achievable only serendipitously.

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Introduction

In the face of an increasing ageing population with associated demand for health services and continuing predicted shortfalls in healthcare worker supply (Health Workforce Australia, 2012; O’Brien and Gostin, 2011) creating and maintaining a sustainable workforce is

currently an international concern. As part of this process there is, in particular, an increased need to improve the workplace learning experiences for students that will enable them to be competent, and generate confidence in their own capabilities (O’Brien and Gostin, 2011). In addition, existing staff teams need to create ‘learning in practice’ (Billett and Newton, 2010) as an everyday activity to ensure they remain abreast of rapid developments in health care practice and to ensure that this knowledge is imparted to students.

Extensive literature in this area reports that students and staff need to be ‘engaged’ in the health care community, i.e. they need to interact with the health team if they are to maximise learning opportunities (Egan and Jaye, 2009; Eraut, 2011; Newton et al., 2009b). Support from a range of members of the health care team in guiding students’ practice through the provision of opportunities for learning is therefore

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vital (Newton, 2011). However, despite many studies since the 1970s (Fretwell, 1980; Ogier, 1981) into what constitutes a good learning environment, ongoing issues continue to challenge healthcare organisations' and educators' capacity for learning (Siggins Miller Consultants, 2012). A 'good' learning environment has been an elusive element for many professions as learning is obstructed by the complexity of practice and by the limitations on practitioners' time available to support and guide novices (Benner et al., 2010; Henderson et al., 2010; O'Brien and Gostin, 2011; Rodger et al., 2008).

Within the context of nursing, the majority of learning support provided to students in the clinical areas today is through working alongside a registered nurse who is the student's assigned preceptor, buddy or mentor. While the nomenclature of these roles varies across organisations and countries, essentially the preceptor, buddy, or mentor is instrumental in identifying appropriate learning opportunities for students and graduates and assisting their assimilation into the team (Henderson and Eaton, 2013; Ockerby et al., 2009).

Background

Ideally workplaces should encourage and motivate learning that leads to personal and professional growth. However, if learning is to occur in the workplace several factors have been identified as important. These include progressive leadership, co-operative teams, work clarity, realistic workload, mechanisms to acknowledge staff, and participation in decision-making (Schalk et al., 2010).

These contextual factors have been clearly established as necessary elements for staff and students to continue to learn in the workplace. While there is clarity about the nature of these factors, and some efforts have been made to study their manifestation (Henderson et al., 2010; Newton et al., 2010), the conditions that foster them have not been as extensively explored in healthcare settings.

The prevailing culture described in the literature suggests that graduates and students often confront unique work and organisational requirements that challenge the values and practices articulated in university courses (Duchscher and Cowin, 2006; Maben et al., 2006; Newton et al., 2009a). Melia's (1984) seminal work highlighted the dichotomy that can be present between the 'education segment' that espouses professional values and the 'service segment' of clinical placements that focuses on getting nursing work done. Now thirty years on, Melia's findings are still salient in today's workplace. There is strong evidence that the norm of 'performing work', that is the sense of doing tasks and looking busy, prevails (Henderson et al., 2012; Maben et al., 2006). Previous research by Newton et al. (2009a, 2009b) has demonstrated that clinical placements allow students to contextualise the theoretical concepts they learned in the academic setting. However, while students acknowledged that the theory was vital, learning did not occur until they had the opportunity to apply it in a practical situation (Newton et al., 2009a). Yet, during clinical placements they are expected to be utilitarian in care delivery and such utilitarianism does not necessarily lend itself to critical thinking. Thus students learn to juggle the structural compartmentalisation of these two versions, or parallel universes, of nursing, by adapting and learning to 'fit in' during clinical learning experiences (Newton et al., 2009a). Rather than challenge experienced nurses, student and graduate nurses find it easier to conform to existing ward practices, even when they believe them to be counter to the knowledge and skills taught in academic or professional development activities (Cheraghi et al., 2008; Heaven et al., 2006). Failure to challenge has been described as a strategy by students in seeking their position in the operational space, this being the space required for professional agency, action and conduct, in the learning environment (Hjälmhult, 2009).

It is well established that feedback and reflection (Newton, 2011) are important undertakings for learning. While students' learning is assisted through these activities during on-campus education

endeavours, they are not easily incorporated into the clinical placement infrastructure as an integrated approach is required (Archer, 2010). As previously mentioned, the demands and complexity of practice impinge on practitioners' time available to support and guide learners (Courtney-Pratt et al., 2012). This study sought to explore the nature of the learning interactions and experiences in clinical nursing practice that augment a 'good' workplace learning culture for both nursing students and qualified nurses.

Study Design

Aim

This study aimed to understand factors in the workplace that may contribute to or inhibit a culture of learning in nursing. This was the first phase of a two year project on workplace learning.

Method

The fieldwork was framed in underlying principles of ethnomethodology to examine the everyday, taken for granted, practices of nurses and nursing students, and the impact of these practices on the learning culture of the workplace (Henderson, 2005; Holstein and Gubrium, 2005). Rather than an extensive period of ethnographic observation, this phase of the study provides a composite of snap-shots of individual nurses and student nurses interacting in their everyday world of clinical practice.

Ethical Considerations

Ethical approval for the study was obtained from the university's Human Research Ethics Committee, and from the various Health Services involved. Letters of support were also obtained from other teaching institutions whose students were part of the cohort being recruited. Key personnel from both the health services and university were approached to assist with informing staff about the project and facilitating access to groups of potential participants. Researchers addressed these groups, which included senior executives, educators, student and graduate groups, and in-service education programmes, to advertise the project, answer any questions, and distribute information regarding participation. Signed, informed consent was obtained from all participants. Two participants chose not to consent to audiotaping, but were comfortable to be interviewed and for researchers to take notes. To enhance anonymity participants self-selected a pseudonym, and this is used in the reporting of any data.

Sample

Participants (n = 95) were predominantly engaged in nursing in acute care settings of major tertiary hospitals located in the Australian capital cities of Brisbane and Melbourne, with the exception of eight participants from aged care settings (care facilities that are for the elderly and infirmed) and 16 from a major rural centre. With the aim of ascertaining factors related to the learning culture of the workplace, participants were observed in their workplace and subsequently interviewed to clarify observations made.

Over a 9 month period, 45 trained nurses and 50 student nurses participated in the study. Less than 12% (8) participants were males; most participants (63%), both trained staff and students, were aged under 35 years, and the overall age range was from 19 to 60 years (see Tables 1 and 2 for participants' demographics).

Data Collection

Consenting participants were consulted to ascertain appropriate times for the researcher to observe them, and for the subsequent

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