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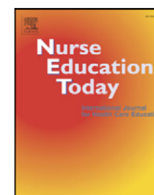

Establishing and maintaining the clinical learning environment for nursing students: A qualitative study

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SUMMARY

Background: Experience in the clinical setting is viewed as a crucial aspect of nursing education. Evidence suggests that students experience acceptance to alienation on the clinical unit. Little is known about preceptor beliefs underlying their approach with students, and the perspective of unit management is absent.
Objectives: To provide a description of the beliefs and processes that emerge at the unit level regarding the clinical learning environment for nursing students.
Design: Multiple case study design.
Setting: Four units from across an urban university health center who have a demonstrated ability to accept students.
Participants: A purposive sample of four nurse managers, four assistant nurse managers, three advanced practice nurses, and six staff nurses with recent and recurrent precepting experience were recruited from across four units.
Methods: Semi-structured focus group interviews were conducted with all participants from each unit. Content analysis was used to identify major themes and categories in the interview data.
Results: Two overarching themes were revealed: (1) Influencing factors included *cultural factors* and *contextual factors* that either inform units' beliefs about the ideal learning environment, or affect their ability to provide it. (2) Willingness refers to a willingness to invest in students and the forms that investment takes. It includes *openness*, *taking them under wing*, and *structuring to meet goals*. The influencing factors provide the foundation upon which the unit's work to accommodate students is built.
Conclusions: The degree to which a unit is able to manage the contextual factors determines how well they can shape the students' environment. The sturdiness of their culture with regard to hosting students determines the pervasiveness of their approach by staff on the unit.
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Introduction

Experience in the clinical setting is viewed as a crucial aspect of nursing education. It provides for circumstantial learning, where the student consolidates knowledge and is socialized into the profession (Myrick and Yonge, 2003; Ousey, 2009; Sedgwick, 2008) by engaging in complex working situations (Hathorn, 2006; Bhoyrub et al., 2010). Preregistration nursing students often work one-on-one with a preceptor, usually a Registered Nurse (RN) who works on the unit. The preceptor and other unit staff, including nurses, unit managers, and advanced practice nurses (APNs), shape student experience.

Beliefs and values about adult learning in the workplace and the characteristics of an ideal clinical learning environment likely inform unit members' strategies for hosting students. An understanding of beliefs about learning, motivation, feedback, learning environment and other topics has been considered crucial for understanding education phenomena, because of their potential to influence the approaches taken by those in teaching and decision-making positions (Brown et al., 2012; Clark and Peterson, 1986; Pajares, 1992; Shavelson and Stern, 1981). However, little is known about nurse preceptors' and their colleagues' beliefs about what is most conducive to adult learning in the clinical setting.

Inconsistencies in the clinical setting as a learning environment should present a concern to both hospital and university staff. Processes of both formal and informal unit leadership might explain the inter-unit differences in hosting students. Formal unit leaders are unit nurse managers, informal unit leaders are APNs and highly engaged staff

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nurses, including preceptors. Processes, also thought of as actions or strategies, include planning, communication, negotiations, and their consequences — the formal and informal policies on the unit (Strati, 2000).

For the contextual learning of nursing clinical placements, the social and organizational context is itself the teaching (Lave and Wenger, 1991). As such, exploration of unit leaders' beliefs regarding this context offers an understanding of their pedagogy. Other aspects of nursing practice have been studied with an organizational approach, leading to understandings of unit-level beliefs and processes (Barnsteiner and Disch, 2012; Collins and Russo, 2012; Hutchings et al., 2005), but this approach to studying preceptorship and the student learning environment is novel in Canada.

Beliefs About the Ideal Learning Environment

The learning environment can be thought of as a setting's aggregate physical attributes, organizational processes, and social – relational, psychological, and cultural – environments (Grabinski, 2005; Heimstra, 1991), along with group members' individual characteristics (Armstrong and Yarbrough, 1996; Lave and Wenger, 1991). Principles of adult learning and studies of students' clinical learning experience together are foundational to notions of an optimal learning environment in the literature. Ideally, as students work through the challenges of clinical learning, the preceptor will nurture and support, facilitate exposure, evaluate student learning, and provide accurate, timely feedback (Myrick and Yonge, 2002; Paton et al., 2009).

Studies of preceptorship have focused mostly on the experiences of preceptors, usually with recruitment and retention of nurses to this role in mind. Preceptors see their role as multifaceted and extensive literature identifies its composites (see for example Bourbonnais and Kerr, 2007; Charleston and Happell, 2005; Forneris and Peden-McAlpine, 2009; Grealish et al., 2010; Hathorn, 2006; Halcomb et al., 2012; Liu et al., 2010).

Much less is known about preceptor beliefs, however a few studies offer hints without stating this as a central research aim. Charleston and Happell (2005) found that preceptors aim to create connectedness, Haitana and Bland (2011) found that they consider relationship building most important in their role, and Öhrling and Hallberg (2000) found that developing mutual trust was a key aim. Several studies suggest beliefs about the ideal breadth of the learning environment, as facilitating diverse learning opportunities is perceived as part of the role (Bourbonnais and Kerr, 2007; Grealish et al., 2010; Öhrling and Hallberg, 2001). These findings align with student ideals and adult learning theory, but the extent to which these impressions accurately and holistically describe preceptors' belief systems regarding the learning environment is not clear. As well, little is known about unit managers and APNs' beliefs, though they have the mandate to ensure that an appropriate learning environment is established.

We identified only one unit-level study regarding development of the learning environment for students (Hutchings et al., 2005). Their findings mirrored a review by Collins and Russo (2012) investigating efforts by unit-level managers to provide an appropriate environment for new nurses. Structural processes – formal policies and procedures that unit leaders implement for managing student placement – and support processes – their formal and informal processes for communication, engagement, and empowerment of nurses and their governance approach – were implicated. To our knowledge, there has been no exploration of this topic in the Canadian context.

Methods

Aims

To provide a description of the beliefs and processes that emerge at the unit level regarding the clinical learning environment for nursing students, we asked: (1) How do units, who have been identified as either having established or emerging abilities to accept students, collectively conceptualize an ideal learning environment; and (2) How do formal and informal nurse leaders develop and implement processes expected to impact the student learning environment?

Design

To obtain a richer understanding of what beliefs and processes underlie the creation of a learning environment at the unit level, we chose a multiple case study design, where each unit under study is a case. The phenomena of interest for each unit were the explicit or implicit aggregate beliefs of formal (Nurse Managers [NMs] and Assistant Nurse Managers [ANMs]) and informal (APNs and engaged RNs) unit leaders and their processes; the organizational, decision-making, and problem-solving actions, policies, roles, and unwritten rules of conduct they have developed.

Sample and Recruitment

We used purposive sampling to recruit four units, two that have demonstrated a consistent ability to accept students (established units), and two that have demonstrated efforts to improve their ability to do so (emerging units). Experienced units demonstrated a keen interest in accepting students, an interest in course-specific learning objectives, and an organizational structure appropriate to successfully accepting students. Emerging units, although without a consistent history of accepting students, have demonstrated a willingness to accept more.

Unit administrators and APNs were informed of the study in writing. NMs from each unit put forward the names of RNs with the most recent and recurrent precepting experience. The RNs were contacted independently by letter, and NMs were asked to respect their right to refuse participation. The informed consent of each participant was documented. Eight unit-level administrators, six staff nurses, and three APNs were recruited. Participants had between 5 and 25 years of experience on their unit, and units accepted upwards of twenty students per year.

Data Collection and Analysis

Semi-structured focus group interviews of 60–75 min were conducted with all participants from each unit (see Appendix A). Kitzinger (1994) explains that focus groups are a technique using group interaction as a source of data, where the use of pre-existing groups simulates the social context where ideas are formed and decisions are made. Each focus group interview was recorded and transcribed verbatim, and transcripts were validated for accuracy by a second researcher. The data was interpreted using qualitative content analysis. Following detailed reading, codes applied to each interview in light of the research questions were compared across interviews. Patterns and relationships between codes were identified and they were condensed to broader categories based on common meanings. Further analysis organized the categories into themes that captured the essence of the data.

Ethics

Approval for this study was given by the research ethics board of the participating hospital center. Employees may be vulnerable research subjects; particular ethical concerns are risks of coercion, impacts from use of data, and breach of confidentiality (Rose and Pietri, 2002). Participants were ensured that the information shared during focus group discussions would not impact student placement or any participant's employment.

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