



## Issues for debate

## Enhancing the clinical reflective capacities of nursing students



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## ABSTRACT

The purpose of clinical practicums is to help nursing students learn from real clinical experiences. In clinical settings, nursing instructors set-aside time at the end of each clinical day for reflective, debriefing discussions that are designed to draw the students' attention to relevant information and help them understand their beliefs and experiences. The students' competence and decision-making skills are enhanced when they are able to reflect on critical incidents or everyday practice events. It is sometimes difficult, however, for instructors to engage students meaningfully in discussions and promote reflection when students are fatigued. In this article, I argue that it is possible to refresh, support, and inspire undergraduate nursing students by engaging them in an activity designed to distract them and occupy their conscious attention, so that their more divergent and less accessible ideas are allowed to surface. Less accessible ideas are associated with the default network; regions in the brain that are most active when the brain is allowed to rest and wander. Congruent with the middle range theory of comfort, a distracting activity will provide comfort to students who are fatigued and/or distressed, and at the same time, will enhance their reflective capacities. A distracting activity that is enjoyable, not too demanding, and can be sustained for more than just a few minutes works best for idea generation and reflection.

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## 1. Background

Throughout time, people have found that moments of inspiration and answers to difficult problems occur to them when they are not deliberately focused on solving the problem at hand. Researchers from the diverse fields of psychology and neuroscience have studied this interesting phenomenon and have found that when people feel pressed to think in situ (for example, by a professor or an instructor) they will generate only the most readily accessible ideas and perform less creatively than those who are not actively engaged in focused, deliberative, and conscious efforts to generate original opinions or ideas (Baird et al., 2012; Dijksterhuis and Meurs, 2006; Mason et al., 2007). Dijksterhuis and van Olden (2006) observed that conscious thought is quite limited to defined sets of information. Unconscious thought, on the other hand, is expansive and creative, and able to weigh and evaluate information to form an "evaluative summary judgment" in ways that conscious thought cannot (Dijksterhuis and van Olden, 2006, p. 628). Additionally, researchers have noted that if people are provided with a period of rest called an "incubation" interval and

become occupied in a simple distracting task that is not too cognitively demanding, these people will find more creative solutions to problems than people who are not occupied at all, or occupied in a demanding task (Baird et al., 2012; Sio and Ormerod, 2009, p. 94). Baird et al. (2012) and Mason et al. (2007) call the phenomenon "mind wandering" or "stimulus independent thought" (Mason et al., 2007, p. 393).

In this article, I argue that it is possible to use a teaching intervention that builds on the role of the unconscious mind, unconscious thoughts, mind wandering, and the concept of distraction – providing comfort to nursing students who may be fatigued and/or distressed, and at the same time, enhancing their reflective capacities. During clinical practicums students learn from real clinical experiences and their competence and decision-making skills are enhanced when they reflect on critical incidents or everyday practice events. The ability to be a reflective practitioner is recognized by nursing regulatory bodies as a component of professional competence.

## 2. Student responsiveness during post-clinical discussions

In Canada, the United States, and in Australia, clinical instructors are hired by the universities to accompany groups of eight to ten

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students as they complete clinical shifts at various clinical sites. The number of clinical shifts per semester is dependent on the students' progression through the program, but generally, students who are in their second or third year of an undergraduate program will complete twenty-six shifts per semester in a clinical setting. The registered nurses who are employed by these agencies act as knowledgeable resources and permit the instructors and the students to provide care to some of their assigned patients for seven-hour shifts, but generally do not intervene while the instructors and students are present. After clinical practice, students describe their experiences to each other and to the instructor, share information, analyze situations or significant events that occurred during the day, and reflect on their actions. Thus, reflection is an essential part of the process of learning to become a nurse. Multiple authors have recommended that nursing instructors commit to reflective practices and probe student assumptions to help them understand their beliefs and experiences, draw their attention to relevant information, and guide discovery (Ip et al., 2012; Karpa and Chernomas, 2013; Lazenby, 2013; Murphy, 2004). Hour-long, post-clinical discussions are part of the clinical curricula and enforced in most North American and Australian nursing schools.

In reality, it is often difficult for clinical instructors to consistently promote introspection and engage students meaningfully in discussions because student response varies considerably. Nurse researchers have highlighted four overarching reasons why students fluctuate in their abilities to respond: First, most nursing students feel anxious before clinical practice begins and are often very fatigued by the end of the day. Many students report that they do not sleep well before clinical practice experiences, if at all. The need to prepare for practice the night before (Chernomas and Shapiro, 2013), concern about alarm failure, arriving late for clinical (Kim, 2003), and apprehension about upcoming clinical experiences all contribute to lack of sleep. The second reason for variation in response is student apprehension and anxiety. Student apprehension and anxiety is well documented and includes fear of making a mistake and being reprimanded in front of others (Evans and Kelly, 2004), or concern about revealing a lack of experience or ability (Jimenez et al., 2010; Kim, 2003). Some students report physical symptoms such as nausea and heart palpitations and conclude that clinical practice experiences (including the post-clinical discussions) are the most stressful components of their entire undergraduate-nursing program (Chernomas and Shapiro, 2013). Third, lack of student responsiveness may be a psychological consequence of the pressures and stresses associated with the typical student academic workload. Most students express that they feel overwhelmed in nursing school, and many experience a gap between their expected academic performance (based on their high school academic achievements) and their current academic performance. Experiencing the pressure and the gap can lead to mental exhaustion, perceptions of inadequacy, and detachment or depression. All of these factors negatively affect responsiveness (Cox Dzurec et al., 2007; Edwards et al., 2010; Evans and Kelly, 2004). Finally, although nursing faculty might perceive that their abilities to form interpersonal relationships with students is most important for effective clinical instructing and debriefing, researchers have found that students are really more focused on the concepts of performance and evaluation, and the evaluative behaviours and evaluative role of the clinical instructors (Gignac-Caille and Oermann, 2001; Kim, 2003; Parsh, 2010). This means that reflective practices during post-clinical discussions always involve a certain amount of risk for students. Students may also feel shy or uncomfortable about expressing their feelings and/or discussing their experiences, especially if the instructor dominates the debriefing session (Berntsen and Bjork, 2010).

### 3. Inspiring, supporting, and refreshing students: the theory of comfort

The theory of comfort (Kolkaba and Kolkaba, 1991) is about the implicit and explicit needs for comfort that motivate and direct human behaviours. According to the theorists, three categories of comfort are relevant for nursing: a state sense, a relief sense, and a renewal or transcendental sense (Kolkaba and Kolkaba, 1991). Each sense is distinctly different, operationalized differently, and meets different objectives. The state sense is a passive condition, and requires careful cessation of stressful activities to satisfy a person's ease, enduring contentment, and peace. Nurses who provide comfort in this sense create situations that enable people to feel at ease or calm and content. The relief sense does not imply ease, but instead implies cessation (relief) of discomfort as the desirable goal. Nurses who provide comfort in this sense will intervene until someone's pain, troubled state, physical irritation and so on, is relieved. The renewal sense implies neither ease nor relief. The desirable goal is to rise above (transcend), strengthen, and invigorate to enhance outcomes for many different populations (Kolkaba and Kolkaba, 1991). Nurses who provide comfort in this sense will intervene in ways that encourage others, help them to persist, or find their inner strengths. The comfort state of renewal or transcendence occurs when people feel able to rise above a challenge. Aligned with comfort theory in the renewal sense, if an instructor provides students with a comforting activity during their post-clinical discussions, this strategy will have a refreshing and invigorating action, will positively influence students' mindsets, and will renew their energies to participate in discussions. Kolkaba and Kolkaba (1991) stress that the renewal sense of comfort does not predispose complete absence of discomfort.

### 4. The activity

The activity itself is intentionally distracting and not nursing focused because researchers have found that creative and unique thoughts or ideas occur more often to people who are engaged in distracting activities than to people who are actively engaged in focused, deliberative, and conscious efforts to generate original opinions or ideas (Baird et al., 2012; Dijksterhuis and Meurs, 2006; Mason et al., 2007). To prepare for this activity, clinical instructors will need to source and print a variety of complex colouring pages for adults. There are multiple online sources for these pages and they are free. Free sources are supplied at the end of this article, after the reference list (see sources). Instructors must also purchase a variety of high quality gel pens, pencil crayons, and fine markers. Although gel pens and markers are expensive, most students find them more pleasurable to use than pencil crayons because the colours flow easily, feel luxurious, and result in quality end products (see Figs. 1–4). Metallic gel pens are very popular with students. It is important for instructors to invest in the activity by investing in high quality tools. The instructor's investment contributes significantly to the success of this activity, and rests on four fundamental assumptions: 1) the activity is important enough to invest in quality art tools; 2) the instructor values the students enough to invest in something for them; 3) the activity is planned to meet adult students' needs and expectations; 4) the activity is planned to make a positive contribution to the students' overall experience.

Instructors bring all supplies to the post-clinical discussions, and simply present the supplies to the students at the beginning of every discussion. Other than allowing students time to choose pages and begin shading, instructors should provide no specific instructions other than to say, "This is something that other students have enjoyed. I thought you might enjoy this as well". The

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