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Dutch care innovation units in elderly care: A qualitative study into students' perspectives and workplace conditions for learning

Miranda Snoeren [a, *], Patricia Volbeda [b], Theo J.H. Niessen [a], Tineke A. Abma [c]

[a] Fontys University of Applied Sciences, School of People and Health Studies, Eindhoven, The Netherlands
[b] De Wever, Institute for the Care of Older People, Tilburg, The Netherlands
[c] VU University Medical Centre, Medical Humanities, Amsterdam, The Netherlands

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ABSTRACT

To promote workplace learning for staff as well as students, a partnership was formed between a residential care organisation for older people and several nursing faculties in the Netherlands. This partnership took the form of two care innovation units; wards where qualified staff, students and nurse teachers collaborate to integrate care, education, innovation and research. In this article, the care innovation units as learning environments are studied from a student perspective to deepen understandings concerning the conditions that facilitate learning.

A secondary analysis of focus groups, held with 216 nursing students over a period of five years, revealed that students are satisfied about the units' learning potential, which is formed by various interrelated and self-reinforcing affordances: co-constructive learning and working, challenging situations and activities, being given responsibility and independence, and supportive and recognisable learning structures. Time constraints had a negative impact on the units' learning potential.

It is concluded that the learning potential of the care innovation units was enhanced by realising certain conditions, like learning structures and activities. The learning potential was also influenced, however, by the non-controllable and dynamic interaction of various elements within the context. Suggestions for practice and further research are offered.

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Introduction

As nursing is a practice-based profession, learning in care practice is vital in nurse education. It enables students to develop skills and become competent in real, dynamic and complex work situations which are difficult to reproduce in a school environment (Nijhof and Nieuwenhuis, 2008), and encourages them to view patients as unique individuals (Henderson et al., 2012). In addition, it is assumed that learning during clinical placement bridges the theory-practice gap (Field, 2004). Also for qualified staff members, learning in the workplace makes it easier to adapt to the rapidly changing environment (Nijhof and Nieuwenhuis, 2008). It can encourage personal growth, innovation and practice development (Manley et al., 2009; Williams, 2010).

The effectiveness of workplace learning depends on both the characteristics of the learner and on the invitational qualities or affordances of the workplace (Billett, 2004), which Nijhof and Nieuwenhuis (2008) call the learning potential of the workplace. This learning potential is defined as "the power of a work setting to integrate learning at work with the result of behavioural changes and the generation of new knowledge" (p.6). It is influenced by learning conditions like the nature and complexity of the nursing care (Henderson et al., 2012; Papastavrou et al., 2010; Warne and McAndrew, 2008), the quality of supervision (Gidman et al., 2011; Jonsén et al., 2013; McClure and Black, 2013; Warne et al., 2010), support and feedback mechanisms (Killam and Heerschap, 2013; Manley et al., 2009), and the ward atmosphere (Bradbury-Jones et al., 2011; Henderson et al., 2012; Jonsén et al., 2013; Killam and Heerschap, 2013).

When the learning potential of the workplace is not optimal students and staff can feel insecure and demotivated and may even leave the nursing profession (Chan et al., 2013; Eick et al., 2012). In such situations evidence based knowledge will be harder to

* Corresponding author. Fontys University of Applied Sciences, School of People and Health Studies, Box 347, 5600 AH Eindhoven, The Netherlands. Tel.: +31 6 1347 7013.
E-mail address: m.snoeren@fontys.nl (M. Snoeren).

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implement (Killam and Heerschap, 2013), and the environment will not be experienced as open to innovation and change (Berntsen and Bjørk, 2010; Henderson et al., 2012). Promoting workplace learning in nursing by enhancing the workplace's learning potential can therefore be rewarding for students and staff and improve the quality of care (Clarke and Copeland, 2003; Williams, 2010). This may be particularly relevant within the care for older people, a field strongly influenced by tradition and authority (Hamers, 2005) and often not considered as an attractive career option (Berntsen and Bjørk, 2010; Nolan et al., 2004).

As working within 'enriched' environments contributes to the development of positive attitudes towards working with older people (Berntsen and Bjørk, 2010; Brown et al., 2008) and collaboration between health care organisations and universities can enhance workplace learning (Clarke and Copeland, 2003; Killam and Heerschap, 2013), a partnership was formed between a residential care organisation for older people and several nursing faculties in the Netherlands. The goal was to develop and implement two care innovation units. A care innovation unit (CIU) is a ward where qualified staff members, a large number of students and nurse teachers collaborate intensively to integrate care, education, innovation and research: the overall aims are to create a challenging workplace and improve the quality of care (Snoeren and Frost, 2011). A CIU is a concept for promoting workplace learning in nursing (Gloudemans et al., 2012; Niessen and Cox, 2011). It has similarities with clinical or practice development units in other countries, like Australia and the United Kingdom, that also have the aim to promote staff development and improve nursing practices (Appleton et al., 2010; Boyde et al., 2005; Vella et al., 2014). In addition, a CIU puts emphasis on student learning, like in clinical educational units (Lindahl et al., 2009) or dedicated educational units (Budgen and Gamroth, 2008; Mulready-Shick et al., 2013, 2009), as well as collaborative learning between students and staff. CIUs have not yet been systematically evaluated.

The purpose of this article is to gain insight into a CIU as a learning environment from a student perspective and to deepen understandings concerning conditions that facilitate learning in the care for older people. The article presents the experiences of 216 nursing students within a CIU over a period of five years. First more background information is given about the CIUs. After explaining the qualitative design, the results are presented and discussed and implications for practice and further research are described.

Research setting & procedures

In 2009 two CIUs were initiated in a residential care organisation for older people. One unit, called Rose, has places for 22 older people with age related mental health conditions. They live temporarily on the unit for observation, rehabilitation or during crisis. In the other unit, Maple, are 34 places for residents with complex, chronic and/or intensive support needs, including palliative care. In both units the nursing care is multifaceted and clinical activities are varied and variable providing many learning opportunities.

Each unit accepts 20 to 28 students (ca.16 FTE) simultaneously on clinical placements, which for most students take between 20 and 22 weeks. Twice an academic year (in August and January) a new student group starts their practicum. The students study at four different educational institutions for various qualifications: health care assistant, enrolled or registered nurse at both diploma and degree level. Students are in different years of their training and work during all common shifts. In the beginning of their placement they are supernumerary but later, when familiar with the daily care, they are included in the workforce numbers.

In the units around 25 (Rose Unit) and 39 (Maple Unit) ward assistants, qualified health care assistants and nurses (respectively 16 and 24 FTE) are employed, working under the supervision of a nurse manager. The majority of the nurses are enrolled or diploma level registered nurses, although the number of bachelor degree nurses has been increasing due to recruitment of more highly qualified employees (often graduates who have worked on one of the CIUs during their training). Each qualified nurse is a mentor for one to three students. The mentors guide the students in planning and evaluating their learning process, while all staff members share responsibility for working together with the students in the unit and giving them timely and constructive feedback.

The nursing team works together with an activities coordinator, a gerontologist and several allied health care professionals. Other stakeholders are a lecturer practitioner in each unit and nurse teachers. The lecturer practitioner is a nurse who has a background in education and research and who works both in the unit (2–3 days per week) and in an involved higher education institute (Carnwell et al., 2007; Frost and Snoeren, 2010). The lecturer practitioner helps the team to develop their own knowledge and skills and advances practice development (Manley et al., 2008). She collaborates intensively with students and staff encouraging dialogue, democratic processes, and the bottom-up initiation of improvements. From each of the three other participating (vocational) schools a nurse teacher visits the care facility once a week as a link tutor (Carnwell et al., 2007). The nurse teacher advises students in their learning and mediates between student and mentor when necessary.

Before the CIUs were initiated, stakeholders participated in five preparation meetings facilitated by the lecturer practitioner to create a shared vision for the CIU and to explore underlying concepts of learning, mentoring, innovation and research (for details: Snoeren and Frost, 2011). Agreements were made about multiple activities, structures and facilities aimed at supporting stakeholders' learning, change and innovation (Table 1).

Although both units have the same facilities and arrangements to enhance learning, change and innovation, they differ in some aspects besides the content of care. Rose Unit was initiated on a new ward after recruitment of staff interested in mentoring students and working in a CIU. In contrast, Maple Unit was an existing regular ward. Although staff members could opt to shift to another unit, they were confronted with the transformation to a CIU. Also, while the starting manager and lecturer practitioner in the Rose Unit still work there today, the nurse manager and lecturer practitioner in the Maple Unit changed in mid-2012.

Research design

A qualitative and descriptive design was selected for a secondary analysis of focus group data to identify students' perspectives regarding the learning potential of the CIUs. A secondary analysis involves a process of re-constructing data that was previously gathered with another main objective (Heaton, 2004; Long-Sutehall et al., 2010).

The semi-structured focus groups were originally held with the aim of evaluating and improving students' practicum; students' perspectives on and the meaning they gave to their CIU placements were explored. Focus groups are group conversations concerning a particular set of topics to explore multiple meanings and perspectives as well as interactions between participants (Liamputtong, 2011). As focus groups have also a pedagogical and political function (Kamberelis and Dimitriadis, 2005), focus groups correspond with the purpose and values of a CIU; participation may give students new insights into their own learning or behaviour

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