



## Becoming a professional: What is the influence of registered nurses on nursing students' learning in the clinical environment?☆



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### ABSTRACT

This research was undertaken to understand the influence of registered nurses on nursing students' learning in the clinical environment to inform strategies to enable registered nurses to provide effective support to learners while also assisting nursing students to adopt approaches to maximise their learning in the clinical environment.

A case study approach was applied in this research to explore descriptions of clinical experience of five final year nursing students.

The student participants identified the importance of the clinical environment to their learning and wanted to and had actively managed their learning in the clinical environment. The students did not passively acquire knowledge or simply replicate what they observed from others. There was evidence that the students had strong and established perceptions of what constituted 'good' nursing and described an ability to discriminate between differing levels of nursing practice. Nursing knowledge was gained from respected registered nurses who were best able to describe and demonstrate the 'tricks of the trade' and 'little things that matter' when providing 'good' nursing. The outcomes from this research indicate an important role for registered nurses in both shaping nursing students' professional nursing identity and access to clinical learning.

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### Introduction

It is of note that, globally the approach to nurse education has been a topic of on going debate not just within the profession but also with commentary by the media, politicians and the public (BBC, 2004; Marsden, 2011). Concern about the quality of nursing care through a litany of examples in the U.K. created a public 'compassion crisis' and challenge to the identity and professionalism of nurses and nursing.

In February 2011, the United Kingdom (U.K.) Health Ombudsman's office produced a report that detailed the real life cases of ten older people who had received sub standard hospital care (Ombudsman, 2011). In the foreword to this document, Ann Abraham, the health ombudsman stated that the patient stories provided in the report,

'... present a picture of NHS provision that is failing to respond to the needs of older people with care and compassion and to provide even the most basic standards of care' (Ombudsman, 2011, p.5)

The Ombudsman's report was published at a time when it could be argued that public confidence in the health care service, health care professions and nursing in particular was already at a low level. The Ombudsman's report followed earlier investigations of poor patient care at Maidstone and Tunbridge Wells NHS Trust (HCC, 2007).

Equally critical of nursing care, the Healthcare Commission investigation on deaths at Mid Staffordshire Hospital (HCC, 2009) was described in the media as the,

'.... Mid-Staffordshire Hospital Scandal' (Kite, 2010)

While the research presented in this paper was undertaken as doctoral study (Ó Lúanaigh, 2011) prior to the publication of the most current UK Nursing and Midwifery Council's code of professional standards (NMC, 2015); the focus of the research question

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and subsequent findings resonate with the specific areas in the code of:

'supporting students' and colleagues' learning to help them develop their professional competence and confidence' (p.9) and,

'act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to' (p.15)

The research findings discussed later are also supportive of the recommendations contained in the *Shape of Caring* review (HEE, 2015) and the focus in that report on ensuring high-quality learning environments for pre-registration nursing students.

The role of facilitating learning in the clinical setting is challenging regardless of geographical location or clinical learning models employed. By its very nature, learning facilitation and assessment in the 'real world' of clinical care is problematic for a number of reasons, for example; the risk of exposing the public to unsafe care from novice care providers, the unpredictable nature of the clinical environment and therefore the risk of not providing adequate and fair opportunities for learners to learn and be assessed. The current models of clinical teaching and support mean that learners are likely to be facilitated in their learning (or not) and formally assessed by a range of clinical staff who undertake a teaching and assessing role alongside their 'main' clinical/nursing activity (O'Callaghan and Slevin, 2003), which can result in teaching and assessing being viewed as an additional burden to clinical staff where they are involved in supervising learning. If students were perceived as a burden and teaching not part of the registered nurse role, learners may not have optimal learning opportunities, may not be welcomed within clinical teams and could be 'blamed' for excessive additional staff workloads and resultant poor nursing care.

This research study aimed to explore and understand how nursing students learn in the clinical environment, specifically through the influence of registered nurses with the expectation that, better understanding could inform strategies to enable registered nurses to provide effective support to students while also assisting nursing students to adopt approaches to ensure they maximise their learning in the clinical environment.

## Background

The literature supports the importance attached to the clinical environment in enabling learning for nursing students' and the potential of effective clinical learning on allowing students to gain and develop fundamental nursing skills and attributes (Scholes et al., 2004; Pollard, 2006; Mallik and McGowan, 2007; Myall et al., 2008). There is support for the view of the clinical environment as more than a workplace and recognition that clinical placements provide an opportunity for learning rather than solely the arena to demonstrate and apply previously gained, classroom knowledge and skills (Lave and Wenger, 1991; Andrews and Wallis, 1999). This recognition of the clinical environment as a place where learning can and should happen has the potential to redress the perceived or potentially actual imbalance and lack of focus on 'clinical nursing' with the shift of nurse education out of hospital settings into education institutions in many jurisdictions.

The role of clinical staff in influencing student learning is reflected in the literature with significant research exploring the role of registered nurses, mentors, peers and others in supporting nursing student learning in the clinical environment (Barker, 2006; Myall et al., 2008; Shakespeare and Webb, 2008; Ousey, 2009; White, 2010)

Equally barriers to learning such as, claims by registered nurses to having insufficient time to facilitate learning (Pollard et al., 2006) have been recognised. Positive role models appear to be an influence and motivation to learn for nursing students (Perry, 2009).

Table 1 provides a summary of the enablers and blockers to registered nurse, mentor or clinical educator/facilitator support of learning in the clinical environment identified in earlier research.

There is recognition in the literature that much of nursing practice is reflected in craft knowledge and the difficulties in articulating what constitutes nursing remains unanswered with a continued focus on defining skills in relation to articulating learning in the clinical environment (Giro, 1993; Ramritu and Barnard, 2001; Ryan, 2001; Spouse, 2001).

Reflecting this anxiety in relation to a task/skills focus to clinical learning, this study adopted the definition of learning provided by Wenger (1998 p. 226), who stated that learning:

'... changes who we are by changing our ability to participate, to belong, to negotiate meaning'

**Table 1**  
Factors that enable or block effective registered nurse facilitation of clinical learning.

Enabling	Blocking
<ul style="list-style-type: none"> <li>• mentor knowledge and attitude towards students</li> <li>• professionalism</li> <li>• communication skills Baillie (1993)</li> </ul> mentors who are; <ul style="list-style-type: none"> <li>• professional</li> <li>• organised</li> <li>• caring and self confident Gray and Smith (2000)</li> <li>• mentor would be present and ready to become involved in care should anything unexpected happen Cope et al. (2000)</li> <li>• effective role models are also 'good nurses' Donaldson and Carter (2005)</li> <li>• teaching</li> <li>• becoming a friend</li> <li>• communicating appropriately</li> <li>• being an example of how to be a nurse</li> <li>• listening and encouraging reflection,</li> <li>• supporting and passing on clinical skills Bray and Nettleton (2007)</li> <li>• attend to the little things</li> <li>• made connections</li> <li>• model and affirm others Perry (2009)</li> </ul>	<ul style="list-style-type: none"> <li>• poor quality role modelling,</li> <li>• poor levels of support and supervision Scholes et al. (2004)</li> <li>• time constraints on mentors,</li> <li>• workloads,</li> <li>• role conflict,</li> <li>• skill mix and staff shortages Pollard et al. (2006)</li> <li>• inadequate supply of qualified mentors</li> <li>• formal recognition of the mentor role Mallik and McGowan (2007)</li> </ul>

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