



## The experiences of patients receiving care from nursing students at a Dedicated Education Unit: A phenomenological study



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### ABSTRACT

The purpose of this study is to describe how patients perceive being cared for by student nurses, in a clinical context in the form of a Dedicated Education Unit (DEU). The study has been performed with a Reflective Lifeworld Research (RLR) approach grounded in phenomenology. Lifeworld interviews were conducted with patients who had received care from student nurses on an orthopaedic DEU and data have been analysed for meanings. The findings reveal how patients experience to be carried along as a part of the students' learning process. This is described in more detail via the constituents: *a mutual invitation to participate, the importance of genuine encounters, and essential support*. Patients experience both a stable and a less stable care in a learning environment and it is thus essential for them to be invited to be a part of both the students' learning process and their own health process. The findings also highlight the key role of the supervisors for patients' sense of security. Finally there are indications that concepts such as DEU with a lifeworld-led didactic, based on reflection on both the patients' stories and the students' experiences, can create learning environments that support patients' health processes and also students' learning processes.

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### Introduction

It is essential that patients in their vulnerable situation are met with understanding. They should be treated by qualified staff who can ensure adequate care and who can with an encouraging attitude stimulate the patients' participation in their health process. In other words: good care is characterized by the promotion of health in a holistic way (Dahlberg and Segesten, 2010). Patients meet professional carers as well as students, but irrespective of whoever they meet the aim for the caring is the same: to provide good and secure care for the patients. Does the nursing care provided by student nurses promote patients' health and wellbeing? In what way are patients aware of being in a caring and learning environment and how does it affect them? Previous research has shown that a learning environment for students requires a permissive type of atmosphere where challenges can be taken on (Eskilsson et al., 2014). Can a conflict arise between the student nurses' learning

needs and the patients' needs for satisfactory care provision? There must be awareness about the co-existence of caring and learning in the same environment in order to satisfy both the patients' and the students' needs. There is need for a greater insight into how caring and learning are experienced from the perspectives of both students and patients. This study is part of a larger project where the student nurses' perspective has been elucidated (Eskilsson et al., 2014) and where the focus is now on the patient perspective.

### Literature

A few studies highlighting patients' experiences of receiving care from student nurses have been found. In some studies from Finland (Suikkala et al., 2009; Suikkala and Leino-Kilpi, 2005; Suikkala et al., 2008a) the authors have focused on the relationship between students and patients and its impact on learning process and perceived nursing care. Three types of relationship were revealed and termed: mechanistic relationships that focus on the students' learning process, authoritative relationships that focus on what students assume is the best for patients and facilitative relationships that focus on the common good for both students and patients. The findings from these studies revealed a difference between the students' view of their relationship in comparison to that

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of the patients. The students viewed the relationship as being more authoritative and facilitative while patients viewed a more mechanistic relationship (Suikkala et al., 2008b). Stockhausen (2009) has shown how patients can contribute to the students' learning process with their experience while being a part of a learning triad of supervisors, students and themselves. An adjacent area of research is the relationship between patients and student doctors. Indications point to a high level of patient satisfaction, where patients show a willingness to be examined or treated by student doctors (Abdulghani et al., 2008; Carmody et al., 2011; McLachlan et al., 2012). Graber et al. (2003), however, demonstrate in an emergency healthcare context, that patients feel a sense of doubt and uncertainty when student doctors lack necessary experience. In summary, although research into this topic has increased (Suikkala and Leino-Kilpi, 2001), it is mostly from a student perspective and thus greater focus is needed on the patients' perspective.

Research into the field of a special type of learning environment termed Dedicated Education Units (DEU) (Lidskog et al., 2008; Manninen, 2013; Rhodes et al., 2012; Shake, 2010) has shown high levels of satisfaction among students and benefits for their learning processes. Students appreciate their mutual relationship with patients and being a part of a team. A Scandinavian model of DEU is based on lifeworld-led didactics (Ekebergh, 2013). This concept is characterized by a reflexive attitude among both students and supervisors, clearly focused on the patient and his/her narrative. A project was carried out in order to develop a supervision model based on lifeworld-led didactics (Ekebergh, 2009). The findings revealed that students experienced support in their learning while they reflected upon patients' narratives with the help of a caring science concept while not being controlled by it. Supervisors expressed that this didactic model was more creative and stimulating than traditional supervision (Ekebergh, 2009). Previous studies of lifeworld-led didactics have in particular focused on supervision from the supervisors' or students' perspective (Berglund et al., 2012; Eskilsson et al., 2014; Holst and Hörberg, 2012, 2013). There is thus a need to focus on the patients' experiences of being a part of a caring and learning environment, in line with previous lifeworld-led research. The aim of this study is thus to describe how patients experience being cared for by student nurses in a caring and learning environment in the form of a DEU.

## Research design

The present study is based on a Reflective Lifeworld Research (RLR) approach (Dahlberg et al., 2008). RLR is grounded in a lifeworld-orientated phenomenology (Husserl, 1973, 1978), which has its focus on phenomena in daily life as it is experienced by the one who lives it. The aim is to describe these lived experiences of a specific phenomenon and their meanings (Dahlberg et al., 2008). In the present study the phenomenon is *being cared for by student nurses in a caring and learning environment in the form of a DEU*. RLR can in its essential approach, with an open, bridled<sup>1</sup> and reflexive attitude, offer a perceptive way to highlight and uncover such a complex phenomenon. Openness is marked by a genuine interest and desire to see something new and to understand the meaning of the phenomenon. Bridling entails an attentive awareness to hold back pre-understanding such as personal beliefs or assumptions.

<sup>1</sup> The term bridling was taken by Dahlberg and Dahlberg from their common lives on a horse ranch. They had tried to find a term that concurred with the philosophies of Husserl and Merleau-Ponty that included bracketing and phenomenological reduction, but expressed in a less loaded way. Bridling in research is thus seen as an open and perceptive way of communicating the phenomenon in order to hold back pre-understanding and to slow down the act of understanding (Dahlberg et al., 2008).

Furthermore, bridling entails slowing down the act of understanding in order to not understand too quickly or carelessly. In other words, bridling is to not take anything for granted or to make it definite too quickly (Dahlberg and Dahlberg, 2003). Openness and bridling can be realized through a reflective attitude where everyday life is questioned and not taken for granted. RLR is thus suitable for an approach where lived experiences such as *being cared for by student nurses in a caring and learning environment in the form of a DEU*, are described in an open, bridling and reflective manner in order for the phenomenon to be seen without prejudice in as broad a context as possible.

## Context, selection and execution

The context for the present study is a DEU, an evidence-based learning environment (Ekebergh, 2013; Holst and Hörberg, 2012, 2013; Lindahl et al., 2009) with the purpose of supporting both the learning process as well as the caring process by using lifeworld-led didactics. The hub in this learning support is a reflective attitude which inspires the supervision with the patient in focus. Furthermore different kinds of reflection sessions are carried out in order to support the students in the interweaving of theory with caring practice.

On the DEU there were two supervisors per group of four student nurses in the mornings as well as in the afternoons. All of the students were on their final clinical training, which lasted for three weeks of their three-year nursing education programme. They had completed several clinical training periods previously during the education programme in different types of context and adjusted levels of competence. Students at this final clinical training were allocated patients for whom they were to provide care mostly independently but also under some supervision. As a part of this training the students' performance was appraised with the help of an assessment form as a part of the final clinical examination. The assessments were performed by supervisors and clinical lecturers in dialogue with the students. Clinical lecturers were linked to the unit for the assessment but also to support the supervisors and students in the intertwining of theory and praxis with the help of reflection.

Patients were enrolled either to the DEU (a smaller part of the traditional orthopedic unit with place for eight patients) or to the traditional orthopedic unit, according to availability of places, and they were treated for a number of orthopaedic conditions such as e.g. knee or hip surgery, fractures or herniation. Upon admission, the patients received both verbal and written notification that they would be provided with care on a DEU, and were informed of what this would entail. The criteria for inclusion in the study were that the patients had been admitted for at least 24 h, were discharged from DEU, spoke Swedish and were otherwise able to participate in an interview. The patients were asked by a nurse when being discharged whether they were interested in participating in the study. The main author of the study contacted the patients via telephone in order to book a time and place for a lifeworld interview, a lifeworld interview following the principles of the RLR approach (Dahlberg et al., 2008). A total of 11 interviews were conducted with five men and six women aged 24–82 years who were admitted for between one and nine days. The interviews, which lasted between 19 and 55 min, were conducted in the homes of the participants, with the exception of one which took place at a café. The opening question was “what was it like to receive care from nursing students at the DEU?” The lifeworld interviews took the form of reflective dialogues focusing on the phenomenon. In order to stimulate reflection, follow-up questions such as “can you tell me more about that?”, “how do you mean?”

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