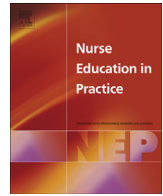


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Obstetrical staff nurses experiences of clinical learning



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ABSTRACT

The clinical learning experience is used in nursing programs of study worldwide to prepare nurses for professional practice. This study's purpose was to use Naturalistic Inquiry to understand the experiences of staff nurses in an obstetrical unit with undergraduate nursing students present for clinical learning. A convenience sample of 12 staff nurses, employed on a Family Birth Center, participated in semi-structured interviews. The constant comparative method as modified by Lincoln and Guba was used to analyze data. Five themes related to staff nurses experiences of clinical learning were identified: Giving and Receiving; Advancing Professionally and Personally; Balancing Act; Getting to Know and Working with You; and Past and Present. This research highlights staff nurses' experiences of clinical learning in undergraduate nursing education. Staff nurses exert a powerful, long lasting influence on students. A need exists to prepare and judiciously select nurses to work with students. Clinical agencies and universities can take joint responsibility providing tangible incentives, financial compensation, and recognition to all nurses working with nursing students.

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Nursing programs around the world devote much time and many resources to clinical learning. The clinical learning experience (CLE) is a widely used, critical component of undergraduate nursing education, essential to preparing nurses for professional practice (Aghamohammadi-Kalkhoran et al., 2010; Dunn and Hansford, 1997; Koontz et al., 2010).

In the clinical workplace what nursing students' learn and how learning takes place depends on the theoretical lens used to view teaching and learning. Many theoretical perspectives, including behavioral, cognitive, constructionist, social-cognitive, and situated cognition influence students' learning (Emerson, 2007; Wilkinson, 2004). Situated and social-cognitive theories are relevant to discussion of clinical learning because both believe learning is influenced by the situation where it occurs. As such, the learning process is inseparable from the context or real-world experience (Merriam and Caffarella, 1999; Paige and Daley, 2009). They are inseparable because interactions between "people, the tools, and the context of the situation" are recognized as relevant (Paige and Daley, 2009, p. 98). When situated or social-cognitive theory is used to structure clinical learning, the nurse-teacher facilitates learning, models effective strategies in real-world learning environments, and

provides support, feedback and advice to learners (Woolley and Jarvis, 2007). Viewing learning as a social experience allows creation of communities of practice, which provide students opportunity to learn from each other through the exchange of ideas and provision of feedback (Lave and Wenger, 1991; Wenger, 1998; Woolley and Jarvis, 2007).

Involvement in the education of nursing students is an expected part of professional nursing practice (American Nurses Association [ANA], 2004; Nursing and Midwifery Council, 2008a). Staff nurses make important contributions to the CLE in undergraduate nursing education. Working with students can be rewarding for registered nurses (RNs; Aghamohammadi-Kalkhoran et al., 2010; Wilkinson, 2004).

The clinical setting is perceived by students as the most influential context in which nursing knowledge and skills are acquired (Chan, 2004). Researchers have shown students' learning, impressions of nursing, and perceptions of clinical learning are influenced by attitudes, actions, and behaviors of nurses encountered in the clinical workplace, with staff nurses exerting the greatest influence on students' learning (Charleston and Happell, 2005; Grealish and Ranse, 2009; Papp et al., 2003; Ranse and Grealish, 2007; Stockhausen, 2005; Vallant and Neville, 2006).

A global shortage of nursing faculty and nurses exists (Nardi and Gyurko, 2013). In response, nursing schools have admitted more students, which increase reliance on staff nurses' participation in the CLE (Courtney-Pratt et al., 2011; Henderson and Eaton, 2012;

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National League for Nursing, 2013). Various models used to frame clinical learning rely on staff nurse participation in the CLE. For example, the traditional faculty supervised model, common in the United States (US), involves a group of nursing students assigned to academic clinical faculty (ACF) for a period of time and placed in acute-care settings where they are paired with a staff nurse to provide care for one or two patients (Barnett et al., 2010; Tanner, 2006). Staff nurses paired with students in this manner are not routinely compensated for their work beyond their regular rate of pay. In contrast, the clinical student–preceptor or mentor model, typical in the United Kingdom (UK) and Australia, is used to frame clinical learning (Barnett et al., 2010; Nursing and Midwifery Council, 2008b). Under this model a nurse from the clinical agency works one to one with a student assigned to the clinical setting for several weeks (Barnett et al., 2010). Prior to working as a student–preceptor, US nurses may be required to complete a special course and may receive additional pay when precepting students. Nurses in the UK working in a similar role must meet specific, pre-determined criteria (Nursing and Midwifery Council, 2008b). Nurses' precepting students Australia and other nations do not receive additional financial compensation (Rains, 2012).

Academia's reliance on nurses in the clinical workplace to assist with the education of students makes it necessary to understand how staff nurses experience their unstructured work with students. Unstructured work is defined as a temporary student–staff nurse relationship occurring when RNs have an assignment involving work during one shift with a student present on the nursing unit for CLE with ACF present on the unit. The unstructured student–staff nurse relationship stands in contrast to the student–preceptor or mentor relationship.

Much has been published about the student–preceptor model of clinical learning. Limited knowledge exists about how staff nurses, in situations other than the student–nurse preceptor relationship experience their role in helping students learn. Therefore, this study's purpose was to understand staff nurses experiences of conducting their unstructured work on an obstetrical unit with undergraduate nursing students present on the unit for clinical learning.

Literature Review

A computer-assisted search of published literature in the English language within the past 23 years was retrieved from nine data bases in the domains of nursing, psychology, education, medicine, allied health, and business. Three qualitative studies, focusing on the traditional faculty supervised model of clinical learning and exploring different aspects of nurses' work with undergraduate nursing students, were identified. Hathorn et al. (2009) purposed to discover American nurses' attitudes toward nursing students and how nurses' negative attitudes developed. Brammer (2006) investigated ways Australian nurses understand and approach their informal role with students while O'Callaghan and Slevin (2003) studied Irish nurses' perceptions of their student supervisory role. This study expands current knowledge by exploring American staff nurses' unstructured experiences with undergraduate nursing students.

In professional-educational programs like nursing, the learning environment is separated into two venues: academia and the field. Students enrolled in these types of programs acquire different forms of knowledge: *knowing that* and *knowing how* (Table 1). In nursing, *know how* is primarily developed in the clinical workplace (Chan, 2004; Gaberson and Oermann, 2007). Experience in the clinical environment allows students to enter the real world of nursing; learn from knowledgeable nurses; construct a personal and professional identity as a nurse; confirm their practice of what

Table 1
Forms of knowledge and definitions.

Term	Definition
Knowing that	Formal, generalized theoretical knowledge generated through theory-based scientific investigation such as that typically learned in the classroom or laboratory environment.
Knowing how	Craft knowledge developed through experience in the workplace

Adapted from Benner (2002), Dunn et al. (2000) and Spouse (2001).

nurses do; validate nursing as a career choice; engage in decision making; develop confidence, problem-solving, time management, organizational, and psychomotor skills; and begin to understand about human caring in a way that cannot be explicated in the classroom or learned from a book or simulation experience (Ard et al., 2008; Baxter and Boblin 2008; Chan, 2004; Ip and Chan, 2005; Koontz et al., 2010; Lofmark and Wikblad, 2001; Nolan and Chung, 1999; Sand-Jecklin and Schaffer, 2006; Stockhausen, 2005).

Increased enrollment in nursing programs creates need for more nurses to supervise students in the clinical workplace. Nurses, pressured by the nursing shortage, heavy workloads, and high acuity of patients may feel stressed by added responsibility for student supervision. Therefore, nurses may be reluctant to work with students and perceive students as a burden (Andrews et al., 2005; Hathorn et al., 2009; Hautala et al., 2007; Matsumura et al., 2004).

Undergraduate nursing student satisfaction increases when the clinical environment is positive, accepting, welcoming, appreciative, cooperative, and collaborative (Henderson et al., 2006a; Koontz et al., 2010; Lofmark and Wikblad, 2001; Ranse and Grealish, 2007). Students perceive human relationships, such as those with staff nurses, as a high priority; students also desire greater personalization and willingness of staff nurses to engage in a teaching relationship (Ip and Chan, 2005; Lofmark and Wikblad, 2001; Papp et al., 2003). Students were more committed and encouraged to stay in nursing following a positive CLE and when the CLE was perceived to be personalized (Andrews et al., 2005; Henderson et al., 2006b; Pearcey and Elliott, 2004). Students are disappointed when the workplace is unwelcoming and their work is not acknowledged by nurses. Learning barriers are created when nurses do not take students seriously, make condescending comments, and demonstrate lack of acceptance, support, supervision, feedback, or interest in supervising students (Levet-Jones et al., 2007; Ranse and Grealish, 2007). Lack of nursing support contributes to students' negative perceptions of the CLE, the nursing unit, and the workplace institution. As a result, students' may not seek employment within the institution and consider leaving nursing, further exacerbating the nursing shortage (Andrews et al., 2005; Henderson et al., 2006b; Pearcey and Elliott, 2004).

Methods

Naturalistic Inquiry (NI) allows holistic exploration of the human experience (Lincoln and Guba, 1985). NI permitted accumulation of sufficient information to describe nurses' experience in the natural context of a Family Birth Center (FBC) with undergraduate nursing students assigned for clinical learning.

Following Institutional Review Board approval this study was carried out in an urban, not-for-profit, in Magnet[®] hospital the Pacific Northwest. Study participants were recruited as a convenience sample from staff RNs. Inclusion criteria were: English-speaking, baccalaureate-prepared RN currently employed in the facility's FBC who had worked in an unstructured manner with

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