Friendship fosters learning: The importance of friendships in clinical practice

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SUMMARY

This paper reports on one of the key findings from a recent ethnographic study (Roberts, D., 2007. Friendships and the community of students: peer learning amongst a group of pre-registration student nurses. Unpublished PhD Thesis, University of Salford, UK) and aims to highlight the importance of friendships for student nurses in clinical practice. An interpretive ethnographic approach was taken in order to reveal the student experience during their pre registration programme. Data was collected using ethnographic interviewing (Sorrell, J.M., Redmond, G.M., 1995. Interviews in qualitative nursing research: differing approaches for ethnographic and phenomenological studies. Journal of Advanced Nursing 21, 1117–1122.) and participant observation. Within this paper I argue that student nurses exist on the edge of the community of practice (of the qualified staff) and therefore form their own parallel community where students are all seen as being in the same boat. In particular students use the friendships they develop in clinical practice to enable them to learn; developing an 'ask anything' culture where all students are perceived as valuable sources of knowledge. Furthermore, it appears that knowledge is contextually bound and not therefore linked to seniority, or length of time served on the course.

Introduction

The research explored the nature and value of peer learning for a group of pre-registration nursing students and aimed to enquire whether they learned from each other and if so, when and where this took place (Roberts, 2007). Secondly, the research aimed to discover more about the processes used by the students whilst engaging in peer learning (Roberts, 2007). Peer learning in this context is assumed to occur when student nurses are learning from each other; regardless of which cohort they belong to, or where they are in the programme. It is different from peer teaching or peer tutoring which is a far more formal and instrumental strategy whereby advanced students (or those further on in progression) take on a limited instructional role (Boud et al., 2001).

Aims of this paper

To highlight the importance of friendships to student nurses whilst in clinical practice.

To argue that students form their own parallel community of practice.

To establish links between friendships and learning.

Literature review: peer support and peer learning

Wenger (1998) is of the firm opinion that we learn through doing; she presents four important premises concerning learning. "Firstly, we are social beings and this is a central aspect of learning. Secondly, knowledge is linked to competence in valued enterprises. Thirdly, in order to gain knowledge, participation in valued enterprises is required and finally, our ability to experience the world and engagement with it is ultimately what learning is to produce" (Wenger, 1998 p. 4). These four aspects are closely linked together and are particularly important when applied to the context of learning for student nurses. Student nurses tend to be allocated to their placements in groups; several students may be allocated to a particular clinical setting from across a variety of programmes and cohorts. Beginning students may be particularly nervous about going into clinical practice and may often feel like outsiders, indeed many studies suggest that students need to feel that they belong before learning can take place (Neary, 2000; Nolan, 1998; Earnshaw, 1995; Spouse, 2001; Campbell et al., 1994). With regard to Wenger's ideas concerning participation in valued enterprises; it is known that student nurses need to participate in the legitimate activities of the ward (Spouse, 2003), however, there is a lack of consensus regarding what constitutes such legitimate peripheral activity.

Wenger (1998) suggests that learners engage in legitimate peripheral participation as apprentices within what is termed a community of practice. Within the community of practice it is

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suggested that individuals share mutually defined beliefs, practices and understandings and engage in shared enterprise (Wenger, 1998). However, for student nurses this may not be as straightforward as it sounds. Mentorship appears to be the preferred approach to providing student nurses in the United Kingdom with support and guidance and the role encompasses the activities associated with learning, teaching and assessment (Andrews and Roberts, 2003). Mentors act as gatekeepers to what the student is allowed to experience and traditionally teaching and learning has been viewed as separate to the work of the ward (Cahill, 1996; Melia, 1987; Cope et al. (2000)) contend that students undergo a cognitive apprenticeship in clinical practice where the qualified staff use strategies of modeling, coaching, scaffolding, articulation, reflection and exploration, in order to help students to learn. However, unless student nurses work alongside their mentors it is difficult to see how such important on the job learning takes place.

Spouse (2001) argues that being coached through the work by an experienced practitioner who shares their professional craft knowledge is crucial. Effective supervision allows students to appreciate the significance of what they are doing and as a result they learn far more than just the technical aspects of care, although she acknowledges that supervision and subsequent independent practice should be educationally focused. However, such learning depends on the ability of whoever is doing the teaching to ask the right questions (Andrews and Roberts, 2003).

Furthermore, opportunities for mentors and students to work together may be few and far between (Earnshaw, 1995; Lloyd-Jones et al., 2001; Andrews and Chilton, 2000). Not all mentors see themselves as teachers (Andrews and Chilton, 2000. Neary, 2000). Therefore it may be difficult for students to engage mutually with qualified staff in the valued enterprises of the ward. Wenger (1998) goes on to explain that in order to be on an inbound trajectory, newcomers must be granted enough legitimacy to be treated as potential members of the community of practice. This may be problematic for student nurses since their existence is somewhat nomadic and placements may not be long enough for the student to fit in and subsequently participate in meaningful ways. Barab and Duffy (1998) argue that there are three requisites of a community, namely "a common cultural and historical heritage, including shared goals, negotiated meanings and practices; secondly, an interdependent system in that individuals are becoming part of something larger than themselves and thirdly, a reproduction cycle through which 'newcomers' can become 'old timers' and through which the community can maintain itself" (p. 12).

Professional learning is unique in that professionals are said to be continuously learning on the job (Eraut, 1994). In later work Eraut (2000) suggests that informal learning is often treated as a residual category to describe any kind of learning which does not take place within, or follow from, a formally organized learning programme. He goes on to argue that this belies the importance of informal learning. The learning which takes place between nursing students in clinical practice could be said to be informal learning in that there may not be any awareness of the learning at the time it takes place (implicit learning). The learning may be spontaneous and unplanned and although the learner may be aware of it; the level of intentionality is questionable (reactive learning) (Eraut, 2000). In addition Marsick and Watkins (2001) describe informal learning where the control of learning rests primarily in the hands of the learner, is not highly structured and does not typically take place in the classroom and includes incidental learning. They suggest that informal learning can be fostered by an organization or it can take place in environments which are not highly conducive to learning. This notion of informal learning would seem to be entirely applicable to the kind of learning which takes place in the clinical setting involving student nurses. Furthermore, Marsick and Watkins suggest that when people learn incidentally their

learning may be taken for granted, tacit or unconscious, but that this passing insight can be probed and intentionally explored (2001).

A Canadian study by Campbell et al. (1994) found two major factors influence students learning in clinical practice: the clinical instructor and peer support. Here the findings regarding peer support are examined. The longitudinal study relied on questionnaire and interview data to elicit the student views; but no observation of student activity in practice situations took place. The students in the study were able to identify that they learned from each other from the second year of the course onwards. The students observed each other performing clinical skills and gave each other feedback in a positive and supportive way; respondents also reported that they depended on each other to share experiences which they asserted helped them to learn. By the third year the students are said to use each other as a resource sharing knowledge, experience and expertise which continued into the final year where peers saw each other as astute and critical in their thinking (Campbell et al., 1994). Peers may also be important in the provision of emotional support. Campbell et al suggest that peer support was perceived by the students as being central to getting through the course and that peers understood them in a way that no one else could possibly understand. However, it is not clear whether the emotional support linked to the provision of facilitating learning.

Other studies tentatively suggest that peers may be an important aspect of learning to be a nurse. Melia (1987) in her seminal work on professional socialization discusses the impact of senior students on more junior students in terms of role modeling and offering practical help to each other in the practice setting. Similarly, Kevern and Webb (2004) in their study of mature nursing students found that support from other mature women was important to the students. The participants derived their support and strength from one another and formed what they considered to be significant and enduring friendships. The basis of the friendships was mutual understanding and awareness of each other's needs and the uniqueness of their experience made it difficult for them to talk to other (younger) members of their social world (Kevern and Webb, 2004). Spouse (2003) proposes older students are sometimes precluded from accessing fellow students for support as they tend not to live in University accommodation. Younger students in her study demonstrated an increase in the amount and type of support gained from peers and lay housemates who they lived with. Therefore it seems that the literature is divided in terms of the impact of age or maturity on the need for peer support. What is clear however, is that the students value the support gained from peers.

Method

A group of pre-registration student nurses ($n = 15$) were recruited to the study and agreed to be observed in both classroom and clinical practice at intervals throughout the three years of the pre-registration programme. Ethical approval for the study was granted from both University and Local ethics committees. The student group was representative of the cohort consisting of two men and thirteen women with an age range on starting the course of eighteen to forty five. The students were studying for a Diploma in Adult Nursing together with their initial professional qualification. In the first year of the programme the students were all allocated to general medical or surgical wards. These wards would also be placements for other students at different points of the programme and to students who were on different programmes, in some cases there could be as many as six students allocated to a single ward whose placements at least partly overlapped. Each student was allocated a named mentor for every clinical placement: a qualified nurse and an experienced practitioner, responsible for supervising the student.