Review

Interpersonal relationships between registered nurses and student nurses in the clinical setting—A systematic integrative review

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SUMMARY

Background: A significant proportion of undergraduate nursing education occurs in the clinical setting in the form of practising skills and competencies, and is a requirement of all nursing curriculum for registration to practice. Education in the clinical setting is facilitated by registered nurses, yet this interpersonal relationship has not been examined well.
Objective: To investigate the experience of interpersonal relationships between registered nurses and student nurses in the clinical setting from the point of view of the registered nurse.
Design: Integrative review
Review methods: The databases of MEDLINE, CINAHL and OVID were searched. Key words used included: Registered Nurse, Preceptor, Buddy Nurse, Clinical Teacher, Mentor, Student Nurse, Nursing Student, Interpersonal Relationships, Attitudes and Perceptions. Additional review of the literature was manually undertaken through university library textbooks.
Results: 632 abstracts were returned after duplicates were removed. Twenty one articles were identified for full text read (quantitative n = 2, mixed n = 6, qualitative n = 14); of these, seven articles addressed the experience of interpersonal relationships between registered nurses and student nurses in the clinical setting from the point of view of the registered nurse and these were reviewed.
Conclusions: Providing education for registered nurses to enable them to lead student education in the clinical setting communicates the organizational value of the role. Registered nurses identified being supported in having the time-to-teach were considered important in facilitation of the clinical teaching role.
The integrative review did not provide evidence related to the impact diverse clinical settings can have on the relationships between registered nurses and student nurses revealing an area for further examination.

Introduction

A significant proportion of nursing education will occur in the clinical setting in the form of clinical placements and is a requirement of undergraduate nursing curriculums for registration to practice (Elcigil& Sari, 2008; Hellström-Hyson et al., 2012). Historically student nurses were educated in a paid role within an apprenticeship style of education (D'Cruz and Bortoff, 1986) however in contemporary times this education is provided within the tertiary education sector. The transfer of nurse education to the higher education sector was initiated in the latter part of the 1980s in Australia and the United Kingdom (UK), however in the United States of America (USA) the first pre-registration nursing degree program was established in 1909 (Francis, 1999). In the 20 years between 1960 and 1980 English-speaking countries have led the way in transferring registered nurse education from the control of hospitals into the higher education sector (Australia. Steering Committee for the National Review of Nurse Education in the Higher Education Sector et al., 1994). Since this shift, students of nursing, in many countries, hold supernumerary status when on placement and are not part of the paid workforce. Little information appears to exist related to the impact of this radical change in nursing education on interpersonal relating that occurs between registered nurses who facilitate clinical education to students in their supernumerary role within the Bachelor of Nursing degree. Such information may inform contemporary concepts related to the development of the clinical component of nursing curriculums.

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Background

The clinical education component of the Bachelor of Nursing (BN) degree allows students to gain 'hands-on' experience and to apply theory they have learnt in the academic setting to real-life clinical occasions. The primary goal of clinical education is to contribute to the student's acquisition of nursing skill competencies and professional socialization (Levett-Jones et al., 2009). Only through clinical practice can the student nurse (SN) observe, practice and achieve the level of clinical competence required by the profession. Since the transfer of nursing education, nursing boards internationally have prescribed a minimum number of clinical hours for students in the practice setting. For instance, in Australia the Australian Nursing and Midwifery Council (ANMAC) mandated that a minimum of 800 workplace experience or clinical learning hours are incorporated into each BN program (ANMAC, 2012). In the USA, the minimum number of clinical hours required in BN programs is 500 (Saxby, 2009), and in the UK the minimum is 2300 h (NMC, 2010). Differences observed in the required hours by different boards reflect the divergent types of nursing curriculums. These differences in curriculums are also observed in clinical education models provided to SNs.

In many countries, several models of clinical education exist for SNs when they are on clinical placement. These models comprise a clinical facilitation model, a preceptorship model, and a mentorship model. The clinical facilitation model is described by Health Workforce Australia (HWA, 2008) as one where a RN is funded by the education provider to supervise a group of students, usually eight students at anytime. The term preceptorship is used when a SN is assigned to an RN employed at a health care facility (Myrick et al., 2011). A preceptor is defined as "…a senior clinical nurse, holding a dual role which includes carrying out clinical duties while providing orientation, supervision and guidance of a new graduate or student on a one-to-one basis" (Usher et al., 1999, p.507). The mentor model is similar to the preceptorship model but involves a longer term relationship between the SN and the mentor RN (HWA, 2008). In Australia a further model is used, called the 'Buddy Nurse' model. This model is a hybrid of the preceptorship and clinical facilitation model (Brammer, 2006; HWA, 2008).

Regardless of the model used, it has been found that RN attitudes toward student nurses can influence the SNs learning, socialization (Aghamohammadi-Kalkhoran et al., 2011), competence and confidence (Bradbury-Jones, 2011), with the more informal aspects of the RN teaching found to impact on the positive learning experience that SNs need in order to develop professional competence (Brammer, 2006). Moreover, clinical learning experiences have been reported to impact greatly both the clinical competency of the student nurse and contribute to the development of professional identity of students in the professional arena (Aghamohammadi-Kalkhoran et al., 2011). Some authors have found RN attitudes and behaviors to be key to the success or failure of a student's clinical practicum experience (Aghamohammadi-Kalkhoran et al., 2011; Brammer, 2006; Haitana and Bland, 2011; Hathorn, 2009; Raines, 2012), and also, that positive interpersonal relationships can enhance the clinical learning experience for student nurses (Levett-Jones et al., 2009; O'Driscoll et al., 2010). However, these relationships are often discussed in the context of a learning relationship toward assisting the student to develop competency or referred to as an aspect of professional socialization (Levett-Jones et al., 2009; Levett-Jones et al., 2007) rather than the relating that occurs between the RN and SN when the RN is mentoring, preceptoring or buddying the SN on clinical placement.

While clinical competencies are integral to nurse education and subsequent registration, interpersonal relationships can exert an influence on student learning. Impacts can arise from factors such as the student's development of empathy, trust, and relating. Other considerations are the student's perception of professional acceptance or inclusion by RNs while on clinical placement and the availability of learning and professional socialization opportunities (Glass, 2010). As well, interpersonal skills are essential for nursing practice where students can develop communication skills necessary for patient interactions, such as the development of compassion (Lin et al., 2013) and emotional intelligence (Barriball et al., 2011; Beauvais et al., 2011).

Interpersonal relationships (IPR) are described by Peplau as a relationship between two people, sharing different experiences and perceptions, which are influenced by their thoughts, feelings, perceptions, assumptions and expectations (Peplau, 2004). The Peplau IPR definition is particularly useful in understanding the relationships that exist between RNs and SNs in the clinical environment where the character of interactions shapes the professional identity of the student (Bryan et al., 2013). Although literature suggests that developing these skills is important (Barriball et al., 2011; Beauvais et al., 2011; Lin et al., 2013), little is known about how the IPR is developed and maintained by the RN when interacting with nursing students.

Considering the dynamic evolving and changing landscape of nursing education, understanding the interpersonal relationship between the registered and student nurse is essential. However, we will argue that there appears to be little by way of evidence to inform nursing curriculum and industry about this relationship. In this integrative review we aimed to systematically search, critically appraise and summarize all available evidence on interpersonal relationships between RNs and SNs in the clinical setting.

Design

A systematic integrative review design was used. An integrative review is a valuable methodological approach for the dissemination of evidence-based research findings as it allows for the inclusion of a range of methodologies. The integrative review method allows for the inclusion of intricate perspectives on a particular phenomenon of interest and, as such, has been advocated as important to nursing science and nursing practice (Whittemore and Knafl, 2005). In the course of a comprehensive systematic scrutiny of evidence, identification of a gap in the research base can be made through any apparent lack of evidence returned. Locating this evidence gap provides the necessary momentum for undertaking further inquiry.

Data Sources

The available literature was searched using the databases MEDLINE, CINAHL and OVID. Key words used in this search included: Registered Nurse, Preceptor, Buddy Nurse, Clinical Teacher, Mentor, Student Nurse, Nursing Student, Interpersonal Relationships, Attitudes and Perceptions. Additional review of the literature was manually undertaken through university library textbooks.

Review Methods

The available literature was searched using the MEDLINE, CINAHL and OVID databases. Key words used for this search included: Registered Nurse, Preceptor, Buddy Nurse, Clinical Teacher, Mentor, Student Nurse, Nursing Student, Interpersonal Relationship, attitudes and perceptions. Additional review of the literature was manually undertaken through university library textbooks.

The databases returned 959 abstracts of which 327 duplicates were removed. Six hundred and thirty-two abstracts were then screened and either included or excluded based upon the focus of the review, leaving 21 articles to be read as full texts. A presentation of these articles can be located in Table 1.

Inclusion/Exclusion Criteria

The inclusion criteria that were applied to this search strategy were the following—literature published from 1990 until 2013, literature published in English, and papers reporting research findings. The date parameters were chosen to identify research that has been undertaken