



## Nurse teacher models in clinical education from the perspective of student nurses – A mixed method study



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### SUMMARY

**Objectives:** The aim was to describe and compare the clinical teacher's role in different models of clinical practice from the perspective of student nurses.

**Design and Settings:** The study took place in collaboration with two Swedish universities that applied different educational models in clinical practice. A mixed method approach was used. The quantitative part had a comparative design and the qualitative part had a descriptive design.

**Participants:** The study group consisted of 114 student nurses (response rate 87%). Fifty-three of them had met clinical teachers employed at the university and not participating in the daily clinical work (University Nurse Teachers, UNTs), whilst 61 had met clinical teachers dividing their time between teaching and nursing (Clinical Nurse Teachers, CNTs). Eight students participated in the qualitative part of the study.

**Methods:** A questionnaire including the CLES + T scale was used to ascertain the students' perception of the clinical teacher's role, complemented by interviews directed towards an enrichment of this perception.

**Results:** Students meeting CNTs agreed more strongly than those meeting UNTs that the teacher had the ability to help them integrate theory and practice. Whilst spontaneous meetings between students and CNTs occurred, students mostly met UNTs in seminars. Students meeting UNTs felt alone but did appreciate having someone outside the clinical environment to provide support if they did not get along with their preceptor.

**Conclusions:** In the case of UNTs, it is important that they keep their knowledge of clinical issues updated and visit the clinical placement not only for seminars but also to give students emotional support. In the case of CNTs, it is important that they are members of the faculty at the university, take part in the planning of the clinical courses and are able to explain the learning goals to the students.

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### Introduction

In Sweden, nursing became an academic subject in the middle of the 1990s and the education in the nursing programme was required to be based on theories generated by research in this discipline. This requirement also applied to the education in clinical practice, whereby the student nurses' clinical experiences and practical skills should be linked to theoretical reasoning (Kapborg, 1998). A significant person for the students in connection with the clinical placement is the clinical teacher. The function of the clinical teachers is to support the students' integration of theory with practical learning and their fulfilment of learning outcomes, at the same time serving as a link between the academic

organization and the healthcare organization (Brown et al., 2005; Price et al., 2011; Löfmark et al., 2012; Kristofferzon et al., 2013; Saarikoski et al., 2013). A research programme involving co-operation between Swedish universities has investigated differences between various organizations of the clinical practice from the perspective of the student nurses (Bisholt et al., 2014; Blomberg et al., 2014; Sundler et al., 2014). In the present study we have examined the role of the clinical teacher in different clinical educational models.

### Background

In connection with the transformation of the nursing education from vocational to academic education, the role of the clinical teacher changed (Saarikoski et al., 2009, 2013). In the academic organization the teachers are not only to teach but also to do research, and their time for practical clinical work is limited (Carr, 2007; O'Driscoll et al.,

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2010). Instead preceptors, ideally highly competent clinical nurses, have taken over the task of supervising the student nurses in the daily patient care and supporting their socialization into the nursing role (Corlett, 2000; Ehrenberg and Häggblom, 2007; Kristofferzon et al., 2013). Studies have also shown that student nurses consider the clinical nurses to be the best suited to teaching practical skills and do not want to receive “hands on” education from the clinical teacher (Corlett, 2000; Forrest et al., 1996). However, studies based on the students’ perspective have also stressed the fact that visits of a clinical teacher have an important role to play in connection with the clinical placement. Students have indicated that the clinical teachers bring objectivity to the clinical experience and help them reflect on practice (Forrest et al., 1996; Kristofferzon et al., 2013; Price et al., 2011), support fulfilment of theoretical assignments (Price et al., 2011), clarify the learning goals of the course for the preceptor and the student (Brown et al., 2005), facilitate the relationship between the preceptor and the student and also provide personal support for students and reduce their feeling of being abandoned (Brown et al., 2005; Price et al., 2011).

In Swedish universities, different clinical educational models mean different roles for the clinical teachers. In one model the clinical teachers have posts at the university involving both teaching and research. They visit the clinical settings for meetings with students and preceptors but do not participate in the daily clinical work. In another model the clinical teachers work part-time teaching and part-time nursing. Ever since the nursing programme moved into the universities (and not only in Sweden), the debate in the academic world has concerned whether nurse teachers have the competence to integrate theory and practice if they do not participate in the work of the clinic (Maslin-Prothero and Owen, 2001; Barrett, 2007; Ousey and Gallagher, 2010). It is against this background that the present study was undertaken, its aim being to describe and compare the clinical teacher’s role in different models of clinical practice from the perspective of student nurses.

## Methods

### Design

A quantitative study with comparative design and a qualitative study with descriptive design took place in spring 2011 in collaboration with two Swedish universities. A mixed method approach was used in order to elucidate the research question from different perspectives. Quantitative and qualitative data were collected and analysed in parallel and then the findings were integrated in the stages of interpretation and conclusion (Östlund et al., 2011).

### Sampling

Inclusion criteria for the study were being a student nurse doing a course involving clinical practice in the final term of the nursing programme. Students at two Swedish universities were enrolled for the study. Both universities had a course with clinical practice in the final term of the education, 4 and 5 weeks respectively, with professional role and leadership as learning objectives. All students registered on the courses in question ( $n = 143$ ) received written information about the study and were asked whether they were willing to participate. However, 12 reported that they had not met any nurse teacher during the clinical placement. Of the remaining 131, ten declined to participate and seven submitted questionnaires which were not fully answered. Thus the study group included in the quantitative part of the study consisted of 114 student nurses (response rate 87%). Eight of them participated in the qualitative part of the study.

### Settings

The nursing programmes at the two universities followed government regulations indicating length and learning objectives for the

education (SFS [Swedish Code of Statutes], 1992:1434; SFS, 1993:100). Thus they were three-year programmes leading to both a professional degree and a Bachelor’s degree. Clinical training accounted for approximately half of the time and credits. It took place either in clinical skills laboratories at the university or in connection with clinical placement in nearby care organizations. Even though there are central directions in Sweden regarding length of the education and learning objectives, the university colleges of nursing education are free to decide about the order of courses and the organization of the education. Consequently the organization of the clinical education differed between the two universities.

### University A

At University A the students were assigned a personal preceptor from among the clinical nurses in the clinical placement (Table 1). The preceptor’s role was to supervise the students in the daily patient care, facilitate their learning of practical skills and take part in assessment and grading of the students’ performance. There were also head preceptors, who had an overall responsibility for the students at the clinic/department. Their role was to introduce the students to the clinical placement, schedule their placement, take part in assessment and grading of the students, give support to the preceptors and develop the learning environment. Head preceptors had posts in the healthcare organization and worked part-time as clinical nurses. The clinical teacher, hereinafter referred to as the University Nurse Teacher (UNT), was employed by the university and visited the students during their clinical placement and arranged seminars for the purpose of integrating theory and practice. If necessary, the UNT also participated in the final assessment and grading of the individual student together with the head preceptor and the preceptor. Most of their working hours, the UNTs taught student nurses at the university (Table 2).

### University B

At University B the students also had a clinical nurse as preceptor during the clinical placement (Table 1). This preceptor’s role did not differ from that of a preceptor at University A. During the clinical placement the students also met a clinical teacher, hereinafter referred to as the Clinical Nurse Teacher (CNT). The CNT’s role was to introduce the student to the clinical placement, take part in assessment and grading of the students, give support to the preceptors, hold seminars with the students for the purpose of integrating theory and practice and give feed-back on written reflections of the student. The CNTs were employed by the healthcare organization and worked part-time as clinical nurses and part-time as teachers. They had an affiliated position at the university, meaning that they were members of the Nursing faculty. They attended regular meetings where there was discussion of the education as a whole, also meetings at the university concerning the organization of the clinical practice (Table 2). At the university, a lecturer was responsible for the administration of the clinical course but never visited the students during their clinical placement.

Both the UNTs and the CNTs were required to have a Master’s degree in Nursing and to have completed at least one pedagogic course for higher education (Table 2).

**Table 1**  
Facilitators in the clinical education at the two participating universities.

University A	University B
<i>Employed by the university:</i> UNT (university lecturer and clinical teacher)	<i>Employed by the university:</i> University lecturer
<i>Employed by the healthcare organization</i> Head preceptor Preceptor	<i>Employed by the healthcare organization</i> CNT (clinical nurse and clinical teacher) Preceptor

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