



The influences of nursing education on the socialization and professional working relationships of Canadian practical and degree nursing students: A critical analysis



Jacqueline Limoges*, Kim Jagos

School of Health and Wellness – Georgian College, 1 Georgian Drive, Barrie, Ontario, L4M 3X9, Canada

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SUMMARY

Background: Little evidence exists about how education influences the ways that registered nurses (RN) and registered practical nurses (RPN) negotiate their professional work relationships.

Design: This qualitative study used interviews and reflective writing from 250 Bachelor of Science in Nursing (BScN) and Practical Nursing (PN) students to explore how education constructs intraprofessional relations. The data were collected after two joint BScN/PN education events – one held in the first semester and one in the fourth semester.

Results: The findings reveal how education conveys and establishes dominant discourses about the tiers in nursing and the boundary work and professional closure strategies used by the two groups. In addition, although the two education programs are largely segregated and education about how to work with each other is rarely discussed, PN and BScN students strive to understand the differences and perceived inequities between the two designations of nurse. The data show how students attempt to reconcile the tensions and disjunctures they experience from the power relations by activating socially constructed and hegemonic positions that have been problematic for nursing.

Conclusion: Findings will assist nurse educators to understand how education can be used to negotiate professional boundaries and working relationships that foster equity and social inclusion.

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Introduction

Understanding how nursing education is implicated in the work relationships, division of labor and professional aspirations of students within the different designations of nursing is useful as it can lead to strategies that promote stronger nurse to nurse collaboration. Although inter and intraprofessional education is positioned as a solution for building effective working relationships and for improving patient safety and health outcomes (Reeves et al., 2013; WHO, 2010) the adoption of education that includes both types of nurse has been slow (Frenk et al., 2010). Also problematic is that the relationships of power which are common within nursing tiers are largely ignored in the inter and intraprofessional literature (Baker et al., 2011; Registered Practical Nurses Association of Ontario, 2013). Given the professionalizing function of nursing education and nurses' history with power relations, exploring the influences of education on how Bachelor of Science in Nursing (BScN) and Practical Nursing (PN) students are socialized to nursing is important. The purpose of this paper is to discuss the education experiences of 250 semester one and four nursing BScN and PN students to examine how education influences power relations between

the two types of nurse. An exploration of how joint BScN/PN education addressed tensions and disjunctures between BScN and PN students to promote inclusive and respectful social practices is provided.

Background to the Problem

In the contemporary health care context, there are at least two categories of nurse – the Registered Nurse (RN) and the Registered Practical Nurse (RPN) sometimes called Licensed Practice Nurse (LPN) and both are self-regulated. The RN is typically educated through a Bachelor of Science in Nursing in a university and the RPN through a Practical Nursing Diploma in a college. The RN practices from a broader and deeper knowledge base, and therefore has more autonomy to work with patients who have complex care needs, while the RPN usually works with patients in relatively stable health conditions, but can work with patients who have complex needs, provided an RN is available for consultation. In various jurisdictions, these two categories of nurse work side by side in most health care sectors, share a similar knowledge base and ethical framework and perform many of the same skills. Despite these similarities, nurses can struggle with collegial working relationships and satisfaction in their division of labor. The overlap between the two roles and the wage discrepancies, where the RN usually makes more money, can sometimes add to the problematic.

* Corresponding author. Tel.: +1 705 728 1968x5486.
E-mail address: Jacqueline.Limoges@GeorgianCollege.ca (J. Limoges).

There is literature describing the disjunctures and challenges with role confusion, power relations and hierarchies within nursing groups (Butcher and MacKinnon, 2014; Eagar et al., 2010; Oelke et al., 2008; Tourangeau et al., 2005; Walker et al., 2013). Professional closure and gender theories have also been used to explore the boundary work and social relations between nurses as they attempt to maintain exclusivity and monopoly in practice (Limoges, 2010; Rankin and Campbell, 2006; Witz, 1990, 1992). This literature is helpful because it describes sociological processes and power relations that influence nurses' work such as capitalism, professionalism, knowledge hierarchies, and industrialized health care. Little is documented though, about the role that education plays in perpetuating division, hierarchy or boundary work between the two categories of nurse.

The challenges within professional relations and their impact on patient care have prompted scholars to find teaching methods that promote effective collaboration. Methods such as inter and intraprofessional education are thought to equip nurses with collaboration skills and knowledge that promote quality patient care. The World Health Organization (WHO) position paper on interprofessional education (IPE) (WHO, 2010) is widely considered a best practice guide for teaching health professionals how to work together to achieve positive patient outcomes. IPE enables students to learn how to function in teams, allows the boundaries between groups to be addressed and helps professionals to understand roles and responsibilities vis-à-vis the health care practices (Handwerker, 2012; Inuwa, 2012; WHO, 2010). Through an exploration of duties, skills, knowledge and codes of conduct, IPE develops mutual trust and respect (Inuwa, 2012; WHO, 2010). Additionally, IPE can be considered a strategy to mobilize knowledge and help reinforce critical reasoning and ethical conduct aimed at providing patient care in an effective team framework (Frenk et al., 2010; Inuwa, 2012).

Intraprofessional education (education offered with more than one type of nursing student, such as PN and BScN students) is thought to contribute to nurses' abilities to work collaboratively (Hoffart et al., 2013; Reeves et al., 2013; Wackerhausen, 2009). The cooperative educational experiences offered through intraprofessional instruction assist students to understand the shared competencies within categories of nurses (Hoffart et al.). Intraprofessional education can also assist nurses to address barriers to the utilization of each group. Additionally, intraprofessional learning activities and reflective writing are considered useful strategies to help students learn about the other and to address the barriers and obstacles to professional collaboration (Wackerhausen).

Despite the positive links between IPE and intraprofessional education to the development of collaborative practice and its benefits to patient care, the adoption of joint education strategies that include BScN and PN students has been slow. More commonly, nursing education is offered in silos with PN and BScN students rarely meeting during their education. Given the shared body of knowledge, ethics, values and theoretical orientation of the two programs, this division is highly perplexing and points to the use of education as a demarcationary or closure strategy. We wondered if the lack of collaborative education opportunities between BScN and PN students contributes to the current problems experienced between the two categories of working nurses.

Methods

This study was conducted at a college in Ontario, Canada that offers both the BScN and PN programs. The study is informed by the methods and sociology of Dorothy E. Smith (2006, 2005) and involves an analysis of texts and discourses. The data for this analysis include sets of texts from the scholarly literature and the social practices that surround nursing education which were obtained through interviews and reflective writing by BScN and PN students. The methods are grounded in a social ontology that examines the activities of actual people. For Smith "discourse refers to a field of relations that includes not only texts and their inter-textual conversation, but the activities of people in actual

sites who produce them and use them and take up the conceptual frames they circulate. The notion of discourse never loses the presence of the subject who activates the text in any local moment in its use" (2006, p. 44). The methodology enables an examination of how knowledge and actions form social processes that create ruling discourses. Discourses are shared and social, as they are derived from the interactions of social groups and texts. Therefore, the context, the historical influences and related discourses are all explored during analysis.

Approval was obtained from the institutional ethics review board. The study and education event were described to students of both the PN and BScN programs from semester one (Fall 2013) and four (Winter 2014) with an invitation to participate in the research. Students were provided with a consent package that included a consent form, demographic questions, and a detailed description of the study. An invitation was extended to be contacted for an interview after the event. The interviews were described as an opportunity for the students to provide additional details of their experiences with the BScN/PN event and with their nursing education as it relates to intraprofessional relationships.

As there was little guidance from the literature on how to conduct joint BScN/PN education, we used ideas from the IPE and intraprofessional literature to plan the two events. At the beginning of both the semester one and four events, students were assigned to discussion groups to ensure that there were PN and BScN students at each table. Both BScN/PN joint events began with ice-breaker questions to promote socialization. The semester one students used the questions in Table 1 for small group discussions aimed at developing awareness of the similarities and differences between the two types of nurse and how nursing education is preparing them to work together (Table 2). The fourth semester event was structured to learn how to work and make decisions together to accomplish a task. The semester four students watched an educational webcast (College of Nurses, 2013) that outlined the roles and responsibilities of the RN and RPN and provided guidelines on how RNs and RPNs should work together. Semester four students were then asked to create a code of conduct that could guide their collaborative work (see Table 3). After the small group activities, both the semester one and four students were asked to write an individual reflection about their experience using structured questions (see Tables 2 and 4). The reflections and demographic data from consenting students became part of the data for this study. After the event, students who agreed to be contacted for an interview were sent an email and a mutually agreed upon time was set for the interviews that lasted between 30 and 40 min. The interviews were audiotaped and then transcribed verbatim for analysis.

Sample

In total, 250 students participated in this study. There were 165 BScN students and 85 PN students. There are more BScN students at this college which explains the sample size difference. All participants attended a joint BScN/PN education event, participated in a small group discussion and wrote a reflective journal. Seventeen BScN and 14 PN students were interviewed (see Table 5). The BScN sample was younger with 75% of BScN as compared to 54% of PN students between the ages of 16 and 22 years. Forty percent of BScN and 43% of PN students had attended some form of post-secondary education prior to entering nursing. The PN sample was made up of more men, with men representing 20% compared to 11% for the BScN group.

Table 1
Semester 1 – small group discussion questions.

1. What have you been learning in your program so far?
2. What have you learned about the role of the nurse in your program?
3. How do you see your education preparing you to work within a health care team including the other category of nurse?
4. How will you offer something unique as an RN/RPN to your patients?

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