



Teaching and learning care – Exploring nursing students' clinical practice

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SUMMARY

Care has always been a key element of nursing. This paper presents findings from research on the following issue: What opportunities and limitations do nursing students encounter when learning nursing care? The study has a qualitative design with field methodology and the study of documents. Six nursing students have been closely monitored during their clinical studies in hospitals, nursing homes and home-based nursing. The study shows that nursing students are likely to possess the potential to provide care for sick and unknown people. The motivation for their commitment to patients may contain an egoistical orientation and runs contrary to former ideals of the nurse's self-sacrificing altruism. Moreover the study shows that there is a potential in the clinical field and in the university college to reflective considerations on experience of care. While clinical practice often has focus on practical problem-solving and procedures, the college tends to focus on abstract theory. Both of these promote the privatisation and neglect of the students' experience of care. The paper concludes with a call for teaching and learning strategies targeting the use of nursing students' personal experience of care.

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Introduction

Care has always been a key element of discussions on the distinctive character of the nursing profession (Benner and Wrubel, 1989; Morse, 1991; Martinsen, 1989). Both the nursing field and nursing education are currently experiencing the compound pressure of expectations that can indicate deteriorating conditions for caring practice. The clinical field is under increasing pressure from requirements for profitability, efficiency and effectiveness, and demands programmes of education that train nurses who are work ready from day one (Bradshaw and Merriman, 2008; Sines et al., 2006). At the same time nursing education of today is challenged by the "race for knowledge" and the requirement to teach the nurses of the future to become familiar with research and to base their nursing care on clear scientific knowledge (Karseth and Taaen, 2006). Another claim is also regularly asserted in professional discussions on the deteriorating conditions for nursing as a caring profession – namely that the current generation of students are self-centred (Rognstad et al., 2004). If this is correct, nursing students thus have weaker prerequisites for learning an occupation

that requires an orientation towards ill, unknown persons who are in need of help.

This basic perception inspired us to investigate empirically how contemporary students learn care. We have used a concept of care that has been a benchmark in both Norway and Denmark and that forms part of the compulsory syllabus for the students we have researched (Martinsen, 1990). We have connected phenomenology-oriented thoughts on care with a consistent (as far as possible) participation-oriented manner of considering professional learning (Martinsen, 1996; Wenger, 1998). This article presents findings from a study focusing the following question: *What opportunities and limitations do nursing students encounter when learning nursing care?*

Background and literature

New conditions for nursing training

During the last two decades nursing education as well as other professionals in the sector of higher education, has been subject to considerable changes. In order to improve the quality of study programs and subsequently the practice of all professionals there has been a shift towards research-based teaching. It has been maintained that academic drift processes have gone too far and complaints about weak practical skills and the lack of caring abilities among recently trained nurses have been voiced (Wellard et al., 2007).

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Care and learning

Care is an important topic in the field of nursing, and various researchers have worked on the concept of care (Benner and Wrubel, 1989; Morse, 1991; Martinsen, 1989). In the Scandinavian countries the thoughts of the philosopher and nursing researcher Kari Martinsen concerning nursing perceived as care have been of central significance.

Martinsen (1990) points out that care is a practical, relational and moral phenomenon. Care is *practical* in the sense that it is expressed in actions, often through the use of basic tools such as face cloths, bedpans, toothbrushes or drinking glasses. Care is typically a *relational* phenomenon in the sense that it is expressed in encounters with others. It is a fundamental attitude that is conveyed in relationships in the form of sensitivity towards others and recognition of others in the light of their situation. As a *moral* concept, care is associated with the principle of responsibility for the weak (Martinsen, 1989). The moral, relational and practical dimensions of care are interwoven and are expressed in situations where people need to be cared for. We have based our empirical study on this way of viewing care, in addition to placing emphasis on regarding learning in ways that are in harmony with the perception of care we have chosen.

Sfrad (1998) argues that there are two main metaphors for learning: the acquisition metaphor and the participation metaphor. The first concerns the traditional perception of learning as the acquisition of knowledge, while the second refers to the informal learning that takes place in everyday situations. Felstead et al. (2005) argue that the latter is particularly valid in the study of expertise in working life. The study presented in this paper is based on the perception of learning as participation and as a phenomenon founded on social and cultural perspectives, or what Lave and Wenger (1991) labelled “situated learning”. Focus is directed towards an empirically-oriented form of learning in which contextual and *in situ* knowledge is assigned material importance. Essential features of a socio-cultural perception of learning are the viewing of learning as *participation* in a community of practice and as *dialogue*.

There are similarities in the way we think about care and learning: both take place within relationships and as participation in care procedures and in learning activities. This perception has consequences for the choice of methodological research approach.

Methods

In line with the premises for our perception of care and learning, we have placed emphasis on collecting data through dialogues with students. The study is methodologically located in a qualitative design, monitoring the students in clinical situations in their encounters with different patients. The respondents were selected among nursing students in their first year of study. Participants were selected purposely to achieve variation in gender, age and experience from caring practices. Research data have been collected through field work in hospitals, nursing homes and the practice department in the university college. Six nursing students – five women and one man – were monitored through observations and interviews throughout their practice in nursing homes and hospitals. Reflectional documents written by the students, about their learning and caring experiences were included as data. Theoretical assignments, like exams, were excluded. We have followed the principle of abundant data on few informants and have made “thick descriptions” (Denzin and Lincoln, 2000). Data collection took place over a period of two and a half years of the three-year nursing education.

Thematic analyses (Van Manen, 1997) have been conducted as well as interpretative work in which the material was read and dis-

cussed by the two authors. As well as making verbal interpretation we have worked consciously on developing written analytical texts (Richardson, 2003). Different data sources were compared for one student and across the six students. We searched for similarities and contrasts in ways in which the individual student and the group as a whole experienced relations with various patients in different situations, and how they reflected both verbally and in writing on their own experience of providing care.

Research ethics

The project description for this study was approved by the Regional Committee for Medical Research Ethics. The students had experienced the researcher as a teacher but while the collection and analysis of data took place the students knew that the researcher had no responsibilities as a teacher in the university college. In keeping with the principles of research ethics (Polit and Beck, 2006), the nursing students and patients were asked to take part in the study and were selected through informed voluntary consent. The patients included in the study, were informed and asked by a nurse to participate and the voluntary consent was given. Each individual was notified of the right to withdraw – without giving reasons – at any point in time. Care has been taken to handle the data in a manner that ensures that the students and patients cannot be recognised by others in any form of publication.

Data and results

Learning care in practice

The nursing students' encounters with sick and frail people provide an interesting insight into how care is created. In this article we wish to present and discuss the main findings of the study. We have also chosen to present key features of the empirical data by using the experience of one of the students (Tom) from the routine morning care of a patient. His experience represents typical challenges that the students documented in the entire body of material.

Tom is in his first clinical in a nursing home at the end of his first year of study. He is to help Mrs. Smith (fictitious name), an elderly woman who has Parkinson's disease and who also suffers somewhat from anxiety and depression. She is to get up and be given help to wash herself and get dressed. We start with a processed text extract from the field notes in which the researcher can also be discerned in the text.

The researcher's data: “She's usually tired in the morning,” Tom tells me as he goes in to Mrs. Smith to help her with her personal morning care. “It's not at all certain that she'll get up straight-away,” he adds, and gets himself ready with a plastic apron, fresh towels, face cloths and an incontinence pad. He is suddenly not sure about the incontinence pad size he should choose and asks his practice supervisor. She suggests the medium-thick one since it is to be used during the day. At the same time she asks Tom to make sure he helps Mrs. Smith to the toilet when he carries out her morning care. This is a fixed routine that functions well for Mrs. Smith, and she will then manage through the morning with a medium-thick incontinence pad. Tom follows the practice supervisor's advice and we go into Mrs. Smith's room.

When we come in, Mrs. Smith is lying with her face towards us. Tom goes to the bedside and starts chatting: “Are you awake ... did the doctor come yesterday ... did you get your hair done yesterday...? Do you want to get up now...?” After a long silence she replies “I suppose I have to,” and Tom carefully takes the duvet off her. He stands close to Mrs. Smith with his arms round her to support her so she does not fall. She takes some careful steps before

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