



The role of the nurse teacher in clinical practice: An empirical study of Finnish student nurse experiences

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SUMMARY

This paper focuses on the role of the nurse teacher (NT) in supporting student nurse education in clinical practice. The paper draws on the outcomes of a study aimed at exploring student nurse experiences of the pedagogical relationship with NTs during their clinical placements. The participants ($N = 549$) were student nurses studying on pre-registration nursing programmes in Finland. Data were analysed using descriptive statistics, cross-tabulation and ANOVA. The study showed that the core aspect of NTs work in clinical practice revolved around the relationship between student, mentor and NT. Higher levels of satisfaction were experienced in direct proportion to the number of meetings held between the student and NT. However, whilst the importance of this relationship has been reported elsewhere, an additional aspect of this relationship emerged in the data analysis. Those NT who facilitated good face to face contact also used other methods to enhance the relationship, particularly e-mail, virtual learning environment and texting. This outcome suggests that NT's interpersonal and communicative skills are as important as their clinical knowledge and skills in promoting effective learning in the clinical practice area. The paper argues for such approaches to be utilised within the emergent opportunities afforded by new communication and educational technologies.

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Introduction

This paper focuses on the role of the nurse teacher (NT) in supporting the learning opportunities student nurses will have in clinical practice. This aspect of nurse education is important, and relies upon a significant collaboration between those working in health care services and the nurse education system. This paper draws upon the outcomes from an empirical study undertaken in Finland.

In Finland, pre-registration nurse training takes three-and-a-half years. Like many other western European approaches to nurse education, this degree level programme integrates both theoretical and clinical studies. Learning in clinical practice forms 38% of the total programme and is facilitated within community and hospital environments. The NT is responsible for theoretical input and skill acquisition in clinical practice. All NT working in the Finnish system are educated to at least Master level (Ministry of Education Finland, 2007).

Generally the concept of the NT in clinical practice remains an ambiguous one (Black, 1999; Maslin-Prothero, 2005). The same term is often used to describe different roles and functions. Whilst such difference in usage might be expected across the international stage, there is evidence that the term is also used interchangeably

within individual countries. For example in the United Kingdom (UK) at least seven different terms have been used in describing the role of the NT including: clinical teacher, lecturer practitioner, practice educator, link lecturer, clinical facilitator (Ramage, 2004), link teacher (Wills, 1997) and link tutor (Andrews et al., 2006). However, in Finland the term NT refers to the role of qualified NT employed by an educational institution whose role involves facilitating both theoretical and clinical teaching (von Schantz, 1994; Salminen, 2000). It is this meaning that will be used here.

Background

The theoretical framework of the study draws upon a number of related empirical studies, literature reviews and discussion papers focusing upon the NT's role in clinical practice. CINAHL and Medline were used to identify papers published between 1990 and 2006. This time frame reflects the period of transition of hospital-based nursing schools and vocational colleges into higher education institutes. This transition had a significant impact upon the clinical role of NT's in Western Europe from the 1990s (Fairbrother and Ford, 1998; Salminen, 2000; Barrett, 2006). Similar processes can be seen also in Australia (Malik and Aylott, 2005) and in Canada (Porteous, 2004). The combined search terms used were *nurse education*, *teacher* and *clinical practice*. This search resulted in 22 empirical studies, 4 literature reviews (1996; 1998; 2000; 2005) and 4 discussion papers (Humphreys et al., 2000; Maslin-Prothero

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and Owen, 2001; Koh, 2002; Cave, 2005). There was a smaller number of empirical studies (e.g. Williamson et al., 2004; Leight et al., 2005) which although focusing on a similar area (the role of *practice educator*) were excluded from this process because of their context (often UK orientated) lacked congruence with the Finnish experience.

Earlier literature reviews (Lee, 1996; Fairbrother and Ford, 1998; Landers, 2000; Lampert and Glacken, 2005) noted that nurse education has undergone a period of major upheaval and within this process, the clinical role of NT has changed dramatically (Williamson, 2004; Barrett, 2006). One outcome of the integration of nurse education into the higher education sector was a reduction in the NT's traditional role as a clinically skilled practitioner (Cahill, 1997; Humphreys et al., 2000; Oinonen, 2000; Lopez, 2003; Maslin-Prothero, 2005). Clinical teaching especially that facilitated through hands on care no longer forms the majority of a NT's work (Cahill, 1997; Wilson and Startup, 1991; Wills, 1997;

Williamson, 2004; Elliot and Wall, 2008). It is the *liaison* aspects of the role that are more often emphasised (Saarikoski et al., 2002; Ramage, 2004). Effective liaison relies upon good relationships with clinical staff carrying out the clinical teaching and supervision of student nurses (Grant et al., 2007).

The evaluation scale used in this study is a modified and improved version of the Clinical Learning Environment and Supervision (CLES) scale (Saarikoski, 2002; Saarikoski and Leino-Kilpi, 2002). This modified scale was developed from analysis of themes arising from the selective literature review. The 22 empirical studies were analysed using Miles and Huberman (1994) analytical approach. The content analysis identified nine different theme areas which collectively made up the conceptual framework of a '*NT in clinical practice*' (Table 1).

The themes were listed by empirical study, revealing which themes first appeared and at what point during this time period. The themes were then heuristically restructured to form three

Table 1
The main themes from empirical studies (1990–2006) that underpin the theoretical structure of the study. (See above-mentioned references for further information.)

Themes from the empirical studies:	Code patterns of themes	Sub-themes for items
<p>"hands on care" (Nehring, 1990; Steele, 1991; Jinks, 1991; Gerrish, 1992; Clifford, 1993; Baillie, 1994)</p> <p>"evaluation" (Nehring, 1990; Jinks, 1991)</p> <p>"research, theoretical knowledge, evidence based nursing" (Owen, 1993; Davies et al., 1996; Kirk et al., 1996; Cahill, 1997; Corlett et al., 2003; Milner et al., 2005)</p>	TEACHING	INTEGRATION OF THEORY AND PRACTICE
<p>"support" (Jinks, 1991; Clifford, 1993; Grotty, 1993; Gillespie, 2002; Lopez, 2003; Brown et al., 2005)</p> <p>"interpersonal relationships" (Nehring, 1990; Wills, 1997; Newton & Smith, 1998; Gillespie, 2002)</p> <p>"small tutorial groups, group dynamic skills" (Crotty, 1993; Newton & Smith, 1998; Saarikoski et al 2006)</p>	SOCIAL SKILLS	CO-OPERATION WITH STUDENTS CO-OPERATION WITH MENTOR
<p>"improving learning environment" (Crotty, 1993; Forrest et al., 1996)</p> <p>"social actor in informal structure, change catalyst" (Owen, 1993; Wills, 1997; Newton & Smith, 1998; Ramage, 2004)</p>	CO-OPERATION SKILLS	CO-OPERATION WITH A UNIT
<p>"liaison, resource person for clinical staff" (Clifford, 1993; Crotty, 1993; Davies et al., 1996; Forrest et al., 1996; Cahil, 1997; Newton & Smith, 1998; Ramage, 2004; Andrews et al., 2006)</p>		
<p>..... = weak connection (two hits from studies published during the 1990's)</p> <p>..... = clear connection (3-6 hits from studies published during the 1990's and since 2000)</p> <p>..... = strong connection (7 or more hits from studies published during the 1990's and since 2000)</p>		

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