



Clinical education

The experiences of supporting learning in pairs of nursing students in clinical practice



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ARTICLE INFO

Article history:

Received 2 March 2016
 Received in revised form
 30 March 2017
 Accepted 8 June 2017

Keywords:

Learning
 Supervision
 Pairs of students
 Nurse education
 Lifeworld
 Phenomenology

ABSTRACT

The purpose of this study is to describe how supervisors experience supporting nursing students' learning in pairs on a Developing and Learning Care Unit in Sweden. The present study has been carried out with a Reflective Lifeworld Research (RLR) approach founded on phenomenology. A total of 25 lifeworld interviews were conducted with supervisors who had supervised pairs of students. The findings reveal how supervisors support students' learning in pairs through a reflective approach creating learning space in the encounter with patients, students and supervisors. Supervisors experience a movement that resembles balancing between providing support in learning together and individual learning. The findings also highlight the challenge in supporting both the pairs of students and being present in the reality of caring. In conclusion, the learning space has the potential of creating a relative level of independency in the interaction between pairs of students and their supervisor when the supervisor strives towards a reflective approach.

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1. Introduction

This study is a part of a larger project focusing on the support of student nurses' learning in clinical practice. The student nurses' perspective has previously been highlighted (Holst and Hörberg, 2012, 2013), and now the focus is on the perspective of the supervisors on supporting the students learning in pairs. Most clinical nurses in Sweden supervise students and it is essential to gain an understanding of their experiences in order to facilitate a development of their supervisory skills. The supervisors in this study support the nursing students' learning in a special learning context developed in Sweden (Hörberg et al., 2014). The model is called, a Developing and Learning Care Unit, where the students' learning in pairs is supported with a lifeworld approach.

2. Background

It has been shown in previous research that most nursing students are supervised individually and that supervisors use different educational strategies in order to support the student's individual

learning in clinical practice. One strategy is to create a trustful relationship with the student (Carlson et al., 2010; Pierson, 1999; Ross et al., 2014) and another is to spend a lot of time together with the student in the beginning of the clinical practice in order to make them feel safe (Hilli et al., 2014). Another important part regarding supervision of the individual student is the ethical dimension of respect, which has been shown to develop through support and not by judging the student (Agéll et al., 2000). Ekebergh (2011), Eskilsson, Hörberg, Ekebergh, Lindberg and Carlsson (2015a) and Halcomb and McInnes (2012) have also maintained the importance of mutual respect and the creation of an emotional commitment in order to enable trustworthy cooperation between the supervisor and the student. Another study within the field shows caring and learning as converging elements when supervisors use their own experience as an instrument in learning and caring in order to facilitate students' further development (Andersson, 2015). Furthermore, supervisors view themselves as very important role models for the student, in order to take care of them and respond to their questions (Hathorn et al., 2009). The time available to fulfill the requirements of being a supervisor is considered as limited (McIntosh et al., 2014) and being a supervisor has been found to require a genuine interest in each student (Häggman-Laitila, Eriksson, Meretoja, Sillanpää & Rekola, 2007) that in turn requires an open and flexible supervisory approach (Berglund et al., 2012).

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However, most of the previous studies focus on experiences of individual student supervision in clinical practice (Agéllí et al., 2000; Halcomb and McInnes, 2012; McIntosh et al., 2014). A few studies focus on peer learning and teaching (students collaborating and co-operating with each other in a learning strategy), which is generally experienced as being positive (Edgecombe et al., 1999; Nygren and Carlson, 2017; Secomb, 2006; Stenberg and Carlson, 2015; Wotton and Gonda, 2004). It is reasonable to assume that a student can develop his/her leadership skills, perform to expected levels and solve conflicts when working together with other students, which thus also makes learning together with other students an effective strategy (Secomb, 2006). Further studies also reveal positive experiences among both supervisors and students about when the latter cooperate during their clinical practice (Edgecombe et al., 1999; Wotton and Gonda, 2004). The research about peer learning shows that some level of collaboration between students during their clinical practice is favorable for their learning (Edgecombe et al., 1999; Nygren and Carlson, 2017; Pålsson et al., 2017; Secomb, 2006; Stenberg and Carlson, 2015; Wotton and Gonda, 2004).

To our knowledge, there are only a few studies with a focus on students' learning in pairs in clinical practice (Holst and Hörberg, 2012, 2013). Learning in pairs of students could be described as collaboration between the students within the pair throughout the whole period of clinical practice. The supervisor supports both each individual student and the students as a pair based on a lifeworld led learning approach, which focuses on each student's experiences and knowledge. It has been shown in earlier studies, from the students' perspective, that being supervised in pairs based on lifeworld led learning creates feelings of being supported in their individual learning at the same time as they learn to cooperate (Holst and Hörberg, 2012, 2013). Based on earlier research, more knowledge about supporting pairs of students learning in clinical practice is needed. The aim of this study is thus to describe how supervisors support nursing students' learning in pairs during their clinical practice.

3. Research design

The present study was carried out with a Reflective Lifeworld Research (RLR) approach founded on phenomenology (Dahlberg et al., 2008), rooted in the continental philosophy of Husserl (1970/1936) and Merleau-Ponty (2002/1945). Openness and flexibility towards the phenomenon are needed for adopting an RLR approach, which requires a reflective attitude in order not to understand too quickly and instead wait for the phenomenon, allowing it to present itself. This reflective attitude could be described as a bridling of the understanding process as a whole, which entails slowing down the process of understanding, not letting the pre-understanding influence the understanding of the phenomenon (Dahlberg and Dahlberg, 2003; Dahlberg et al., 2008).

3.1. Context

The study was conducted in a learning environment based on the model of a "Developing and Learning Care Unit" (Hörberg et al., 2014) in general and psychiatric hospitals. The model has been developed from and was originally based on research by Ekebergh (2007, 2011), which also provides an evidence-based foundation for reflective lifeworld-led learning. The basic concept in this model is to bridge the gap between theory and praxis by supporting nursing students' learning when supervised in pairs. A team of supervisors, who all have a reflective approach and who support the pairs of students, consists of: a head supervisor (nurse) who has an overall responsibility for the

students' clinical practice; a base supervisor (nurse) who supervises in the bedside area; a lecturer (from nursing education) who contributes with the theoretical caring science perspective. The reflective, supervising approach aims to support students' learning through reflection, both individually and in group. The goal of the reflection is to create an overall understanding of the patient's situation based on practical and theoretical knowledge. A pair of students in this model consists of one student from the second year and one student from the third year of the three year nursing programme. The students collaborated during a five-week period of clinical practice. The pairs of students are at first responsible for one patient together and as they develop during their clinical practice they increase their number of patients. Progressively pairs of students are responsible for patients on their own with less support from the supervisors.

3.2. Participants

A total of 25 supervisors participated in the study. Seven head supervisors were interviewed individually and 18 base supervisors were interviewed in four groups with four to five participants in each group. A strategical sample of informants representing a variation in age, gender, years as registered nurse, years of supervision and numbers of supervised students was sought for and attained, apart from gender, where only one man participated.

3.3. Data collection

All data collection was performed by the first and the last author. The individual interviews with the head supervisors lasted for approximate 60 min. The group interviews with the base supervisors lasted for approximate 90 min. All the interviews were recorded and held in separate rooms at the workplaces of the supervisors, except for one head supervisor who was interviewed at one of the author's workplaces. The aim of the interviews was to create a reflective dialogue, open questions were thus asked in order to capture the experiences of supervising pairs of students. The initial question to each participant in both the individual and group interviews was: *Please describe how you support students' learning?* In order to capture a deeper understanding of the phenomenon further questions such as, *Can you give an example?*, were asked. The initial question in the group interviews created a reflective dialogue between the participants. During the group interviews the authors had different roles: one was prominent in asking questions and one was supportive by asking follow-up questions in order to ensure that all of the participants were given opportunities to express their experiences.

3.4. Ethical considerations

The study was performed in accordance with the Declaration of Helsinki (2013). All participants received both verbal and written information and consented to participate in the study. The information included their right to conclude the participation at any time and that no further questions would be asked. The participants were also ensured of confidentiality.

3.5. Analysis

The analysis process was carried out in accordance with the RLR approach (Dahlberg et al., 2008). All interviews were transcribed verbatim and read several times in order to get to know the text. The analysis continued with searching for meanings of the phenomenon, supporting students' learning in pairs, which entails

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