



Original research

Intertwining of caring and learning in care practices supported by a didactic approach



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ABSTRACT

This paper highlights how caring and learning interact and become an intertwined phenomenon. The analysis of the research findings from two studies, in which the interaction between caring and learning in two educational units was investigated, has been guided by a Reflective Lifeworld Research approach grounded in a lifeworld-oriented phenomenology. The analysis procedure was concluded in a synthesis of the interaction between caring and learning in a Dedicated Educational Unit (DEU) and a didactic method inspired by a lifeworld educational perspective has been developed.

The results show that through trust and genuine meetings between patients and students caring and learning can converge and be intertwined. Both students and patients take an active role in the health process as well as the learning process. In order to achieve an intertwining process qualified supervision, care managers who take responsibility for a caring and learning environment and a consensus between the nursing school and the healthcare organization is required.

The didactic method that can support the intertwining of caring and learning consists of three themes; genuine meetings, sensitivity for the patient's story and reflection in interaction. These themes are tools for the supervision.

1. Introduction

The aim in nurse education, is for nursing students to acquire professional competence that is visible in their skills and judgments. This ability is mainly developed during clinical studies when theoretical and practice knowledge encounters the patient's lived experience of health and illness. Learning and caring during clinical studies occur as parallel phenomena, which interact and affect each other. It is important to gain knowledge about how caring and learning interact in clinical contexts. This knowledge has the potential to enhance a fruitful learning support and improve patient care. By studying this interaction, we add insight to the existing body of knowledge. This paper is based on five studies (Andersson, 2015; Eskilsson et al., 2014, 2015a,b & 2017), where the interaction between caring and learning in two dedicated educational units (DEUs) has been examined. The studies were included in a research project, with an overall aim to investigate innovative learning environments that can build bridges between theory and practice in nursing education. The project was supported by the university, and it has been carried through in DEUs. Four perspectives were investigated: the students', the patients', the supervisors' and the managers'. The methodology used in the project was phenomenologically grounded in

a lifeworld-oriented approach. Data was collected through interviews and observations and then analyzed with a focus on meanings according to Reflective Lifeworld Research (RLR) (Dahlberg et al., 2008). Regarding ethical considerations, the research project was reviewed and approved by the Regional Ethical Review Board of Gothenburg (2011, No 315–11; 2010, No 358–10), and it also followed the principles prescribed in World Medical Association Declaration of Helsinki (2013). The research project consisted of five separate studies, four of which were articles (Eskilsson et al., 2014, 2015a,b & 2017), and one which was a monography (Andersson, 2015). The two DEUs have been developed by didactic research, which is the study of learning support in clinical practice (Ekebergh, 2014; Holst and Hörberg, 2012; Lindahl et al., 2009). The outcomes of this research revealed a certain learning approach and didactic tools, such as supervision models, which have the potential to support both the learning and the caring process developed in the DEU.

1.1. Background

The supervisor's role in clinical education is important (Kristoffersson et al., 2012; Walker et al., 2012) and particularly

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important for good supervision is a safe and close relationship between the student and supervisor (Higgins and McCarthy, 2005; Hilli et al., 2014). Supervising is a multifaceted and responsible mission; therefore it is important to be aware of the need for an educational preparation programme and a supervision support community for nurse supervisors/mentors (Ekebergh, 2011; Sandvik et al., 2014). It is also important that there are learning and caring environments that can provide students with suitable prerequisites for learning (Lindahl et al., 2009; Moscato et al., 2007; Ekebergh, 2014). Supervision can be strengthened with the help of various didactic strategies, for example, group supervision (Arvidsson et al., 2008) or peer supervision (Holst and Hörberg, 2012). Having possibilities for reflection during the clinical studies is also essential for students' learning (Ekebergh, 2007, 2009; Sandvik et al., 2014). A patient's health condition and situation is central to the students' learning process. They need to link the patient's experiences to a theoretical framework in order to develop a deeper understanding for how to care for the patient. Therefore, it is crucial for students to create a trusting relationship with the patient. (Munukka et al., 2002; Suikkala and Leino-Kilpi, 2005, 2008). Research shows that patients often have positive experiences when they know they are actively participating in students' learning processes (Mossop and Wilkenson, 2006; Stockhausen, 2009; Towle et al., 2010), and they are also concerned about students' training to become future qualified nurses (Forrest et al., 2000). Debyser et al. (2011) found that patients' involvement in the students' learning process could support a more holistic view of the human being, and that patients also develop strength through their participation. There is however a potential vulnerability for both the patient and the student (Lauckner et al., 2012), and it is therefore important to develop an atmosphere that can support a learning relationship (Manninen et al., 2014). Consequently, it is advantageous to consider the patient as an integral part of the learning process (Towle et al., 2010; Towle and Godolphin, 2011; Perry et al., 2013; Scammell et al., 2016). Stockhausen (2005) emphasized the importance of authentic encounters to learn the art of caring in nurse education and commented on the significance of further research on patients' involvement in students' learning.

Overall, the literature shows a significant amount of studies focused on teaching and learning in clinical practice. The student's or the supervisor's perspective is particularly illuminated in the research, but there are also studies concerning the patient's perspective in the learning process. However, there are a lack of studies that explicate caring and learning as an intertwined process. Caring and learning take place simultaneously in an interconnected manner, and from an educational perspective these can be perceived as an intertwined phenomenon. This perspective on the learning and caring processes in learning environments might contribute to the understanding of learning and caring in a DEU.

The interaction between caring and learning has been investigated in two different educational wards: one for psychiatric care and one for orthopedic care. The aim was to create an awareness of caring and learning as intertwined phenomena and when and how they converge in meetings between students and patients (Andersson, 2015; Eskilsson et al., 2014, 2015a,b & 2017). This paper is based on the outcomes of these two studies.

1.2. Research design

An analysis of the outcomes of the studies mentioned above (Andersson, 2015; Eskilsson et al., 2014, 2015a,b & 2017) has been performed in the present study. This analysis is based on a Reflective Lifeworld Research (RLR) approach (Dahlberg et al., 2008) which is grounded in a lifeworld-oriented phenomenology (Husserl, 1973, 1978) that focuses on meaning, openness and a reflective attitude. RLR was also applied in the original project and the studies by Andersson and Eskilsson to investigate and describe the lived experiences of learning and caring from the perspectives of the supervisors and patients. Ethical

issues were considered in the same way as in the original project (see introduction). A lifeworld-oriented approach includes a reflective attitude and an approach of openness, which enables the student to reach a meaningful level in the analysis. It was important to look beyond prejudices and assumptions to reach a deeper understanding of the studied phenomena. Therefore, we preferred this analysis approach which has a stable epistemological base.

The analysis in the present study consisted of a reflective rigorous procedure to search for meaning and significance for the outcomes of the two studies in accordance with RLR. The analysis has resulted in a synthesis, which can be understood as an abstraction of the two outcomes, or as a general structure (Lindberg et al., 2016) that describes the interaction, between caring and learning on an educational ward. In the presentation of the results in this paper, there are some quotes that firmly establish the findings and make the results more transparent.

The next step in the present study was to examine the synthesis regarding learning support. In a scrutinized procedure and inspired of a lifeworld didactic perspective (Ekebergh, 2007, 2011) we searched for themes for a didactic method that can support the convergence and intertwining of caring and learning. Consequently the result consists of both a synthesis and a didactic method. The first part of the result, presented below, is the synthesis. After that follows the didactic method.

2. Results

There is an interaction between caring and learning on a DEU that affects and unites the two aspects. The encounters between the students and the patients need to have a trusting nature in order for caring and learning to be enriched by each other. These encounters are characterized by an active interaction in which the patient talks about his illness and the student listens attentively and asks questions. The patient and the student will thus be involved in each other's worlds, the patient's world is characterized by vulnerability and a sense of homelessness due to illness, and the student's world consists of longing and needs for learning and understanding in order to be able to grasp the nurse's work. For example, a student in the psychiatric DEU expressed, "You get a real and lived picture of the illness. The patient's experiences is something totally different, that you cannot read in [a] book". A patient in the same DEU said, "By telling my story to the student, I get the opportunity to clarify the illness and my problems to myself. I have to reflect over my existence and myself". The patient's voice is heard and in a joint reflection with the student about illness and health development a mutual learning can occur. The student and the patient have a common desire to understand how health can best be achieved and in optimal meetings both show responsibility for and care for each other, which requires security, solidarity and a sense of companionship. A student in the psychiatric DEU showed her strong will to understand the patient's world and to create a trustful relationship: "I thought that I must do something. I want to learn. I don't want to merely be inactive in the staff room in eight weeks, so I contacted the patient by myself and we had a dialogue, without a supervisor". In order to create meetings of a genuine nature a mutual invitation by both parties is required in which they make themselves available to each other. In these genuine encounters, which can be understood as genuine interpersonal meetings with professional overtones, is it possible for caring and learning to converge and an intertwining to take place, a unit is formed, which is more than just caring and learning separately. When they converge and intertwine they are strengthened and developed by each other and cannot be distinguished as separate components. This is an active process in which students take an active role in the patient's health development and their own development of understanding: "That's when I learn, when I'm caring, then I learn both how to approach the patient and the practical skills. I have to have a patient so that I can learn how I'm supposed to do it" (student in the orthopedic DEU). The patient participates actively in both his/her health process and the

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