



'It's complicated': Staff nurse perceptions of their influence on nursing students' learning. A qualitative descriptive study

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ABSTRACT

Background: During both teacher-led clinical practica and precepted practica, students interact with, and learn from, staff nurses who work on the clinical units. It is understood that learning in clinical practice is enhanced by positive interactions between staff nurses and nursing students. While much is known about preceptors' experiences of working with nursing students, there is little evidence to date about staff nurses' perspectives of their interactions with students in teacher-led practica.

Purpose: To understand teacher-led clinical practica from the perspective of staff nurses.

Method: A qualitative descriptive approach answers the question: How do staff nurses perceive their contributions to nursing students' learning during teacher-led practica? Nine staff Registered Nurses (RNs) working within a regional acute care hospital in western Canada were interviewed using semi-structured interviews. Interview transcripts were analyzed using cross case analysis to discover themes and findings were checked by several experienced RNs.

Results: Analysis showed that nurses' interactions with nursing students are complicated. Nurses want to "train up" their future colleagues but feel a heavy burden of responsibility for students on the wards. This sense of burden for the staff nurses is influenced by several factors: the practice environment, the clinical instructor, the students themselves, and the nurses' understanding of their own contributions to student learning.

Conclusions: Staff nurses remain willing to support student learning despite multiple factors that contribute to a sense of burden during teacher-led practica. Workplace environment, nursing program, and personal supports are needed to support their continuing engagement in student learning. Nurses need to know how important they are as role models, and the impact their casual interactions have on student nurses' socialization into the profession.

1. Introduction

To be effective within highly functioning teams, nurses need to be well educated, clinically competent, and properly socialized within their profession (MacMillan, 2013). The availability of such nurses is dependent upon nursing education approaches that effectively balance academic preparation and real-life practice experiences (Budgen and Gamroth, 2008; MacMillan, 2013). This need to integrate theory and practice places the clinical learning experience at the core of professional nursing education; throughout their education, nursing students are typically provided with opportunities to consolidate their knowledge and skills while being socialized into the profession (Levett-Jones et al., 2009). Rafferty (2013) has found that the calibre of nursing education is highly dependent on the quality of the nursing practice environment. Staff nurses who work with students are key to this environment.

Although clinical placements are intended to provide positive experiential learning opportunities, stressors within both academic and health care settings have created challenges in obtaining and providing positive clinical experiences for students (Levett-Jones et al., 2009; Slaughter-Smith et al., 2012). In Canada and elsewhere, unstable clinical environments, higher acuity of patients, and frequent shortages of staff and faculty have all contributed to less-than-ideal clinical learning environments in which supervising students has become increasingly difficult (Brammer, 2006; Sedgwick and Harris, 2012). Although there is much research available on what makes a positive clinical learning environment (Dunn and Hansford, 1997; Sedgwick and Harris, 2012), there is much less evidence available about staff nurses' perceptions of working with students. Such evidence is necessary if nurse educators are to work with nurses in practicum sites in a way that maximizes learning opportunities for the students.

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2. Background

A variety of clinical practicum models exist to provide positive learning environments for students, with the two most common approaches being preceptored clinical practica and teacher-led practica (Budgen and Gamroth, 2008). The preceptorship model, one of the most enduring and researched clinical education models, is considered by many to be the cornerstone of clinical education (Budgen and Gamroth, 2008; Sedgwick and Harris, 2012). During a preceptorship, the student works directly with an experienced staff nurse, who supports the student's learning goals and provides feedback on the student's progress to both the student and the clinical teacher.

Teacher-led practica are those in which a clinical instructor is assigned to work with groups of 6 to 10 students on one or more units or sites for a limited time each week. Although ideally the clinical instructor will be available to facilitate student learning and evaluate their progress, the dispersal of students across several sites frequently leaves clinical instructors little time for direct supervision (Tanner, 2006). When instructors must travel between units to supervise students, students seek guidance from staff nurses in a relatively informal way. It then becomes necessary for staff nurses to give guidance and evaluative feedback to students and the clinical instructor (Brammer, 2006; Walker et al., 2008). Brammer (2006) noted that there are tacit assumptions that nurses are willing and able to 'buddy up' with students in the absence of the clinical instructor and that students will benefit from these interactions. In situations of high patient–nurse ratios and limited time, supporting students informally can prove to be a breaking point for the staff nurse (Omansky, 2010) and can negatively influence

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