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Faculty Perceptions of Interactions Between Students and Registered Nurses in the Clinical Learning Environment

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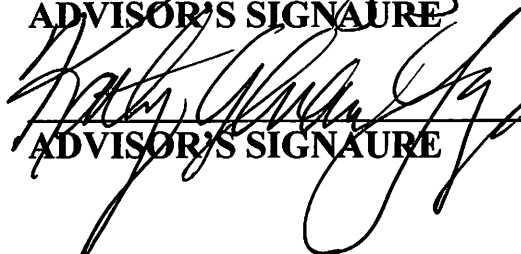
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Faculty Perceptions of Interactions Between Students and Registered Nurses in the Clinical Learning Environment

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Faculty acted as guides and assisted students with conflicts between theory and practice. Faculty reported enhanced relationships with nursing staff and experiences for students if employed at facility of if placement in facility was over an extended period.

Implications for practice include improving communication between students, staff, and management, preparing students for the placement, and recognizing the staff nurse's role in the education of students both verbally and in writing.

Running head: FACULTY PERCEPTIONS

FACULTY PERCEPTIONS OF INTERACTIONS BETWEEN STUDENTS AND
REGISTERED NURSES IN THE CLINICAL LEARNING ENVIRONMENT

A Paper

Presented to

The Faculty of the School of Nursing
San Jose State University

In Partial Fulfillment

Of the Requirements for the Class

NURS 297

By

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May 14, 2009

Abstract

Perceptions of the relationships between nurses and staff were evaluated from a faculty perspective to uncover the ways that the faculty react, respond, and help to support students. During interviews with faculty, access to practice and clinical unit atmosphere emerged as themes. Faculty described nurses granting access to practice by mentoring students and involving them in the entire care of the patient, or nurses who limited students' access to practice through unprofessional behavior, or "cutting corners." Unit atmosphere influenced learning both positively and negatively depending on inclusion of students, morale, and welcoming behaviors of staff.

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Implications for practice include improving communication between students, staff, and management, preparing students for the placement, and recognizing the staff nurse's role in the education of students both verbally and in writing.

Student placement within the clinical learning environment is a necessary step in the education of future nurses. Within this environment, students take up the practice of nursing, through an apprenticeship that combines theoretical knowledge, skilled performance, and value-based behaviors. When the student is in the clinical nursing environment, the nurse at the bedside provides that apprenticeship. While nursing school instructors are often present in a peripheral way, the faculty observes interactions between students and nurses or hears about the interactions in conference after they have occurred. Sometimes these interactions are positive and sometimes they are negative.

Purpose

The purpose of this research study was to explore the relationship between the staff nurse and the student nurse in the clinical learning environment from the perspective of nursing faculty in order to uncover the ways that students and staff nurses relate to each other and the ways that the faculty react, respond, and help to support the student. In particular, the faculty member's observations of both positive and negative encounters between nurses and students in the clinical setting were examined in this study.

Research Problem

In the clinical setting, students spend time with nurses as well as their assigned instructor. These interactions between students and nurses have been described as important to learning and socializing the student into the nursing profession (Atack, Comacu, Kenny, LaBelle, & Miller, 2000). Atack et al. further described relationships between staff and student nurses in the clinical setting as crucial for establishing a positive learning environment. This environment was characterized by students being treated as colleagues by nurses, involving students in the care of

patients by sharing assessments and incorporating students in the plan of care (Atack, et al.). As stated by Migdley (2006, p. 343), "It is in the clinical field that students learn to care, thus it is important that they feel valued and have a feeling of self-worth." However, Matsumura, Clark Callister, Palmer, Harmer Cox and Larsen (2004) found that staff nurses frequently have ambivalent feelings about teaching nursing students. Other studies have described nursing students as feeling forgotten, ignored, disliked, or barely tolerated by nurses in the clinical setting (Vallant & Neville, 2006, Jackson & Mannix, 2001). Because of the importance of the clinical learning environment in nursing education, maintaining a supportive learning environment is essential. Instructors are situated to observe the interactions between student nurses and registered nurses.

Background

Because instructors are responsible for a group of students, one-on-one instruction throughout the clinical day is impossible. Students work with the registered nurse assigned to the patient as well as being supervised by the instructor for specific skills. Because faculty members are in a unique position to observe the interaction between nurses and students in the clinical setting, they can help students assimilate their encounters with nurses and promote learning.

Nursing graduates have characterized their time in the clinical learning environment as important for developing skills and knowledge necessary for practice (Hartigan-Rogers, Cobbett, Amirault, & Muise-Davis, 2007). In a study by Papp, Markaanen, and von Bondsdorff (2003), nursing students described their clinical learning experiences as essential to their nursing education. Numerous studies have described the clinical learning environment as anxiety

provoking and stressful for student nurses (Carlson, Kotze, & van Rooyen, 2003; Chan, 2004; Cook, 2005; Gorostidi et al., 2007, Jackson & Mannix, 2001, Papp et al.). To address the needs of students in the clinical learning environment, studies have looked at the relationships of students and clinical instructors (Cook; Shelton, 2003; Tang, 2005), relationships between students and preceptors (Mamchur & Myrick, 2003; Vallant & Neville, 2006; Yonge, Myrick, Ferguson & Lughana, 2005), and student perceptions of the clinical environment (Chan; Hartigan-Rogers et al.; Papp et al.). Studies have also looked from the point of view of the staff nurse. Lusk, Winne, and DeLeskey (2007) described the perceptions of nurses working with students in the clinical setting, while Matsumura, Callister, Palmer, Cox, and Larsen (2004) investigated the staff nurse perceptions of the contributions of students to the clinical setting. In 2006, Hathorn published a dissertation describing the experiences of nurses working with student nurses.

Despite the many ways the student nurse and nurse clinician in the clinical learning environment have been examined, only two studies were found describing the relationship between the two. While exploring student perceptions of the clinical learning environment, Dunn and Hansford (1997) found staff-student relationships were the largest influence on student perceptions of the environment. Birx and Baldwin (2002) addressed these relationships by implementing a collaborative relationship between Radford University School of Nursing and The Department of Veterans Affairs Medical Center Nursing Service to promote nurturing staff-student relationships.

While many studies described the atmosphere of positive clinical learning environments or experiences (Hartigan-Rogers et al., 2007; Jackson & Mannix, 2001; Papp et al., 2003),

research has not examined faculty perceptions of the relationship between students and nurses. The anxiety-ridden and stress-filled environment of the clinical setting for nursing students needs to be scrutinized by faculty to promote the learning experiences of the students. This study examined the faculty perceptions of the interaction between students and nurses.

Methodology

Study Design

Because the interactions between registered nurses and students have not been examined from the perspective of the faculty, a qualitative, exploratory line of inquiry was selected. Qualitative research has been described as a method to investigate the subjective meanings of experiences for participants (Nieswiadomy, 2008). For this reason, a qualitative approach was chosen.

To protect the rights of the participants in the study, approval was obtained from the institutional review board where the faculty members were employed. A convenience sample of ten baccalaureate nursing faculty members from a public university on the West Coast of the United States was selected. Only faculty currently teaching in the clinical environment was selected to reveal current issues within the hospital setting. Because the area of interest for the study was regarding the relationship between staff nurses and students not in the precepting role, faculty were selected from courses in the program where clinical practicums occur with groups of students placed in one hospital unit over the course of the semester. Within the clinical setting, faculty members are responsible for ten students on one to four floors, depending on the unit and hospital requirements. Faculty pair students and nurses together, assigning students one

to two patients for learning. Courses included medical/surgical nursing, obstetrics, and pediatric nursing.

In addition, participants consented to the research process after affirmation that anonymity would be assured. Semi-structured individual interviews were tape-recorded and field notes were taken. Interviews varied in time according to information shared by the participants, from a minimum of ten minutes to a maximum of 57 minutes. The average length of interviews was 20 minutes. A demographics questionnaire was employed to gather data regarding gender, education, employment status at the university, and length of time teaching. No identifying personal information was recorded on the transcripts or field notes. Pseudonyms were assigned to interviews and demographic questionnaires to maintain anonymity.

Following transcription, interviews were verified for accuracy by the researcher. Once verification had been completed, analysis was begun. Transcripts were read and notes were taken to identify themes. Further review of the transcripts revealed additional insight into the underlying themes within the interviews. To prevent bias on the part of the researcher, the researcher documented personal feelings and experiences regarding the relationships between nurses and students in the clinical environment.

Participants

Ten participants engaged in semi-structured interviews with the researcher. All of the participants possessed a Master's degree in nursing, with one currently pursuing a doctorate. Four participants had less than five years' experience teaching, while the other six participants had taught between five and ten years. The majority of clinical settings were large hospitals and research hospitals with more than 250 beds. Two participants were teaching within community

hospitals. Of the faculty interviewed, six specialized in medical-surgical nursing, three specialized in obstetric nursing, and one specialized in pediatric nursing.

Findings

Faculty were asked to describe both positive and negative experiences, observations, or encounters they have had in the clinical setting between registered nurses and students. Through the response to this question, several themes emerged describing positive and negative experiences. These themes included access to practice and clinical unit atmosphere.

Access to Practice

During interactions with students, some nurses draw students into the practice of nursing while others behave in negative ways or attempt to deny students access. One method nurses employ to draw students into nursing practice is role modeling, demonstrating and sharing their thinking and decision-making processes. Faculty described positive interactions as those where nurses modeled effective communication with other health care providers and involved students in the entire care of a patient. In one instance, Alese described how a nurse demonstrated both communication and patient advocacy:

...in one particular instance, there was a patient that was dying and the nurse that was caring for that particular patient also was paired up with a student from [the same school]. And she just involved her in the whole discussion about palliative care, advocacy for the patient. There was just a dialogue going back and forth. I think that student really took away the message of what a role of a nurse is in the light of the dying patient and how to support them and how emotional it can be.

Involving the student in the entire care of the patient goes beyond role modeling. Role modeling is described as passively learning through observation with limited engagement or contact (Killeen & Saewert, 2007). The findings in this study reveal an opportunity afforded by the nurse to a deeper, more engaged type of learning. The nurse is providing the student an entry into the practice, an opening onto one of the most privileged parts of the practice, caring for those who are dying.

Many participants described nurses as taking students “under their wings.” These nurses moved beyond merely having the student shadow their activities, but actively involved and engaged the students in the entire care of their patients. Within the experience, students were taught organizational skills, prioritization, procedures, time management, and how to use resources; all essential skilled-knowledge of practice. Alese, the same nursing instructor, described a different student who experienced this phenomenon:

I mean that she really felt that the nurse was helping her to grow, allowing her to do things, giving her positive and negative feedback. They also had a situation where they were questioning whether or not they should be giving a couple of hypertensive meds to a patient. Again, she involved the student in with her thinking and then discussed it with the doctor and the doctor said to give it and the nurse that was caring for this patient very respectfully told the doctor that she really could not give it, that she felt it was endangering to the patient.

By involving the student in her thinking, the nurse is again drawing the student into the practice. Students have little experience communicating with physicians. By including this student in the thinking and then having her observe the discussion, the student gains valuable

insight on the importance of nurse-physician communication along with how to resolve a situation in a respectful way.

Not all role modeling was positive, however. Faculty described some nurses demonstrating a lack of patient advocacy, unprofessional behavior, and “cutting corners.” Faculty expressed that learning took place despite negative role modeling. When describing the previous student, Alese once again described an encounter with a less experienced nurse:

Interestingly enough, this same student had a similar scenario with another nurse who was...not as experienced, and they gave the medication and the patient’s blood pressure dropped and the patient had to be transferred to a more critical unit. What a great experience that was. She was able to see how two different nurses approached the same issue and how outcomes were different and how important it is to be assertive in your communications.

The faculty member points to a unique occurrence, the “great experience” where the student is able to juxtapose the two situations. While the second experience was not a great experience for the patient, the learning experience for the student is highlighted. The situation vividly unfolds in the second occurrence to a point that the patient needs to be transferred to a critical unit. The sharp difference between the actions and responses of the two nurses sets up a situation for experiential learning and the student learns what a difference nursing intervention makes.

Several faculty related difficulties when students observed nurses “cutting corners,” or not performing care or procedures consistent with practice standards. Henry described how students respond to these conflicts between theory and practice.

Well, the most important negative experiences are experienced nurses if they are cutting corners and they just do... The students very frequently picked that up. They say, "Hey," they tell me, "I can't believe we saw this and we saw that."

Faculty expressed how they addressed this problem, framing it within the principles of equifinality and safety. Many faculty took the reported breakdown in practice as an opportunity to discuss or coach the formation of the students' practice as nurses. While discussing the dilemma students faced, Julie, a nursing instructor, provided an example of how she responds to students with these concerns:

I've had a variety of different situations there where students have come to me and reported things that they didn't think that the staff nurses did correctly and we kind of had to deal with that in a kind of diplomatic way, depending on what it is, and I always emphasize that there's a scope [of] practice, that each person, every nurse, develops a style that every nurse develops of carrying out that practice. I mean, there is a line of safe and unsafe, but there are these grey areas that certain steps don't really matter exactly how they come about.

While Julie does not depict the nurse as right or wrong, she explains that styles of practice allow nurses to take different paths to reach the same goal. This is an opportunity for clinical faculty to point out the realities within the practice and that gray areas exist.

According to faculty, other areas where students encounter challenges are learning to deal with different personalities and being held to a higher standard as students and new graduate nurses. These issues are directly related to negative role modeling, with the students needing to

develop their professional roles with the principles of equifinality and safety. Michelle describes how she talked with two students about professional role development and being held to a higher standard:

But I told them, "This is actually very important because you need to hold yourself to a higher professional standard. And even though you see somebody that's surfing the internet and doing shopping...is that really what you want to be doing? Do you really want to be one of those nurses that is sitting at the desk when they should be in the room with their patient?" ...I said that, "Actually, you're going to encounter this in your work when you go out in the real world. People are going to be challenging you because you're the new nurse. You're going to be held to a much higher standard. You know people will be testing you."

In this example, Michelle uses the opportunity to talk with students about professional role development, helping the students in identifying their practice as nurses. These students, when faced with the negative role modeling by nurses, have to decide how they will practice as nurses, based upon the modeling provided during the clinical learning environment. As faculty described earlier, there are many ways to do things, but safety is paramount when taking care of patients. Michelle discusses the realities of the workplace, the challenges that they will face as new graduate nurses.

Faculty described a wide range of behaviors and multiple examples of nurse role modeling for students. From the inclusion and involvement of the student into the situation to negative examples of cutting corners, students were able to learn from these experiences.

Situations where conflicts between theory and practice occurred provided faculty the opportunity to discuss how the students would form their own practice as nurses. The faculty valued positive situations as they could see the nurses enabling and encouraging the students to grow in their own nursing practice. The nurses were providing access to the practice for the students to learn the role of a nurse.

Nurse behaviors directly influenced relationships with students and their access to practice. Faculty described nurses providing a welcoming environment to students, or seeking out students for experiences to enhance their learning, increasing access to the practice of nursing. In contrast, other faculty described nurses who do not want to work with students, or working with the student while having a negative attitude, which limited students' access to nursing practice. Ales provided this illustration:

...they may not want to take a student but they don't communicate that, so there are these negative messages that are being transmitted but it's not out in the open...

Anna further clarifies how these behaviors limited students' access to the practice of nursing:

Sometimes staff nurses just don't want to work with students. I don't think that anybody has ever said, "I don't want to work with this student," but sometimes the students sense that, report that like in conference, they'll just report that the nurse was, "unavailable," or, "she really didn't teach me much."

These examples demonstrate how the action of the nurse affects the relationship with the student. While the faculty related these interactions as being in the minority, they clearly influenced relationships between students and nurses. Both positive and negative nurse behaviors affected the students' access to the practice of nursing.

Clinical Unit Atmosphere

Throughout the interviews, the nursing faculty commented on how the atmosphere where the learning occurred influenced the interactions between students and nurses in different ways. Faculty described a positive atmosphere on nursing units as one that was inclusive of students, with nurses welcoming students into the unit. When explaining this positive atmosphere, faculty described such things as nurses taking breaks together to enjoy each other's company; management being supportive of nurses; and nurses sharing responsibility for errors in a blame-free environment.

In contrast, faculty also discussed units where nurses had a negative relationship with management and how this influenced student-nurse relationships and the learning environment. Anna described this issue from her point of view:

There's a little bit of a disconnect with the management and with the staff nurses and I think [that] sometimes creates negative feelings on the staff nurses' part, and then I think it boils down to students because it affects morale.

In response to issues with low morale on a unit, faculty described addressing concerns with students individually and as a group during postconference, discussing reasons for negative attitudes on the unit. Unfortunately for students, negative relationships between nurses and

management affect the climate of the unit, which makes nurses less likely to welcome students and provide learning opportunities for students.

In addition, other problems affecting the relationships between the students and nurses were the fast pace of the unit and the complexity of the patients on the unit. Busy nurses at times took over procedures from students or passed medications to save time. The unit atmosphere and its effect upon the student were illustrated by Carrie:

...now one of the things that happens, and it doesn't matter whether it's the best, most caring nurse, who's the most willing to have students, or whether it's somebody who sort of rolls her eyes and reluctantly takes a student on. There are times when all hell has broken loose on the unit and the nurse will either be short with the student or just 'Get out of the way, I gotta do this,' kind of thing. Almost every time that happens, a student personalizes it and I spend the next 45 minutes in post-conference rebuilding their self-esteem and getting them to see that it's not about them, because they personalize it.

Carrie describes her role in the situation as one of a guide, helping students to reconcile the experiences and learn from them. While the faculty could not change the chaos, she assisted the students in realizing that the incident did not reflect on the students personally. The student approaches events in the clinical as a learning experience for them. The staff nurse has ultimate responsibility for the patient, and becomes very direct in communication with the student because a real or potential threat to the patient's safety is perceived. Allowing the student to have a learning experience is a secondary priority for the nurse. The role of the faculty member

is to get the student to see how the nurse is prioritizing, maintaining patient safety, and not to personalize the nurse's actions.

Within the unit, faculty described how their previous experience on the unit affects how the students were accepted and received by the nurses on that unit. Faculty who had been placed at a facility for an extended length of time described better relationships with nurses over time and increased learning opportunities for students. In addition, faculty who worked on the unit where the learning took place described enhanced student-nurse relationships. Tuan described how his experience working on the clinical unit where the students were placed affected relationships:

I think that the nurse knows me, the nurse know how...who I am, what I can do, so they feel more open when the student [comes] in, [they] feel like under my leading, they feel like the student knows what they're talking about, or they know how to do it...I think that's the first thing that...that's why the students or the nurses are more open, person to person.

Tuan's example demonstrates how the faculty's experience within the facility influences the relationships between students and nurses. Trust in the faculty, either through a working relationship or a relationship built with faculty placement in the unit over time, affected the relationships between nurses and students. Faculty were able to describe how this trust was evident in the atmosphere in the unit.

Discussion

The relationship between the staff nurse and the nursing student has been explored from the perspective of the staff nurse and the nursing student, but little is written from the perspective

of the nursing faculty instructor about this essential relationship. Based on the findings in this study, we see that the instructor is there as an observer, a coach, a buffer, and a bridge between students and nurses. While the intent of the study was to uncover the nature of the relationships from the faculty perspective, impetus for the study was related to negative encounters that had been observed by one of the authors. It was reassuring to discover most of the faculty used this research to discuss the positive aspects of the relationships and most expressed relationships between students and nurses as positive. Similar encouraging relationships were observed by Lusk, Winne, and DeLeskey (2007), where staff nurses expressed the feeling that overall student contributions were positive. When the faculty were confronted with questions about negative behaviors or recognized negative behaviors, the faculty member used several techniques to help the student to navigate through difficulties. In one situation, the faculty pointed out the juxtaposition of two nurses' responses to a similar situation. In other situations, the faculty is the person who must explain the ambiguities of practice.

One of the most important aspects uncovered in this study is how the nurse gives the students access to the practice by drawing the student into the situation as fully as possible. The metaphor of taking the student "under their wing" shows the nurses' willingness to envelop the student and bring them further along on their journey. While most positive experiences described by faculty involved modeling the professional role of the nurse, some nurses moved beyond merely role modeling. In the instances described by faculty, nurses who took students under their wings involved students in the entire care of the patient with discussions regarding patient advocacy, interdisciplinary communication, use of resources, and problem solving. Research has underscored the importance of active involvement in the care of the patient for

student learning (Atack, et al. 2000; Hartigan-Rogers, et al. 2007; Jackson & Mannix, 2001).

The act of nurses fully engaging the students allows students uninhibited access to the practice of nursing.

Faculty identified several conflicts occurring between students and nurses which limited students' access to practice. While research has identified occurrences of nurses not willing to teach students, student conflicts between theory and practice when viewing nurses "cutting corners" was not identified (Hathorn, 2006; Jackson & Mannix, 2001; Vallant & Neville 2006). The role of the faculty member in reconciling this conflict needs to be further examined.

The atmosphere of the unit was described by faculty as influential in the relationships between students and nurses. A positive atmosphere welcoming of students and supportive management has been described as essential for student learning (Atack, et al., 2000; Dunn & Hansford, 1997; Jackson & Mannix, 2001; Vallant & Neville, 2006). Conversely, hectic units have been identified as affecting students learning negatively with students feeling unsupported, reluctant to ask questions, or viewed as a hindrance to busy nurses (Atack, et al.; Hathorn, 2006; Matsumura, et al., 2004; Vallant & Neville). While faculty does not have control over the pace of the unit, faculty identified the role of assisting the students in reconciling the events of the shift, helping students not to take situations personally. Once again, the faculty role of reconciliation highlights the need for further research into this essential responsibility.

Given the challenges of trying to find placements for students, one finding of this study is the use of faculty who already have a relationship with the unit where students are placed. These instructors reported having improved relationships with the staff and more learning experiences for students. One limitation of this study was uncovered when these findings were examined.

The authors felt that more demographic information could have been collected because of a perceived link between the instructor's experience and relationship in the assigned unit to the way that the student is treated within the unit. This is an area that requires further study.

Implications for Practice

Faculty members occupy a unique position within the clinical environment. They serve as a liaison between students, staff, and management. To improve relationships and increase student access to practice, faculty should take measures to improve the communication between these groups. Methods to enhance communication include posting descriptions of objectives as well as student roles and responsibilities. Meeting with management and nurses before students start the clinical rotation can lay the groundwork for positive relationships by improving communication. In addition, faculty can prepare students for the clinical setting by describing the pace of the unit, what to do when nurses are overwhelmed, what to do to assist with the overall functioning of the unit, how to communicate clearly with nurses, and understanding the nurses' main priority is patient safety. Students can be assigned the task of communicating responsibilities and skill-level with the nurse, including daily goals and objectives. Finally, recognition of the additional role of nurses in educating students must be recognized verbally and in writing. Staff can be commended for their willingness to work with students by the faculty member to the unit supervisor in writing. Both students and faculty should thank nurses verbally daily and at the end of the clinical rotation for the additional time and energy spent educating students. While relationships between students and nurses have been described as positive overall, steps can be taken to cultivate a welcoming learning environment for students.

Summary

This study provides faculty confirmation of views held by students and nurses in the clinical setting. Faculty played a pivotal role within the learning environment in the relationships between students and nurses. Although the majority of the relationships were described as positive, many factors influencing student-nurse relationships were beyond the control of faculty. Access to the practice of nursing was granted freely by some nurses and limited by others. To promote student learning, faculty demonstrated support for students, assisting students in reconciling difficult situations and conflicts between theory and practice. Additional research is necessary to determine the most effective methods of reconciliation to increase student access to practice. Faculty are privileged to participate in and observe the relationships between nurses and students within the clinical setting and can implement many strategies to improve communication between the two. With awareness of the issues facing students and nurses, faculty can enhance the clinical learning environment, a necessary step in the education of future nurses.

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