Leadership for learning: a literature study of leadership for learning in clinical practice

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Acknowledgements: versions of this paper have been presented to the emotions network at the University of Surrey and the research team at CRNME; thanks go to all those colleagues for their stimulating critique and engagement with the study.

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Abstract

Aim: to report a literature study of leadership for learning in clinical practice in the United Kingdom (UK).

Background: previous research in the UK showed that the ward sister was central to creating a positive learning environment for student nurses. Since the 1990s, the ward mentor has emerged as the key to student nurses' learning in the UK.

Methods: a literature study of new leadership roles and their influence on student nurse learning (restricted to the UK) which includes an analysis of ten qualitative interviews with stakeholders in higher education in the UK undertaken as part of the literature study.

Results: Learning in clinical placements is led by practice teaching roles such as mentors, clinical practice facilitators and practice educators rather than new leadership roles. However, workforce changes in clinical placements has restricted the opportunities for trained nurses to role model caring activities for student nurses and university based lecturers are increasingly distant from clinical practice.

Conclusions and implications for practice: leadership for learning in clinical practice poses three unresolved questions for nurse managers, practitioners and educators - what is nursing, what should student nurses learn and from whom?

Implications for Nursing Management: leadership for student nurse learning has passed to new learning and teaching roles with Trusts and away from nursing managers. This has implications for workforce planning and role modeling within the profession.

Key words:

Higher education

Learning in practice

Nursing leadership

Professional learning

Introduction

This paper reports a literature study which critically evaluated the literature in the area of leadership for learning in clinical practice in the British setting only (Barrientos 1998). A literature study is wider than a literature review and allowed us to critically analyse and evaluate the literature *and* other sources of information on a topic, including stakeholder interviews as in this case, as well as formulate an argument and present the resulting analysis in relation to new aspects of inquiry.

We argue that the structures of ward management have radically altered since the National Health Service (NHS) Plan (DH 2000) and that these structural changes, which have shaped both nurse education and nursing practice, have influenced the nature of leadership for learning in the UK; pivotal to these structural changes have been the changes to the role of the ward sister and the introduction of new nursing leadership roles.

We have therefore structured this paper in two main parts: the first discusses the literature concerning the structural and policy changes which have affected the nature of leadership for learning and the second discusses the literature on learning in professional, nursing practice. We intersperse each of these discussions with extracts from stakeholder interviews undertaken as part of the literature study to illustrate the

meaning these policies have for individuals at the centre of policy change in nurse education.

Historically student nurses were the primary care givers as well as learners in wards. Moores & Moult (1979) estimated 75% of direct care used to be given by students in the 1970s and trained nurses taught and students learned while they worked (Fretwell 1982); at least until the curriculum reforms of the 1980s and the introduction of supernumerary practice for students with the Project 2000 curriculum (Wilson-Barnett et al 1995; NMC 2004). The introduction of subsequent curricula (UKCC 1999; NMC 2004) led to debates about fitness for practice and competency among student nurses and trained staff as well as continuing differences in opinion about the place of nursing in higher education institutions (HEIs) (Altschul 1992; Draper 1996). Lahiff (1998) notes that there was always a resistance to intellectualism which led to a paralysing ambivalence in nursing vis a vis education; its location in higher education and its consequent relationship with the NHS continue to raise questions for the national stakeholders we interviewed.

Repeated research during the 1980s (Fretwell 1982; Lewin & Leach 1982; Ogier 1982) showed that positive working relationships between permanent staff and students led to a good learning environment. In addition, these researchers also found that the ward sister had a key role in determining the ward learning environment. Smith (1992) found that, in addition, a good learning environment for student nurses led to good patient care. However, following this period of relative stability, Wiseman (2002), collecting data in the mid 1990s, found that the ward learning environment was fragile and adversely affected by changes in the ward sister role.

The study design

The literature study formed stage one of a two year project funded by the General Nursing Council Trust for England and Wales; stage two included empirical data collection in four sites in England (to be reported in a separate paper). University ethical approval was obtained for the literature study which involved a review of published policy and literature to investigate national changes and policies related to the clinical learning environment for student nurses as well as consultation with ten key national stakeholders in face-to-face interviews. The following terms, learning in practice; nursing leadership; professional learning and higher education, were searched in the following electronic databases: BNI; CINAHL; Medline(Ovid) & Medline Pubmed; PsyInfo; IBSS; British Education Index. The inclusion criteria were as follows: English language, peer reviewed, national and international journal papers from 1990 until 2006. The focus of the literature and policy was the UK. Reports from national professional bodies and policy documents from the Department of Health were also included. These policy documents generally formed the background to the literature study rather than the focus of the papers included in the review. The collected literature was then read by one researcher (HA) and further papers were retrieved which did not include the search terms as themes developed in our analysis of the literature. A thematic analysis was then made of the literature (Barrientos 1998) using the following questions:

1. What is the main focus of the paper?
2. What are the main findings?
3. What implications are there in this paper for leadership for learning?

Four key themes emerged from answering these questions following careful reading of each paper and these are presented in this paper:

1. Changes in clinical leadership

2. Evaluation of the move to higher education in the 1990s
3. The nature of professional learning in nursing
4. Student nurses' learning experiences

An interview schedule was developed following the initial reading and thematic analysis of the collected papers. The interviews were undertaken with four heads of nursing schools, one deputy director of nursing education, two nurse education managers, a participant of a national leadership programme, one professor of nurse education and one professor of nursing research. The interviews were transcribed verbatim and analysed thematically within the research team. The stakeholder interview data are useful as a means to contextualising the reality of policy changes for those driving and indeed implementing the policy agenda; their views provide an interesting counterpoint to the research data which is fairly limited.

Changes in clinical leadership

There were 12 papers which discussed changes in nursing leadership and their impact on learning which were a mixture of original research (7) and commentary[2] (5).

Leadership for learning is at the forefront of the new NHS because changing workforce initiatives introduced by Government since 1997 demand new ways of working and learning (Melia 2006). However, in terms of leadership for student nurse learning and drawing on empirical work, Melia argues that new nursing roles are "shaped by changes in the medical workforce and particularly by the desire for a consultant led service" (2006:1) and that delivering the new NHS reforms is driven by a workforce agenda rather than an educational one. The challenge remains for, "practice disciplines need to map

[2] However while acknowledging that in a literature study the type of paper needs to be acknowledged, i.e.: research as opposed to commentary or policy; nevertheless the commentary pieces are frequently written by researchers in the field and can therefore be seen as evidence based.

university qualifications onto skills" (2006:22); and this challenge affects fitness for practice at the point of registration. For example, in a commentary paper reflecting on the changes in the role of the ward sister during the 1990s, Mann (1998) describes her experience of being a ward sister and now a specialist nurse; she observes that the former had a strong emphasis on student nurse learning while the latter has little.

Lorentzon's review of modern matrons (unpublished) suggests that the changes to the ward sister's role in the 1990s led to a gap in nursing management filled by the modern matron. She argues that the re-introduction of matrons "reflected a political awareness of public nostalgia, if not for Hattie Jaques character, for the person who was perceived to hold it all together" (unpublished:3). Lorentzon points out that there are few references to learners in the literature on modern matrons (including policy documents). Of the research papers which do explicitly refer to leadership roles and student nurses, Hutchings et al (2005) cites mentors and matrons as key stakeholders in regard to determining the number of learners who can be accommodated in particular clinical areas. And Scott & Savage (2005), in their national evaluation of the modern matron role, list nursing education as a core function of modern matrons but provide no further discussion on this topic. Rather vague references are made to student nurse learning in two commentary papers; Carlowe (2002) reports one matron seeing her role as including supervision of students and Mercer (2002) stresses the need for modern matrons to have an appreciation of the value of learning.

While there are few references to student nurse learning in the leadership, research literature, learning organisations and cultures (MacCormack & Slater 2006) are seen as a way of promoting leaders for learning and therefore improvement in the delivery of services (Kerfoot 2003).

The notion of role modelling is seen as a traditional expectation of less experienced nurses learning from more experienced nurses and role modelling is thought to allow students to work alongside practitioners in busy wards (Murray & Main 2005). Davies (1993) argued that clinical role modelling could integrate the art and science of nursing. Students in her study were able to articulate their values to 'good' and 'bad' care through exposure to clinical practitioners. The role of the teacher was to facilitate expression of values to facilitate their development as trained nurses. However, changes to skill mix on wards (Langridge & Hauck 1998) and the lack of constructive feedback from role models which allow students to convert observed behaviours into their own behaviour (Donaldson & Carter 2005) are noted in both these studies to adversely affect the potential of role modelling for learning.

Evaluation of the move to higher education in the 1990s

In the context of nursing leadership for learning, the relationship between education and practice has had a pivotal role in shaping the occupational culture and politics of nursing (Rafferty 1992; Birchenall 2003; Kirby 2003; Lorentzon 2003); indicated perhaps by the number of papers (34) reviewed in this theme. In all 14 commentary papers, three policies and 17 research papers were reviewed in this theme.

Overall, the move to higher education has been difficult for nursing education (Burke 2005; Thompson & Watson 2006; Betts 2006) for many of the reasons described by Lahiff in her analysis of the earlier introduction of experimental degrees in nursing. For example, the Times Higher Education (2005) cited the HEPI Report which found that nurse training is embedded in higher education without the profile of typical higher education subject. Nursing admits students with sub-degree qualifications for entry and research is marginal; per capita spending on nursing is less than medicine and dentistry.

Lorentzon (2003) comments that this lack of integration into higher education as a result of the socialisation practices of 19th & 20th century student nurses into nursing which continue to be problematic today. These practices meant that a split developed between clinical practice and theory in curricula and the move into older polytechnics meant developing research has been difficult and nursing departments less well integrated as research disciplines in higher education sector. She locates the move historically as a professional agenda of nurse tutors which was unsupported by practitioners.

While knowledge may have been seen as possible within the university, Horrocks (2005) comments that nursing's move to higher education coincided with the introduction of corporatism into universities and nursing became caught in the drive for outcomes and less rather than more scholarly activity. It has also coincided with widening access across the higher education sector generally as Magnusson et al (2006) found in their empirical study of clinical placements.

Importantly in relation to clinical learning, Stew (1996) argues from empirical data that the move into higher education led to an increased theory practice gap in the way nurse teachers were viewed by practitioners as well as their perceived credibility and the effect of these on student learning and clinical skills. The role of the clinical teacher and the nurse tutor/lecturer are relatively well researched in the literature and obviously remain a source of anxiety among the nurse teaching profession (Millar 1993; Davies et al 1996; Carlisle et al 1996; Kirk et al 1996; Kirk et al 1997; Camiah 1998; Glen & Clark 1999; Ioannides 1999; Humphreys et al 2000; Murphy 2000; Fairbrother & Mathers 2004; Gillespie & McFetridge 2006). The role of the university based nurse lecturer and nurse tutor is seen to be to support the mentors, to remain actively engaged with evidence

based practice if no longer clinically delivering hands-on care and to support a learning environment and practice development. For example, in one of these research paper, Humphreys et al (2000:311) argue that a realignment of the role of the lecturer is overdue given the "shift in responsibility for clinical learning"; namely from the tutor to the mentor.

Ashworth & Morrison (1989) suggest that the move to higher education would lead to stronger links between academia and practice but addressed the difficulties they saw for student nurses in negotiating the ambiguities the new role offered them as undergraduate students. Drawing on empirical data, they argue that these ambiguities arose firstly from the theory practice gap and the learning opportunities it presented in terms of which role the student undertook either as the learner *or* the producer of work; secondly from the placement experience and the short term nature of their membership in clinical teams.

Along with these concerns with the role of the link lecturer, the ambiguities of nursing student identity as learners in both the university and the NHS (Burkitt et al 2000) and the supervision of learning in practice have been well researched. There has also been concern with fitness for practice expressed in commentaries in the literature (Bradshaw 1997; 1998; 2000; Chambers 2007). However, in a comprehensive policy review commissioned by the Nursing and Midwifery Council (NMC) (Moore 2005) into *Assuring Fitness for Practice*, Moore concludes that the concerns expressed in the literature are exactly that, concerns rather than substantiated evaluations or research studies; "there is no robust evidence to indicate systematic failure to prepare nurse who are fit for practice at the point of registration" (2005:76). Indeed, in comparison with international regulatory bodies, the UK system of regulation and accreditation is well regulated, well-

structured and rigorously delivered. He does report evidence of weakness in assessment of and a lack of standardisation of clinical competence, pressures on clinical placements due to the increase in student numbers and inadequate preparation and shortages of mentors. Chambers (2007) usefully points out in an editorial that a basic discrepancy between views held by nursing management and education around what constitutes fitness for practice. He argues that education educates students to be fit for the future and nursing managers wants newly qualified nurses who are fit for purpose; these two views have always held sway within nursing but recent Government reforms are bringing them into conflict more openly.

In two public statements, the Council of Deans & Heads of UK University Faculties for Nursing and Health Professions has made clear its concerns with the problems raised by Moore (2005). In their draft response to the NMC consultation on current standards on mentoring (2005), they argued that there are limitations on learning in the current practice environment i.e. a higher turnover and dependency of patients in clinical areas. The Council urged the NMC to move away from its emphasis of hours completed in clinical practice irrespective of the quality of those hours; instead they argued that to deliver competent nurses on qualifying, more use could be made of practice gained in simulated environments. Likewise it disagreed with the NMC's suggestion of an advanced level of mentoring while continuing to emphasise the importance of mentoring and suggesting replacing the hours in practice and therefore the stress on mentors with increased hours of simulated learning and assessing practice with OSCEs. They emphasised support and development of all mentors rather than creation of a new role of "experienced" mentor suggested by NMC.

In a press statement from the Council on local funding, commissioning and contracting issues in England, the Council argue that the current cuts in places for nursing, midwifery and allied health professions students are short sighted and take no account of workforce needs in the future (2006). In particular, they draw attention to the problems created by commissioning and contracting between the NHS and higher education institutions which are destabilising the education and training infrastructure" and "totally undermining the partnerships between universities and the NHS" (2006:1). In a Hansard Report of a debate on the impact on higher education of NHS commissioning 20th February 2007, these points are again raised.

The stakeholder interviews

The stakeholders' main reactions to questions around leadership for learning and the move into higher education focused on the difficulties of establishing relationships between higher education and practice and the effects of those relationships on student learning. For example, when asked about the nature of commissioning in higher education, one interviewee said learning in clinical placements was "*Worsened by a lack of communication between HEIs [higher education omstotutions]and practice and lack of IT skills in clinical staff and lack of "refined" processes in clinical areas which conflict with expectations [in HE]that students will develop different set of skills e.g.: analytic and critical skills*" (STGNC402/06).

One interviewee commented on the physical spaces students negotiated between education and practice saying, "*role modelling is more difficult with students being located in HE*" (STGNC203/06). And another said, there is

"*Confusion among students whether nursing education is campus or practice based learning. Role models are needed for students to identify what nursing contribution nursing makes to multi disciplinary team –*

specialist nurses have deskilled general nurses and students need exposure to all nursing leadership roles. Specialist nurses don't see pre-reg as part of their remit – prefer to work and teach registered nurses within the speciality" (STGNC503/06).

This interviewee explained that while nursing leadership roles had developed,

"Ward managers were seduced into managerialism at the same time as the resurgence of clinical roles which don't seem clear as to their focus on student nurses' learning – it appears to be left up to the individual practitioner" (STGNC503/06).

In the absence of leadership from senior nurses in practice and a physical space between practice and education, leadership for learning has become relocated, "A*cademics can't support effectively in practice – pressure is on mentors and lack of academic clinical career – the model we've got in nurse education is historical... if you were picked out for being bright and teaching was your thing, then you were sort of lost to the profession. We can't sustain that in the future' (STGNC402/06).*

"Modern matrons are not really fitting with student learning; more interested in making wards run properly. I think the qualified accountable nurse as mentor is much more important than the Ward Sister in showing that learning is done. They are responsible for their students' learning." (STGNC706/06)

And the consequences of leadership of learning being situated with mentors was suggested to have implications for the future structure of education of student nurses at Diploma level,

"Undergraduates have role models in HE but do Diploma students? Schools of nursing are being recreated in 'parent trusts' and student nurses have an identity with practice not HE" (STGNC303/06).

In summarizing the move to higher education, one interviewee said,

"We've lost our way in having any genuine oversight of [our] students' learning on the ward" (STGNC503/06).

The nature of professional learning in nursing

The search was narrowed in this theme to focus on 24 research papers which dealt explicitly with professional learning in nursing due to the large number of papers available on professional learning more generally (Evans et al 2005).

Stickley & Freshwater (2002) explored in a qualitative study the question, Why do people enter nursing? They argued that healthcare delivery systems drain the capacity to care which prompts students to enter nursing; this draining of the capacity to care has a bearing on learning and the development of the individual student's nursing or professional identity. In a later paper, Freshwater & Stickley (2004) suggest that emotional intelligence and the capacity to care influences nursing behaviours and the delivery of care. Emotional intelligence is, they suggest, also linked to what students understand nursing to be and what do student nurses learn to do as nurses. The notion of vocation or the attraction to caring work and its role in learning is commented on by others (Hugman 1991; Rozier et al 1992; Danka 1993; Barnitt 1998). In relation to learning and socialisation in nursing education and drawing on empirical data, Akerjordet & Severisson (2004) argue that developing *moral character* in relation to clinical practice is important on fostering the mental health nurse's identity. Supervised learning in clinical practice fosters emotional intelligence, responsibility, motivation and the deeper understanding of patient relationships and the mental nurse's identity and role.

In several research papers, the importance of how students learn in the clinical setting given that learning is culturally situated and individually constructed by a variety of different sources is emphasised (Jarvis 2005; Swanick 2005). For example, Lave &

Wenger (1991) discuss the role of the sociocultural acquisition of knowledge and the role of everyday cognition in a variety of social contexts. In the nursing context, Spouse (2001) argues that sociocultural learning with supervision to foster professional and education development is effective in developing competency in nursing students. She also emphasised the mentor's role in making craft knowledge explicit and facilitating understanding through repeated exposure to experience.

Inherent to professional learning goal is the question of professional identity. For example, Hohn, Lanz & Severisson (1998) found that nursing students' experiences of process-oriented group supervision fostered nursing students' professional identity and their preparedness to act and reflect; they also found that professional identity includes increased understanding and ability to sense patients' needs, as well as increased self-confidence and responsibility towards patients.

In a literature review of learning in clinical practice, Field (2004) argues that the most recent curriculum in England acknowledged the importance of competent nursing practice and shared responsibility for achieving this by making NHS employees jointly responsible for this with teachers based in higher education. She argued that the drawback of adopting Benner's learning framework in pre-registration education (as in the Project 2000 curriculum) meant that there was little emphasis on psychomotor skills and how the student acquired the expertise to deal with risk and decision making; for Benner & Wrubel (1989) learning is practical knowing without understanding through experience. Field argues students need to access hidden means of professional learning and suggests that situated cognition describes methods of practical learning used in professional education. Benner's approach relies on a good learning environment and stimulating dialogue between a good mentor with good knowledge who in turn requires

senior support; as Finnerty & Pope (2005:315) found in their study, the transfer of craft knowledge in professional practice "occurs through a range of subtle, often hidden, methods".

A number of research papers dealt with emotions and learning. For example, John (2000) argues that professional learning is charged with emotion but emotional learning has been a neglected aspect of socialisation; in fact, emotions are helpful in decision-making in situations of indeterminacy. For Clouder (2005), learning occurs where knowledge encountered is "troublesome" and the student has to integrate new knowledge with existing thoughts and knowledge. Learning in this way has been defined as threshold or transformative in nature and as such "liminal". She suggests some concepts are particularly troublesome such as caring where the messiness of practice conflicts with the ideals students hold of caring; students would like learning to care to be trouble free! But it exactly this messiness where learning occurs and where emotions are fruitful and creative part of learning – the emotions in practice give rise to indeterminacy in decision-making and then learning takes place. Of particular interest is the notion that emotions do not interfere with rational choice or decision making but enhance decision making in situations of indeterminacy which a lot of nursing is. Cousin (2003 cited by Clouder 2005) refers to this aspect of learning in indeterminate situations as drawing on emotional capital.

How students learn effectively remains a focus of the research literature. For example, in a study funded by the English National Board, Burkitt et al (2000) investigated the cognitive and affective processes used by students to learn. As important as cognitive processes were, they describe how students learn to be nurses in communities of practice which act to integrate students because they help students and staff identify with "their"

community of practice and develop an identity as a nurse. Olsson & Gullberg (1991) also argue that nursing curricula in Sweden have failed to recognise the professional status part of learning through role modelling; they argue that the professional role is transmitted through tacit knowledge and registered nurses consolidate their role in their first year through work experience and role modelling.

Two recent studies show how important role modelling and socialisation processes are in student learning. Ousey (2006) investigated how students learned nursing and showed how students described becoming a *real* nurse through learning fundamental skills from observing and working with health care assistants (HCAs) in practice. For the observing students, trained nurses were assessors, planners and evaluators and managers of care. Students could not identify who they should learn from and what they should learn; this led to theory/practice gap and an idealisation of theory by students. Trained nurses acknowledged the theory practice gap and said they did not practice as the students were taught in college. As Bradshaw has argued, nursing has developed a culture where nursing is seen as managing care and not delivering basic care (Bradshaw 2000). Ousey's work also raises another issue: what do student nurses see as nursing work and does it include delivering as well as managing care?

Another more recent study by Mackintosh (2006) investigated the impact of socialisation on students nurse's ability to care. She observes that during their training, to fit in with the system, students become desensitised and lose the capacity to care and the value of care which is what attracted them to the profession in the first place; she describes this as caring less, coping more. Student nurses developed hardiness to protect themselves and cope; they gritted their teeth and switched off.

Stakeholder interviews 2

While the nature of learning was discussed in the stakeholder interviews, what is striking about these data is the strength of feeling about *what* students should be learning in terms of essential skills and *who* they should be learning from. For example,

"*Preparation in curriculum should be as close as possible to what they're actually going to do – but they aren't doing that [basic care] but we never did [as staff nurses]. This is really where the problem lies – what should we be teaching student nurses? " (STGNC303/06).*

"*Leaders of nursing should supervise care and you need to give care to know how to supervise it' (STGNC503/06).*

"*Dilemma in that 'students are no longer the workforce providing basic care; HCAs are doing this and students no longer seek to do basic care; they seek to instruct others to do it rather than have a lifetime of doing it. The role of staff nurse is the management of care, administration, organisation and communication outside the ward" (STGNC303/06).*

In this last extract, a nurse lecturer reflects that nurse education's concern with learning has deflected our attention away from the purpose of nurse education for nursing,

"*the other thing about nurse education is we get bored and we invent things all the time…in nurse teaching, I get very excited by it, it's great but actually what we're required to do is quite simple" (LL3GNC104/06)*

Learning experiences in practice

In 18 research papers reviewed in this theme, it appears that student experiences are affected by placement capacity, audit and the management of learning in the new NHS as well, perhaps most importantly of all, their relationship with their mentor. Hutchings et al (2005) explored stakeholders' views of how decisions are made on how learners can be supported in practice. They found that these decisions are shaped by conflict between the expanding numbers of student nurses and the practice's capacity to support learners.

They argue for a need to develop necessary roles and strategies to enhance support for learning in practice and the structured management of placement experience. New roles have been introduced to improve links between HEIs and placements (Burns & Patterson 2005; MacCormack & Slater 2006); these include practice based educators (Allen 2003); practice development facilitators (Clarke et al 2003); placement co-ordinators (Smith et al 2003) and clinical education facilitators (Wilkins 2004).

Mentors remain the key leaders for learning in current nursing curricula (Andrews & Chilton 2000; Pearcey & Elliott 2004; Pellatt 2006). For example, Lloyd-Jones et al (2001) emphasise the importance of regular mentor-student contact to avoid hanging around; they found that a mentor's absence can mean students working with untrained staff (HCAs) doing HCA work. Effective sponsorship by the mentor allows access to cultural knowledge and practices of clinical team. The type of mentoring a student receives as well as the quantity is important; in exploring students' perceptions of mentor's role, Chow & Suen (2001) and Orland &-Barak & Wilhelm (2005) found that instrumental learning and mentoring is more important for students than adopting an advisory or counselling role. Andrews & Roberts (2003) argue that what constitutes appropriate support for learning remains unclear and there is little agreement as to which methods promote deep learning in practice. They argue that current systems of mentoring do not promote deep learning and offer the clinical guide as a role which can promote such learning. It appears from this literature that the role of mentor requires further exploration and evaluation (Andrews & Wallis 1999; Watson N A 1999).

For mentors, causes of stress in clinical learning environment were the nature and quality of support they received from HEIs in practice environment (Watson S 2000) and assessment (Neary 2000). As discussed above, Moore (2005) argues that systems of

assessment of clinical competence are variable. This may be influenced by mentors undertaking mentor preparation courses not because they choose to become a mentor but to enhance job prospects (Watson S 2003). Watson concludes that the mentor role should not be a requirement for promotion in clinical nursing.

Conclusions

From this literature study we conclude that learning in clinical practice is shaped by several factors. Firstly, the nature of nursing work – "what is nursing" - is a question that has bedevilled nursing as an occupation since its inception (e.g. Nightingale & Bedford-Fenwick). Goddard (1953) argued that nursing could be defined as technical, affective and basic work. Fretwell (1982), Melia (1982) and Alexander (1983) all found that nurses and student nurses valued these components of nursing work differently; each was assigned low or high status. Smith (1988:3) argues that there are differences between a "professional rhetoric of caring and nurses' own work priorities". This is borne out by more recent work done by Smith et al (2006) into the delivery of caring work by overseas-trained nurses (Allan in press).

Secondly, what should student nurses learn and from whom? Both the literature reviewed and the stakeholder interviews suggest that the nature of nursing and therefore, how what nurses should do inform the curriculum, continues to be an issue which needs addressing in nursing education. The stakeholders felt that student nurses should learn basic and affective as well as technical care in order to supervise it as trained nurses. They thought that trained nurses should also continue to practice these skills in their careers.

Breaking down boundaries between health professions is currently encouraged in health policy (Rushmer 2005; Nancarrow & Borthwick 2005) at the same time as role modeling

and socialisation within professions is thought to foster professional identity formation. Given that traditionally health professions have not learned interprofessionally, blurred boundaries in practice have implications for shared learning and different socialisation processes. In addition, while the papers reviewed emphasise the importance of role models for learning, they also suggest that existing interpretations of these new nursing roles do not place student nurse learning at the heart of their leadership function and that student nurses may be learning essential care from health care assistants and not nurses.

References

Alexander, M.F. 1983. Learning to Nurse: Integrating Theory and Practice

Oxford: Churchill Livingstone

Allan, H. T. In press. The rhetoric of caring and the recruitment of overseas nurses: the social production of a care gap. Journal of Clinical Nursing

Allen, C. 2002. Peers and partners: a stakeholder evaluation of perceptorship in mental health nursing. Nurse Researcher. 9(3), 68-84

Altschul, A. T. 1992. Is British nursing education jumping out of the frying pan into the fire? Journal of Advanced Nursing 17(12), 1391-1392

Akerjordet K & Severinsson E (2004) Emotional intelligence in mental health nurses talking about practice. International Journal Mental Health Nursing 13(3):164-170

Andrews, M. & Wallis, M. 1999. Mentorship in nursing: a literature review. Journal of Advanced Nursing 29(1), 201-207

Andrews, M. & Chilton, F. 2000. Student and mentor perceptions of mentoring effectiveness. Nurse Education Today 20(7), 555-562

Andrews, M. & Roberts, D. 2003. Supporting student nurses learning in and through clinical practice: the role of the clinical guide. Nurse Education Today 23(7), 474-481

Ashworth, P. & Morrison, P. 1989. Some ambiguities of the student's role in undergraduate nurse training. Journal of Advanced Nursing 14(12), 1009-1015

Barnitt, R. 1998. Ethical dilemmas in occupational therapy and physical therapy: a survey of practitioners in the UK Journal of Medical Ethics 24(3),193-199

Barrientos, S. 1998. How to do a literature study. In: Thomas, A., Chataway, J. & Wuyts, M. (eds), Finding out fast. Investigative Skills for Policy and Development. Open University & Sage Publications, pp. 87-106

Benner, P. and Wrubel, J. 1989. The primacy of caring: stress and coping in health and illness, CA: Addison-Wesley

Betts, C. E. 2006. Why nursing does not exist. [A response to Thompson D and Watson R, Editorial, Nurse Education in Practice 6(3) (2006):123-126] Nurse Education in Practice 6(5), 243-245

Birchenall, M. 2003. Commentary on Maria Lorentzon: socialising nurse probationers in the late 19th and early 20th centuries – relevance of historical reflection for modern policy makers. Nurse Education Today 23(5), 335-337

Bradshaw, A. 1997. Defining 'competency' in nursing, part 1: a policy review. *Journal* of Clinical Nursing 6(5), 347-54

Bradshaw, A. 1998. Defining 'competency' in nursing, part 2: an analytical review. Journal of Clinical Nursing 7(2), 103-11

Bradshaw, A. 2000. Competence and British Nursing: A view from history. Journal of Clinical Nursing 9(3), 321-9

Burke, L. 2005 The process of integration of nursing into higher education. Nurse Education Today 26(1), 63-70

Burkitt, I., Husband, C., MacKenzie, J., Tom, A. & Crow, R. 2000 Clinical judgment and nurse education: nursing identities and communities of practice. London: Research Highlights ENB 44

Burns, I. & Patterson, I. S. 2005. Clinical practice and placement support: supporting learning in practice. Nurse Education in Practice 5(1), 3-9

Camiah S (1998) Current educational reforms in nursing in the United Kingdom and their impact on the role of nursing lecturers in practice: a case study approach. Nure Education Today. 18(5):368-379

Carlisle C, Kirk S & Luker K A (1996) The changes in the role of the nurse teacher following the formation of links with higher education. Journal of Advanced Nursing 24(4):762-770

Carlowe, J. 2002. Modern but not matrons. Nursing Standard 17(2), 18-19

Chambers, D. 2007. Is the modern NHS fit for nursing students? British Journal of Nursing 16(2),74-75

Chow F L W & Suen L K P (2001) Clinical staff as mentors in pre-registration undergratduate nursing education: students' perceptions of the mentors' roles and responsibilities. Nurse Education Today. 21:350-358

Clarke, C. L., Gibb, C. E. & Ramprogus, V. 2003 Clinical learning environments: an evaluation of an innovative role to support preregistration nursing placements. Learning in Health & Social Care 2(2), 105-115

Clouder, L. 2005. Caring as a threshold concept: transforming students in higher education into health(care) professionals. Teaching in Higher Education 10(4), 505-517

Council of Deans and Heads of UK University Faculties for Nursing and Health Professions. 2005 DRAFT response to the detailed questions in the NMC consultation on fitness for practice at the point of registration. London: NMC

Council of Deans and Heads of UK University Faculties for Nursing and Health Professions 2006. Press Release: Crisis in nursing, midwifery and allied health profession education in England. Accessed: 12/07/07 www.ucu.org.**uk**/media/docs/7/t/cod_prhealthedcuts_1.doc

Cousin, G. 2003. Threshold concepts, troublesome knowledge and learning about others. Paper presented at Tenth Conference of the European Association for Research on Learning and Instruction (EARLI), Padova, Italy, 26-30 August, in Clouder, L. 2005. Caring as a threshold concept: transforming students in higher education into health(care) professionals. Teaching in Higher Education 10(4), 505-517

Danka, M. A. 1992 Differences in values and goals of occupational therapy students. American Journal of Occupational Therapy 47(5), 453-459

Davies, E. 1993 Clinical role modeling: uncovering hidden knowledge. Journal of Advanced Nursing 18(4), 627-636

Davies S., White, E., Riley, E. & Twinn, S. 1996. How can nurse teachers be more effective in practice settings? Nurse Education Today. 16(1), 19-27

Department of Health. 1999 Making a Difference, Department of Health: London.

Department of Health 2000 The NHS Plan: a plan for investment, a plan for reform, London: Department of Health

Donaldson, J.D. & Carter, D. 2005. The value of role modelling: perceptions of undergraduate and diploma nursing (adult) students. Nurse Education in Practice 5(6), 353-9

Draper, P. 1996. The merger of United Kingdom colleges of nursing with university departments of nursing: prospects, problems and promises. Journal of Advanced Nursing 23(2), 215-216

Evans, K., Kersh, N., & Kontanien, S. 2004 Recognition of tacit skills: sustaining learning outcomes in adult learning and work re-entry. International Journal of Training and Development 8(1), 54-72

Fairbrother, P. & Mathers, N.J. 2004, Lecturer Practitioners in six professions: Combining Cultures, Journal of Clinical Nursing, 13(5), 539 - 546

Field, D. E. 2004. Moving from novice to expert – the value of learning in clinical practice: a literature review. Nurse Eduction Today 24(7), 560-565

Finnerty, G. & Pope, R. 2005. An exploration of student midwives' language to describe non-formal learning in professional practice. Nurse Education Today 25(4), 309-315

Freshwater, D. & Stickley, T. 2004. The heart of the art: emotional intelligence in nurse education. Nursing Inquiry. 11(2), 91-98

Fretwell, J. E. 1982. Ward teaching and learning: Sister and the learning environment, London: RCN

Gillespie, M. & McFetridge, B. 2006. Nurse Education – the role of the nurse teacher. Journal of Clinical Nursing 15(5),639-644

Glen, S. & Clark, A. 1999. Nurse education a skill mix for the future. Nurse Education Today 19(1), 12-19

Goddard, H. A. 1953. The work of nurses in hospital wards: report of a job analysis, Nuffield Provincial Hospitals Trust

Hansard Report of the 30 minute debate in Westminster Hall on the impact on higher education of NHS commissioning on 20 February 2007. Accessed 12/07/07 http://www.theyworkforyou.com/whall/?id=2007-02-20a.57.0&s=higher+education+NHS+commissioning#g57.1

Hohn, A-K., Lanz, I. & Severinsson, E. (1998) Nursing students; experiences of the effects of continual process-oriented group supervision. Journal of Nursing Management 6(2), 105-113

Horrocks, S. 2005. Scholarship, teaching and calculative thinking: a critique of the audit culture in UK nurses education. Nurse Education Today 26(1), 4-10

Hugman, R. 1991. Power in Caring Professions. Oxford: Macmillan

Humphreys, A., Gidman, J. & Andrews, M. 2000. The nature and purpose of the role of nurse lecturer in practice settings. Nurse Education Today 20(4),311-317

Hutchings, A., Williamson, G. R. & Humphreys, A. 2005. Supporting learners in clinical practice: capacity issues. Journal of Clinical Nursing 14(8), 945-955

Ioannides, A. P. 1999. The nurse teacher's clinical role now and in the future. Nurse Education Today. 19(3),207-214

Jarvis, P. 2005. Transforming learners through open and distance learning, Paper presented at Shanghai TV University September 2005

John, P. D. 2000. Getting emotional: experience and expectation in learning to be a professional. Paper presented at CEDAR International Conference, Professional Learning: Professional Lives. Warwick University, March.

Kerfoot, K. (2003. Learning organizations need teachers: The leader's challenge.

Pediatric Nursing, 29(5), 385-387

Kirby, S. 2003. Commentary on Maria Lorentzon: socialising nurse probationers in the late 19th and early 20th centuries – relevance of historical reflection for modern policy makers. Nurse Education Today 23(5), 332-334

Kirk, S., Carlisle, C. & Luker, K. A. 1997. The implications of project 2000 and the formation of links with higher education for the professional and academic needs of nurses teachers in the United Kingdom. Journal of Advanced Nursing. 26(5), 1036-1044

Kirk, S., Carlisle, C. & Luker, K. A. 1996. The changjng role of the nurse teacher in the United Kingdom. Journal of Advanced Nursing 24(5), 1054-1062

Lahiff, M. 1998. Nursing research: the why and the why not. In: Smith, P. (ed), Nursing Research Setting New Agendas. London: Hodder Headline Group.

Langridge, M. E. & Hauck, Y. L. 1998. Perceptions of clinical role modelling: an exploration of nursing students' experiential learning. Collegian 5(4), 22-7

Lave, J. & Wenger, E. 1991. Situated learning: legitimate peripheral participation. Cambridge University Press Cambridge

Lewin, D.C. & Leach, .J 1982. Factors influencing the quality of wards as learning environments for student nurses International Journal of Nursing Studies 19(3):125-37.

Lloyd-Jones, M., Walters, S. & Akehurst, S. 2001. The implications of contact with the mentor for preregistration nursing and midwifery students. Journal of Advanced Nursing 35(2), 151-160

Lorentzon, M. 2003. Socialising nurse probationers in the late 19th and early 20th centuries – relevance of historical reflection for modern policy makers. Nurse Education Today 23(5), 325-331

Lorentzon, M. Exploring the modern matron concept – a selective review 2001 – 2006. Unpublished paper

MacCormack, B. & Slater, P. 2006. An evaluation of the role of the clinical placement facilitator. Journal of Clinical Nursing 15(2), 135-144

Mackintosh, C. 2006. The impact of socialization on student nurses' ability to care: a longitudinal qualitative descriptive study. Paper presented at RCN International Research Conference York, UK

Magnusson, C., Volante, M. & Smith, P. A. 2006. Supporting student diversity (feedback from widening participation project). Paper presented at Academic and Practice Development week European Institute of Health & Medical Sciences, University of Surrey, Guildford

Mann, H. 1998. Reflections on a bordercrossing: from ward sister to clinical nurse specialist. In: Smith, P. (ed), Nursing Research Setting New Agendas. London: Hodder Headline Group.

Melia, K. 1982 "Tell it as it is" – qualitative methodology and nursing research: understanding the student nurses' world. Journal of Advanced Nursing 7(4), 327-335

Melia, K. 2006. R000271191 – Nursing in the new NHS: a sociological analysis of learning and working.

www.esrc.ac.uk/ESRCInfoCentre/Plain_English_Summaries/LLH/health_wellbeing/index413. Access 14/11/06

Millar, M. A. 2003. The place of research and development in nurse education. Journal of Advanced Nursing 18(7), 1039-1041

Moores, B. & Moult, A. 1979. Patterns of nurse activity. Journal of Advanced Nursing 4(2), 137-149

Mercer, H. 2002. A modern approach. Nursing Standard 17(38), 58-9

Moore, D. 2005. Assuring Fitness for Practice A Policy Review. Commissioned by the NMC Nursing Task and Finish Group. London: NMC

Murray, C. & Main, A. 2005 Role modelling as a teaching method for student mentors. Nursing Times. 28 Jun. 101(26), 30-3.

Murphy, F. A. 2000. Collaborating with practitioners in teaching and research: a model for developing the role of nurse lecturer in practice areas. Journal Advanced Nursing 31(3),704-714

Nancarrow, S. A. & Borthwick, A. M. 2005. Dynamic professional boundaries in the healthcare workforce. Sociology of Health and Illness. 27(7), 897-919

Neary, M. 2000. Supporting students' learning through professional development through the process of continuous assessment and mentorship. Nurse Education Today 20(6), 463-474

Nursing and Midwifery Council 2004. Project 2000 Papers consisting of Counting the Costs (Feb 1987); the Final Proposals (Feb 1987). www.nmc-uk.org/nmc/main/search/ Accessed 14/11/07

Ogier, M. 1982. An ideal sister. London: RCN

Olsson, H. M. & Gullberg, M. T. 1991. Nursing education and definition of the professional role. Expectations and knowledge of the nurse role. Nurse Education Today 11(1), 30-6

Ousey, K. 2006. Being a real nurse. Paper presented at RCN International Research Conference York, UK

Orland-Barak, L. & Wilhelm, D. 2005. Novices in clinical practice settings: student nurses' stories of learning the practice of nursing. Nurse Education Today 25(6), 455-464

Orton, H. D. 1981. Learning Climate: A Study of the role of the Ward Sister in Relation to Student Nurse Learning on the Ward, London: RCN

Pearcey, P. A. & Elliott, B. E. 2004. Student impressions of clinical nursing. Nurse Education Today. 24(5), :382-387

Pellatt, G. C. 2006. The role of mentors in supporting pre-registration nursing students. British Journal of Nursing 15(6), 336-340

Rafferty,A-M. 1992. Nursing policy and the nationalization of nursing: the representation of 'crisis' and the 'crisis' of representation, In: Robinson, J., Gray, A.M., Elkan, R. (eds) *Policy Issues in Nursing.* Buckingham: Open University Press, pp, 67-83

Rozier, C. K., Gilkeson, G. E. & Hamilton, B. L. 1992. Why students choose occupational therapy as a career. American Journal of Occupational Therapy 46(7), 626-632

Rushmer, R. 2005. Blurred boundaries damage inter-professional working. Nurse Researcher 12(3), 74-85

Savage, J. & Scott C. 2004. The modern matron: a hybrid management role with implications for continuous quality improvement. Journal of Nursing Management. 12, 419-426

Scott, C., Savage, J., Ashmand, M. & Read, S. 2005. Evaluating the role of modern matrons. Nursing Management 12(2), 22-26

Smith, P. A. 1988. Quality of nursing and the ward as a learning environment for student nurses. Unpublished PhD. University of Manchester

Smith, P. A. 1992. The emotional labour of nursing how nurses care, Basingstoke: Macmillan Press

Smith, P. A., O'Driscoll, M., Magnusson, C. & Axelrod, L. 2003. Report into Higher Education Institutes Mapping Clinical Placements. Centre for Research in Nursing and Midwifery Education, University of Surrey

Smith, .P A., Allan, H. T., Henry, L. W., Larsen. J. A. & Mackintosh, M. M. 2006. Valuing and recognizing the talents of a diverse healthcare workforce. www.portal.surrey.ac.uk/reoh

Spouse,J. 2001. Bridging theory and practice in the supervisory relationship: a sociocultural perspective. Journal of Advanced Nursing 33(4), 512-522

Stew, G. 1996. New meanings: a qualitative study of change in nursing education. Journal of Advanced Nursing. 23(3), 587-593

Stickley T & Freshwater D (2002) The art of loving and the therapeutic relationship. *Nursing Inquiry*. 9(4):250-256

Swanick, T. 2005 Informal learning in postgraduate medical education: from cognitivism to 'culturism'. Medical Education 39(8), 859-865

United Kingdom Central Council 1999. Fitness for Practice. The UKCC Commission for Nursing & Midwifery Education. UKCC: London

Thompson, D. & Watson, R. 2006. Professors of nursing: what do they profess? Editorial, Nurse Education in Practice 6(3), 123-126

Wade, L. & Hallett, C. 2003 The dynamic city: recruitment to nursing in early 20th century Manchester. Nurse Education Today 23(5), 370-376

Watson, N. A. 1999 Mentoring today – the students' views. An investigative case study of pre-registration nursing students' experiences and perceptions of mentoring in one

theory/practice module of the Common Foundation Programme on a Project 2000 course. Journal of Advanced Nursing 29(1), 254-261

Watson, S. 2000 The support that mentors receive in the clinical setting. Nurse Education Today 20(7), 585-592

Watson, S. 2003. Mentor preparation: reasons for undertaking the course and expectations of candidates. Nurse Education Today 24(1), 30-40

Wilkins, A. M. & Ellis, G. 2004. Enhancing learning environments by maximizing support to mentors. Nursing Times 100(26), 36-38

Wilson-Barnett, J., Butterworth, T., White, E., Twinn, S., Davies, S. & Riley, L. 1995. Clinical support and the Project 2000 nursing student: factors influencing this process. Journal of Advanced Nursing 21(6), 1152-1158

Wiseman, T. 2002. Ethnographic study of empathy in clinical in clinical practice. Unpublished thesis, Manchester University