

Student Nurses' Learning Needs & Expectations in the Clinical Learning Units

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Abstract

This paper describes and explores the clinical learning needs and expectations of student nurses. An exploratory, descriptive and qualitative design, which is contextual in nature, was used where a focus group interview was conducted with the final year basic students undergoing a four year comprehensive diploma course leading to registration as a professional nurse. Tecsh's (in Cresswell, 1994:155) method of data analysis was employed. Eight categories were identified as follows: communication; role modelling; up-to-date knowledge and experience; continuous supervision; assessment and evaluation; scientific process; management; professional practice and student status. A recommendation deduced from the conclusions made on the identified clinical learning needs and expectations of the students should enable teachers to address the long standing problem of how students should learn.

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Introduction

The learning needs and expectations of student nurses need to be viewed in the light of present educational innovations taking place in the country. The nursing profession has recognised that these needs indicate a responsibility to educate nurses who can reflect on their practice to facilitate learning through interactive, self-generated and empowering methods of teaching and learning. As nursing moves into more autonomous, community-based practice, the challenge for nurse educators is to assist students to develop greater reflective thinking skills, improve awareness of self and environment, and to facilitate nurse's ongoing learning from their daily clinical practice (Baker, 1996:19). Presently, the learning needs - how students learn and how this learning can be sustained to meet the rapidly changing needs in the country - is of great concern nationally and internationally (Wong & Wong, 1987:508; Procter 1989:180 and Cheung 1985:40). The high student nurses' attrition rate is also causing concern (Mashaba & Mtetwa, 1997:21). The present students are no longer sensitive to the clinical practice and therefore do not regard clinical practice as an important component in their training regardless of the fact that nursing is a 'hands on' profession (Gray & Pratt, 1991). The discipline in the profession is slowly diminishing as evidenced by the increase in the number of court cases, as well as cases presented before the disciplinary

committee of the South African Nursing Council as supported by Ramsden (in Kloppe, 1994, monograph 2:21).

These issues pose as a challenge to the professional nurses who act as clinical learning facilitators, nurse educators and stakeholders responsible for the clinical training of student nurses. Take note of the message put forth by the Minister of Education and Training (White Paper, 1995:3) which states: "... put the learner first, and the students of this country will respond magnificently." The implication of this message, according to the researcher, is that the learning needs, students interest and the status of students should be taken into consideration when planning clinical nursing education and learning activities. Educators and trainers should be sensitive to the needs of students, and that students should be prepared to take their social roles effectively. According to Hinchliff (1979:47) training in the clinical learning context is not smooth due to the problems that exist which create obstacles in the clinical learning of students such as lack of human and material resources, lack of space due to overcrowding, few offices for tutorials and the tutor-student ratio. The author states that those offices that are available are used by doctors only. Loudon (1984:8) has also identified lack of supervision and student status as creating obstacles to student learning in the clinical practice.

These problems need to be identified



and improved because the nursing profession has an unwritten contract with the community to provide quality nursing care (Searle, 1976) and therefore "safe practice" should be the watchword of all responsible for the clinical training of student nurses, hence the research question of this study is: What are the learning needs and expectations of student nurses in the clinical learning units? The goal of this study is to explore and describe the learning needs and expectations of student nurses in the clinical learning units.

Research Design and Method

An exploratory, descriptive and qualitative design, which is contextual in nature, was used. The learning needs and expectations of student nurses in the clinical learning units were better addressed through the use of a focus group interview. According to Krueger (1994:6) a focus group interview is defined as a carefully planned discussion conducted with seven to ten people. It is designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. From a population of eighty final year student nurses following a course leading to registration for a diploma in nursing (general, community health, psychiatry and midwifery) registrable with the South African Nursing Council, a purposive sample of ten students who volunteered to participate in the research, was utilised. Student nurses showed enthusiasm to take part in the research as evidenced by a citation: *"It is hightime these issues are addressed and dealt with"*. A written consent to conduct the focus group interview using a tape recorder for data collection was obtained from the participants. An expert interviewer, experienced in qualitative research was purposively selected to conduct the focus group interview, whilst the researcher was collecting field notes during the interview by noting the group interaction and dynamics. Two questions were asked: What are your learning needs in the clinical learning units? How do you expect these learning needs to be met? A break was allowed after the first question was thoroughly dealt with. Whilst participants were served with drinks and snacks, the interviewer and the researcher did a preliminary categorization of concepts, themes and patterns. A consensus between the researcher and an external coder, also purposively selected, was arrived at with regard to the categories derived from the data collected.

Tesch's (in Cresswell 1994:155) protocol was used for the descriptive content

analysis of data collected. Throughout the study, trustworthiness was ensured according to the principles of Lincoln and Guba (1985). The four principles related to: credibility, transferability, dependability and confirmability were ensured.

* Prolonged engagement: the researcher is an experienced nurse educator.

* Triangulation: by use of various sources (nurse educators and literature), as well as utilising an external coder for content analysis of the transcribed interviews. A consensus discussion on the main categories was held for final interpretation purpose. A dense description of the research process was also given.

Findings and Literature Control

The following eight categories emerged from the content analysis of data collected, namely: communication; role modelling; up-to-date knowledge and experience; continuous supervision; assessment and evaluation; scientific process; management; professionalism and student status (see table one).

Communication

Participants emphasized the use of effective communication and collaboration as an important vehicle toward facilitating clinical learning. This is evidenced by the following quotation: *"We need somebody who will be a liaison person between the college and the clinical practice, somebody who will be a consultant, a resource person, a counsellor and an advocate to us."* To express the need for a healthy relationship in the clinical practice, the participants cited: *"... a common platform to communicate our ideas, for debating issues and to solve problems is necessary. At this platform the professional nurse is able to reach everybody and everybody can also reach her."*

Participants acknowledged the importance of effective communication as a vehicle towards facilitating clinical learning. They expressed the need for a liaison person between the nursing college and clinical learning units, the need for creating a platform to address problems and debate issues

arising from clinical practice. In support Wiedenbach (1969:33) believes that the ability to communicate meaningfully within the realities of a participative clinical area, adds a practical dimension to student learning.

Dependency on the effectiveness of communication, Fritz et al (in Gillies 1994:183) indicates that communication climate may either facilitate or inhibit learning.

Effective communication will facilitate and stimulate learning as well as put learners at ease and free to interact, whilst the adverse will hamper learning and put fear and frustration to students. Students should be afforded the opportunity to develop effective communication skills. This development can be made successful by professional nurses providing a climate conducive to effective communication and learning.

Role modelling

Role modelling was identified by participants as one of the most important characteristics of a professional nurse from which student nurses can learn. This statement is supported by the quotation: *"Professional nurses should act as role models and be exemplary in all aspects i.e. academically, professionally, socially and in their administration and management style, because students imitate their activities, good or bad."*

This notion is supported by Barr (1980:49) who state that nursing personnel in the clinical learning units are primary role models whose attitude, whether positive or negative are quickly observed and imitated by students. In the same vein Barr (1980:49) gives a warning that negative learning is expensive with regard to time and it is also difficult to reverse. It is therefore important that professional nurses reflect on their action and be real 'mirror images' to

TABLE 1: Student nurses' learning needs and expectations in the clinical learning units: categories.

Categories
Communication Role-modelling Knowledge/Experience Continuous supervision, Assessment and Evaluation Scientific process Management Professionalism Student Status

transfer professional knowledge to the neophytes in words and in actions. English (1993:390) has noted that as part of professional nurses acting as experts and role models, they must demonstrate excellence in clinical procedures and explain their acute perceptiveness in clinical situations. Caring behaviour is learned through observing role-modelling by experts and other expert-student interactions in clinical situations. Role models are caring, supportive, available, concerned, helpful, informative and act as consultants. On this aspect Murphy (1987:13) state that in role-modelling, emphasis must be on open-mindedness, self-awareness, analysis of feelings, synthesis, evaluation and motivation. These skills are acquired through up-to-date knowledge and experience.

Up-to-date knowledge and experience

Participants expressed the need for expert, relevant and up-to-date knowledge and experience from professional nurses, as evidenced by the following citations: *"... at college we are taught book and technical knowledge but in the wards we are faced with 'real' existing clinical knowledge."*

"To gain knowledge, we want to be actively involved in doctors and nursing rounds, hold mini-conferences to discuss nursing care problems and to be in charge of the wards when we are senior students. This knowledge will help us not to feel inferior to the doctors."

Participants expressed the notion that they need 'real' knowledge and not 'technical knowledge'. The word technical refers to mechanical, where there is little use of critical thinking. Nursing deals with human beings and therefore critical thinking is mandatory in rational decision making and problem solving. Critical thinking, according to Wilkenson (in Klopper 1994, monograph 2:24) is a disciplined, self-directed rational thinking which is necessary for students to construct their own knowledge. Klopper (1994, monograph 2:16) also maintains that the learner is not a passive receiver of knowledge but an active constructor of own knowledge. The goal being the development of critical thinking through the creation of a context conducive to learning towards deep-holistic lifelong learning. Real learning will come through conceptual change where the student will be actively involved in his/her own learning, by integrating the book knowledge taught at college with the experience gained in the clinical learning units through the reflective process. In the clinical learning units the profes-

sional nurse is responsible to create a conducive learning climate (Hinchliff, 1979:50) that will stimulate reflective thinking by encouraging students to take part in doctors and nursing rounds, hold mini-conferences and tutorials to reflect on their experiences and be given opportunities to be in charge of the units when they are senior students, as a learning experience to gain confidence, responsibility and accountability. Cerinus (1994:35) has urged that 50% of student's learning experience takes place in the clinical setting, whilst Dolaz (in Palmer et al 1994:37,54) maintains that learners are expected to justify and evaluate their actions, to rationalize and articulate debate to challenge situations raised in the clinical setting. It is therefore important that to avoid being taught 'technical' knowledge students need to develop reflective thinking skills through active participation in the construction of their own clinical knowledge and experience to be able to solve problems in a rational manner. According to Gray & Pratt (1991), development of reflective thinking skills will be facilitated by guided reflection through continuous supervision, assessment and evaluation.

Continuous supervision, assessment and evaluation

The need for effective continuous supervision, assessment and evaluation to enhance their learning was emphasized by participants. This was clearly displayed by the citation: *"We need efficient, effective continuous supervision, assessment and evaluation from professional nurses and not the traditional nagging, policing, and to be reminded time and again that we are final year students and therefore we are expected to be perfect. Evaluation should be a learning process and not a threat or punishment to students."*

Student nurses perceive supervision provided by professional nurses as nagging and policing and evaluation as punishment to students. The implication is that supervision, assessment and evaluation are not effectively executed by professional nurses. This hampers learning in the clinical practice. To correct the situation, Ramsden (in Klopper 1994, monograph 2:20) indicated that valuable feedback on the learner's work is essential for effective and efficient guidance. Evaluation should be congruent with the teaching and it should awaken a deep-holistic approach to learning. Addressing the issue of evaluation, Barr (1980:49) states that real growth in learning is impossible without the right to fail, and failing should not be taken negatively but considered as influencing and stimulating the learning climate,

hence Reilly and Oerman (1985:297) urges that a supportive climate of mutual trust and respect between the evaluator and the student is essential for supervision and evaluation to be viewed as a means of growth valued by students. Reflective methods of evaluation such as portfolios, self assessment and peer-group evaluation are encouraged to provide a cooperative student-learner relationship and to build confidence in themselves. Schweer (1972:168-169) maintains that scheduled formal evaluation conference with students to discuss the positive and negative aspects of evaluation may serve the purpose for which they are designed. Use of the scientific process during supervision, assessment and evaluation is recommended.

Scientific process

Participants acknowledged and realised the importance of using nursing process as part of the problem-based approach to develop reflective thinking skills in clinical learning. This is evidenced by the citation: *"... to develop reflective thinking skills in clinical learning, professional nurses must use nursing process to provide guidance, and use clinical problems as stimulus aimed at problem-solving process."*

Use of the nursing process effectively to provide guidance in clinical learning by professional nurses was highlighted by participants. Recently nursing process has been under heavy criticism that, in its present form, it is limiting the creativity of nursing practice due to its influence of positivism, rationality and empiricism. It is said to be time-consuming, jargon-laden, superfluous and static Chenitz and Swanson (in Varcoe 1996:122) and Skeet and Thompson (1985:15).

Whilst researchers are criticizing the inappropriate use of the nursing process, Gordon and Field (in Varcoe 1996:120) state that the nursing process is useful to guide clinical practice. This calls for an urgent revisit to the effective use of nursing process to develop reflective thinking skills in clinical learning. For effective clinical learning to take place, management skills need to be developed.

Management

Effective management skills was highlighted by participants as one of the pivotal aspects necessary to facilitate clinical learning. This is evidenced by the quotations: *"... the climate in the clinical unit can only be healthy and conducive to learning if professional nurses play their role as leaders who use participative management in rational decision-making and problem solving."* *"... hospital man-*

agement must provide inservice education to update the sisters, many sisters are obsolete with obsolete knowledge, using outdated procedure methods, policy manuals and orientation programmes. Obstacles to clinical learning must be removed."

According to participants, effective management forms a pivotal aspect and is necessary to facilitate clinical learning. Areas such as use of participative management in rational decision making and problem solving in the clinical learning units, staff development, closure of the policy practice gap, updating orientation programmes, the need for standardization of procedures, staff and student allocation were highlighted

In her discussion of participative management, Muller (1995:16) states that a climate of openness should be introduced to facilitate problem-solving by joint planning, consultation, consensus and negotiation. This encourages a healthy environment. One of the challenges of a professional nurse is to involve student nurses in clinical decision making and problem solving, to develop their negotiation skills without relinquishing their role as students. This will make students realize the importance of negotiation rather than 'toy-toying'. Students must be developed towards professional adulthood. Weidenbach (1969:66) quoted: "The road to learning is often a rocky one."

Effective management should provide smooth running of the clinical learning units. Reilly and Oerman (1985:4), maintain that clinical obstacles to learning such as lack of human and material resources, obsolete professional nurses, outdated policies and procedures, staff allocations and orientation programmes should be attended to. This statement is supported by Ryan et al (in Gray & Prat 1992:195). Professional Practise was also identified as an important need in clinical learning.

Professional Practice

Surprisingly, professionalism was the least important aspect highlighted by participants in clinical practice. As evidenced by a citation: "*Sisters should act professionally and teach us professional practice to avoid punishment by the South African Nursing Council and the law.*"

Much as participants least highlighted the importance of professional practice in clinical learning, they also realised that lack of knowledge with regard to professional practice will lead to malpractice leading to disciplinary action by the South African Nursing Council.

Barr (1980:48) maintains that regard-

less of the complexity and value-laden clinical practice, it still remains an ideal place to facilitate learning. Barr (1980:48) further maintains that professional practice takes place in a vulnerable practice milieu where legal and ethical consideration have to be noted, as the clinical practice must promote growth and protect the right of all persons involved. Student nurses should be encouraged to take up responsibility and accountability early in training in order to protect the patient's rights to respect, dignity and provide safe quality care. The same notion is supported by the South African Nursing Association (1977). The question of student status was highlighted as important in clinical learning.

Student status

Participants expressed their believe that to be able to develop reflective thinking skills in the clinical practice, they need to attain a full student status like other students in other professions. This was explicitly highlighted by the citations: "... it is not practical to become part of the workforce and be a student at the same time. Surely one robs the other. We need quality time for reflecting on our learning experience like other students. Routine work will be taken care of by other members of the unit." "*Sisters should not relax and shift the work to the students simply because they regard us as an additional pair of hands.*"

Participants indicated that it is not possible to be part of the workforce and be a student at the same time; one robs the other. They also indicated that professional nurses shift their work to students so that they can relax. To solve the problem students expressed their feelings that, in order to be reflective thinkers, they need to attain a full student status just like other students of other professions. They need quality time to reflect on their experiences. For students to be able to reflect on their experiences, Palmer et al (1994:72) states that the work of reflection needs to be analysed critically, interpreted and compared with other perspectives. Schön (in Palmer et al, 1994:72) concurs with this aspect by describing reflective discourse where ideas are shared, debated and debriefing done after experience. Keeping of reflective professional journals and diaries to record the experiences immediately after the experiences to facilitate learning is advocated. It is highly impossible to fulfil this role when students form part of the workforce.

Referring to quality time in the practice area, Palmer et al (1994:72) states that space and time for reflecting on experience need to be built into the clinical

learning syllabus during the working day when nurses can be given official time to write or reflect on their experiences with the mutual purpose of learning. Therefore the issue of full student status needs consideration to develop reflective thinking skills in clinical learning.

Conclusion and Recommendation

It would be appropriate to acknowledge Rogers (in Goble, 1981:748) who takes the view that goals of democratic education should include assisting students to become individuals who have acquired knowledge relevant to the solution of problems and are able to adapt flexibly and intelligently to new problem situations more freely and creatively.

In this study, the concluding statements regarding the learning needs and expectations of student nurses in the clinical learning units are justified by the negative perceptions of student nurses:

a) Adequate communication: Communication between the ward staff and the college is poor due to the absence of a liaison person who could effectively liaise with the college and the ward staff on clinical learning needs of student nurses. Communication skills are developed in a free and relaxed climate that facilitate interaction.

b) Adequate role modelling: Professional nurses do not act as role models to the student nurses and display a negative attitude toward students. Role models are expected to demonstrate safe clinical practice. They are also expected to be caring, supportive, available, concerned, helpful and to act as consultants.

c) Knowledge and experience: Students lack knowledge and experience in clinical practice due to the inefficient teaching methods that do not facilitate correlation of theory to practice. Sisters rely on book knowledge rather than adopting teaching methods that will develop reflective thinking skills of students.

d) Continuous supervision, assessment and evaluation: There is lack of continuous, effective clinical supervision, assessment and evaluation due to sisters who do not perceive these aspects as contributory towards the growth of students in the clinical learning context.

e) Scientific method of nursing: The nursing process is used inappropriately by sisters due to a lack of knowledge and creativity in its implementation and for the teaching purpose of developing re-

flective thinking skills. This can be achieved by using reflective teaching methods such as problem based learning and use of reflective journals in the clinical learning units.

f) Management: Participative management skills are necessary for clinical learning to take place.

g) Professionalism: Teaching of professional practice in the wards is inadequate resulting in malpractice due to the fact that students are left to carry out procedures on their own without supervision by sisters.

h) Student status: Student nurses form part of the working force in the wards, hence they are unable to reflect on their experiences to facilitate clinical learning.

Recommendations

It is recommended that professional nurses become sensitive to the clinical learning needs and expectations of the student nurses and encourage the use of interactive, reflective methods of teaching and learning. In this way the product of nursing education will be a reflective practitioner capable of making rational decisions to solve problems in the clinical learning context. A model to facilitate reflective thinking skills of student nurses becomes mandatory to empower those responsible for clinical nursing education.

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