

# **Nursing Students' Experiences of Nursing Homes as Learning Environments.**

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## **ABSTRACT**

Nursing students' experiences of nursing homes as learning environments.

### **Background**

Nursing students' clinical experiences are important with respect to their impact on attitudes towards care for older people.

### **Aims and objectives**

The aim was to explore and discuss nursing students' experiences of nursing homes as learning environments. The objectives were to identify factors and provide information for measures to support recruitment of nurses to care for older people.

### **Methods**

A qualitative study based on field work, field notes and qualitative research interviews with 12 nursing students.

### **Results**

Three main themes with varying experiences and perceptions connected to learning environment were found:

- acceptance and appreciation
- supervision and learning process
- professional discussions and learning outcomes.

### **Conclusion**

A good learning environment includes expert guidance, feedback and critical and reflective processes.

**Key words:** Clinical practice, learning environment, nursing students, nursing homes, care for older people.

### **What is already known about this topic**

- The number of nursing students interested in working with older people has declined.
- Graduated nurses often return to practice in an area where they experienced a positive learning environment.

### **What this paper adds**

- Acceptance and appreciation of nursing students are essential aspects of a positive learning environment in clinical practice in nursing homes.
- Professional discussions are a key factor for nursing students' learning process and outcomes.

### **Implication for practice**

- Measures for positive inclusion of nursing students in the clinical environment must become an integral part of the daily life in nursing homes to develop a positive and stimulating learning environment.
- Informed and systematic knowledge must be the basis for improvements of the learning environment.

## **1. Introduction**

Like the rest of the western world, Norway is experiencing a general ageing of the population (1) and an increasing need of strengthened care for older people. There is a global focus on the lack of nurses who provide care for older people (2) especially in nursing homes (NHs). This problem will increase in the future. There is political consensus in Norway to assign care for older people high priority. A need for 10 000 additional employees in community health services, one-third of whom are to be nurses, is stipulated by the Ministry of Health and Social Affairs, by 2009 (3). The recruitment of graduated nurses to work in nursing homes is evidently a strategy to reach this aim.

Clinical practice is an acknowledged part of nursing education (4). The quality of the clinical learning environment is essential for nursing students' clinical experience (5). Studies show that a positive atmosphere and supportive relationships in clinical settings are paramount (6). The learning process is supposed to be a refinement of skills (7) so that critical reflection rather than passive adaptation is the result. In clinical practice NSs have the right to receive expert advice and support, clinical teaching, supervision and assessment to facilitate learning. This is arranged for by appointing a supervising nurse (SN).

Nursing students' (NS) clinical experiences are important with respect to their impact on ageism and attitudes towards caring for older people. The number of students interested in working with older people has declined (8) as this field of work is seen as boring, un-stimulating and frustrating by NSs (9). Several studies show that clinical experiences have an impact on feelings towards older people (10) and

preferences regarding NHs as future workplaces (11). Happel & Brooker (9) found that negative dispositions towards gerontological nursing heightened throughout nurse training. Edwards, Smith, Finlayson & Chapman (12) have found that NSs often return to practice in a location where they experienced a positive learning environment.

A clinical learning environment includes everything that surrounds the NS, such as the clinical settings, the staff and the patients (13). Bergland (14) describes a learning environment as constituted by psychosocial, physical and organizational factors. The learning environment is described as “[...] the conditions, forces and external stimuli that affect the individual [...]. We regard the environment as providing a network of forces and factors which surround, engulf, and play on the individual” (15 p. 87).

The theoretical framework of this study is based upon socio-cultural perspectives emphasising collaborative learning in practice communities (16) through dialogue and reflection (17). A positive learning environment is dependant on the SNs’ commitment to supporting the NSs’ learning, through systematic interaction and communication (13).

It is important to study the learning environment in NHs to identify factors underlying a positive learning environment as well as factors that may discourage nursing students from this line of work.

## **Aims and objectives**

The aim of this paper is to illuminate and discuss nursing students' experiences and perceptions of nursing homes as learning environments. The objectives are to identify factors and provide useful information for measures to support recruitment of nurses to care for older people.

## **2. The nursing homes**

The contexts of this study were three NHs in Norway used as sites for clinical practice on a regular basis throughout the academic year. The sample of the NHs was convenient (18) as they were the nursing homes used for clinical practice at the time of the study. No statistics existed for the workload of care in the three nursing homes. Nursing staff on the three sites described that all patients needed help in completing the activities of daily life.

At the time of the study one NH (A) had five wards, four of which are included in this study. Seven students had their clinical practice here; two students in each of the three wards and one student assigned to a fourth ward. In the second NH (B) one student practiced in a sheltered ward for patients suffering from advanced Alzheimer's disease (AD). In this ward some of the nurses had special training in care for patients with AD. Another student practiced in a general ward. The third NH (C) was located in a health care centre. The institutional portion of the centre comprised a nursing home ward and a general practitioner hospital (GPH). Staff worked both in the nursing home ward and the GPH ward based on rotation. Three students did their clinical practice here. They cared for patients based on the rotation to the ward which their SNs were assigned. In the GPH unit palliative care for older

patients was the major activity. These students performed nursing procedures to a larger extent than those practicing in the other wards.

In the general wards in the NHs, staff estimated that about 80% of the patients had cognitive impairment. This coincides with numbers given in a report from the Directorate for Health and Social Affairs (19) in Norway. There were no significant differences in the NHs regarding the staff/patient ratio (3/9) or physical and organizational factors. In Norway registered nurses generally amount to approximately half of the staff (20) in nursing homes.

### **3. Material and methods**

A qualitative design (18) including field observations with field notes and qualitative research interviews (21), was used. Qualitative interviews provide the means to examine the subjective experiences and perceptions (22) of the students. Field observations contribute to reveal practice in a structural and cultural context (18, 22).

#### **Rigour**

Trustworthiness and rigour of this study were determined by considering credibility, dependability and transferability. Data are presented as themes (Table 2) evidenced by verbatim quotations explained by the researchers' interpretations. Furthermore awareness about the researcher's historicity was ensured by maintaining a journal including reflections, questions and understandings throughout the research process. Dependability was enhanced by co-authors checking and discussing analysis and interpretations until consensus was reached. Transferability was addressed through descriptions of the nursing home contexts and the participants.

### **Sample/Participants**

All final year 5<sup>th</sup> semester NSs (n=13) in the university college who had ten weeks of clinical practice in care for older people at each of the three different NHs at the time of the study were included. One student dropped out, leaving 12 participants (n=12) (Table 1). All students had six weeks of clinical experience in general nursing in NHs during the first study year. Each NS had a supervising nurse (SN) except for two students who were supervised by one SN. The students organised their work-shifts in accordance with those of their SNs during the clinical placement. The SNs were registered nurses experienced with being appointed as supervisory nurses. Their average experience from working in the NHs was 4 years. The first author had no prior relationship with the students and did not hold any professional role in the students' clinical practice.

Insert table 1.

### **Data collection**

Data collection was conducted in 2006. Prior to the students' clinical practice the first author spent two weeks in one of the NHs to get re-familiarized with NHs as sites for clinical practice for NSs. Field observations as part of the data collection in the NSs' practice periods were conducted over ten weeks divided between the three NHs according to the number of students at each site. The units for observations recorded in field notes were activities, collaboration and communication between NSs and SNs. The intention was to grasp, illuminate and interpret the meanings, patterns and structures of individuals in social processes (21). In writing out the field notes the technique described by Schatzman & Strauss (23) was used to give



observational, theoretical, methodological and personal notes. By the end of the clinical practice semi-structured interviews (24) were conducted with each participant who had given their informed consent.

An interview guide was developed with thematic questions concerning aspects of learning environments generated from literature review (13, 25, 26) and from the previous field observations. In the interviews the NSs were encouraged to elaborate their experiences regarding their learning environments. The interviews were undertaken by the end of the clinical placement for all participants. The interviews lasted 45 to 70 minutes. The interviews were taped and transcribed verbatim.

### **Data analysis**

The interviews were analysed by qualitative content analysis (22). The texts were read and reread to grasp a thorough understanding of each individual interview. A condensation was performed to determine meaning units as constellations of words related to the same central meaning. Those were then condensed and 31 sub-themes were created (e.g. feeling appreciated vs. not appreciated, being supervised vs. practising alone, experiencing professional discussions vs. task orientation). The sub-themes were grouped into three main themes. The main themes that emerged were different experiences of “acceptance and appreciation”, “supervision and learning process” and “professional discussions and learning outcomes” (Table 2). The analysis of the interviews served as a basis for a selective approach (18) of pulling out the same themes inherent in the field notes. Field notes were analysed according to the procedure described by Hammersley & Atkinson (21) starting with broad descriptive categories, sorting the field notes in relation to persons, places, activities,

collaboration and communication. Field observations, field notes and interviews were used to enhance the validity of the study. The co-authors checked and discussed analysis and interpretations until consensus was reached.

Insert table 2.

### **Ethical considerations**

This study was approved by the Norwegian Social Science Data Services. Written permissions for field observations from the heads of the NHs were granted. The participants received an explanatory letter about the study and were asked to participate. Informed, written consent was obtained from participants prior to the data collection. During field observations the first author aimed at protecting the participants against harm or stress and by respecting their autonomy. Confidentiality was granted and assurance was given that participation was voluntary with the right to withdraw from the study at any time without consequences or having to state a reason.

### **4. Results**

All students reported low expectations prior to clinical practice in the nursing homes, but not towards caring for older people as such. Several interwoven factors were involved in how students experienced and perceived the learning environments in the NHs. The findings from textual data are presented in terms of the NSs' different experiences regarding the main themes and are illustrated with quotations from students and observations done by the first author.

## **Experiences of acceptance and appreciation**

All students expressed expectations of being accepted and appreciated as members of the caring community so as to promote learning. One of the students (2) said: “The student role is vulnerable”, a statement supported by a fellow student (1): “My SN, told me about students who had behaved badly and not acted according to her (SN’s) expectations. I thought that I had better do things the way they wanted it”. Another student (5) said “I feel totally invisible here, worthless...they don’t want my opinions, and if I raise a topic it is seen as criticism”.

In one instance a student was sitting in the living room with a patient suffering from AD. The patient became stressed and the student tried to calm her. A nurse saw this and said: “Take her to her room!”. In the interview the student described the situation as humiliating for both the patient and herself in the effort to make it possible for the patient to participate in a social setting. The student (4) stated: “She should have supported me instead of interrupting without knowing the situation”.

Students in other NHs described feeling accepted and appreciated and one (10) said: “I felt welcomed and included. They cared about me and my learning objectives”. Another student (9) said: “I was positively surprised given what I have experienced in previous clinical practice”.

The students elaborated these statements recounting instances in which they were consulted about their knowledge in different matters. This made them feel accepted and appreciated as knowledgeable if temporary members of the nursing community. These feelings were expressed by one student (10): “I really enjoy being here. They

care about us and have time for us.”. Another student (11) said: “They take an interest in our opinions”. A third student (12) stated: “We are being seen and listened to”.

These expressions fit field observations made of an atmosphere where the students were acknowledged and appreciated as learners and contributors by all staff members and especially by their SNs.

### **Experiences and perceptions of supervision and learning process**

On the first day in the NHs the students were welcomed by a staff member carrying responsibilities for allocation of students. Low expectations notwithstanding the students hoped that they would practice in NHs with staff members familiar with principles of supervision and clinical teaching. In one NH a student (3) said: “I was not so motivated for this clinical practice, but the information we got on the first day made me think that this could be a good placement. But this did not agree with how the clinical placement turned out”. Another student (6) stated: “I have been responsible for everything I have learned here.” A third student (7) said: “She (SN) says that I can always ask, and I do get answers to my questions, but I haven’t experienced supervision in the way I am used to”. Such phrases correspond with field observations of students practicing alone or with fellow students.

In this NH supervision was characterized as scarce. One student (4) said: “By the end of the day they say thanks for the help, adding that I have been clever, but I don’t know what I have been clever at.”

The curriculum states learning objectives for the clinical practice in care for older people. The NSs identified supplementary individual learning objectives. The learning objectives are supposed to guide the learning process and be subjects for supervisory conversations between the NS and the SN. A student (1) said the following about this: “We don’t talk much about my objectives”. Another student’s (5) experience: “I started to nurse immediately, and I have been with all the patients, but I have not had any in-depth proceeds with anything like I wanted”.

These descriptions corroborate field observations of students becoming a pair of extra hands. Established routines and tasks directed the students’ activities rather than their learning objectives. The learning process was not characterized by a supervisory relationship between the SNs and NSs.

In the other NHs students described the units as well prepared for having students. One (10) stated: “They have a plan about my being here”.

A student (8) practising in the unit for patients suffering from advanced AD, elaborated: “The SN takes an interest in my objectives and helps me to adjust them to the strengths of the ward”.

This student (8) told about a SN with high professionalism:“...sometimes shadowed for my possibility to figure out things by myself”. An active and committed SN was described by another student (11) as somewhat problematic: “My SN sometimes takes over when I need some more time”.

Additionally, wards with time for reflections, time-outs and ongoing ethical considerations, were highly valued. The students practicing in these wards were granted and appreciated the role as temporary, but strongly included members of the nursing community. One student (10) said: “They listen to me and ask for my experiences and opinions”. This was elaborated by another statement (12): “It is not the routines that design the days here, everything happens from the patients’ situations and how these influence the ward”.

These students described a learning process with the opportunity to interact and collaborate closely with their SNs each day. This was substantiated by a student (10) saying: “The SN asks what I want to do, and puts forward proposals from situations the ward represents in general and on specific days”. Another student (12) stated: “I feel there is a balance between operating independently and getting support and supervision”.

From field observations it was obvious that learning, rather than routines, guided the activities these students took part in. Furthermore, the supervisory role was given priority in how tasks were divided between staff. The students were explicitly reminded that their position was the learners’ and not to provide extra labour. They were involved in decision-making when asked about their knowledge and reflections. One (10) said: “I am challenged by my SN to propose alternative ways of caring for the patients”. The experiences of the students can be summarized by the assessment of one student (8): “We reflect together... and I have learned about caring for the elderly from that”.

In a ward in one of the NHs (B) a student (9) expressed a wish to and was granted the possibility of practicing independently rather than interacting closely with the SN as described in the guidelines for clinical placements. Field observations indicated that this student became an integral part of the workforce through independent practice, lacking the SN as a distinct supervisor. The student's learning process can be characterized as independent and to some degree observed as lonely.

### **Experiences and perceptions of professional discussions and learning outcomes**

The students considered professional discussions and critical reflections as important for the learning process and for learning outcomes regarding issues in care for older people such as care for patients with AD, reminiscence work, communication and addressing behavioural disturbance. To this one student (2) commented: "On the whole I have not learned anything about caring for persons with AD". Another student (7) said: "I miss discussions ...they don't ask about my opinion regarding care for older people".

In one of the NHs systematic in-service lectures was offered, but the students did not participate. One student (6) said:" One day we had planned to attend, but when the time came we had to keep watch in the ward while they (staff) had a meeting".

Regarding learning outcomes a student (3) stated: "Well, I guess I have learned something... but overall it has been the same as in the first semester". These statements corroborate observations of a ward culture where patient centred professional discussions were scarce and distribution of tasks was based on getting the work done rather than on how the learning outcomes of the students could be enhanced.

In the sheltered ward in one of the other NHs, the student (8) said: “Each day includes discussions and considerations... and both in the beginning and ending of a shift we sit down to discuss and reflect”. The first author experienced this through observing handovers and time-outs for explorative, critical and analytic discussions with a patient centred focus. In the general ward the student (9) said: “We have had lots of discussions. I don’t really remember about what”. This supports the field observations of somewhat superficial communication between the NS and this particular SN.

One student (11) expressed the following about the impact professional discussions had for learning outcomes: “I have really developed as a professional through this clinical practice”. This statement was based upon how the student had experienced and perceived a learning environment marked by professional discussions. Another student (10) narrated: “Discussions are part of the daily life; we discuss what matters for the patients as individuals...One day a patient was going to have a medical examination that we found ethically challenging, because she has AD and could not fully understand what it contained. We were all very anxious...and we were right to feel that way; the examination was done and it turned out to be like an infringement for the patient...However we talked it through, discussed the ethics attached, the necessity of the examination and we learned from it”.

This example corresponds with field observations of staff members creating time-outs when important issues arose. Students (8, 10, 11) making comments such as: “I have really learned about care for older people” confirmed how professional discussions and reflective dialogue had an impact on learning outcomes.



## **5. Discussion**

The findings in this study reveal differences between NSs' experiences and perceptions of the learning environment in the NHs. The NSs expectations to clinical practice were strongly related to aspects of the reflective practitioner (24) in putting weight on reflection before and after action as a source for developing their currently knowledge about care for older people.

Wenger (16) defines practice as a community consisting of three dimensions: mutual engagement, a shared activity and repertoire. According to Heggen (4) the outcomes of practice are closely connected to which extent the NS is integrated into the practice community. This corresponds with findings showing the students' wishes to be involved, accepted and appreciated as members of the nursing community (12).

Some of the students did not experience the learning environment as accepting and appreciative of them as learners with. Feeling invisible and being afraid of "stepping on toes" contradict the fact that the students expected to be acknowledged as contributors through shared analytic, critical and reflective approaches.

Some NSs talked about SNs failing to take interest in their learning objectives and being unconcerned about efforts and actions initiated by them. Instead, they conveyed experiences of being criticized when breaking established patterns. By the end of the clinical period, these students felt the lack of a learning culture, as well as a paucity of research results concerning care for older people integrated into the nursing care practiced in the placement.

Presuppositions influence how a learning environment is experienced and perceived. Negative or unrealistic presuppositions might have constituted a hindrance for how some of the NSs perceived actual learning opportunities as they reported a poor learning environment not exposing them to excellent standards of care for older people. Field observations, though, confirmed the negative experiences reported by some NSs of a clinical practice where the potential for collaboration among nursing students and supervising nurses and learning opportunities were unutilized.

As to acceptance and appreciation, the discrepancies in the findings deal with two perspectives from NSs. Some students reported being accepted and appreciated as supplemental contributors with new perspectives, knowledge and investigating approaches. The contrast is other students who endorsed a peripheral and lonely role, and reported trying to make the best of it through self-motivation and collaboration with fellow students. Socio-cultural learning theory and principles in situated learning (27) emphasize the significance of students being an integrated part of the practice community (4). Allocating students for clinical practice includes responsibility for creating a positive learning environment with SNs challenging and motivating the students in their process of learning care for older people.

Supervision as supporting the learning process includes regularity in supervisory sessions and guidance of the students' attention towards relevant experiences and learning situations. Finding the relevant learning activities requires professional insights and use of knowledge about the patients and the ward. One cannot assume that the students have this competence. Furthermore the students need to be assisted to see the relationship between theoretical knowledge about care for older people and its implementation into practice. The students' knowledge of clinical practice is

constituted through advice from and professional discussions with an expert, as experienced and observed for some of the NSs. Other students experienced being part of the workforce. Even though not explicitly expressed, they perceived that this was appreciated by staff. They received positive feedback when assisting to get the work done. This may be based on the SNs assumptions that learning best occurs by doing (28) but without the additional supervision and reflection before and after clinical situations. These experiences correspond with studies reporting that NSs are alone in 2/3 of the situations practicing in NHs compared with NSs being supervised in 3/4 of all situations in hospital practice (29). Havn & Vedi (6) found that NSs in nursing homes and home care reported to be treated as an “extra pair of hands”. This implies that learning occurs in established patterns and not in an exploratory and investigatory manner. The findings show that there is a challenge of balance in the supervisory role between too much and too little. Too much, means instructing rather than encouraging the student to reflect before, in and after action (17), whereas too little means relying on the student to take responsibility for the learning process as observed for some students. Implementation of strategies and philosophies for supervision and clinical learning are addressed as important for the learning environment.

Along with practice skills and knowledge, the NSs saw professional discussions as a crucial element in clinical practice, especially those regarding ethical challenges that they were familiar with from literature studies and lectures at the university college. They wished to develop critical thinking and analytic skills as competences vital in caring for older people. If this is to happen, it is not simply a matter of increasing their experience by caring for a high number of patients. It requires professional

discussions combining theory and clinical experiences. That can result in adaptation and repetition of established routines without thinking them over (7). There were significant differences between students with respect to this. Some students experienced few if any systematic professional discussions with staff and experts on topics related to care for older people they wished to explore and learn more about. Others experienced that professional discussions distinguished their clinical practice as they were arranged for by staff when specific situations regarding e.g. communication with older persons arose.

In this study, discussions and reflective processes with experts were regarded by the NSs as a gateway to their learning outcomes in care for older people. This comprehension corresponds with the notion that expert knowledge must guide selection of learning activities as well as learning objectives related to the actual context.

The differences in experiences of learning about care for older people from professional discussions and subsequent learning outcomes may depend upon several conditions; for example experience of workload of care, routine and task orientation or a lack of a culture promoting profound professional discussions and continued learning. The strain of a continuous number of students entering the NHs for learning purposes may be a reason for the experienced lack of engagement in some of the NSs' clinical practice as this is time-consuming for staff perceiving the care for patients as their main obligation. Receiving students for clinical practice on a regular basis may be experienced as a burden by the nursing staff negatively affecting their capacity for including them into the nursing community. In addition individual

learning styles (30) must be taken into consideration as they will influence utilization of potentials in the learning environment.

### **Trustworthiness and limitations**

Trustworthiness was established by using multiple methods in data collection (25) to investigate aspects regarding nursing homes as learning environments. These included observations, field notes and interviews. Interviews provided rich descriptions which added to the validity of the study.

The small sample and the qualitative approach in this study put limits to the transferability of the findings to similar settings. One site including a GPH and another site a shielded/sheltered unit for patients suffering from AD must be taken into consideration as these sites differ from general wards. Although the study examined three nursing homes in a Norwegian context and a small number of participants in a specific period of time, the findings may be applicable to other nursing students and similar contexts.

### **Conclusions**

We found variations in nursing students' experiences and perceptions of their learning environments while caring for older people. The findings strongly indicate a deepening knowledge about how psycho-social aspects are important components to nursing students' perceptions of the learning environment in nursing homes. The experiences and perceptions of the professionalism in the learning environment are pivotal factors as students seek refinement in their learning process through critical

reflection and professional discussions as sources for learning the essence in caring for older people.

It may be interpreted that awareness of principles and responsibilities in developing good learning environments may not be fully established in some of the SNs' approaches to engaging students in clinical practice. It is important to acknowledge the challenge and responsibilities involved with articulating and visualizing nursing homes as good learning environments.

Further research into implementation of supervisory principles, learning philosophies and strategies into the practice realm must be addressed. Training in supervision, preparedness for receiving NSs for clinical practice and adjusted workload for SNs seem to be important factors in order to provide a good learning environment in NHs. These factors may contribute to NSs experiencing being included into the nursing community through acceptance and appreciation along with supervisory approaches supporting a learning process characterized by collaborative interactions and professional discussions.

### **Relevance to clinical practice**

Educational policy-makers, nursing home managers and researchers must contribute to developing positive learning environments in nursing homes if graduated nurses shall be recruited to and retained in this part of the health care system.

## **Contributions**

Study design: MWS, NH, HKN.

Data collection: MWS.

Data analysis: MWS, NH, HKN.

Manuscript preparation: MWS, NH, HKN.

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Table 1. Nursing homes and nursing students included in the study

	Ward	Students	Staff/patient ratio	Age	Gender
Nursing home A	1	1,6	3/9	23,24	F
	2	4,7	3/9	35,22	F
	3	5	3/9	30	F
	4	2,3	3/9	21,22	F
Nursing home B	1	8	3/9	32	M
	2	9	3/9	24	F
Nursing home C	1	10,11,12	3/9	22,25,42	F

Table 2. Examples of the process of qualitative content analysis

Meaning unit	Condensations	Sub-themes	Theme	Main theme
I feel totally invisible here.....worthless... they don't want my opinions, and if I raise a topic it is seen as criticism	The student felt alone and not included	Feeling ignored	Being dissatisfied with the learning environment	Acceptance and appreciation
The SN takes an interest in my objectives	The student experienced supervision as part of the learning process	Being supervised	Being satisfied with supervising and learning process	Supervision and learning process
I miss discussions...they don't ask about my opinion regarding care for older people	The student felt that her knowledge was not acknowledged	Feeling a lack of professional discussions	Being dissatisfied with learning outcomes from professional discussions	Professional discussions and learning outcomes