Teaching and learning care – Exploring nursing students’ clinical practice

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Summary

Care has always been a key element of nursing. This paper presents findings from research on the following issue: What opportunities and limitations do nursing students encounter when learning nursing care? The study has a qualitative design with field methodology and the study of documents. Six nursing students have been closely monitored during their clinical studies in hospitals, nursing homes and home-based nursing. The study shows that nursing students are likely to possess the potential to provide care for sick and unknown people. The motivation for their commitment to patients may contain an egoistical orientation and runs contrary to former ideals of the nurse’s self-sacrificing altruism. Moreover the study shows that there is a potential in the clinical field and in the university college to reflective considerations on experience of care. While clinical practice often has focus on practical problem-solving and procedures, the college tends to focus on abstract theory. Both of these promote the privatisation and neglect of the students’ experience of care. The paper concludes with a call for teaching and learning strategies targeting the use of nursing students’ personal experience of care.

Introduction

Care has always been a key element of discussions on the distinctive character of the nursing profession (Benner and Wrubel, 1989; Morse, 1991; Martinsen, 1989). Both the nursing field and nursing education are currently experiencing the compound pressure of expectations that can indicate deteriorating conditions for caring practice. The clinical field is under increasing pressure from requirements for profitability, efficiency and effectiveness, and demands programmes of education that train nurses who are work ready from day one (Bradshaw and Merriman, 2008; Sines et al., 2006). At the same time nursing education of today is challenged by the “race for knowledge” and the requirement to teach the nurses of the future to become familiar with research and to base their nursing care on clear scientific knowledge (Karseth and Taasen, 2006). Another claim is also regularly asserted in professional discussions on the deteriorating conditions for nursing as a caring profession – namely that the current generation of students are self-centred (Rognstad et al., 2004). If this is correct, nursing students thus have weaker prerequisites for learning an occupation that requires an orientation towards ill, unknown persons who are in need of help.

This basic perception inspired us to investigate empirically how contemporary students learn care. We have used a concept of care that has been a benchmark in both Norway and Denmark and that forms part of the compulsory syllabus for the students we have researched (Martinsen, 1990). We have connected phenomenology-oriented thoughts on care with a consistent (as far as possible) participation-oriented manner of considering professional learning (Martinsen, 1996; Wenger, 1998). This article presents findings from a study focusing the following question: What opportunities and limitations do nursing students encounter when learning nursing care?

Background and literature

New conditions for nursing training

During the last two decades nursing education as well as other professionals in the sector of higher education, has been subject to considerable changes. In order to improve the quality of study programs and subsequently the practice of all professionals there has been a shift towards research-based teaching. It has been maintained that academic drift processes have gone too far and complaints about weak practical skills and the lack of caring abilities among recently trained nurses have been voiced (Wellard et al., 2007).
Care and learning

Care is an important topic in the field of nursing, and various researchers have worked on the concept of care (Benner and Wrubel, 1989; Morse, 1991; Martinsen, 1989). In the Scandinavian countries the thoughts of the philosopher and nursing researcher Kari Martinsen concerning nursing perceived as care have been of central significance.

Martinsen (1990) points out that care is a practical, relational and moral phenomenon. Care is practical in the sense that it is expressed in actions, often through the use of basic tools such as face cloths, bedpans, toothbrushes or drinking glasses. Care is typically a relational phenomenon in the sense that it is expressed in encounters with others. It is a fundamental attitude that is conveyed in relationships in the form of sensitivity towards others and recognition of others in the light of their situation. As a moral concept, care is associated with the principle of responsibility for and recognition of others in different situations, and how they reflected both verbally and in writing on their own experience of providing care.

Research ethics

The project description for this study was approved by the Regional Committee for Medical Research Ethics. The students had experienced the researcher as a teacher while the collection and analysis of data took place the students knew that the researcher had no responsibilities as a teacher in the university college. In keeping with the principles of research ethics (Polit and Beck, 2006), the nursing students and patients were asked to take part in the study and were selected through informed voluntary consent. The patients included in the study, were informed and asked by a nurse to participate and the voluntary consent was given. Each individual was notified of the right to withdraw – without giving reasons – at any point in time. Care has been taken to handle the data in a manner that ensures that the students and patients cannot be recognised by others in any form of publication.

Data and results

Learning care in practice

The nursing students’ encounters with sick and frail people provide an interesting insight into how care is created. In this article we wish to present and discuss the main findings of the study. We have also chosen to present key features of the empirical data by using the experience of one of the students (Tom) from the routine morning care of a patient. His experience represents typical challenges that the students documented in the entire body of material.

Tom is in his first clinical in a nursing home at the end of his first year of study. He is to help Mrs. Smith (fictional name), an elderly woman who has Parkinson’s disease and who also suffers somewhat from anxiety and depression. She is to get up and be given help to wash herself and get dressed. We start with a processed text extract from the field notes in which the researcher can also be discerned in the text.

The researcher’s data: “She’s usually tired in the morning.” Tom tells me as he goes in to Mrs. Smith to help her with her personal morning care. “It’s not at all certain that she’ll get up straightaway,” he adds, and gets himself ready with a plastic apron, fresh towels, face cloths and an incontinence pad. He is suddenly not sure about the incontinence pad size he should choose and asks his practice supervisor. She suggests the medium-thick one since it is to be used during the day. At the same time she asks Tom to make sure he helps Mrs. Smith to the toilet when he carries out her morning care. This is a fixed routine that functions well for Mrs. Smith, and she will then manage through the morning with a medium-thick incontinence pad. Tom follows the practice supervisor’s advice and we go into Mrs. Smith’s room.

When we come in, Mrs. Smith is lying with her face towards us. The researcher’s data: “She’s usually tired in the morning.” Tom tells me as he goes in to Mrs. Smith to help her with her personal morning care. “It’s not at all certain that she’ll get up straightaway,” he adds, and gets himself ready with a plastic apron, fresh towels, face cloths and an incontinence pad. He is suddenly not sure about the incontinence pad size he should choose and asks his practice supervisor. She suggests the medium-thick one since it is to be used during the day. At the same time she asks Tom to make sure he helps Mrs. Smith to the toilet when he carries out her morning care. This is a fixed routine that functions well for Mrs. Smith, and she will then manage through the morning with a medium-thick incontinence pad. Tom follows the practice supervisor’s advice and we go into Mrs. Smith’s room.

When we come in, Mrs. Smith is lying with her face towards us. Tom goes to the bedside and starts chatting: “Are you awake... did the doctor come yesterday... did you get your hair done yesterday...? Do you want to get up now...?” After a long silence she replies “I suppose I have to,” and Tom carefully takes the duvet off her. He stands close to Mrs. Smith with his arms round her to support her so she does not fall. She takes some careful steps before...
she moves on to the quicker tripping gait that is so typical of Parkinson's disease. Tom helps her out to the bathroom and the morning care routine has started. Although I do not go into the bathroom, I can hear when they talk about how she wants the care to be given and how Tom helps her. I hear how he conducts the conversation, and to me it seems as if he creates a good atmosphere. I can also hear that the atmosphere suddenly changes and that Mrs. Smith seems despondent, almost in tears. I hear Tom reply kindly with encouraging words: “We’ll soon get it on ... wait a moment ... there we are ...” He talks to her in this way, and says he will help her to fasten her bra at the back. Tom chats on, and it seems as if Mrs. Smith gradually calms down. I ask Tom about this afterwards, and he tells me that Mrs. Smith gets anxious and upset when she can't manage to dress herself. He also says that he is pleased with what he has done on this particular morning, Mrs. Smith also seems pleased and even gives us a hint of a little smile when Tom and I leave.

This is a typical everyday situation in the nursing home and represents challenges that the students repeatedly face. The question we are concerned about is the opportunities and limitations for learning nursing care that the students experience in such situations.

Experience of learning nursing care

Participation and involvement in this close patient situation give Tom the opportunity to be close to a person who has complex care needs. He experiences himself and his caring competence in different ways. He has learnt how he can use his own body to support Mrs. Smith “just enough” so that with her typical Parkinson gait she does not fall. She can use her own strength, maintain her walking function, and feel that she is as self-reliant as possible. Tom also experiences the purely practical challenges involved in helping others with clothes and with fastening loops and buttons. Tom himself says that he must learn to be “good with his fingers” while at the same time comforting and calming Mrs. Smith. He also says that he is moved by Mrs. Smith's despair about her own situation and wants to help her to cope with her daily life. He is pleased that he feels he managed to calm her down and to keep cool himself. Fine motoric skills are developed while the student simultaneously learns communicative competence – for example responsiveness and the ability to accept patients’ difficult emotions. At the same time the student must learn to recognise and take into account the particular illness problems of a Parkinson's patient, what must be observed to confirm that the medication dosage is optimal, and how he must take into consideration her special movement difficulties. In Tom’s example we can also see how the situation requires a delicate balance between bodily closeness and dignified distance in intimate hygiene, as well as knowledge and experience of Mrs. Smith’s specific needs and habits. He involves himself in the relationship in sensitive ways and ensures that the practical tasks are performed.

The data showed that, like Tom, the students were all concerned about creating a good relationship with the patients. All the students, like Tom, were clearly concerned about the patients’ suffering and expressed the will and ability to understand and counteract the despair they often perceived from the patients. The data material constantly showed that the students were sensitive and expressed the will and ability to understand and counteract the despair they often perceived from the patients. The next question we asked the data material was how the students' sensitivity towards patients is reflected in their determinations of the tutors. In the following we will emphasise and discuss the tutors' written comments supporting the students in their criticism of the system. Then the tutor continues to urge Tom to analyse and interpret the situation by “using relevant theory”. Theoretical sources which the students try to use in their reflection memos, seem to lack explaining power. Tom describes himself as “an in-depth study of their personal experience while they simultaneously try to reach out towards theory in order to meet the expectations of the tutors. In the following we will emphasise and discuss our findings in correlation with other research.

Discussion

Sensitive and oriented towards others

Sensitivity and empathy for patients' feelings and utterances, as in the example with Tom, constitute a recurring and characteristic feature of the entire data material. The nursing students allow themselves to be moved by the situation, and demonstrate that they can be receptive to the care needs of sick and suffering people. How can this empirical finding be compared with other relevant research? It is both in conflict and concurrent with other new research. Rognstad et al. (2004) have studied students' educational and occupational motivation and have found a high degree of self-centredness. The students are described as typical representatives of the “what's in it for me” generation whose main concern is
fulfilling their own wishes and needs. Tweit (2008) moderates this impression in her doctoral thesis on “new youth in an old occupation”. Her main finding is that nursing students are characterised by an ambivalent attitude: they are motivated for the profession and the education because they want to help the sick. At the same time, helping others also increases their understanding of themselves and contributes to accentuating their own importance. This is at variance with the more traditionally-oriented self-sacrificing altruism that was typical of the old care ideals in nursing. Choosing is at variance with the more traditionally-oriented self-sacrificing selves and contributes to accentuating their own importance. This time, helping others also increases their understanding of themselves and the education because they want to help the sick. At the same time, helping others also increases their understanding of themselves and the education because they want to help the sick.

Our study clearly showed that nursing students allow themselves to be moved in their encounters with suffering people. Several international studies on nursing education (Beck, 1993; Kosowski, 1995; Eifried, 2003) confirm this finding. The studies also show that it is challenging for students to enter into close interpersonal interaction with strangers. It therefore appears reasonable to argue for the importance of giving students' experience greater attention as a source of reflection with practice supervisors and tutors, thus providing the possibility of exploiting the sensitivity better – to the benefit of both the students and the patients.

Orientation towards practical problem-solving and abstract theory

The students in the data material have abundant opportunity to take part in practical relational work and unquestionably gain first-hand experience of the practice of care. However, they are to a far smaller degree encouraged to talk about their experiences and practice from their contact with the patients. The nurses/practice supervisors are concerned about practical problem-solving and procedures and urge the students to “just say if you need anything”. The tutors from the college are most preoccupied with connecting the students’ experience to theory. They encourage the students’ reflections to move “up and down”, where theoretical descriptions will explain and elucidate practice.

Emphasis on theoretical knowledge in education can increase the distance to actual experience. There appears to be a tendency to “hop out” of experience and to allow one type of knowledge to assume greater importance for interpretations of the practice. The flight up into theory under-exploits the learning potential that is inherent in the actual situation – in verbalising, exploring, asking and wondering about the experience itself. Abstractions are given precedence over concrete empirical exploration. “Keeping your feet on the ground” seems to be a rather disregarded didactic principle. This is not the same as saying that theory is superfluous; what we primarily see in the response from tutors is the tendency to move reflection out of experience and to give primacy to another type of knowledge for interpreting experience from the practice.

Wenger (1988) argues for an interaction between participation in practical work and dialogue about the work. It is practice that opens the door and invites students both to work and to form opinions on the work. Opinions are formed through negotiating meanings, which entails meanings being discussed and debated with others. It is in the interaction between what we do together and in the discussions on the work that we learn to master our performance in practice.

Conclusion

In this article we have shed light on how students today, often described as egocentric in their approach, allow themselves to be moved in their encounters with sick and suffering people, and show empathy and sensitivity to the patients’ feelings and utterances. There is a clear potential for care in today's students. Our research has revealed the problem that questions are not asked about the students’ experience of care. The practice supervisor focuses on practical problem-solving and procedures – a focus that contributes to a privatisation of the students’ experience of care. School assignments at the university college tend to do the opposite; placing theory in the centre. This also helps to create privatisation as well as a neglect of the students’ experience of care. The normative recommendation in this article is that didactics should be developed that are based on the students’ experience. The paper calls for nursing educators to be more open-minded to the use of students’ in-depth experiences and find new constructive ways of linking reflections and nursing theory with students’ experiences of caring for patients. In our view this can contribute to strengthening learning about caring and to improving the quality of patient care.

References


