



Research Article

**QUALITATIVE STUDY: NURSE AS A ROLE MODEL FOR NURSING STUDENTS IN CLE
(CLINICAL LEARNING ENVIRONMENT)**

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ABSTRACT

Background: The purpose of the study was to assess the perception of Staff nurses regarding Nurse as a role model for nursing students in Clinical Learning Environment. The literature review revealed about the importance of nurse as a role model for nursing students in Clinical Learning Environment. **Method:** A qualitative study was undertaken to explore the attitudes and experiences of registered nurses who participate in the clinical teaching and mentoring of nursing students in an acute care setting. Semi- structured in-depth interviews were carried out using one to one in-depth interview. **Results:** Thematic content analysis was carried out between and within the participants. The findings suggest that: unit-specific philosophical pedagogies highly impact the overall experiences of teacher and learner; commonly shared, clearly articulated goals are imperative; and a firmly established and refined partnership between the student’s academic institution and the health care facility may be critical to the successful outcome of the experience. Moreover, the participants articulated a perceived link between teaching students and enhanced communication on the unit, utilization of evidenced-based practice, and improved patient outcomes. **Conclusion:** The results presented here are based on interviews with participants who are involved in the clinical education and training of nursing students during their clinical learning environment. The six themes that emerged serve as a framework for understanding the comprehensive, time-intensive, patient-focused, and role-developmental approaches in which clinical nurses engage to support excellent clinical learning experiences for student nurses.

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INTRODUCTION

The pedagogy of clinical learning environment for nursing students in acute care settings has transitioned from an apprentice model to one necessitating more dynamic interactions between clinical staff nurses and learners. Clinical nurses must provide theoretical knowledge, share clinical expertise, and model professional behaviour to nursing students in an increasingly complex medical system. Our clinical learning environments encompass significant technological advances, shortened length of patient stay, and institutional climates which are often dominated by financial constraints, all which have the potential to impact the teaching and learning environment, and consequently, patient outcomes. Therefore, the purpose of this study was to examine the attitudes and experiences of registered nurses in acute care settings who clinically teach and mentor nursing students in order to understand pedagogical strengths, weaknesses, and opportunities.

Purpose

Role modelling is described as being “teaching by example and learning by imitation” (Murray & Main 2005:30). Skilful role models could enable students to discover knowledge embedded in clinical practice where they can work with and observe a role model that enables them through a process of reflection, to internalise the role models’ behaviour and build on previous knowledge and experiences. Role models who portray a positive attitude and are approachable therefore play a vital role in supporting students in the clinical learning environment. Important learning, including the teaching of concepts, theory, critical thinking skills and research happens in the classroom but is best integrated with the skills learned in the clinical setting where integration of theory and practice takes place. However, professional nurses as key role players in the development of student nurses underestimate the impact they have as role models on the learning and professional development of student nurses. Patients expect to be cared for by nurses who are not only competent but also behave professionally, therefore student nurses must be supported to

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develop professional qualities. This presentation focuses on a study that is conducted in a private healthcare institution that is also registered as an educational institution for nurse training. The perceptions of nurses regarding the professional nurses as role models in nursing student's professional development in the clinical learning environment were explored and described.

Statement of problem

“Qualitative Study: Nurse as a role model for nursing students in CLE (Clinical Learning Environment)”

Objectives of the present study

To assess the staff Nurses' perception of regarding Nurse as a role model in CLE (Clinical Learning Environment).

MATERIALS AND METHODS

Study design

Qualitative research design (Phenomenological Research design)

Setting

The study was carried out at SKH at Karamsad.

Samples

The participant consists of 15 Staff nurses/Incharge nurses working at various departments of SKH at Karamsad. The semi structured detailed one to one interview was conducted by external moderator for data collection. An informed consent was obtained from all the participants prior to data collection.

Materials and methods of data collection

The Semi structured in-depth interview consists two sections.

Section; 1- Consists of the personal data of the respondents such as Age, Sex, Educational Qualification, Professional experience and Designation.

Section; 2- Consist of seven open ended questions for Semi structured detailed one to one interview was conducted by external moderator for data collection on knowledge regarding Nurse as a role model for nursing students in CLE (Clinical Learning Environment). Each interview and discussion was recorded through Mobile recording application.

METHODS

An exploratory-descriptive qualitative approach was followed. This qualitative study utilized semi-structured interviews with nursing staff members (N=15) who were worked in the clinical learning environment of nursing students. The letter of explanation regarding the study which was used during recruitment was again made available for review and verbal and written consent was obtained from each participant. Demographic data were also collected. The interviews were conducted at a time and place convenient to the participants and were 45 – 50 minutes in length. An interview guide was used to focus the questions and to provide a series of prompting questions to encourage dialogue. The interview guide was an iterative document, as is the expectation in qualitative research. Interview was conducted by External moderator to prevent bias & also recorded for each interview and discussion was recorded through Mobile recording application.

Analysis

The questions were amended to clarify and verify emerging themes. Each participant was audio recorded to allow for verbatim transcription by a research assistant. Extensive field notes were taken during the debriefing among the researchers occurred after each session. These activities, in addition to member checks which were utilized during the data analysis procedure, assured the trustworthiness of the study's procedures. Prior to commencing thematic coding of the transcripts, the audio tapes were listened to a second time and compared with the transcribed version for accuracy. Thematic content analysis was then carried out and emerging themes identified. After coding all transcripts, the analysis turned to within group and between group comparisons.

Demographic data for the participants (N=15) were analyzed. Variables collected included: Age, Sex, Educational Qualification, Professional experience and Designation.

RESULTS

Description of Demographic Variables

Age: From 15 participants (10) 66% participants belong to age between 35 to 45 years & rest of (five) 34 %participants belongs to 45 to 50 years.

Sex: All 100 % participants were female.

Educational Qualification: From 15 participates (12) 80% participants were Diploma in GNM & (3) 20 % participants were Holding post basic B.sc. nursing degree.

Professional experience: From 15 participants (10) 66% participants have more than 20 years of experience and rest of (5) 34 % participants have 15 to 20 years of experience.

Major Findings

Six themes emerged from the data. Themes are,

1. There is an extensive time commitment related to teaching nursing students.
2. There is variability to the experience depending on specific pedagogy.
3. The role of the school/college of nursing instructor and the link with the academic institution is critical.
4. Teaching students likely affects patient outcomes.
5. Professional Role development is Key.
6. Role models as knowledge and skills resources.

Extensive time commitment related to teaching

All participants discussed the intensive time commitment related to teaching nursing students and each clarified that this was balanced by the rewards. Additionally, each participant reported time spent preparing and evaluating the students, which was generally in addition to the actual clinical teaching time with the student.

One nurse commented

“[Educating nursing students] was something I thought about doing but it's hard enough to do your job on the Floor sometimes without doing teaching too and you get no special treatment for doing it. If you are orienting a new nurse or a newly-licensed nurse (NLN) to your department they can lighten your assignment or whatever. It doesn't happen with nursing students.”

“People [other staff] understand that I am teaching and fully responsible for the patients and clinical teaching. Understanding the role of the student and the nurse [is important]. Normally, I can see a patient in ten minutes, but now I have to take a half an hour [to do the same work with a student].”

Another nurse noted

“You are teaching and role-modelling, which is part of teaching [during the entire shift]. So even if you are not talking to the student you are basically saying I am about to do [this]watch how I do that. So we have an 8-hour shift, [then] it is all 8 hours [of teaching].”

Another nurse stated: “And in fact, probably, you know depending on what you’re going to be dealing with that week- or learning with the student, you may be spending time, I know I do-outside my clinical time where I am at home and I am trying to prepare things for the student, particularly the area that I work in, which is very specialty-focused.”

Variability of the experience of teaching nursing students

Participants indicated that the experience was very different depending on the type of student, group and the clinical specialty of the unit. The philosophy of the unit and commitment to teaching were essential elements for participants and several identified that their units were committed to educating the next generation of nurses. Other participants reported that the experience varied depending on the abilities of the students with some students requiring more time by the clinical nurse for preparation to care for patients. Many staff reported receiving a more difficult assignment when assigned with a student as they were viewed as “an extra pair of hands”. This was often seen as detrimental to the student’s learning.

The role of the school of nursing instructor and the link with the academic institution is critical

Several participants identified the important role of the school of nursing faculty/instructor and the link with the academic institution as critical to the outcomes of the experience. The clinical nurses and advanced practice nurses noted that frequent communication with the instructor assigned to the students is essential to the success of any of the teaching/learning activity.

One respondent commented on the critical role of the faculty/instructor: “Our teaching is often guided by the clinical instructors because they’ll tell you what they need, where they need it [for the students] . . . when I have a really good instructor, we’ll pick out a [complex] patient or a [less complex] patient specific to the student’s needs.”

Teaching students likely affects patient outcomes

Perhaps the most important findings of this study revealed that the participants believed that optimal patient outcomes are linked to teaching/learning situations. Many staff identified the important work of teaching as providing additional time to communicate with patients and families, address discharge planning, and to carefully focus on physical, psychological, social, and spiritual needs of patients and families. Changes in patients’ status were also identified as optimized because of the presence of a student in the teaching-learning process. The

belief that outcomes were enhanced by student presence was strongly identified in all participants.

As one nurse noted: “I think it [teaching nursing students] actually makes the patient outcome better. You know, sometimes when you do that internal thinking process you might miss a step but when you’re talking to a student and you’re explaining for instance that this patient has had breast pain for five years and she has negative imaging...what are we going to do for her? So you have to talk it through step-by-step, where if it’s internalized in me....it might become role in some ways. I think it does take...more time and more energy to teach; it’s tiring at the end of the day after you’ve had a student. But I think too when you have a student you are so much more cautious of your interactions and how you act with your patients...not that we are not always trying to think about that. But I can only think that it enhances the outcome.”

Another nurse stated: “I think the patients get more attention . . . they get more TLC because they have two people that are talking to them. With the students the patients are more inquisitive . . . and [the patients] start to ask the students questions.”

A second nurse offered the following comments about enhanced patient outcomes: “I had one patient today . . . my student went in to [perform the assessment and obtain] vital signs and said the patient’s oxygen level was only 87%. The patient said to the student . . . no, you have to leave it on longer . . . and so I think the patients get into [the educational process with nursing students].”

Professional role development is Key

The role transition of nursing students to professional nurse was another theme that was identified as an integral component in the teaching/learning environment. Many clinical nurses described the importance of serving as a preceptor in order to model professional behaviour and prepare the student for the seamless integration into becoming a newly-licensed nurse.

One participant said

“I sort of feel that there’s a professional responsibility that we all share [in] our profession and it’s to the next generation [of nurses] in our contract with society. I believe that. Beyond that, I feel we chose to practice in an academic medical center and so by virtue of that fact, we should be on board with training [nursing] students...I also feel that the mission statement of the hospital puts it right out there the commitment to training the next generation of medical providers and that includes students.”

Role models as knowledge and skills resources

One participant said: “One student told me that she (the student) is following each & every step of any patient care procedure which was learned by observing you (nurse) while the nurse is performing that procedure. It simply means the students are searching for their role model as resource person during their clinical learning environment. “Role models are valuable resources in any clinical health setting, however given the sophistication of skills and attributes associated with ideal role models it is evident that many professional nurses will only provide partial opportunities to imitate their behaviours as role models to student nurses.

CONCLUSION

The results presented here are based on focus group interviews with three groups of participants who are involved in the clinical education of nursing students.

The six themes that emerged serve as a framework for understanding the comprehensive, time-intensive, patient-focused, and role-developmental approaches in which clinical nurses engage to support excellent clinical learning experiences for student nurses. In the education of nursing students, clinical nursing staff and students encounter milestones in role development. The participants in this study described the complex role enactment of teacher in approaching the varied experiences of students; the role of the school of nursing instructor; and advancing a student's role development. Clinical nurses identified the extensive time commitment related to teaching which involved one-to-one mentoring during the shift, as well as preparatory work and comprehensive evaluation of students. Student nurses will continue to practice the behaviours imitated by role models they believe to be important. Therefore it is important that professional nurses are aware of the key role that their behaviour plays in the process of socialising students into the profession. A conducive learning environment for clinical practice is vital in the clinical development of students. Forming role models of tomorrow is largely dependent on the present practices of professional nurses in the clinical learning environment.

Limitations

Although the results of our study are revealed the perception regarding Nurse as a role model for nursing students in clinical learning environment. There were some time management issues like waiting for nurses to conduct interviews for data collection due to busy working schedule of Nurses in working hours.

The selected participants were provided their opinions regarding their experiences during their clinical life. Some negative perception also hidden or not shared by participants which was limitation for this study.

Recommendations

In the light of the limitations identified of the study, the following are recommended as future research subjects:

- Why nurses have limitations for becoming role model for nursing student.
- Why nurses have a negative attitude towards nursing students.
- The rights of professional nurses involved in clinical learning environment of student nurses.
- The attitude of hospital management regarding student nurse's professional development.
- A model for teaching and training for nursing students in clinical learning environment.

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