

**COLLABORATIVE CLINICAL LEARNING ENVIRONMENT FOR NURSING
STUDENTS: *PERSPECTIVES FROM BOTSWANA***

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Abstract

As the provision of health care requires coordinated communication among all players, a collaborative clinical learning environment plays an important role in nursing education. This paper reports on nursing students' and the clinical staff's perspectives about a collaborative clinical learning environment at a large teaching hospital in Botswana. Thirty health care providers comprising nurses, doctors, nursing and medical students were engaged in one-to-one informal dialogues to explore their views about collaborative clinical learning environment. Content analysis method was employed for data analysis. Four themes emerged from the participants' responses and these were: participants' valuing of a collaborative clinical learning environment; efforts being made toward cultivating and supporting a collaborative learning environment; factors frustrating participants' effort to nurture a collaborative clinical learning environment; students experience of a collaborative clinical learning environment. The authors provide recommendations for improving the clinical learning environment.

Key words: clinical learning Botswana, collaborative environment, nursing students.

Background

A collaborative clinical learning environment plays an important role in preparing nursing students for working with diverse patient care team. This is because health care provision by its nature requires coordinated communication among all players (Pecukonis, Doyle, Bliss, 2009). A collaborative clinical learning environment in nursing education can be defined as an atmosphere where various professionals participating in patient care support and enhance one another such that patients' needs are met, job satisfaction is enhanced and students' learning is facilitated (Melrose, Park and Perry, 2015). Although there have been studies on nursing students' clinical learning in the African region (Mabuda, 2009) and in Botswana (Rajeswaran, 2016), no study has focused on collaborative learning environment for nursing students in Botswana. It is important that nursing students are assisted to appreciate the value of intra-professional and inter-professional collaboration right from their training. It is equally important that students not only learn or see the collaboration but that they also feel or experience it because that could make a good impact on how they embrace it. This paper reports on nursing students' and the clinical staff's perspectives about a collaborative clinical learning environment at a large teaching hospital in Botswana.

Methods

Four (first four authors) undergraduate students who had expressed interest in the concept of "collaborative clinical learning environment" were assigned to find out what the concept was about, its presence or absence and its nature at their clinical placements. The students, thereafter referred to as learners, had completed the third level of their program and were on a four-week clinical placement in different units of an acute care teaching hospital. After reviewing literature on the meaning of a collaborative clinical learning environment and its characteristics, the learners developed an interview guide that was informed by the definition of a collaborative clinical learning environment. The guide covered working relationship among nurses, working relationships between nurses and other health care team members including nursing faculty, working relationships among nursing students, and working relationships of nursing students with non-nursing students and members of the health care team other than nurses. The guide also covered staff's commitment to student's learning needs and relationships of nursing students and patients. Because the exercise was an educational activity rather than research that had to go through ethical protocol, names of participants were not taken and consent to participation was verbal. This was done to ensure anonymity of the participants.

Each of the four learners interviewed seven, if not eight participants at his or her unit of attachment. Participating wards were the postnatal, male orthopedic, male surgical and the pre-natal. A total of 30 participants comprising nursing staff (6), medical staff (4), other nursing students (15), and medical students (5) were engaged in one-to-one informal dialogues to explore their views on collaborative clinical learning environment. The dialogues were documented on paper. Following each interview, each recorder sat down to prepare a complete write-up of the sketchy notes taken during the dialogues.

Content analysis method was employed for data analysis. This involved the learners going through all the write-ups in order to familiarize themselves with the data, co-coding of the data and coming up with themes. Coding used sentences as units of analysis.

Findings

As indicated earlier on, particulars about participants such as age and gender were not requested. Only the discipline and whether participants were working or in training were asked. The sample had four medical officers, five nursing staff, 25 nursing students, and five medical students.

Four themes emerged from the participants' responses namely; participants' valuing of the collaborative clinical learning environment; efforts being made toward cultivating and supporting a collaborative learning environment; factors that frustrated participants' effort to nurture a collaborative clinical learning environment; students' experiences of the collaborative clinical learning environment.

The value of a collaborative clinical learning environment

Generally, participants reported valuing collaboration, reasoning that it was important for a smooth flow of work, reduction of the risk of errors and enhanced sharing of knowledge across disciplines and across generations. However, constraints in both the clinical environment and the education institution made it difficult for staff to live up to what they valued.

Efforts and extent of creating and nurturing a collaborative clinical learning environment

Although efforts to nurture a collaborative clinical learning environment were made, these were dependent on some conditions such as the attitudes of actors in both students and staff and the workload for staff. Both nurses and nursing students reported that some doctors were supportive to nursing students while others had no interest in assisting students. Both nursing staff and nursing students reported that some nurses only acknowledged the presence of students when such students could provide extra hands when there were serious nursing shortages. Some medical students reported that they were not seeing any evidence of collaboration between themselves and nursing students. They attributed that to students' lack of seriousness about their learning and their failure to realize the value of teamwork. They however reported that there were instances where nursing and medical students worked together and even shared stories about life experiences. Nursing staff reported that the responsibility for students' clinical learning rested solely with the nursing faculty.

Barriers to collaborative clinical learning environment

Students' and health providers' attitudes

Nursing staff reported that often they were not assisting students' learning because such students were more interested in procedure on which they were assessed and less so in what nurses were doing. Similarly, some nurses complained about demeaning attitudes of some doctors which often hampered students' learning. Medical students also reported an unwelcoming attitude of

some nurses towards them; especially when there was a poor working relationship between nursing and medical staff.

System factors

Heavy workload and shortage of staff were reported to be the main barriers to a collaborative clinical learning environment. Staff could hardly find time to attend to students' learning needs. "...when there is shortage of staff, we are on our toes and we cannot afford that time of sitting down with students; even if one can find time to attend to a student, it is usually rushed." (Nurse). Heavy workload was also reported to contribute to doctor's apparent lack of interest in nursing students' learning. Students attributed the clinical staff' limited participation in their learning to the high workloads and failure of faculty to consistently accompany them to clinical sites.

Multiple level of entry into the nursing practice was also reported to present a barrier to a collaborative clinical learning environment. Some nurses were reported to be giving more attention to students pursuing diploma, arguing that a diploma program was more practice-oriented than a degree one. The apparent discrimination of students hampered their support of one another as they tended to compete with one another, each striving to prove him/herself superior to the other. This diploma-degree tension was also reported to exist among registered nurses and to be cascading to students; who often aligned themselves with their likes in diploma and degree holders.

Participants suggested that long-term student-nurse mentoring relationships were necessary to enable nursing students and nursing staff to know one another and for the clinicians to meaningfully contribute to students' professional development. They also suggested increased clinical hours in the curriculum.

Students' experiences of a collaborative clinical learning environment

Students reported that they had expected to see teamwork in action and to learn from all members of the inter-disciplinary team in the clinical environment. They, for instance, were frustrated when doctors' prescriptions were unclear or when the doctors' hand writing was illegible because such situations deprived them of a learning opportunity. Students reported instances where health care providers were working side-by-side rather than collaboratively. For instance, dieticians and social workers would come into the ward and write or check something in the patient's records without talking to the nurses and doctors in the ward.

Whereas nursing students appreciated participating in patient care, they were concerned that some of the nurses kept them busy with menial errands that did not contribute much to their learning. Students often felt they were on their own providing care to patients; a situation that was anxiety laden as patients often expected more than what they were competent at.

Nursing students were appreciative of the cooperation and support they were getting from patients. They reported that some patients were offering themselves to be attended by students. Such patients were reported to be freely providing feedback to students not only on care

performance but also on their general conduct. However, there were those patients who disrespected students to the extent that they were not paying heed to their advice.

On their own initiative toward fostering a collaborative clinical learning environment, nursing students reported that they usually approached staff for assistance when they needed help. Students reported working collaboratively with one another and being willing to assist staff.

Discussion

There is evidence that a collaborative clinical learning environment was valued by students, doctors, and nurses alike. However, very little attention was being paid to fostering or nurturing an environment that one would expect in a teaching hospital. Participants attributed the poor collaboration to a number of factors that were both system and person related. Human resources shortage stood out as the main barrier to nurturing a collaborative clinical learning environment. Clinicians had very little time for students' learning because of the heavy workload. In addition, there was no formalized system of assigning nursing students to clinicians or rewarding such engagement. Nursing education institution was not only under-staffed but also, it had not designated staff specifically for clinical teaching. The same faculty members had to teach in the classroom and at the clinical sites. The situation left students on their own with their learning being not only error-prone but also anxiety laden, as one nursing student reported. Challenges identified in the learning environment such as heavy workload for nurses and doctors that limited their ability to meaningfully participate in student's learning have also been reported in prior studies (Fowler, 2007; Spencer, 2003). Students reported negative attitudes of some doctors and nurses which compromised their learning. It has been found that good clinical learning outcomes are dependent on the learner feeling welcome and being optimally engaged in patient care activities (Nolan, 1998).

The doctor-nurse tension reported in the dialogues was not surprising as prior researchers have made similar observations (Nadolski, Bell, Brewer, Frankel, Cushing and Brokaw, 2006; Siedlecki and Hixson, 2015). However, what is disturbing was the reported nurse-to-nurse tension partly attributed to multiple levels of entry into nursing practice. Multiple levels of entry into nursing practice have been seen to be divisive for nurses and confusing to legislators and potential students (Ellenbecker, 2010).

Conclusion and Recommendations

Although a collaborative clinical learning environment was valued by both students and staff in nursing and medicine, efforts to create and nurture such environment were constrained by factors in both the clinical sites and the educational institutions. Nevertheless, there was some degree of nurturing a collaborative clinical learning environment by all participating stakeholders. Impediments to a collaborative learning environment included medical and nursing staff shortages, attitudes of some staff members and students and nursing's multiple levels of entry into practice.

Inter-professional education could help instill team spirit among health care providers such that all will take responsibility for assisting students of all disciplines. There is need for deliberate

efforts to promote teamwork through such strategies as multidisciplinary patient rounds and seminars. A formalized system of recognizing and rewarding clinicians who participate in nursing students' clinical learning and strengthening staffing in both education and practice could also enhance students' clinical learning. Prior studies have shown that clinical mentorship and student-supportive atmosphere are important for both learning outcomes and students' satisfaction (Papastavrou, Dimitridou, Tsangari and Andreou, 2016; Papp, 2003; Wotton and Gonda, 2004). A standard level of entry into nursing practice could enhance unity among nurses. Baccalaureate prepared nurses have been associated with better patient outcomes, leadership skills, critical thinking, and psychosocial care than those prepared at lower levels (Hellenbecker, 2010).

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