

Dutch Student Nurses' Experience With Clinical Learning Environment: a Challenge for the Changing Role of the Nurse Teacher

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Key words: nurse education; clinical placements; mentorship; professional development; nurse teacher's role.

Summary. The overall aim of this small-scale study was to develop a composite view of the learning experience of student nurses of Windesheim University of Applied Sciences in the Netherlands whilst they were in hospital in clinical practice. The study focused on how the student nurses perceived the cooperation with the nurse teacher.

Methods. This study describes the results of a specific sample from a European study with 1903 student nurses from 9 Western European countries. A quantitative method was chosen using a questionnaire. The Dutch study sample comprised 150 nurse students, and 85 respondents (57.3%) were included in the analyses. The data were analyzed using descriptive statistics.

Results. Student nurses from Windesheim were generally satisfied with their learning in clinical practice. The role of the nurse teacher as an integrator of theory and practice appeared to be not clearly defined and comprehended.

Conclusions. Recent European research in nursing stimulates the discussion about the role of the nurse teacher in clinical placement of student nurses. The student nurses from our study did not clearly understand the role of the nurse teacher; they were not convinced about the capability of the nurse teacher to support the integration of theoretical knowledge and everyday practice of nursing. A question arises whether the nurse teacher has to adopt alternative methods or strategies to support student nurses' learning in the clinical environment.

Introduction

The European Union aims at the integral development of professional training opportunities throughout Europe (1). Therefore, there is also great concern about nursing education. The importance of sharing knowledge and harmonization is emphasized in nursing because it is assumed that by tuning both theory and practice nurses' mobility in Europe can be promoted. Mobility is considered necessary because of the capricious labor market. Furthermore, there is a need for qualified nurses in aging societies in and beyond Europe. Therefore, it is highly desirable and important that nurses are able to adapt quickly to the work context in any EU country.

There are many differences in nursing education programs in Europe. As Warne et al. argue "[p] re-registration nurse education in Europe is characterized by different structures, standards and approaches to the relationship between theoretical and practice based learning" (2). These are variations in the length of study, level, didactic principles, guidance and structure, as well as in the social positioning of the education at universities or colleges. In

countries like Austria, France, Germany, and Luxembourg, there are no bachelor degree programs, and only vocational training in nursing is delivered (3). Because of all the differences, in order to achieve integral development in nursing education, research is necessary. Research focuses on the similarities, differences, and above all, on the best practices in order to promote the improved coordination and the enhanced cooperation among nursing education systems in Europe).

Background

The background of this article is a European study with its main focus on learning in clinical practice. Clinical practice is an important part in nursing education and provides up to half of the educational experiences for student nurses (2). From 2007 to 2008, 17 higher education institutions (colleges or universities) from European countries (Belgium, Cyprus, England, Finland, Italy, Ireland, Spain, Sweden, and the Netherlands) participated in the study. In total, 1903 European student nurses filled out the online questionnaire. There were 85 student nurses in the sample from Windesheim

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University of Applied Sciences in the Netherlands.

This study aims at the role of the nurse teacher (NT) in clinical teaching. Since the 1990s, the clinical role of the NT has changed in Western Europe. With the transition of hospital-based nursing schools and vocational schools into higher education institutes, the traditional role has changed from a clinically skilled practitioner to the role that is more focused on liaison with clinical staff carrying out clinical teaching and supervision of student nurses (4). In the past, clinical nurse teachers' credibility was closely related to practical nursing skills; nowadays, it is more focused on the integration of theory and practice and the implementation of evidence-based and best practices (4).

In the Netherlands, the nurse teacher's role in clinical practice has also changed and is characterized by more liaison aspects. The NT does not work with a nursing team on the ward and is more focused on the learning process and less on the transfer of knowledge.

Since the transition in nursing education, including the changing role of the NT, the discussion about the gap between theory and practice has increased in both literature and daily practice (5). To improve the integration of theory and practice, a "new" professional role, i.e., lecturer practitioner (LP), has been discussed by Lieshout and Cardiff. They describe an LP as a nurse experienced in practice, education, management, and research (5). By showing her skills and competences, she is able to act as a role model for a team of nurses in taking care of their patients as well as developing her own skills and knowledge and at the same time to support this development in colleagues. The experiences with this new role are positive (6, 7), and student nurses can learn from this innovative role model in daily practice. Within the discussion about bridging the gap between theory and practice, there is also some discussion to innovate and strengthen the role of the nurse teacher. Harps et al. argue that the importance of using academic knowledge and skills is obvious as good transfer of all available knowledge will effect and improve patient care (8). A good relationship among the student nurse, the mentor, and the NT makes it possible to discuss and reflect on moral and ethical nursing issues; furthermore, it is recommended to use the concept "skilled companionship" to increase the deepening in reflection and discussions (8). This concept was introduced by Angie Titchen and is based on the vision that within good nursing care integration of (relational) skills ("hands"), interpersonal involvement ("heart") and academic knowledge ("head") are required (9). The NT can benefit from the use of the concept "critical companionship" as a metaphor and framework to develop skilled companionship (8).

This article describes the results of the Dutch student nurses' experiences with the role of the NT during their hospital clinical placements. To understand the results and the discussion section of this article better, the structure of the bachelor degree program in nursing of Windesheim University of Applied Sciences is shortly described.

Bachelor Degree Program in Nursing of Windesheim University of Applied Sciences

The duration of the bachelor program in nursing lasts 4 years. Clinical experience is considered very important in the education process to become a professional nurse. Dutch law, "wet BIG," indicates 2300 (compulsory) practical training hours in nursing education (diploma and bachelor level). The number of practical training hours also includes training hours in the skills lab at the university. The purpose of this legislation is to safeguard and promote the quality of care services. It also protects patients against inexperienced or negligent treatment by a health care provider (10).

The study program for nursing education in Windesheim is built on the concepts of constructivism and student-centered learning. Working with these concepts requires that students have to take responsibility for their own learning and be active taking initiative in asking for guidance or supervision.

The concepts of constructivism and student-centered learning are also the basis for model mentorship, which underlines the relationship among student nurses, nurse teachers, and mentors on the ward. Mentoring has to be focused on coaching the student nurse. As a coach of students, the NT also has a role in coaching the mentor, i.e., a practicing nurse on the ward. The role of the NT is more focused on the reflection of the learning process and less on teaching best practice or evidence-based nursing. However, from the perspective that nursing has to be considered as holistic care, the NT is supposed to pay special attention to student nurses' learning through the implementation of the nursing process.

Material and Methods

The clinical learning environment, supervision, and nurse teacher scale (CLES+T scale) (11) was used in this study. The instrument, translated into different languages and validated in several studies, has its focus on the evaluation of the learning experience of student nurses in clinical placements. In the CLES+T scale, the concept of supervision refers to guidance, support, and assessment of student nurses made by clinical staff nurses. Supervision can occur as individual supervision or as team supervision (12). The 3 actors of CLES+T scale are the student nurse, the mentor, and the NT. They form the basis for the CLES+T scale together with the

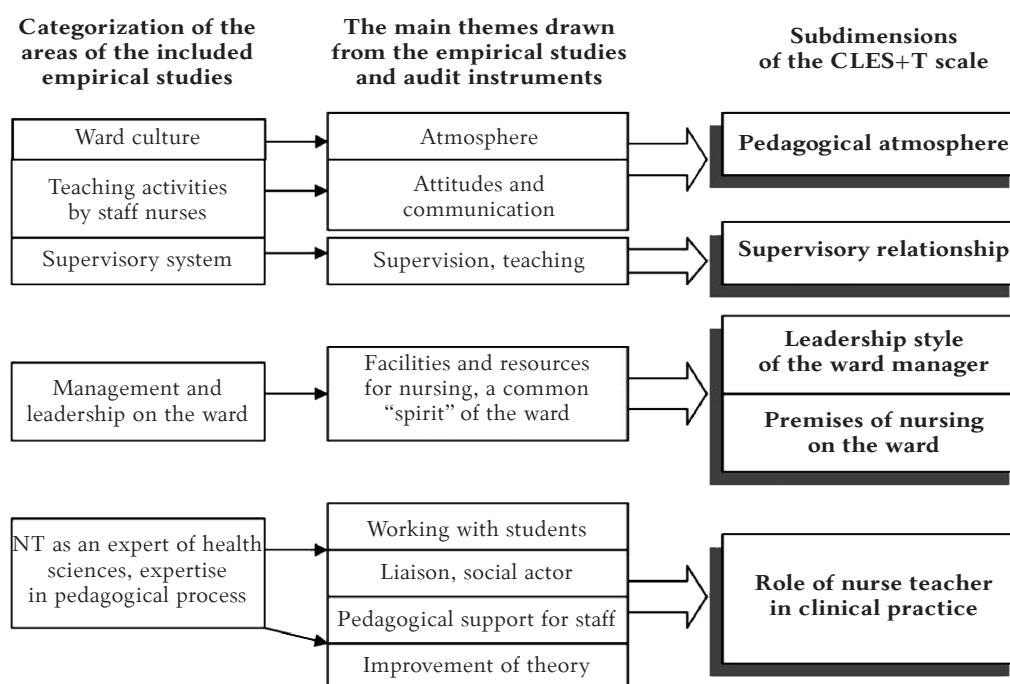


Fig. Theoretical framework of the CLES+T scale
Adopted with permission Saarikoski (4).

theoretical framework (Fig.). The term NT refers to a qualified NT who is employed by an educational institution and facilitates both theoretical and clinical teaching (2). The term mentor can be defined as a subconcept of supervisor. This role is formal in its nature and is used to describe the role of a qualified nurse who facilitates learning and supervises students in a practice-based setting. The mentor supports and helps student nurses to develop necessary skills to become competent and knowledgeable practitioners (12).

The CLES+T scale consists of 34 statements and is structured into 5 subdimensions: 1) pedagogical atmosphere on the ward; 2) supervisory relationships; 3) leadership style of ward managers; 4) premises of nursing; and 5) the role of the nurse teacher. Furthermore, some extra statements about student motivation, changes on the ward, mentorship model, and finally overall satisfaction after completing clinical placement are included in the evaluation scale. The questions about the role of the NT are divided into 3 topics: 1) the NT enabling integration of theory and practice; 2) the level of cooperation between the placement staff and the NT; and finally 3) the relationship among the student, the mentor, and the nurse teacher.

The statements were offered on a 5-step continuum scale: 1) fully disagree, 2) disagree, 3) neutral, 4) agree, and 5) fully agree.

Two researchers from Belgium and the Nether-

lands translated the CLES+T scale into Dutch for the European study using a 4-step method (13).

Ethical Considerations

After written permission to carry out the study was obtained from the administration of the university, the questionnaire was e-mailed to the student nurses. In the e-mail message, the students were informed about the study, the voluntary participation, and their right to privacy and anonymity in processing the data. This information allowed them to make an informed decision about whether to participate or not.

The electronic web link of the questionnaire was sent to 150 student nurses shortly after finishing their clinical placement in a general hospital. Finally, 85 students (57.3%) participated in the study.

The data from the Dutch sample were analyzed using descriptive statistics (frequency, mean, and standard deviation). The statistical software SPSS, version 17, was used.

Results

The mean age of the 85 respondents was 21.2 years. The group consisted of 3 male and 82 female student nurses in their second (4.7%) or third or fourth year (93%) of the study. The length of the placement varied from 1 to 43 weeks. Most respondents reported placements of 20 (51.2%) or 10 weeks (20.9%).

Contact With Nurse Teacher

During the placements, most of the student nurses (44%) had contact with their NT at least 1 or 2 times. Moreover, other respondents (43%) reported they had had contact 3 times or more. Most of the student nurses (90%) also had contact with their NT by e-mail, phone, or virtual platform.

Learning Environment

In most placements, a defined vision on nursing was described as underpinning patient care. The respondents considered the information they needed about patients' care as sufficient. The respondents were positive about the atmosphere on the ward; colleagues were interested and approachable. The student nurses reported they were comfortable going to the ward every time. The presence of varied and meaningful learning situations was more than adequate (Table 1).

Supervisory Relationship

Most mentors on the ward were appointed as clinical staff nurses, sometimes as nurse specialists, and in one case as a manager of the ward. The largest percentage of the respondents, almost 50%, looked

back on a good and personal relationship with their mentor. Furthermore, 31% of the students were supervised by several mentors.

The supervision experience on the ward was positive from the student nurse's perspective. Moreover, 78.5% of the students felt that the mentor had positive attitudes toward their tasks in mentoring.

The respondents (45%) mostly chose a neutral response to the questions about the role of the NT in supporting them to integrate theoretical knowledge and everyday practice of nursing. Furthermore, they did not recognize the NT acting as a team member. The student nurses learned most from the mentor being their role model. The degree of support that the NT provided to colleagues in supervising students was experienced very differently. The majority of the student nurses felt comfortable meeting the mentor and the NT, and the atmosphere was amicable and focused on the learning needs of the student nurse.

The motivation of the student nurses for their clinical placement was high (99%). Only one respondent indicated as not being motivated at all. General satisfaction with the placement afterward was also high (73%); however, there was dissatisfaction amongst some respondents as well (24%).

Table 1. Learning on the Ward

	N	%					Mean	SD
		Fully Disagree	Disagree to Some Extent	Neutral	Agree to Some Extent	Fully Agree		
The staff were generally interested in student supervision	85	1	13	17	42	27	3.81	1.02
The staff learned to know the student by their personal name	85	2	5	8	37	48	4.24	0.96
There were sufficient meaningful learning situations	85	–	7	5	30	58	4.39	0.87
The learning situations were multidimensional in terms of content	84	–	5	10	33	52	4.33	0.84
The ward can be regarded as a good learning environment	85	4	9	5	28	54	4.20	1.12

Table 2. Content of Supervisory Relationship

	N	%					Mean	SD
		Fully Disagree	Disagree to Some Extent	Neutral	Agree to Some Extent	Fully Agree		
My supervisor showed a positive attitude towards supervision	84	1	8	12	44	35	4.02	0.57
I felt that I received individual supervision	84	4	13	14	37	32	3.81	1.13
I continuously received feedback from my supervisor	84	–	5	21	45	29	3.98	0.84
Overall I am satisfied with the supervision I received	84	5	9	15	42	29	3.80	1.11
The supervision was based on a relationship of equality and promoted my learning	84	5	14	9	42	30	3.77	1.16
There was a mutual interaction in the supervisory relationship	83	–	8	11	52	29	4.01	0.86
Mutual respect and approval prevailed in the mentor relationship	83	4	10	8	38	40	4.01	1.10
The supervisory relationship was characterized by a sense of trust	83	8	5	13	35	39	3.9	1.22

Table 3. Meaning and Role of Nurse Teacher

	N	%				Mean	SD	
		Fully Disagree	Disagree to Some Extent	Neutral	Agree to Some Extent			Fully Agree
Nurse teacher as integrator of theory and practice:								
In my opinion, the nurse teacher was capable to integrate theoretical knowledge and everyday practice of nursing	82	6	11	45	27	11	3.26	1.00
The nurse teacher was capable of operating the learning goals of this placement	83	13	15	30	34	8	3.1	1.16
The nurse teacher helped me to reduce the theory-practice gap	83	16	20	30	23	11	2.93	1.23
Cooperation between clinical placement and nurse teacher:								
The nurse teacher was like a member of the nursing team	81	38	21	28	10	3	2.17	1.13
The nurse teacher was able to give his or her pedagogical expertise to the clinical team	81	20	14	27	31	8	2.95	1.23
The nurse teacher and the clinical team worked together in supporting my learning	80	30	16.25	26.25	21.25	6.25	2.58	1.29
Relationship among student, mentor, and nurse teacher:								
The common meetings between myself, the mentor, and the nurse teacher were comfortable experience	84	7	14	25	41	13	3.38	1.11
Climate of the meetings was collegial	84	5	12	24	44	15	3.38	1.11
Focus of the meetings was in my learning needs	84	5	9	18	48	20	3.69	1.05

Discussion

This small-scale Dutch sample study showed that the student nurses were mainly satisfied with their learning experiences in general hospitals, and the length of placements possibly had a positive influence on the experiences of the respondents. Although the relationship between the length of clinical placements and student nurse satisfaction with clinical learning will need more detailed exploration, the study of Warne et al. (2) has already shown that long-term placements can influence overall student satisfaction.

It was important to notice how Dutch student nurses experienced the role of the NT during their clinical placement. Most of the student nurses did not recognize the NT as a member of the team on the ward, and this can be explained by the fact that the role of NTs in understanding and recognizing good learning opportunities was not viewed as sufficient by the students. Moreover, the role of the NT was not taken as significant in students' learning how to integrate theoretical knowledge and everyday practice of nursing. We assume that such an outcome is determined by the model of working. However, the results of this study stimulate the discussion whether learning in clinical practice and transfer of knowledge, as experienced by the respondents, are exploited effectively enough during their placements in the hospitals. The results of this study do not answer this question, and more research about this important issue is needed. It is also of importance to explore which professionals have the expertise and the organizational position

to provide the support needed by student nurses in the learning process in the clinical environment. The development of the role of the LP can be of importance in the process of bridging the gap between theory and practice. Possibly, the LP can take more responsibilities in mentoring student nurses in clinical practice. Unfortunately, the organizational position of this new specialist is still complex (5). However, we agree with Saarikoski et al. (4) and Warne et al. (2) that the role of the NT is important; moreover, it can be a challenge for nurse teachers to work with mentors in practice to change old teaching methods and develop new ones. It is important to seek for new views and perceptions how to innovate and empower the role of the NT. The use of new insights into information technology can possibly be a challenge for the NT, e.g., the use of supporting guidance methods based on e-learning as described by McAllister and Moyle can be of value (14). Warne et al. described simulation in e-learning as a good example of innovation in learning and teaching (2). Furthermore, they argue that NTs can use new technologies to show their clinical credibility in their role to student nurses and their mentors in clinical practice. Most of the students in this study used a virtual platform or e-mail for their contact with the NT. Structured communication via e-learning can be effective and supporting for the NT regarding the learning process of student nurses during clinical placements. However, e-mail contact is just a tool and not a methodology. Hisschemöller described e-coaching as an online version of (direct) face-to-face coaching (15). This method is just com-

plementary and only effective when frequent (daily) contact is guaranteed. It is also important to evaluate and to be critical about the frequency of contact between the student nurse and the nurse teacher. As Harps et al. argue, a regular contact between the student nurse and the NT is necessary to capitalize knowledge for learning, reflection, and cognitive criticism (8). It can be interesting to encourage the use of the concepts of skilled and critical companionship (9). Using these concepts in the relationship with both the mentor and the student nurse, the NT can encourage them to become skilled companions for patients and critical companions for colleagues.

Conclusions and Implications

The student nurses recognized the role of the nurse teacher in the process of integrating theory and practice as insufficient. However, the authors of this article believe this to be one of the core tasks of the nurse teacher in clinical practice. From their different organizational positions, nurse teachers have a special opportunity to support learning of student

nurses. They can offer academic knowledge, practical skills, and practicing critical companionship for learning from health care experiences.

If nursing is considered as holistic care, the “care” for student nurses is discussed regularly with professionals involved in the learning process of student nurses during their clinical placement. Therefore, it is highly recommended to include patients and student nurses in the clinical learning evaluation process. Student nurses’ learning in clinical environment will become a continuous and learning process for all and will influence the improvement of quality of care for the patients.

It is recommended to implement the CLES+T scale as a validated evaluation tool within the curriculum of the bachelor degree program in nursing. Such a practice would provide more information about the effectiveness of learning in practice and knowledge transfer.

Statement of Conflict of Interest

The authors state no conflict of interest.

Slaugos studentų olandų praktinio mokymo patyrimas Iššūkiui besikeičiančiam slaugos mokytojo vaidmeniui

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Raktažodžiai: slaugos mokymas, klinikinė praktika, praktikos mokytojo veikla (mentorstė), profesinis tobulėjimas, slaugos mokytojo vaidmuo.

Santrauka. Straipsnio *tikslas* – pateikti visuminę slaugos studentų praktinio mokymosi klinikinėje aplinkoje patirtį universitete. Tyrimo metu siekta išsiaiškinti, kaip slaugos studentai suvokia bendradarbiavimą su slaugos mokytoju. Straipsnio autoriai pateikia slaugos studentų mokymosi klinikinėje aplinkoje teorinį pagrindimą, atskleiddami slaugos mokytojo vaidmenį studentų praktikoje.

Metodai. Straipsnyje pateikiama dalis platesnio europinio projekto (jame dalyvavo 1903 studentai iš devynių Europos valstybių) rezultatų. Naudotas kiekybinis tyrimo metodas – apklausa pagal standartizuotą anketą (Klinikinė mokymosi aplinka, priežiūra ir slaugos mokytojas, CLES+T). Olandijos studentų imtį sudarė 150 slaugos studentų. Analizuotos 85 anketos (atsako dažnis – 57,3 proc.). Taikyta aprašomoji statistika.

Rezultatai. Windesheimo universiteto slaugos studentai yra patenkinti praktiniu mokymu klinikinėje aplinkoje. Tačiau slaugos mokytojo vaidmuo, kuris padėtų sieti teoriją su praktika, studentų nėra aiškiai suvokiamas ir suprantamai apibūdinamas.

Išvados. Naujais slaugos tyrimai Europoje skatina diskusiją apie slaugos mokytojo vaidmenį studentų praktiniame mokyme. Šiame tyrime dalyvavę slaugos studentai aiškiai nesuvokė slaugos mokytojo vaidmens jų praktikoje, jiems stigo įsitikinimo, jog slaugos mokytojas turėtų skatinti teorinių studento žinių integraciją į kasdienę slaugos praktiką. Tai kelia diskusiją, kokių alternatyvių metodų ir strategijų turėtų imtis slaugos mokytojas, siekdamas teikti paramą praktikos besimokančiam studentui.

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