
UNIVERSITY AND WORKPLACE CULTURE: LIFELONG LEARNING IN NURSING STUDENTS

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ABSTRACT

Lifelong learning in nursing is an essential if the individual is to remain a competent professional. It becomes apparent that whilst the university culture is supportive of the concept of lifelong learning, the workplace culture is not. Students are discouraged from challenging the norms despite a collaborative partnership that promotes lifelong learning.

INTRODUCTION

Medical knowledge doubles every three years, with the "shelf-life knowledge" of nursing reported to be five years (Hovedt and Scottie, 1996; Duyff, 1999). Change and uncertainty are now the only constants in contemporary health care, thus health-care professionals, including nurses, need to become lifelong learners if they are to remain competent in their fields. Nursing students undertake three years full-time study in three major knowledge strands: Nursing Practice (theory and clinical); Professional Nursing Development (behavioural sciences, law and ethics); and Sciences (anatomy, physiology, microbiology, and epidemiology). The three major strands are interrelated and allow nursing students to integrate theory with practice. Schools of nursing have entered into collaborative partnerships with health-care agencies in both the public and private sectors.

Using a constructivist grounded-theory approach, this study investigates both the experiences of second-year undergraduate nursing students in the off-campus clinical setting and the implications that these experiences have for the students' ability to integrate knowledge with practice from a workplace-culture perspective. Grounded theory was first described as a methodology in 1967 (Glaser and Strauss, 1967) and has continued to evolve. Constructivist grounded-theory is one aspect of this evolution. Whilst this approach adopts traditional grounded theory guidelines, it does not subscribe to the positivist assumptions postulated in earlier formulations. This approach, in accordance with the constructivist epistemology, takes a reflexive stance on the modes of knowing and representing studied life. Charmaz (2005) argues that this

means giving close attention to the empirical realities and our collected renderings of them – and locating oneself within these realities.

The data-collection phase of the study involved the conduct of two focus group interviews (n=5), and individual interviews (n=6). Initially, a purposive sampling approach was utilised and this subsequently became theoretical sampling based on emergent themes in accordance with grounded-theory methods. A review of the feedback provided by students to the clinical office was also undertaken. In accordance with the principles of grounded-theory method, the analysis of the data commenced immediately following the completion of the initial focus group interview and continued until saturation of the data was achieved. Using the processes of open, axial, and selective coding, themes were identified and these guided the subsequent interviews.

This paper firstly defines lifelong learning in the context of the nursing profession and then discusses the implications of university (on-campus, clinical setting) and workplace (off-campus, clinical setting) culture on nursing students and their ability to develop the attributes of lifelong learning. The collaborative partnership and its potential for lifelong learning is also discussed.

WHAT IS LIFELONG LEARNING?

Lifelong learning as a concept is difficult to define due to the multitude of definitions that have been assigned to it over time. The authors of this paper define lifelong learning as the continued learning, through both formal and informal settings, by an individual throughout his or her lifespan. Central to this definition is that

such individuals have inquiring minds and are propelled to learn by a love and curiosity for knowledge, and that they have effective interpersonal skills, which enables them as learners to interact and communicate effectively with their peers and colleagues (Candy, Crebert, and O'Leary, 1994). Other attributes of the lifelong learner include an ability to interrelate fields of knowledge as opposed to compartmentalized learning, to have an understanding of information literacy, to possess a sense of personal agency, and to have a range of learning skills (Candy, Crebert, and O'Leary, 1994) that can be applied to a variety of situations and contexts. The ability to interrelate knowledge, which is understood by the authors of this paper as being knowledge intra-connectedness, is an essential component of lifelong learning. This is particularly important in the nursing profession due to the interrelated nature of the three knowledge strands that form the basis of the nursing profession. This need for knowledge intra-connectedness does not simply end when the nursing student graduates, rather it continues into the workplace where the graduate is continually required to integrate theory and practice. Indeed, in Queensland, for nurses to maintain an annual licence to practice, they must declare that they have continued to seek knowledge required for safe practice.

LIFELONG LEARNING AND UNIVERSITY CULTURE

A supportive learning culture in the university is vital to the development of the lifelong learner. Universities have explicitly incorporated lifelong learning into their educational philosophies either via their mission statements, goals, strategies, and/or graduate outcomes. At the individual school of nursing level at Central Queensland University (CQU) there is a commitment to promoting and pursuing lifelong learning as one of the overall program objectives. This is evidenced through the emphasis placed on student-centred learning – including the promotion of critical and analytical skills, and the embedding of reflective thinking – as a part of the learning process. A demonstration of this is provided by the increasing adoption of web-based learning, computer-based learning, reflective practice, and peer learning. These teaching activities assist in developing the attributes of lifelong learning in the student.

Further, specific objectives and learning related to increasing information literacy have been incorporated into a number of courses in the School of Nursing and Health Studies.

The clinical hours that nursing students need to complete in order to meet the requirements of accreditation as a registered nurse in Queensland are divided between clinical placements with a wide range of health-care agencies and the School of Nursing's on campus clinical simulation laboratory which allows the nursing students to apply and test theoretical principles underpinning nursing practice. This is consistent with the curriculum's intention for a nurse to be a "knowledgeable doer" and to "know why" as well as "know how". The mass move to tertiary education for nurses in 1984 came about as a result of the need for the knowledgeable doer rather than the unquestioning carer. In the on-campus setting the students are exposed to learning in a simulated environment where the theoretical aspects can be applied in a practical manner, in a controlled environment.

LIFELONG LEARNING AND WORKPLACE CULTURE

Much of health care is based on custom and practice (Davies and Nutley 2000). This is true of the nursing profession where many of the practices are embedded in protocols and routines. Promoting an inquiring and critical mind in an entrenched workplace culture is not an easy task. Nursing students are placed in the off-campus clinical setting and are eager to learn and integrate theory with practice, only to return to the on-campus setting sometimes crushed by the culture that exists in industry. In a focus-group interview conducted as part of one of the authors' doctoral studies, nursing students were asked the question, "How has clinical been for you?" The response was a resounding "Disappointing!" from one participant. It quickly became apparent that the reason for the disappointment in some students was twofold: firstly, the apparent lack of coordination of the placement and, secondly, nursing staff who did not allow the nursing student the opportunity to question or integrate theory and practice.

Participants perceive a lack of coordination on the part of the university due to the location of clinical placements being changed at the last minute with minimal advance warning provided

to students. Another aspect of the perceived lack of coordination is evident in the participants stating that the nursing staff are unaware that a student will be coming to the workplace, and in the subsequent lack of knowledge that the registered nurse has regarding the scope of a student's clinical practice. A number of students indicated in the interviews that if they were to ask a question they would be "fobbed off as if the registered nurse didn't have time for you". Students are also delegated menial tasks that are separate to the clinical tasks that they require for the clinical placement. Upon completion of these menial tasks it is not uncommon for the student to find that the clinical procedure, such as a complex wound dressing – in which they require competency, has been undertaken in their absence. As an example, a student was instructed by the registered nurse to take a morning tea break. Upon returning from morning tea, the student nurse found that the dressing had been completed, with the registered nurse stating, "I didn't want to bother you". This sort of situation is alluded to in the literature in that not all clinical placements are providing opportunities for students "to be involved with the problem solving approaches to care, that is, to learn through the experience by reflecting on and discussing aspects of each intervention and then by doing" (Marrow and Tatum, 1994, p. 1251).

A minority of nurses in the off-campus clinical setting often feel threatened by students' questioning. From the analysis of the data collected it is apparent that the nurses who feel threatened by the questioning of students are located across the entire spectrum of the off-campus clinical setting. However, the number of nurses who feel threatened appears to increase in settings where staff turnover is minimal. These settings include the medical wards of hospitals, and the aged care facilities. It is important to note that the nurses who feel threatened by student questions include assistants in nursing, enrolled nurses, and registered nurses.

Hospital-trained nurses were trained to do as they were told and not to question. For this reason, some nurses find it confronting when university-trained nursing students ask questions. Quite often the hospital-trained nurse was not told why they did something; they just did it. University-trained student nurses are viewed as being more knowledgeable and critical, whilst

daring to question the cultural norms that exist in the off-campus clinical setting. It has been stated by most students that to question the nurse on clinical placement is viewed as challenging the nurse, with the nurse becoming defensive and making a hostile response. Nursing students are taught to perform a task in a specific manner. In the industry setting, the same procedure may be performed in a number of different ways – the theory is the same, but the task is performed differently. In this instance, if the nursing student asks the nurse why they are doing a task in a particular way, the enquiry is potentially viewed as the student challenging the nurse's ability; whilst in other cases the nurse's response is that they don't know why, that it's just the way the task has always been done. In one instance, a nursing student asked an assistant in nursing why they were not wearing gloves to change a patient, the response from the assistant in nursing was, "Don't tell me how to do my job and I won't tell you how to do yours". The nursing student was simply asking why the assistant in nursing wasn't using gloves; it was not a challenge to the staff member. However, it was viewed as such and was met with a defensive response. Critical thinkers are challenging, and nurses do not always feel comfortable in their presence. Therefore, some nurses do not encourage nursing students to develop an enquiring mind, which is an essential hallmark of lifelong learning. There appears to remain a bygone culture of registered nurses who continue to encourage nursing students to tread the well-worn path of subservience to medicine.

THE COLLABORATIVE PARTNERSHIP – WHERE TO FROM HERE?

The collaborative partnership that operates between schools of nursing and health-care agencies in Australia was formed as a direct result of the legislated transfer in 1984 of nursing education from the hospital-based, apprenticeship model to the tertiary sector. By its very nature, the nursing degree demands that students are placed in the clinical setting in order to integrate theory with practice. This requires the health-care agency to assign experienced staff to students so that the students receive an adequate level of supervision. There is evidence in the literature that experienced nurses, whilst being expected by the schools of nursing to deliver positive, clinical learning environments,

often feel ill prepared or unable to take on the role of clinical educator (Craddock, 1993; Forrest, Brown, and Pollock, 1996; Moxham, Dwyer, and Reid-searl, 2005).

As a component of the agreement that some schools of nursing have with the external health-care providers, nurse academics deliver education sessions to staff at the relevant facility. These education sessions generally focus on a clinical area where there is an identified need for further education. As an example of this, the School of Nursing and Health Studies at CQU has arrangements with such facilities to provide professional development to staff of the facility in return for the facility accepting students. The School of Nursing and Health Studies at CQU also provides academic training courses for general practice nurses, amongst others. Whilst the facilitators who are registered nurses in the facility are subsequently employed by the School of Nursing and Health Studies, and receive training in the school's expectations for teaching the nursing students in the off-campus clinical setting, the nursing staff at the coal face are not – in an educational sense – receiving the same level of support. As was stated earlier in this paper, to remain a competent professional in the contemporary health-care sector, it is necessary to develop the attributes of the lifelong learner. There is the potential to facilitate this through the collaborative partnership that operates between schools of nursing and health-care agencies.

Whilst nurse academics already offer educational sessions to nursing staff at the facilities where students are placed, there is potential to expand this significantly to incorporate sessions on leadership and mentoring in the workplace. Through the use of this approach it may be possible to develop the attributes of the lifelong learner in the nurses who are supervising the nursing students placed in the off-campus clinical setting. It is expected that nurse academics develop their lifelong learning through involvement with research. Maybe this should be extended through the collaborative partnership to include nurses in health-care facilities.

CONCLUSION

It is important that nursing students and nurses alike are encouraged to adopt an inquisitive and critical mind in the workplace. Stifling an

enquiring mind inhibits the development of new and better practice, and deters research. Research is crucial to the long-term development of the nursing profession because not only does it contribute to the body of knowledge, it also informs the profession of current and future professional-development needs. This ultimately leads to improved understanding of clinical practice and better outcomes for patients.

In a workplace that does not encourage students and graduates to adopt a critical approach, it is likely that they will soon learn that in order to avoid discouraging comments and ridicule from their peers, it is easier to adhere to the well trodden path of routines and protocols. Whilst there is a time and place for protocols in nursing practice, contemporary practice is moving towards the adoption of guidelines based on best-practice research, rather than simply adhering to protocols because they have always been done in a particular way. To achieve this it is necessary to change the culture of the workplace by incorporating a learning aspect into it. This reaction does not bode well for the development of the profession, and ultimately impacts on the profession's ability to improve the care that patients receive.

A small number of participants in the research study indicated that the negative experiences that they had been exposed to in the industry setting would have a positive impact on their practice after graduation. Participants indicated that it was necessary for them to remember the treatment that they received when they were students and to bear this in mind in their treatment of students. Whilst the initial experience of not gaining access to clinical skills that are required, and the defensiveness demonstrated by the minority of nurses when questioned, a positive learning outcome is identified and this can assist in cultural change.

Whilst the on-campus clinical culture of nursing is supportive of the student developing the attributes of a lifelong learner, the opposite is generally the case in the off-campus clinical setting with a culture that is designed to break the critical, enquiring mind. It is possible that this latter culture can be changed through the expansion of the current collaborative partnership that operates between the schools of nursing and the health-care agencies. This expansion could include the schools of nursing

providing supporting education to the nurses who are supervising students in the off-campus clinical setting. This would have a twofold effect: it would engage the nurses in lifelong learning, and assist in minimising the impact that the existing culture has on nursing students.

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