ABSTRACT

This qualitative study describes the perspectives of diploma nursing students and staff nurses on the student-staff relationship and the impact this relationship has on student learning. Staff and students, working in a clinical practice model setting in a large urban hospital, participated in focused interviews following a 15-week clinical practice assignment. Findings revealed there were several commonalities in staff and student perceptions of the relationship. Both staff and students described role perception, staff characteristics, and the workplace environment as important factors influencing the relationship and student learning. Students also identified working in a collegial relationship as being important to learning and their socialization into the nursing profession.

The nursing profession is undergoing major transition as the health care system shifts to a new paradigm. With ongoing financial limitations, employment prospects for new graduates in acute care settings until recently have been limited. Often, when new graduates are hired, there are fewer full-time nurses available to assist with orientation of new staff. As a result of these trends, there have been fewer opportunities for new nurses to be mentored by their more experienced colleagues. The richness of professional nursing practice—the contribution that nurses make to patient care beyond visible task completion—is not clearly articulated in hospital systems, nor is it clearly evident in the mentoring relationships between registered nurses and their student partners.

In addition, there is increasing recognition in nursing education of the value of staff nurses as experienced critical thinkers and clinical decision-makers who can make important contributions to students' clinical education (Beddome, et al., 1995; Melander & Roberts, 1994). The partnering experience between staff nurse and student provides a significant opportunity for uncovering and sharing the rich contribution that nurses provide to student education and patient care.

SITUATIONAL CONTEXT

Two institutions, Centennial College, a community college that offers a three-year diploma nursing program, and Toronto East General Hospital (TEGH), a 400-bed community teaching hospital, were interested in strengthening the ties between practice and education. Nurses and educators from these institutions decided to work together to explore the essence and scope of professional nursing practice through a unique partnering experience with professional registered staff nurses and nursing students. Both organizations have separately initiated work to create a system and culture that fosters human potential, professional development, and mutual understanding. At the time of this study, TEGH was in the process of developing a clinical practice model (CPM) designed to support patient-focused care. This model fosters partnerships in practice and calls for collaboration between health care team members, clients, and students in the delivery of patient-focused care (Wesorick, 1995). Centennial College was implementing curriculum changes based on a stakeholder needs assessment and literature search that emphasized a partnership between...
students and faculty and the importance of clinical experience in nursing education.

One of the first partnership activities between Centennial College and Toronto East General Hospital was to jointly conduct research to explore the shared clinical practice experiences of students and staff. In particular, researchers were interested in exploring the student-staff relationship with a CPM and the impact this relationship has on what and how students learn in the practice setting.

**LITERATURE SEARCH**

Nursing is a practice discipline. Providing positive experiences for students in the practice setting is essential for learning to occur. Learning experiences in the practice setting have an effect on the degree and type of learning that takes place, as well as a significant impact on how students are socialized into the nursing profession (Reider & Riley-Giomariso, 1993; Ridley, Laschinger & Goldenberg, 1995). One part of the learning stems from the types of experiences available on any given unit. An even greater part of the learning takes place as a result of the types of interactions that occur between the nurses and the students.

A study by Kosowski (1995) found that patients and students closely observe staff nurses in the clinical area, and staff are acting intentionally or unintentionally as role models for the students. Students identified role modeling as the most frequent caring model used in the clinical setting. A study conducted by Davies (1993) of first year undergraduate nursing students indicated the key aspect of nursing that students learned from their assigned staff nurse was the provision of direct patient care. The students in the study were able to identify “good” and “bad” care, and could identify the attributes of the nurse who contributed to the quality of care provided.

Much of the literature on student and staff relationships centers on the preceptorship model of learning. In a qualitative study by Peirce (1991), students in such a model were able to identify factors that created a positive learning climate. These included: positive interactions with staff, planning their day with a preceptor, and being treated as a student not as an aide. There are many other benefits of working closely and well with staff. Wilson (1994) conducted a qualitative study that explored student perspectives of learning in the clinical setting where students were able to define roles for themselves and staff. When staff involved students as part of the team, the students’ sense of competence increased. Students also noted that having the chance to see the real world of clinical practice through their assigned nurse’s practice contributed to their learning. In another study, a group of students worked in a triad relationship with their teacher and a staff member. These students reported they had an advantage over students learning in a traditional teacher-student model, which they attributed to the closeness and quality of their relationship with staff (Melander & Roberts, 1994). Clayton (1989) found that students who worked closely with staff made the transition more smoothly to staff nurse.

Situations that contributed negatively to the learning experience were unresponsive staff, lack of directions, and having a preceptor who was not attentive or did not like them (Peirce, 1991). Freiburger (1996) conducted a non-preceptorship study of staff and student interactions on a long-term care setting. Students in this study reported that when they asked questions, staff directed them back to the teacher. This same group of students also reported that they had communication problems with staff and that staff did not work collaboratively with them.

The reviewed literature supports efforts to foster close working relationships between students and staff and describes several factors that influence these relationships. The literature search also indicates that the majority of studies have largely focused on preceptorship models for student learning. The study described here explored student-staff relationships in a CPM where students and staff were encouraged to work closely in partnership to deliver patient care without the structure of a formal preceptorship model.

**METHODOLOGY**

A qualitative approach using phenomenology was used to gain an understanding of the “lived experience” of staff and students within a CPM. The richness and depth of the description gained from a qualitative approach provides a unique appreciation of the reality of the experience (Morse & Field, 1996). This methodology is also in keeping with the CPM philosophy that places emphasis on discovering a person’s story to reveal the uniqueness of that individual’s experience. Participants included 40 third semester nursing diploma students who ranged in age from 19 to 38; 3 of the 40 students were male. Also participating were 20 staff nurses, working on three clinical units. Nurses ranged in age from 23 to 55, all were female, and they had been working from 6 to 20 years in nursing. Most nurses in the study were diploma-prepared; one nurse had a baccalaureate degree in nursing. Students in the study worked with the same group of staff on a random basis for a 15-week period. Student-staff assignments varied on a weekly basis according to student learning needs, patient acuity, and the staff schedule.

The investigators explained the purpose of the study to all participants. Participation in the study was voluntary; all students and staff elected to participate. Participants completed a consent form for the project and were informed of steps that would be taken to ensure confidentiality of project reports.

A focus group approach was chosen to elicit information. Among the advantages of this approach is that the group can provide support to individual members (Stewart & Shamdasani, 1990) and the moderator is able to encourage disclosures that may lead to insight on the topic (Then, 1996). Focus groups included 3 to 6 participants and members of the research team using a stan-
standard set of open-ended questions and conducted interviews. In keeping with our approach, the initial question was deliberately kept open to encourage participants to speak about their individual experiences (Munhall & Boyd, 1997). Interviews were taped and transcribed. As part of the analysis, researchers conducted a global interpretation of the entire text before examining individual parts (Allen & Jenson, 1990). A reduction analysis process was used as suggested by Van Manen (1984) in which themes are discovered and brought forward and a "highlighting" approach is taken to identify statements that capture participant’s experiences.

Students were asked the following questions:
1. Reflecting back over the past few months, could you tell me about the experiences you have had with staff in the clinical setting?
2. What made this experience with nursing staff a helpful one?
3. What was challenging about this experience with staff?
4. What changes would you make in your relationship with staff?

Staff were asked the same questions with a student focus.

While there were many similarities in the themes identified from students and staff, we have chosen to report these separately to assist the reader in gaining a sense of the different perspectives. Three major themes, which had an impact on the student’s learning experience, emerged from the interviews. The student-staff relationship, characteristics of the nurse, and the staff nurse’s perception of his or her role within the relationship. In reporting the findings, examples of participants’ verbatim statements have been included to engage the reader in a consensual validation of the text (Leonard, 1989).

**FINDINGS: STUDENT INTERVIEWS**

1. **Student-Staff Relationship**

   Interviews with students verified that relationships formed with staff are critical in creating a positive learning experience for students in the practice setting. In this study, students noted that the majority of student-staff relationships were positive. Themes identified from the interviews as having an impact on the student-staff relationship were: student as colleague, shared knowledge and decision making, professional socialization, staff workload and student hours.

   **Student as Colleague**

   Positive relationships with staff were those where staff treated students as junior colleagues. This relationship was characterized by open communication founded on mutual courtesy and respect, and was identified by students as the most important factor influencing their relationships with staff. One student noted,

   They (the TEGH staff) never treat me as a student but as someone to work with together . . . we share with each other—like colleagues.

   Communication was open in that staff spoke directly (and privately) to the student if they had a concern instead of complaining to other staff, or bypassing the student and going directly to the teacher. Staff gave students regular feedback and didn’t forget positive feedback in this process.

   Students also felt comfortable dealing more directly with staff:

   We just convey it now to the staff if we can’t do something. They understand and respect that. That was different. In the past if you said that, they’d say ‘Well, I’ll do it myself,’ and then you don’t get the help you need cause you get punished. The nurses try to ensure that there is no such thing as a stupid question because they can relate to our feelings and what we are experiencing as students.

   **Shared Knowledge and Decision-Making**

   Students were appreciative of staff who shared their assessment findings and involved them in their plans for nursing care. They realized staff have a wealth of experience and recognized how valuable this is when shared with a novice. One student commented,

   The nurses trust us, . . . our judgment and assessments—they value what we have to offer. We would go to the patient together and talk together about strategies.

   This sharing of knowledge was seen as a two-way process. Sometimes students shared information, which helped staff, and students reported this as being very rewarding.

   **Professional Socialization**

   Students remarked that being part of the team was another important part of their experience. Nurses’ actions had a large impact on students gaining a sense of belonging on the unit and in the profession. Students valued a setting where they felt welcome and wanted.

   It’s so encouraging and nice when they include you in things, making you feel part of the team; like you’re participating in this together. We need their (RN) support to feel welcomed into the profession; that’s important to us.

   Simple actions such as offering a student a seat at report or taking them to coffee were really appreciated by students.

   If they are going on break and say: Do you want to come with us?—that makes you feel amazing.

   **Staff Workload and Student Hours**

   Two factors were identified that had a negative impact on the student-staff relationship: staff workload and student hours. If staff were very busy, students reported they were reluctant to approach them. Sometimes staff were simply working too hard to make time for the student. Students saw working an eight-hour day rather than a five-hour clinical day as significant. Not only did this provide more opportunity for skills practice and continuity of care; it also affected the way students worked with staff.
The students felt staff could rely on them more.

2. Characteristics of the Nurse

The second major area that emerged was the personal and professional characteristics of individual nurses. Helpful nurses were those who were welcoming and supportive, practiced "mentoring" behaviors and were viewed as good clinicians.

Welcoming and supportive nurses were staff who greeted students at the start of shift in a friendly way, identified themselves clearly at report, and made sure the student was familiar with the patient assignment. The nurse would periodically meet briefly with the student through the day and would listen attentively when the student reported off at the end of the day. While carrying out patient care together, the nurse was patient and understanding.

If you're stuck, they help you through a skill... they talk you through it and that's how you learn.

Another important characteristic of helpful nurses identified by students was the nurse's ability to make the distinction between helping and "taking over." Students found it demeaning when a nurse took charge of a situation and reported that not only did they not learn but shied away from asking these nurses for help in the future. Helpful staff were skilled at giving feedback, demonstrated confidence in the students, asked questions, "quizzed students," challenged students, and generally had a positive outlook.

The power the nurse has as role model emerged clearly in these interviews. The students identified those on the unit they considered as expert clinicians and were very articulate about the impact this had on their learning.

I saw this nurse really put everything together—the way she communicated and gave really excellent care. I learned more in those hours than I would ever get from any book.

3. Staff Perception of Role

Another key area that emerged was the staff's perception of their role with student learning. Students were quick to identify those nurses who felt comfortable and interested in teaching students, those who were willing to act as role models, and those who were not. Student interviews show that students often make these judgments on their orientation day to the unit. This first day often sets the tone for the rest of the student's experience on the unit. Another observation made by students was that staff who were good teachers demonstrated empathy towards them in the student role; they had not forgotten what it was like to be a student.

My first day on the unit, the nurse I was assigned to was so patient. She explained why she was doing things, made sure I understood. She actually sat down and took time to make sure I understood things. She was an excellent teacher—it makes a really good start to the semester when you start with someone like this. There's nothing better than working with an RN who loves her job and loves working with a student. You can learn so much in a short time from that nurse—more than you could learn if you spent thousands of dollars on textbooks.

Students noticed that some staff were uncertain of their place in the teaching domain. Students thought some staff seemed worried about interfering in the teacher-student relationship. Students believed other staff seemed to lack confidence in their own knowledge and skills and tended to shy away from students as a result.

FINDINGS: STAFF NURSE INTERVIEWS

Three major themes emerged from the interviews conducted with staff nurses that had an impact on student learning: workplace environment, role perceptions, and staff characteristics.

1. Workplace Environment

Workload

Some staff perceived working with a student assignment as decreasing their workload. This was particularly true when students were working at a level where they required very little supervision and support. Others perceived students as adding to their workload, especially in areas where fewer nurses were working as a result of changes in staff mix and nurse-patient ratios. Students who required a lot of supervision and support were viewed as time-consuming by staff. Staff found they spent a lot of time supervising, coaching, and stepping in to complete work. One nurse noted,

There are some nurses who find that they can be very busy because of their workload and they feel it is extra work in having a student there to guide. We had one time when the student needed to draw insulin. The nurse feels that if I had drawn this myself it would save time. So, it takes a little bit more time.

Student Assignment on Shift

Staff also noted that students were less likely to complete their assignment and to follow through with patient care when they worked a five-hour shift instead of a full eight hours. As a result, staff workload was perceived as increasing because staff had to hurry at the end of their shift to catch up on work missed by the students. One nurse commented,

When the students are here for that time (five hours) they come and go, we hardly know they're here. When they work the whole shift with us they feel more like part of the team.

2. Role Perceptions

Staff nurses reported they practiced a variety of roles when working with students.

Staff saw themselves as educators and coaches for students, particularly if the instructor was not readily available. They took on these roles because they did not want students to miss learning opportunities. Staff found that students appreciated being approached in a nonthreatening way when testing their level of knowledge, observing
a skill, or monitoring the patient care they provided. One nurse remarked,

You have to ask them what do you think it is? A UTI, so what would you do? You lead them on and eventually they get the picture.

In addition to the roles of educator and coach, staff also saw themselves as evaluators, who could offer constructive criticism in a timely manner.

They [the students] are receptive and a lot of them actually felt a lot less anxiety around us because we were not grading them and they also knew that we were not going to let them sink. We were there to just take over and guide them if need be. . . .

Other staff found the role of evaluator difficult and reported it had a negative impact on relationships they had with students. Conflict arose when staff went to the instructor with concerns about a student, rather than going directly to the student.

Staff recognized that they were also acting as role models for the students, and accordingly were anxious to demonstrate positive behaviors for students.

How do they (the students) feel if another nurse does the dressing that way, and I do the dressing this way? . . .

They like to see different opportunities and they learn a lot but there is not one way to do things, as long as they know their principles.

Another theme, which emerged in this category, relates to scope of practice. Staff articulated the importance of being clear about both the staff and student role in patient care. If staff were not clear about the students’ role, they had difficulty letting the student work independently and they would spend time following the student around, checking up on them. The staff felt a great sense of responsibility and accountability for the care students provided to patients and had concerns about accountability for care for legal reasons.

You have to be on top of your patients at all times, so I mean the patient who went drowsy—it is not only the student’s fault. That shouldn’t be. You can’t tell me that you shouldn’t be looking at that patient from 8 o’clock in the morning until 3 o’clock. It is your responsibility to know what your patients are (doing). They [the students] are there to learn, but you have to be the back-up.

3. Staff Characteristics

Staff recognized that patience and understanding are two key characteristics required when working with students. They discussed the importance of being empathetic and remembering what it was like to be a student. Staff noticed that students are often spoken of positively by their assigned patients because of the amount of time they spend with them. Staff recognized the need to demonstrate caring in their practice; to truly be with the patient and attentive to their needs, which is the essence of the CPM.

Staff found relationships with students were influenced by the amount of time they spent with students during a shift, observations of previous interactions of students with patients, and instructor’s comments about students. One nurse remarked,

I was thinking back, not that I didn’t want to trust the student, but I didn’t know if I should take them at their word. Again, it would depend on the experience that I have had with them beforehand. I used to say, I trust or not depending on how they have looked after my patients before.

Two-way communication was seen as the key to developing the student-staff partnership. Students were encouraged to ask for assistance and to identify their level of competence. Staff noted that a breakdown in communication often resulted in compromised patient care.

IMPLICATIONS

Findings from this study support earlier studies of staff and student relationships. In particular, this study highlights the importance of close relationships between students and nursing staff as a key component in practice education as described earlier by Beddome (1995) and Wilson (1994). The critical role the nurse plays in socializing students into the profession as described by Peirce (1991) and Clayton (1989) was also identified. The study also underscores the need to look beyond traditional preceptorship models in developing the practice component of nursing education as recommended by Melander and Roberts (1994). Findings from interviews with staff and students revealed several themes, which ran consistently through both groups’ discussions. Based on these interviews, we would recommend the following practices to enhance partnerships between students and staff and achieve the outcomes of student learning and quality patient care.

Clarify and develop the teaching role of the RN. In Canada, as in most developed countries, it is a professional expectation that nurses take an active role in teaching students. Staff need to be clear about this expectation and given information about the legal implications of working with students. Understanding legal implications for student actions should help staff delegate to students with less cause for concern.

Help staff adopt teaching strategies such as learning to help without taking over, and giving constructive feedback. They should be clearly informed about the level of student on their unit and efforts should be made to minimize confusion if there are different levels of students on one unit at the same time.

Share information with staff about the impact they have as role models with students. Help staff realize they can assist students to learn by sharing their decision-making strategies and problem-solving techniques. Assist staff to recognize the critical importance of passing on their experience in this way and to understand that this is of equal or greater importance than sharing clinical skills. One approach is to share student stories that illustrate the impact staff have on the development and socialization of students.
Develop communication skills in both nursing staff and students. Fostering a climate of respect in which staff are encouraged to view the student as a junior colleague would also facilitate staff-student interactions. Enhancing communication skills would enable staff to give student direction and feedback in a way that would be more positively received by students. Staff can be encouraged to share their thinking strategies and nursing care techniques with students and to include students in care planning and decision-making. Students can sometimes be so focused on their own assignment that they cannot independently see the limitations that the staff have in providing them with assistance. Students need to understand the flow of work on the unit and be able to anticipate when staff are at their busiest and to seek assistance from each other or their teacher at these times.

Prepare orientation day student-staff assignments and activities to enhance the bonding process. Examine start of shift activities and student length of stay on the unit. Implementing a five-minute "connecting time" for students and staff at the start of shift would facilitate communication. Explore the possibility of students working a whole shift to improve relationships and learning experiences.

Encourage students and staff nurses to reflect on their roles and behaviors in the practice setting, and facilitate dialogue sessions with students and staff to help them understand each other's perspective.

LIMITATIONS

As with all qualitative studies the findings of this study are not generalizable but will add to the current knowledge of professional nursing practice and the essentials of a meaningful relationship between registered nurses and their student partners. The CPM that was being implemented in the clinical setting at the time may have contributed to the largely positive working relationship noted in this study between staff and students. However, other factors, such as student maturity, attitude and experience of clinical teacher, and the level of staff working with students in the practice area may have influenced these findings. We suggest other settings, which follow a CPM, explore the nature of students/staff relationships and the impact on student learning.

SUMMARY

This joint study has assisted both institutions to identify practices that enhance student learning and professional staff practice. This study further enables staff and students to understand and articulate their perceptions of professional practice and the qualities of a partnering relationship. In addition, the findings will add to the body of knowledge related to professional nursing practice. The information gleaned from this partnership between practice and education will be used in the planning of future placements and in professional development planning for nursing staff preceptors.

REFERENCES


