Promoting student belongingness: 'WANTED' - the development, implementation and evaluation of a toolkit for nurses

AUTHORS

Chris King
RN BSc(Hons), PhD Candidate
Unit Coordinator, Training Centre for Subacute Care WA
Fremantle Hospital, Frementle, Western Australia
Cking2@iinet.net.au

Dr Kylie Russell
BN, MHSc (Ed) PhD
University of Notre Dame, Moat Street Fremantle
Western Australia
kylie.russell@nd.edu.au

Assoc Professor Caroline Bulsara
BA(Hons), GradDipEd Studies, PhD
University of Notre Dame, Moat Street, Fremantle,
Western Australia
caroline.bulsara@nd.edu.au

KEY WORDS

Belongingness, clinical environment, toolkit, nurses, student nurses, Delphi method.

ABSTRACT

Objective
Literature suggests that the need to belong influences health and well-being, behavioural, emotional and cognitive responses. This paper describes the impending development and validation of a toolkit for nurses to create the experience of belongingness with a team approach, for student nurses undertaking a clinical placement.

Setting and Subjects
The design of the toolkit will be developed from a selected Delphi panel process involving nursing experts' experience and opinions. The toolkit will then be distributed to nurses in selected clinical areas for use during periods of clinical placements.

Primary Argument
Clinical placements are essential for professional socialisation in which nurses provide compelling role models for how to think, feel and act. However, students have often identified a sense of alienation through poor clinical experiences. The need to belong and be part of a team exerts a powerful influence on cognitive processes and behavioural responses. The absence of meaningful interpersonal relationships can result in failure to develop optimal clinical reasoning and critical thinking skills to manage patient care safely.

Conclusion
More needs to be achieved than to simply justify the core attributes of a good clinical learning environment. Understanding of the key role that clinical leaders and supervisors exert to create a belongingness environment can influence positively the attitude of other staff towards students. For a valued positive clinical learning experience to become the benchmark of best practice, it requires a structured process, a toolkit to enable nurses to comprehend the concept of belongingness and to support them in embedding this model into their role of supervision.

INTRODUCTION

A positive clinical learning environment is essential to effectively provide the opportunity for students to integrate theoretical knowledge into nursing care. In preparing them for a practice-based profession, many complex issues influence their learning experiences, not least the attitude and empathy that clinical nurses have towards supporting the nurse/student relationship. While numerous evidence exists on the experiences of nursing students which range from supportive to challenging and concerning, the focus of this research is to develop practical strategies in the form of a toolkit which will assist registered nurses to actively engage in managing the clinical learning environment in a positive manner. The purpose built toolkit can be described as a suite of interactive strategies, resources and processes designed for and around key activities such as orientation, legitimisation of the student role and informal social inclusion strategies that will guide nurses in providing an effective, sustainable and inclusive environment both now and into the future.

BACKGROUND

The challenges confronting the Australian healthcare system are widely acknowledged in many global publications and included among other things, an ageing population and workforce with a constricting labour market. More advanced technical and medical possibilities and limited financial resources are emerging global trends. The identified problem of attrition in nursing student programs has raised international anxiety for the future and the workforce development targets (Hamshire et al 2012; HealthWorkforceAustralia 2012).

Health Workforce Australia (HWA) Act in 2009, identified as one of its functions, a need to provide other support for the delivery of clinical training for the purposes of the health workforce (HWA WA Act 2009). The Clinical Supervisor Support Program Discussion Paper for Health Professionals (Health Workforce Australia 2010) confirmed that whilst health and education establishments were endeavouring to achieve appropriate placements, there was still remaining confusion regarding the role of the supervisor leading to, in some cases, a less than acceptable environment. An integral initiative for improvement proposed was the implementation of effective supervision through support and education for all staff.

Hospitals are sociologically rich places with a complexity of cultures which are often hard to understand for the outsider and even harder to change. Price (2009) maintains that early socialisation experiences, such as exposure to romanticised views of nursing, may cause angst for many students as assumptions and expectations of their chosen profession are not realised in actual practice. Specifically, there is often a mismatch between perceived and preferred expectations resulting in lost opportunities to engender safe practice, to build sound clinical judgement and to thereby develop professional identity.

Brown et al (2011) maintain there has been limited research evaluating the clinical learning environment (CLE) from the holistic approach of relating the perspective view of students. Instead the literature concentrates repeatedly on the significance of the immediate environment in how and what students do (Henderson et al 2012). However, O'Mara et al (2014) found that whilst interviewing students, two main sources of concern were identified in the CLE. One area of concern was the relationship with others and the challenge for students this presents in building a bond with the clinical staff. The second challenge identified was the context in which their learning experiences occurred; the timing, the amount and type of clinical experience which impacts on their learning and on them as individuals. Conversely, elements identified that were highly valued by the students as being positive for a successful clinical placement were a receptive welcome, appreciation, autonomy and recognition, support, and quality of supervision (Brown et al 2011).

DISCUSSION

Supportive learning relationships are key for nursing students to feel they have a place in the team. This not only includes the supervisor/supervisee relationship but also a sense of group belonging within the clinical environment (Henderson et al 2012). Findings from focus group interviews throughout the literature suggest students who are supported with a positive attitude are able to support each other in clinical placements and can thereby reduce feelings of social isolation, reduce feelings of incompetence and actively create a heightened sense of readiness (Christiansen and Bell 2010). The absence of meaningful interpersonal relationships has been identified as a barrier to developing higher order clinical skills amongst students. Levett-Jones et al (2007) maintain this can lead to an increase in associated behaviours such as unquestioning agreement with another's decision and resulting in failure to develop clinical reasoning and critical thinking skills to manage patient care safely.

Success for improved clinical placement experiences is dependent upon a number of factors, one of which is the development of effective interpersonal relationships between all stakeholders (Levett-Jones 2007). Further research is required to explore methods to support and recognise the need of registered nurses in their supervision role and that belongingness needs to be actively fostered before valuable and prospective members of the healthcare community are lost to other professions (Levett-Jones et al 2008).

A recent report by the Department of Health Victoria (Victoria, DOH 2014) indicated that clinical staff required both clear instruction and tools to assist them in their supervisory role. While there is an awareness of accountability and responsibility for students by nurses generally, the role appears to be understood in varying degrees. Hence there is potential significance in designing a relevant and practical 'belongingness' toolkit. Despite substantial past research into student clinical learning environments, specific studies from the psychological educational perspective are very limited. Many researchers agree that more needs to be done than simply justify the key attributes of a good clinical learning environment (Chan 2001).

Recommendations for practice have been proposed by Levett-Jones and Lathlean (2009) for ascent to competence. They maintain the key role for clinical leaders and supervisors is to create an environment of belongingness and to influence positively the attitude of other staff towards students. This approach will thereby promote dialogue and debate on professional issues. However, from the health professional's perspective, belongingness is not clearly defined, nor understood. A common example is demonstrated in the practice of orientation before the start of a clinical placement. Often much time and effort is placed on the orientation process in many organisations, however this process is often based around the physical environment and not the psychosocial one, which could promote a sense of belongingness to the organisation. Therefore providing a purpose driven toolkit based on current research could encompass activities that will support busy staff, lead to a student-friendly culture and enhanced satisfaction and morale (Cleary and Walter 2010).

THE FRAMEWORK OF A 'WANTED' TOOLKIT

Welcome – legitimisation of the student role

Attitude – compassion for self and students

Nurture – encourage sociable exchange

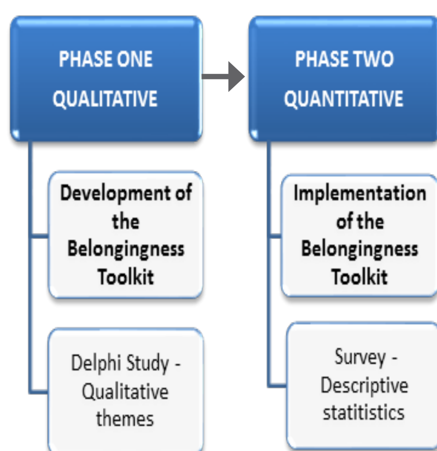
Talk – involve in ward and work discussion

Encourage – appropriate autonomy for completion of tasks

Delight - in a supportive relationship and success

This framework is the foundation on which it will be possible to build a research based, creative and realistic method of how best to support nurses creating a belongingness environment. In the course of the design of this toolkit, both qualitative and quantitative methods will have been used as a mixed method model, which will provide a more holistic approach. This methodology will deliver wider exploration of the social, philosophical and ethical issues related to belongingness in clinical placements and will encourage the use of one type of investigation to inform the development of another. In comparison to previous work based on the learning environment in which the value of the studies lay in the resulting implications for nursing education (Levett-Jones and Lathlean 2009; Chan 2001), this methodology will go one stage further to produce a practical instrument whose value could be in supporting the provision of better educational experiences and environment.

Figure 1: Sequential Mixed Methods Design (Creswell et al 2011)



For the initial stage of this study the Delphi technique was employed for the collection of expert opinion to refine assumptions, options and supporting evidence within given areas (Wilkes et al 2010). The aim was to achieve convergence of opinion for tool development and then attempt to address what could/should be in creating an environment of belongingness. The Delphi technique has been used previously for the development of assessment tools in health (Biondo et al 2008).

The panel for the Delphi method consisted of a number of subject-matter experts. The criteria for deciding who was the most appropriate did not only rest on knowledge of the subject, but also personal experiences, which is essential to understanding the socialisation of the nursing culture. An inclusion criteria checklist was created to identify potential experts for the Delphi panel both nationally and internationally (with an understanding of Australian education and health care practices). A comprehensive report of the collective data and a template for the toolkit will be prepared and submitted to the panel for feedback.

The design of the toolkit is based on the findings from the Delphi study which involved a panel of eighteen experts. From three rounds of questionnaires that were conducted over a six month period using a survey tool and qualitative software, nine major themes have emerged. These have proved to be similar to the views expressed by students in the literature identifying a positive learning environment. These themes have been used to develop the framework. However, the useability and sustainability can only really be assessed over a period of time by those trialling the WANTED toolkit prototype. This will require surveys using pre and post implementation questionnaires. Using descriptive statistics to summarise the pattern of responses of participants will indicate the overall performance of the toolkit in the selected clinical areas. It would be ideal for the pre questionnaire to include demographic details such as age, sex, designation (EN/RN/CN), years of nursing and nursing education (university/hospital based). This could provide further analysis of findings

against these demographic parameters which, may provide interesting findings and ramifications for the future and support the successful expansion of the toolkit into other clinical areas.

Given that nurses are often time poor and may be supporting students on a continual basis throughout the year, serious consideration must be given to ensuring this initiative does not add to further paperwork or load. Instead by putting strategies into place that will enable the student to become more autonomous it could reverse the role so the student is supporting the nurse, facilitating the development of trust.

CONCLUSION

There is considerable evidence that many students have experienced poor clinical placements, where they did not establish a rapport with the clinical team and were treated disrespectfully (Hamshire et al 2012). Much has been written in psychosocial research identifying the consequences of exclusion from groups. Society usually associates hospitality with culture, a social practice, a more personal quality to be admired. However in our western culture individualism and the need to feel safe and secure from a perceived hostile environment seems to be a priority that translates into our work through exclusion, or fear of involvement. Conversely important behaviour activities of cooperation and maintaining harmonious relationships within the group do allow a greater success rate in all areas of life.

A popular definition of belongingness (Levett-Jones et al 2007) is described as the need to be and the perception of being involved with others at differing interpersonal levels, a need for self-esteem which contributes to one's sense of connectedness. However from students' perspectives described in the literature it is apparent they are often overwhelmed by the magnitude of their surroundings in the health care setting, but are compelled to integrate and belong. This unfortunately often proves difficult and impacts on their ability to become competent (Levett-Jones et al 2008). It is therefore evident from previous research that in order to function effectively a sense of belongingness is a prerequisite of successful professional and clinical development. Nonetheless and perhaps regrettably, from a nurse/student perspective, belongingness is not clearly understood by many clinicians.

The art of creating belongingness in the clinical environment is to discover the means and new possibilities for staff to encourage students to be part of their community or team. A positive learning experience can only be gained through not complex, but simple principles that should be part of daily life. The strong need to 'belong' has been recognised by early societies who lived in environments where survival and the continuation of the next generation were reliant on cooperative group members. This concept is no less important for the nursing profession. Therefore, when looking for a practical solution, straight forward strategies are often the most effective. The problems are known, solutions are needed.

Ultimately, the focus of this paper is not to establish if belongingness is necessary for enabling learning to take place, as this has been identified and documented extensively. The focus is rather to explore and pilot an initiative to address the problem. The challenge is the wider investigation of the social, philosophical and ethical issues related to belongingness in clinical placements and establishing a toolkit that will have useability and sustainability to embed the key attributes of a good clinical learning environment into all clinical placements.

A qualitative study approach can be beneficial and improve understanding through the investigation of the underlying complex phenomenon of belongingness. Although this approach does not offer the rigour of clinical hypothesis testing, nonetheless it is a technique developed to facilitate deliberation on a problem, providing scientific methodology to aggregate informed opinion. Therefore every effort will be made to ensure that the toolkit will become the benchmark of best practice and that it will provide the key prerequisites for clinical leaders and supervisors to create a belongingness environment and to influence positively the attitude of other staff towards students.

RECOMMENDATIONS

Although quality supervision is the key, nonetheless, it is still challenging for many nurses regardless of the fact they may have numerous years of clinical expertise. Indeed many supervising nurses, have very little or no teaching experience to be able to appropriately support the student (Carrigan 2012). Continuing to maintain learning on a day to day basis will be reinforcing and requires questioning, feedback, guidance, shared discussion and problem-solving. This has already proven to be worthwhile as increased time and energy spent in the initial development of the students produces positive long term benefits, not only to the clinical areas but also to the profession.

It is recommended that further research be undertaken after the results from the pilot studies have been collated identifying the usability and sustainability. This further research could be a longitudinal study to identify if there has been a significant change in the attitudes and behaviours of nurses to create an environment of belongingness and its influence on student learning.

REFERENCES

Biondo, P.D., Nekolaichuk, C.L., Stiles, C., Fainsinger, R. and Hagen, N.A. 2008. Applying the Delphi process to palliative care tool development: lessons learned. *Supportive Care in Cancer,* 16(8):935-942.

Brown, T., Williams, B., McKenna, L., Palermo, C., McCall, L., Roller, L., Hewitt, L., Molloy, L., Baird, M. and Aldabah, L. 2011. Practice education learning environments: The mismatch between perceived and preferred expectations of undergraduate health science students. *Nurse Education Today* 31(8):22-28.

Carrigan, C. 2012. A Clinical Issue: training our future nurses. *Australian Nursing Journal,* 20(2):22-25.

Chan, D.S.K. 2001. Development of an innovative tool to assess hospital learning environments. *Nurse Education Today,* 21(8):624-631.

Christiansen, A. and Bell, A. 2010. Peer learning partnerships: exploring the experience of pre-registration nursing students. *Journal of Clinical Nursing,* 19(5-6):803-810.

Cleary, M. and Walter, G. 2010. Teaching and learning "on the run": ready to use toolkits in busy clinical settings. *Journal of Continuing Education in Nursing*, 41(6):244-245.

Creswell, J.W., Klassen, A.C., Plano Clark, V.L. and Clegg Smith, K. 2011. Best Practices for Mixed Methods Research in the Health Services (pp. 1 - 37): Office of Behavioural and Social Sciences Research (OBSSR) of the National Institues of Health (NIH).

Hamshire, C., Willgoss, T. and Wibberley, C. 2013. Should I stay or should I go? A study exploring why healthcare students consider leaving their programme. *Nurse Education Today*, 33(8):889-895.

Health Workforce Australia Act 2009 (NO. 72, 2009) - SECT 3

Health Workforce Australia. 2010. *Clinical Supervisor Support Program- Discussion Paper*. Adelaide.

Health Workforce Australia. 2012. *Health Workforce 2025: Doctors, nurses and midwives*. Adelaide.

Henderson, A., Cooke, M., Creedy, D.K. and Walker, R. 2012. Nursing students' perceptions of learning practice environments: A review. *Nurse Education Today*, 32(3):299-302.

Levett-Jones, T. 2007. *Belongingness: a pivotal precursor to optimising the learning of nursing students in the clinical environment,* (PhD.), Newcastle, NSW.

Levett-Jones, T. and Lathlean, J. 2009. The Ascent to Comptence conceptual framwork:an outcome of a study of belongingness. *Journal of Clinical Nursing*, 18(20):2870-2879.

Levett-Jones, T., Lathlean, J., Higgins, I. and McMillan, M. 2008. Staff-student relationships and their impact on nursing students belongingness and learning. *Journal of Advanced Nursing,* 65(2):316-324.

Levett-Jones, T, Lathlean, J., McMillan, M. and Higgins, I. 2007. Belongingness: A montage of nursing students' stories of their clinical placement experiences. *Contemporary Nurse: A Journal for the Australian Nursing Profession,* 24(2):164-174.

O'Mara, L., McDonald, J., Gillespie, M., Brown, H. and Miles, L. 2014. Challenging clinical learning environments: Experiences of undergraduate nursing students. *Nurse Education in Practice,*14(2):208-213.

Price, S. 2009. Becoming a nurse: a meta study of early professional socialization and career choice in nursing. *Journal of Advanced Nursing,* 65(1):11-19.

Victoria. Department of Health. 2014 *Delegation and supervision guidelines for Victorian nurses and midwives.* Melbourne Victoria.

Wilkes, L., Mohan, S., Luck, L. and Jackson, D. 2010. Development of a violence tool in the emergency hospital setting. *Nurse Researcher,* 17(4):70-82.