Transgressive first clinical experiences (August 2014)

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***Abstract* - This Study seeks to comprehend learning experiences of nursing students during their first clinical in-service placement. This Paper is part of a longitudinal development project interviewing the Student Nurse after each one of the five clinical in-service placements and then one year after graduation as a Nurse. The Study has a qualitative methodology, inspired by Michael Eraut's thoughts on learning in the workplace. When the workplace perspective is applied, learning seems to be concentrated on actual situations which the Learner is in, in contrast to employing constructed concepts.**

The nursing students' learning seems to be oriented towards socialization in the clinic as a workplace. This means that the nursing students seek to deal with overwhelming experiences concerning the naked bodies of patients and death, useful application of theoretical knowledge, the path from novice to advanced beginner, and adjusting to the workplace community. The conclusion is that the learning of nursing students during their first clinical in-service placement appears informal and not founded on evident best practice.

***Keywords* - clinical in-service placement training, Michael Eraut, Nursing students, workplace learning.**

I. INTRODUCTION

THIS article represents qualitative analyses of data about nursing students' experiences with their first clinical in-service placement training. The analysis of the data was presented at the 2nd Annual Worldwide Nursing Conference (WNC 2014) held in Singapore on 23 – 24 June 2014 and is part of a longitudinal development project, where we seek to understand the workplace learning of nursing students by collecting data after every clinical –in-service placements (1, 2, 3, 4). This is done from an evidence-based perspective, rooted in actual practice, inspired by Michael Eraut (5). This implies taking our point of departure in practice – the clinic – because we imagine that this perspective can take us beyond what clinical workplace counselors and nursing school educators believe or want nursing students to learn from. We want to challenge e.g. scholarly articles that suggest that learning is qualified through work in reflective teams consisting of students (6) or through portfolio work, in which the student apply various methods designed to further the link between theory and practice (7).

II. FRAME OF REFERENCE

The ideas of Michael Eraut constitute the overall framework of reference. Eraut has examined the workplace learning of newly educated nurses, and an initial broad search in the databases Cinahl, Eric and PubMed for "Michael Eraut" produced parts of Eraut' s own material (8,9) and survey of radiologists' (10), midwife students (11,12), medical students' (13), school teachers (14,15), and pediatric nurses' (16) learning in clinic. In these studies learning seems to be informal and conditioned by context and what happens in a given learning situation. In the situation, the learner participates with other partners, each bringing their own personal and professional competences, and these competences do not necessarily match (8, 9, 10, 11, 12, 13, 14, 15, 16). Moreover, workplace situations may appear chaotic and full of unstructured, conflicting dilemmas, which may be conditioned by acute situations involving patients in the clinical practice. In this chaos, the learner will be seen to have learned performing tasks, when he/she can do what X does, or in Eraut' s terminology; *how are things done around here?* (8). Workplace learning thus seems to differ from educational learning. Thus, our research question in this paper becomes; what and how do the nursing students experience in practice (in reality, in the workplace) regarding their own learning during the first clinical in-service placement?

III. AIM

This article presents new insights into the learning process of nursing students and their experiences during their first clinical in-service placement. The interest in this field is founded in a desire to understand the processes that underlie the nursing students' learning strategies, when it comes to practical task management at the clinic and the way they legitimize their entry into the social structure of the workplace and, overall, the profession. The purpose of the longitudinal approach is to find other ways in which educators at the college and clinical counsellors can support the nursing students in the acquisition process during clinical teaching.

IV. METHOD

The project employs a qualitative methodology using semi-structured interviews, wherein Eraut's thinking about learning in the workplace constitutes the underlying theory in the construction of interview guides and thematic analysis (8, 9). We operate with the presumption that the students' experiences during their clinical in-service placement can be analysed using Eraut's *typology of learning trajectories* (8, 9). Despite the often chaotic, complex and contradictory nature of workplace learning, Eraut has sought to construct a typology of the various, multi-facetted and complex learning trajectories newly educated nurses rely on, when they seek to handle practical tasks in given situations at the workplace. Below, in the analysis, we will provide concrete examples of these forms of proficiency (or *learning trajectories*, in Eraut's term (8, 9)).

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V. RESPONDENTS

The respondents comprise 30 women from two nursing training institutions in Denmark, UCC and UCL. The students have finished their first clinical in-service placement. This in-service placement is placed either early or in the middle of the first year of study at all nursing schools in Denmark.

VI. ETHICAL DELIBERATION

The ethical deliberations of this project stem from the UN Charter of Human Rights and the Declaration of Helsinki (17). The respondents have all been made aware that their participation is voluntary, and that they have the right to withdraw at any stage of the project.

VII. INTERVIEW

The individual interview is based on a semi-structured interview guide (18), which – as stated above – is inspired by Eraut's learning typologies. The interview is carried out after completion of the first clinical in-service placement, recorded on Dictaphone and transcribed for further analysis.

VIII. ANALYSIS

The empirical data in this article will be analysed thematically. The transcribed data are first read for a comprehensive overview and the in-depth thematic analysis using Eraut's typology about learning trajectories, which inspires analytical categories that we utilize for coding the transcribed data, as can be seen in the model below (19).

Coding – what do the respondents say about the categories below? (inspired by Eraut's sub-categoires of learning trajectories)	**Main points derived from coding** [compatible with first status report (4) and previously published material from the project]
• *Task performance* • *Awareness and Understanding* • *Personal Development* • *Teamwork* • *Role Performance* • *Academic Knowledge and Skills* • *Decision Making and Problem Solving* • *Judgement* (7 p. 5)	➢ **Overwhelming experiences** ➢ **Application of theoretical knowledge** ➢ **The path from novice to advanced beginner** ➢ **Adjustment to practice and social structure in the workplace**

The concrete method is to code the expressions of the respondents into the categories in the left column; *task performance, awareness and understanding*, etc. From this coding of the respondents' expressions, we arrive at new main points, shown in the right column.

IX. RESULTS

Learning task performance appears to be complex and revolves around socialization at the ward. The themes we can identify are listed above: *overwhelming experiences, application of theoretical knowledge, the path from novice to advanced beginner* and *adjustment to practice and social structure in the workplace*.

A. Overwhelming experiences

As mentioned in the headline of this paper, the respondent's experiences with the clinical Professional Community seem to be both transgressive and educational which for example is due to having overwhelming experiences. A respondent exemplifies an overwhelming experience as she is confronted with another human being's naked body. She says: "*I simply passed out, when I saw a woman being washed down below".* It appears that the respondent is so overwhelmed that she forgets to breathe. Another example of an overwhelming experience in which the respondent reacts physically, is when she is confronted with an existential fact of life:

> "*just looking at a dead person…I broke down completely in there, because I couldn't help thinking, what if it was my own granddad or dad lying there; it will be eventually."*

Here we see the first encounter with a dead body, which appears so overwhelming that the respondent can't separate the experience from her private life and breaks down. Thus, experiences with basic chores of health care and with death can seem overwhelming. The results show that when they experience dramatic things, the respondents seek support from the professional community, e.g. from a clinical counsellor, but more often than not they turn to their personal network, e.g. friends, mothers, boyfriends, etc.

B. Application of theoretical knowledge

The respondents appear to use their theoretical knowledge, when it is necessary. As an example, we might mention an utterance from a respondent about lack of knowledge. The respondent reportedly had to acquire knowledge about pain in order to help a suffering patient in the best way when changing the patient's dressing: "*I have to find out…about pain – I went home and read about how pain affects the body and such."* When the respondents express the need to seek knowledge, we see a clear tendency that primarily the subjects of anatomy and physiology are necessary in order to understand and be able to intervene in a concrete situation. Another example involves a respondent who has found a handbook (20) of basic health care on her own. This handbook seems to provide all the useful answers in relation to caring for the patients:

> "*It gives me the answers that many other books don't have; when I want to get an elaborate explanation, and I ask and ask and ask, and then all of sudden this book just seems like the perfect lexicon. It was like finding a missing piece in a jigsaw."*

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Thus, a book that offers knowledge about human physiology can seem to hold the answers the respondent is looking for in relation to finding her way during the first clinical in-service placement.

C. From novice to advanced beginner

During her first clinical in-service placement, the novice needs to learn about the terminology, the objects and the procedures of the ward. The utterance below suggests how complex a situation involving handling simple objects such as urinals and bedpans might be experienced:

> *"Men need urinals and women need small bedpans, we can offer them diapers and we can offer to help them to the restroom, and we also have toilet chairs. How do we attach the bedpan to the chair, how do we get it off after use, and how do we clean it? Where are the clean ones and where are the used ones… For instance, "can you fetch a bedpan?" – "bedpan, how does a bedpan look?"*

This utterance does not demonstrate that the respondent has to fetch an object that she knows the term for, nor is she familiar with its use. Furthermore, she does not know where the object is located. We find the same insecurity, when the novice has to understand procedures – in this example related to hygiene:

> "*At first I felt very focused on turning the antiseptic towel the right way and not getting soap here or there… later it dawned on me; what is the patient in the bed actually saying, and what does she want?"*

Here we see the respondent gradually letting go of all the details of the ward procedure, so she can begin to relate to the patient's wishes concerning hygiene.

D. Adjustment to practice and social structure in the workplace

When the respondents meet clinical practice during their first placement, they have to adjust to the social structure of the workplace and find their place in that structure. On the basis of respondent expressions, we detect a tendency that respondents adapt based on implicit assumptions about the social structure in the clinical wards. In the example below, a respondent is participating with other students in a conference, attended by several head nurses:

> "*no, we didn't interrupt. No, you don't do that. There's a certain aura about the head nurses – it's like they glow in the dark, and then you sit there with ten of them…"*

The respondent remains silent in the situation above without having been reprimanded or instructed; still, we don't know whether the ten head nurses might have preferred a conference with more dialogue and student participation.

A further example of social adjustment involves the respondent's experience of task allotment: "*I was just ordered to make coffee and clean the cupboards and make the beds and take out the beds for an entire week."* When the respondent uses the phrase 'just', we assume that the respondent experiences that cleaning and making coffee constitutes a lower place in the workplace hierarchy.

X. DISCUSSION OF METHOD

The collection of empirical data has taken place via semi-structured interviews, which provide an opportunity to produce knowledge as understood by the respondents (18). As a method, semi-structured interviews are also appropriate in connection with the purpose, which, as described in the introduction, is to gain an understanding of nursing students' experiences with and learning during their first in-service placement. The question of reliability relates to the consistency and the credibility of the knowledge produced. Semi-structured interviews cannot be reproduced, and consequently reliability of semi-structured interviews centres on making the methods of data production and data analysis explicit and transparent (18). Earlier in this paper we have accounted for method of data collection and analytical approach. The question of validity refers to whether the chosen method is appropriate in relation to the scope and purpose of the investigation (18).

In designing the framework for this study, we have been inspired by Eraut's ideas about workplace learning, and we have consistently applied the same ideas in our thematic analysis. Therefore, it is fair to ask whether the answers fade into the questions? In this study, we ask in Eraut's terms whether students learn nursing through copying other professionals (8). The formal policy of Danish nursing training has a different aim, which is that the learner acquire understanding of health care by asking critical, reflexive questions about the practice of other professionals (21). One question that we might leave for future studies is whether our consistent focus on workplace learning in this study captures moments, in which the student employs critical, reflexive thinking and thus might actually be characterized as engaged in reflexive practice. In other words; is it sufficient to utilize a workplace learning perspective when our object of study is a clinical in-service placement programme which includes academic requirements, based on the assumption that the learner should learn nursing through formal studies?

This study maintains a hypothesis generating outlook and begs further, detailed research. Al though we hope that the results from the study can be transferred or generalized to other respondents and other situations (18). But we must mention that with the qualitative approach of the study, it stands to reason that we have no intentions to present general conclusions, although the analysis does rest on a rich body of contextual descriptions of the respondents' first clinical in-service placement.

XI. DISCUSSION OF RESULTS

In the section about results, we demonstrate that overwhelming experiences involving proximity with other people's bodies and death can lead to physical reactions.

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Despite these reactions, we cannot reject the idea that these experiences may constitute learning, corresponding to Illeris' thoughts about transformative learning. This concept includes the thought that learning may occur, when the learner, either voluntary or involuntary, has to discard previous conceptions about the world – is brought out of her comfort zone – thus changing cognitive schemas and potentially even altering personality (21). This study does not employ such background knowledge which might define experiences as transformative learning, but we note that respondents do not continue having physical reactions. They get through the crises, although it does not happen only with help through formal channels, but in equal measure via help from personal relations. Alvsvåg (2008) demonstrates in her study that nursing students do not learn from experiences involving death through formal supervision interviews; rather they learn through reflections on their own, previous personal experiences with death, observations of patients' dealing with death, and observations of professional partners handling experiences with patients who face death (23). However, the content of such informal channels of learning and how they constitute learning remains unclear and begs further research.

In the next result section, the students point out that only theoretical knowledge about anatomy and physiology seems to be of practical value in relation to task handling during their first in-service placement. In Denmark, nursing school educators at e.g. UCC and UCL introduce a philosophical view of human existence in which patients are not simply scientifically quantifiable objects. We cannot reject the notion that overwhelming experiences may stand in the way of other types of learning, based on ideas from formal teaching; but on the other hand we cannot reject research which shows that the learner uses theoretical knowledge, and evidence-based knowledge, strictly for pragmatic reasons (24). Consequently, the evidence presented in this study suggests that students only see the use of knowledge from anatomical and physiological subjects; and maybe even knowledge at a very basic level, if we consider the specific example of the student who found a book on basic health care useful in relation to her learning.

Furthermore, the results indicate that the respondents are novices during their first clinical placement. The novices will probably not continue an endless search for bedpans, and the implicit handling of the bedpan situation may, just as knowledge of other objects in the clinic, symbolize a small part of the path towards the role as professional – thus the bedpan becomes a mediating artefact towards the goal of filling the proverbial shoes of a professional nurse (9, 25). Moreover, even the novice can tear herself away from procedures and focus on the individuality of the patients. She may appear less rule- or procedure-bound and may probably be characterized as an advanced beginner already during the first clinical in-service placement (26, 27).

Finally, when we examine adjustment to social workplace structures and the professional community, the results also show progression concerning this aspect. Becoming a part of the professional workplace community means quite a lot to the respondents, who seem to experience that they quickly become a part of the workplace community during their clinical placement. This is illustrated by the student who opts not to interrupt the head nurses, or the student who, despite inner resistance, accepts her devaluated place in the social structure. The students give evidence of how they seek to find their place in various ways; a place they can hold on to with the competences they possess. It would appear that they decode the social structure and hierarchy of the ward, so they can 'fit in'. The two examples in the analysis demonstrate how the respondents employ strategies for joining the professional community; strategies that may seem as adjustment. They immediately adopt norms about how 'one' behaves and what 'one' is 'just' expected to do, without being critical towards whether this practice is beneficial or even educational. This pronounced need to 'belong' in the workplace community and become 'one of us' is recognizable for students and other newcomers in professional communities such as nursing. Wackerhausen (2002) points out specifically that there is pressure on students both from within the profession and from without to become 'one of our kind', which is possible when the student honors explicit and implicit structures of the profession and the common professional identity. The students acquire the 'do´s and don'ts' in the clinic, and the better they are at decoding what they are expected to do and say, the easier access they have to positive recognition from their future peers. This approach can be found in respondent expressions, and it is regarded as a natural way of reacting, due to the need for 'belonging'. The challenge, which Wackerhausen (2002) also points out, is not to let the need for social recognition become so overpowering that the student loses the ability to remain even the slightest bit critical towards the profession and the professional community. If this happens, the ability to adapt might prevent the development of vital professional qualifications and the personal growth of the individual (28).

XII. IMPLICATION FOR PRACTICE

With a last glance at the results and the discussion, we might conclude that learning during the first in-service placement revolves around a pragmatic socialization, which involves the naked bodies of patients, experiencing death, and the social structures in the workplace, in which the clinical placement takes place. Learning does *not* seem to be directed at the search for knowledge that may support development of best practice; the evidence based knowledge a kind of 'best knowledge' which is in principle fundamental to Danish professional education (29). The nursing students learn somewhat during their first clinical in-service placement but not necessarily learning of formal character as practice grounded in best evidence based knowledge or research. First of all, adjustment to the professional community seems to be pragmatic. The student keeps quiet when the head nurses speak, and she accepts filling up the cupboards. She probably accepts this position in the workplace hierarchy in order to feel welcome, even though this position from a formal perspective is not the proper role of a nursing student. She should be critically reflexive and question decisions which do

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not direct learning towards the learning goals in the clinical placement description (21). Still, the students do not appear critically reflexive – they do not engage in best practice. Secondly, we cannot reasonably question that the progression from novice to advanced beginner is likely to be acceptable with the early stage of the professional learning trajectory in mind, although it may be conditioned by knowledge about artefacts rather than best practice. Thirdly, we note that the students only seem to find knowledge about anatomy and physiology at a fairly rudimentary level useful, yet another sign that their learning is not conditioned by best practice. As a fourth point, the physical reactions to overwhelming experiences in this transgressive professional community in connection with naked bodies and dying patients can appear so violent that they prevent students from engaging in best practice.

This missing focus on best practice is validated by research which focuses on learning from a workplace perspective. The learner only incorporates the best evidence-based knowledge and theoretical knowledge, when she/he perceives the use of these types of knowledge in relation to task handling at the workplace. Analyses of data in this longitudinal project about the nursing students' fifth and latest clinical in-service placement show that the students are both scared and technically and personally prepared to become a graduate nurse (4). Nursing students will maybe perceive best practice at later stages of their education. Anyway research shows that graduate nurses experience that evidence-based knowledge is embedded in practice twelve month after graduation (30).

But we must emphasize that this study does not have a normative aim – we do not address the issue of whether learning during the first clinical placement is right or wrong. If we were to venture a normative suggestion, we might look in the direction of Haigh (2006) (31). With a reference to Eraut, he shows that the support educators and clinical counsellors can offer nursing students could be training in a simulation room (32). In the simulation room, the nursing students can practice handling tasks under orderly and well-structured circumstances. Examples include e.g. learning practice tasks on computer based models of patients (33, 34) or sociodrama, where participants impersonate characters from real life in clinical practice e.g. around encounter with death (33, 34). Experiences from such room may be possible to transfer to the same or similar situations in the chaotic, unstructured room of the clinic, in which learning is tested (35). Haigh (2006) points out that simulated learning is not necessarily the second best platform for learning, but rather the best (31).

XIII. CONCLUSION

The empirical data of this study is derived from the first clinical in-service placement and the nursing students' learning experiences will change during their education. Still, with Eraut's perspective we might conclude that learning during clinical placement is informal and directed towards socialization, involving situations with the patients' naked bodies, death and the workplace community. Experiences with naked bodies and death might appear overwhelming, but they can still promote learning, and the students seem to overcome them with the support of their clinical counsellors and private relations – hence the support is not just found through formal channels. The students seem to use theoretical knowledge primarily from anatomy and physiology, sometimes even at a fairly rudimentary level, whereas they do not seem to use the academic knowledge formally recommended by the nursing schools in Denmark. In a formal sense, the progression from novice to advanced beginner appears acceptable, but learning seems to be conditioned by mediating artefacts, and adjustment to the workplace community appears necessary in order to receive a positive reception at the clinical placement site. The student appears to accept a role which from a formal point of view is not appropriate for a critically reflexive student.

The conclusion might be that students during their first clinical in-service placement focus on the question *how are things done around here*, rather than looking for the best evidence-based practice; a goal which is required by formal law and guidelines for nursing education in Denmark. Perhaps it might be possible for nursing students to have the necessary overview and energy to seek evidence-based knowledge about nursing, even during their first placement, if they were prepared to encounter situations that are a part of clinical education. Such preparation might consist of a joint simulation, in which educators and clinical counsellors, together with the students, might simulate situations resembling clinical practice in the workplace.

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