

ORIGINAL ARTICLE

Managers' responsibility to support caring and learning in clinical education units

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ABSTRACT

Background: Managers in clinical education units (CEUs) have the responsibility to facilitate evidence-based environments for both caring and learning. Promoting such environments might be challenging in times of financial constraints and organisation changes.

Objective: The purpose of this study was to describe how managers experience their responsibility to support the caring and learning environments in CEUs.

Methods: The study method followed the principles of Reflective Lifeworld Research (RLR) grounded in a phenomenological approach. The study was conducted at a hospital in Southern Sweden. Ten first- and second-line managers responsible for CEUs were interviewed. The interviews were conducted as reflective dialogues using an open, and bridled approach.

Results: The results show that clinical education unit managers regard the responsibility to support caring and learning environments as a challenging experience, elucidated in three themes: (1) to have or to take responsibility; (2) cooperation that supports and challenges; and (3) bringing it all together — a daily struggle.

Conclusions: In conclusion, the managers of CEUs need to be aware of the importance of common theoretical grounds for caring and learning. Caring and learning are more likely to be intertwined when responsibility is taken, when collaboration between actors is characterised by respect and when an awareness of the importance of reflection is present. Awareness of the importance of creating opportunities for reflection and mutual collaboration among the different actors involved could lead to improvements in nursing education and, therefore, improved patient care.

Key Words: Managers, Clinical education unit, Responsibility, Caring, Learning

1. INTRODUCTION

This study is part of a larger project that describes the intertwined phenomenon of caring and learning in clinical education units (CEUs) based on the experiences of student nurses,^[1] patients^[2] and supervisors.^[3] In this study, CEU is defined as an academic clinical partnership in which nursing students can develop their clinical and theoretical knowledge. Furthermore, the CEUs studied in this research and the larger

project are evidence based and grounded in research within lifeworld-led didactics in caring science.^[4,5]

In CEUs, caring and learning are both foci and are given the same significance. In the encounter between the student and the patient, caring and learning take place simultaneously. By caring for the patient, the student develops professional competences, and by being cared for, the patient becomes

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part of the learning process. However, the student is also involved in a learning process, so supervisors and managers are significant to the outcomes of both caring and learning.

2. BACKGROUND

Studies have shown that, having responsibility for students is experienced extra work that is to be carried out in addition to responsibilities as caregivers, yet with limited time.^[6] In order for the supervisory assignment to be conducted satisfactorily, nurses need support from their colleagues, managers and educational institution.^[7]

Shared responsibility among managers, nurse leaders and educators is essential to supporting excellence in nursing care and improving the image of the nursing profession.^[8] Several studies indicate that management approaches in the ward, leadership styles and attitudes toward students' learning are important when creating learning environments,^[9-11] and these are likely to be associated with the integrating nursing practice and education.^[12] In general, a CEU is expected to accept more students, have an elaborate educational structure and provide excellent care based on evidence than a traditional hospital ward.^[13]

Although CEUs have been reported to facilitate student learning^[1-3,14] certain challenges need to be addressed. The primary challenge can be described as creating genuine encounters in an environment that supports caring and learning, which demands collaboration among faculty, students, patients and supervisors.^[1-3] Managers have a key role in facilitate this collaboration. However, they also have heavy responsibilities to provide good conditions for both caring and learning and to address the needs of staff, patients and students. Having a management role in a CEU with more students than traditional caring units only heightens this responsibility. In a context frequently characterised by staff shortages, a lack of time and constant demands for increased efficiency, creating caring and learning environments is very challenging. It demands management that supports patient care, student learning and all the parties involved, including professionals. It, therefore, is important to investigate how managers handle this responsibility. Accordingly, the purpose of this study was to describe how managers experience their responsibility to support caring and learning environments in CEUs.

3. METHOD

The present study is based on the Reflective Lifeworld Research (RLR) approach founded on the phenomenological philosophies derived from Husserl and Merleau-Ponty.^[15] This is an open design methodology rather than a fixed method; the aim is to describe the meanings and patterns of

phenomena within the focus of the research. In this paper, the phenomenon is responsibility to support a caring and learning environment in a CEU as it is experienced by managers. The following methodological principles were used throughout the entire research process: openness, flexibility, bridling and a reflective attitude. Openness and flexibility entail a genuine interest in the phenomenon so as to discover something new and unexpected. Bridling is used to slow down the process of understanding. Bridling also characterises the phenomenological attitude by enabling the researcher to focus on the phenomenon without making definite what is indefinite.^[16] Openness, flexibility and bridling are combined with a reflective attitude, enabling one to distance oneself and focus more critically on the phenomenon.

3.1 Setting and participants

In this study, the participating head managers were responsible for CEUs, which are evidence-based learning environments.^[4,17,18] CEUs are based on a concept that aims to support both the students' learning process and the caring process by using lifeworld-led didactics.^[19] A reflective attitude is a key component of learning support. This type of attitude inspires supervision that focuses on patients. In reflective supervision, the students' lived experiences and the patients' narratives are taken into account in order to unite theory and praxis.

In this present study, the CEUs have a supervision team consisting of main supervisors, base supervisors employed by the hospital and lecturers employed by the university. Main supervisors have a comprehensive responsibility for the students' clinical studies while base supervisors guide students in caring and learning situations. The university lecturers are connected to the ward in order to bridge theory and practice into the clinical education.^[4,5] Managers are another important part of the caring and learning environment in CEUs. Thus, the different functions connected to the CEUs all aim at facilitating learning in clinical praxis and promoting excellent care.

To obtain variation in the data both first- and second-line managers of CEUs were included in this study. The first-line managers were either nurses or physicians responsible for a clinic. The second-line managers were all nurses that were responsible for a ward. The participants' main duties were administrative; thus, they had limited involvement in patient care. Twelve managers in CEUs at two hospitals were contacted by the primary author of the study via mail and/or telephone; 10 managers participated. Three of the participants were first-line managers (all male) and seven were second-line managers (six female, one male).

3.2 Data collection

The participants were asked to prepare for their interview by reading a two-page summary of previous studies in the same project.^[1-3] The summary aimed to stimulate a reflective process during the interviews. The interviews were conducted as reflective dialogues using an open and bridled approach.^[15] Each interview, which lasted between 38 minutes and 1 hour 21 minutes, began with the question: How do you experience your responsibility to support a caring and learning environment in your CEU? To further capture the meanings of the phenomenon, additional questions were asked, such as Can you tell me more about...? How did you support...? Thus, the interviews utilised reflective dialogue to orient the responses towards the meanings of the phenomenon. All interviews were carried out by the first author of this article.

3.3 Data analysis

The interviews were audiotaped and transcribed verbatim, and then analysed in accordance with RLR.^[15] The analysis began by searching for the meanings of the phenomenon in the transcribed interviews. Throughout the entire analysis process, the intent was to maintain an open and bridled approach to the data. Related meanings were grouped in clusters based on similarities and differences. These clusters were understood together and analysed in relation to one another in order to identify the patterns that describe the phenomenon. The analysis process resulted in three themes: (1) to have or to take responsibility; (2) cooperation that supports and challenges; and (3) bringing it all together — a daily struggle. Each theme is clarified further with quotations from the data collected in the interviews.

3.4 Ethical approval

The study was reviewed and approved by the Regional Ethical Review Board of Gothenburg (2011/315-11), and it has also followed the principles of the Declaration of Helsinki.^[20] The managers were given verbal and written information about the purpose of the study, including the confidentiality of their responses, the voluntary nature of their participation in the study and the protection of their privacy and identity. All the participants provided their verbal and written consent before the interviews were conducted.

4. RESULTS

4.1 To have or to take responsibility

To have responsibility implies being comprehensively aware of the duty and the requirement to ensure good care and educational quality. To take responsibility further implies actively indicating a desire to develop the caring and learning components of the CEU.

Overall, the managers had a positive attitude about creating good learning environments, but the degree to which they took a high level of responsibility for that development varied. Going no further than having responsibility manifests as the expression of general vision, thoughts and perceptions rather than creating concrete plans and actions. Thus, to have responsibility can result in some degree of resignation and powerlessness, as the liability is not reflected in strategies to support the environment in the CEU. To have responsibility can also mean a passive approach as long as the operations flow smoothly.

“When someone comes and says that something is a problem, we’ll work with it, but if we don’t hear that something is a problem, well, we don’t look for problems, we have enough to do as it is.”

To take responsibility implies a more active approach to creating a student-friendly environment that is safe for patients; it also involves working towards raising awareness of the CEU as a place of learning among staff, patients and family members. Taking responsibility includes making patients aware of the students’ participation in their care. Managers also see a risk in that doctors are not always aware of the CEU’s role as a caring and learning environment. To take responsibility for a learning organisation implies a willingness to increase awareness of the learning possibilities in routine care and the positive consequences these can have.

Managers who see the CEU as an important part of the students’ development take responsibility by developing clear recruitment strategies and conducting staff development reviews. Supervising is promoted and encouraged through the idea that reflective supervision can enrich students and supervisors. Through this approach, staff development can be clearly noticed. Reflective supervision contributes to supervisors actively taking more responsibility for the development of the CEU.

“I don’t believe that my staff is unique because they have come here, but they are very, very questioning in a very positive way. I think that has to do with how we have introduced them to the CEU.”

To be able to actively take responsibility, managers must be involved in their clinical ward and be able to understand the problems, moods and currents found there. In that responsibility lies a desire to have an open dialogue with supervisors and students and to try to obtain feedback from patients about the care they received. Being able to address the problems expressed by students and supervisors is part of the responsibility for the caring and learning environment. If students withhold problems from their managers and turn only to the

university, managers feel betrayed. A wish to be able to take responsibility through open communication emerged.

“Having a dialogue is so important, to get feedback in some way. If there is something we should change or think about. If we don’t find out about it, we can’t change it.”

Awareness of the responsibility for the CEU, and its specific purpose, promotes the desire to be fair. By working to ensure that no unit is disadvantaged, managers see the bigger picture and take responsibility for their duty to ensure high caring and learning quality.

“I ought to make higher demands on those employed here (in the CEU), but that means by extension that I ought to direct more resources and support to the DEU, that I ought to have redistributed resources from other places, but I didn’t, of course.”

4.2 Cooperation that supports and challenges

Responsibility occurs in cooperation with other managers and with the university, and it can be both supportive and challenging. Despite awareness about the need to provide good educational environments, powerlessness in affecting the educational programme can sometimes occur.

“We don’t really own the nurse education programme. If we did, maybe we would think differently. I think it’s really the university’s responsibility.”

Thoughts on how the educational programme seems to be and ought to be are only opinions. The university is viewed as being responsible for the educational programme, and how to best cooperate with it is not always clear. When the connection between managers and the university is unclear, the idea of the CEU as a place for learning also appears to be unclear for managers. They have concerns that the CEU provides students with an overly protected and sanitised experience.

“I think, in some way, the concept is good that you can learn in peace, but sometimes you have to become aware of how reality is.”

When the CEU is instead seen as a part of the educational programme, the connection to the university becomes clearer. A well-functioning clinical training in a CEU in cooperation with a university can make a difference in the students’ learning processes and the maturation of the care they provide to patients. The goal is to create a caring environment that is as realistic as possible where students have time for reflection and supervision. Pride is expressed about creating an environment where future nurses are formed, thereby contributing to good care quality. They realise their own value in the big picture where they are responsible for a well-functioning caring and learning environment.

“I am so proud that I can participate in forming future nurses. I usually tell the supervisors what an opportunity they have to affect students.”

The support expected from the learning institution does not always materialise, and this creates a feeling of betrayal and of not receiving needed help. This can be seen concretely when a new CEU starts, or in problems related to the students’ not passing. Then, the cooperation that should have been a support becomes a challenge that drains energy.

“My expectation of the university is that they should have very clear ideas about what they want from a CEU and also have some knowledge about what parts the university can contribute to. An expectation that there were a lot of ideas from the university, which did not exist at all.”

The obligation to provide the educational programme formulated by the university feels difficult to meet; the number of students would need to be decreased in order to give supervisors a break from their supervisory role. Managers are challenged to cooperate with the university and their own staff, and, in that way, work to arrive at a consensus in which the educational programme is seen as a shared responsibility.

Managers receive support from one another through dialogues about caring and learning environments at the CEU. In that context, the main supervisors play a decisive role as they have a natural connection to the university, other supervisors and the students. Managers have the opportunity to support a caring and learning environment via the main supervisors. The cooperation between managers and the main supervisors is crucial in identifying how support should be expressed. This cooperation is challenged when the main supervisor role seems unclear, creating uncertainty about the division of responsibilities and reasonable expectations.

“I’d like it to be clearer. The main supervisor’s job description can be understood in many different ways.”

A further challenge relates to cooperation between managers and the Clinical Director of Studies. How well that cooperation functions affects the successful development of a CEU ward.

4.3 Bringing it all together — A daily struggle

The responsibility to support a caring and learning environment at the CEU implies a daily struggle to create a good caring, learning and working environment for patients, students and supervisors. The struggle is to counteract the lack of continuity and enhance the staff’s skills. In this regard, managers sometimes feel they are not capable enough:

“Of course the CEU is important, but there are more important things for (the ward), with a lot of staff turnover of

employees and managers. At some point to be able to feel that no, I'm handing the baton to someone better suited. It felt like I was always four steps behind."

This leads to resignation in which problems relating to the staffing situation must be immediately resolved and the learning purpose of the CEU takes second place. New inexperienced nurses must be used as supervisors. Thus, a compromise is made. Although the new nurses have limited supervisory experience, their education is up-to-date, therefore, they can better identify with the nursing students.

The managers noted that creating a good work environment where supervisors can have breaks, are encouraged in their supervisory role, and have time to reflect is a daily struggle:

"I would like to improve much more the work environment for supervisors in the CEU. So they would get a bit more time to reflect, so that they get the opportunity to attend a training, and things like that."

These intentions and ideals are not always compatible with the current reality of patient care. Instead of resigning themselves, managers attempt to make things easier by finding organisational solutions for the situation. However, these changes require patience and flexibility.

The daily struggle also includes maintaining a good care environment where patient safety is a high priority. Managers are aware that there may be risks with students in care, yet they also feel certain that students should not attempt to do more than they can do; rather, they should be careful and be backed by a supervisor. As patients indicate that students are an asset in care and are attentive, there is a sense of security that patient safety in the CEU is not compromised. Confidence is shown to both students and supervisors that they guarantee good care and patient safety.

"I really think that these patients receive the very best care. They get very well looked after, I am quite sure, that I don't feel at all unsure of as the [students] have supervisors."

5. DISCUSSION

5.1 Reflections of the result

The study results indicate the differences between managers who have responsibility and managers who take responsibility. Managers who take responsibility can be seen as being more active contributors to the intertwining of caring and learning. Taking responsibility has an ethical dimension, and our results are in line with Gallagher and Tschudin,^[21] who described the essence of ethical leadership as taking responsibility for patients, staff and students and responding to the needs of others. Responding to the needs of patients is a core element in the Nordic tradition of caring science in

which the patient's vulnerability calls for the caregiver's response.^[22] The students' learning to care has to be connected to a common theoretical ground in which the vulnerability and lived experiences of both students and patients are acknowledged.^[23,24] Responding and acting in a reflective way to the needs of patients and students may be attributes that link managers who take responsibility to leadership grounded in a lifeworld perspective.

Managers have responsibility for the working environment for their staff as well as for the care environment, but they also have responsibility for the students' learning environment. Bondas^[25] emphasised caritative leadership as a cornerstone for creating caring environments, and sees it as an essential component of implementing a caring approach among patients and caregivers. Together with lifeworld-led didactics,^[19] caritative leadership can add a theoretical standpoint to leadership in the clinical context. This common ground for caring and leadership may be one way to further develop an intertwined perspective of the importance of the learning environment in CEUs.

In line with earlier research,^[12,26] the managers took a cautious attitude to the university, and they sometimes endured disappointments concerning that relationship. To be simultaneously dependent upon and challenged by the university implied a dilemma in which the managers had to guard their unit and staff against the demands placed on them from the university and the students. In addition to causing frustration, tensions between clinical praxis and the learning institution can influence the students' abilities to develop their knowledge in praxis.^[12] Further cooperation between education and practice is desirable to enable educators and managers in reaching an agreement regarding the progression of nurses' professional competence from beginning of education.^[27] Our study results indicate that managers and university representatives must develop effective ways to collaborate, creating a genuine shared working partnership. This requires that the supervision model in CEU be based on a sustainable, well-grounded theoretical foundation that is well known by both the clinical praxis and the university. Without this, the language and content of the CEU could be experienced as being far too academic and distant from everyday practice. Henderson et al.^[28] clarified that leadership, management and partnerships are essential for the development and maintenance of good and functioning learning environments. At the same time, managers are responsible for creating opportunities for their staffs to attend seminars and participate in reflective activities.

The results of the present study show that managers are unclear about the role of the main supervisors, which indicates

a need for consensus, primarily among the people that have formal responsibility (i.e. the managers and the Clinical Director of Studies). A common steering group, which can reach a common understanding and provide the opportunities to intertwine clinical practice and academic learning, is also required. To take responsibility as a manager is to favour these activities.

The managers in this study describe their daily struggle to bring all the pieces together when they strive to promote a culture of caring and learning. The managers' role as facilitators for favourable learning cultures is important for the students' development.^[29] However, the culture is often characterised by a busyness that negatively influences the possibilities for learning. The ability to reflect is unlikely to take place in a culture of haste,^[26,30] but as reflection has been described as a key to expanding knowledge,^[31,32] there is a need to further develop the ways in which reflection can be valued and implemented despite the perceived lack of time. Nevertheless, reflection does not need to take time. If the students and supervisors have a reflective approach, they can reflect actively within and after caring/nursing situations, which could result in the ability to successfully intertwine caring and learning environments in CEUs.

5.2 Methodological considerations

First and second line managers were included in this study. As such, their professional backgrounds and their current responsibilities differed. As a variety of experiences was sought in the present study, the inclusion of different types of managers may have widened the perspectives on the phenomenon. The study used a bridled approach to focus on the phenomenon. Reflections within the research group are another way to ensure the validity of the study's results.

The CEUs for which the managers were responsible adapted a concept that aims to support both the students' learning processes and the caring process by using lifeworld-led didactics. This approach to didactics is specific, but, as the context of the study involves the students' learning in a caring context, the results indicate possible characteristics that

can be universal for different kinds of hospital wards.

6. CONCLUSIONS

The study's findings indicate differences between how managers in CEUs handle their responsibility to support caring and learning environments. To be a manager in a CEU requires awareness of the importance of a common theoretical ground in caring and learning. Mutual collaboration between managers, staff and representatives of learning institutions will promote a caring and learning environment. While it is important that managers take responsibility, the university must also respond to their needs. Managers have to navigate their work load, financial restraints, staff shortages and lack of competencies. This daily struggle needs to be performed with an awareness of the importance of creating opportunities to promote nursing care and the students' clinical education with a reflective attitude. Caring and learning are intertwined needs that can only be met with the help of continuous reflection, and managers must have and take responsibility for this phenomenon.

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ETHICAL APPROVAL

The study was reviewed and approved by the Regional Ethical Review Board of Gothenburg, Sweden (2011/315-11), and it has also followed the principles of the Declaration of Helsinki (World Medical Association, 2013).

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CONFLICTS OF INTEREST DISCLOSURE

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