Clinical teachers’ experiences of nursing and teaching

Submitted by

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Abstract

Clinical teachers’ experiences of nursing and teaching

Clinical nurse teachers’ experiences of nursing and teaching undergraduate nursing students on clinical placement are explored in this thesis because of concerns about the quality of nursing students’ learning outcomes. The aim was to identify variation in clinical teachers’ conceptions of nursing and their conceptions of, and approaches to teaching undergraduate nursing students. The study was significant because clinical teachers’ conceptions of nursing and approaches to clinical teaching have not been researched previously.

Underpinning the study was a phenomenographic perspective on learning and teaching. This perspective views learning and teaching in terms of how they were experienced. Experience of nursing and clinical teaching, for example, can be understood in terms of related ‘what’ and ‘how’ aspects. The ‘what’ aspect concerns how nursing and clinical teaching were understood. The ‘how’ aspect is concerned the ways nursing and clinical teaching were approached. Experience of nursing and clinical teaching were described and analysed in terms of the separate ‘what’ and ‘how’ aspects and are understood in terms of the relationship between each of the aspects.

Data from semi-structured interviews with twenty clinical teachers were analysed using phenomenographic research techniques (Marton & Booth, 1997) in order to identify variation in how nursing and clinical teaching were experienced. To extend the description, the research also sought to identify the empirical relationships between each of the aspects investigated.

Key aspects of variation in clinical teacher experiences of nursing and clinical teaching and associated relationships have been identified. The results suggest that clinical teachers who adopted a student-centred approach to teaching conceived of nursing and clinical teaching in complex ways. The phenomenographic approach provides for an experiential and holistic account of clinical teaching: a perspective absent in nursing education research literature. The research findings extend knowledge that will assist with preparation and support of clinical teachers.
Statement of Authorship

This is to certify that:

I. this thesis comprises only my original work towards the degree of Doctor of Philosophy

II. due acknowledgement has been made in the text to all other material used

III. the thesis does not exceed the word length for this degree

IV. no part of this work has been used for the award of another degree

V. this thesis meets the University of Sydney’s Human Research Ethics Committee (HREC) requirements for the conduct of research

Signature  .................................................................
Name  .................................................................
Date  .................................................................
Acknowledgments

Many years ago, as a new clinical teacher in an acute care hospital, I experienced a situation that fuelled my interest in teaching and learning. I suggested that two of my nursing students interview and assess a particular patient and to develop a plan of care to be implemented the next day. The patient had a serious illness where his skin was bright yellow as a consequence of liver disease. This patient was also exhibiting several signs of his illness that I thought were obvious. In discussion with the students following data collection it became apparent that they could not see what I could see. It took a couple of return visits with several hints from me before they saw the “obvious”. I was curious about why this was so. The next day, on checking the patient, before the students arrived, I discovered that the patient had recently had a haemorrhage. In fact, he was critically ill and the nurses on the ward were preparing him for transfer to the Intensive Care Unit. When the students arrived, and before the patient left the ward, I asked them to visit the patient and see if they could detect any change from the previous day. They reported that this now unconscious patient, who was receiving a blood transfusion, was asleep. They informed me that he was the same as yesterday. Once again they had not seen what I thought was obvious: that is the change in conscious state and the equipment now in use. I was determined to find out why this was so. Over the years, which include extensive teaching experience and studies, both at Masters and Doctoral level, I now understand that the learner has a particular focus of awareness in particular environments. I now have a better idea of how to find out what the focus of awareness is and how to work with students.

My PhD journey commenced approximately seven years ago. In that time the supervision of my thesis involved some changes. From the outset, Dr Michael Prosser has provided exemplary support, guidance and teaching. Even when his circumstances changed he maintained close involvement despite the challenges and frustrations presented by distance. For his interest, support, wisdom, enthusiasm and friendship I am very grateful. Michael had the great ability to set me on the right path with a single suggestion when required. He also helped me to make links when it was necessary so that I understood the complexities of phenomenography. Having access to his knowledge and experience was an absolute privilege. Following the transfer of my enrolment to the University of Sydney and changes to Michael’s circumstances thanks and gratitude must also go to Dr Angela Brew. Angela helped me to understand what writing a thesis meant. Angela was reliable and thorough in reviewing my work, and supported me particularly in structuring the thesis. She also frequently challenged my thinking in a supportive and appropriate way, and always provided constructive and useful feedback. I felt humbled by both Michael and Angela’s confidence in the importance
and value of this study. In the early days Dr Erika Martens at La Trobe University also provided support, spending time listening to my ideas and offering her wise counsel.

To my colleague, Chris Cope, a special vote of thanks. Chris’ guidance came in a number of forms. Firstly, through being available for discussions, secondly for his support and guidance with construction of categories of description and thirdly with providing access to his own exemplary thesis. My fellow PhD student, Lynne Levison generously provided me with support, and opportunities to work through some of the difficult issues we encountered along the way. Colleagues and friends, Maxine Duke, Liz Watt, Rosalie Strother and Sharon Kendall have all provided support by offering feedback on construction of categories of description or editing chapters. To you all, my grateful thanks. To my friend, Sue White, who despite running her own business, always found the time and the interest to read my work and provide feedback. You managed to see it right through, which I really appreciate. Thanks also goes to the clinical teachers who participated in this study and generously gave up their time to do so.

Time release of four weeks was provided by the School of Nursing & Midwifery, La Trobe University. Teaching commitments for La Trobe University in Hong Kong gave me the opportunity to visit Ference Marton when he was at Chinese University of Hong Kong. Even though it was in the formative period of my thesis, my thanks go to Ference for his timely advice. Thanks go to my colleagues at the School of Nursing & Midwifery, La Trobe University and The Alfred, for attending forums where I presented my work in progress and for providing me with feedback. My thanks also go to the community of scholars from both the nursing and education arenas for their interest and comments on my work at various points.

It is not possible to undergo such an all consuming experience without the support of family and friends. To my husband Peter and children Andrew, Kate, James and Tom, extended family and friends, thanks for giving me the space to do this but also for helping to keep my feet firmly planted on the ground.