

INVESTING IN ORGANISATIONAL CULTURE: NURSING STUDENTS' EXPERIENCE OF ORGANISATIONAL LEARNING CULTURE IN AGED CARE SETTINGS FOLLOWING A PROGRAM OF CULTURAL DEVELOPMENT

Authors:

Laurie Grealish¹,
Email: l.grealish@griffith.edu.au
Daytime contact: +61 (0) 412091968
No fax available

Amanda Henderson²
Email: Amanda_Henderson@health.qld.gov.au
Daytime contact: +61 (0) 438 125 014
No fax available

Contributors:

Gylo Herculinsky³ (research design), Daniel Nicholls³ (research design), Holly Northam³ (research design).

Acknowledgement:

Leanne Muir³ (data collection), Brie Sage³ (data analysis)

¹ Griffith University, formerly of University of Canberra

² Griffith University

³ University of Canberra

This project was supported by a 2011 University of Canberra Deputy Vice Chancellor Research External Collaboration Grant.

Keywords

Student learning, culture, aged care

Total word count: 3300

ABSTRACT

Background: Significant changes to clinical nursing education delivery have emerged in response to forecast international nursing shortages. The aged care setting offers opportunity for external university-based students and staff to learn through work however it is widely acknowledged that the organizational learning context can be improved.

Aim: Determine the impact of an extended capacity building program for staff on students' experiences of the organizational learning culture in the aged care setting.

Design: A pre and post test design was used.

Methods: A convenience sample of first, second and third year Bachelor of Nursing students attending placements at three residential aged care facilities was used for the study.

Students' perceptions of organizational culture were compared between the group that attended placement before the program (n=17/44; RR 38%) and the group that attended following the program (n=33/72; RR 45%). Organizational learning culture was measured using the Clinical Organizational Learning Culture Survey (Henderson et al., 2010).

Results: Student perceptions of organizational learning culture indicate an improvement in the areas of recognition, accomplishment, and influence, with decreases in dissatisfaction following the capacity building program.

Conclusion: These findings suggest that organizational investment in building staff capacity can produce a learning culture that is recognized by students. In order to grow clinical placement opportunities in nursing programs, the aged care sector offers a rich learning experience that is improved when staff capacity to support learning is developed.

MANUSCRIPT

INTRODUCTION

The forecast international nursing shortage has led to significant changes in the delivery of clinical nursing education for pre-service students. The need to educate high numbers of students to ensure an adequate future workforce has led to innovation in nursing curricula. In particular, there is a rise in innovation derived from social theories of learning such as Communities of Practice (Berry, 2011). The increased use of non-hospital settings for student learning, particularly the aged care setting, has been promoted internationally (Robinson, Andrews-Hall, & Fassett, 2007; Chen, Melcher, Witucki, McKibbin, 2002).

In one Australian jurisdiction, a Student Nurse Led Ward (SNLW) model of clinical education was established in residential aged care. While the SNLW model has demonstrated student learning about, and improved attitudes towards, older people (Grealish et al, 2013), educating students for registered nurse practice in a staffing structure dominated by health care assistants requires further investigation.

BACKGROUND

Socio-cultural approaches to workplace learning are emerging as frameworks for understanding the complex relationship between workplace affordances – what experiences the workplace can offer students - and student motivation to learn (Billett 2002). The value of facilitation, to align student expectations with the learning environment through structured and scaffolded learning experiences, is also widely accepted as a requirement for student learning in the workplace (Lambert & Glacken, 2005; Sanderson & Lea, 2012). The affordances offered by the nursing workplace, or learning environment, has been explored in the acute care or hospital context, with few studies examining the aged care context.

In nursing, the learning environment is well established as important for student learning (Chan, 2002; Saarikoski, Isoaho, Leino-Kilpi, & Warne, 2005; Dunn & Hansford, 1997). More recently, organizational learning culture has emerged as a specific concept to ascribe importance to the relationships and emotions that can influence learning, including individuals' feelings of recognition, affiliation, accomplishment, and influence (Henderson et al., 2010a).

In an attempt to increase placements for nursing students, one Australian jurisdiction implemented an innovative clinical education model in three aged care services. The Student Nurse Led Ward (SNLW) model is underpinned by the principles of the Dedicated Education Unit (Edgecombe, 2013). In this model, an on-site nurse educator is appointed as the SNLW facilitator, with the salary partially funded by the university.

One of the central challenges of clinical education for nursing students in the aged care setting is how to learn about registered nurse (RN) role in a setting dominated by health care assistants rather than RNs. While students generally acknowledge that they learn about essential nursing skills including hygiene and communication, they struggle to understand how they can learn about RN work if there are no RNs around to show them (Robinson et al., 2007). While it is acknowledged that health care assistants have a role to play in nursing education (Wright 2006), many of them are not confident in sharing information, subsequently creating tensions between co-workers that can influence opportunities for learning (Robinson et al., 2007; Newton et al, 2011). It is widely acknowledged that the learning context in aged care could be improved (Bernsten & Bjork, 2010; Brownie, 2011; Chenoweth et al., 2010) and that managers need to be actively involved (Chenoweth & Kilstoff, 2002).

In the 18 months of development of the SNLW model of education, the partner university and aged care services had provided guidance to students and staff about learning

opportunities in this setting and had established strong facilitation through the nursing educators. Capacity building sessions, focused on team practices, conducted in the acute hospital setting have been found to support Registered Nurses to engage with nursing students (Henderson et al. 2010b). Using the Henderson et al (2011) framework for clinical learning culture, the partners recognised the need to develop the learning culture, to support staff across the organization to learn how to interact with each other to support continued learning from practice and person-centered improvements in service.

A program of organizational development, led by an external provider was conducted over a six-month period. The development program focused on organization-wide change to establish shared behaviours and interactions that enable resident-focused practice, a key element in establishing an organizational learning culture (Schoonbeek & Henderson, 2011). The organizational change program and its effect on the aged care services were evaluated using a mixed methods design. This report is focused on the students' perceptions of the aged care services as an organizational learning culture before and after the development program.

RESEARCH DESIGN

This study aimed to determine the impact of an extended capacity building program on students' experiences of the organizational learning culture in the aged care setting. The directional hypothesis was that: nursing students will perceive the organizational learning culture more positively when the staff have undertaken a capacity building program.

The capacity building program was conducted over six months and founded on the Facilitating Learning in Practice (FLIP) program (Schoonbeek & Henderson, 2011). The program was adjusted for the aged care context.

In this study, organizational learning culture was operationally defined using the Clinical Organizational Learning Culture Survey (CLOCS) (Henderson et al., 2010a). The CLOCS survey tool was used to measure the learning culture. The CLOCS has been used in a range of settings (Henderson et al. 2013; Walker et al. 2011). The CLOCS requires agreement responses on a five point likert scale for 27 statements. The 27 statements align with the five constructs of organizational learning culture and included some questions on dissatisfaction as outlined in table 1. Six of the statements were negatively framed to reduce response bias.

Table 1. Scales and statements

<p>Accomplishment (n=4)</p> <ul style="list-style-type: none"> I am clear about what is expected of me as a member of the nursing staff I am proud of my work I really believe the value of what I am doing I am able to balance all of the requirements of my role
<p>Affiliation (n=4)</p> <ul style="list-style-type: none"> Staff at my facility strive for excellence We work as a team here The quality of work is important here Nursing staff help each other to get the job done
<p>Recognition (n=10)</p> <ul style="list-style-type: none"> I feel as if I'm listened to here My contribution is recognized I feel that I am important Staff on this ward learn from each other Nursing staff are well supported I am encouraged by my co-workers to do my best work I have a say in what happens here My opinion is valued It is clear that my job is important to the success of the facility My co-workers are supportive of my professional development
<p>Influence (n=3)</p> <ul style="list-style-type: none"> Nurses' views are ignored at this health facility You need to have legitimate power to have any influence around here People don't take advantage of their position in this facility
<p>Dissatisfaction (n=6)</p> <ul style="list-style-type: none"> It is difficult to get help when I require support and advice

We are not rewarded when we do a good job
Staff in the ward are worried about making mistakes
I receive little feedback about what I do
Changing practice in this ward is difficult
There is little or no acknowledgement about the quality of my work

The five constructs in the CLOCS are defined by Henderson et al (2010b, p601) as:

Accomplishment: Degree of self-imposed and organization-level performance and standards

Recognition: Importance and effectiveness of reward/feedback systems operating within the organization

Influence: Effects of competition, influences and conflict present with in the organization

Affiliation: Need and opportunities for interaction within the organization

Dissatisfaction: Overall discontentment with the workplace

The sample in this study was a convenience sample of nursing students in first, second and third year who were on clinical placement in the three residential aged care facilities that had (1) hosted the Student Nurse Led Wards and (2) participated in the organizational development program. Students completed the CLOCS survey following their placement. Different students were placed at the aged care facilities at T0, (prior to the organizational development program) and at T1 (following the organizational development program). Student participant numbers were 17 (of 44 students; 38% response rate) at T0 and 33 (of 72 students; 45% response rate) at T1.

The three aged care facilities where the students were placed all employed a registered nurse who supported the aged care team to provide clinical education in the workplace. The staff member responsible for clinical education assisted student integration into the workplace. These clinical educators were also involved in the FLIP program - facilitating learning in practice. This program conducted by an external facilitator coached staff about improving their communications as a team and with students. The facilitator conducted

activities that encouraged staff to engage in positive behaviours and reduce gossip. The workshops discussed interacting with students and sharing their experiences with students so that students could gain a greater appreciation of care provision in the aged care context.

The CLOCS data was collated and then analysed using IBM SPSS Statistics Version 19. The sample size is small and different students were in the sample at T0 and T1 test time points. This is considered to be a limitation of the study and results should be interpreted cautiously.

The study received approval from the Institutional Human Research Ethics Committees of the lead University and one of the aged care homes. The management or board of the two other aged care homes approved the study. Ethical considerations included protecting the anonymity of research participants and secure storage of the data.

DATA/RESULTS/FINDINGS

The comparison of the perceptions of students, as measured by their response on the CLOCS instrument was undertaken with a t-test. Levene's test of equality of variances was checked. For those scales and items that violated Levene's test (most likely due to non-normality and unequal sample sizes at pre and post) interpretation of the results was done so without assuming equality of variances. Whilst the sample sizes for these t-tests are quite small, the significant differences seen in student responses indicates improvements in students' perceptions of the organizational learning culture following the staff capacity building program.

In Table 2, students in the second group (T1) rated the organizational learning culture constructs of recognition, accomplishment and influence, much higher than those in the first

group (T0). There was also significant decrease in reported dissatisfaction. Interestingly, there was no significant difference in the construct of affiliation.

Table 2. Significant T-test results for key constructs within CLOCS.

Construct	Group 1 (T0) (n=17)	Group 2 (T1) (n=33)	p value
Recognition	3.3	3.7	.003
Accomplishment	3.9	4.3	.011
Dissatisfaction	3.0	2.5	.014
Influence	3.0	3.4	.022

Table 3 lists the specific statements that had significant improvement. Of note, students in Group 2 ranked ‘feeling valued by the team’, ‘clear on what was required’ and ‘encouraged to perform well’ more highly than the first group. The second group also reported less difficulty with getting help when it was required and reported feeling rewarded more than the first (pre-intervention) group.

Table 3. Significant T-test results for key constructs for specific CLOCS statements.

Statement	Group 1 (T0) (n=17)	Group 2 (T1) (n=33)	p value
My co-workers are supportive of my professional development	3.8	4.4	.005
I am encouraged by my co-workers to do my best work	4.0	4.6	.007
I feel that I am important	3.5	4.1	.009
I am clear about what is expected of me as a member of the nursing staff	3.7	4.3	.022
Nursing staff are well supported	3.6	4.1	.023
My contribution is recognised	3.4	4.0	.028

It is difficult to get help when I require support and advice	2.7	2.0	.030
People don't take advantage of their position in this facility	2.3	2.9	.035
Staff on this ward learn from each other	3.7	4.3	.043
We are not rewarded when we do a good job	3.1	2.4	.018

DISCUSSION

This study aimed to determine the impact of an extended capacity building program on students' experiences of the organizational learning culture in the aged care setting, hypothesizing that nursing students would have a more positive perception of the organizational learning culture in aged care when staff had undertaken an extended capacity building program. While the student numbers were small, there were significant differences in four of the five constructs of an organizational learning environment: recognition, accomplishment, influence and dissatisfaction.

Students in the post-program group reported higher levels of recognition, specifically in regard to recognition of their contribution, feelings of importance and focused on doing their best work, learning from each other, and support from co-workers. This was arguably as a result of the improved communication and clarity between team members as they interacted with each other and the students. In regard to accomplishment, students in the post-program group appeared to have more clarity about their expectations in aged care but there was no difference from Group 1 in 'valuing of their contribution to the team'. In regard to influence, the post-program students noted that people were not taking advantage of their position, indicating that a sense of sharing and reduced gossiping helped the development of team work.

The program appeared to have a positive effect on the team's willingness to support student learning as post-program students reported less difficulty getting support and advice when needed. Workplace affordances are a key element in student learning while on work placements (Billett, 2002). Staff engagement of students in their work practices in ways that align students' learning interests with practice opportunities is widely accepted as a requirement for workplace learning (Lambert & Glacken, 2005; Sanderson & Lea, 2012). In this study, the ability of the staff team to engage students appears to have improved following the capacity building program.

While there were some improvements in the key organizational learning culture constructs, the lack of difference in the area of affiliation is of interest. Affiliation is defined as the need and opportunities for interaction in the organization. Students in this study may not see themselves as part of the learning organization, possibly due to the short placement period, and therefore may not feel the need to participate more fully as part of the organization.

Students' experience of the residential aged care services as learning cultures indicate an environment that became more welcoming, increasingly valued their work, provided clear direction on what was required, and provided support for their learning. The investment by the aged care services in the staff capacity building program had positive influence on students' experiences, indicating the alignment between the concepts of organizational culture and student workplace learning environment. The significant differences in students' reported experiences demonstrate that investment in a social education program, in the aged care sector, can deliver an organizational learning culture that provides meaningful learning for students.

In terms of educational theory, the relationship between organizational learning culture and individual experiences of the workplace can be influenced through continuing education that is focused on relationships and emotions, key elements of complex networked

workplace communities (Schoonbeek & Henderson, 2011). Further research into the secondary effects of capacity building programs in the aged care sector on student learning is required.

Socio-cultural learning theories provide a framework for innovation in continuing education for staff in aged care and health services. Genuine changes in organizational culture are possible through education that is focused on the social experience of work and the meaning of that experience for residents and staff. This initial study demonstrates that investment in organizational culture in the aged care context can improve the clinical learning environment for nursing students. Constructive environments assist students to learn about the valuable elements of care provision in aged care settings. Increasing access to high quality aged care experiences for nursing students is becoming more important as the population ages and the need for graduates with experience in caring for older people becomes critical.

CONCLUSIONS

The aged care setting is increasingly viewed as a viable area for nursing student work experience. However, there continues to be a dominant view amongst nursing students that there is little to learn in a health setting dominated by aged care workers with few RN role models. In this study, a modest investment in a capacity building program for staff, aimed at improving organizational learning culture had a positive influence on nursing students' perceptions of aged care as a learning culture. While the numbers are small in this study, there is evidence to suggest that organizational investment in building staff capacity in relation to the emotional aspects of teamwork can contribute to a learning culture.

Conflict of interest

The authors of this manuscript declare no conflict of interest.

REFERENCES

- Berntsen, K., and Bjork, I.T. (2010) Nursing students' perceptions of the clinical learning environment in nursing homes. *Journal of Nursing Education* 49(1), 17-22.
- Berry, L. (2011). Creating community: strengthening education and practice partnerships through communities of practice. *International Journal of Nursing Education Scholarship* 1(1), article 9.
- Billett, S. (2002) Toward a workplace pedagogy: guidance, participation, and engagement. *Adult Education Quarterly* 53(1), 27-43.
- Brownie, S. (2011) A culture change in aged care: the Eden Alternative™. *Australian Journal of Advanced Nursing* 29(1), 63-68.
- Chan, D. (2002). Development of the Clinical Learning Environment Inventory: using the theoretical framework of learning environment studies to assess nursing students' perceptions of the hospital as a learning environment. *Journal of Nursing Education* 41(2), 69-75.
- Chen, S., Melcher, P., Witucki, J., and McKibben, A. (2002). Nursing home use for clinical rotations: taking a second look. *Nursing and Health Sciences* 4(3), 131-137.
- Chenoweth, L., Jeon, Y., Merlyn, T., and Brodaty, H. (2010) A systematic review of what factors attract and retain nurses in aged and dementia care. *Journal of Clinical Nursing* 19, 156-167.
- Chenoweth, L. and Kilstoff, K. (2002) Organizational and structural reform in aged care organizations: empowerment towards a change process. *Journal of Nursing Management* 10, 235-244.
- Dunn, S.V., Hansford, B. (1997). Undergraduate nursing students' perceptions of their clinical learning environment. *Journal of Advanced Nursing* 25(6), 1299-1306.
- Edgecombe, K. (2013). Dedicated Education Units in nursing: the concept. In K. Edgecombe & M. Bowden (Eds) *Clinical Learning and Teaching Innovations in Nursing: Dedicated Education Units Building a Better Future*. Springer: London, 27-44.
- Grealish L., Lucas, N., Neill, J, McQuellin, C., Bacon, R., Trede, F., 2013. Promoting student learning and increasing organizational capacity to host students in residential aged care: a mixed methods research study. *Nurse Education Today* 33, 714-719.
- Henderson, A., Briggs, J., Schoonbeek, S., Paterson, K., 2011. A framework to develop a clinical learning culture in health facilities: ideas from the literature. *International Nursing Review* 58(2), 196-202.
- Henderson, A., Burmeister, L., Schoonbeek, S., Ossenber, C., and Gneilding, J. (2013) Impact of engaging middle management in practice interventions on staff support and learning culture: a quasi-experimental design. *Journal of Nursing Management*. DOI: 10.1111/jonm.12090

- Henderson, A., Creedy, D., Boorman, R., Cooke, M., Walker, R. (2010b) Development and psychometric testing of the Clinical Learning Organizational Culture Survey (CLOCS). *Nurse Education Today* 30, 598-602.
- Henderson, A., Twentyman, M., Eaton, E., Creedy, D., Stapleton, P., and Lloyd, B. (2010a) Creating supportive clinical learning environments: an intervention study. *Journal of Clinical Nursing* 19, 177-182. doi: 10.1111/j.1365-2702.2009.02841.x
- Lambert, V., Glacken, M. (2005). Clinical education facilitators: a literature review. *Journal of Clinical Nursing* 14(6), 664-673.
- Newton, J.M., Cross, W., White, K., Ockerby, C., Billett, S. (2011). Outcomes of a clinical partnership model for undergraduate nursing students. *Contemporary Nurse* 39(1), 119-127.
- Saarikoski, M., Isoaho, H., Leino-Kilpi, H, and Warne, T. (2005). Validation of the clinical learning environment and supervision scale. *International Journal of Nursing Education Scholarship* 2(1), Article 9.
- Sanderson, H., Lea, J. (2012) Implementation of the Clinical Facilitation model within an Australian rural setting: the role of the Clinical Facilitator. *Nurse Education in Practice* 12(6), 333-339.
- Schoonbeek, A., Henderson, A. (2011) Shifting workplace behavior to inspire learning: A journey to building a learning culture. *The Journal of Continuing Education in Nursing* 42(1), 43-48.
- Robinson, A., Andrews-Hall, S., and Fassett, M. (2007) Living on the edge: issues that undermine the capacity of residential aged care providers to support student nurses on clinical placement. *Australian Health Review* 31(3), 368-378.
- Walker, R., Henderson, A., Cooke, M., Creedy, D. (2011) Impact of a learning circle intervention across academic and service contexts on developing a learning culture. *Nurse Education Today* 31, 378-382. doi:10.1016/j.nedt.2010.07.010
- Wright, K. (2006). The role of health care assistants in supporting student nurses. *Nursing & Residential Care*, 8(1), 35-36.