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**A framework to guide the creation of a culture that encourages
continuous clinical learning in health facilities**

Background: Internationally, there is an increase in demand to educate nurses within the clinical practice environment. Clinical practice settings that encourage teaching and learning during episodes of care delivery can be powerful in educating both the existing nursing workforce and nursing students.

Aim: This paper presents a framework, informed by the literature, that identifies the key factors that are needed to encourage the interactions fundamental to learning in clinical practice.

Key concepts: Learning occurs when nurses demonstrate good practice, share their knowledge through conversations and discussions, and also provide feedback to learners, such as students and novices. These types of interactions occur when positive *leadership* practices encourage trust and openness between staff; when the *management* team provides sessions for staff to learn how to interact with learners; and also when *partnerships* provide support and guidance around learning in the workplace.

Application of concepts: This framework presents how the concepts of *leadership*, *management* and *partnership*, interact to create and sustain learning environments. The feedback from proposed measurement tools can provide valuable information about positive and negative aspects of these concepts in the clinical learning environment. Analysis of the subscales can assist in identifying appropriate recommended strategies, outlined in the framework to guide nurses in improving the recognised deficits in the relationship between the concepts.

Conclusion: Diagnostic measurement tools can provide specific information that can assist in identifying the weakest link in the interactions around *leadership, management* and *partnership* when creating and sustaining positive learning environments.

Introduction

The quality and safety of health care is a global concern. These considerations are dependent on proficient staff and adequate resources being available within clinical areas. Further to this, quality and safe health care relies on the effective educational preparation of nurses. In particular, consideration needs to be given to creating clinical contexts where students learn to integrate their theoretical knowledge with practice, and nurses are assisted to keep abreast of health care knowledge. Clinical settings that encourage staff and students to learn through applying and reflecting on their knowledge and practice can assist experienced nurses to question and explore their own practices (Crotty 2010). Students and novice staff also learn through observation of behaviours and practices. The practices of nursing staff are important in role-modelling attitudes and behaviours (Brammer 2006; Dickson, Walker, Bourgeois 2006, Eaton, Henderson & Winch 2007, Henderson *et al.* 2010). Therefore the community of nurses with which students and novice staff engage in the clinical setting directly influences how students and novices perform their practice, make sense of their knowledge and contribute to safe and contemporary care (Egan & Jaye 2009).

In this paper we present a framework that identifies the key components of positive learning environments. The framework outlines how these components influence each other and can be measured to determine the existing strengths and weaknesses that support learning in any current clinical environment. The measurement of these components using validated tools can provide specific information to educators and managers about the degree to which the characteristics that support learning are present in the clinical context. The framework identifies interventions that staff in clinical settings can use to build capacity in those attributes identified by the measurement tools

as requiring further development [refer to Appendix 1]. The implementation and evaluation of targeted strategies based on the feedback from the measures can then assist the continuation of quality learning environments.

Positive learning environments are created through: Good *leadership* practices where staff openly verbalise situations and feel that they can trust each other (Paterson et al. 2010); Effective *management* strategies, in particular, the opportunity to attend sessions about how to facilitate learning in others, feedback and support when undertaking this role (Yonge, Krahn, Trojan, Reid, Hasse 2002; Henderson, Fox, Malko-Nyhan 2006), and appropriate rostering and staff allocation so that staff are provided with the necessary opportunities to interact with students and new staff (Yonge *et al.* 2002, Billett 2003, Eaton & Henderson 2010); and *partnerships* with educational providers so that staff have readily accessible opportunities for their own learning and also the opportunity to foster the learning of students. Interacting with students and novices assists experienced staff to reflect and explore their own practices (Grindel, Patsdaughter, Medici, Babington 2003). From our experience in effective learning environments these concepts interrelate. For example, leadership principles influence the practices and behaviour of management teams. Furthermore, strategic partnerships can directly affect the attitudes of leaders, and also assist in the implementation of management practices designed to facilitate learning.

Leadership

Organisations by their very nature do not readily encourage new learning. Staff largely rely on established systems to perform their jobs with minimal resistance and stress (Goleman, Boyatzis & McKee 2002). In particular, nursing practice in health facilities has a strong history of being task focused (Menzies 1960; Walsh & Ford 1984; Melia 1987; Pearcey 2007). Interactions with patients and other health professionals that are based on the performance of tasks make a significant impact on the culture of the learning environment. Subsequently, a culture is developed that prioritises the tasks that are perceived to be important. At times this focus can result in the exclusion of other patient care activities that are possibly just as important. Leadership is important in

reconfiguring practices and activities in environments to encourage new ways of practice and ultimately, new learning (Cook & Leathard 2004).

Nurse leaders are influential in developing the desired attributes of their staff to create learning environments. It is important that leaders role-model desired behaviours as they directly influence the norms that are established in their work units (Davidson, Elliott & Daly 2006). The norms and practices within clinical environments affect how nurses interact with each other and how they approach their nursing care. Nurse leaders need to understand the characteristics of quality learning environments so that they can encourage the behaviours commensurate with environments where staff embrace opportunities to teach and learn.

Nursing contexts that encourage staff to learn are characterised by a range of behaviours. These include demonstration of professional expert knowledge and evidence of proficiency in providing care (Benner, Sutphen, Leonard & Day 2010), assisting staff to integrate with the team with whom they are working and rewarding them appropriately for their efforts (Henderson, Fox & Malko-Nyhan 2006; Duddle & Boughton 2007); and creating situations where staff feel comfortable sharing their ideas, thoughts, and reflections (National Institute of Clinical Studies 2003, Senge 2006).

Nurse leaders have a responsibility to promote nurses' comfort with their team to share ideas, assist with their inclusion in ward based activities, and seek assistance in developing mastery of nursing practices (Senge 2006). These behaviours rely on open communication, trust and self respect between the team members (Davidson, Elliott & Daly 2006). They need to be modelled by leaders, and positively reinforced by all team members so that they are sustained.

The *Clinical Learning Organisational Culture Survey* (CLOCS) is the tool proposed in the framework that measures the strength of the attributes recognised as important for quality learning environments. It measures four concepts, with reasonable internal reliability, recognised as important in learning environments, namely, *recognition*

$\alpha=.916$, that refers to the importance and effectiveness of reward/feedback systems operating within the organisation, *affiliation* $\alpha=.801$, that refers to the need and opportunities for interaction within the organisation, *accomplishment* , $\alpha=.664$ that refers to the degree of self-imposed and organisation-level performance standards, *influence* $\alpha=.529$, that refers to the effects of power and competition within the organisation. In addition, a general indication of discontent with the workplace is made evident through measuring *dissatisfaction* $\alpha=.771$ (Henderson et al. *in press*). These subscales are recognised as important concepts for nurses learning in a practice based situation. In particular, the literature repeatedly identifies nurses need for affiliation and recognition in the work context (Duddle & Boughton 2007; Levett-Jones & Lathlean 2009).

The results from the separate subscales provide detailed information for leaders about the specific areas that need development in their local units. Preliminary work has indicated that activities in developing effective partnerships, such as learning circles, where staff from across industry and academic settings communicate with each other about their needs and priorities can have an impact on the learning culture (Creedy & Henderson 2009).

Management

In practice, leadership and management are intertwined (Marquis & Huston 2008). The leadership team needs to acknowledge and demonstrate those practices that value learning. The actions of the management team are pivotal in embedding the practices that leaders value. The manner in which nurses interact with others while they attend to their workload is instrumental in establishing interactions and behaviours that facilitate learning in the clinical context. The management team needs to support successful behaviours and interactions of the clinicians who deliver direct patient care to ensure learning is occurring at the bedside (Henderson *in press*). Staff need to be supported within the clinical setting so that they are adequately prepared to interact with others (Yonge *et al.* 2002; Henderson, Fox, Malko-Nyhan 2006). Once they have the necessary preparation staff initially need to be guided and given adequate time to engage with

students and novices (Billett 2003). The nursing team with whom they work directly influence their ability to engage with learner.

The everyday or routine situations, where staff interact with each other and students, is largely where learning occurs in clinical settings. Students and novices learn through observation of and participation with good role-models, conversations with staff willing to share their knowledge and experiences, and feedback from the team with whom they work closely (Spouse 1998; Egan & Jay 2009). The practices inherent in clinical contexts ideally foster learning through ensuring that staff are knowledgeable about how to teach and facilitate learning regardless of whether the learner is a student or novice. Preparation of staff is most commonly achieved through workshops, however organisational structures need to be in place for staff to utilise the knowledge acquired in the workshops. Subsequent to workshops staff need opportunities to practice teaching others during the provision of care, and the team needs to encourage and provide feedback in these situations (Henderson, Fox, Malko-Nyhan 2006). The difficulty is that workloads for clinical staff are generally heavy (Rodger, Webb, Devitt, Gilbert, Wrightson, McMeeken 2008). Nurses feel that they do not have sufficient time to interact with students when patients are in need of their attention. However, staff can be taught to ask students open-ended questions during their normal practice (Eaton, Henderson & Winch 2007). Asking questions can encourage students to think about situations and reflect on the patient care that they are observing or assisting without excessive demands on nurses' time (Orland-Barack & Wilhelm 2005; Henderson et al. *in press*). These practices that directly contribute to learning and teaching within the clinical setting need to be recognised as important by the management team so that the clinical setting can be appropriately organised. Practices include, for example, rostering and allocation of staff where novices are either partnered or co-located with an experienced member of staff, delegation of a suitable workload so that the experienced staff can discuss situations with the learner when attending to patient care, recognition that learning occurs through dialogue and therefore easy access to time and space for conversations about care delivery.

The leadership team needs to foster those elements of the culture that support teaching and learning practice. The *Support Instrument for Nurses Teaching Roles* (SINTR) tool measures those factors, which have been identified as necessary if staff are to effectively teach others in the workplace. Through the following subscales workload, preparation, teamwork, and culture it measures staff perception of support for teaching. These subscales are an indication of the degree to which staff feel supported by the team that works with them on the unit, kept informed about unit situations, acknowledged by their leaders, prepared for their teaching role and interactions with students and novices, and also ascertains whether their workloads are modified according to the demands of the shift (Eaton & Henderson 2010).

Feedback around whether these requirements have been met within clinical units can inform managers about future actions that need to be taken. The tool and its subscales can differentiate for managers the specific areas of need for a clinical area. The range of initiatives listed under the heading 'management strategies' directly address the areas as measured on the SINTR tool. The strategies listed are informed by the imperatives that dominate the literature around supporting learning in the workplace. They include the preparation of staff to facilitate the learning of others, planning and appropriate delegation of workloads, teamwork that includes opportunities for staff to receive feedback, and a culture that recognises the importance of teaching. These characteristics are subscales measured in the SINTR Tool. Improvements in supporting learning can be assisted through engagement of a facilitator to assist staff in their teaching practices which has shown to directly contribute to students learning experiences (Henderson et al. 2010).

Ward based organizational behaviours and routines are instrumental in embedding practices whereby nurses are encouraged and facilitated to offer guidance, support and feedback to learners. All staff can take the lead in assisting learners to integrate with the team if provided with the necessary support through good management structures and processes.

Partnership

Partnerships between health care facilities and tertiary institutions can provide direct learning opportunities for staff and students. The contribution and effectiveness of learning, regardless of whether it is staff or students, is dependant on robust partnerships between education providers and health services (English National Board for Nursing, Midwifery and Health Nursing 2001). Effective partnerships and collaborations are dependant on good communication and collaboration between parties. Each party also needs to be able to contribute to meeting the needs of the other party. Clear delineation of roles and responsibilities is essential to ensure good working relationships between partnerships (Henderson, Twentyman & Heel 2007).

Learning for experienced staff members is through relevant education programs provided by educational institutions that offer opportunities to extend their knowledge, together with opportunities to engage with students and novices, that ultimately strengthen the knowledge base of the experienced staff member. In both these situations good communication is important for building trust, sustainability and contributing to the effectiveness of the learning from the partnership. In relation to the supervision of students, nursing staff are more likely to be responsive and desire to collaborate with educational partners to assist students when effectively guided about what is needed for learning to occur. Partnerships in the clinical area between staff and learner can be guided through simple communication and feedback tools such as clinical portfolios (Cooke *et al.* 2009).

In the framework, feedback about the student's learning experiences is proposed through the *Student Clinical Learning Culture Survey (SCLCS)* (Henderson *et al. in press*). This tool measures student perception of inclusion and integration in the clinical learning environment, their motivation and attitude toward the learning opportunities with which they are presented, and their overall satisfaction and dissatisfaction with the learning environment. Feedback from this tool can inform all parties about the level of the learner's engagement with the organisation and their preparedness and motivation to

utilise learning opportunities offered by the clinical learning environment. This feedback identifies areas that can be improved to assist learning in clinical setting, across all elements of the partnership, namely from the perspective of the individual, the clinical unit and the educational partner.

The information gained can assist managers to recognise the learning needs of their staff in clinical areas, for example, if staff do not readily engage with students and novices, the management team can be prompted to explore educational programs that may assist with developing staff to teach. The motivation of staff to engage in learning is also important as the number and level of education qualifications that staff possess are an important indicator of the quality of practice. Continuous growth in the education of nursing staff is a requirement for magnet re-accreditation (American Nurses Credentialing Center 2008).

Furthermore, dialogue is needed between clinical settings and educational organisations if staff and students are unable to effectively draw on the learning opportunities available to them. Appropriate structures and processes should be in place to enable the continuous communication and collaboration needed for both the tertiary and clinical partners to address learning needs of staff and students, monitor outcomes, and engage in dialogue about how they can effectively address the learning issues that emerge.

Summary

Learning in practice is reliant on good partnerships with academic institutions and health service organisations to ensure that dialogue about what contributes to learning in practice is occurring at all leadership levels. Leadership that supports learning is therefore encouraged. Leadership teams can then play an active role in gaining support through partnerships to assist the managers of units so that they can implement the recommended practices to promote workplace learning.

This framework provides guidance for establishing and sustaining positive clinical learning environments. It helps to guide staff in clinical contexts that aspire to creating and maintaining positive learning environments. This is achieved through:

1. Recognition of the complexity and relationship of factors that impact on learning environments.
2. Ability to identify and source the relevant assistance of leaders, managers and partners to work towards the creation of a learning environment.
3. Assessment of the clinical unit through measuring for each component that should be present in a quality clinical learning environment;
4. Analysing the results from each measurement tool to identify positive and negative aspects of their clinical area;
5. Drawing on recommended strategies [presented in the framework] to guide nurses in improving the identified deficits in the learning situation.

Staff in clinical areas can utilise feedback from the proposed assessment and tools, and then plan, implement and review the relevant interventions that can assist them to provide quality learning opportunities for students and novice staff members.

Conclusion

Creating and sustaining quality learning environments is imperative if nurses are to ensure the delivery of contemporary and safe health care. A range of factors need to be addressed by leaders and managers, and furthermore good partnerships developed to create learning environments. Clinical settings where staff routinely partner with each other and students to demonstrate and role-model, encourage conversations about nursing practice, and provide constructive feedback to their peers contribute to the professional development and clinical learning of the nursing team as well as students who become part of the nursing team at different periods during their clinical placements. Creating and sustaining the environment within which these practices can flourish requires a co-ordinated, multi-pronged approach. The framework can be used by organisations to improve the quality of learning environments within their clinical areas through the

collection and analysis of relevant information and implementation of a suite of initiatives that assist leaders and managers to negotiate the complex web of factors that contribute to the creation of quality and safe learning environments.

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FRAMEWORK FOR ENHANCING CLINICAL LEARNING FOR NURSES & MIDWIVES

Leaders & Managers.....
 Do you want to reignite learning in your practice setting?

Clinical Leadership & Learning Culture

Clinical Teaching & Learning Support

Partnerships:
Collaboration between Health facilities & Universities

WHERE ARE YOU NOW?
Ascertain current attributes of your setting

Diagnostic Tools

Clinical Learning Organisational Culture Survey (CLOCS)
Measure beliefs and assumptions about learning that predominate in practice settings

Support Instrument for Nurses' Teaching Roles (SINTR) Tool
Measures practicing nurses' perceptions of the level of support they receive to perform their teaching role within the direct clinical care environment

Student Clinical Learning Culture Survey (SCLCS)
Measures students and staff perceptions of the learning environment, their motivation to learn is practice + satisfaction + dissatisfaction

Information from the surveys can assist you in Identifying Gaps in your learning settings

Building a climate of trust and respect
 Combat negative behaviours
 Optimising the contribution of your team

Workshops to Foster Learning in Practice
 Managing Workload through effective Rostering / Allocation
 Recognising the contribution of the Team

Ease of Access to Programs / Learning
 Support to Supervise / Teach
 Establishment of Communication

Enabling Strategies

The Gaps will assist you in targeting Specific "Enabling Strategies"

Measure again To monitor success of interventions

QUALITY PATIENT CARE