A Substantive Theory about Learning in Practice

From the field of student nurses' clinical learning in a hospital unit

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ABSTRACT

Background: When the Danish nursing training became a Bachelor's Degree in 2002, the clinical element of the course was reduced, so it was necessary to optimize learning in practice.

Purpose: As a consequence, I conducted a qualitative investigation about student nurses' learning processes during their clinical placement in a psychiatric hospital unit. The study describes and explains student nurses' learning processes in non-routine situations where they interact with psychiatric patients. The aim was to understand the characteristics of these learning processes.

Methodology: An explorative and qualitative descriptive approach was chosen.

The theoretical conceptual framework primarily consists of Jarvis' concept of disjuncture and Heller's theory of everyday life.

Data was collected from qualitative, semi-structured interviews with, observations of, and "obser-views"[1] with a volunteer sample of 11 students doing their psychiatric placement on 11 wards. The empirical material comprises over 1,000 transcribed pages.

Qualitative content analysis was used.

Findings: *Firstly*, the analysis of data and theory resulted in extension of Jarvis' concept of disjuncture in a concept named "collective not-conscious disjuncture"[2]. *Secondly*, a consequence of the analysis was development of my concept of "pseudo-everyday life activities"[3]. *Finally*, and also based on the analysis of data and theory, I created a categorization model for, and a theory about, student nurses' learning processes.

Conclusions: Students and their mentors are unaware that the former are in potential learning situations when they interact on their own with patients, and also that it is non-routine for students to interact with patients in pseudo-everyday life activities. In summary, it may be possible to optimize learning in practice if not-conscious learning opportunities are made conscious.

Keywords

clinical learning, development of professionalism, learning processes, nursing education, psychiatry

[1] "Obser-view" is understood to mean a dialogue between student and researcher, in which they reflect on experiences they have had together during an observation

[2] "Collective not-conscious disjuncture" is understood to mean a potential learning situation, where neither student nor his or her mentor is aware, that the student is in a non-routine situation

[3] "Pseudo-everyday life activities" is understood to mean activities which look like everyday life activities, but are not, because of their psychiatric context

INTRODUCTION

In this paper I present some aspects of my research project on nursing education, to the Bachelor's Degree level (Kragelund 2006). It is a qualitative investigation of student nurses' learning processes during their clinical placement in a psychiatric hospital unit.

One result of the investigation is a theory about student nurses' learning processes in non-routine situations, where they interact with psychiatric patients.

In this paper I primarily present a part of the theory I have developed: a categorization model for student nurses' learning processes in interaction with psychiatric patients (figure 1).

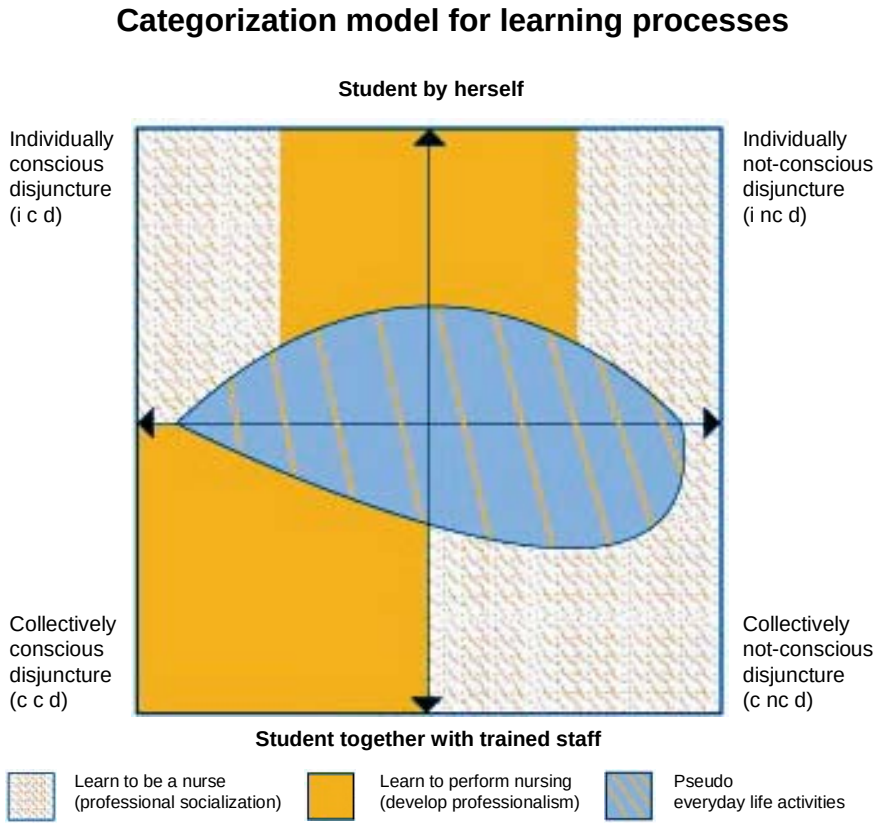

Figure 1: Categorization model for learning processes

Field of research

The project took place in a Danish psychiatric county hospital. This hospital is typical in Denmark. It has 125 beds for patients with all kinds of psychiatric illnesses', and the hospital has a number of outpatients.

The hospital is organized in wards with 7 to 14 beds, and all patients have their own room and toilet. Each ward has a dayroom, a dining room and a kitchen. The hospital has different sites in the county.

Many different groups of professionals are working to take care of the patients - e.g. nurses, nursing assistants, psychiatrists, psychologists, social workers and occupational therapists. About 460 people are working at the hospital.

The hospital wards are learning and education arenas for different kinds of students, e.g. student nurses (Roskilde Amtssygehus Fjorden, year unknown) .

KEY MESSAGES

The key messages in relation to the findings in the project is that:

- Students and their mentors are unaware that the former are in potential learning situations when they interact with patients on their own - that they are in non-routine situations

- Students and their mentors are unaware that it is non-routine for students to interact with patients in everyday life activities - and that such activities are potential learning possibilities
- It may be possible to optimize learning in practice if not-conscious learning opportunities are made conscious.

I will get back to this, but first some words about the methodical issues in the project.

METHODICAL ISSUES

The project is based on empirical studies of student nurses in interaction with psychiatric patients and on theory.

The empirical material consists of

- 33 interviews with 11 students. Each interview lasting between 1½ and 2½ hours. The transcriptions make a total of 700 standard pages[4]
- 28 days of observation with 11 students, each day lasting between 1 hour and 8 hours, a total of 145 hours of observation. The transcriptions make a total of 190 standard pages
- 15 obser-views with 9 students, each obser-view lasting between 1 and 2 hours. The transcriptions make a total of 120 standard pages.

All together it is more than 1,000 standard pages.

The unit of analysis (cases) in relation to the empirical material has been non-routine situations where students had a possibility to get experience, in interactions with psychiatric patients.

The theoretical frame consists of Peter Jarvis' learning concept of disjuncture and of aspects of Agnes Heller's theory of everyday life, Thomas Leithäuser's theory of everyday consciousness, Erving Goffmann's theory of total institutions and Hildegard E. Peplau's theory of psychodynamic nursing.

Theoretically, the key-concept is disjuncture, and I present a further development of Jarvis's concept.

However, in this paper I only write about disjuncture and pseudo-everyday life activities, which is my concept, but based on Heller's theory of everyday life.

DISJUNCTURE

In short, Jarvis defines disjuncture as social situations, in which there is a gap or disharmony between a person's biography and the actual social situation she is in (e.g. Jarvis, 2005).

Such situations are non-routine. An assumption is that they are potential learning opportunities. I will give an example:

Student nurse Cecilie did her clinical placement in an open psychiatric ward for adults. One afternoon Cecilie and some patients sat in the garden. The patient Cecilie was talking with started to talk about her personal problems[5]. Cecilie did not know how to stop the patient. There was a gap between her experience in setting limits for patients and the social situation she was in. It was a potential learning situation for her. After the interaction Cecilie said to me:

> "Let me tell you, how you learn psychiatric nursing. It is when you interact with patients and during the interaction you think about how to act, and afterwards you continue the reflection. I sat thinking about how to stop the patient talking about her personal problems, when the other patients were there too. How do you set limits for patients? I didn't do it properly, even though I tried" (Cecilie in Kragelund, 2006).

When I read what Jarvis has written about disjuncture, I identified three different kinds (figure 1).

1. Disjuncture can be obvious for the person herself. This I have named *individually conscious disjuncture* (figure 1 - the upper square to the left).
In my project, it characterizes situations, where students were aware that they were in a non-routine situation.

[4] One page includes 2,400 units

[5] An unspoken rule in Danish psychiatric nursing is, that professionals do not talk with patients in public about their personal problems

2. There are situations, where a person might need another person to help her to transform a taken-for-granted situation to disjuncture. This means transforming routine to non-routine, or harmony to disharmony. In such situations, disjuncture is not obvious to the person herself.
In my project, such situations occurred when students did not recognize that they were in a non-routine situation. They needed e.g. a facilitator to help them gain awareness of it. I call this type of potential learning situations *individually not-conscious disjuncture* (figure 1 - the upper square to the right).

3. There are situations, where disjuncture is obvious to both the person herself and to people in her surroundings. Those kinds of situations I have called *collective conscious disjuncture*[6] (figure 1 - the lower square to the left).
In my project, they occurred in situations where both students and their mentors were aware, that the student was in a non-routine situation.

The 4th type of disjuncture is my further development of Jarvis's concept.
My empirical material showed situations, where neither students nor their mentors were aware that the student was in a non-routine situation. It was often situations that were routine for the mentors. And it was situations, where the mentors no longer asked questions about their way of acting in relation to the patients or in relation to the attitudes behind the actions. I assume, this is one of the reasons, why such situations were not seen as potential learning-possibilities for students.

These types of situations I categorized as *collective not-conscious disjuncture*[7] (figure 1 - the lower square to the right).

CONTENT OF LEARNING PROCESSES

It was also possible to categorize the unit of analysis in relation to the overall content of the learning processes. I identified three main categories of content (figure 1).

The first category I named *professional socialization* - or in other words: *learn how to be a psychiatric nurse* (figure 1 - the squares with "waves").
When I analyzed the objectives of the students' clinical placement in a psychiatric hospital unit, I found that they contained almost nothing about professional socialization, about values and attitudes in the field of psychiatry including attitudes towards patients. Such objectives were hidden or unwritten.
Analyzing the unit of analysis, I found that in situations characterized by collective not-conscious disjuncture, there are unexploited learning possibilities in relation to learning about attitudes and values in interaction with psychiatric patients.

The second category of content I named *professionalism* - or in other words: *learn how to perform psychiatric nursing* (figure 1 - the dark squares).
When I analyzed the objectives of the students' clinical placement, I realized that such objectives were explicit and written down.
These types of learning processes could often be categorized as collective conscious disjuncture - both students and their mentors were aware that the student was in a non-routine situation. In those situations, students often had the possibility of learning through interaction with patients.

The third element of content in the learning processes I have called *pseudo-everyday life activities* (figure 1 - the dark square with stripes). These activities look like everyday life activities, but are not, because of their psychiatric context.
Everyday life activities are all the activities we do in a taken-for-granted manner. They are based on everyday knowledge, which is pragmatic, and they are actions that we think and know will work in specific situations, because they have done so in similar situations. Examples of everyday life activities are dressing, eating and shopping (Heller, 1970/1984; Heller, 1985).
My empirical material showed that students often got tasks in relation to everyday life activities alone with patients, because both students and their mentors thought that these kinds of activities were routine for the students - but they were not. The students' everyday life knowledge was not enough to act in them. The situations were pseudo-everyday life activities.
In such situations, students often had the possibility to learn both to perform psychiatric nursing and to be professionally socialized - but often it was also situations that I could categorize as collective not-conscious disjuncture. And the empirical material showed that there are unexploited learning potentials in pseudo-everyday life activities.

A SUBSTANTIAL THEORY

[6] Collectively conscious disjuncture is by definition also individually conscious

[7] Collectively not-conscious disjuncture is by definition also individually not-conscious

At this stage of the research process I got the ambition to develop the categorization model into a substantial theory about student nurses' learning processes in interaction with psychiatric patients. And so I did.

The theory consists of

- four types of disjuncture
- transformation from one type of disjuncture to another
- factors that provoke transformation from one type of disjuncture to another
- the overall elements of content in the learning processes
- connections between disjuncture, transformation, factors that provoke transformation and content of the learning processes.

Factors that provoke transformation from one type of disjuncture to another are

1. Hot actions.

   Hot actions are actions which involve human interaction - here interaction between a student and a patient. In hot actions people are forced to develop routines to be able to handle the situations and to carry out the act. Hot actions have to be fast, which mean, that the person who is acting does not have much time for reflection-in-action (Eraut, 1994).

2. Facilitators.

   A facilitator is a teacher, e.g. a mentor, who assists the student in her learning process without being the provider of information or the demonstrator of skills; one who creates opportunity to learn (Jarvis, 1999).

3. The student's learning strategies - mutual and one-sided.

   Learning strategies are the practices and methods students are using, more or less consciously, to reach the aims for the clinical placement in a psychiatric hospital unit.

   A learning strategy that implies a sparring partner and an interaction with the mentor, is called mutual. A learning strategy which implies neither a sparring partner nor an interaction with the mentor, is named one-sided.

4. The mentor's teaching strategies - mutual and one-sided.

   Teaching strategies are the practices and methods the mentors are using, more or less consciously, to pass on knowledge, skills and attitudes to the students to help them to develop professionalism (learn to perform psychiatric nursing) and to be professionally socialized (learn to be a psychiatric nurse).

   When a teaching strategy implies a sparring partner and an interaction with the student, it is called mutual. A teaching strategy which does not implies a sparring partner or an interaction with the student, is named one-sided.

5. Reflection.

   In this context reflection means a process of thinking, which takes place before, in or after an action (Jarvis, 1987a) - here a students interaction with a patient. Reflection can be of a cursory and superficial nature or deep, searching and profound (Jarvis 1987b).

Until now I have written about disjuncture and the elements of content. In this paper I do not write anything about the other elements, but I will use a unit of analysis (case) to illustrate the theory (figure 2).

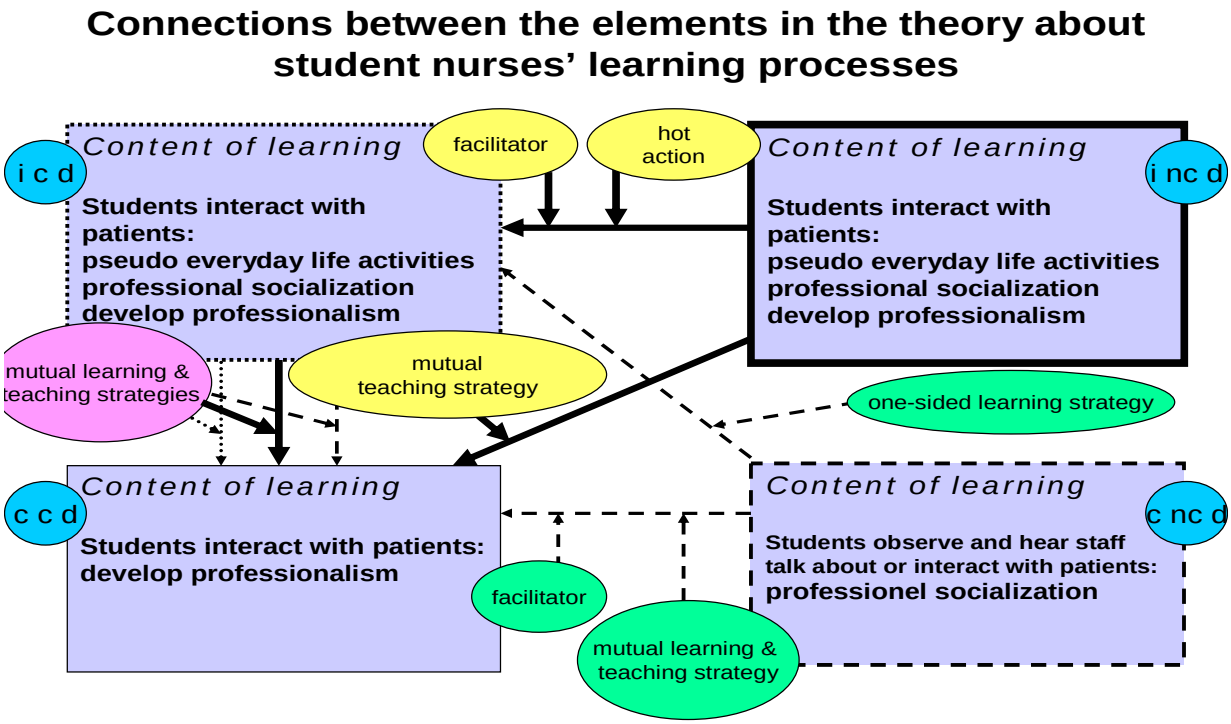

Figure 2. Connections between the elements in the theory about student nurses' learning processes

ANALYSIS OF A CASE

In the following situation student nurse Julie, who did her clinical placement in an open psychiatric ward for adults, was asked by a nurse to have lunch with a patient in her room, because the patient was afraid that the food was poisoned.

Having lunch with a patient is a pseudo-everyday life activity.

When Julie had lunch with the patient, the patient said that she was thinking about harming herself and committing suicide.

An unspoken rule in psychiatry is that when a patient talks to you about suicide, you tell it to more qualified members of the staff.

During an obser-view Julie told me about the interaction. She said:

> "I had lunch with the patient, and that was cosy.
> We had talked about the patient's thoughts about committing suicide, and I had the feeling that I could leave her without problems.
> The patient was sitting quiet and calm, and she wanted to go outside for a smoke, because she didn't want to smoke in the room where we were eating.
> She also considered me by saying "Julie, close the window if there is a draught".
> Real normal everyday life things.
> We ate. Two hours went, and I left the room a couple of times.
> And finally, I told the nurse what had happened and she got angry, because I had not told her immediately what the patient had said about committing suicide" (Julie in Kragelund, 2006).

At some time during the two hours, where Julie was not together with the patient, the patient had asked the nurse for a pair of scissors. About that Julie told me:

> "The nurse told me off. She corrected me a lot and kept saying I should have told her immediately. She said that if she had known the patient's thoughts about committing suicide, she wouldn't have lent her the pair of scissors.
> Looking back, it is not that I can't see what she was saying. But she kept talking about it and said to me: "how do you think, you would have felt if something had happened?" - Yes, then I would have felt very bad.
> What the nurse said was right, I can see that, and I will remember it, because it is important. I just felt that the situation wasn't dangerous that way. The patient had cried a lot, but she calmed down quickly when we talked together.

> I know that I shouldn't have made that decision, because I am not yet a nurse. I see that. But it was the way the nurse communicated that to me. It was the way she continued to talk about it that was very uncomfortable, so the whole day turned out to be a "shitty" experience, even though I had had a good day" (Julie in Kragelund, 2006).

The case illustrates a potential learning-situation characterized as collective not-conscious disjuncture from the beginning - neither Julie nor the nurse was aware that the pseudo-everyday life activity was a non-routine situation for Julie (figure 2 - the right side of the figure).

My interpretation is, that the interaction was characterized by not-conscious disjuncture, because Julie said:

- it was cosy to have lunch with the patient
- I had the feeling that I could leave her without any problems
- we talked about real everyday life things.

The situation was transformed to collective conscious disjuncture (figure 2 - the lower square to the left). And the factor, which provoked transformation, was a mutual learning and teaching strategy Julie and the nurse used together. I have called that strategy: "let me tell you" <-> "I am listening to you".

Julie used the mutual learning strategy "let me tell you", as she said, "I told the nurse what had happened". And the nurse used the mutual teaching strategy "I am listening to you", as she listened to Julie. And after listening to Julie, the nurse used another mutual teaching strategy, which I have called "I give you feed-back", as she told Julie off.

Because Julie got told off, she became aware that she should have told the nurse immediately about the patient's thoughts about committing suicide. Julie told me:

- looking back it is not that I don't see it
- I would have felt very bad if something had happened to the patient
- the nurse was right, I can see that, and I will remember it.

After the interaction between Julie and the patient, both Julie and the nurse became aware that it was not routine for Julie to interact with the patient in the pseudo-everyday life activity (figure 1 - the lower square to the left with stripes).

When Julie acted in the activity she had a possibility to develop professionalism (figure 1 - the dark squares). She received experience in interacting with a psychiatric patient and in containing the patient’s projections, but it was also a situation where Julie became professionally socialized in relation to the unspoken rule in psychiatry: you must pass on a patient's talk about suicide to more qualified members of staff (figure 1 - the squares with "waves").

Because Julie did not know the unwritten rule, she unintended used a one-sided learning strategy that I have called "trial and error" in interaction with the patient.

That was an analysis and interpretation of a unit of analysis that illustrated the elements in the substantial theory about student nurses' le arning processes in interaction with psychiatric patients.

CONCLUSION

I will finish this paper as I started it, by saying that it might be possible to optimize learning in practice in the Danish Bachelor's Degree Programme in Nursing, if:

- not-conscious learning possibilities are transformed into conscious learning possibilities;
- individually-conscious learning processes are transformed into collectively-conscious learning processes; and
- unexploited learning possibilities, e.g. pseudo-everyday life activities, are used.

My argument is that it is possible to utilize student nurses' learning possibilities under optimum conditions, and make the clinical training more effective, if the categorization model of learning processes is used as a learning and teaching tool. *Firstly*, using the model can help students and their mentors to become aware of learning situations, which at first sight they do not recognise as such, but which, after analysis, appear to be non-routine for students, and therefore provide learning opportunities. *Secondly*, using the model can help students and their mentors to become aware of the content of the learning processes. This awareness will allow them an opportunity to decide which tasks can be usefully for students

to perform in order to achieve the aims of the clinical placement, as well as to develop professionalism and to become professionally socialized.

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