

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Training has always been an important emphasis in all organizations as it is vital in the management of human resources. As we move towards the next millennium, all organizations including the private hospitals in Malaysia are constantly faced with the challenges of ensuring an effective and efficient work force especially nurses who will be better equipped to meet the demands of not only a more affluent but aging society.

Thus, it is not unusual to find that hardly a day goes by without some form of training program (seminars, workshops, courses etc.) being held somewhere for the benefit of a specialized group or just about anybody who is interested, has the time and is not adverse to spending his money to cover the training program fee. However, this trend seems to have slowed down since the economic downturn.

Perhaps, this “great need” to attend as many training programs as possible stems from the realization that for one to remain and maintain one’s “place in the sun”, one need to equip oneself with the necessary knowledge, and skills. On the other hand, one just can’t help wondering how effective these training programs are. Seminars for instance, can last anywhere from just a few hours to a number of days. How much can be packed into such a limited time? How much an individual can

benefit from such a seminar is questionable. What about the astronomical fees charged? Do they justify the supposed benefits these seminars bring?

What exactly is “training”? What does training or a training program help to achieve? Stoner (1995), defines training as, systematic efforts toward transferring of knowledge, skills and attitudes from a knowledgeable, skillful and positive person to another person who is less knowledgeable, skillful or positive.

In general, these efforts are aimed at increasing effectiveness and job performances.

According to Truelove (1992),

Training endeavors to impart knowledge, skills and attitude necessary to perform job related tasks. It aims to improve job performance in a different way. (p. 273)

Hence, it can be said that a training program is a process designed to maintain or improve current job performance.

When can a training program be said to be effective? This is especially important in regards to the training of nursing personnel as it is concerned with matters of “life and death”. “Zero defects” are the ultimate aim of training such as these.

Effective/ effectiveness can be defined in various ways. The New Collins Concise English Dictionary defines effective as being,

Productive of or capable of producing a result.

Similarly, the Shorter Oxford English Dictionary defines it as,

That is concerned in the production of...

Stoner (1995), however, describes effectiveness is the ability to determine appropriate objectives: doing the right thing.

The word effective can bring different meanings depending on the context that it is being used. For instance, a principal can be said to have been an effective chairman at the last staff meeting because he was able to keep his teachers focussed on a clear agenda, avoid being bogged down by irrelevancies, encouraged active participation from everyone and the minutes of the meeting were accurately recorded.

Conversely, a lecture- demonstration to a group of personal care assistants on how to carry out a “blanket- bath” for a bedridden patient can be said to be effective when;

- i. objectives of the class are achieved
- ii. the procedure is carried out safely
- iii. patient’s self –esteem and dignity are maintained
- iv. patient’s privacy is ensured

In short, a teaching session can be said to be effective as long as it was able to bring results, a change of behavior or achieved a set of objectives. However, for a training program to be effective, it must encompass all aspects of training as well as issues such as training needs, trainee selection criteria, training methodologies and outcome and evaluation.

It is not uncommon to find a nurse educator sometimes asking herself why is it that no matter how much time and attention is being given to certain students, they are yet unable to apply what is learnt in the classroom to the clinical areas.

According to Baldwin and Ford (1998) in Georgenson (1992), it is estimated that while American industries annually spend up to US 100 billion on training and development, not more than 10% of these expenditures actually results in transfer to

the job. Why?

2.2 CONTENT

Heliker (1994), through her extensive review of literature argues that two distinct paradigms exist within the nursing curricula – an educational paradigm and a practical paradigm. The educational paradigm over the past decade is teacher – centered, with the student being the passive recipient, reminiscent of Herbart’s pedagogy. The knowledge imparted is directed toward instrumental action, and the person continues to be viewed as mechanistic in the classroom. Outcomes of learning fail to exhibit a patient-oriented, critically thinking individual capable of adequate decision – making in practice.

Heliker observed that, students following acquisition of knowledge in basic science courses in the classroom such as pharmacology are not always retained and transferred to the practice setting. When these students are faced with real patients and medications in the clinical setting, they are often unable to relate the cold facts of “knowing that” with the interpersonal, contextual “knowing how”.

According to Roscoe (1992), when the need for training has been established and agreed, further analysis is required to provide the detailed and specific information, which will form the basis of the design. The design may be for very specific training to attend to the performance of an individual or a small group, or for larger or general needs.

He further added that,

A training program, which leads to the achievement of the required job performance, can be seen as a series of learning units. Each learning unit is an independent entity but the units are structured so that learning from earlier units are supported and used. In this way the learners will gain reinforcement and practice on their learning. (p. 154)

In addition,

Content is an important aspect of a training program. They must cover the learning objectives, link to entry behavior and should help transfer to job / another learning unit. Content can be assessed against the criteria of what must be learned to achieve the objective, what should be included if possible and what could be included but is not really needed to achieve the objective (p. 159)

Thus, the content and structure should reflect the objectives.

In nursing, it is important that there is a balance of subject content in all matters that support and contribute to the concept of care of the whole person (Guinee, 1966). For instance, too much emphasis may be placed on the performance of nursing procedures, with limited provision for the development of knowledge of why these procedures are being performed. Likewise, psychological aspects of nursing care are often stressed at the expense of effective physical care of the individual patient.

Heliker (1994), explored a student – centered approach in nursing curricula, within the design of a problem – based learning alternative, in an attempt to create conditions that will facilitate active learning and enhance the development of higher levels of cognitive thinking and motivation for life long learning.

She suggested adopting a curriculum in which “knowing how” and “knowing that” forms of knowledge are equally emphasized.

Tanner (1987), contented that the more extensive the student's knowledge base, the more likely the student will be able to select data that is pertinent to decision making. It follows then that students in their senior year can make decisions when unexpected events occur, such as a change in the patient's level of consciousness. In contrast, patients who have multiple problems requiring complex nursing strategies would not be selected for beginning students due to their limited repertoire of knowledge and skills.

2.3 TEACHING METHODOLOGIES

As mentioned earlier by Heliker (1994), two distinct paradigms exist within the nursing curricula that is an educational and a practical paradigm.

According to Roscoe (1992), the objectives, entry behavior, trainers, accommodation, time and resources shape selection of training methods. The methods selected must enable the performance in the learning objective to be developed. For instance, if knowledge is to be acquired, the appropriate methods that can be used will be such as reading, lecture, case- study, reflective journal or seminars. However, if *skills were to be developed, methods such as lecture – demonstration followed by return demonstration as feed – back* for the students would be most appropriate. Such demonstrations can first be carried out in the skill lab. Once, a student demonstrates confidence in what she is doing, the respective skill can be further developed in the clinical area. Although, participative methods generally requires more time and are more demanding, there are no replacement for such methods if skills are to be

developed.

Different training methods can be supported by a variety of training media. However, the basis for selecting any medium must be the help and support it provides for learning.

In nursing, experiences in the clinical setting plays a major role in helping to shape and develop nurses as professionals. However, experiences in the clinical setting are not synonymous with a laboratory practicum. It is in the clinical setting where students can witness the results of their actions and where accountability is demanded (Reilly & Oermann, 1992).

Bearing in mind the types of activities that are part and parcel of any departments in a hospital, it is easy to imagine what students in actual practice are constantly required to do. Students have to learn to make decisions in constantly changing patient situations, to organize and manage their time, to set priorities, as well as begin to understand the patient experience. Thus, it is difficult to replicate communication with anxious new patients or the care of anguished, uncomfortable individuals in a laboratory setting.

Likewise, although the personal care assistants are not required to do all these, they are however, still required to learn how to manage their time and plan patient care. They have to learn how to recognize what is normal and to report promptly what they know is otherwise to the trained staff immediately. They must realize that their prompt reporting would mean a patient's life. Therefore, clinical education is an important aspect of learning for nurses; be it for a student nurse or a personal care assistant.

Clinical learning experiences refer to the totality of directed activity in which students engage in nursing practice with consumers to meet health care needs (Haukenes & Mundt, 1983). The major goal of these experiences is to provide opportunities in realistic work settings that permit the nursing student to develop the knowledge, skills and attitudes of a beginning practitioner. Various studies done showed that the selection of appropriate clinical learning opportunities for the nursing student is acknowledged as a crucial element in the clinical education program (Infante, Forbes, Houldin & Naylor, 1989; Reilly & Oermann, 1992).

The clinical education of students is experiential in nature, a necessity in a practice discipline such as nursing. The selection of patient or client learning experiences needs to be based on a rational process, which follows educational principles (Iwasiw & Goldenburg, 1990).

Carpenito and Duespohl (1981), indicate that nurse educators have the responsibility for fostering educational opportunities in the clinical setting that will facilitate the preparation of a beginning practitioner. However, the descriptions of the process of selecting clinical learning experiences are general in nature. These include such factors as: clinical objectives (Reilly & Oermann 1992), the nature of nursing, health needs of populations and the educational environment (Haukenes & Mundt, (1983), the transfer of learning from classroom to clinical setting, as well as the promotion of decision - making skills and an inquiry for further learning.

Clinical experiences should be chosen which are consistent with the educational institution's beliefs about the nature of nursing and nursing practice (Haukenes & Mundt, 1983).

Similarly, Hospital G:

- ◆ believe in the dignity of the older person and restoring self – sufficiency with compassion
- ◆ respect the older persons' different needs in a multicultural and multilingual community
- ◆ strive to assist the older person in gaining increased independence in daily living tasks

Training and continuous education for its entire staff is a major emphasis of this facility. She believes that these efforts will help to maintain and improve the nursing care that is provided for the elderly under her care.

Thus, in the clinical area personal care assistants are provided with opportunities that encourage them to build on and apply previous knowledge. When caring for an elderly confused patient, for instance, it is important for them to know the relationship between the confusion state and drug interactions and /or previous patterns of functioning for that patient. Subsequently, she is expected to report immediately to the trained staff and take the necessary precautions to prevent injury to the individual.

In the classroom, she is taught that it is important to turn the patient with mobility problems every 2 hours to prevent alterations in skin integrity. However, it is only in the clinical setting that she is able to apply this knowledge so that it takes meaning. By looking and caring for many such patients, she understands when to turn them, how and who are at highest risk for pressure sores to develop. Infante (1985), is of the opinion that learners need repeated experiences observing patients in various

situations in order to apply knowledge in changing circumstances.

Hospital G also believes in the development of caring behaviors in her nursing staff. Incidentally, this is also one of the major goal of any nursing curriculum. By interacting with patients, students gain a deeper understanding of the patient's perspective. For example, a personal care assistant can be assigned to care for patients who have chronic illnesses such as arthritis and who have adapted their life accordingly. The goal of this experience is to facilitate her in developing an understanding of the challenges in daily living that face someone with a chronic illness, as well as to provide an opportunity to reflect on the unique contribution that nursing can make to this individual and family.

Thus, it can be seen that in nursing, the clinical experience/ education is a very important teaching methodology as it allows students to practice both the art and science of nursing. However, this setting can, at times, be anxiety provoking due the unpredictable nature of patient situations as well as the many psychosocial problems that patients and families must face (Pagana, 1988).

Hence, according to Forthergill- Bourbonnais & Higuchi (1995), clinical teachers must know when and how to provide support and encouragement to help students develop confidence in their ability to nurse. This is supported by (Loving, 1993), that thoughtful attention to the matching of student and patient assignment can result in learning experiences that foster the development of an identity as a competent beginning nurse.

According to Forthergill- Bourbonnais & Higuchi (1995), each student's overall ability to confidently and consistently provide safe, competent care in an

organized manner is a major consideration when selecting an individual patient assignment.

Thus, an extremely competent student who benefits from being challenged will be given a more complex patient assignment. On the other hand, an anxious, nervous student who lacks confidence and has difficulty adapting to unexpected changes initially will require less complex, more predictable experiences with opportunities for frequent contact with her clinical teacher. She would need to be explained to as to why her assignments appear to be less “challenging” than her colleagues. This is important to avoid making her feel “small”. However, as her confidence develops, she can then be assigned patient situations similar to other *students at this level*.

On the other hand, a clinical teacher must also consider the impact of close supervision on a student. According to Griffith & Bakanauskas (1983), the more closely a student is supervised, the more likely it is that his or her level of anxiety will increase. This increase is likely to interfere with student learning.

Nursing education has become increasingly more challenging for nurse educators in the last decade. Some have occurred as a result of the move to redesign health care delivery systems. Others have resulted from changing societal values and socio demographic variables. According to More & Conklin (1995), further challenge to educating the nursing student of the 1990's has resulted from changing expectations of nursing practice that demands evermore competent nurses capable of independent judgement and decision making.

The nurses' work environment is becoming not only more complex but

technologically more advance. The body of knowledge and skill required of nurses today has continued to expand rapidly, while the length of time for most nursing curricula has remained unchanged. Hence, nurse educators are faced with the challenge of devising strategies to prepare students who are culturally diverse and may be less prepared and educationally and economically disadvantaged to function effectively in a more demanding and complex health care milieu.

Despite the general consensus that different techniques are needed, for the most part, nursing educators continue to teach as they were taught. The usual approach is the structured lecture in which the teacher, as content expert, attempts to impart to students the maximum amount of information in the time allocated. It is commonly believed that once students “learn” the content, they will not only be able to apply it in theory, but also will be able to use it in the process of critical thinking necessary for clinical practice. Thus, before nurses can provide patient care, they are first required to determine care requirements by applying their theoretical knowledge through a problem – solving process. Generally, the clinical application of learning receives the greatest weighting when determining a student’s ability to perform as a nurse (Orchard 1994). Yet, according to More & Conklin (1995), the experience of the past decade provides evidence that traditional education methods no longer yield desired outcomes.

2.4 ASSESSMENT

Clinical instructors by virtue of their role as teachers have the right to make professional judgements about the performance of students (Pollok, Potee, & Whelan, 1983). According to the above authors, when they make such professional judgements they are reporting two decisions. First, they are reporting on the degree to which a student has met the program standards. Second, they are reporting on the ability of the student to provide professional and safe nursing care to the public.

Orchard (1994), supported the above by saying that professional judgements not only assess the current skills of the student, but also provide a prediction of the student's potential ability to practice as a professional nurse.

Thus, overall, assessment of practice provides students with clear developing pictures of personal and professional progress during attachment. It also allows students to develop strengths and improve weakness as the course progresses, by providing accurate and constructive feedback relating to the quality of performance in each clinical area.

Bloom (1956), emphasized that assessment of practice encompasses knowledge, skills and attitudes and should be a continuous process in which both assessors and students participates.

Traditionally, when students have been assessed, it has been difficult to discriminate between levels of performance and there is often insufficient guidance for the assessors to determine objectively the precise grades to award to each student.

Inconsistencies between assessors occur, due to different assessors using differing criteria to determine student performance.

In the light of these factors, Bondy (1984) developed a system of assessment, which can be used to assess knowledge, skills and attitude, both formatively and submatively. As the students are assessed using a criterion reference scale which identifies the standard to be achieved in relation to the level of individual performance, there is greater objectivity thus, allowing for a greater uniformity between assessors.

Assessment of practice is undertaken by approved assessors who are first-level nurses who have undertaken as part of their post- registration further education: either the ENB 998 course or its equivalent in specialist additional training e.g. health visiting. In addition, all clinical staff is required to undertake an annual update of mentor ship and continuous assessment training. Hence, this enables clinical staff who does not possess the ENB 998 qualification to be also involved in the mentor ship and assessment of pre- registration student nurses.

However, since 1989, a number of issues related to the use of this system of continuous assessment in practice have been raised both by clinical staff and by lecturers. They argued that, although the outcome was related to the specific level of training for the students, they were seen to be very broad and non- specific. There was concern that measures of skill development were being neglected. These findings suggested that the Project 2000 training has not taken into account of the need to assess the development of specific nursing skills. Thus, nurses upon qualification may

be in a vulnerable position regarding the expectations of their skill performance.

Cox, Bottoms & Ramsey (1998) in collaboration with the University of Luton has therefore, developed different methods to assess skill acquisition across the program. A skill acquisition manual is given to students for use throughout the training program. This manual recognizes the task orientation of the novice nurse and identifies a range of skills, which are assessed using the Bondy criteria.

This manual is to be used in all areas of the student's placement and by the end of the program, students must have achieved a pass grade for 75 percent of the skills, including all those identified as compulsory. Skill development is enhanced by repeated practice, especially in different situations so those students will benefit from practicing skills a number of times.

Each student is allocated a personal lecturer who has the responsibility of monitoring their overall developmental progress through use of this manual, thereby ensuring that all students are given the necessary opportunities to achieve the standards required for the training program.

Since its implementation, initial feedback suggest that clinical staff find the skills manual are useful tools in identifying learning opportunities within the specialist clinical areas. Students too reported that it has given them a clearer understanding of the necessary skills to develop within the training.

According to Guinee (1966), an evaluation based upon a limited number of performances may not represent the total behavior of the individual in a specific area of nursing education. This is because evaluations that result from too few observations would not be reliable. Hence, reliability may be considered reproducible.

She added that a test need not necessarily be valid even if it was reliable when used to measure a student's success. She argued that a test is only valid when it measures what it is supposed to measure. If the performance of a skill were to be evaluated, observation rather than a written test would be used.

One needs to bear in mind that there is a difference with nursing students of yesteryears and today. Whilst, they once accept whatever evaluations given by their clinical teachers with no questions asked, it no longer applies today. Today's nursing students are demanding that nurse educators be accountable not only for the quality of their instruction but also for the fairness of their evaluations. These demands become apparent when students question the assessment of their clinical performance.

Assessment is based on both objective and subjective criteria. Orchard (1991) said that because of the subjective elements in evaluation decisions, there is a danger that some decisions about student performance may be biased and unfair.

Since subjectivity can influence decision making, Orchard (1994) feels that clinical teachers should be aware that several factors (some unconscious) could interfere with fair and equitable professional judgements. These factors include the particular variables selected to measure students' performance; the relationship between the complexity of students' clinical performance expectations and the degree of subjectivity of appraisals; the evaluator's expectations of students' professional socialization; the evaluator's expertise in assessment of students' performance; the degree of intra- and interrater reliability of evaluators; assessment of students' clinical performance; and the influence of personal values of evaluators on clinical appraisals.

For instance, a new clinical teacher may be employed to supervise a group of

students in their clinical posting. This individual may not be familiar and experienced in using the program's evaluation tools and thus, may measure the student's performance against her own image of how a nurse should provide care. This image may coincidentally be very idealistic and represent a nurse with several years' experience. Hence, her failure to use the evaluation tool and her idealistic view of nursing practice can lead to unfair evaluations of this group of students.

As a result, factors such as above can lead to distortions in the evaluator's perception of the level of a student's achievement. Such distorted perceptions can unconsciously bias an evaluator to make an unfair judgement about what she saw in relation to a specific incident.

However, all too often, nurse educators still view the questioning of their professional judgement as a violation of their academic freedom. Moreover, such questioning raises the possibility that evaluation decisions could be overturned as a result of grievance and appeal hearings. Thus, it is timely that nurse educators need to gain increased knowledge about the legal aspect of their instructor role. Perhaps, once they gain such knowledge, some of the fears they frequently experienced when they are faced with a student threatening to grieve their clinical evaluation will decrease.

Unlike educators who restrict their assessment of student performance to written assignments and / or laboratory experiments, nurse educators must assess students' application of theory to patients in clinical settings and ensure that the care provided will in no way harm those patients. Therefore, nursing instructors must provide adequate supervision and direction to ensure that their students are able to deliver safe care to their patients in the clinical area. Thus, as a result of these

responsibilities, Orchard (1994) said that clinical instructors have the following duties.

- (a) Set expectations for students' performance
- (b) Determine the level of supervision students require
- (c) Make professional judgements about students' ability to apply classroom learning to clinical settings
- (d) Test application of theory
- (e) Remove students from clinical setting if their level of care delivery could potentially harm patients.

Orchard (1994) further added that educators must assess student performance in a variety of clinical settings. As each setting has its own unique care system, instructors need to develop student performance expectations to meet clinical setting variations so as to accommodate these diversities. Added to that, instructors' methods of teaching and evaluating students evolve from differing philosophies of teaching and from their various teaching experiences.

As performance expectations will vary from one clinical teacher to the next, these expectations must be reasonable, that is students generally must be able to meet them; applied consistently and equally to each clinical teacher's students and be established and communicated to students prior to their implementation.

From here it can be seen that many factors can interfere with a clinical instructors professional judgement. Hence, as students are directly affected by appraisals of their clinical performance, they have the right to the following according to Orchard (1994).

Students have the right to (a) receive the program of studies for which they paid and registered, (b) be informed of the policies and procedures governing appraisal of their performance, (c) be taught by competent instructors, (d) receive ongoing feedback about their performance, (e) be evaluated on the basis of their consistent pattern of performance,

(f) be provided with a learning environment that will facilitate meeting program objectives, (g) be able to question evaluative judgements made about their performance, and (h) have access to their student file.

While students are providing patient care in the clinical setting, regular feedback about their performance should be given. Students experiencing performance problems should be given an adequate amount of time and "closer supervision" as necessary to overcome their problems. When evaluating students' performance, the nurse educator should remember that it must be made on the basis of both the students' consistency of performance and their professional growth throughout the program.

According to Bevil & Gross (1981), in nursing programs where clinical experience arrangements must be negotiated between educational institutions and service agencies, great care must be taken to ensure that the agency can provide:

- (1) experiences that will likely allow students to achieve the nursing program's learning objectives
- (2) the necessary materials and learning activities
- (3) An atmosphere that is conducive to student learning.