

Faculty and Staff Nurse Perspectives on Collaboration in Clinical Learning

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Article

Abstract

The benefits of collaboration between nursing faculty members and staff nurses in the clinical learning environment are well established. Unfortunately, little is known about improving collaboration to benefit student learning. Descriptive methods were used to examine perceptions of faculty and staff nurses' collaboration in clinical environments. Data was collected from 497 participants via online Qualtrics survey. Participants were divided into three groups: staff nurses, nursing faculty members, and nurses who worked concurrently in academia and practice. Content analysis procedures were used along with NVivo Pro (Version 11, www.lumivero.com). Four themes were identified: expectations, coordination, communication, and courtesy. Results support that academia and practice professionals wish to work together, but often have different perceptions of each other's roles. Implications for faculty and staff nurses to improve collaboration are discussed.

Key Words: clinical learning environments, collaboration, clinical faculty, staff nurses, nursing, education

Clinical experience is an essential part of nursing education. Collaboration between academia and practice is a critical component of successful clinical experiences ([Dancer & Watkins, 1997](#); [Dunn & Hansford, 1997](#); [Koontz, Mallory, Burns & Chapman, 2010](#); [Ranse & Grealish, 2007](#); [Palmer, Cox, Callister, Johnsen & Matsumura, 2005](#)). Clinical education provides professional socialization and allows students to transfer knowledge learned in the classroom to the clinical learning environment. Students have been interviewed extensively about their experiences in the clinical learning environment and barriers to learning have been documented ([Gignac-Caille & Oermann, 2001](#); [Hart & Rotem, 1994](#); [Nolan, 1998](#); [Papp, Markkanen & Von Bonsdorff, 2002](#); [Shogirat & Abu-Qamar, 2013](#); [Yong, 1996](#)). Improving collaboration in the clinical environment is essential to nursing education.

Collaboration between academia and practice is a critical component of successful clinical experiences

The clinical learning environment provides a significant portion of nursing students' experience. Assessing students' perspectives to understand the impact of the environment and the influences that contribute to their learning will inform strategies to improve education. An integrative review of nursing students' experiences in the clinical learning environment found six common themes, and primary was the collaboration between the nursing faculty and staff nurses ([Hooven, 2015](#)). Other studies have highlighted the need for greater collaboration between faculty and staff nurses. After the first clinical rotation, students verbalized the lack of collaboration between the staff nurses and nursing faculty members and how it adversely impacted their learning ([Nablosi, Zumot, Wardam & Abu-Moghli, 2012](#)). Students also spoke about incongruous expectations between staff nurses and clinical faculty members ([Nablosi, Zumot, Wardam & Abu-Moghli, 2012](#)). Perceptions that staff nurses were more focused on psychomotor skill development, compared to nursing faculty members' focus on cognitive, affective, and psychomotor skill improvement created conflict in the clinical setting ([Nablosi, Zumot, Wardam & Abu-Moghli, 2012](#)).

Faculty Member Roles in Clinical Education

Faculty members are vital to clinical nursing education. The roles of faculty members in the clinical setting are numerous and diverse and need to be adaptable depending on the clinical agency (Infante, 1986; Zimmerman & Waltman, 1986). Roles are typically described as three-fold: 1) they act as liaisons between students and staff nurses in the clinical setting, 2) they are navigators of student learning, and 3) they act as professional role models (Clifford, 1993; Infante, 1986). Teachers act “as a bridge between education and service, working to build a relationship that will facilitate student learning” (Clifford, 1993, p. 284). The quality of the clinical learning experience is enhanced when nursing faculty develop and maintain their educational skills while establishing relationships with clinical staff (Osburne, 1991). Finally, a crucial faculty role is serving as a professional role model for the students in the clinical learning environment. Students observe and become aware of nurse educators' behaviors in the clinical setting and mimic those behaviors in their future careers (Infante, 1986). Nursing faculty members must know their behaviors and their impact on students and clinical staff.

Educationalists support the idea of nursing faculty members remaining clinically competent and realize the time spent on this effort (Osburne, 1991). The perception of the faculty as a guest in the clinical environment may impede relationship building and the perception of clinical competence by staff nurses. Faculty may not be regarded as clinical experts and may find it challenging to earn respect from the staff nurses (Osburne, 1991). Staff nurses' perceptions of the clinical competence of faculty members can impede clinical learning, highlighting a greater need for clear role delineation and collaboration among staff nurses, faculty, and students (Osburne, 1991). Furthermore, faculty should create opportunities for clinical staff to share their expertise with the students (Osburne, 1991). Leveraging the strengths of the faculty member and the staff nurse to enhance student learning is key to building a collaborative learning environment.

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Staff Nurse Roles in Clinical Education

The primary role of the staff nurse in the clinical learning environment is to provide excellent care to the patients to which they are assigned. The healthcare delivery system is changing rapidly, and the role of the staff nurse is continually evolving (Langan, 2003). Patients are more acutely ill and require more complex, intense care. Compounding this issue is that budget cuts and staffing shortages are at an all-time high (Langan, 2003). Another aspect of the role of the staff nurse—and one that is less defined—is that they also teach and mentor nursing students regardless of their desire to teach (Langan, 2003).

Staff nurse impact on student learning in the clinical learning environment has been widely examined. In one study, the staff nurse was the most influential factor in the student's clinical learning experience (Pearcey & Draper, 2008). Students also recognize the characteristics of effective and helpful staff nurses, such as providing positive feedback and support (Beck, 1993; Chapman & Orb, 2000; Chesser-Smyth, 2005; Hart & Rotem, 1994; Papp et al., 2002). Moreover, students valued the staff nurses' clinical supervision and wanted to feel like a part of the nursing team (Nolan, 1998; Papp et al., 2002; Shogirat & Abu-Qamar, 2013).

Staff nurses have a significant impact on students and the clinical learning environment. Nurses genuinely interested in a student's well-being will establish a trusting, professional relationship and enhance student-learning outcomes (Palmer et al., 2005). In addition, researchers have found that acting as a mentor to a student nurse can increase a staff nurse's professional satisfaction and self-worth (Palmer et al., 2005).

Aim

This study aimed to examine the concept of collaboration between staff nurses and nursing faculty in the clinical learning environment. The literature identifies the benefits of collaboration and the positive impact this has on student learning. Unfortunately, gaps exist in identifying ways to improve collaboration in the clinical learning environment.

Methods

Cross-sectional descriptive methods were used, IRB approval was obtained, and the participants signed an online consent form before completing the survey. Data was collected from staff nurse and faculty participants using an online Qualtrics survey. The survey consisted of 24 Likert-style questions with one open-ended question “Is there anything else you can add to explain the relationship between staff nurses and nursing faculty members in the clinical learning environment?” Participants worked or had worked within the past year as a clinical educator or a staff nurse on a floor hosting clinical nursing students.

Results

The participants (N=497) were divided into three groups: 1) staff nurses, 2) nursing faculty members, and 3) nurses who teach and practice. Staff nurses (n=143) were employed on medical surgical floors (42.7%), telemetry (7.7%), maternity (14.7%), and pediatrics (4.9%), and the rest were mixed between home care, long-term care, and others. Approximately half of the nurses worked with ADN and BSN programs, while the others worked exclusively with BSN programs (37.1 %) or ADN programs (9.8%). Ages range from 22-70, with a mean of 39. There were 8 males and 135 females in the sample.

Nursing faculty members (n=276) (240 full-time and 36 clinical adjuncts) taught clinical rotations on medical-surgical floors (44.2 %), telemetry (8.3%), maternity (11.2%), long-term care (9.8%), and the rest were mixed between home care, pediatrics, and faculty who taught on more than one type of unit. A majority of nursing faculty members taught in BSN programs only (62%), a smaller percentage taught in ADN programs exclusively (30.1%), and only a few (7.9%) taught in both programs. The ages of faculty members ranged from 27-73, with a mean of 50.5. There were 17 male respondents and 259 female respondents.

The last group of respondents (n=78) comprised 56 full-time staff nurses who also teach clinicals as an adjunct, 5 full-time faculty who also work as per diem staff nurses, and 17 nurses who hold full-time jobs in non-direct care nursing in addition to teaching clinicals. This group taught clinical on medical-surgical (33.8%), telemetry (10.3%), maternity (12.8%), psychiatric (7.7%), and other units. Most reported working in the same institution where they taught clinicals, and sometimes on the same floor. More than half worked with BSN-only students (63.6%), while fewer worked with ADN only (23.4%). The remaining worked with both BSN and ADN students. Ages ranged from 25-64, with a mean of 45. There were 6 males and 72 females who responded.

Data from the open-ended question, "Is there anything else you can add to explain the relationship between staff nurses and nursing faculty members in the clinical learning environment" were entered into NVIVO Pro NVivo Pro (Version 11, www.lumivero.com). Participant responses to this question ranged from one sentence to ten sentences. Content analysis procedures by NVivo Pro (Version 11, www.lumivero.com) were used to identify four themes: expectations, coordination, communication, and courtesy.

Expectations

The first theme centered around staff nurses and nursing faculty members having differing expectations of what they thought should happen during the clinical rotation. Moreover, most of the time, these expectations could have been more realistic in the clinical setting. *Staff nurses* commented on their observations overall regarding the students and their learning.

"I do not see the clinical instructors encouraging the students to be proactive in their time here."

"I believe the staff nurse always leads the care of the patient because the students are only there part of the shift."

They also expressed frustration about not being aware of student goals and not being able to answer a student's question.

"Students are left with staff with no clear goals of learning; students lack initiative and miss opportunities for learning."

"It becomes a hodge podge of information if goals of the day are not set for RN staff to accomplish. Goalsetting can make teaching students less redundant and fulfilling."

Staff nurses also brought up what they viewed as the role and expectations of the clinical faculty.

"Faculty members are not up to date on current clinical practice."

"I feel that nursing generally assumes responsibility for the student and has limited guidance from faculty at that point."

The *nursing faculty members* also expressed the same sentiment about what they expected should happen in the clinical

learning environment.

"Many times, staff nurses seem overloaded and are only interested in what tasks the students will be completing to reduce their workload. My impression is that they do not fully understand the learning objectives and immersion into the profession the clinical educator is attempting to achieve."

"I think that unfortunately many of the staff nurses are there to do the job that they get paid to do—taking care of patients. Many of them do not get engaged with the students as they don't see it as their job."

Some *faculty members* agreed it would be difficult to expect the staff nurses to fully participate in student learning while managing their patient workload.

"The lack of understanding by the staff nurses of the student learning objectives and what they are allowed to do even though they have access to this information on their communication board. To their credit, they host students from several different schools with a variety of learning objectives."

"Each of our students are on this unit only one or two times due to available clinical spots; therefore, it is difficult for staff to fully engage/invest in them due to the high volume of students and rapid rotation through their area."

Others mentioned that they felt judged by the staff nurses regarding their competence.

"I am expected to know how to solve all issues with patients and clinical problems."

"The lack of perceived clinical competence."

The *nurses* who identified themselves as actively working in practice and academia commented on the expectations between parties and expressed a broader perspective of the issue.

"Yes there are many power dynamics between the stakeholders...between the "ivory tower" and the people in the "frontlines"."

"The clinical staff is recognized as experts and the nursing faculty relates that to the students. There is an open communication policy between the nursing faculty and the staff nurses. Education is central."

Coordination

Another theme commonly described was coordination, defined as a process within collaboration. Merriam-Webster (2017) defines coordination as the "process of organizing people or groups so that they work together properly and well." Coordination of efforts produces efficient use of time, resources, and efforts. Effective coordination is essential to collaboration and occurs only when teams work together actively (Nicholson et al, 2000; Orchard et al, 2012; Pehl, 1989; Shortell et al, 1991).

The *staff nurses* reported that coordination was necessary during a successful clinical rotation. Many times, they associated coordination with being dependent on the instructor.

"I find that the success of this partnership is contingent upon the clinical instructor and their active participation and engagement with the staff nurse."

"The instructors were wonderful in assisting with their patient assignments, and doing hands on teaching if I had too much other stuff going on to show them. They were my favorite shifts when I had students on my floor."

Some *staff nurses* expressed the desire for greater coordination for clinical rotations to be more successful.

"I feel there should be training for staff RN on how to train students. There are no guidelines."

"Nursing instructors talk with charge nurse about student assignment, and do not interact with us much after that unless there is an issue to be discussed."

Similarly, *nursing faculty members* also desired greater coordination before and during clinical rotations.

"Clinical partnership is lacking. The hospital frequently changes seat numbers with short notice or outright cancels student placement. The hospital, our clinical "partner", does not value education & sees students & faculty as an inconvenience & annoyance. It is unpleasant to faculty to have clinicals at this site."

"It requires the academic partner to take responsibility as a "guest" in the facility to establish a collaborative learning situation."

Some *nursing faculty members* alluded to their work to foster clinical relationships and how difficult it can be to maintain them.

"I feel like the relationships need to be fostered and continually worked on. Communication is key. Students are a burden to the floors and are seen as such...unless we keep the floors informed and show up as engaged and helpful, helping each other meet goals."

"I have fostered the relationship by hard work."

Consistent with other themes, the *nurses* who worked in practice and academia had more positive feelings toward coordination. This group expressed a greater understanding of the issue from multiple perspectives than other groups.

"Having worked on the unit and being familiar with how unit runs, very valued by the staff nurses."

"I currently am teaching clinical on the unit I am employed in part-time. This creates a very trusting relationship between the staff and myself in which feedback is easily given and received and am easily sought out for questions."

Communication

The *staff nurses* expressed concern over the need for more communication between the faculty members and the staff nurses.

The third theme is communication. Communication is identified as a critical component of collaboration and ongoing development ([Gardner, 2005](#); [Shortell et al., 1991](#)). England (1986) urges that communication is the essential start and keyword in collaboration. Open communication is essential in any relationship, particularly within a collaborative partnership ([Aradine & Pridham, 1973](#); [Baggs & Schmitt, 1988](#)).

The *staff nurses* expressed concern over the need for more communication between the faculty members and the staff nurses. Most staff nurses desired more communication and ongoing communication directly from the nursing faculty member.

"Nursing faculty only communicates with the students and in turn the students then communicate with the staff nurses. There is not a lot of direct communication between staff nurses and the nursing faculty."

"There was more or less no relationship between myself and the faculty member, and in fact, almost zero communication between us, with the student serving as the "go between" in terms of communication."

Staff nurses expressed concern over needing to learn how to help the students and that every school has very different expectations related to what the students can and should be doing. Some staff nurses stated they worked with three to five schools in one semester.

“Every instructor is very different and their individual expectations for students are often not clearly communicated.”

“I think that communication is a big issue. As a staff nurse we work with different nursing programs all the time, and unfortunately we can count on some schools to do what is expected of them more than others.”

Most of the *nursing faculty members* expressed how important communication is and how hard it can be to have the open communication they desire.

“Difficult to focus on student learning in the midst of patient care, and communication is an issue as the units are so busy.”

“It is up to me to make sure everyone knows the goals, expectations and skills/competency level of the students they are working with.”

A few *nursing faculty members* remarked on strategies to improve communication in the units.

“I find that the staff do not know me as well as they could, so I have created a Bios sheet along with pictures to introduce all the clinical faculty to the staff.”

“I make sure to personally introduce myself to the staff nurses who are working with the students that particular day”

Nurses who worked and taught in the same institutions expressed having better communication with unit nurses. A few responded directly about that aspect of communication.

“Being a staff nurse at the facility where I provide clinical instruction helps me in my communication with staff.”

“Being able to bring students to the place where I work is great because I already have relationships with the nurses and can openly communicate”

Courtesy

The final theme expressed among most participants was the need for courtesy and respect for one another as professionals. As previously described, both parties have distinct individual roles, but the roles of teaching overlap slightly between the two parties. The *staff nurse* participants expressed their experiences, both positive and negative, regarding this theme.

“Everyone respects each other and is approachable.”

“I feel generally there is a positive working relationship between staff nurses and nursing faculty members, however at times this relationship may be strained if the nursing faculty member does not respect the knowledge of the staff nurses who know the unit and the patient population.”

“Sometimes faculty doesn’t respect the expertise and teaching ability of staff members.”

The *nursing faculty members* who responded also expressed how vital courtesy and respect are for a positive clinical environment.

“It is very important that I acknowledge staff’s expertise and assistance with the students.”

“Respect underlies all that we do. When we have a mutual respect the outcomes are greater and the role modeling to students is positive.”

“I think it is very important to have the respect of the staff you work with. I find staff are more willing to work with your students if they know you are someone they can count on.”

Nursing faculty members also noted that they are mere guests in the facilities. With the hardship of finding clinical sites, they must keep the ones they have established.

"I value the work of the staff and expend a great deal of energy to make sure students understand we are guests and that our place on the unit is for patient care first with student learning important but not the top priority."

"I believe faculty have to worry about being "politically right" - on best behavior, overly accommodating, etc than a staff nurse has to be with clinical faculty - this is due to the fact that clinical faculty and students are invited GUESTS, not employees and when push comes to shove the students learning experience is at the bottom of the needs of the hospital."

The *nurses* who identified themselves as working in both practice and academia also supported the idea of courtesy and respect as a building block for everything in the clinical learning environment.

"The clinical instructor should be seen as an expert and sought out for advice."

"The longer an adjunct faculty remains on the same unit, the more trust and collaboration to facilitate student learning exists. A more clinically competent up to date faculty member truly gains the staff nurse's trust and therefore collaboration."

Discussion

Clinical education, a vital component of nursing education, takes place in a complex social context with an interactive network of forces. Understanding that the social climate can impact student learning and can affect behavior, feelings, and growth makes it necessary to evaluate it further ([Schuster et. al, 1997](#)). Nursing is a practice-based profession, and integrating clinical practice within the curriculum allows students to practice combined psychomotor, cognitive, and affective skills to learn to function as practicing clinicians ([Schuster et. al, 1997](#)). The concept of the learning climate also includes the importance of mutual trust and interpersonal and human properties ([Schuster et. al, 1997](#)). The suggestion that student outcomes may be improved by adjusting the clinical environment suggests that further research is necessary ([Chan, 2002](#)). As nursing faculty members, it is crucial to understand the influences of student learning during the clinical rotation and actively try to improve them. Staff nurses and nursing faculty members need to work interdependently and have the mutual goal of providing excellent patient care while supporting nursing student learning. The results of this study identify collaboration as one way to achieve this goal.

The results from this study support the notion that academia and practice professionals wish to work together but often have different perceptions of each role.

The results from this study support the notion that academia and practice professionals wish to work together but often have different perceptions of each role. When discussing the concept of collaboration, it is essential to recognize multiple steps and processes that need to happen for true collaboration to be achieved ([Gardner, 2005](#)). Both parties must commit to working together to benefit student learning. Although the benefits of collaboration have been well validated, collaboration still needs to be practiced ([Gardner, 2005](#)) as echoed in the results of this study.

Implications

The implications for collaboration in nursing practice are vast. Clear communication and positive working relationships have been documented as supporting high quality, safe care. The Joint Commission on Accreditation for Healthcare Organizations (JCAHO), now known as the Joint Commission, has noted that effective communication is highly valued and integral for safe patient care. Communication is vital to contribute to effective working teams ([JCAHO, 2005](#)). Flin et al. (2003) found that improved teamwork and communication have been described by health care workers as the most important factors in improving clinical effectiveness and job satisfaction.

In 2000 The Institute of Medicine (IOM) published a landmark report chronicling the issues around patient safety and medical errors ([Kohn et. al, 2000](#)). Key issues that affect patient safety include addressing deficiencies in communication that may affect collaboration, information exchange, awareness of roles and responsibilities, and direct accountability for patient care. As indicated earlier, exposing students to collaboration, and attempting to instill these key characteristics in them while they are in school will be invaluable to them as they transition into practice roles. The CCLE can serve as a platform and starting point for the staff nurse to communicate with the faculty member.

Conclusion

The clinical learning environment will always be a vital part of nursing education and comes with challenges incomparable to the classroom setting. The results from this study support patient care as a priority of staff nurses, faculty, and students in clinical settings, but identified difficulties in student learning in the clinical environment related to faculty and staff nurse roles. Nursing faculty members and staff nurses need to continuously work on ways to improve the learning environment for the students, mainly through collaboration. Collaboration between faculty and staff nurses will promote understanding of each other's perspectives and improve patient care and student learning.

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