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Teaching challenges in modern healthcare practice (Estonian sample)

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Abstract

In Estonia teaching skills of healthcare professionals are supported since 2002 by a modified series of curricula (basic and further training), based on a theoretical patient- and learner-centred approach. Half of all “would be” healthcare professionals learning happens in hospitals as practical training internships supervised by “old school” mentors as clinical teachers.

Problem: Estonian care quality studies (2002-2017) reveal lack of patient centeredness.

Research questions: 1. How has the patient-centred approach of clinical teacher developed? 2. How clinical-practice affects the formation of student’s professional identity?

The paper presents results of a longitudinal survey, based on empirical data collected between 2010-2018. The focus group was a comprehensive sample of Estonian mentor nurses (N=71) and a purposeful sample of student nurses (N=230). Based on the current study, clinical teachers receive their teaching competences from basic-, further training- and hidden curriculum. The modern in practice training system supports development of the student’s patient-centeredness only if clinical teachers realise their professional identity and teacher role.

Keywords: Healthcare teaching and practice, patient- and learner-centred approach, clinical teachers

1. Introduction

Modern healthcare education is challenged by two paradigms: traditional evidence-based and modern patient-centred training. Evidence-based healthcare is based on patient's treatment, which is primarily related to declarative knowledge and quantitative indicators as clinical analyses. The patient-centred approach is based on communication and functional knowledge, which relates to the learner's experience, in which declarative knowledge must be applied to solve problems or to plan teaching. Functional knowledge is a base for critical thinking and clinical reasoning that presupposes a strong declarative knowledge, related with professional identification as a base for professional development.

One domain of modern healthcare is patient-education that leads to positive changes in health status. The largest group of healthcare professionals (HP) are nurses. Nursing discipline is a basic science that focuses on the holistic human-universe-health process articulated in nursing frameworks and theories (Parse, 2016) [13]. The theory of patient education is a part of nursing discipline (Benner *et al.*, 2010) [3]. In Estonia the teaching skills of HP are supported since 2002 by modified curricula— containing a theoretical patient-centred approach. The postgraduate education programme is less methodological and there is insufficient attention to teaching (Treiman-Kiveste *et al.*, 2011) [14].

All HP must complete postgraduate further training, as 60 European credit system points for vocational education and training per year, following the principle of lifelong learning. The patient-centred approach courses are available in further training plans to support communication skills, teaching competences and professional development in clinical practice. The basis on which HP completes courses depends on their professional identity, motivation and focus. There is one more socializing force that plays a part in professional identity formation and role modelling – so called hidden curriculum. It is present in all medical learning environments. It differentiates between what is formally taught versus the range of lessons informally and tacitly acquired during training. The hidden curriculum is a theoretical construct for exploring continuities of educational life. At its most basic level, hidden curriculum theory highlights the potential for differences between what the formal curriculum delivers and what learners take away from those formal lessons.

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Estonian care quality studies (2002-2017) reveal a lack of patient-centeredness in HP work. As 50% HP trainings take place in hospital practice as traineeships supervised by mentors as clinical teachers, teaching competences are important in achieving the modern goals. Most clinical teachers matriculate without fulfilling all the course requirements: without theoretical preparation for patient-centeredness and the teacher role. If a clinical teacher does not have a teacher identity, they can't support the formation of their student's professional identity. There is still no clear interdisciplinary model for a methodological approach for professional development in healthcare, and learning- and self-regulation activities of the HP are very different.

The purpose of this study was to find approaches that support the current training system and professional development of clinical teachers by finding answers to the following questions:

(1.) How has the patient-centred approach of clinical teacher developed? (2.) How clinical-practice affects the formation of student's professional identity?

For solving a complex research problem a mixed method (quantitative; qualitative) questionnaire was designed to assess the professional competence of the patient-centred approach of clinical teachers and students. Qualitative data collection was done on the basis of the most significant quantitative characteristics. Recurrent data was collected longitudinally from students as written interviews.

2. Professional identification

The concept and definition of mentoring in healthcare has changed over time, but most nurses describe the role of mentor as either a clinical teacher, instructor or role model (Myall *et al.*, 2008) [12]. Still many healthcare specialists struggle with the concept of clinical teaching and how to function in mentoring relationships (Ali & Panther, 2008). Professional identification, professional development and role modelling by clinical teachers is a key factor in the process of preparing undergraduate nursing students for practice. Professional development can be understood through not only professional expertise, competencies and quality improvement, but also through learning like self-regulated study. Professional identity is the interpretation of experiences, in comprehensions, values and indicates a socialisation process to become someone (Bron & Jarvis, 2008) [5]. When HP identify themselves as teachers, it's easier for them to plan their own professional development. Stable professional choices are socially integral and motivational in the impact on the development of identity (Jõgi & Karu, 2017) [10]. A supportive approach for professional identification and continuing professional development is clinical supervision as coaching (Driscoll, 2006) [7]. Guided supervisory practice as personal coaching maximizes supervisees potential—as guided self-reflection. The conscious and unconscious professional development of the clinical teachers affects the student's learning, attitudes and professional identity. If teachers understand how the learning process occurred, they can endeavour to ensure that their teaching perspective is efficient and can achieve the predetermined outcomes.

3. Methodology

This paper presents the results of a longitudinal applied research survey (Kelley, 2003) [11]. Data was collected from March 2010 to February 2018. The survey was based on

questionnaires (N=259) as the first stage of study and written interviews (N=42) as the second stage of study.

The first sample group was formed based on a comprehensive sample of clinical teachers (nurses) from all Estonian healthcare institutions (N=71) and their final year pre-graduate students, including both Estonian Health Care Colleges for the year 2010 (N=188). The first sample was formed to investigate the phenomenon of a mentor's professional development. The second sample group was formed as a purposeful sample from volunteer participants (N=42), also final year pre-graduate nursing students as of February 2018, to describe how the clinical teachers in the time of hospital practice affect the formation of student's professional identity. I admit, that a purposeful sample has limitations, for instance, the lack of generalizability (Berg, 2001) [4].

3.1 Instruments: In the first stage of the study was collected empirical data from March to April 2010, using the anonymous, five-point structured Likert scale questionnaire "Client-Centeredness in Nursing Care", suitable for the target audience (De Witte, 2006) [6]. The questionnaire was tested and approved for the current survey at Metropolia University of Applied Sciences Helsinki with PhD Ly Kalam-Salminen (2006). In the first stage of study the clinical teachers assessed their own and their students basic knowledge, in-work learning and practice influence according to the development of patient-centred values.

The questionnaire contained 63 questions, questions 1-12 concerned respondent background data. In addition to the respondents' demographic data, the focus was on key components of patient-orientation: professional skills of clinical teachers (14 statements), the desire to collaborate with the patient (6 statements), the ability to create a patient-friendly atmosphere (8 statements) and an equal relationship with the client for a healthcare professional (18 statements). The reliability of Cronbach's α value, which characterizes the internal consistency of the various parts of the matrix, was sufficient — 0.72-0.9.

In the second stage of the study empirical data was collected from October 2017 to February 2018 using written interviews (Flick, 2011) [9]. The questions were based on patient centred approach key components appearing as statistically important from the first set of empirical data, to describe the clinical teacher's role in the formation of student's professional identity.

The combined qualitative and quantitative data from the questionnaires was analysed by the statistical data processing program SPSS, using the descriptive statistics method, Spearman correlation analysis, Chi-Square test and content analysis (Allen & Szostak, 2017) [2]. The qualitative data was analysed by longitudinal summative content analysis, as it is the commonly used method of education- and health sciences (Elo & Kyngäs, 2008) [8].

4. Results and discussion

Below I present the results of the data analysis and a discussion based on the research questions.

(1.) How has the patient-centred approach of clinical teachers developed?

The results of quantitative data analysis indicated presence of statistically important ($p < 0,05$) but weak correlations

($p < 0,250$) between a wide range of background variables (age, working experience, maternity) and patient centeredness of the clinical teachers. Clinical teachers evaluated their patient-centred competences average level as

“good” and support for patient centeredness development equally “important” for basic and further training curricula (Table 1).

Table 1 : Development of the clinical teacher patient-centred competences (N=71).

	Mean	Std. Deviation	N
“I am competent enough to provide patient-centred service”	3,70	1,034	71
Basic curricular support	3,21	1,045	68
Further training support	3,78	0,857	65
“I have enough knowledge to teach in healthcare”	3,77	0,745	70
Basic curricular support	3,39	0,953	67
Further training support	3,83	0,782	65
“My communication skills are sufficient to cope in difficult situations”	4,44	0,670	71
Basic curricular support	3,76	0,994	68
Further training support	4,25	0,771	65

Although predominantly (68,6%) mentors evaluated their (and their students) level of patient-centeredness high, at the same time the analysis shows that clinical teachers have still some basic problems understanding the specific meanings of patient centeredness and their ability to implement patient-focused service as partially inadequate. Statistically

significant negative correlations ($p < 0,05$) between identified professional development and patient-centred attitudes appeared, the higher respondents evaluated their own professional development, the lower their patient-centred attitudes (mentors who rated their professional development as “excellent” were less patient-centred) (Table 2).

Table 2: Clinical teacher professional development as a patient-centred approach (N=71).

	“Patients are equally important to me”	“My activity is based on the individual needs of the patient”	“I respect the right of every patient to decide on their treatment”	“Patients are equally concerned with the issues that concern them”
N	66	67	65	66
Pearson Correlation	-0,368	-0,277	-0,312	-0,379
Sig. (2-tailed)	0,002	0,023	0,011	0,002

Even if a patient-centred approach is introduced during one or two in-service courses prior to becoming a clinical teacher, this may not ensure the practical application of theoretical knowledge in a situation, where half of all the student training is conducted at the practice base. Mentors still value manual skills and technical knowledge more than patient orientation and teaching, as they mostly preferred courses for technical skills in further training curricula. Since only three clinical teachers (N=71) completed the modify curricula approved in 2002, the training of mentors and students differs in many ways.

(2.) How the clinical-practice affects the formation of student’s professional identity?

The quantitative data analysis shows, that the majority of students estimated theoretical studies support for a patient-centred approach higher than clinical-practice internship. Practical training was more important for the development of manual and technical skills. Lower was the students’ estimation of their professional identity and readiness for patient-centred care - even lower the estimation of the support provided by practical studies. The qualitative analysis of the student interviews shows, that the development of patient-centeredness and learning during practical training is mostly influenced via the positive role model of the clinical teacher and traits such as: experience, cooperation, equality, individuality, encouragement, friendliness and eagerness. Additionally, the supporting factors involved the clinical teacher’s direct communication with patients and students. The inhibiting factor was the negative role model (indifference, impatience) and the disparity between theoretical knowledge and practice. As

mentors feel more confident when teaching technical skills, knowledge transfer is mainly used only during demonstration and co-operation. The mentors are burdened with several responsibilities and the patient-centred approach does not seem to be have enough significance. As one student wrote: “The curriculum is about a patient-centred approach. Unfortunately, when going to practice or starting to work, it is easy to see that there is little patient centeredness, because there is a lot of work and the attitude of the old colleagues is such, that there is no need to talk to a person, just work...” Another student mentioned: “The patient’s focus may be hindered by the fact that innovative activities are being taught at the university and hospitals have not reached that stage yet. Hospital instructors are accustomed to doing what they do, and then as (trainees) need to act on the same template. The work culture in hospitals has already been developed, at least as a trainee, it is very difficult to break it!” Probably because the students monitor and assume the clinical teacher’s behaviour pattern the results did not express significant conflict between the clinical teachers and students in a patient-centred approach in the practical teaching situation.

5. Conclusions

New approaches for teaching and assessment are required for pre-graduated nurses who become trainee nurses under the supervision and responsibility of clinical teachers. The educational strategies should strive to help the learner integrate knowledge for use. Assessment of student progress should include basic and clinical knowledge and skills plus values and attitudes. HP are simultaneously both workers and learners and their learning takes place primary in the

work place. Formal continuing healthcare education must be referred to as continuing professional development. Most clinical teachers have trained in clinical medicine but do not necessarily have enough training in teaching, assessment or supervisory skills. Staff development programmes have addressed many of the needed skills, but attending these programmes has not been mandatory and demonstrating mastery and using these skills has not been recognized or rewarded.

Despite the modernization of the curricula 16 years ago and the commitment to further training, the lack of knowledge and skills using the patient-centred approach and teaching of HP is present. Background variables do not play a statistically significant role in the development of attitudes and professional development. Probably the problem lies in the hidden curriculum that prevents development of a professional identity and professional development. Hidden curriculum can't be eliminated, but it can be managed by clinical supervision as a supporting approach for professional identification and continuing professional development.

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