Students’ Perceptions of Change

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Change is an inevitable part of health care. Frequently, when health care organizations experience change, there is much upheaval, the status quo no longer exists, and those involved are unhappy. These conditions may cause managers to suggest that student experiences at a facility be temporarily suspended.

This article describes a pilot study that examined the common components of BSN students’ experience of participating in a major change on a nursing unit. These students were in their final clinical experience before graduation.

Interviews with 6 BSN students were conducted to solicit the students’ feelings about working in an environment of change. The interviews were conducted approximately 8 to 12 months after the students’ clinical experience. An article by Hart and Rotem (1994) was used as a template to review students’ comments. Themes identified in this study were autonomy and recognition, peer support, job satisfaction, role clarity, quality of supervision, and opportunity for learning. These themes then were compared to the themes identified by Hart and Rotem (1994), which are defined in the Findings section. While the themes in this study were similar to those of Hart and Rotem (1994), the current interviews identified the overarching categories of conflict and timeliness. In addition, students interviewed in this study identified “peers.”

Peers were not identified specifically but were thought to be fellow nursing students, students attending college with them (e.g., roommates), or nursing students from different programs. Otherwise, the students’ comments could be placed into the theme categories identified by Hart and Rotem.

The Change

The organizational change being instituted on the unit, which was located at a hospital in a large urban community in Utah, was differentia ted practice (Barra & Johnsen, 1998; Fosbinder et al., 1997). To summarize, a new care delivery model, patterned after the Healing Web model (Fosbinder et al., 1997), was implemented on this unit named West 8. In this model, students are educated for the potential roles they will assume after graduation. These roles are referred to in various ways in the literature, such as narrow-scope role (ADN) and broad-scope role (BSN) (Koerner, 1992; Primm, 1987).

Findings

In this section, the theme is identified and Hart and Roten’s (1994) definition is provided. Next, selected comments, both positive and negative, made by the students that demonstrate this theme are included. Following the students’ comments is a brief discussion of why the comments were included in the specific theme category. Finally, the findings in this study are compared to the findings of Hart and Rotem.

Autonomy and Recognition

Definition. This theme category is defined as showing initiative, accepting autonomy, and receiving recognition from the staff with whom the students worked. Students feel appreciated when they are recognized for their contributions to patients’ care and conversely are disappointed when their work is not recognized.

Positive Comment. The following positive comment was made by a student: “I had to be independent. You had to find things to do. You had to find ways to work with patients, to try and investigate what they needed. But I thought I liked that part of it...I felt like sometimes we were just creating the roles ourselves.”

Negative Comment. One student made the following negative comment: “Just tell me exactly what you want me to do. Don’t leave me here to create my own experience. I guess, up until the preceptorship experience, everything is in black and white. You have skills check lists and you will do those things during this semester, you’ll be with this nurse for so many hours and...maybe if we’d had even a checklist of things to learn from the care managers, that would have helped.”

Discussion. Students in the last two semesters of their nursing program should expect to become autonomous. Within months, they will be taking their nursing boards and working as RNs, where autonomy is expected. These students were very creative in finding (or hiding from) things to do, but there were no seasoned role models for whom they could model their practice in this experience.

Comparison of Findings. In both studies, students identified the need to show initiative to those with whom they were working. They also found it important to be independent and autonomous. When they were able to be inventive and act autonomously, they were satisfied with the...
experience. In the Hart and Rotem (1994) study, recognition seemed to be a more dominant theme than in the current study.

**Peer Support**

**Definition.** This theme is about acceptance and belonging. This related directly to the students' comfort level in asking questions, which, in turn, related to the number of mistakes.

**Positive Comment.** A student who felt accepted stated:

"It was great to get with other students and kinds of start ideas off each other. You know, "I was doing this" or "I thought this would be a good idea." So it was good to just get together with the students and talk.

**Negative Comment.** A student who was not involved in peer experiences stated:

"It (the experience) was stressful because all the other students (peers) who were not involved with this unit were having amazing experiences with their preceptors. Some of them were in the ICU, and some of them were in labor and delivery. I felt like I was really missing out on that.

**Discussion.** The authors found that peer support or lack of support occurred on several levels. The students had classroom peers (i.e., students with whom they shared didactic lectures). These students generally had different experiences from each other. There also were peers with who students shared the experiences on the unit. These students were from a different school and received different instruction. The experiences of these students were similar to the experiences the students "wished" they were having but could not have. The final group of peers was composed of the nurses on the unit. They were considered peers because in a few months, the students would be working with them. The students looked to these nurses to role model behaviors they would experience in the future.

**Comparison of Findings.** In both studies, peers were used but not uniformly identified. Hart and Rotem (1994) identified peers as those with whom the students were working (i.e., nurses on the units) and other students. Peers in the current study included these two groups, as well as student nurse peers who were not having a similar experience. In both studies, peer support, regardless of its origin, was important to the students.

**Job Satisfaction**

**Definition.** Job satisfaction was defined as making significant contributions to patient care, being involved in and part of the nursing team, being autonomous, and having increased responsibility. Students' feeling they were contributing to patient care on the unit and to the body of nursing knowledge was important to them.

**Positive Comment.** The following student comment demonstrates nurses who contributed:

"I saw very complicated patients getting the help they needed because they didn't have just one nurse coming in on shift and going home and forgetting about them. They had someone there all the time to do the bedside care. Plus, they had someone following them, saying, "Well, do you understand this?" and "Do you realize what's happening?"

**Negative Comment.** A student who did not feel like she was contributing stated:

"I had some interaction with the patients, but not a lot. It's more of a paperwork level. I didn't get a lot of hands-on experience.

**Discussion.** This theme is a combination of many areas and includes, by definition, autonomy. If nurses do not have autonomy or any of the other themes concepts mentioned, they will not be satisfied with their job. Because students were focused on gaining "higher-level" skills they felt would be essential to acquire a job and this experience was not providing that opportunity, students felt dissatisfied with their "job" and this experience.

**Comparison of Findings.** Hart and Rotem's (1994) found the theme of job satisfaction closely related to the themes of autonomy and recognition and opportunities to learn. In this study, the comments related to job satisfaction were dependent on the students' clinical mentors, and unfortunately, the bulk of the comments were negative.

**Role Clarity**

**Definition.** Role clarity is defined as having an understanding about patient care responsibilities for students and the nurses working with them.

**Negative Comment.** The following student comment shows role confusion:

"When we started, not many people knew what was going on, so there was a lot of confusion. Each group was expecting something from the other group, and the other group was not delivering, and so there was a lot of disappointment, frustration, and confusion.

**Discussion.** This was an area of concern. Students were placed in situations in which the nurses with whom they worked were unsure of their roles and the dimensions of those roles. This caused a great deal of confusion for the students.

**Quality of Supervision**

**Definition.** Quality of supervision is defined as the supervisor providing valued feedback and listening to students. This included staff listening to suggestions and considering making a change when warranted.

**Negative Comment.** A student with a negative supervisor experience stated:

"It's just that the care manager who was particularly assigned to me, I really didn't get along very well with her. And maybe she didn't even realize it, but she wasn't a very good teacher.

**Discussion.** As with peer support, the authors found there were many levels of supervision, including the care manager, faculty advisor, and manager of the unit. In addition, above all of these, there was a group of people making decisions about the students' clinical practice (i.e., the Utah Healing Web group), which the students could not influence directly. For example, the decision to implement the student experience immediately (which meant placing students on the unit at the beginning versus waiting until the change had been implemented for a period of time) was determined by a group with which the students had no direct contact. Their contact with this group occurred only through their clinical faculty.

The care managers, with whom the students worked closely, were supportive and helpful as a group. However, this group of mentors was the same situation as the students. They were developing their job descriptions along the way. This was difficult for students to understand. Students
generally expected their mentors to be "all knowing." When students are placed in situations in which this is not true, it can be disconcerting.

Comparison of Findings. In both studies, the students' perception of the quality of the supervisor made the experience good or bad. If the quality was perceived as good, the experience was good, whereas if the quality was perceived as bad, the experience was bad.

Opportunities for Learning

Definition. This theme involves having positive role models who are willing to organize learning opportunities for students.

Positive Comment. A student with a positive experience stated:

I enjoyed working with the health care team members, such as the doctors, interns, physical therapists, pharmacists, and the dietician. Everyone was involved, so it gave me a good picture of everyone who was working with the patients and how they were doing their part to make sure the patients went through their hospital stay smoothly, if that's possible.

Negative Comment. A student who was not provided with many learning opportunities stated:

I'll tell you, we did so many care plans. That's what I felt like we did. I'm so bitter right now. I guess I wanted more clinical experience with the nurses, and I didn't get that.

Discussion. This area was the most significant while students were in their rotations. The students had classroom peers who were learning many clinical skills, whereas some students had no hands-on exposure to patients. This loss of clinical opportunities was probably the most important issue the students identified.

Comparison of Findings. The studies were very different in this area. In the Hart and Rotem (1994) study, the debriefing sessions were the method generally used to evaluate the opportunity for learning. In the current study, student experiences were compared within one group of students with clinical experiences in a variety of settings. This experience was found to be lacking by most students when compared to their peers who were having many hands-on experiences.

Implications

Implications from this study were three-fold and consisted of implications for the curriculum, students, and faculty.

Curriculum

The curriculum for this course has been revised to reflect the needs expressed by the students. Based on students' comments, the experience has since changed considerably. Currently, all students in their final semester of the nursing program have an experience with a care manager, either as an observational experience or, as with the students in this study, they actually assume the role of care manager. Prior to assuming this role, students are expected to spend time with a clinical nurse at the bedside, providing care for a typical patient load. After they have this experience and know how can function in this role, they spend time with the care manager.

Students

Students place a great deal of importance on the organizational structure where they have their clinical experience. They also prefer working in a learning environment. When they are placed in situations where either the organizational structure or the learning environment is in a state of change, students will require explanation in preparation for their experience. Students may learn best in a traditional learning environment or setting.

Another implication from this study is the need for students to be adaptable. When change occurs, students need to adapt and adjust accordingly. Some students may thrive in a change environment, whereas others may not do well.

Faculty

The educator role extends into the clinical arena. It is a challenge for faculty to take students into clinical environments where change is occurring. A discussion of change may be a crucial first step in the process. In addition, students must understand the importance of being adaptable. Coping may be an important skill to teach students. Listening to students is essential.

Future Research

Questions generated by this research were related to peers and included:

- Who do students consider to be their peers?
- Are peers considered to be students' fellow classmates?
- Are peers considered the other students participating in the experience, or are peers considered to be the staff on the unit?

These areas need to be explored further because peers seem to positively affect students' experiences. Defining who students consider their peers would be helpful because when students are supported they feel more empowered. This feeling makes them more willing to participate in change.

Another issue related to this study was the timeliness of starting a project where students are involved. Faculty expressed their concerns, and it is possible these concerns were communicated inadvertently to the students. If faculty had been more positive about the timing issue, would students have been more accepting?

Finally, conflict was a substantive theme in one student interview. This raises a question of whether conflict was a theme not discovered by the interviews. It would be interesting to determine the influence of conflict on change. Does conflict, when imposed over a change process, increase feelings of anxiety and negativity? Another question raised in this study is, "What are we going to do with the feelings part of the data and the affective issues?" This needs to be examined and included in evaluation of the curricula.

References


