Chapter 6

Dutch care innovation units in elderly care: A qualitative study into students’ perspectives and workplace conditions for learning

Organisational level of learning

This chapter has been submitted as:

Abstract

To promote workplace learning for staff as well as students, a partnership was formed between a residential care organisation for older people and several nursing faculties in the Netherlands. This partnership took the form of two care innovation units; wards where qualified staff, students and nurse teachers collaborate to integrate care, education, innovation and research. In this article, the care innovation units as learning environments are studied from a student perspective to deepen understandings concerning the conditions that facilitate learning.

A secondary analysis of focus groups, held with 216 nursing students over a period of five years, revealed that students are satisfied about the units’ learning potential, which is formed by various inter-related and self-reinforcing affordances: co-constructive learning and working, challenging situations and activities, being given responsibility and independence, and supportive and recognisable learning structures. Time constraints had a negative impact on the units’ learning potential.

It is concluded that the learning potential of the care innovation units was enhanced by realising certain conditions, like learning structures and activities. The learning potential was also influenced, however, by the non-controllable and dynamic interaction of various elements within the context. Suggestions for practice and further research are offered.
Introduction

As nursing is a practice-based profession, learning in care practice is vital in nurse education. It enables students to develop skills and competences in real, dynamic and complex work situations which are difficult to reproduce in a school environment (Nijhof & Nieuwenhuis, 2008), and encourages them to view patients as unique individuals (Henderson, Cooke, Creedy & Walker, 2012). In addition, it is assumed that learning during clinical placement bridges the theory-practice gap (Field, 2004). Also for qualified staff members, learning in the workplace makes it easier to adapt to the rapidly changing environment (Nijhof & Nieuwenhuis, 2008) and can encourage personal growth, innovation and practice development (Manley, Titchen & Hardy, 2009; Williams, 2010).

The effectiveness of workplace learning depends on both the characteristics of the learner and on the invitational qualities or affordances of the workplace (Billett, 2004), which Nijhof and Nieuwenhuis (2008) call the learning potential of the workplace. This learning potential is defined as “the power of a work setting to integrate learning at work with the result of behavioural changes and the generation of new knowledge” (p.6). It is influenced by learning conditions like the nature and complexity of the nursing care (Henderson et al., 2012; Papastavrou, Lambrinou, Tsangari, Saarikoski & Leino-Kilpi, 2010; Warne & McAndrew, 2008), the quality of supervision (Gidman, McIntosh, Melling & Smith, 2011; Jonsén, Melender & Hilli, 2013; McClure & Black, 2013; Warne et al., 2010), support and feedback mechanisms (Killam & Heerschap, 2013; Manley et al., 2009), and the ward atmosphere (Bradbury-Jones, Sambrook & Irvine, 2011; Henderson et al., 2012; Jonsén et al., 2013; Killam & Heerschap, 2013).

When the learning potential of the workplace is not optimal students and staff can feel insecure and demotivated and may even leave the nursing profession (Chan, Tam, Lung, Wong & Chau, 2013; Eick, Williamson & Heath, 2012). In such situations evidence based knowledge will be harder to implement (Killam & Heerschap, 2013), and the environment will not be experienced as open to innovation and change (Berntsen & Bjørk, 2010; Henderson et al., 2012). Promoting workplace learning in nursing by enhancing the workplace’s learning potential can therefore be rewarding for students, staff and the quality of care (Clarke & Copeland, 2003; Williams, 2010). This may be particularly relevant within the care for older people, a field strongly influenced by tradition and authority (Hamers, 2005) and often not considered as an attractive career option (Berntsen & Bjørk, 2010; Nolan, Davies, Brown, Keady & Nolan, 2004).

As working within ‘enriched’ environments contributes to the development of positive attitudes towards working with older people (Berntsen & Bjørk, 2010; Brown, Nolan, Davies, Nolan & Keady, 2008) and collaboration between health...
care organisations and universities can enhance workplace learning (Clarke & Copeland, 2003; Killam & Heerschap, 2013), a partnership was formed between a residential care organisation for older people and several nursing faculties in the Netherlands. The goal was to develop and implement two care innovation units. A care innovation unit (CIU) is a ward where qualified staff members, a large number of students and nurse teachers collaborate intensively to integrate care, education, innovation and research with the overall aims of creating a challenging workplace and improving the quality of care (Snoeren & Frost, 2011). A CIU is a concept for promoting workplace learning in nursing (Gloudemans, Schalk & Reynaert, 2012; Niessen & Cox, 2011). It has similarities with development units that have the aim to improve nursing practices (Draper, 1996; Gerrish, 2001), but puts more emphasis on student learning, like in educational units (Budgen & Gamroth, 2008; Mulready-Shick, Kafel, Banister & Mylott, 2009), as well as collaborative learning between students and staff. CIUs have not yet been systematically evaluated.

The purpose of this article is to gain insight in a CIU as a learning environment from a student perspective and to deepen understandings concerning conditions that facilitate learning in the care for older people. The article presents the experiences of 216 nursing students within a CIU over a period of five years. First more background information is given about the CIUs. After explaining the qualitative design, the results are presented and discussed and implications for practice and further research are defined.

Background

In 2009 two CIUs were initiated in a residential care organisation for older people. One unit, called Rose, has places for 22 older people with age related mental health conditions. They live temporarily on the unit for observation, rehabilitation or during crisis. In the other unit, Maple, are 34 places for residents with complex, chronic and/or intensive support needs, including palliative care. In both units the nursing care is multifaceted and clinical activities are varied and variable providing many learning opportunities.

Each unit accepts 20 to 28 students (ca.16 FTE) simultaneously on clinical placements, which for most students take between 20 to 22 weeks. Twice an academic year (in August and January) a new student group starts their practicum. The students study at four different educational institutions for various qualifications: health care assistant, enrolled or registered nurse at both diploma and degree level. Students are in different years of their training and work during all common shifts.
In the units around 25 (Rose Unit) and 39 (Maple Unit) ward assistants, qualified health care assistants and nurses (respectively 16 and 24 FTE) are employed, who work under supervision of a nurse manager. The majority is qualified as enrolled or diploma level registered nurse, although the number of bachelor degree nurses has been increasing due to recruitment of higher qualified employees (often graduates that had worked on one of the CIUs during their training). Each qualified nurse is a mentor for one to three students. The mentors guide the students in planning and evaluating their learning process, while all staff members have the responsibility to work together with the students in the unit and to give them timely and constructive feedback.

The nursing team works together with an activities coordinator, a gerontologist and several allied health care professionals. Other stakeholders are a lecturer practitioner in each unit and nurse teachers. The lecturer practitioner is a nurse who has a background in education and research and works both in the unit (2-3 days per week) and in an involved higher education institute (Carnwell, Baker, Bellis & Murray, 2007; Frost & Snoeren, 2010). The lecturer practitioner helps the team to develop their own knowledge and skills and advances practice development (Manley, McCormack & Wilson, 2008). She collaborates intensively with students and staff encouraging dialogue, democratic processes, and the bottom-up initiation of improvements. From each of the three other participating (vocational) schools a nurse teacher visits the care facility once a week as a link tutor (Carnwell et al., 2007). The nurse teacher advises students in their learning and mediates between student and mentor when necessary.

Before the CIUs were initiated, stakeholders participated in five preparation meetings facilitated by the lecturer practitioner to create a shared vision for the CIU and to explore underlying concepts of learning, mentoring, innovation and research (for details: Snoeren & Frost, 2011). Agreements were made about multiple activities, structures and facilities aiming to support stakeholders’ learning, change and innovation (table 1).

Although both units have the same facilities and arrangements to enhance learning, change and innovation, they differ, besides the content of care, in some aspects. Rose Unit was initiated on a new ward adopting staff interested in mentoring students and working in a CIU. In contrast, Maple Unit was an existing regular ward. Although staff members could opt to shift to another unit, they were confronted with the transformation to a CIU. Also, the nurse manager and lecturer practitioner in the Maple Unit shifted mid-2012, while the starting manager and lecturer practitioner still work in the Rose Unit.
### Table 1 Learning arrangements

<table>
<thead>
<tr>
<th>Learning arrangements and structures</th>
<th>Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group introduction and preparation (prior to placements)</td>
<td>Increasing students’ understandings into the CIU, underlying values and expectations.</td>
</tr>
<tr>
<td>-</td>
<td>Getting more familiar with each other and some practical matters.</td>
</tr>
<tr>
<td>-</td>
<td>Planning and evaluating individual student’s learning process.</td>
</tr>
<tr>
<td>-</td>
<td>Promoting responsibility for own learning; enhancing self-directed learning.</td>
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<tr>
<td>Student supervision and assessment</td>
<td>Ensuring adequate guidance for students.</td>
</tr>
<tr>
<td>- Students arrange individual consults with their mentor(s), for example once every two weeks.</td>
<td>Promoting collaborative and peer learning.</td>
</tr>
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<td>- Students are evaluated by their mentor and nurse manager twice during their placements using the assessment instrument as provided by their faculty.</td>
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</tr>
<tr>
<td>- Every team member is expected to work with the student in the unit providing timely and constructive feedback.</td>
<td></td>
</tr>
<tr>
<td>Co-mentorship</td>
<td>Making agreements about the assignment of residents and other (care) activities and the guidance of the learner appropriate to individual learning needs.</td>
</tr>
<tr>
<td>- Another mentor, being a staff member or senior student, operates as a ‘critical companion’ (Titchen, 2003) and offers the first mentor guidance and support when necessary.</td>
<td>Promoting and valuing individual and collaborative learning; enhancing self-directed learning.</td>
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<tr>
<td>Sharing and evaluating learning objectives</td>
<td></td>
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<tr>
<td>- Every person present shares his/her learning goal for that day at the beginning of the shift, which is evaluated at the end of that shift.</td>
<td></td>
</tr>
<tr>
<td>Action research projects (facilitated by the LP)</td>
<td>Promoting and valuing individual and collaborative learning.</td>
</tr>
<tr>
<td>- Long-term innovative projects in which representatives of the nursing team examine and improve care practices by integrating learning and working (Reason and Bradbury, 2001; Snoeren and Frost, 2011; Snoeren et al., 2014)</td>
<td>Encouraging integration of theoretical and practical knowledge.</td>
</tr>
<tr>
<td>-</td>
<td>Improving care practices; encouraging change and innovation.</td>
</tr>
<tr>
<td>Change projects (facilitated by a bachelor student)</td>
<td>Promoting and valuing individual and collaborative learning.</td>
</tr>
<tr>
<td>- Each student is expected to work together with other students in a small, 20-week change project concerning the improvement of an aspect of care. Staff members are informed and involved by students.</td>
<td>Encouraging integration of theoretical and practical knowledge.</td>
</tr>
<tr>
<td>-</td>
<td>Improving care practices.</td>
</tr>
<tr>
<td>Skills lab</td>
<td>Supporting the development of clinical skills.</td>
</tr>
<tr>
<td>- Each team member is expected to practice and test clinical skills in the skills lab before performing these (under supervision) in the unit.</td>
<td>Encouraging the provision of care in a responsible manner.</td>
</tr>
<tr>
<td>Study day with various activities (once every two weeks), in which students</td>
<td>Promoting and valuing individual and collaborative learning.</td>
</tr>
<tr>
<td>- Join workshops and clinical lessons concerning diverse care-related topics facilitated by experts or a senior student</td>
<td>Encouraging integration of theoretical and practical knowledge.</td>
</tr>
<tr>
<td>- Work together in change projects</td>
<td></td>
</tr>
<tr>
<td>- Participate in reflective meetings and action learning (McGill and Brockbank, 2004)</td>
<td></td>
</tr>
<tr>
<td>- Practice their skills in a skills lab</td>
<td></td>
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<tr>
<td>- Work on study assignments provided by the care or educational facility.</td>
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</tr>
</tbody>
</table>
Research design

A qualitative and descriptive design was selected for a secondary analysis of focus group data to identify students’ perspectives regarding the learning potential of the CIUs. A secondary analysis involves a process of re-constructing data that was previously gathered with another main objective (Heaton, 2004; Long-Sutehall, Sque & Addington-Hall, 2010).

The semi-structured focus groups were originally held with the aim to evaluate and improve students’ practicum. Focus groups are group conversations concerning a particular set of topics to explore multiple meanings and perspectives as well as interactions between participants (Liamputtong, 2011). As focus groups have also a pedagogical and political function (Kamberelis & Dimitriadis, 2005), focus groups correspond with the purpose and values of a CIU; participation may give students new insights in own learning or behaviour and could give marginalised groups, as students might feel, a voice.

The aim of the focus groups to explore students’ meanings and perspectives into their placements on the CIUs fits closely with the purpose of the secondary analysis into students’ perspectives of the CIUs’ learning potential. As such, using the original dataset for additional analysis had practical advantages and was more efficient than collecting new data.

Sampling

In the years 2009-2013, 402 students started their clinical placements in one of the units. As most students’ practicum took 20-22 weeks, per unit one or two focus groups were planned in these last weeks of practicum (thus twice a year) to which all students still working in the unit were invited. In addition, from 2012 extra focus groups were planned after approximately ten weeks of internship to utilise the pedagogical function of focus groups (Kamberelis & Dimitriadis, 2005); it gave students the opportunity to act on insights gained by participating in the focus group.

Students in their first year (n=65), who had a one-month internship, or students who had prematurely left, for example due to personal reasons, were not included. As participation was voluntarily, some invited students chose not to join because of perceived workload, illness, or a day off. Some students have participated twice (in interim focus groups as well as during the closing weeks); at least 216 (54%) different students participated in a total of 47 focus groups (table 2).
Focus group interviews

Due to pragmatic considerations the 90-minute focus groups were held in a quiet meeting room by two trained researchers, usually a lecturer practitioner and a nurse teacher. A safe environment and the equal contribution of all participants was encouraged. Also, participants were invited explicitly to share negative viewpoints of the CIUs, as the main aim of the focus groups was to improve students’ practicums. One moderator facilitated the group dynamics and dialogue using guiding questions and topics based on theoretical insights (box 1), while the other acted as an observer who took notes as literally as possible and made a detailed report of the conversation following a standardised format. This report, in which no names or other personal data were included, was sent to the students involved for member checking. This usually provided confirmation and led rarely to any changes.

Box 1 Guiding questions and topics used during the focus groups

Opening questions:
- What feelings do you have concerning your placement in the care innovation unit?
- What was and was not helpful in your learning?

First students’ input was further explored, where after more focused questions were asked concerning:
- the learning opportunities and activities in the unit
- support and guidance during placement
- role and position within the team
- relationships and collaboration with others
- learning resources and facilities

### Table 2 Overview of participants

<table>
<thead>
<tr>
<th>Level/degree</th>
<th>2009 TOT</th>
<th>2010 TOT</th>
<th>2011 TOT</th>
<th>2012 TOT</th>
<th>2013 TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FG end</td>
<td>FG end</td>
<td>FG end</td>
<td>FG end</td>
<td>FG end</td>
</tr>
<tr>
<td>Rose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bach</td>
<td>13</td>
<td>3</td>
<td>11</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Dipl</td>
<td>6</td>
<td>4</td>
<td>12</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Assist</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>7</td>
<td>26</td>
<td>16</td>
<td>41</td>
</tr>
<tr>
<td>Maple</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bach</td>
<td>18</td>
<td>7</td>
<td>12</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Dipl</td>
<td>14</td>
<td>9</td>
<td>27</td>
<td>12</td>
<td>32</td>
</tr>
<tr>
<td>Assist</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>16</td>
<td>41</td>
<td>26</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>23</td>
<td>67</td>
<td>42</td>
<td>97</td>
</tr>
<tr>
<td>FGint</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FG end</td>
<td>36</td>
<td>9</td>
<td>32</td>
<td>41</td>
<td>49</td>
</tr>
<tr>
<td>FG end</td>
<td>92</td>
<td>54</td>
<td>38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTst: Total students, including first years, that started their placement
FGint: Number of students that participated in interim focus groups
FGend: Number of students that participated in focus groups at the end of their placement
Bach: Bachelor level
Dipl: Diploma level
Assist: Health care assistants
Data-analysis

Data (reports of all 47 focus group meetings) was subjected to a secondary thematic analysis using the computer software ATLAS.ti7. To become familiar with the data, the reports of the focus groups were read with the research question in mind: What are factors that increase or decrease the learning potential of the CIUs according to students? The first author labelled sentences and paragraphs using ‘sensitizing concepts’ (Blumer, 1954): concepts informed by previous literature, in this case on workplace conditions that promote learning, and which provide an understanding of the phenomenon and directions in which to look. These sensitizing concepts are neither fixed nor definitive (Blumer, 1954) and were only used as a starting point in the analysis. During the coding process code words were discussed and refined with the second and third author. In addition, relations and patterns between codes were explored in dialogue with the whole author team through which some central themes emerged and deeper insights were gained regarding the dimensions and aspects of the CIUs as learning environments. For example, code words like ‘helping each other’, ‘giving feedback’, ‘feeling supported’, and ‘safe learning environment’ were considered as related leading to the comprehensive theme ‘co-constructive learning and working’.

Ethics

As this research falls outside the provisions of the Dutch law on medical research with people (Ministerie van Volksgezondheid, 2006), ethical approval from a Medical Ethics Review Committee was not necessary. Organisations involved gave their permission and participated in the research by providing moderators for the focus groups. Before starting a focus group, students were informed about the aim of the focus group as well as the voluntarily basis of participation. Students’ informed consent was gained for both participating in the focus group and for using data anonymously on a meta-level for other purposes than placement evaluation, like informing the collaborating organisations about the students’ satisfaction with placement. The results were processed anonymously.

Results

Regardless of their grade and level of education, students experience that they learn a lot in the CIU. They attribute this to co-constructive learning and working, challenging care situations and learning activities, being given responsibility and independence, and supportive and recognisable learning structures. Time constraints can have a negative impact on the CIUs learning potential. There are
no differences between the CIUs and the lifetime of the CIUs seems not to influence the learning potential.

Results are illustrated with quotes and referred to by date of focus group (YYMMDD) and first letter of the unit’s name.

Co-constructive learning and working

Within the CIUs “staff members are committed to learning” (090617M+R). Although the mentor supports the student at a meta-level in planning and monitoring the learning process, students experience that they can go to anyone with questions or concerns. Staff (including nurse managers, lecturer practitioners and nurse teachers) as well as fellow students are open to and feel responsible for helping and giving feedback. Specifically, students feel supported by the presence of other students in the CIU.

“We can share information with each other and support each other. We can learn from each other. [...] We don't have to face things alone” (110119M).

Staff and students participate together in care situations, change projects and action research through which learning emerges, and is co-constructed. This learning is nurtured by differences in levels of education and experiences, which are experienced as “enlightening and challenging” (130410R). Everyone (staff and students) brings his or her own area of expertise and is a role model for others, which ensures that “everyone gives you another perspective and this teaches you to take a broader view.” (131116R).

“The team members are all very different, but then you learn something different from everyone. The one is more practical, the other more theoretical. In particular there is a lot to learn from people with a different level [of education]; there is something to be learned from everyone” (130612R).

Although there are individual exceptions, team members generally give each other honest but constructive feedback. They question assumptions or illustrate alternative approaches, complement and challenge each other, and there is “appreciation for all levels [of education and position]” (130612R). This fosters feelings of safety, equality and belonging.

“You are [treated as] a real member of the team, you have the chance to really be part of the work. Team members are receptive to suggestions and ideas, and to our learning goals” (090617M+R).
Students feel appreciated and “allowed to be who they are with their strengths and inadequacies” (100714R), as “a student within the team, but allowed to think and act as a member of staff” (130116M). This in return re-strengthens collaboration and reinforces the emergence of mutual and co-constructive learning and working, regardless of one’s position or experience.

“Most of the staff members pay attention to learning and innovation. They consider their own learning goals important and take this seriously. [...] They ask students to observe and then give feedback. They intentionally ask about knowledge and insight. It is an exchange of learning and teaching. There is a good balance in this aspect” (130410R).

Challenging care situations and learning activities

Regardless of the student’s level of education, relationships with residents and the complexity and variety of the work are experienced as rich and challenging. Students are faced, for example, with learning to respond adequately to residents’ emotions, coordinating care and supervising others, and providing palliative care. Having the space to explore issues and to make tasks and situations their own without undue pressure enhances learning and is appreciated by students.

“They don’t say to students that they need to rush or keep an eye on the time or things like that. That is really fine” (120408M).

In addition, learning of practice is expanded and deepened when students are critically questioned about the situation and challenged to integrate practical and theoretical insights themselves, instead of “having such connections pointed out” to them (120606M). Bachelor level nurses, lecturer practitioners and nurse managers seem to do this more often than other mentors and are experienced as more challenging, encouraging students to explicate and reflect on different kinds of knowledge.

“They [senior nurses, nurse manager and lecturer practitioner] ask really critical questions and help you to look at and think about things more deeply. You look and think further. It is a stimulant. Others could develop [their skills] in this area” (100111M).

Working and learning with and from others in projects and other situations not directly related to care foster positive relationships with others and “complement the lessons within the school and learning within the unit” (110126M). Inspiring
workshops or clinical lessons, facilitated by students themselves or experts, also encourage critical thinking and the linking of practical knowledge with theoretical insights.

“The experts are often up to date with the situations and clients on the unit; this makes the translation from theory to practice easier” (110126R).

Although the large number of students makes it difficult to suit educational content to everyone’s needs, students claim that “the theory falls into place here and is applicable” (130619R). Understanding of care situations within the unit is herewith promoted, enabling students to work more independently.

Being given responsibilities and independence

Another affordance is getting and taking responsibility and being able and allowed to act independently. Students experience that “much is allowed in the unit” (131113M) and that they are challenged to work autonomously and pushed to get more out of themselves.

”And then 'all at once' I was let loose and I had to find everything out for myself. It was a little scary, but I did learn a great deal from this” (090617M+R).

As a result, students gain more confidence and feel they can make a difference as they are “also responsible for running the ward” (120118R). Participation in new, more challenging activities and situations in which they are more self-directed is thus encouraged, as long as the student feels that the responsibilities and expected independence match existing knowledge and expertise.

"Through having many possibilities offered to me I was able to demonstrate all the competencies that belonged to my level. It is naturally your own responsibility to take these situations on and not avoid them” (100816M).

Dialogue prior to the activity about what can be expected and evaluation afterwards contribute to this; the student gains a better understanding of the situation, giving confidence that he or she is ready for the suggested responsibility.

"It helps a lot that you are trusted, that people make clear that they think that you can do it” (130123R).
Supportive and recognisable learning structures

Supportive and recognisable learning structures encourage students to pay ongoing attention to their own learning. According to students this starts with the group introduction as it provides insights into the underlying values of the CIU, learning arrangements (table 1) and staff-expectations. Additionally, the first weeks in which students interact and orientate within the CIU prove to be essential. Students are paired with staff members or more experienced students in care situations. Within these encounters there is explicit attention to what, why and how the student wants to learn. “Independence and complexity [of care] is built up slowly,” (120111R) based on the student’s existing knowledge, skills and personality.

"I got a good orientation. I could determine what I did or did not want. There were sufficient exchanges in which we discussed what to look out for and what still needed to be done” (120111M).

Consequently, students feel “freedom to learn and to make mistakes” (100626M), while their confidence in self grows making it easier to engage in different situations, to take initiatives and to claim time and space for their learning.

Supervision sessions with the mentor encourage continued attention for learning, although not every student feels the need for frequent sessions.

“I could have a talk anytime I wanted. Only I never really felt the need for this, personally. But the conversations I had with my mentors about my learning process were always functional” (100607M).

Also, the daily structures aimed at formulating and evaluating a learning goal at the start and end of a shift contribute to on-going learning.

"Reporting back every day at 13:30 hrs. was certainly useful. You 'must' evaluate. In this way you remain aware of your own process of learning and that of others. Everyone knows your learning goal, you learn from each other” (110608R).

It helps the student to understand “where he stands” (130123M), improves self-directed learning, and promotes the structural and focused attention for the learning of others.
“I was asked about it [formulation of a learning goal]. It set me to thinking. I have become more active in this area myself [asking about someone’s learning goals] when mentoring my own students” (120111R).

Time constraints

The above, mutually reinforcing affordances could be inhibited by time constraints and perceived workload. Due to time constraints standard learning structures are sometimes not followed, for example when “a staff member does not specify his or her learning need” (130417R) or “care situations and learning objectives are not evaluated” (120612M). As a result, students themselves “take less trouble and don’t look under the surface” (130410R). Furthermore, time constraints can lead to assigning too many responsibilities too quickly to students.

“Sometime permanent staff members would say, ‘Just do it’, and then no one checks if you have done it properly. It seemed as if you were forgotten” (131106R).

Students experience such situations as difficult and undesirable, especially those students who have difficulties expressing their limitations and boundaries.

Many students face challenges in balancing learning, working and their personal life. They experience their practicum as a busy period with high expectations, sometimes resulting in “delaying study assignments and avoiding participation in projects” (100111M). This can cause competition for less common learning situations, such as chairing a multidisciplinary meeting or practicing specific technical skills, hindering less mature students “who can’t stand up for themselves” (120613R) the most.

“Near the end of the placement it is sometimes a bit of a puzzle, working out who is going to do what, because multiple students have the same things they still need to do” (120118R).

Discussion

Generally, students experience the learning environment of the CIUs as nourishing as a result of multiple, mutually influencing invitational qualities or affordances. These workplace affordances interact achieving a self-reinforcing loop that seems to promote a workplace culture that embraces learning. It is unclear how this workplace culture precisely evolved, however it seems plausible that it is the reciprocal and dynamic interplay between the diverse workplace affordances as
well as the individual agency of stakeholders that promote the learning-centred culture, as is also suggested by Billett (2004). As workplace cultures are based on shared and deep-rooted values that stakeholders act on, retaining and passing on such beliefs to new members (like students) of the organisation (Schein, 2004), such a culture is difficult to change once achieved. This may explain why shifts in leadership within Maple Unit are less influential, while time constraints, a hindering factor also identified by Gidman et al. (2011), put pressure on acting congruently with underlying values, thus disrupting the CIUs’ self-enforcing learning potential.

Whereas this research illustrates coherence and synergy between inter-related and self-reinforcing affordances, the distinct workplace affordances are in line with previous research often conducted in a hospital setting. Possibilities for engaging in challenging and varied clinical activities and relationships with patients (residents) are commonly considered important, because these contribute to the development of a person-centred attitude, nursing skills and confidence (Henderson et al., 2012; Papastavrou et al., 2010; Warne et al., 2010). Students appreciate having responsibilities and staff taking a step back in order to give them the opportunity to engage independently in nursing care (Bourgeois, Drayton & Brown, 2011), in which they need time without undue pressure imposed by staff (Chuan & Barnett, 2012; Killam & Heerschap, 2013). Other affordances emphasised in literature are high-quality supervision and the supportive attitude of nurse mentors, and a permissive and safe ward atmosphere in which students can learn and get feedback (e.g. Chuan & Barnett, 2012; Gidman et al., 2011; Henderson et al., 2012; Killam & Heerschap, 2013; McClure & Black, 2013). As in the study presented, these affordances can foster feelings of belonging and being valued as both a team member and a person promoting self-efficacy, responsibility for own learning, and empowerment (Bourgeois et al., 2011; Bradbury-Jones et al., 2011; Gloudemans et al., 2012). Peer learning (Bourgeois et al., 2011), involvement of nurse teachers and lecturer practitioners (Carnwell et al., 2007), and structures that guide and promote self-directed learning (Williams, 2010) are also conditions valued in literature.

Although the distinct workplace qualities are in line with previous research, the descriptive results presented in this article query the tendency to focus on individual affordances, illustrating as they do a responsive and mutually reinforcing process between various elements. As explained in complexity theories (Davis & Sumara, 2005; Laidlaw, 2004; Osberg & Biesta, 2007), although every single learning condition is of interest, it seems to be the synergy that emerges (that is, the process in which the individual elements in interaction with each other create a whole that is greater than the sum of its parts) that makes the difference. For example, mentorship as an element is at least as important as the learning attitude of everyone in the unit. Both shape and influence each other reciprocally.
within a context (another element) that is characterised by equal relationships between students and staff, and in which both students and qualified staff support one another and learn from each other while engaging with each other. It is this mutually reinforcing interaction between relevant elements that enables mutual and interdependent learning and strengthens co-constructed working, creating also new learning opportunities in return (Davis & Sumara, 2005). In a similar manner the results illustrate that participation in challenging activities and situations is essential, but in itself not sufficient to facilitate learning. Students learn from these situations and are challenged to dig more deeply as a result of the confluence of elements, like sufficient time to engage in the situation, the student’s previous experiences and agency, values and qualities of other individuals involved, and supportive learning structures. This suggests that learning within the CIUs is a relational and responsive phenomenon and that the CIUs’ learning potential is amendable, but not totally controllable (Davis & Sumara, 2005; Laidlaw, 2004; Osberg & Biesta, 2007).

Limitations

This study has its strengths, such as its duration and the large number of students and focus groups, but also its limitations. Focus group facilitators were often themselves stakeholders within the CIUs. Although students were used to participating in dialogical work forms, as these were normal in the CIU, and social conditions (like safety, equality and joint decision-making) were promoted, there remains a risk of desirable responses. Bias may have also arisen by not including students who had quitted their placements prematurely and through summarising meetings instead of recording and transcribing them. Nevertheless, member checks intended to validate the credibility of data by asking for participants’ feedback on reports confirmed the contents of reports and led rarely to any changes. Also, data collected during multiple focus groups indicated much the same things and confirmed each other.

Although results cannot simply be generalized to other contexts, the description of learning arrangements within the care innovation units could inspire readers and could encourage further dialogue on workplace learning within the care for older people as well as other fields.

Conclusions

This descriptive study provides insights into a CIU as a concept for enhancing the learning potential of clinical placements in nursing homes. It stresses placement
learning as a relational phenomenon and illustrates coherence and synergy between different inter-related and self-reinforcing invitational qualities or affordances. It suggests that the learning potential of workplaces can be enhanced by promoting certain conditions and different structures and activities, while being neither completely predictable nor manageable given the co-emergent and reciprocal nature of context and individuals (Davis & Sumara, 2005). Based on these insights practical suggestions are:

- Involve stakeholders in bottom-up processes to enhance the workplace’s learning potential from the early beginnings. Encourage ownership and the development of shared learning-centred values to set in motion the development of workplace affordances and self-reinforcing mechanisms.
- Value and model the attitude that everyone is a learner.
- Promote shared decision-making and agreements concerning supportive learning structures and arrangements.
- Encourage space for interaction and multiple voices, and occasions for collaborative working and learning (Davis & Sumara, 2005). Inspire stakeholders to engage with rather than controlling and managing learning.
- Keep an open mind and attitude for unforeseen hindering or positive reinforcing interactions. Specifically, have enduring attention for time constraints and respond to these promptly as time constraints can disrupt self-reinforcing mechanisms.

Further research is necessary from other stakeholders’ perspectives, like staff and residents, and within different fields to gain more insights into CIUs as a concept for promoting workplace learning and improving the quality of care. As this study only identifies coherence and synergy between inter-related workplace affordances and reciprocity between contextual influences and individual engagement, more in-depth research into the relational dynamics between those elements may give more insights into learning processes within CIUs.
References


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