

Understanding the needs of all the stakeholders: Issues of training and preparation for health work students and their clinical educators

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Work-integrated learning (WIL) is vital for preparing health-work students for practice. WIL activities have multiple stakeholders, each with their own set of expectations and requirements, both explicit and implicit. Negotiations to provide these learning experiences for students happen at many levels and those at the coalface are often unaware of the different expectations of the various stakeholders. By developing their ability to consider multiple stakeholder perspectives, health students and their clinical educators are in a strong position to maximize the benefits, limit the disadvantages, and increase the satisfaction of the multiple stakeholders. Social awareness, communication skills and relationship development and maintenance hold the key to building capacity to manage the WIL experiences more skillfully, leading to better outcomes for all. This discussion paper examines an example from the field that drew attention to the need for a better understanding of the needs of all stakeholders. (*Asia-Pacific Journal of Cooperative Education*, 2016, 17(2), 93-100)

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The work-integrated learning (WIL) activities, including practice, clinical experiences or placements, and fieldwork are a vital component of preparing healthcare students for practice. These learning experience placements are an important part of their preparation prior to taking up positions in the health workforce after graduation. They are a requirement for accreditation for nurses and allied health workers. Clinical placements provide students with opportunities to integrate theory with practice, to develop clinical competence, strengthen confidence and build on their skillsets (Rodger et al., 2008). As clinical placements hold an important position in the health education of nurses and allied health disciplines, much effort is expended ensuring that students are prepared for their placements (Nagarajan & McAllister, 2015). Professional development is available for clinical educators and those who aspire to fulfil these roles. Unfortunately, a number of issues of unmet expectations for both students and hosting facilities are consistently identified in the literature (Nielsen, Noone, Voss, & Mathews, 2013; Nielsen, Sommer, Larsen, & Bjork, 2013) and these have a negative effect on the partnerships.

Employers have expectations over and above graduates' abilities to demonstrate the skills and knowledge they have acquired and their knowledge of the models and theories that underpin their learning. Employers often comment that graduates are ill-equipped to demonstrate agency; intentional motivation to work towards strategic goals (Fortune, Ryan, & Adamson, 2013). Moreover, some graduates are seen as unprepared for the realities of employment, and unable to cope with the pressures of the work environment (Adamson, Hunt, Harris, & Hummel, 1998). For these reasons, it is necessary to provide learning experiences that help students develop social astuteness, interpersonal influence, networking ability and apparent sincerity (Ferris et al., 2007). Harvey, Harris, Harris, & Wheeler, (2007) argue that politically skilled individuals are better able to manage interprofessional relationships due to their skills in interpreting social information and responding to the information with situationally appropriate behaviors. This ability to understand social

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interactions at work helps workers respond to situations effectively, minimizing disruption and maximizing benefit.

Prior to attending any placement, apart from the institutional guidelines, procedures and policies, students are provided with detailed information about the competencies that they are expected to demonstrate and how these will be assessed. In addition, each placement has its own set of rules and requirements and such information is typically provided in a variety of ways, from hard copy handouts to online interactive websites. Despite the effort put into preparing students for WIL placements, many students remain unprepared for the experiences. Clinical educators often remark that the students have not familiarized themselves with the materials before arriving at the placement (Levett-Jones, Fahy, Parsons, & Mitchell, 2006).

In health disciplines, the success of any WIL placement is measured on numerous parameters that include the satisfaction of multiple stakeholders: students; the facility; the clinical educators; the patients/clients and their carers; insurance companies; university faculty and accrediting bodies, to name a few. WIL placements results from consideration of the strategic objectives of various organizations and this makes it crucial not only to identify all the salient stakeholders, but to manage robust relationships with them so their objectives can be managed optimally (Assudani & Kloppenborg, 2010). Moreover, Freeman (2010) argues that instead of viewing stakeholders as disparate in their interests, to manage stakeholders well, they should be seen as “bound together by the jointness of their interests” (p.7). In other words, it is important to understand how professional relationships with stakeholders work. It is, therefore, vital to consider what the student undertaking the WIL placement brings to the relationships that already exist. Clearly this is a complex issue.

Mitchell, Agle, and Wood (1997) provide some guidance for defining who and what really counts in stakeholder recognition. They categorize stakeholders according to their possession of one, two or all of the following attributes.

- (1) The stakeholder’s power to influence the institution(s)
- (2) The legitimacy of the stakeholder’s relationship with the institution(s)
- (3) The urgency of the stakeholder’s claim on the institution(s)

Experience shows that in the case of successful and ongoing WIL placements, the needs of and benefits to all stakeholders have been established, either purposefully, or serendipitously. Further, responsibility for the maintenance of the relationships is typically shared across the placement communities. These relationships are dynamic and the needs and objectives of the parties are likely to shift or change. Additionally, these relationships are likely to have a life cycle with several stages in which the different priorities exert their influence and demand for attention. The need for vigilant, careful management of these relationships is a constant one. It is vital for both students and clinical educators to realize that although for them, the placement may be a short-term, one-off situation, it has been forged through many discussions, promises, compromises and agreements. Such agreements create relationships that need to be nurtured and maintained, so that the relationship continues and the source of placements is sustained to mutual benefit – most particularly, to the benefit of future students.

It is important that the clinical educators and host organizations identify and understand students’ expectations as this affects the students’ overall satisfaction with the WIL placement experiences. Yet, while it is acknowledged that ensuring a close congruence

between their expectations and actual experiences is important (Belanger, Mount, & Wilson, 2002), students' expectations are not always clearly expressed, or even known, at the commencement of a placement. At times the expectations may even be unrealistic or contradictory. It is, therefore, important where possible to identify and manage students' expectations as an ongoing process (Bordia, 2006). However, it is equally important when preparing students for placement to help them understand the existence of the other stakeholders at any WIL placement. It is not expected that, at the start of a WIL placement, students will have an understanding all the competing needs and expectations of stakeholders in any one situation. In fact, Cooper, Orrell, and Bowden (2003) recommend an ongoing reciprocal approach of communicating and listening; gather information through communication and reflect on its meaning and implications. Engaging in brainstorming sessions, or using situation analysis tools or mindmaps, before and continuously throughout the placement as students and clinical educators gather additional information can assist them to gauge the extent of the various stakeholders' interests. Doing so provides clinical educators with an opportunity to guide students to come to regard the WIL experience as "an integral part of generative social practice" (Lave & Wenger, 1991, p. 35) that focuses on the "importance of participation" (Fleming, 2015, p. 110). In this way students are encouraged to develop a different awareness - moving away from a focus on their individual learning objectives.

Nagaranjan and McAllister (2015) recommend Billett's (2009) theoretical framework to integrate practice experiences in the curriculum for Allied Health students. In this framework the integration of learning experiences in both academic and practice settings is outlined with suggestions at three phases: before, during and after the WIL experience. Important in this framework is the notion of supporting students to develop into agentic learners. Human agency is defined as the ability "to influence intentionally one's functioning and life circumstance" (Bandura, 2006, p. 164). Furthermore, Richards, Sweet, and Billett (2013) remind us that it is not only the students' readiness for learning that is at issue, but also "their intentionality (i.e., personal purpose), effort and direction of their engagement processes" (p. 251) that ensures that they engage with the learning that is offered.

Nonetheless, it is unreasonable to expect students or clinical educators to fully understand the complexities of the relationships and interests that exist in the workplaces they enter to spend relatively short periods of time. However, this does not mean that they should ignore their existence. While they may be forgiven for failing to fully understand these relationships, they may not be forgiven for ignoring their existence and we need to bring this into the design of our learning and teaching about WIL. The need for understanding and acknowledging the elements of this complex WIL experiential learning landscape is illustrated through an examination of the following example from the field.

AN EXAMPLE FROM THE FIELD

Students from two disciplines were provided placements in a primary health care setting with older adults. They were afforded the opportunity to interact with adults in residential care, and with adults living independently; managing their own health in the villages attached to the residential care facilities. The facility had previously provided placements for nurses in the residential care facility as part of an ongoing agreement, but had not provided placements for either the clinical exercise physiology (CEP) or occupational therapy (OT) students before. In OT terms, these were emerging placements, with opportunities to

introduce new primary healthcare services and demonstrate their benefits to the placement partners and the participants. Role-emerging placements are ones where the discipline role has not as yet been established as a service (Dancza et al., 2013). Table 1 below provides information on the number of students by discipline and duration and nature of placement

TABLE 1: Duration and nature of student placements by discipline

Discipline & Year of Study	No.	Duration of Placement	Nature of Placement
Clinical Exercise Physiology Masters (CEP)	10	40 hrs per week for 2 weeks 8 hrs/week x 8 weeks	Students volunteered to attend; numbers varied from 1 to 8 on any day
Occupational Therapy (OT) students 4 th year	2	40 hrs per week x10 weeks	Continuous across 10 weeks

The two emerging placements differed in both the number of students on placement and also the nature and timing of the placements. The CEP students varied in number on any one day from one to eight and their placements were spread across three separate sessions, with ten students provided with placement opportunities over the period. The clinical supervision of these students was shared by two registered clinical exercise physiologists who also work in private practice. These were masters students completing placements for accreditation with Exercise Sports Science Association (ESSA).

The OT students were in their final placement before graduation, at the end of a four year undergraduate degree. Their programs stipulated a placement of ten (10) weeks in a block of time. They were supervised by a registered OT who also worked in private practice. Due to the length and intensity of this placement, the project leader worked with the residential care facility and the managers of the independent living village to scope two projects that would be of benefit to both the students and the placement sites. Both projects had the potential to showcase the students' abilities and the benefits of the discipline to the facility, while providing real world, meaningful experience for the students. New graduates often find that their new qualifications are not regarded as highly in the marketplace as is experience, or the combination of experience and qualification.

The director of nursing in the residential care facility made every effort to ensure that the OT students were made to feel a part of the establishment. Students were accommodated in the office shared by the senior health team. They were included in staff training and were encourage to accompany the staff on their rounds. They were also directed to provide professional insight and support in specific cases. The real world task requested by the director of nursing was an audit of the facility from an OT perspective with recommendations for a planned refurbishment of a wing. The second task was an overview of the health status of the residents of the independent living village from the information gathered through the risk and resilience assessments with the participants, providing vital planning information. Data collection, in the form of semi-structure interviews, from these placements was approved by Southern Cross University's Human Research Ethics Committee in 2012 (approval number: ECN-12-308).

MANAGING EXPECTATIONS AND THE UNFOLDING SITUATION

Despite the clear direction given to the occupational therapy students and the support provided by the facilities, the clinical educator and the project leader, the two young female OT students found it difficult to settle in and tackle the tasks. They focused on their fairly narrow interpretation of the assessment requirements for registration, unwilling or unable to think more broadly about the ways in which the required tasks not only fulfilled those requirements, but also provided valuable on the job learning, evidence of two real world tasks and opportunities to develop skills and an understanding of the day to day operations of two different entities, both involved with the health and well-being of older adults. They were unable to recognize the multiple stakeholders, and therefore, their needs, and remained focused on their own expectations of the placement. The project leader and the clinical educator expended much time and effort trying to develop their understanding of the opportunities and of their responsibilities, working together to motivate the students who exhibited low levels of engagement and poor attitude by the end of the second week.

In an attempt to engage the OT students and to meet their expectations of the placement, the clinical educator worked with the students as if they were her clients. She asked them to reflect on their lifestyle habits, health challenges, anxiety and fears of life transitions, personal life goals, mindset and psychological barriers. Under the guidance of the clinical educator, each student developed a small personal project that appealed to her own views of what she wanted to achieve on the placement, but which also had benefit for the older adults from independent living: a walking group and a series of health and wellbeing talks. These projects were in addition to the projects negotiated with the placement. This approach appeared to improve the student engagement in terms of the level of energy and commitment they showed in performing the tasks connected to the projects they had each chosen. However, they were less motivated in producing the reports that had been negotiated and promised to the management of the residential care facility and the independent living village. While the students had collected most of the data, in each case, for the reports, they balked at the notion of writing the reports. The project leader took responsibility for these reports and worked with the students and the clinical educator to ensure that the reports were completed in time and at the expected professional level.

The attitude of the OT students and their inability to see beyond their own needs resulted in a missed opportunity. They failed to demonstrate to the director of nursing that there was sufficient benefit from this placement to consider the services of an occupational therapist on her healthcare team. By contrast, the clinical exercise physiology students, who, granted were not tasked with a deliverable, such as a report, found favor by doing what was expected in terms of assessing the participants, both in the residential care facility and in the independent village. The value of their services was identified and despite clinical exercise physiology not being recognized by the Australian Aged Care Funding Instrument (ACFI) as a fundable service, the director of nursing was keen to introduce clinical exercise physiology into the residential care facility as a pain management and falls prevention strategy.

In their reflections on the placement, the OT students expressed dissatisfaction with the assignments, failed to see the benefit of the reports in terms of evidence of their work experience and as documents that qualified as evidence to demonstrate experience to a future employer. In fact, one student said had she known that she would be required to write reports, she would not have accepted the placement. When asked whether the students had any interest in working with this age group in the future, both replied in the

negative. In answer to the question why they elected to take the placement, they replied that it was close to home and thus required less travel. When discussing the personal project that each had been encouraged to carry out, both expressed satisfaction. Their clients from independent living who had participated in the projects were positive and encouraging about the students and their work.

Not all the CEP students were equally engaged in their placement, with one or two attending more sessions than the rest. However, possibly due to the larger number of students, this did not appear to impact on the general impression of the students' overall engagement with the placement. These students reported a willingness to work with this age group in the future, despite this not having been a setting any of them might have chosen prior to this placement. They also expressed appreciation for having been provided this WIL experience.

MOVING FORWARD FROM LESSONS LEARNT

While it may not be fair to compare and contrast the experiences of the placements of these two disciplines, there are lessons to be learnt about understanding expectations, managing expectations and understanding the multiple expectations of stakeholders in any one clinical placement situation. Importantly, as a stakeholder, the Director of Nursing at the facility, possessed all three attributes of importance (Mitchell et al., 1997); she had the power to influence decision making regarding employment; the legitimacy of her relationship with the facility and the urgency of her claim to the facility were unquestionable. In contrast, the OT students viewed this stakeholder's needs only in terms of their own assessment requirements, without considering her needs or indeed her influence in terms of the placement and the ongoing relationship with the university for the benefit of future students. The CEP students, on the other hand, seemed to understand the opportunity to develop relationships with a potential employer and potential clients.

In the multiple discussions that took place between the students, the supervisor, the academic staff member and the project leader, it was clear that an opportunity had been missed. Despite all the preparation for this placement, these students continued to hold expectations that were not consistent with the placement. We speculated whether the placement would have been more satisfying for the students had it not been an emerging placement. Could the presence of an OT on staff have made a difference? Dancza et al. (2013) acknowledge that while role-emerging placements address placement shortages, they are often emotionally challenging for both the students and their clinical educators. While the clinical educator was experienced, she did not work in the aged care sector. She did understand the Primary Health Care landscape, and so was regarded as an appropriate and qualified supervisor. Both students expressed respect and admiration for the clinical educator for her knowledge and her manner. Would it have been a more successful placement if we could have recruited the students in a way consistent with employment practices? This was not possible, of course, as while students have choice in their placements; they also have a requirement set by the accreditation body to work across the sectors. We do not have answers to these questions. What is clear is that more is needed in terms of preparation and training WIL placements, both for students and also for the facility and to that end we re-examine the literature.

While the university expects that student's needs and learning expectations will be met, each student is only one small part of the bigger picture. Nevertheless, that small part has the potential to make or break the ongoing WIL partner relationships. Deferring to the literature, we maintain that by developing social astuteness, the ability to consider what advantages and disadvantages there may be in one encounter for all the stakeholders, students and their clinical educators are in a strong position to maximize the benefits, limit the disadvantages and increase the satisfaction of the greater number of stakeholders. Instead of asking only "what's in it for me?" students need to ask themselves "how do I repay the good WIL?" so that future students can also benefit from the relationship between the WIL partners. We argue that WIL helps build students' social capital in instances where students and clinical educators see themselves as partners in the relationship building endeavor. We advocate for the WIL curricula to be adjusted to ensure that students develop social acumen. In other words include learning objectives that ensure that students take responsibility for leaving the clinical placement relationship better than they found it.

Finally, as Nagarajan and McAllister (2015, p. 285) acknowledge "not all WIL experiences are positive". While we need to put effort into ensuring the integration of curriculum and pedagogic elements, we realize that students' agency as active learners is equally important and should not be neglected. Thanks to all the research and ongoing revision, review and sharing that is taking place in the WIL landscape, we are better informed about the elements that influence WIL experiences, especially those that are likely to deliver quality experiences for students, supervisors, educators, industry and all the many stakeholders who make these experiences possible. It is well to remember that when it comes to successful WIL experiences and enduring partnerships, 'the whole is greater than the sum of its parts' and students can be the goodwill ambassadors.

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