**Discussion and Critical Analysis: Learning and Teaching in the Nursing Setting**

Most nurses would agree that learning is continuous. The process of learning does not stop after graduating with a nursing degree. However, most of the learning is founded on a theoretical background that cannot be overemphasized. Contemporary learning theories continue to be developed to provide the best possible preparation of professional nurses. Even so, experience is also essential. The case is especially following that most disciplines in the healthcare sector put extensive emphasis on experience; practice rather than theoretical foundations alone. Perhaps, in recognizing the importance of the practical component in nursing education and consequent learning, as backed by the relevant theory in nursing education studies,fundamental nursing teaching attempts to involve direct involvement of patients among other forms of experiential learning. However, practicing nurses are faced with a dynamic environment with constantly improving technologies in the health sector.

This paper attempts to critically review and analyze the factors that enable nurses to learn in practice while confronted with a changing environment. The discussion in this paper interrogates contemporary learning theories and teaching practices as manifested in different nursing practice settings. Specifically, the article is keen to contextualize how such theories interact with existing influencing factors such as changes in technology, the practice environment and contexts, and the different forms of application of such theories in nursing practice.

**Environment: The practice vs. contemporary learning theories**

The healthcare environment keeps changing. Consequently, it is possible to argue that experiential learning as part of nursing learning and teaching is extensively contextual. The contexts can range from learning theory application, the environment, and the specific areas of specialization among other factors. Accordingly, it is supposed that in the rapidly changing healthcare environment, contextual factors often provide unique learning opportunities for nurses (Bhardwaj et al., 2015; Saifan et al., 2015; Bhardwaj et al., 2015). The position in this discussion draws from the contemporary literature regarding learning and teaching in the nursing setting. One of the factors affecting the learning process is the learning environment. In describing the essence of experiential learning, Sand et al. (2014) observe that graduates from nursing health care programmes are usually expected to enter the workforce with professional skills. Such an expectation requires the learning process should try as much as possible to avail specific skills to inexperienced nurses. However, the dynamic nursing environment may not exhaustively prepare nurses. In a similar observation, Bhardwaj et al. (2015) describe nursing teaching as entailing learning that is focused on patients and their problems and directly involves learners.

However, it is evident that the intention of nursing teaching is to give students as much nursing exposure as possible through contact with actual hospital environment (Roche et al., 2017). The case makes the learning environment reflect as much as possible the real practice after graduation. From such a context, and recognizing the unique learning environments which are extensively dependent on placement location, it is possible to derive cases of varying exposure. Taking the case of rural against urban settings for instance, and according to expert observations, the two environments may have a significant influence on the outcome of identical teaching and learning theories (Roche et al., 2017; Waymack, et al., 2015). The differences range from biases in the types of nursing exposure based on prevalence to the unique circumstances inherent in dichotomy differences (Waymack, et al., 2015, pp. 4-5). Sand et al.(2014), for instance, explains that physicians in rural areas tend to work comparatively more hours. The researchers also note that the scope of practitioners in the rural setting is frequently more diverse and physicians have broader hospital privileges.

Perhaps another factor that influences learning in the practice setting is the specialty of individual nurses. Waymack et al. (2015) observe that some nurses may be biased to a specific healthcare specialization, or be exposed to a healthcare setting that statistically records more of a specific healthcare need. For instance, visits for acute injury and pain are observed to be biased to the rural settings. On the contrary, more visits to urban settings entail general medical examinations and preventative services. In a more comprehensive study that was based on the rate on statistics of emergency procedures and critical diagnoses, Waymack, et al., (2015) found that while there was a likelihood of most procedures being performed in both settings, some procedures were hardly reported in the rural areas.

Essentially, it is possible to identify cases that provide different experiences to both teacher and learners. As such, taking into account the important aspect of nursing teaching and learning, one can present the outcome in terms of probabilities. The case of prevalence, for instance, may mean that student exposed to the rural setting may be better qualified in specified areas. In describing the scenario, Roche et al. (2017) acknowledged the opportunistic nature of nursing learning and notes the complexity that it brings to proper planning.

**Nursing work Context**

Having noted the different environments using the rural versus urban settings, perhaps it is also prudent to highlight the nursing work context as a possible factor that facilitates nursing teaching and learning. In a discussion by Bhardwaj, et al. (2015) regarding the nursing context, the argument of the opportunistic nature of workplace learning is emphasized. However, it is observed that, while patients may sometimes express unpredictable needs, which could result in tensions, such cases offer a good learning experience. However, some have argued that some nursing contexts may seem too sensitive or unsuitable for specific nursing learning approaches. For instance, Patton et al. (2013) highlights the unique nature of physiotherapy and how nursing education can be enhanced in this field. The paper argues that the nature of the discipline makes it contestable to have a standard teaching model that can address all the teaching needs (p.494). Essentially, the cases describe the limitations of nursing teaching. Nursing contexts make it hard to plan as it depends on patient and statistics on types of diagnosis.

Context can also be interrogated based on teaching on the wards as compared to teaching in the clinic. Waymack et al. (2015) also touched on the argument and was able to demonstrate that different teaching contexts had a significant impact on some areas of nursing performance. Other contexts, which may be somewhat subjective, have been observed by Saifan et al.(2015) to include such factors as poor communication, qualification of nursing instructors, conflicts between theory and practice, and lack of consideration for individual students strengths among other factors.

**Application of learning theories and Teaching Practice**

The foundation of this paper is derived from contemporary teaching and learning theories in the nursing setting. Such approaches, as extensively illustrated in literature (e.g., Saifan et al., 2015; Bhardwaj et al., 2015) emphasize on the direct involvement of students. However, while the objective of such methods is to educate the learners efficiently, the involvement of the patient who also has needs may tend to complicate learning. In discussing the different approaches to nursing teaching and learning in the workplace, Roche, et al. (2017) observes that nursing learning needs the input of the learner, the patient, and the teacher. While commenting on nursing teaching and learning, Siraj, et al. (2014) also extends the discussion to interrogate the balance between the needs of both the student and the patient. In the findings of Siraj, et al. (2014) a possible significant impact of client-centered approaches to student’s development is indicated. As an effect, some researchers have questioned the various forms of nursing learning. Some have even described it as informal, unstructured and largely opportunistic (Bhardwaj, et al., 2015, p. e67). For instance, while experiential learning theory holds that learning is most effective from a hands-on perspective, Saifan, et al (2015, p. 21) argues that the nursing environment is complicated and continuously changing.

Several methods have been developed to not only emphasize student engagement but to ensure client satisfaction. Patton, et al. (2013) highlights three options in nursing teaching and learning including sitting in as an observer, three-way consultation, or hot seating. As an observer, the student is only a passive third party who is expected only to observe and learn. In the case of a three-way consultation, all three parties in are free to engage one another. The experienced nurse, the inexperienced nurse, and the patient can engage freely. However, in the case of hot seating, the experineced nurses only mentors nurses that are new to the job.

However, it has been observed that each of the methods may have opportunistic advantages and disadvantages. The effect has been further analyzed by McLain et al.(2012) where it was evident that the teaching method had a significant impact on the process of student performance. Essentially, the application of nursing teaching as stipulated in nursing teaching theories is extensively subjective. As observed in the preceding section, there may not be a standard way of approaching nursing teaching and learning apart from the established framework. The framework, however, remains somewhat broad and influenced by numerous factors.

**Conclusion**

Contemporary learning theories and teaching practice tend to focus on both theory and experiential learning. The approach has been extensively adopted with significant evidence of positive outcomes. However, scholars have continued to highlight potential challenges. The analysis of related literature has noted a number of factors and critically analyzed how they enable learners to learn. Notably, the various factors have been observed to express biases in different environments, the context of learning and how such learning is administered. The analysis has also been able to appreciate the complexity of having clear, and perhaps strict guidelines for approaching nursing teaching. In part, the case has been attributed to the reliance on patients, who are significantly unpredictable. As such, challenges have continued to be expressed especially in ensuring a balance between patient care and student needs consecutively.

Overall, nursing environments tend to differ in many ways. Such differences may range from technology, the areas of specialty, and even the location of the practice setting. Some environments may entail a cooperative team, capacity building, or even further on-the-job training, culture, among other subjective effects. The case, therefore, presents nursing teaching and learning as conceived between the complex interactions of factors that may not be controlled. The case makes it opportunistic, hard to plan, and hard to uniformly assess the outcome.

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