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## **Wall-to-Wall versus Exemplary Counselling - findings from an action research in Denmark**

### **Introduction and Literature Review**

Denmark's nursing staff shortages and high student nurse drop-out rate, including the specialist field of psychiatric nursing, call for solutions to increase recruitment and retention levels (e.g. Pilegaard Jensen et al 2006). The Danish government has argued that taking an interest in developing students' learning environments<sup>1</sup> would effect a solution (Finansministeriet 2006). Research (Kragelund 2006) has demonstrated that missed learning opportunities can be identified and exploited using a pedagogical tool for mentors and students; a categorisation model of student nurses' (students') learning. The 'Windmill of Learning Processes' (the 'Windmill model') was developed to this end, aiming to augment student learning, and promote regional psychiatric institutions as clinical learning environments (Kragelund 2006; 2007a; 2010 & 2011).

The Action Research: *Development of Regional Psychiatric Institutions as Learning Environments* is a three year project which will finish in September 2011 (Kragelund et al 2008)<sup>2</sup>. The purpose of the study is to identify and describe missed learning opportunities at the participating psychiatric institutions, and so develop the institutions' roles as clinical learning environments. This will be achieved *firstly*, by having the mentors use the 'Windmill model' as a pedagogical tool in the student nurses' clinical training. *Secondly*, by developing nurses' competences as mentors, for example in improving their aptitude for identifying and exploiting learning opportunities when counselling students. Finally, we aim to develop new concepts about workplace learning<sup>3</sup> (Kragelund et al 2008).

I am cooperating with 100 mentors<sup>4</sup>, and 13 education coordinators, who are also trained nurses. The project is organised with a project steering committee *and* local project working groups. Members of the steering committee are the education coordinators and me, who is the research and project leader. The local project working groups consist of the mentors and education coordinators, who are the leaders of these groups (Kragelund et al 2008).

### **Literature Review: the hospital as learning environment**

International research demonstrates that for hospital wards to serve as effective learning spaces, student nurses should enjoy a caring environment, with mentors who take an active interest in their

role. Nevertheless, mentors do not always meet the students' needs, and the students' time spent in clinical practice is not always used effectively (Chan 2002; Papp et al 2003; Pearcey & Elliot 2004; Saarikoski & Leino-Kilpi 2002). Furthermore, research has conclusively demonstrated the importance of the student-mentor relationship for the quality of the clinical learning environment. The better the relationship, the better will be the learning environment (Saarikoski & Leino-Kilpi 2002).

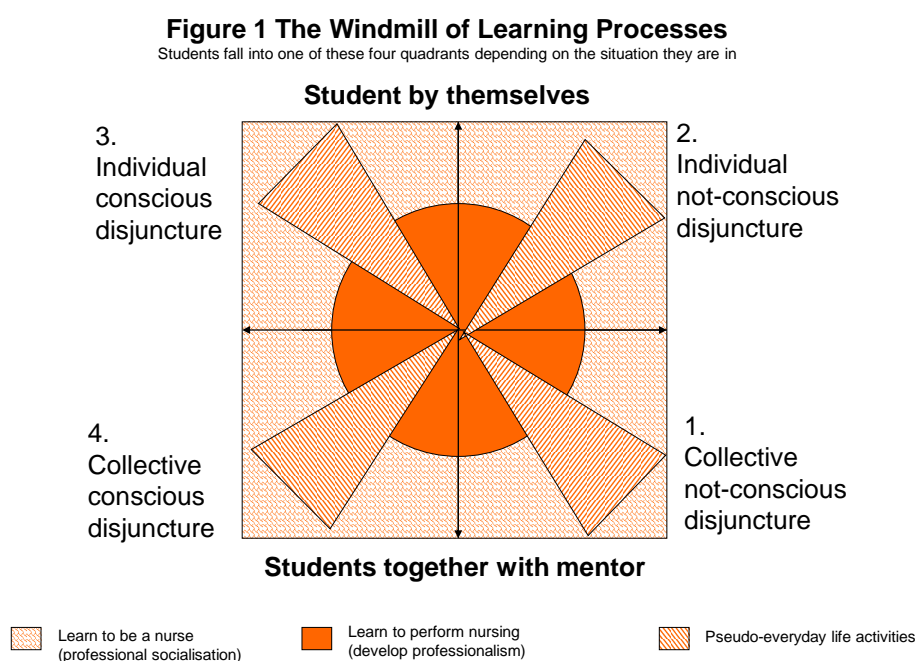
Other important criteria for effective learning spaces are cooperation amongst staff, a collegial atmosphere, opportunities for professional development and opportunities to observe and assimilate the nurses' positive work ethic (Papp et al 2003). The unfortunate corollary is that students' observation of poor role models result in a strong negative learning outcome (Pearcey & Elliot 2004).

## The 'action'

The 'action' in the project was for mentors to employ the 'Windmill model' as a pedagogical tool when counselling their students. Because it is an action research project, the mentors had to go through the 'action' twice, with two different cohorts of students.

The 'Windmill model' (Figure 1) is a result of a research project on student nurses' learning processes during their clinical placement in psychiatry. It is a pedagogical tool developed to offer new insights and discourse for student nurses' learning in clinical practice (Kragelund 2006). Central to the model are Jarvis' concept of disjuncture and Heller's concept of everyday life activities (Heller 1970/1984; Jarvis 1987; 1992a; 1992b & 2005).

It is not within the frame of this paper to describe the 'Windmill model'. Interested readers are left to Kragelund 2010 and Kragelund 2011. I will bring some hand outs of the articles at the conference.



## Theoretical framework

Our approach to analysing the data from mentors' peer observations (see Data Generation) is inspired by Lauvås and Handals' humanistic and dialectical approach to counselling (Handal & Lauvås 1987 & 1999; Lauvås & Handal 2000). This is *firstly*, because Lauvås and Handal are Nordic pedagogic researchers who address their writing to teachers/mentors/supervisors and students, working with, or joining a practice-based education<sup>5</sup> respectively. *Secondly*, their perspective on counselling is used in the Danish nurse mentors training curriculum. 54 mentors have observed each others practice, and out of them 37 are educated as mentors. *Thirdly* we found Lauvås and Handals' terminology very useful, because our data analysis reveals the mentors to be using a version of the pre-counselling and post-counselling approach. I describe this as 'a version' because the mentors counsel differently from the way Lauvås and Handal define these concepts. I will return to this later.

Lauvås and Handal see the process of counselling as a teaching strategy which is of great value in the gap between theory and practice, and between tacit and expressed knowledge. These gaps are faced on educations such as the Bachelor of Science in Nursing. In relation to such difficult tasks Lauvås and Handal have developed a strategy for counselling. They explain that counselling is:

*[... an important professional assistance to individuals' and groups of peoples' learning, and an important supplement to other pedagogic activities. Proximity, consideration and the personal relationship characterise the counselling enterprise (Lauvås & Handal 2000:15. My translation)]*<sup>6</sup>.

Handal and Lauvås are Norwegians and have mainly written in Norwegian. But in their English book form 1987 they explain why they use the word 'counselling' and not 'supervision':

*'Our preference is to use the term 'counselling' instead of 'supervision'. To us 'supervision' implies a distinct superior/subordinate relationship which may reflect the situation in some parts of pre service training programmes adequately, but not at all when it comes to in-service training and consultancy work. 'Counselling' on the other hand, carries a connotation of a psychological perspective, which is not our prime concern. However, we have chosen the latter term in this book to denote the process of facilitating the professional development of teachers<sup>7</sup>, whether they are teacher-training students, teachers at various levels of the educational system or instructors outside the formal educational system' (Handal & Lauvås 1987:xi).*

Lauvås and Handal believe it is important that mentors are curious about the students' way of thinking. Their assumption is that mentors will succeed, if they are more occupied by other people's thinking than their own, and have an authentic interest in other people. Furthermore, they find it important to frame counselling on students' knowledge, experience and values, which they call 'practical theory', which is ever-changing. Lauvås and Handal call their counselling strategy the 'counselling-loop', which consists of a counselling document and three phrases:

1. *the counselling document* is a paper written by the student before pre-counselling, and has to do with how the student has planned a forthcoming action;
2. *pre-counselling* is hypothetical, as mentor and student discuss the student's counselling document. They reflect on the student's plans, and they might make adjustments to them. In the ideal situation, the focus is not on the forthcoming action alone, as it is more or less taken to be an example of similar acts. Lauvås and Handal describe this type of counselling as 'exemplary'. This contrasts with what they term 'wall-to-wall' counselling, where many subjects are discussed on a superficial level, possibly without reference to any counselling document and/or without

relation to any forthcoming action. Lauvås and Handal believe there is far greater value in digging deep into just a few cases, which are selected as representative of many others, than in considering many cases superficially. They also explain the importance of linking each session of counselling together, to enable both mentors and students to identify connections between each subject, and to focus on important elements relevant to the students' learning aims. Lauvås and Handal are of the opinion the pre-counselling is more important than the two phrases described below (Handal & Lauvås 1987 & 1999; Lauvås & Handal 2000);

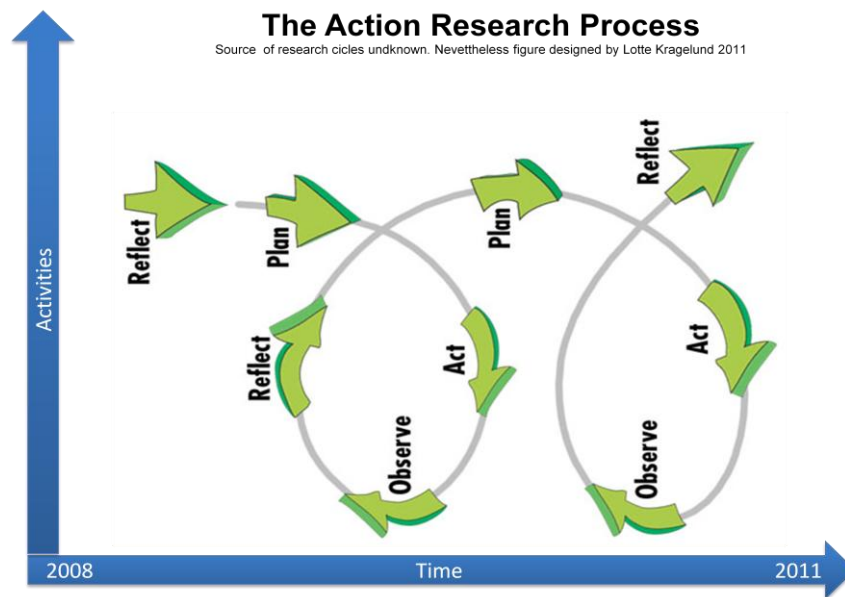
3. *the students perform the act* for which they have had pre-counselling. They can do it on their own, or they can do it by, as Lauvås and Handal describe it 'Sitting next to Nanny'. In other words the mentor joins students in the situation, for which their actions and responsibilities have been decided during pre-counselling;
4. *after-counselling* is where students and mentors hold a post-mortem discussing, comparing the reality to their initial intentions. Lessons might be learned from the experience for example, how students should act in similar situations in the future. After-counselling should ideally take place *immediately* after the event. Lauvås and Handal argue that after-counselling is not as important as pre-counselling, because students may be just as able to evaluate their own performance vis-à-vis the counselling document on their own, or with the input of other students (Handal & Lauvås 1987 & 1990; Lauvås & Handal 2000).

## **Methodology**

### **Research design and sample**

Action Research is a research strategy designed to draw connections between existing knowledge in a field, the purpose of the investigation, research questions, theoretical framework, methods of data generation, and analysis. However, it is acknowledged that '*...there is no generally accepted definition for action research*' (Hyrkäs 1997:802).

One of the aims of undertaking action research is to minimise the gap between theory, research and practice. It requires cooperation between researchers and practitioners in order to uncover problems in practice, to design action strategies and to implement them. The purpose is not only to develop and change practices, but also to develop and/or refine existing theories (Holter & Schwartz-Barcott 1993; Hyrkäs 1997). The action research process is illustrated in Figure 2, and the phases in the project presented in this paper are related to it.



This Action Research project has four phases: 1) uncovering problems (Figure 2: reflect); 2) planning (Figure 2: plan) and implementing the action (Figure 2: act); 3) conducting qualitative content analysis of data; and finally, 4) evaluating the consequences of using the 'Windmill model' in relation to the development of regional psychiatric institutions as learning environments (Figure 2: observe). The mentors have been through the processes twice regarding using the 'Windmill model' in counselling, observing each others practice, and writing logbooks about their practice in relation to two different cohorts of students. The two 'loops' in Figure 2 illustrates that.

In relation to the project presented here identifying the problems were done, before the project started in 2008. It was a problem that too many learning opportunities were unknown (See Figure 1: Collective not-conscious disjuncture) to mentors in relation to counselling their students (Figure 2: plan). That problem was one of the reasons why about 100 mentors and their leaders throughout Denmark said yes to join the project. They also developed a project description together with me. It consisted, together with many other issues, of decisions about how to carry out the research (Figure 2: plan), and that the 'action' should be for mentors to use the 'Windmill model' on their counselling practice twice with two different cohorts of students (Figure 2: act). The aim was to develop the mentors' competences in relation to utilise learning opportunities at their workplaces. Last but not least the 'action' has been reflected on and evaluated in the second focus group interview with mentors (Figure 2: observe).

## Data Generation

Data has been generated through four different sources, involving about 100 participating mentors in four different ways:

1. participating in focus group interviews prior to adopting the 'Windmill model' as a pedagogical tool in teaching student nurses clinical psychiatric nursing. 13 interviews with 71 mentors were carried out. The aim was to uncover the mentors' understanding and practice of learning opportunities that they are aware of (See Figure 1: collective conscious disjuncture), but for various reasons might or might not use in the students' clinical placements. The interviews were conducted by the education coordinators and me;

2. observing their colleagues over two seven hour shifts. In the first run, 54 mentors undertook such observations, with 24 completing the second observation. A guide to observations was developed;
3. keeping logbooks about their own counselling for two eight week shifts. First-run compliance was 57, while second-run completion was 32. A guide to writing logbooks was developed.
4. participating in a second focus group interview, where they were asked to evaluate the project. 12 interviews with 43 mentors were conducted.

Seminars are another important component of the project. They enable all participants to discuss their challenges, dilemmas and work in progress, and knowledge is shared and developed. In all, six seminars will be held. The first one took place in 2008, and there have been two seminars for each 'loop' (Figure 2). The final one is scheduled for September 2011, when the results of the project will be presented to all the participants and a wider audience.

## **Data Saturation**

Data saturation is reached when new data do not offer new categories. Reaching data saturation ensures the internal validity of the research (Cutcliffe & McKenna 2002:614). For this Action Research project, data saturation was achieved in a number of ways.

For the first focus group interview, 13 interviews were conducted with 71 mentors, and data saturation was reached at the 10<sup>th</sup> interview.

Regarding the mentors' observations of each others practice, it is difficult to say when data saturation was reached. At some time during the process of analysing data from all 76 observation notes, it became clear that the main term was 'counselling'. However the group analysing the notes were not able to pinpoint where in the process that occurred.

Regarding mentors keeping logbooks about their practice, data saturation was reached when categorising data from the 54<sup>th</sup> logbook. In all, data from 67 logbooks were categorised.

12 interviews were conducted with 43 mentors for the second focus group interview. As these have not yet been analysed, it is impossible to state at this stage whether data saturation will be reached.

## **Analytical Approach**

All data has been/will be analysed according to qualitative content analysis (Graneheim & Lundman 2004). While there is no one right way to conduct this, in all kind of research, a fundamental condition is that the researchers have identified their research questions, theories and assumptions, and have consciously selected the empirical data they will analyse.

The education coordinators and I conduct all data analysis. There are four groups, each with its own area of responsibility: one for the first focus group interview, the second for the mentors' observations of their peers, the third for the mentors' logbooks, and the fourth for the second focus group interview. I am, in different ways, a member of all four groups. The analysis follows seven steps:

1. reading the data (interviews, logbooks, observation notes);
2. identifying units of meaning (a unit of meaning is words, sentences or paragraphs containing aspects related to each other through their content and context, Graneheim & Lundman 2004);
3. condensing units of meaning;
4. interpreting the condensed units of meaning;

5. developing sub and main categories (manifest content);
6. developing main themes (latent content);
7. identifying the results.

Steps one to five are completed by individuals, before each group develops the main theme(s) and results together. The preliminary results were presented to the mentors at seminars held in autumn 2010, and member checking was undertaken<sup>8</sup>.

## Ethical Issues

Informed written consent was obtained from the nursing managers of the regional psychiatric institutions<sup>9</sup>. The mentors and education coordinators were invited to participate in the project. Those who volunteered have been guaranteed confidentiality and anonymity, and so numbers have been used for all participants instead of their names.

The Danish Data Inspection Institution reviewed and approved the project. As the issues investigated by the project are not within the remit of the Danish Ethics Committee, its approval is not applied for.

## Findings and discussion

The analysis shows that mentors seldom use the 'counselling loop' as a whole strategy. Furthermore there is no evidence in data that mentors are asking students to write a counselling document. Consequently the themes of each counselling session may be ad hoc, rather than based on identified needs.

The analysis also shows that students seldom get pre-counselling (as Lauvås and Handal understand it), or counselling during patient interaction/care, although this is readily given for administrative tasks. A pattern of 'wall-to-wall counselling after the fact' emerged as a result the analysis. When that is said, the results are more nuanced than that. Some mentors gave students pre-counselling the way Lauvås and Handal understand it, except that there were *no* counselling document. This is a rare example:

*'Yesterday my experience was that the students really got a lot out of the counselling. It was especially the pre-counselling, you know the counselling they have before they are going to enter a situation with patients. I thought, I had to make time for it, because we had new patients, and the students felt insecure about how they were going to act towards one of the patients... [counselling] two students at the same time. They did actually use each other. When I did pre-counselling with the one of them, the other one was listening and visa versa'* (Mentor no. 75, first focus group interview).

However, what is more common is a version of pre-counselling in which the mentors and students plan the tasks of the day, meaning 'who is going to do what?', rather than discussion the students' thoughts, about how to perform different tasks. A typical empirical example:

*'The student and the mentor go through the tasks of the day in terms of acting as the patient's contact person. The patient is suffering from depression and does sometimes refuse to interact. The mentor recommends different techniques to motivate the patient for the activities of the day, and explains how the student might be able to help the patient to keep an appointment at an eye specialist. The student doesn't know how to find the telephone number for the eye specialist. The mentor guides the student without doing the action herself'* (Mentor no. 92 observing mentor no. 90. First observation, p. 1).

This quote shows how mentor no. 90 reverts to 'knowledge sharing', instead of eliciting and discussing the student's thoughts about how to cope with the patient. He/she recommends the student different action possibilities in relation to how to motivate a patient suffering from depression for the activities of the day. The example illustrates how easily focus of the counselling might become the mentor's knowledge instead of the student's thoughts and suggestions. In this way, counselling is used to socialise the student about what is right or wrong according the norms- and-rules of nursing patients. In fact the analysis indicates that mentors use 'knowledge sharing' to a high degree; in other words, they readily share with students their knowledge about an illness - such as depression - and how to care for patients suffering from it. In some cases, mentors talk more than they listen. As one mentor joining this project said: *'Maybe we are practicing monologues rather than dialogues'* (Mentor no. 100 at the fourth seminar). That is in opposition to Lauvås and Handals' point of view that mentors' changes to succeed with their counselling is better if they are more occupied with the students' thoughts than with their own (Handal & Lauvås 1987 & 1999; Lauvås & Handal 2000).

In relation to counselling where students are performing nursing (interactions with patients or administrative tasks) the findings are ambiguous. The following example illustrates a mentor who is occupied by his/her own needs, and does not counsel students during the fact:

*'I don't give students counselling during the fact. I don't have the need for that. I give the students pre- and post-counselling'* (Mentor no. 6, first focus group interview).

However other points of view were also evident from the data. Some mentors gave students counselling *during* the fact, either about administrative tasks or patient interaction. In the example below a student is giving a patient an injection of medicine. The example could be characterised as 'Sitting next to Nanny'. The mentor is together with the student, checking that the student gives the injection according to the standard procedure. They are in the bedroom of a male patient who is suffering from schizophrenia:

*'First the student, then the mentor, tries to communicate verbally with the patient, but without luck. Nevertheless the student is able to read the patient's non-verbal communication (the patient is lying down on his side on his bed in order to receive the injection). Mentor no. 19 gives the student some advice and praises the student through out the procedure. The mentor makes sure that the student does the procedure correctly (for example reminds him/her to return the stamp)'* (Mentor no. 45 observing mentor no. 19. First observation, p. 9).

What is not apparent from the citation above is that the student had been pre-counselled about how to administer the injection. The data does not make it clear if the counselling also covered the topics of schizophrenia, and how to communicate with a patient suffering from such an illness. What is clear is that the mentor and the student decided during pre-counselling what their roles should be in the situation.

Furthermore, the analysis revealed that mentors practise a version of post-counselling to a large extent. I use the term 'a version of', because the data reveals that mentors typically ask students undirected questions such as: 'What would you like to talk about?' and 'What has happened since the last time we were together?' What is clear is that while the *time* for post-counselling is *planned* the *content* is *not*. So post-counselling can often be characterised as 'wall-to-wall' counselling, where many subjects are discussed on a superficial level. This is a typical, and extreme example:

*'Counselling with four students.'*



*A round where the mentor asks the students **what they would like to talk about**, and **what had happened** since they were last together. Every student gets an opportunity to speak. The mentor interrupts with reflective questions. Common reflection takes place, and is connected with **concepts of nursing, ethics, view on human beings, solutions for life, hope, stigmatising, prognoses for patients and the role of the nurse**. Furthermore there are talked about a course with the '**Girl of Glass**' and with **Lars Thorgaard**' (Mentor no. 2 observing mentor no. 35. First observation, p. 4).*

The example illustrates 12 themes (the stressed words in bold) which are discussed superficially/mentioned during post-counselling. It can be assumed from this example that the content of the post-counselling was not planned. It is evident that neither mentor nor students have prepared for the counselling session, and they are not using the *time* to ensure that the students learn as much as possible. It is also clear that the mentor has not approached the planning of the session with any didactic aims on mind. Nor is there evidence that the mentor has planned this particular session within the wider context of the counselling programme for the entirety of the students' clinical placement. The finding is similar to what is found in other research; the time students spend in clinical practice is not always used effectively (Chan 2002; Papp et al 2003; Pearcey & Elliot 2004; Saarikoski & Leino-Kilpi 2002).

In 'wall-to-wall' counselling the mentors share their knowledge of such topics as their organisation, study-related questions<sup>10</sup> and psychiatric nursing. They avoid reflecting on a deeper level with the students about issues the latter are experiencing. This is the opposite approach to the 'exemplary' counselling that Lauvås and Handal recommend. It is counselling where a few subjects are explored in-depth, and the results are then generalised to other issues.

Lauvås and Handal also explain the importance of linking each session of counselling together, to enable both mentors' and students' to identify connections between each subject, and to focus on the important elements relevant to the students' learning aims. In this Action Research it has *not* been possible to identify 'exemplary' counselling the way Lauvås and Handal understand it.

The analysis revealed that there seems to be relatively much *time* for counselling, and that mentors use a lot of that time for 'knowledge sharing' in relation to post-counselling. An interesting point is, that analysis of data from the first focus group interview, and from mentors writing logbooks about their counselling, shows, that mentors ask for more time to do counselling. It is difficult to say, if this finding reflects the mentors' everyday working life, or if it is due to the fact that a lot of counselling was scheduled, the days where mentors observed each others' counselling practice.

Another finding of importance is that counselling usually takes place in a closed room away from patients, and is concerned with a version of post-counselling. An assumption in relation to that finding is, that the conversion of the Danish Nursing Training to a Bachelor's Degree in 2002 heralded a stronger focus on scholastic teaching than on clinical practice. Thus counselling in a closed room away from the patients establishes a quasi didactic space. This practice is paradoxical according to the English educational researcher Jarvis, who asserts that talking about a skill (such as nursing or teaching) does not offer instruction in how to nurse, but rather just conveys the talker's secondary experience<sup>11</sup>. To learn how to nurse you need the primary experience of practicing nursing yourself<sup>12</sup> (Jarvis 2005).

Last but not least the analysis revealed that even though using the 'Windmill model' in counselling students was part of the 'action' in the project, only three mentors used it in their counselling on a manifest level. Furthermore the analysis showed that the model was used 20 times on a latent level by mentors talking about concepts related to it. It is a surprising finding, because the mentors volunteered to join the project, and agreed to use the 'Windmill model' twice during the project period in relation to two different cohorts of students. The finding is similar to the one, that mentors do not use the 'counselling loop' even though 37, out of the 54 who observed each others practice, are educated as mentors. It is assumed that they are familiar with Lauvås and Handals strategy for counselling, because they have been taught about it, and are meant to use it in their practice. Maybe here two relevant assumptions could be, that it takes time to integrate new thinking and pedagogical tools in mentors' working life, and that many people have resistance towards changes?

## Limitations

54 of the mentors joining the project, have observed each others counselling practice. The number is smaller than expected; nevertheless, the results of the analysis are solid, because the analysis is based on 76 observation notes containing rich data.

The mentors as observers have had an 'insider' researcher position (Kragelund 2007b), which may have influenced their observations. However, the observers have had an opportunity to discuss, with colleagues, their pre-understandings of their roles during the seminars, which are part of the project, and during meetings in the local project working groups.

Transcribed data have been analysed by four education coordinators and me. Even though we faced some challenges in reaching a consensus about aims of the work, and how to do the analysis, member checking on the fourth seminar (Autumn 2010) verified the reliability of the analysis.

## Concluding Remarks

The purpose of the study is to uncover and describe missed learning opportunities at the participating institutions, with the aim of developing them as clinical learning environments, and exploiting learning. The resources employed to these ends are, *firstly*, using the 'Windmill of Learning Processes' as a pedagogical tool in the student nurses' clinical learning, *secondly*, by developing nurses' competences as mentors, and *finally*, by more explicitly formulating the concepts in the 'Windmill model' and (possibly) developing new concepts of workplace learning (Kragelund et al 2008).

Accepting Lauvås and Handals' view of counselling, and having the purpose of the study in mind, the findings indicate that there is potential for mentors to develop their counselling competence in relation to:

- *the 'counselling-loop'*; to see counselling as a process for students' clinical placement as a whole, and in relation to the aims of the module;
- *the counselling document*; to start using it as part of their counselling practice;
- *pre-counselling*; to focus more on the content of the counselling than on organising who is taking on which tasks during the day;
- *'Sitting next to Nanny'*; to focus more on working together with students in relation to nursing patients rather than in relation to administrative tasks. If the aim of counselling is to teach students

to perform nursing (to develop professionalism) then more of the counselling time should be used on 'Sitting next to Nanny' instead of in closed rooms away from the patients. That would increase the students' opportunities for primary experience. It might also help students to develop professional identity if they have positive role models to observe performing nursing (Papp et al 2003; Pearcey & Elliot 2004);

- '*exemplary*' counselling; if mentors take into account the learning opportunities to reflect in depth on a few important issues and generalise them to other cases, and use the strategy, it might give students the possibility to improve their learning. The learning possibilities offered in 'exemplary' counselling should be seen in relation to the ones offered in 'wall-to-wall' counselling. Furthermore student learning would be improved if there is an awareness of both counselling methods; and
- *developing teaching strategies*; dialogues rather than 'knowledge sharing' (monologues) should be the focus.

Findings also indicate that reorganising mentors' schedules in terms of counselling sessions (so that more time is used on pre-counselling and 'Sitting next to Nanny' and less on post-counselling) will optimise student nurses' learning opportunities, during their clinical placement in psychiatry. Furthermore findings have revealed that mentors' rarely used the 'Windmill model' as a pedagogical tool in their counselling practice. So it is impossible to state what effect using the 'Windmill model' has had on students' learning, and developing mentors' competences. Thus far in the research process, it is difficult to confirm whether or not the concepts in the 'Windmill model' will be more explicitly formulated, or if new concepts about workplace learning will emerge. What can be stated is that the mentors *are* routinely using the concepts from the 'Windmill model', notably the concepts of 'disjuncture' or 'non-routine' situations, and 'pseudo-everyday life activities'. Finally a greater number of 'everyday life activities' than were named in my initial research in the field (Kragelund 2006) have emerged.

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## Footnotes

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- <sup>1</sup> The learning environment is an elastic concept. The clinical learning environment, which, for the purposes of this study, means regional psychiatric institutions, including in-patient wards and district psychiatric out-patient treatment. The clinical learning environment consists of the institutional culture (for example the atmosphere produced by the nursing team), the context of nursing care, and the basic ideas and principles of teaching and learning at the institution. The clinical learning environment can also be seen as an interactive network of forces which influence the students' clinical learning outcome (Chan 2002; Saarikoski & Leino-Kilpi 2002)
- <sup>2</sup> It is run in association with the National Centre of Competence Development (NCK), Aarhus University, and various Danish regional psychiatric institutions
- <sup>3</sup> In this paper the concepts 'workplace learning' and 'learning in practice' are used synonymously

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- <sup>4</sup> A mentor is a nurse who is teaching student nurses how to practice nursing for example on psychiatric hospital wards
- <sup>5</sup> *'We have the confidence that the ideas are relevant to the training of medical doctors, nurses, physiotherapists, managers, engineers ect'* (Handal & Lauvås 1987:2)
- <sup>6</sup> *'... en betydningsfull, profesjonell assistanse i individers og grupperes læring og utvikling, et viktig supplement til annen pedagogisk virksomhet. Det karakteristiske ved veiledning som pedagogisk aktivitet er nærheten, omtanken og det personlige som danner grunnlaget, og som preger virksomheten'* (Lauvås & Handal 2000:15)
- <sup>7</sup> *'Although our focus is on teacher training, we do hope that this book offers some guidelines and principles of interest to those involved in designing and implementing training programmes in other areas as well'* (Handal & Lauvås 1987:xi)
- <sup>8</sup> 'Member checking' is a method of validating the credibility of qualitative data through debriefings and discussions with informants (Polit & Beck 2004:723)
- <sup>9</sup> Bending contracts covering the Project were signed by the Regional Psychiatric Institutions and NCK, Aarhus University
- <sup>10</sup> An interesting result in this Action Research is that much time in post-counselling is used on assignment/study related topics. Topics which are not part of the mentors' job to deal with in the Danish context. That result is not discussed in this paper
- <sup>11</sup> Secondary experience is experience which build on other peoples experiences (Jarvis 2005)
- <sup>12</sup> Primary experience is experiences you experience through your own body and senses (Jarvis 2005)