

The learning environment and learning styles: a guide for mentors

James Jude Vinales

Abstract

The learning environment provides crucial exposure for the pre-registration nursing student. It is during this time that the student nurse develops his or her repertoire of skills, knowledge, attitudes and behaviour in order to meet competencies and gain registration with the Nursing and Midwifery Council. The role of the mentor is vital within the learning environment for aspiring nurses. The learning environment is a fundamental platform for student learning, with mentors key to identifying what is conducive to learning. This article will consider the learning environment and learning styles, and how these two essential elements guide the mentor in making sure they are conducive to learning.

Key words: Learning ■ Learning environment ■ Learning styles ■ Mentors ■ Nursing education ■ Students

The practical component of a nursing programme requires students to spend 50% of their time in the learning environment (Nursing and Midwifery Council (NMC), 2010) in line with the European Union Standards for Nursing and Midwifery (European Parliament and The Council, 2005). During this time it is expected that the students are mentored by a professional within their field of nursing in the learning environment. The learning environment is central to pre-registration students, as this is where novices will learn how to become nurses (Newton et al, 2010). Many students generally consider placements to be a good opportunity, with the ideal learning environment being one in which the learners' educational needs are met (Fretwell, 1985; Henderson, 2011; Emanuel and Pryce-Miller, 2013). The learning environment is an essential and irreplaceable resource in which practitioners can prepare student nurses for their role as professionals (Egan and Jaye, 2009). The learning environment, however, has to provide an area conducive to learning,

and mentors play a key role in identifying learning opportunities for the students during their placement, as facilitators they contribute significantly to student learning by enabling efficiency through experience (Midgley, 2006). In order for mentors to support learning they have to be effectively prepared to support the learning of the students (Sharples, 2007).

The supportive environment

The learning environment has to be a supportive environment which has planned learning opportunities, although the nature of the real-life nursing environment allows for opportunistic, unplanned circumstances for learning (Jokelainen et al, 2011). Jokelainen et al (2011) identified that in order for appropriate learning opportunities to be provided for learners, the ward managers need to ensure the environments are resourced with experienced practitioners and mentors who are up to date with, and understand, the pre-registration nursing programme. The ward manager's role is hugely influential (Quinn and Hughes, 2007) with regard to ensuring that the learning environment is resourced appropriately. Considering this would allow mentors to plan with the student the learning opportunities available in the specific environment, taking into consideration the student's learning needs and assessment requirements. Both mentors and mentees have to take responsibility for their

learning (Hinchliff, 2004) and their continuous personal and professional development. However, mentors also need to be prepared and confident in their ability and teaching role (McNamara, 2007). Mentors are considered to be significant and crucial practitioners in the learning environment (Elcigil and Sari, 2008), therefore, being able to support mentors in performing their role in the learning environment is important.

Resources

Support for mentors in providing learning opportunities can be influenced by managers providing mentors with the right resources (Jokelainen et al, 2011) together with appropriate education and training opportunities such as continuing professional development. However the importance of this support is not always recognised by the managers, as patient care is paramount and a manager's first priority. The focus on healthcare delivery means practitioners may not always recognise the importance of the student's learning while on placement in the learning environment. Rodger et al (2008) argue that managers need to prioritise the learning environment in the context of care to enhance learning. An obstacle to making learning integral to healthcare practice is that there are insufficient resources available for close support of learners by proficient qualified practitioners (Rodger et al, 2008). Demands on placement areas by the volume of students placed in the learning environment at any given time have also been documented as a problem owing to a lack of learning environments for students (MacLellan and Leyshon, 2002). If there are too many students in the environment at any given time there may be a lack of learning opportunities for all the students, and students may fail to learn adequately. Hutchings et al (2005) in their study found that although there were more students than expected on the wards, it was not possible to verify whether the students failed to learn as a result. Brooks and Moriarty (2006) identified that students had raised concern that the learning environments

James Jude Vinales, Principal Lecturer in Nursing, School of Health Studies, Gibraltar Health Authority, Gibraltar

Accepted for publication: January 2015

were not meeting their educational needs. This highlights the importance of the learning environment in the learning process, and the potential difficulty for mentors in performing their role in assessing competence and providing an environment conducive to learning, especially when 2300 hours of the student learning experience during the pre-registration programme is spent in the learning environment. If placement areas are under-staffed and under-resourced with a high volume of students, the mentor has a duty of care to the service user or patient, and may therefore be more concerned with the task at hand in relation to nursing care as opposed to teaching students in the learning environment. Mentors could interpret the added responsibility as a burden, to their already busy and hectic work schedule, therefore limiting the learning opportunities available and time spent with students in imparting essential components of nursing education.

Brooks and Moriarty (2006) also noted that mentors felt that providing students with appropriate levels of support was difficult owing to being overwhelmed with the numbers of students in the ward environment. This may impact on learning and have potential repercussions, as mentors may not be able to monitor and assess students appropriately in the learning environment which could affect the assessment of competency. Of importance in nursing is that completing nursing routines and tasks in the learning environment does not always allow for an environment that is conducive to learning (Melia, 1987; Henderson et al, 2011).

Assisting learning in busy learning environments requires recognition by both the organisation and management of the importance of learning. Managers within the learning environment need to prioritise learning in the context of the learning environment (Heath, 2002; Rodger et al, 2008) in order to maximise student learning and support staff continuous professional and personal development.

Sharples (2007), highlights that just because the learning environment pressures are high does not mean that students will have a negative learning experience. Sharples argues that the pressures experienced by students in busy learning environments are pressures linked to the real world, therefore learning can occur in a real-life environment. However, Cahill (1996) indicates that learning while in the learning environment takes place following the completion of tasks e.g. patient care, as the nurses are too busy with the job

at hand to explicitly teach students. However, the NMC (2008) does recommend protected time for mentors in practice in order to discuss and reflect on student experiences while on placement. An interesting point raised by Hewison and Wildman (1996) is that the learning environment is mainly geared up for practice as opposed to education. Therefore the priority for both the mentor and the students will be the patients in their care. However if this is the case where learning is taking place following a particular event in practice, the mentor should consider using reflection as a means of verifying learner knowledge. Finding time for the mentor and the student to meet does not appear to happen frequently enough because of the constraints of the learning environment. Furthermore, mentors have recognised that they need to find more time for mentoring students Jokelainen et al (2011).

Encouraging lifelong learning

The nursing profession encourages lifelong learning (NMC, 2010), and student nurses, as adult learners and aspiring professionals, need to start developing themselves within the culture of lifelong learning in the workplace and take responsibility for their learning (Hinchliff, 2004). The onus has to be on the student to recognise learning opportunities within the learning environment following discussions with mentors who know the workplace and the learning opportunities available. This will encourage students to take responsibility for their learning and own needs within the learning environment.

The Royal College of Nursing (2007) encourages students to use their time effectively, by creating opportunities enabling the application of theory to practice and vice versa, working within a culture that recognises and values adult education. The learning environment provides student nurses with learning opportunities to combine cognitive, psychomotor, affective skills and problem-solving abilities. This allows students to develop their competencies, application of knowledge, skills, attitudes, and values in the learning environment (Chan, 2004). Unlike in the classroom where learning activities are structured and planned, in the learning environment nursing students are often thrown into unplanned and unexpected activities (Chan, 2004). Student learning has been affected owing to the more complex, intense and demanding learning environments that students are now placed in (Newton et al, 2010). As a result of these changes, mentors may need extra time and support to perform their roles effectively.

Learner's progress

Health professionals need take responsibility to develop a culture of lifelong learning and teaching within their learning environment (Hinchliff, 2004). Furthermore, Benner (2004) suggested that students progress from initially relying on theoretical principles to using past learning experiences to guide actions and make judgements. Therefore, learner progression and perception of situations in practice develop as they continue their education and start making sense of nursing in the real world.

However, mentors need to be aware that students will not automatically progress from being a novice or advanced beginner to becoming an expert during the pre-registration programme (Gobet and Chassy, 2008). It may take up to 5 years for individuals to become experts within their fields of nursing and learning environment (Benner, 1984). Students may complete their nursing programme, but may not be fully competent until they have further exposure and learn the ropes in the learning environment that they will be employed in.

The characteristics and nature of learning environments are multifaceted. The learners need to be motivated and feel included in tasks, develop relationships with their mentors and ward colleagues together with other team members, and feel safe to ask questions and explore learning opportunities and practices in the learning environment (Chan, 2004; Henderson et al, 2011).

Learning styles

The role of the mentor must not be underestimated, as he or she plays a crucial role in the development of future generations of nurses. Mentors not only protect the public through their daily roles and routines in practice (linked to the nurse's duty in abiding by the NMC code of conduct) but they have the added responsibility of being facilitators of learning to students and other health professionals, as the NMC (2008) states that as a nurse you must facilitate students and others to develop their competence in practice. Mentors have the opportunity to empower mentees (Grossman, 2007) to make choices that are evidence-based as part of their development and ongoing education. The role of the mentor in this case will be to direct and guide the learner, empowering them to make the choices as to how best to improve their learning.

The mentor must be aware that not all students learn in the same way and therefore a mentor having a varied approach to facilitation in their repertoire of skills and practices will

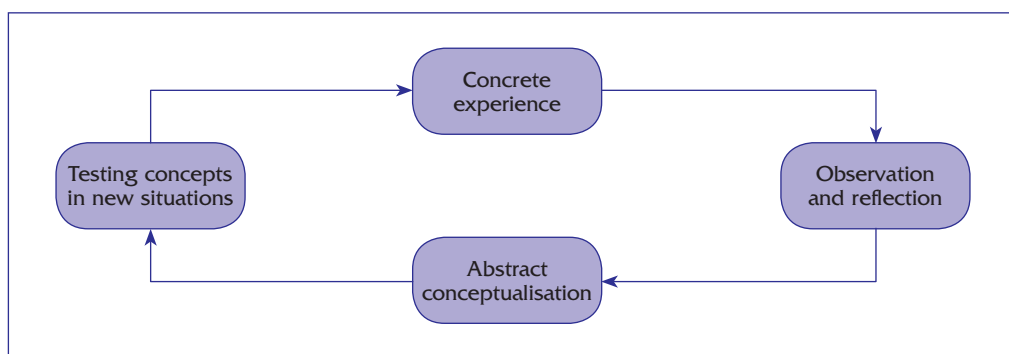


Figure 1. Kolb's four-stage cycle of experiential learning (Kolb, 1984)

undoubtedly help the learner. The mentor needs to be aware of the learning styles and skills, as what works for one mentor or student might not work for another (Honey and Mumford, 2000). Encouraging adult learning is important as this will allow the learners to become independent reflecting practitioners (Lillyman and Ghaye, 2007). This could also be a key element of the mentoring itself; the mentor together with the student could identify the student's learning styles and then working together to meet the learning needs.

A learning style is the way a student acquires information and a person's learning style often refers to his or her preferred method of learning (Rakoczy and Money, 1995; Felder and Brent, 2005). Learning styles are the result of the learner's preferred ways of learning, taking into consideration the learning environment (Blagg, 1985). Mentors could benefit from identifying what the students' learning styles are as this would encourage mentors to utilise various ways of facilitating learning linked to the learners' preferred learning styles. It is important for individuals to know and understand their own learning styles and ways of using the strengths of their learning style, so that they can improve their effectiveness as learners (Kolb, 1985). Kolb (1984) said that experiential learning 'emphasises the central

role that experience plays in the learning process' Kolb (1984: 20). Furthermore, Kolb (1984) identified four stages, with each stage providing a step of experiential learning that can be shown as a cycle as shown in Figure 1. The four stages are:

- Concrete experience: where learners immerse themselves in new experiences. This often happens in nursing while in learning environments as learners have to adapt to new environments and cultures
- Observation and reflection: learners will observe practices and skills from role models; the learners will then make sense of what they have observed from the concrete experiences they have been immersed in. An example of this is observing the mentor communicating with a patient or performing a dressing change
- Abstract conceptualisation: learners must create ideas and integrate their observations into logical theories. An example of this is thinking about which dressing to use with a necrotic wound using evidence to support the decision
- Testing concepts in new situations: learners must apply new theories for problem solving and decision making. 'If it happened again I would do it this way because from my last experience I was able to learn that this way

was better than the previous way'. This is using evidence to support the rationale for the action the learner decided to take.

However, facilitating learning in the busy learning environment has proved to be challenging for mentors (Warren, 2010). The experiences gained in the learning environment by students are varied, with many exposures to skills being unplanned and spontaneous, for example, with new admissions, or patients who have an unexpected cardiac or pulmonary arrest. The learning environment is therefore a fundamental platform for student learning, with mentors at the helm, identifying with the student the learning opportunities available and creating an environment that is conducive to learning.

Honey and Mumford (1982) identified four learning styles that learners use in practice as an alternative to Kolb's four stages (1984). These are:

- Activists learn by doing. They generally have an open-minded approach to learning, and tend to involve themselves fully in new experiences
- Theorists like to understand the theory behind their actions, they tend to be analytical and dedicated to rational objectivity as opposed to being ambiguous. They ask questions such as: 'Does it make sense?' 'How does it make sense?'
- Reflectors learn by observing and thinking about what has happened. They tend to stand back and view experiences from various angles, analysing and taking time to understand and make conclusions. Reflectors avoid leaping in and making quick decisions and jumping to conclusions.
- Pragmatists need to be able to see how to put their learning into practice in the real world, putting their ideas into action by experimenting and trying out new ideas to see if they work.

Mentors need to motivate learners and successfully facilitate learning as opposed to simply dictating what the adult learner needs to know, and be guided by individual learning styles, previous learning and learning experiences (Warren, 2010). Honey and Mumford (1982) believed that learner versatility and learning from various experiences may help learners become more rounded. Kolb et al (1995) maintained that not all learners and learning styles are fixed, and therefore we should avoid grouping people into one specific learning style and that there is not one approach that will produce optimal learning circumstances for all learners (Brown et al, 2009). Arguably, knowing about learning

KEY POINTS

- The learning environment is central to pre-registration education, as it is where novices will learn how to become nurses
- The learning environment should be a supportive environment with planned learning opportunities
- Completing set routines and tasks in the learning environment as part of the learning culture does not always create an environment conducive to learning
- Learners learn from a variety of experiences, both formal and informal, planned and spontaneous
- A learning style is the way in which a learner acquires information

styles and identifying what their own learning style is may allow mentors to develop their skills further and expand their knowledge by strengthening their own weaknesses in relation to learning. It would also allow the mentor to identify what type of learner the students are, and encourage students to improve their skills and ways of gaining knowledge by addressing their weaknesses. **BJN**

Benner P (1984) *From novice to expert: excellence and power in clinical nursing practice*. Addison-Wesley, California

Benner P (2004) Using the Dreyfus Model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science Technology & Society* **24**(3): 188–99. doi: 10.1177/0270467604265061

Blagg JD (1985) Cognitive styles and learning styles as predictors of academic success in a graduate allied health education program. *J Allied Health* **14**(1): 89–98

Brooks N, Moriarty A (2006) Development of a practice learning team in the clinical setting. *Nurs Stand* **20**(33): 41–4. doi: 10.7748/ns2006.04.20.33.41.c4133

Brown T, Zoghi M, Williams B et al (2009) Are learning style preferences of health science students predictive of their attitudes towards e-learning? *AJET* **25**(4): 524–43

Cahill HA (1996) A qualitative analysis of student nurses' experiences of mentorship. *J Adv Nurs* **24**(4): 791–9

Chan DSK (2004) The relationship between student learning outcomes from their clinical placement and their perceptions of the social climate of the clinical learning environment. *Contemp Nurse* **17**(1–2): 149–58

European Parliament and The Council (2005) Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. Official Journal of the European Union. <http://tinyurl.com/opjep56> (accessed 23 March 2015)

Egan T, Jaye C (2009) Communities of clinical practice: the social organization of clinical learning. *Health (London)* **13**(1):

107–25. doi: 10.1177/1363459308097363

Elcigil A, Sari HY (2008) Students' opinions about and expectations of effective nursing clinical mentors. *J Nurs Educ* **47**(3): 118–23

Emanuel V, Pryce-Miller M (2013) Creating supportive environments for students. *Nurs Times* **109**(37): 18–20

Felder RM, Brent R (2005) Understanding student differences. *Journal of Engineering Education* **94**(1): 57–72

Fretwell JE (1985) *Freedom to change: the creation of a ward learning environment*. Royal College of Nursing, London

Gobet F, Chassy P (2008) Towards an alternative to Benner's theory of expert intuition in nursing: A discussion paper. *International Journal of Nursing Studies* **45**(1): 129–39

Grossman SC (2007) *Mentoring in Nursing: A dynamic and collaborative process*. Springer Publishing Company, New York

Heath P (2002) *National Review of Nursing Education 2002. Our Duty of Care*. Department of Education Science and Training, Canberra

Henderson A (2011) Leadership in clinical education - embedding learning in everyday practice. *Nurse Educ Today* **31**(1): 4–5. doi: 10.1016/j.nedt.2010.01.003

Hewison A, Wildman S (1996) The theory-practice gap in nursing: a new dimension. *J Adv Nurs* **24**(4): 754–61

Hinchliff S (2004) *The practitioner and teacher*. 3rd edn. Churchill Livingstone, London

Honey P, Mumford A (1982) *Manual of Learning Styles*. Peter Honey Publications, Maidenhead

Honey P, Mumford A (2000) *The learning styles questionnaire: (80-item version)*. Peter Honey Publications, Maidenhead

Hutchings A, Williamson GR, Humphreys A (2005) Supporting learners in clinical practice: capacity issues. *J Clin Nurs* **14**(8): 945–55. doi: 10.1111/j.1365-2702.2005.01239.x

Jokelainen M, Turunen H, Tossavainen K, Jamookeeah D, Coco K (2011) A systematic review of mentoring nursing students in clinical placements. *J Clin Nurs* **20**(19–20): 2854–67. doi: 10.1111/j.1365-2702.2010.03571.x

Kolb DA (1984) *Experiential learning: Experience as the source of learning and development*. Prentice Hall, New Jersey

Kolb DA (1985) *Learning Style Inventory*. McBer and Company, Boston

Kolb DA, Osland J, Rubin I (1995) *Organizational Behavior: An Experiential Approach to Human Behavior in Organizations*. 6th edn. Prentice Hall, Englewood Cliffs

Lillyman S, Ghaye T (2007) *Effective clinical supervision*. 2nd edn. Quay Books, London

MacLellan M, Leyshon S (2002) Meeting demand for clinical placements in one community trust. *Br J Community Nurs* **7**(1): 24–31. doi: 10.12968/bjcn.2002.7.1.9433

McNamara MS (2007) Illuminating the essential elements of the role of the clinical placement co-ordinator: a phenomenological inquiry. *J Clin Nurs* **16**(8): 1516–24. doi: 10.1111/j.1365-2702.2006.01768.x

Melia KM (1987) *Learning and working: The occupational socialization of nurses*. Tavistock Publications, London

Midgley K (2006) Pre-registration student nurses perception of the hospital-learning environment during clinical placements. *Nurse Educ Today* **26**(4): 338–45. doi: 10.1016/j.nedt.2005.10.015

Newton JM, Jolly BC, Ockerby CM, Cross WM (2010) Clinical learning environment inventory: factor analysis. *J Adv Nurs* **66**(6): 1371–81. doi: 10.1111/j.1365-2648.2010.05303.x

Nursing and Midwifery Council (2008) *Standards to Support Learning and Assessment in Practice: NMC standards for mentors, practice teachers and teachers*. <http://tinyurl.com/d3sw5ox> (accessed 23 March 2015)

Nursing and Midwifery Council (2010) *Standards for pre-registration nursing education*. <http://tinyurl.com/kp7clr6> (accessed 23 March 2015)

Quinn FM, Hughes SJ (2007) *Principles and Practices of Nurse Education*. 5th edn. Nelson Thornes, Cheltenham

Rakoczy M, Money S (1995) Learning styles of nursing students: a 3-year cohort longitudinal study. *J Prof Nurs* **11**(3): 170–4

Rodger S, Webb G, Devitt L, Gilbert J, Wrightson P, McMeeken J (2008) A clinical education and practice placements in the allied health professions: an international perspective. *J Allied Health* **37**(1): 53–62

Royal College of Nursing (2007) *Guidance for mentors of nursing students and midwives. An RCN Toolkit*. <http://tinyurl.com/64pu4w9> (accessed 23 March 2015)

Sharples K (2007) *Successful Practice learning for nursing students*. Sage Publications, London

Warren D (2010) Facilitating pre-registration nurse learning: a mentor approach. *Br J Nurs* **19**(21): 1364–7. doi: 10.12968/bjcn.2010.19.21.80001

BJN UROLOGY

Supplement published twice a year covering all aspects of urology nursing from infection prevention to uro-oncology and long-term conditions

The British Journal of Nursing (BJN) Urology Supplement aims to promote evidence-based practice and the provision of high quality patient care. We welcome unsolicited articles including literature reviews, care studies and original research in all areas of urology. To contribute to the supplement or to enquire about how to become a peer reviewer in this area, contact us at bjn@markallengroup.com or 0207 501 6702.

Copyright of British Journal of Nursing is the property of Mark Allen Publishing Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.