

**Journeying through clinical placements - an examination of six student cases**

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## **Abstract**

### Introduction

How student nurses are permitted to participate in healthcare settings during placements is central to their skill development, formation of occupational identity and retention in nursing. Yet, students report being made to feel unwelcome, subject to inter-generational taunts and denied opportunities to develop their capacities as nurses.

### Methods

Twenty-nine 2nd and 3rd year nursing students each participated in four interviews over a two year period that mapped their progress through clinical experiences. Six students, representing a cross-section of a student cohort form the basis of this case study.

Interviews were transcribed verbatim and thematically coded.

### Results

Four themes encapsulating the participants' journeys through clinical situations were identified; (a) creating learning opportunities, (b) gaining independence, (c) becoming part of the team and (d) intergenerational factors. The themes reflect the development of novice nurses and the nuances of the workplace as a learning environment.

### Discussion

The cases highlight the importance of supportive placements, that comprise openness with opportunities, tolerance of inter-generational differences and invitations to become part of the nursing team. The challenge for nurse educators is how to best prepare students for the complexities of the social, cultural and political arena of clinical practice.

## INTRODUCTION

Australian pre-registration nurse education was transferred from hospitals to universities in the 1980s. Students nurses' clinical competence is now gained through clinical placements sequenced throughout their undergraduate degree. Yet, learning the specific and changing requirements of nursing work is most likely shaped by how these students are permitted and elect to participate in work activities and interaction (Billett 2006).

Workplace factors, such as cliques, hierarchies and affiliations serve to regulate the "distributions of activities, interactions and judgments about the individual" (Billett 2006, p.41) and in ways not always aligned to effective working or learning. We need to know how these factors shape student nurses learning and identity formation.

### Literature Review

Workplace have distinct practices because of their culture, norms, history and workforce composition, thereby requiring particular ways of working, even across the same occupation (Billett 2003) that need to be learnt. Learning and knowledge can be understood from two perspectives: the individual and the social (Eraut 2004). The individual perspective assists understand how people learn and what they contribute to the construction of knowledge. The social perspective emphasises the contributions of the cultural and social practices and products afforded individuals in workplaces. Culturally-derived knowledge is often acquired through everyday participatory practices; i.e. how individuals are invited to participate in activities and interactions and how they take up that invitation. Workplace factors can inhibit nursing students' clinical learning and the effective transition of graduates to nursing. Student nurses are particularly dependent on

invitational workplaces. Yet, given the intensity of healthcare work, they might not always be afforded opportunities to effectively participate and learn.

Workplace environments that welcome and support novice nurses, and provide opportunities for active participation in patient care, rather than just observational roles, contribute richly to students' learning (Hartigan-Rogers et al 2007, Henderson et al 2007). Registered nurses who supportively act as preceptors or mentors are essential in maximising students' participation and learning during clinical placements. Without an effective mentor, students may be denied opportunities to practice challenging and complex tasks and instead restricted to routine tasks in which they have proficiency (Spouse 2001).

So to build skills and develop identities as nurses, students require well-supported opportunities to extend what they have learnt in university. Yet, Curtis et al (2007) found over half of their 152 participating undergraduate nursing students had experienced or witnessed peer bullying during their placements. These student nurses also reported a clear division between hospital and university trained nurses with the former often suggesting university students did not know much about "real nursing" (p. 160). Hence, the student nurses reported not feeling welcomed or respected, instead ignored and invisible.

Moreover, Cheraghi, Salasi and Ahmadi (2008) suggest that rather than challenge experienced nurses, student and graduate nurse find it easier to conform to existing ward practices, even when they believe them to be improper.

*The transition from student to Registered Nurse*

Indeed, the graduate year can be challenging for new nurses as they apply their nursing skill while also learning to work in a particular health care setting (Oermann & Garvin 2002). In their first six months of clinical practice, graduate grappled with the realities of practice and their own survival, striving to understand hospital processes, procedures and their place in clinical settings (Newton & McKenna 2007). They often confront novel work and organisational requirements (Hamilton 2005, Maben et al 2006) and challenges to values and practices favoured in university courses (Duchscher & Cowin 2006, Maben et al 2006). In their second six months, graduates begin to know how to manage situations and acknowledge an understanding of their practice (Newton & McKenna 2007). Yet, lacking clear roles (Chang & Hancock 2003), graduates are often afraid of making mistakes, lack confidence and can be fearful of new situations (Oermann & Garvin 2002). All this leads to dissatisfaction, burnout and high turnover rates among graduate nurses (Altier & Krsek 2006), which constitutes a significant personal and societal waste given the costs required for them to reach this stage in their nascent nursing careers.

### *Inter-generational differences*

Inter-generational factors in the current nursing workforce is seen as having particular impacts on nursing staff's development and retention.. Clausing et al (2003) note that although multi-generational diversity is not new, it is often exacerbated in current nursing workforces. These workforces comprise four generations of nurses, each with distinct perspectives on nursing (Clausing et al 2003, Martin 2004,). These differences can lead to tension and conflict with implications for every aspect of nursing (Swearingen

& Liberman 2004), in changing nursing workplaces, characterised by globalisation, increasing technology, competition and unpredictable staffing needs (Martin 2004).

Therefore, it is important to understand qualitatively and in more detail, how student nurses' experiences in clinical settings shape their learning about and identity formation as nurses. Accordingly, six nursing students' experiences in clinical setting are mapped as they progress on a journey from being students to registered nurses.

## METHOD

### Sample

Twenty nine second and third year Bachelor of Nursing (BN) students from two campuses of an Australian university, who complete all their clinical placements at one healthcare organisation, accepted invitations to inform this project. Of these, six students comprising a representative cross-section of second and third year students, metropolitan and regional university campus and life experiences prior to nursing were selected for a detailed analysis of their experiences. The students range in age from 19 to 55 years and include one male. A brief profile of each student highlights their diverse backgrounds.

Ellie, aged 36, was a third year nursing student at the metropolitan campus. With a legal background she entered nursing following a career break to have her family, and motivated by what she experienced as a mother of a premature baby who spent over 12 months in hospital. During this time she observed nurses and concluded that this work was something she would be good at and enjoy.

Toni commenced her BN after high school, where she had completed work experience at a hospital and a medical practice. She was 20 years old and a third year student on the

metropolitan campus when interviewed. Toni had “*always wanted to be a nurse*” and recognised the potential for overseas travel and lifelong career options.

Ben was a 43 year old second year BN student at the regional campus. Having left school at 15, he had a diverse work history from manual labour to health and fitness,. His nurse wife convinced him to try nursing after h completion of life guard and first aid courses. He proposed nursing would provide him with regular and well-paid employment.

Anna was a 55 year old second year student at the regional campus. She has qualifications and many years experience in disability and aged care. Anna reported that nursing would complement her existing skill base and, as she approached retirement, would allow her to fulfil her desire to engage in community work with the disadvantaged in Australia and overseas.

Sally was 21 and in the third year of her BN at the regional campus. She deliberated between teaching and nursing during her final year of high school, but decided on nursing after attending a university open day. Sally commenced her nursing studies directly after high school and worked as a Personal Care Attendant in a hostel during her BN studies.

Eddie was a 27 year old second year student at the metropolitan campus. She studied and had worked in hospitality for several years before completing a pharmacy technician course. Subsequently, she studied to become a Division 2 RN (also referred to as Enrolled Nurses) and nursed for a couple of years prior to commencing her BN.

### Procedures

A multi method approach was adopted in the overall project, using interviews, surveys and field work observations. Each student was interviewed four times between August

2006 and May 2008. Prior to commencement, ethical clearance was obtained from the health care agency that was a partner in the project and also provided clinical placements to undergraduate students, and the host university. Both presentations about the project and an explanatory statement outlining the project were provided to cohorts of undergraduate nursing students. Signed informed consent was obtained prior to commencing the first interviews with the 29 volunteers. Pseudonyms were ascribed for each participant to assist anonymity.

### Data collection

Individual interviews were conducted in quiet settings within hospitals during participants' clinical placement or in a university office. The first two interviews focussed on the participants' work history and participation in nursing, including their experiences of activities and engagements in clinical settings. Participants recounted their work-study life to date, how they participate in clinical placements, and the factors that shape their placement experiences. Questions for the third and fourth interviews were developed from analysis of transcripts from the earlier interviews, and sought to gather data iteratively on their current experiences, reflect on their previous experiences and verify tentative findings. For the third year participants, recruited in 2006, their fourth interviews were undertaken after their first rotation in their graduate year.

### Data analysis

Interview data were entered into NVivo 7 and cases generated for each participant. Thematic analysis was undertaken on the interviews transcripts for the selected six cases. Despite differences amongst the students' data in regards to age and life experiences prior to commencing their undergraduate studies, the analyses of their clinical experiences



yielded some distinct commonalities. Four themes were identified that encapsulate the students' journeys through clinical placements and reflect qualities of healthcare workplace as supportive learning environments.

## RESULTS

### Theme 1: Creating learning opportunities

This theme articulates the importance of invitational qualities of the ward and the clinical staff in enabling students and graduates to develop their nursing knowledge and practical skills. In their first interviews, students' emphasised the influence of ward staff in providing appropriate and challenging learning opportunities, as illustrated by Ellie's quote: *"If a nurse is sticking in a nasogastric [tube] or if they're taking out the PICC...think 'oh, I've got a student, let's let them do it'"*.

In her third interview, Eddie recalled her frustration at not being able to engage: *"some preceptors are very open to you doing it...Other ones will say come and do this and when you're about to do it they jump in and do it"*.

Students also referred to nursing staff being flexible in allowing students to step outside their allocated patient load to experience different procedures and to practise skills themselves. This was a particular concern for students nearing the completion of their degree and is illustrated through Ben's experience:

*"I haven't got to do an IVC or a nasogastric...maybe the next one is yours, regardless of where it was"*

Ellie emphasises the importance of the nursing staff taking an interest in novices' learning. As a newly registered nurse, she valued *"having another nurse who's senior to*

*you stop and spend the time to go through things with you properly and comprehensively ... taking time out to supervise you doing a procedure, and then allowing you to become independent at it*". As Ellie states a supportive, invitational learning environment is vital for developing students' competence and confidence in their skills to practice independently as registered nurses. Hence, healthcare learning environments that create learning opportunities are likely to be generative of rich learning.

### Theme 2: Gaining independence

This theme centred on students having the opportunity to acquire the knowledge, skills and confidence to practice independently and highlights the novices' from students to registered nurses. Developing confidence to practice arose from a range of experiences, both positive and negative. These are exemplified by Anna:

*"I had a bad experience the first time I ever gave an injection. The second time I went to do it...I still had an underlying insight it would be a bad experience but I had exactly the opposite, I actually felt that I'd grown"*

As a third year student, in her first interview Toni indicated that she found it *"satisfying to actually get to the point where... you feel confident enough to actually do it"*. As a graduate nurse Toni noted that her role had changed, *"instead of being the student I'm able to do a lot more, and I'm allowed to do a lot more independently"*.

By his fourth interview, Ben was clearly growing in confidence as a nurse. He advised how clinical placements allowed him to become more *"familiar with everything. It's learning how to write your notes and I've got my own style now which I never had before"*.

Therefore, students' benefits from having the opportunity to gain independence in clinical practice, became more obvious as they progressed through their degree into the graduate year. There were links here to a parallel theme of becoming part of the nursing team.

### Theme 3 – Becoming part of the team

This theme reflects the sense of engagement students experience in gradually gaining acceptance and making a contribution to the ward team. In particular, it accentuates the need for moving beyond the nascent position students find themselves in as a peripheral member of a ward team.

In her first interview, Ellie stated being very conscious of being a student, and only on the ward for 2-3 few weeks. *“You sit there in handover ... you really don't say much. You might put one or two comments in, but you're very aware of the fact that you're a transient in there and you don't want to overstep that boundary”*. Even as an articulate, mature age student, Ellie was uncomfortable about contributing to team discussions in her capacity as a student.

Despite being an experienced Enrolled Nurse, Eddie was still intimidated by the nursing staff on her clinical placements. She recalled an occasion when she *“walked into the handover room and sat down and not a word was said to me”*. She claimed that *“within nursing it can be quite cliquey and if you don't feel part of it, it is hard to be thinking about what you're doing”*. Being a student is difficult enough, without having to negotiate the cliques and affiliations in unfamiliar and uncertain clinical environments.

Ben stated instances of nursing staff indifference to students. For example *“well the ward I was just on they [students] just weren't recognised by a lot of the staff, they just seemed to be in the way of all the staff”*.

Sally's journey from third year student through to graduate nurse shows a clear progression towards becoming part of the nursing team. In her first interview, Sally commented, *"I try to help other members of the team out where I am but I don't really feel quite part of the team yet"*. Towards the end of her third year, Sally recalls that she *"felt a lot more part of the team...taking on your own patient load really makes you feel as if you know you can do this next year"*. By the time Sally was working as a graduate nurse she stated, *"I probably feel more supported being a graduate now because I think the staffs make you feel more part of the team. As a student, you're always a little bit on the outer because you're only there for a certain amount of time"*.

After completing a six week placement at the end of her third year of study, Anna outlined the benefits of this longer type of placement, *"I know the staff, the staff know me, and I now know where everything is kept, I know their routines, I don't know everything, far from it, but I feel a lot more like I belong"*.

This sense of belonging appears to be an important aspect of becoming a team member by novices. Feeling accepted by staff is also influenced by inter-generational factors in the workplace.

#### Theme 4 – Inter-generational factors at work

This theme includes mature age students' ability to draw upon previous acquired interpersonal skills and the reaction of nursing staff to their maturity. It also illustrates the issue of inter-generational differences in the nursing workforce and its implications for students' clinical experiences.

Toni proposed a key challenge for nursing students was interacting with older, hospital-trained nurses who have never studied at a tertiary level. They sometimes appeared to devalue university education and made comments such as, *“I don’t know how you do university”*. Toni suggested that this generation does not, *“really understand about the transition”* from university to clinical settings. She also found it difficult to fit in to the social culture of wards that were staffed predominately by older nurses because she was not *“really interested in the same thing they are”*.

For Anna, returning to undergraduate study late in her working life had been a challenge. At her third interview she recounted the following story:

*“It’s been the most negative experience I’ve had and part of that has been [because] I’m a mature age student. The preceptor, who happens to be even older than I am, doesn’t think I should be here and she asked the question ‘why am I doing this? I should just retire and give the place to somebody else’ ”*. Anna explained that this preceptor *“trained in a hospital 30 years ago overseas and does not support university training”*.

Despite the challenges in the clinical setting, the confidence and life experience that comes with returning to study at a mature age can be advantageous in the form of mature interpersonal interactions. While a young student may not feel comfortable making demands of nurses or questioning instructions, Anna identifies,

*“I have got I think a degree of confidence that I was actually able to say to the preceptor... ‘no, don’t walk off while I am doing this, could you please stay’ ”*.

Eddie also reported being older set her apart from the students who had come straight from high school.

*“being a bit older and having a bit of life experience I think helps you to make a decision on what you are doing and why you need to be there...I notice that a lot with the school friends...they will be sitting in the lecture drawing something and you feel like going like ‘you know you don’t have to be here, you can leave’ ”.*

As these findings illustrate, whilst each individual student is unique in terms of their personal characteristics and experiences, they have shared a common journey through their clinical placements in transitions to become registered nurses. These experiences are consistent with the accounts in larger student sample in the project and reflect current issues confronting the novice nurse in their clinical experiences

## DISCUSSION

Conducive learning environments are essential to sustain engagement of nurses in the profession before and after graduation (Chang & Hancock 2003) (Clare et al., 2003).

Emerging from these data are concerns that in some clinical situations potential future nurses are exposed to workplace experiences that emphasises students as being irrelevant and undesirable. The lack of open invitations for the next generation of nurses does little to support their development of nursing competence and identity.

In particular, the negative values and beliefs held by nurses trained in the hospital system towards graduate nurse education programs is indicative of the inter-generational tensions that permeate the nursing workforce. This was exemplified through Anna’s preceptor’s assertion that nurse preparation should still be an apprenticeship model. Nurses’ expression of such viewpoints to undergraduate students can create a sense of not being valued and only serves to highlight the need for clinical experiences that are invitational. It is not sufficient or reasonable to rely on sense of self of mature students to assist peers

withstand such experiences. Novice nurses may well wonder about the caring profession they have selected.

The findings demonstrate how workplace cliques and affiliations can negatively shape the workplace learning experience by in exerting some control over student nurses' ability to engage in rich learning experiences. Undergraduate student nurses may leave clinical experiences questioning their choice of a career in nursing, when they are made to feel unwelcome due to the nature of their workplace engagement (Curtis et al 2007).

Students' interactions with more experienced nurses and the opportunities offered students are central to developing both students' identities as nurses and nursing competence. Students are our future workforce, irrespective of their age, culture and status. Consequently, they need to be nurtured and supported in the development of their professional role. Open communication among inter-generational groups about differences in experiences may go some way to reduce incorrect assumptions and criticism that can lead to unhelpful inter-generational tensions (Apostolidis & Polifroni 2006). Indeed, the older generations of hospital trained nurses are needed and should be valued as much as those who are university trained. Strategies are needed to retain existing staff while also attracting the next generation of nurses (Hart 2006).

Yet, amidst all of these tensions and distinctions, the clinical placements seem to be securing much of the desired outcomes. A key milestone in the journey from student to registered nurse was the gaining of a sense of independence. As students neared the completion of their undergraduate studies, they reported that the prospect of working as graduate nurses the following year seemed less daunting and they felt prepared. Under the clinical placement model in which these students were participating, the students

return to same healthcare organisation for all placements throughout second and third year. It would appear that this model is creating a sense of attachment and familiarity within the nurse education program, including knowledge of the hospital sites to the policies and procedures relevant to nursing practice. It would seem this group of students feel better equipped for their transition, because they were to practice nursing in a situation in which the context, procedures and settings were familiar, unlike graduates reported on previously (Newton & McKenna 2007). Such a clinical model appears to enhance the social practice knowledge that individuals require to effectively engage in practice and further learning (Eraut, 2004). It would also appear to be reducing some of the organisational and bureaucratic challenges (Maben et al 2006) which often confront new graduates. The challenge nevertheless remains for educators is to effectively prepare students to manage the transient status that students still experience and voice.

### Limitations

This study relies on self-reports, so there may be a social desirability effect in the responses. Although a few participants were known to the researcher from their undergraduate studies, no unequal power relationships existed between them. The data gathered is only from a small number of informants in a limited number cohort from one university that has a program which features placements in the same healthcare system through students' studies and, therefore, may not be representative of students from other organisations.

### CONCLUSIONS

Healthcare workplaces are complex learning environments for student nurses to negotiate, yet it is important that they do so as their nursing competence and identity are



shaped by learning experiences in these settings. Workforce factors such as inter-generational student cohorts and workforce add to this complexity. This paper has highlighted the imperative that the invitational quality of clinical practice settings is important for student nurses to be adequately supported and afforded opportunities to engage in effective practice-based learning.

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