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### Student Nurse Preferences for their First Clinical Experience

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What student nurses really think of clinical areas; a thematic analysis.

The shape of healthcare need and subsequent service delivery has altered significantly in recent years, and such change is expected to continue. As life expectancy continues to rise, the UK population profile is shifting towards a predominance of older adults (Office of National Statistics, 2016), many of whom will be managing a long term health condition for significant periods of their lives (Loggenberg, 2008). With healthcare delivery increasingly taking place in settings out-with traditional hospital environments, so nurses are increasingly working with people experiencing longer term, often multiple and complex conditions, well into that persons older age (Loggenberg 2008). Programmes of education preparing student nurses for registration must therefore reflect such developments.

Each of the higher education institutions providing pre-registration nurse training in the UK is strongly dependent upon partner clinical care providers in order to facilitate the practice placement requirements of the programme. The profiles of these placements and indeed of the organisations which provide them have changed significantly over recent years, reflecting the increasing pluralism of health care delivery.

While the importance of the clinical practice component of pre-registration nurse training is well established (Lofmark et al 2008), the changing healthcare environment has required reconsideration of the areas able to suitably accommodate student learning. Evolution of service structure and service delivery has reduced the number of traditional hospital based clinical areas available (Reimer-Kirkham et al 2005), with client groups previously cared for within institutional settings now being supported to live in situations more integrated within their local community (Turner et al 2004) and requiring a more holistic philosophy of care (Anderson, 2009). This appears particularly true for those with long term conditions, for example while there was a reduction of around 31% in the number of overall NHS beds available between 1984 and 2004 (DH, 2006), the number of NHS beds available in Scotland for the treatment of mental health problems dropped from 13,796 in 1990 (ISD, 2007) to 5,267 in 2010 (ISD, 2016). As these figures represent a reduction in beds available for the treatment of these disorders and not a reduction in the number of people requiring treatment, the magnitude of the shift of care towards community focused non-NHS providers is evident, and suggests an increased association between the NHS and the provision of acute care.

**Need bit here**

According to the code of conduct of the organisation that regulates the nursing profession in the UK, nurses should not discriminate in any way against anyone within their care (Nursing and Midwifery Council (NMC) 2015). In considering the relationship between nurse education and the development of this fundamental principle, this study sought to determine if student nurses enter their training with preconceived bias towards specific client groups and clinical areas, and if so, to illuminate factors influencing the perceptions of student nurses towards those client groups and clinical areas, both prior to, and as a consequence of their training programme.

## **Methodology**

A mixed methods approach was utilised within the study. Combining methods from the two main research paradigms; qualitative and quantitative, is considered to facilitate depth and breadth to a study (Gerrish and Lacey, 2010). Termed triangulation, this approach is considered effective in evidencing the credibility of qualitative research (Sanders and Wilkins, 2010). This study incorporated pre and post placement surveys followed by a focus group.

## **Sample**

Email invitations were sent to the entire pre-registration nursing cohort enrolling at one campus of one Scottish University in one year. This provided access to 130 neophyte nurses, and while many more of them contributed to the surveys, only seven volunteered for the focus group, one of whom failed to attend. The group however included representation of a range of ages, both male and female participants and students from the adult and mental health programmes.

## **Focus groups**

A focus group is a form of group interview in which there are several participants who share particular characteristics, and where there is facilitated discussion focused on a specific topic (Wellington and Szczerbinski, 2007). The approach was chosen for this study for its suggested ability to illuminate how individuals collectively make sense of a phenomenon (Bryman, 2001), in this case how a group of student nurses express their understanding of placement settings and the clients they serve.

The transcription of the focus group discussion was appraised through the application of thematic analysis. Thematic analysis is a widely used method of discerning patterns of meaning arising within verbal communication (Braun and Clarke, 2006) The data emerging from the surveys has already

been presented (Gillespie, 2013), therefore this paper will detail the themes emerging from the focus group.

### **Ethical considerations**

The need to consider and adhere to ethical principles is strongly associated with the social research process (King and Horrocks, 2010), and the moral guidance for a study is generally influenced by both professional requirements (Hek and Moule 2006) and through the application of basic ethical principles (Edwards and Talbot, 1994). Denscombe (2010) details four major principles suggested to guide ethical practice; compliance with the law of the land, participation is voluntary and based on informed consent, avoiding deception and operating with scientific integrity and protecting the interests of the participants. These principles underpinned the study and ethical approval for the research was granted by two Higher Education Establishments involved.

### **Findings**

Four main themes emerged from the Focus group and these related strongly to the relevance of specific clinical areas and specific clinical tasks toward what the students perceived their learning needs to be. The first theme was **opportunity** and this identified the students understanding of the likelihood of a placement experience to offer the learning that the student felt was important in relation to their programme, and importantly whether the placement offered opportunities that matched those offered to the student's peers placed elsewhere. **The availability of appropriate support** was felt crucial in creating an environment within which the student felt safe to learn. **Challenge; desirable and daunting** evidenced that the students wanted to be challenged appropriately in relation to their learning in clinical environments and **Compassion** signified recognition of the relevance of human interaction in nursing as opposed to simple task focused learning.

#### **Theme 1- Opportunity**

Acute care areas were seen to offer advantages to students placed in them because of their perceived association with skills and tasks seen as important to learn. As a consequence areas catering for older adults or longer term conditions were considered unlikely to provide the opportunity for exposure to relevant learning. For this group of students these areas were frequently comprised of care homes. This is summarised by Participant (P) 5;

*“in a nursing home, types of medication the patients would be on is totally different from a hospital, because they might not be getting the same skills, experience or knowledge in a nursing home as you*

*would get in a ward because they might not be... a ward is using a lot more skills based than what a nursing home is" (P5).*

There is a widely recognised reluctance from nurses to work in areas such as mental health and older adult care (McKenzie and Brown, 2013). This is particularly notable in countries like Australia where pre-registration nurse training provides only a generic nursing qualification and recruitment difficulties are common within settings caring for these client groups (Lea, Mason, Eccleston and Robinson, 2016). One student who had been placed within a care home recognised that such settings did provide access to learning around essential care skills such as assisting with hygiene and feeding, but their perception of these tasks as being mundane, repetitive and basic were representative of many of the group. The student describes this in relation to the advantages they felt were offered to peers placed in acute settings;

*"it was repetitive, I did still learn quite a bit and I was able to make comparisons and I think when your hearing other students coming in and going oh I did wound dressings and I did this, I did that , I did that, then your kind of thinking, God!" (P3).*

The idea that students placed in care home environments were then disadvantaged through lack of opportunity was common across the group. This was associated with the difference in care tasks understood to be provided within each type of care environment, and in the availability of access the area had to other placement areas wherein valued learning experiences were offered, the size and complexity of the NHS providing an obvious advantage here. These factors had an impact on the perceived worth of the placement area and on the motivation of the students allocated there. P4 expresses this well;

*"talking from other people and kind of getting the picture and comparing them, what I noticed was for a non NHS most of them had, you would get a less, for the NHS you would get a wider range of different areas that you could get experience in" (P4).*

The perception of non- acute care as offering less variation and job satisfaction is widely shared and again appears linked to reduced desirability of such locations for employment (REF). Students here also saw the NHS in general as offering a more comprehensive and more relevant opportunity for learning.

## **Theme 2- Compassion**

The students questioned recognised that in addition to clinical tasks guiding shaping the skills they needed to learn there were softer, more discreet competencies that could be developed during the placement experience. P7 identifies this below;

*“just wee silly stuff, just going round and offering them (patients), if they want a magazine to read or something, when you are sitting there nervous, somebody is about to open up something and you don’t have a clue what is going to happen, how you are going to feel after it, how sore it’s going to be, loads of different wee worries that to them it’s just routine, but it’s not. I used to go round with the magazines and say that’s something to read” (P7).*

### Theme 3- The availability of appropriate support

When I asked the nurse one of the times can I watch you doing that dressing, no just go with the auxiliary... you’re asking them like can I get this opportunity, and some of them don’t want to give you that opportunity (P5).

### Theme 4- Challenge; desirable and daunting

“I was in a mental health ward and I felt that because the patients were difficult I got the benefit of not seeing the same thing every day, it was challenging all of the time, you weren’t able to just sit down and get on with your work, you were busy all of the time, it was one patient then another, then another one with no time for rest which I found was the best part about it” (P2).

“...but it’s not an area that really interests me that much. I enjoyed it when I was there, but to have a career in it I don’t think, again I think that’s more due to the challenge part of it” (P4).

## **Discussion**

## Conclusions

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