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Satisfaction with clinical placement – The perspective of nursing students from multiple universities

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Summary Projected nursing shortfalls in Australia have identified the need for organisational planning and strategies around recruitment and retention in healthcare facilities. Strategies include but are not limited to alliances with university faculty and the quality of undergraduate clinical placement experience. This cross-sectional study explored undergraduate nursing students' satisfaction with clinical placement experience from the perspective of multiple university faculties, and the relationship this has with future employment intention at a metropolitan hospital in Sydney, New South Wales. Findings from respondents demonstrated satisfaction with the clinical placement on the following criteria: expectations being met; welcoming of unit staff and attitudes of thereafter; clinical and university facilitator support; and participation in patient care. Three quarters of respondents also indicated that they would consider the hospital as a future employer. Satisfaction with clinical placement experience may aid organisational recruitment strategies.

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Introduction

A significant shortage of nursing staff has been identified globally, requiring close examination of this phenomenon

by health care facilities (Murray, Crain, Meyer, McDonough, & Schweiss, 2010; Nelson, Godfrey, & Purdy, 2004; Roche, Lamoureux, & Teehan, 2004). Alarming projections in Australia have projected a shortage of 109,000 registered nurses by 2025, should nationally coordinated reform not materialise (Health Workforce Australia, 2012). Recruitment and retention issues are therefore high on the agenda for Australian healthcare facilities. Inadequate undergraduate clinical placements have been proposed as influential in the projected shortage of qualified health professionals

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in Australia (Brown et al., 2011), thus there exists a need to proactively evaluate the clinical placement experience (Salamonson et al., 2011).

Since moving undergraduate nurse training to academic institutions over 20 years ago, concerns have arisen in Australia over the number of clinical placements available to faculty and indeed the quality of such clinical placements (Maginnis & Croxon, 2007; Nolan, 1998). A recent systematic review has identified that attrition from nurse education programmes is influenced by unsatisfactory student placements; with the attitude of placement staff and lack of placement support being cited as reasons for such attrition (Eick, Williamson, & Heath, 2012). Conversely, one of the major influences on graduate nurses choosing their first workplace is their undergraduate clinical placement experience; with positive experiences increasing the likelihood of newly qualified nurses seeking a return to respective units (Edwards, Smith, Courtney, Finlayson, & Chapman, 2004; Shih & Chuang, 2008).

Clinical placements are central to facilitating the integration of theory and practice which faculty cannot meet on its own, the success of which is multifactorial (Zilembo & Monterosso, 2008a). Ultimately, the clinical placement is where undergraduates are exposed to the reality of nursing (Henderson, Cooke, Creedy, & Walker, 2012; Salamonson et al., 2011), and where they are readied and prepared for practice (Zilembo & Monterosso, 2008a).

A clinical placement where theory transitions to practice enables students to develop the competencies required to perform effectively (Henderson, Happell, & Martin, 2007a). A positive clinical placement has also been identified as influential in students' desire to choose specific specialties to be subsequently employed within (Henderson, Happell, & Martin, 2007b).

An understanding of the placement expectations of students and how these correlate to actual experiences is posited as an essential component of clinical placement evaluation. Previous work in this area involving health science students across a range of professions highlighted significant differences between actual and ideal placement experiences (Brown et al., 2011). In the same study, good working relationships with placement supervisors were rated highly by students in relation to satisfactory placements. Previous nursing studies have identified influences on positive clinical placement experiences. For example, being involved as a member of the team and the opportunity to take part in ward activities (Perli & Brugnolli, 2009); and a formal preceptorship model (Henderson, Twentyman, Heel, & Lloyd, 2006) being proposed as positively influencing placement experience.

There are however, significant barriers to the development of skills and to students experiencing satisfactory clinical placement. Negative influences on satisfactory clinical placements have been identified as limited participation in patient care, not being included in ward activities, and inadequate support of clinical staff (Henderson et al., 2007b). Involvement in direct patient care enables the development of skills and confidence in the undergraduate (Nolan, 1998) and provides a safe supported environment whereby students can apply the high level critical thinking necessary to becoming autonomous health professionals (Nash, Lemcke, & Sacre, 2009; Starr & Conley, 2006).

One of the biggest challenges has been argued to be that of 'fitting in' or 'belonging' during the clinical placement (Edwards et al., 2004; Nolan, 1998). Belongingness in particular can influence student placement experience as it provides evidence that staff are interested in the students' learning and leaves them to concentrate on integrating theory and practice and the development of new skills, as opposed to navigating the social ward culture (Levett-Jones & Bourgeois, 2007). Staff attitudes and behaviours are central to a positive placement experience and may be more important than any other factors (Nash et al., 2009; Nolan, 1998). A welcoming, approachable and friendly demeanour coupled with a willingness to teach are proposed as attributes that existing placement staff require to enable a constructive learning environment (Maginnis & Croxon, 2007).

The placement unit must also have a requisite level of clinical support for the learning to be maximised (Brunero & Stein-Parbury, 2008; Edwards et al., 2004). Working with experienced Registered Nurses as critical companions has been highlighted as essential in transitioning to graduate preparedness (Nash et al., 2009). However, nursing shortages and competing workload demands have led to the clinical support at times being compromised, which has resulted in faculty providing placement facilitators to supplant local 'Preceptorship' or 'Mentorship' programmes (Maginnis & Croxon, 2007).

The literature review was unable to locate studies focusing on metropolitan clinical placements and their influence on future employment decision from the perspective of multiple universities at a single hospital site. This prompted examination of the clinical placement experiences of undergraduate students from nine universities at the study site.

Aim

The aim of the study was to explore undergraduate nursing students' satisfaction with clinical placement experience and the relationship this has with future employment intention at a metropolitan hospital.

Method

A cross-sectional survey of undergraduate nursing student's placement experience at a metropolitan teaching hospital in Sydney was conducted for the years 2010–2012. Ethics approval was received from the local health district human research ethics committee.

Placement setting

The survey was conducted at a 550 bed tertiary referral metropolitan hospital in Sydney with a wide range of clinical specialties. The hospital provides clinical placements to undergraduate nursing students from nine universities located within New South Wales. However, the hospital has an alliance with two of these universities, one of which is based upon professorial links and the other being historical. Therefore, placement priority and quantity of placements are reflected in these alliances. Placement duration ranges

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