



Getting off to a good start? A multi-site study of orienting student nurses during aged care clinical placements

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Summary Undergraduate nursing students rate residential aged care an unattractive career option. Some likely causes are beyond the control of the sector, others within or partly within its control. Addressing the problem – the aim of the modelling connections project – is important and urgent.

This paper, derived from that project, profiles the characteristics of 12 residential aged care facilities across four Australian states, 66 of their staff and 53 student nurses undertaking clinical placements. Staff and student responses to a 30-item orientation experience survey are compared. Two-thirds of the items – including manual handling, fire and emergency drills, teaching resources, communications and workplace arrangements – reveal a statistically significant inter-group divergence of opinion, with staff consistently more confident of the orientation's effectiveness.

More than half the students were unsure on arrival as to whether the staff were expecting them. Two-thirds said they had not been told, or were unsure if they had been told, what to do if upset or anxious.

Staff satisfaction with the orientation's quality was greater than student data warranted. Substantial institutional, procedural and behavioural changes seem necessary if student expectations of their clinical placements are to be met and a positive, attractive image of the sector conveyed.

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Background

Studies continue to show that undergraduate nursing students in a number of countries view aged care, particularly residential aged care, as the least or one of the least desirable career destinations for registered nurses (RNs) (Fagerberg and Ekman, 1997; Pearson et al., 2001; Happell and Brooker, 2001; Dekeyser Ganz and Kahana, 2006). At present, as ageing population profiles increase demand for services, and staff shortages become widespread, it is doubly important to discover and address the causes of student nurses' negative perceptions of residential aged care.

Many possible causes have been suggested. Some – for example, negative media images, lower remuneration, professional isolation, lack of esteem among academics, the ageism of youth, and so on – exist prior to and independent of the students' own experience of aged care nursing. Stakeholders concerned about the sector's standing and future might hope that direct, first-hand experience gained through clinical placements or casual employment in aged care settings would weaken the grip of prejudice and make students more willing to consider a future in the sector. Unfortunately, the evidence suggests this rarely happens. Some studies have found positive elements in student reports of their first-hand experience with the elderly, whether gained through casual familiarisation contacts (Southall, 2002) or after reforms to the conduct of placements (Robinson et al., 2007; Haight et al., 1994; Storey and Adams, 2002). Direct contact, however, seems more likely to entrench than alter the students' initial rankings (Fagerberg et al., 2000; Abbey et al., 2006a).

Student dissatisfaction can hardly be attributed to a failure to inquire as to what students want during clinical placements. Studies and commentaries by experienced clinical teachers, nurse researchers and students themselves abound, and, although most lack rigour as conventionally defined in quantitative studies, they display a remarkable unanimity (Abbey et al., 2006b; pp. 34–36; 39–41). Students, the findings show, feel keenly the emotional dimension of the placement experience, frequently mentioning anxiety. They want to be made welcome in the worksite, actively integrated and accepted as valued team members. They want preceptors who are skilled in interpersonal relations and professionally competent; constructively critical, not judgemental or caustic; and approachable and supportive without being intrusive or unduly controlling. The organisational cultures and leadership styles that foster such values and behaviours

have also received scholarly attention (Spouse, 2001; Gray and Smith, 2000).

The *Modelling Connections in Aged Care* project, from which this paper comes, continues work begun in the *Building Connections in Aged Care* project (Robinson et al., 2005). The aim is, first, to discover what it is about clinical placements that confirms or fails to counteract prior prejudices against working in long-term residential aged care facilities (RACFs). The second objective is to digest, add to and marshal the evidence needed to devise a model for the conduct of clinical placements in such settings that would reliably lead to high-quality placement experiences. This outcome, it is hoped, would assist recruitment and retention by improving the quality and outcomes of the clinical education experience and, thus, the image of aged care nursing.

These objectives have been pursued through an extended systematic review of the evidence already accumulated locally and elsewhere (Abbey et al., 2006b). Additionally, we have undertaken an allied program of *in situ* experimental testing projected to include a randomised controlled trial, in order to ensure that the resulting model is comprehensive and consistent with the best evidence available.

Among the findings of the *Building Connections* Project was the critical influence of the orientation experience on the success and effectiveness of the clinical placement (Robinson et al., 2008), reinforcing the emphasis in other student opinion studies on first impressions and emotional factors (Abbey et al., 2006b). This paper reports a survey of the orientation provided to students at the commencement of their clinical placements in Australian RACFs. The purpose was to discover whether the preliminary orientation process effectively contributed to meeting student, staff and facility needs by providing a firm, clear, supportive foundation for an intensive period of practical learning.

Method

This part of the *Modelling Connections* project utilised a comparative, descriptive research design, obtaining survey data to describe the frequency with which key orientation activities took place from the perspective of both the staff in participating facilities and the students undergoing clinical placements in these settings. Comparisons were made between staff and student survey responses.

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