



Quality clinical placements: The perspectives of undergraduate nursing students and their supervising nurses



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SUMMARY

Background: Clinical placement for students of nursing is a central component of tertiary nursing programs but continues to be a complex and multifaceted experience for all stakeholders.

Objectives: This paper presents findings from a longitudinal 3-year study across multiple sites within the Australian context investigating the quality of clinical placements.

Design: A study using cross-sectional survey.

Settings: Acute care, aged care and subacute health care facilities.

Participants: A total of 1121 Tasmanian undergraduate nursing students and 932 supervising ward nurses.

Methods: Survey data were collected at completion of practicum from participating undergraduate students and supervising ward nurses across the domains of “welcome and belonging,” “competence and confidence: reflections on learning,” and “support for learning.” In addition, free text comments were sought to further inform understandings of what constitutes quality clinical placements.

Results: Overwhelmingly quantitative data demonstrate high-quality clinical placements are provided. Analysis of free text responses indicates further attention to the intersect between the student and the supervising ward nurse is required, including the differing expectations that each holds for the other. While meaningful interpersonal interactions are pivotal for learning, these seemingly concentrated on the relationship between student and their supervisor—the patient/client was not seen to be present.

Conclusions: Meaningful learning occurs within an environment that facilitates mutual respect and shared expectations. The role the patient has in student learning was not made obvious in the results and therefore requires further investigation.

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Introduction

Increased demand for clinical placements is a result of increased student enrolments in response to projected health workforce demands. This is a feature of the health workforce internationally (Betony, 2012); nationally (Health Workforce Australia, 2014), it is

also the experience within the local context (Courtney-Pratt et al., 2011).

In the Australian state of Tasmania, a research project commenced in 2008 to evaluate and foster quality clinical placement experiences for both students and their clinical supervisors at one major tertiary referral hospital. The research was initially in response to the increased number of students in clinical placement coupled with a need to determine the quality of the placement offered and provide a means to explore any impact increased numbers had on the quality of placement experience or clinical supervision. In 2010, the research extended to include all four public acute inpatient hospitals in the state providing longitudinal data for comparison across years and sites. This paper presents the research findings from years 2010 to 2012.

The research was initially intended to gauge the quality of clinical placement at each hospital; however, the value of findings to stakeholders led to a continuation for 5 years and provides a point of reference for future comparisons if required. Critically, the research was

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made possible by university and healthcare collaboration, where lead investigators from both sectors enabled data to be gathered, shared, utilised and disseminated to inform the construct of clinical placement preparation and experience. More recently, non-traditional clinical placement sites in rural and community settings as well as private and not for profit services joined the project. The research has had the express purpose of

- evaluating the quality of clinical placements;
- providing feedback to clinical settings that informs their practice and leads to improved quality; and
- fostering a learning environment.

The research has included growing dialogue between local health care organisations and the University with structures and processes that promote effective clinical placements. Clinical staff who support student clinical placements and university academics involved in workplace learning have collaborated to effect changes that comprise feedback mechanisms; negotiating capacity for clinical supervision with specific units and organisations; models for clinical placement; and a committed responsiveness to student issues as they arise (Andrews and Ford, 2013). The model of supervision for students has also been strengthened through the development of a variety of supportive methodologies, including facilitated workshops “on-site,” audio teleconferencing (Mather and Marlow, 2012), video conferencing (Zournazis and Marlow, 2015), and a blog and twitter feed (Mather, Marlow and Cummings, 2013), to support those who supervise students within practice environments.

In this research, the learning environment is considered to be more than the physical context of learning and incorporates the conditions that both enable and constrain learning (Brown, 2008). The learning environment incorporates concepts such as behaviours, socio-cultural factors, personal factors, curriculum, nature of learning and communication (Arthur, Gordon and Butterfield, 2003). Quality learning environments are those that support the student learning experience and that support staff in enabling student learning.

Literature

Quality placements provide the link between theoretical knowledge and practical application and are vital for development of professional identity and competence (Arieli, 2013; Barnett et al., 2011; Henderson et al., 2012). Placements provide opportunities to develop and improve technical skills, skills in problem solving complex nursing issues, time management and documentation skills (Henderson et al., 2007).

Positive learning environments are those that foster development and advancement of practice, in combination with independent thinking, that enables improvements to practice based on judicious use of evidence (Henderson et al., 2012). A positive learning environment decreases attrition rates of new graduates caused by culture shock and results in increased confidence and competence in readiness for practice (Health Workforce Australia, 2013). Studies have identified that students can find clinical placement emotionally challenging and stressful (Arieli, 2013), and their progress can only go forward once their needs for safety, security, belongingness and learning have been met (Levett-Jones and Lathlean, 2008). Factors required of students as learners in clinical placement include motivation, feeling included, positive relationships with other team members and feeling safe to ask questions and explore practices (Henderson et al., 2012). In turn, qualities from the perspective of clinical supervisors include collegiality, teamwork and the willingness to interact with students (Henderson et al., 2007).

Increased competition, pressures in obtaining clinical placements and the capacity of health settings to absorb increased student numbers is affected by a number of factors. These include limited infrastructure and insufficient supervisory resources; the availability and preparedness of

clinical staff to provide clinical supervision; escalating staff workloads and increased patient acuity; diluted skill mix and that staff feel under pressure, unappreciated and unsupported (Health Workforce Australia, 2013; Barnett et al., 2011; Turner, 2001). While the primary responsibility of clinical staff is delivery of quality safe care to patients, there is an additional professional responsibility to support the learning of others, and it is these sometimes competing demands for supervising nurses that creates tensions (Courtney-Pratt et al., 2011).

Despite the acknowledged importance of quality clinical placements, there is little contemporary analyses of learning environments within nursing (Henderson et al., 2012), and published studies provide insights obtained largely through qualitative methods (Lofmark et al., 2012). By combining qualitative and quantitative approaches, there is more evidence than would be available from one approach only. In addition, many evaluative studies consider the perspectives of only one group. The study reported on in this paper differs in that it entails longitudinal surveying of the quality of clinical placements from the perspectives of staff and students and incorporates both quantitative and qualitative approaches in the evaluation of learning environments. Additionally, and key to the research has been the commitment to providing feedback to stakeholders on the effectiveness of processes and practices that foster quality clinical placements.

Context

Undergraduate nursing programs in Australia require students to engage in a variety of placement experiences throughout their degree with mandatory hours of activity linked to successful learning outcomes. The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for the nursing and midwifery professions in Australia. A primary function of ANMAC is to ensure that programs leading to registration and endorsement of nurses and midwives in Australia meet the approved standards for accreditation.

Undergraduate nursing programs are typically six semesters in length, each semester comprising 13 weeks, with the majority offered over a three year period, and there are two semesters in each year. The program identified in this study offered a traditional three year pathway, in addition to a “fast track” schedule, which is identical in subject/unit offerings. However, it is delivered in three semesters per year for 2 years, utilising the typical summer break to deliver prescribed subject offerings.

Students are predominantly supervised in practice by registered nurses who can assume the role of preceptor/clinical supervisor, or undertake the more formal role of clinical facilitator. The supervising nurse (also referred to as a preceptor) is assigned to work with an undergraduate nurse on a day-to-day basis. A clinical facilitator is a registered nurse employed by the university to supervise between 8 and 12 students. The clinical facilitator is expected to have sound clinical experience, knowledge of educational principles and of the undergraduate curriculum and preferably holds specialist qualifications.

The study

Aim

The aim of the study was to evaluate, understand and improve the quality of clinical placements from the perspectives of undergraduate nursing students and their supervising ward nurses.

Design

The study used both quantitative and qualitative methods that included a cross-sectional survey of students and their supervisors. Qualitative data were in the form of free text consisting of three open-ended questions enabling comments about overall experiences and suggestions for

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