

Nursing students' first placement: peripherality and marginality within the community of practice

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1 Introduction

2 For many students the first placement is a momentous and daunting experience (Sharples, 2009). It leads to a
3 shift in the identity of students as their attitude and practices change (Miller et al., 2008). There is often a contrast
4 between nursing students' expectations at the start of their education and their actual experiences during placement
5 (Hoel, Giga and Davidson, 2007). This mismatch can lead to attrition (Cook, 2009) which is often highest in the first
6 practice learning opportunity (Aston and Hallam, 2011). Indeed, placement experiences count as a factor in a third of
7 all cases of withdrawal from programmes in Scotland (Royal College of Nursing, 2008) and high levels of attrition
8 from nursing programmes are a concern from both Scottish and international perspectives (Rodgers, Stenhouse,
9 McCreadie and Small, 2012).

10 This qualitative study aims to gain new insights into first placement experiences within pre-registration nurse
11 education from the perspective of student nurses. Key concepts from the social learning theory *communities of*
12 *practice* (CoP) (Lave and Wenger, 1991; Wenger, 1998) provide a framework for the analysis of these experiences.
13 This novel approach provides information which may be useful to those with a stake in nurse education, particularly
14 in relation to preparing and supporting students within practice settings.

15 Literature review

16 Student nurses' experiences of the first placement vary widely and are dependent upon many factors. One of
17 the most important influences within UK practice settings is that of the mentor, a registered nurse who meets the
18 Nursing and Midwifery Council (NMC) mentor standard (NMC, 2008). Within the Scottish context those carrying
19 out the role of mentor for pre-registration nursing students are supported by Practice Education Facilitators (PEF)
20 (National Health Service Education for Scotland (NES), 2013). The PEF role was created in 2004 in recognition that
21 mentors required support to help them negotiate the complex decision making processes associated with the
22 supervision and assessment of student nurses (NES, 2013). Whilst giving direct care in the practice setting at least
23 40% of a student's time must be spent being supervised (directly or indirectly) by a Mentor/Practice Teacher (NMC,
24 2008). Mentors, with day to day responsibility for learning, are often the key to students' learning experience in
25 practice (O'Driscoll, Allan and Smith, 2010). The role of the mentor in relation to the nature and quality of placement
26 experiences during nurse education is well documented in the literature (e.g. Baglin and Rugg, 2010; Gray and Smith,
27 2000; Myall, Levett-Jones and Lathlean, 2008). It is a position which is complex and requires a high level of
28 commitment, energy and time (Atkins and Williams, 1995) and the vast majority of students experience nurturing,
29 caring clinical environments and staff relationships (Thomas, Jack and Jinks, 2012).

30 When mentoring, an important aspect of creating a supportive learning environment is familiarising the
31 student with the placement area by connecting the student to the culture, staff and community on the ward
32 (Jokelainen, Turunen, Tossavainen and Jamookeah, 2011). This provides the basis from which the student can learn

33 effectively as they are empowered through being understood and encouraged (Bradbury-Jones, Sambrook and Irvine,
34 2007). In contrast, a sense of disempowerment can arise from disrespect shown to them by other members of the team.
35 Being a peripheral participant within the power structure of a community of practice can lead to feelings of anxiety,
36 particularly if the student feels they have been demeaned (Melincavage, 2011). Perceptions of being made unwelcome
37 or ignored and simply being referred to as ‘the student’ is an experience which many students find upsetting (Hoel,
38 Giga and Davidson, 2007). Gibbons, Dempster and Moutray (2008) investigated the issue of stress in their qualitative
39 study of 16 final year nursing students. The study found that sources of distress included the attitudes of some staff,
40 working on under-staffed wards and student status on placement. Not establishing a rapport with the clinical team and
41 being treated in a disrespectful manner can lead to thoughts of leaving the course (Hamshire, Willgoss and Wibberley,
42 2013).

43 CoP is a social learning theory first introduced by Lave and Wenger (1991) and later developed substantially
44 by Wenger (1998). It proposes that learning is integrated in practice and occurs through engagement within the CoP
45 (Lave & Wenger, 1991). CoP is one of the most influential ideas to have emerged in the social sciences during recent
46 years (Blackmore, 2010) and is particularly applicable to health settings (Eraut, Alderton, Cole and Senker, 2000;
47 Sayer, 2014). Indeed, learning to become a nurse and the development of professional capital is often situated within
48 CoP (Burkitt, Husband, MacKenzie, Tom and Crow, 2000; Gobbi, 2010). Grealish and Ranse (2009) found that for
49 first year student nursing students, learning to be a nurse is less dependent upon the various qualities of the clinical
50 environment and more dependent upon participation in the CoP. Wenger (1998) argues that identities are constituted
51 through both participation and non-participation within CoP. It is here that *marginality* and *peripherality* have an
52 important role in influencing the individual’s identity as well as their trajectory in relation to the ‘inside’ or ‘outside’
53 of the CoP. Morley (2016) suggests that the thoughtful learning model for practice put forward by Wenger provides a
54 recognisable learning structure that is applicable to placement learning within nurse education.

55 **Method**

56 Seventeen first year nursing students out of a potential seventy were recruited from a campus at a Scottish
57 University using purposive sampling. The sample group was selected on the basis that cohort had just returned to
58 university following their first placement of an undergraduate nursing programme. The first placement takes place
59 after approximately ten weeks of theory and consists of a four-week introductory placement within a wide range of
60 areas including acute adult and mental health in-patient settings, nursing homes, and community hospitals. The
61 theoretical content delivered prior to the placement includes the role of the nurse and the professional behaviours and
62 attributes expected of student nurses. Students also learn about other issues such as team working, communication and
63 the mentoring process as well as how to access support whilst in placement. All students should have meeting with a
64 member of the academic faculty during their first practice placement on a minimum of one occasion to monitor their

65 progress and provide support as necessary. Prior to attending the placement area students are provided with
66 information about the type of placement they are going to, along with the health and social care needs of services
67 users. The main and associated learning opportunities are provided in advance as well as resources and additional
68 reading to help them prepare for commencing the placement.

69 Located in the Constructivist-Interpretivist paradigm this inquiry adopts the principle that there are multiple,
70 equally valid and socially constructed realities (Ponterotto and Grieger, 2007). Aligned with this approach are the
71 data collection methods of individual and multi-person qualitative interviewing (Rubin and Rubin, 2005). In total five
72 individual interviews and two focus groups, with six individuals in each, were undertaken. The individual interviews
73 lasted approximately an hour and the focus groups lasted an hour and a half to two hours. An interview guide was
74 used in a non-rigid manner to support a semi-structured interviewing approach (Flick, 2014). The interview guide
75 used for this study featured questions which prompted students to discuss their experiences in relation to areas of the
76 first placement, such as how prepared they felt and their relationships with staff during the placement. The main
77 questions in the interview guide are highlighted in Table 1. A responsive approach was taken by the interviewer to
78 develop depth and detail in relation to the issues participants described (Rubin and Rubin, 2012).

79 Potential participants were initially emailed details about the inquiry by the researcher to establish if they
80 were interested in finding out more information. Following this they had the opportunity to attend a face to face
81 meeting with the researcher to ask questions and be provided with the Participant Information Sheet. They were also
82 asked whether they would prefer an individual interview or to be part of a focus group. Following a two week
83 ‘cooling off’ period those who were still interested in participating were asked to sign a consent form. No coercion or
84 pressure was applied and potential participants could freely choose whether or not to be involved. There are ‘power
85 plays’ inherent in all qualitative research interactions (Brinkmann and Kvale, 2005) and these may be amplified in
86 circumstances where there is an existing power differential, such as the one between student and lecturer. To try to
87 minimise these issues participants were recruited from a campus where the researcher was not carrying out any
88 learning, teaching, assessment or pastoral activities and did not have any prior relationship with potential participants.
89 Prior to participant recruitment ethical approval for the inquiry was obtained from the University Ethics Committee.

90 **Data Analysis**

91 Following the data collection, the audio recordings were transcribed verbatim, an aspect of becoming
92 familiar with the data (Creswell, 2009). The data analysis then followed the process of deductive content analysis set
93 out by Elo and Kyngas (2008). During the preparation phase the unit of meaning was selected as the unit of analysis
94 and several readings of the transcripts ensured familiarity with the data. Next the analysis followed what Elo and
95 Kyngas (2008) describe as an unconstrained matrix of analysis. This enables subcategories to emerge using an
96 inductive approach whilst still working within the bounds of deductive main categories (Elo and Kyngas, 2008). Two

97 pre-determined categories were derived was designed using Wenger's (1998, p.167) model which sets out the
98 "relations of participation and non-participation" present within a CoP. This model represents the relationship
99 between *peripherality*, as an inbound or enabling form of non-participation in contrast with *marginality* as an
100 outbound or preventative form of non-participation. Table 2 displays these deductive categories along with the
101 inductive sub-categories. Using predetermined theoretical concepts to structure the analysis in this manner is different
102 to the inductive approaches common to qualitative research. Braun and Clarke (2006) explain that theoretical or
103 deductive analyses are 'top down' approaches and are therefore more explicitly analyst-driven than inductive
104 approaches. Brinkmann and Kvale (2015) highlight that this approach has the potential to bring forth new dimensions
105 on seemingly familiar phenomena. However, there is a limitation inherent to this approach in the sense that the
106 researcher has approached the data with an informed but strong bias (Hsieh and Shannon, 2005).

107 **Findings**

108 The findings are grouped under each sub-category with those aligned with experiences of peripherality
109 presented first, followed by those aligned with experiences of marginality.

110 **The mentor as a factor in experiences of peripherality.**

111 Peripherality was apparent within many of the students' attempts to engage with the activities of the CoP.
112 Often they did not have direct access to learning opportunities and remained dependent upon the mentor who had
113 significant influence over their participation and/or non-participation. This sometimes leads to a perceived
114 requirement to build up a rapport of respect with the mentor as a means to improve the student's ability to negotiate
115 their learning:

116 I was a bit worried about negotiating my learning [...]but I think I did quite well with it because I think I
117 built up a rapport of respect with the nurses so that they would let me come in and do the work with them.
118 (Focus Group 2)

119 There is a sense that students recognise that non-participation is just as important as participation in enabling
120 them to develop effective relationships. For example, participants described that it was necessary to understand the
121 demands on the mentor and minimise any disruption to their activities:

122 I had a good relationship with my mentor, I picked up from day one when she was busy (Interview 1)
123 This means operating at the periphery but being ready to take advantage when the mentor facilitated an
124 opportunity for participation. Often this was a process of negotiation which was led by the mentor:

125 ...'[Mentor] I'm not going to talk you through that medicine administration but I'll talk you through another
126 one later', so we did negotiate all the time. (Focus Group 2)

127 **Other staff as a factor in experiences of peripherality.**

128 The extent of the student's peripherality is exposed when they are working with other members of the CoP
129 who change their practice in the presence of the student.

130 Some of them would show me, they would be like 'oh we'd better do it properly since you're here' and they
131 would show me how to do it properly ... (Focus Group 1)

132 Although it may be considered a form of participation, it is one which maintains the student's peripherality
133 within the CoP. It also highlights that there are practices within the CoP which are hidden from 'outsiders' and implies
134 that to be a more central member there is an expectation that certain aspects of poor practice need to be adopted or at
135 least ignored. Indeed, From Wenger's (1998) perspective it is worth noting that while the CoP is a crucial locus of
136 learning this does not imply that the process is intrinsically benevolent.

137 **Patients, carers and family as a factor in experiences of peripherality.**

138 The students' peripheral status also appeared to influence the relationships that were developed with patients
139 and visitors. For many of the students involved this was apparent as both a set of expectations on the part of patients
140 and as a means of special access to them:

141 The patients accept you as you are and I feel that in the student nurse - patient relationship I know where I
142 stand and I feel confident I can build relationships. (Interview 5)

143 A significant number of participants explained that this had enabled them to have rapport with patients that
144 other staff considered 'difficult'. In addition, peripherality provided opportunities to develop relationships with
145 relatives that are not available to other members of the CoP:

146 I think they were quite confrontational with the nursing staff... and the medical staff as well because they
147 were at odds with what they were recommending what they wanted for this lady but I was talking to them
148 purely on a personal level. (Interview 2)

149 This indicates that in some cases being on the periphery actually has the potential to enhance students'
150 relationships with patients and relatives.

151 **The mentor as a factor in experiences of marginality.**

152 As might be expected when the mentor did not provide access to the work of the CoP this created problems:

153 I had a bit of trouble with my mentor [...] I got on great with my mentor – she was really really nice, but in
154 my first week and second week I was kind of just left to wander about ... and it's not that they weren't nice –
155 it was like they had better things to do rather than make sure I was kept busy. (Focus Group 1)

156 Despite the importance of the relations with the mentor by far the biggest source of marginalisation was with
157 other members of the CoP within the placement. This indicates that while the relationship with the mentor is
158 important in gaining access to learning opportunities it does not necessarily grant access to the wider activities of the
159 CoP. This is demonstrated in the example below:

160 I struggled a bit with some of the staff, if you weren't working with your mentor sometimes you got a bit lost
161 and some of the nurses weren't too keen to sort of help you [...] being on my first placement I just tended to
162 sort of go off and sit there and not know what to do and end up spending hours not doing anything really.
163 (Interview 3)

164 **Other staff as a factor in experiences of marginality.**

165 In some cases, this went beyond not facilitating access to learning opportunities to creating difficulties for
166 students. This may be through subtle forms of exclusion, both in the ward environment and during breaks, to issues
167 which indicate an underlying power struggle:

168 [I was] finding my place in the hierarchy ... some people are absolutely great and welcome the student, other
169 people go out of their way to make students feel difficult. (Interview 5)

170 Additionally, there was the potential for marginalisation by the way that ideas and suggestions were
171 considered by other staff within the CoP. Where students' contributions were not considered by the CoP this was a
172 marginalising form of non-participation:

173 I was getting no response back and her attitude was 'don't tell me what to do'... the impression I got was
174 'you're only a student'. (Focus Group 2)

175 An approach which depersonalises the student by other members of the CoP can also be a source of
176 marginalisation:

177 ...it seems that they don't want to teach me ... and they would call me 'the student' rather than by my name.
178 (Interview 4)

179 **Liaison lecturer as a factor in experiences of marginality.**

180 The Liaison Lecturer for the placement area is responsible for responding to placement issues referred by the
181 student. However, some participants described how they did not receive any contact from the Liaison Lecturer whilst
182 in placement. Even where there were opportunities to raise a particular concern, such as the one quoted from interview
183 4 above, there was a reluctance to raise it with the designated lecturer:

184 I think it would have made the situation worse as well if he'd have come in and said 'oh these nurses aren't
185 doing this'. (Interview 4)

186 A relevant factor is that the student was not visited by the liaison lecturer until the final day of the placement.
187 An earlier visit may have facilitated the opportunity to agree the best approach to issues of marginalisation being
188 experienced by the student. A lack of external support has the potential to further isolate students experiencing
189 difficulties and may reduce the likelihood of problems within the placement area being resolved, both in the short and
190 longer term.

191 **Discussion**

192 Legitimate peripheral participation is the process by which newcomers become part of a CoP (Lave and
193 Wenger, 1991). It is the central process of situated learning: learning that is a process of participation CoP. In this
194 context peripherality is a positive term as it suggests an opening, a way of gaining access to sources for understanding
195 through growing involvement. As a student moves towards more-intensive participation, peripherality is an
196 empowering position (Lave and Wenger, 1991). Where the student is kept from participating more fully it is a
197 disempowering position and may become a source of marginalisation. Wenger (1998, p.166) describes that
198 “peripherality and marginality both involve a mix of participation and non-participation, and the line between them
199 can be subtle”. In the case of peripherality some degree of non-participation is necessary as this enables the participant
200 to access the CoP. In the case of marginality, the non-participation comes to define a restricted, rather than enabling,
201 form of participation. The mix of participation and non-participation reflects our power as individuals to define and
202 affect our relations with the rest of the world (Wenger, 1998).

203 The findings illuminate the complex CoPs that student nurses find themselves attempting to navigate during
204 the first placement. For the participants involved in this study it is the relationships within the CoP that are central to
205 providing or limiting access to learning opportunities. These findings reflect a complex picture of relations and power
206 differentials within nursing placements. While CoPs may provide social infrastructures that foster learning they can
207 also be a source of distress and marginalisation for the novice (Le May, 2009). The findings highlight the central role
208 of the mentor as important in facilitating access to the activities of the CoP. Mentors are often in key positions within
209 the CoP which supports their important role in the legitimate peripheral participation of students (Field, 2004). The
210 importance of the student-mentor relationship is apparent within the findings of this study. Those who had mentors
211 that did not facilitate participation, particularly at the start of the placement, cited very difficult experiences including
212 complete marginalised from the CoP. If these types of situations remain unresolved it is likely to damage the identity
213 of the student nurse as well as their progress on the course. Indeed, unsupportive mentors have been found to be a
214 factor in students considering leaving as they struggled to integrate within the placement team (Hamshire, Willgoss
215 and Wibberley, 2013).

216 Relationships with mentors that were perceived to be effective in providing learning opportunities were often
217 underpinned with a degree of compliance on the part of the student. Conformity and compliance is often perceived to
218 be an important aspect of being accepted (Levett-Jones and Lathlean, 2009). It is also an acknowledgement by the
219 students of the challenges the mentor may face, particularly in relation to competing demands and time (McIntosh,
220 Gidman and Smith, 2014). Compliance may be positive from a learning perspective as the demands of the mentor can
221 take reluctant students beyond their “limitations, likes and dislikes, and may result in their reaching understandings of
222 their own” (Wenger, 1998, p.85). However, compliance can influence the student’s ability to negotiate within the CoP
223 and increase their risk of marginalisation. PEFs provide support for mentors to ensure effective supervision,

224 assessment and decision making and are therefore well placed to address issues such as those highlighted above. In
225 doing so they are able to enhance the practice learning environment and improve the learner support and experience
226 (NES, 2013).

227 Participation within the CoP is not concerned with affiliation to the mentor alone, it concerns the whole
228 community and sponsorship, usually through the mentor, to permit the student to become an acknowledged member
229 of the CoP (Spouse, 1998). Despite the important role of the mentor by far the largest source of marginality within
230 the findings was other staff within the CoP. Some of the findings described earlier reflect a study by Hathorn,
231 Machtmes and Tillman (2009) which found that nurses admitted to acting out negative attitudes by being
232 condescending, ignoring, or being judgmental to the student nurses. These issues, as potential sources of
233 marginalisation, can reduce access to the CoP and in turn limit learning opportunities. Indeed, Wenger (1998) is clear
234 that when a community rejects a newcomer for some reason that person has a difficult time learning. Where the
235 student's ideas are ignored or they are depersonalised this leads to marginality and has a potentially detrimental effect
236 on the identity of the individual. Thrysoe, Hounsgaard, Bonderup and Wagner (2010) found that being overlooked in
237 conversations between nurses often led to anger and frustration in the students, resulting in greater passivity.

238 The need for students to 'pull their weight' and contribute to the work of the CoP was evident with some
239 feeling like a 'pair of hands'. This has previously been found as an issue, particularly where there are staff shortages
240 (Myall, Levett-Jones and Lathlean, 2008: 1840). Staff behaviour may be an unconscious attempt to 'toughen up'
241 students to accept the unvarnished truth of what clinical practice is really like (Thomas, Jack and Jinks, 2012).
242 However, this may not come as a surprise to Lave and Wenger (1991: 110) who explain that 'newcomers' tasks are
243 short and simple tending to be positioned at the end of branches of work processes'. According to Eraut (2002)
244 novices within a CoP may find themselves engaged in long periods of routine, repetitive work that has long ceased to
245 be a source of learning due to the requirements of the institution.

246 A source of support for students who are experiencing issues within the placement setting is the Liaison
247 Lecturer. Nurse Lecturers at the university are designated specific practice placement areas and act as the link between
248 the university and the placement setting. The university provides specific quality standards that Liaison Lecturers are
249 expected to meet and these are underpinned by guidance from relevant professional and academic bodies (e.g. NES,
250 2008; NMC, 2008; The Quality Assurance Agency for Higher Education, 2012). There are also robust procedures for
251 students to evaluate their learning experiences within practice settings. Lecturers typically visit students on their first
252 placement a minimum of once but may visit more regularly if the student requires additional support. Students in the
253 study highlight inconsistencies in terms of what they experienced with some receiving support and guidance and
254 others describing that they did not have any contact with the relevant lecturer. This finding reflects the inconsistencies
255 found in an inquiry by Collington, Mallik, Doris and Fraser (2012) which had a specific focus on the role of the

256 liaison lecturer. They found that visits to midwifery students by liaison lecturers was seen as valuable by students but
257 seemed to depend upon the individual lecturers more than actual course structure. The liaison lecturer is important for
258 enabling the mentor/student relationship (Price, Hastie, Duffy, Ness and McCallum, 2011) and where links are not
259 effective it may be more difficult manage issues such as marginality and any negative impact on the learning
260 experience that may result.

261 Learning is inherently stimulated by the needs of patients, who play a key role in the accumulation of
262 professional practice (Gobbi, 2010). Most participants emphasised the importance of their relationships with patients
263 and how they associated these with notions of being or becoming a nurse. Participant's peripherality within the CoP
264 seemed to make them more accessible to the patients. This appeared to go beyond the additional time they might have
265 available to the actual configuration of the interaction between students and patients. Suikkala, Leino-Kilpi and
266 Katajisto (2008) explored the relationship between student and patient and emphasise the central importance this
267 relationship in terms of students' clinical learning. The same authors later explored this relationship from the
268 perspective of patients and found that the student-patient relationship has a positive impact on patient's improved
269 health and commitment to self-care (Suikkala, Leino-Kilpi and Katajisto, 2009). Patients also recognised the positive
270 influence that this relationship can have on the student's increased confidence and self-esteem. From the perspective
271 of CoP, the student-patient relationship is likely to be influential for the emerging identity of the student nurse, and for
272 those who experience marginality within the placement it may even counter the impact of this to an extent. However,
273 potential difficulties may arise in relation to the maintenance of professional boundaries and the termination of the
274 patient-student relationship, particularly if there is a lack of preparation and support available (Ashton, 2016).

275 **Limitations**

276 In addition to the limitations highlighted at the end of the analysis section there were no co-researchers involved in the
277 data analysis. This may have a negative influence on the credibility of the findings as it removes opportunities for
278 dialogue and agreement in terms of data interpretation and categorisation (Graneheim and Lundman, 2004; Silverman,
279 2011). Likewise, member checking was not carried out which may have assisted in reducing potential researcher bias
280 by actively involving research participants in checking and confirming the results (Birt, Scott, Caver, Campbell and
281 Walter, 2016). This approach was not taken because there are criticisms and potential difficulties associated with
282 member checking (Bloor, 1997) which were felt to be particularly applicable to the deductive methods used. The
283 study is limited to a relatively small sample of nursing students from one Scottish university and no claim to
284 generalisability is made by the researcher.

285 **Conclusion**

286 This study highlights factors which play a role in the peripherality or marginality of student nurses within the
287 first placement and the potential implications for their emerging identities. Engagement in the practice of nursing

288 work acts as a trigger for learning and has a role in shaping the identity of the student nurse (Grealish and Ranse,
289 2009). Students' peripheral status within the CoP can support learning, but this appears to require a compliant
290 relationship with the mentor. It also provides access to patients and their visitors in a way that is less available to more
291 central members of the community. Some students experienced marginalisation during the first placement and this
292 was apparent in their interactions with members of the CoP. As suggested by Melincavage (2011) it is important that
293 those whose status is at the periphery of the CoP are treated respectfully. This will help to promote student learning
294 and is likely to have a positive influence on their emerging identity.

295 The implication of this for those involved in providing pre-registration nurse education is the necessity of
296 effective relationships between university and practice settings. The liaison lecturer is an important part of this
297 relationship as they are well placed to support practice learning and advocate for students (Collington et al., 2012).
298 However, this is reliant upon the liaison lecturer being accessible to both students and the placement area and it does
299 appear that there is scope for greater consistency from the perspective of some students. Addressing this issue may
300 lead to improvements in the support available students, particularly those who are facing barriers to their learning.
301 Given the relevance of CoP to practice learning within nurse education (Morley, 2016) another way to facilitate
302 effective support for students may be through greater inclusion of CoP theory within mentor education. This would
303 provide mentors with the opportunity to consider how CoP theory can assist them in understanding and evaluating the
304 learning environment they are providing as well as the relevance of key concepts such as peripherality and marginality
305 in relation to the student experience. In addition, it may be useful to provide students with further information which
306 prepares them for the possible benefits and challenges of learning in terms of the relationships with staff, patients and
307 relatives/carers. This could include greater use of input by representatives from practice learning environments along
308 with further introductory information about learning within social contexts. This study has demonstrated that CoP can
309 provide a useful perspective for exploring the experiences of student nurses within their first placement and may be an
310 approach worth pursuing on a larger scale.

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Table 1. Questions from the interview guide.

Did you have any expectations prior to your first placement?
How did these expectations compare with the placement itself?
Were there any experiences during the first placement which made you doubt yourself in terms of progressing with your nurse education?
Were there any experiences during the first placement which have made you more confident in terms progressing with your nurse education?

Table 2. Deductive and inductive categories.

Deductive main categories	Inductive sub-categories		
Participant experiences of peripherality .	The mentor as a factor in experiences of peripherality.	Other staff as a factor in experiences of peripherality.	Patients, carers and family as a factor in experiences of peripherality.
Participant experiences of marginality .	The mentor as a factor in experiences of marginality.	Other staff as a factor in experiences of marginality.	Liaison lecturer as a factor in experiences of marginality.