## Nursing Students' Identification of Quality Indicators during a Third-Year Preceptorship

Jessica Guthier[1], RN, BScN; Tracy Hoot[2], RN, BScN, MSN, D.Ed., Associate Dean of Nursing; Tracy M. Christianson[2], RN, BSN, MN, D.Ed., Associate Professor; & Julia Lowe[2], RN, BScN, Thompson Rivers University, Kamloops, British Columbia, V2C 0C8  Canada

[1] This paper was completed in September of 2019 as part of an Undergraduate Research Experience Award Program at Thompson Rivers University

[2] Faculty supervisors were involved in the design, implementation, and revisions for this version of the manuscript

Corresponding Author – Jessica Guthier.  Email: jessicaguthier@gmail.com

### Abstract

**Background:** A pivotal part of nursing education is the ability to practice clinical skills in a professional setting under the supervision of nurse preceptors. This study was aimed at evaluating the preceptorship experiences of third-year student nurses. **Method:** Through a combination of survey and focus groups, both quantitative and qualitative data were used to evaluate the impact of preceptors, unit staff, and clinical placements on student experiences. Themes were developed according to Krueger's Framework (Krueger & Casey, 2014) and a triangulation design was used. Ethics approval was obtained from the Institutional Research Ethics Board. **Results:** Twenty-eight students responded to the survey), providing a 34.1% response rate with eleven students participating in the interviews.  **Conclusion:** Findings from this study highlighted workplace culture, relational practice, preparedness, and scheduling concerns; providing understanding of students' perceptions of preceptors which can help inform nursing curriculum development related to preceptorship experiences.

*Keywords:* clinical competence; education, baccalaureate; mixed-methods; preceptorship; students, nursing

### Background

Allowing student nurses the opportunity to develop practical skills in a safe environment facilitates professional growth and clinical competence. Thus, the preceptorship of baccalaureate nursing education is highly valued by students (Billay & Yonge, 2004; Fowler et al., 2018). Preceptorships, a portion of education in which students are placed in clinical settings to work under the direction of a registered nurse (RN) preceptor, are designed to immerse the student

nurse into the professional setting to provide them with sufficient opportunities to practice clinical skills (Dobrowolska et al., 2015; Usher et al., 2017).

Students report that self-confidence, expanding their scope of practice and feeling supported improved their preceptorship experience. Existing literature describes aspects that increase positive preceptorship experiences such as, positive communication with preceptors and staff, feeling challenged in the clinical setting, having time for reflection, being respected, and being valued (Bradbury-Jones et al., 2010; Edward et al., 2017; Forber et al., 2016; ten Hoeve et al., 2017; Jansson & Ene, 2016; Sweet & Broadbent, 2016; van de Mortel et al., 2017).

Although some students enjoyed having multiple preceptors, many preferred following one preceptor (Jansson & Ene, 2016). When students were required to switch preceptors, they perceived communication barriers, finding it challenging to establish positive relationships with their preceptors (Jansson & Ene, 2016; Edward et al., 2017).

When unit staff provided a welcoming environment, students felt appreciated, resulting in higher feelings of confidence in their roles (Dobrowolska et al., 2015; Gidman et al., 2011; Perry et al., 2017). As well, the attitudes of the unit staff were substantial in creating a positive learning environment for students.

## Study Purpose

Although much research has gone into exploring the preceptorship model, most literature focuses on post-program reflections without data on the students' learning expectations, and only one article reviewed had used a Canadian lens on the students' preceptorship experiences (Billay & Yonge, 2004). Therefore, the purpose of this study was to explore lived experiences of undergraduate nursing students practicing in their first preceptorship. In addition, the authors sought to understand what qualities in a preceptor helped or hindered students' learning, the effect of unit culture on student experience, and if students felt they were adequately prepared to practice in their preceptorship.

## Participants & Setting

A convenience sample of participants was selected for this study. Eighty-two students third-year nursing students from a small Canadian university enrolled in their first clinical preceptorship experience such as acute care, community, and mental health were eligible to participate in the study. Funding was received through a university research grant that was used to provide a gift certificate for the participants' time. A consent form, including a thorough description of the purpose, ethics approval, and contact information, was provided to all potential participants. Ethical approval for this research was gained through the academic institutional Research Ethics Board.

## Methods

A mixed-methodology research design was employed to conduct this study integrating a survey, interviews, and focus groups. A triangulation method was used to capture both quantitative and qualitative data.

**Data Collection**

The researchers created a survey with a series of Likert-type questions to elicit an understanding of students' expectations before beginning their first preceptorship. The survey creation was guided by the work of Hoot (2017) who developed a preceptor competency assessment tool, which was piloted, tested, and validated by a panel of nurse experts (Hoot, 2017). The study survey was then reviewed by two experts for content validity. SurveyMonkey, an online cloud-based data collection platform, was used to create and distribute an anonymous, pre-experience survey. It was sent to 82 students before the start of their practicum by way of the school of nursing program assistant, using their school email addresses. The survey began with simple demographic information, including age and location of preceptorship. Using a Likert scale of one to four (with one being "very important" and four being "not important"), participants were asked to rate their opinions on preceptor, faculty, program, and unit staff characteristics. As well, a short-answer question was used to collect first-order qualitative data within the survey. This question explored students' self-perceptions of preparedness. The survey was open for responses for three weeks, with a return rate of 34.1%.

Following the six-week preceptorship, two focus groups were held. For those students who could not attend the focus groups, individual interviews were done. The two focus groups conducted were comprised of different participants, with four participants per group. All information was digitally recorded by the researchers and later transcribed verbatim one member of the research team. Interviews and focus groups were semi-structured using an interview guide and probing open-ended questions while remaining flexible to follow the natural progression of the conversation. Questions were structured to explore both positive and negative experiences and to avoid leading participants to answers. Participants were asked to reflect on their relationship with their preceptor and their learning expectations, along with the qualities they perceived in their preceptors, unit staff, and faculty member and whether these helped or hindered their learning. Finally, they were asked if they knew whether their preceptor volunteered for the position and if they followed multiple preceptors or remained with one. Student participation in both the survey, interviews, and focus groups remained anonymous, students' names were removed from the transcription of the recorded interview and focus group.

**Data Analysis**

Descriptive statistics were used to explore and develop a general view of the data. Descriptions of the sample from which data was collected, using the information on age, placement location, and preceptorship experiences were captured, as well as the means and standard deviation for the survey scores. No specific inferential statistical analysis was performed.

Content analysis was conducted by the researchers. Qualitative survey and interview data were themed using Krueger's Framework for Focus Group. The framework approach is useful for novice researchers to manage large amounts of qualitative data because of the clear series of steps offered for data analysis (Krueger & Casey, 2014). After independent review and comparison by the three of the authors, themes were developed and agreed upon by the researchers.

## Results

### Quantitative Data Results

Table 1 provides the demographic characteristics of the participants. There was a response rate of 34.1% from the target demographic ($N = 82$). The largest number of respondents were aged 18 to 25 (82.1%, $n = 23$), with the preceptorships primarily located on a medical-surgical floor (46.4%, $n = 13$) followed by nine (32.1%) participants having mixed preceptorship placement.

**Table 1.** *Demographic Survey Responses*

| Question | N | % |
|---|---|---|
| **Age:** | | |
| 18 – 25 yrs. | 23 | 82.1 |
| 26 - 30 | 4 | 14.3 |
| 31 - 40 | 1 | 3.8 |
| **Practicum Placement:** | | |
| Med-Surg | 13 | 46.4 |
| Maternity/Pediatric | 3 | 10.7 |
| Critical Care | 1 | 3.6 |
| Mental Health | 2 | 7.1 |
| Other* | 9 | 32.1 |

*(Other = Indigenous health; Home Health and Community; Surgical Daycare/PAR; Rural Emergency/Acute; Palliative/ Hospice)*

Students were asked to report how long before commencing their preceptorship they had been contacted (see Table 2). Several students (46.4%, $n = 13$) were contacted two or more weeks prior to their preceptorship by their preceptor, while six (21.4%) were contacted one to two weeks prior, and nine (32.1%) were contacted one to five days before their preceptorship.

Moreover, students were asked to how often they expected to be in communication with their preceptors and their faculty advisors throughout the clinical experience. Eleven (39.2%) expected their preceptor to communicate with them multiple times in a day, whereas six (21.4%) expected their preceptor to communicate with them a couple of times a week. Eleven students (39.2%) expected their faculty advisor to communicate once a week, while only two (7.1%) expected their faculty advisor to communicate multiple times a day.

**Table 2.** *Communication Indicators as Rated by Students Prior to Their Preceptorship*

| Question | N (%) | Mean | SD |
|---|---|---|---|
| **When did you contact/received contact from preceptor?** | | 32.1 | 12.5 |
| **1-5 days before CPE3** | 9 (32.1) | | |
| **1-2 wks before CPE3** | 6 (21.4) | | |
| **2 wks+ before CPE3** | 13 (46.4) | | |
| **How often should faculty contact you?** | | 26.7 | 13.9 |
| **1** *multiple times a day* | 2 (7.1) | | |
| **2** *twice a day* | 9 (32.1) | | |
| **3** *twice a week* | 6 (21.4) | | |
| **4** *once a week* | 11 (39.3) | | |
| **How often should your preceptor contact you?** | | 23.2 | 10.5 |
| **1** *multiple times a day* | 11 (39.3) | | |
| **2** *twice a day* | 7 (25.0) | | |
| **3** *twice a week* | 4 (14.3) | | |
| **4** *once a week* | 6 (21.4) | | |

Furthermore, students were asked to rate the importance of quality indicators (characteristics) about the clinical unit and in their preceptor and Table 3 provides the detailed results. Participants rated approachability as the important quality of the clinical unit environment (60.7%, *n* = 17); whereas following best practice guidelines and being informative being rated the least important (10.7% n = 3) respectively.

The quality indicators of preceptors revealed approachability was the highest-rated characteristic (59.2%, *n* = 17) by the participants with empathy rated second highest (53.5%, *n* = 15). While experience and education level were reported by participants as the least important characteristics (37.7%, *n* = 10) of the preceptor.

**Table 3.** *Quality Indicators as Predicted by Students Prior to Their Preceptorship*

| Unit Quality Indicator | Most Important | Important | Somewhat Important | Not Important | Wt. Mean | SD |
|---|---|---|---|---|---|---|
| **Welcoming** | 57.1 (16) | 14.2 (4) | 10.7 (3) | 17.8 (5) | 1.8 | 21.6 |
| **Approachable** | 60.7 (17) | 7.1 (2) | 14.2 (7) | 17.8 (9) | 1.8 | 24.2 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Informative** | 46.4 (13) | 25 (7) | 17.8 (5) | 10.7 (3) | 1.9 | 15.4 |
| **Follows BPG*** | 35.7 (10) | 32.1 (9) | 21.4 (6) | 10.7 (3) | 2.0 | 11.2 |
| **Preceptor Quality Indicator** | | | | | | |
| **Confidence** | 50 (14) | 10.7 (3) | 25 (7) | 14.2 (4) | 2.0 | 17.7 |
| **Organization** | 39.2 (11) | 21.4 (6) | 17.8 (5) | 21.4 (6) | 2.2 | 9.6 |
| **Empathy** | 53.5 (15) | 7.1 (2) | 17.8 (5) | 21.4 (6) | 2.0 | 19.9 |
| **Approachable** | 59.2 (16) | 0.0 (0) | 3.7 (1) | 37.0 (10) | 2.1 | 28.2 |
| **Experience/ Education** | 35.7 (10) | 32.1 (9) | 28.5 (8) | 3.5 (1) | 2.0 | 14.5 |

*BPG = best practice guidelines*

## Qualitative Data Results

Data were reviewed by the researchers, categorized, and themed. The themes were compared by the researchers to ensure consistency. Recurrent themes emerged: workplace culture, relational practice, preparedness, and scheduling.

### Workplace Culture

In both focus groups and interviews, students spoke to the social culture of the work environment. In particular, students expressed that gossip about staff and patients made them feel uncomfortable. One student described the atmosphere of the break room: "*The break room culture was surprisingly terrible […] I'd rather just go to the cafeteria with my classmates.*" Students described feelings of discomfort and distrust and wondered if the unit staff spoke poorly about them when they were not around, voicing comments such as, "*They're nice to my face but, like, do they actually like having me as a student?*" Students often developed these concerns after witnessing how some unit staff spoke about other staff. One student reported that they heard one staff member say "*Oh, trailer trash isn't coming in,*" in response to the absence of another staff member.

Students described relationship dynamics between staff that impacted their learning. In one placement, a student described a hierarchical struggle between RNs and Healthcare Aides (HCAs). Particularly, they described how the HCA often asked new-graduate and student nurses to take on responsibilities that were delegated to HCAs. This participant responded that they were warned of "*manipulative*" behaviours from some of the HCAs in relation to performing HCA related "*chores*" or "*tasks*".

Moreover, some students felt excluded from conversations surrounding their patients and struggled to be recognized as responsible for patients under their care: "*It would've been really nice to be involved in those processes.*" Nevertheless, the majority of students described the unit staff as being supportive and accommodating to their needs. Nurses on the unit usually included students in opportunities to practice clinical skills and accommodated them if their preceptor was not present for their shift

### Relational Practice

In this context, relational practice refers to a process of authentic and empathetic inquiry into one's own and others' experiences (Hartick Doane, 2002). The relational practice of the preceptor, unit staff, and faculty members influenced the learning experience for the students. Students described how their preceptors were professional, guiding, comfortable in their role as a preceptor, and supportive. Aspects that influenced these descriptions included the preceptor's open communication, approachability, the RN's willingness to learn, to advocate for themselves and their clients, the expertise of clinical skills and critical thinking, and willingness to teach. One participant explained that their preceptor's "*open[ness] and willing[ness] to communicate with us about things we do know and do not know and what we want to learn was hugely helpful for me*." Other students agreed that having honest and open communication on a shift-to-shift basis helped them to define their scope and learning goals. While most students had a positive relationship with their preceptor, for some students it was negative relationship. Aspects that created negative relationships included lack of knowledge and critical thinking skills, negative talk surrounding staff and patients, and crossing personal boundaries.

The students expressed that the number of years of experience did not impact the preceptor's ability to teach and support them. Students described that newly graduated, or novice nurses, were more relatable and had a lot of knowledge that they were enthusiastic to share with the students. For example, *"New grads are very enthusiastic [...] it's maybe easier for them to remember what it's like."* In comparison, students believed that experienced nurses were more confident in their critical thinking and clinical skills, more relaxed, and faster to respond to patient needs, as one student reported, "*Experienced nurses [...] have a wider breadth of experience and knowledge [...] still valuable, but just different.*"

All students expressed the relational practice of their faculty members as "s*upportive*." For students in local placements, their faculty members contacted them in person during a day shift or by phone during a night shift. One student reported that they met their faculty advisor twice in person, and that this did not meet their learning needs. In out-of-town placements, students experienced less communication with their faculty members, though they still reported that they felt supported, such as one student who noted, *"If anything happened [...] that's my go-to person for like anything."* Aspects that influenced the students' relationship with their faculty members included the faculty member's understanding of the student's scope and education, confidence in their ability, approachability, and situation-appropriate humour.

### Preparedness

Survey responses regarding preparedness can be seen in table three. Many students expressed feeling unprepared for their first preceptorship. Specific struggles came when students were in an unfamiliar facility or healthcare authority: "*The philosophy of care at my facility is much different than what I am used to*," noted one student while another replied that, "*Being out of the acute care setting for a year [...] with two 'training days' [...] does not prepare third-year students.*" Students who were overwhelmed cited a lack of experience in acute care settings or having recent placements deemed unrelated to their current preceptorship. Overall, as the

majority of students were placed in acute care settings for their preceptorships, a lack of recent acute care experience seemed to cause students the most concern.

In contrast to this, other students felt well prepared in their preceptorships and commented that they wanted to take on a larger role in patient care, "*I feel [...] we have the skills that are necessary to work in critical care. Though the limits we have on what we can do without supervision is not realistic in the critical care setting.*" One student responded that they felt well prepared to 'receive' patients on a shift, **"***[A]lthough doing patient research the day before clinical can be time-consuming, it really helped during this transition of receiving patient [sic] the day of your shift.*" Finally, it appeared that having an introductory workshop into what to expect from their first preceptorship supported students experiencing the transition from a traditional clinical group.

*Scheduling*

In both focus groups and interviews, all students reported having difficulty with scheduling their required shifts (19 -12-hour shifts) in the allotted time for the preceptorship (six weeks). When their assigned preceptor was either unavailable or not scheduled for the 19 required shifts, students had to ask another RN to be their preceptor for the day. Some students reported that in smaller facilities there were not always enough RNs to take on students should the preceptor be unavailable, this resulted in students being paired with staff of differing scopes. One student expressed that being paired with an HCA for a shift was interesting, in terms of learning of interprofessional scopes of practice, but not entirely conducive to their learning.

The majority of students reported having a minimum of two preceptors and up to eight. When asked how having multiple preceptors facilitated or inhibited their learning, students described this experience as facilitating their learning. Students report that by working with different preceptors, they got to *"Learn different tricks of the trade"* and *"Feel like part of the team."* However, one student reported that having multiple preceptors inhibited their learning due to a lack of communication between themselves and the new preceptor.

Lastly, students reported difficulties with balancing the needs of their education and personal life. One student stated, *"A lot of us have bills [...] to not, like, not be able to go to work [...] on my days off to make money to get by was a bit frustrating."* Other students reported having to miss days off due to scheduling conflicts with their preceptor, and this could result in multiple workdays with no rest in between. Stress was increased for students when scheduling impacted their ability to pay for tuition and living expenses.

## Discussion of Results

As evidenced in the literature, there is a lack of research into nursing preceptorship from the students' perspective. This study provided a unique exploration of student nurses' lived experiences of their first clinical preceptorship, which included their perception on preceptor qualities that they found to be beneficial or hindered their learning. Quantitative and qualitative data collected provided an in depth understanding on these third-year students' individual preceptorship experiences. Of utmost importance, as identified by the students in this study, was

the trusting relationship that developed between preceptor and student. As well, the preceptor's ability and willingness to communicate openly with the student contributed significantly to the students comfort in their learning environment, which supported their feelings of inclusivity. As a result, students were more likely to ask questions of the preceptor and admit to feelings of discontent or clinical inabilities.

The majority of students (n=10) that participated in the focus group discussions stated that they were assigned to multiple preceptors during their six-week preceptorship experience. In contrast to existing literature, students largely reported a benefit from having more than one preceptor as this provided the student with the opportunity to work with a variety of personalities and learn from different styles of practice. As well, having more than one preceptor increased the students' awareness of their scope of practice, including the need for the student to assume responsibility for their learning. The data in this current study provides insight into how different learning and teaching styles can contribute to a positive or negative learning experience for the student.

Williamson et al. (2010) found behaviour of unit staff had a significant impact on student nurses' perception of a preceptorship. Data from this study corroborated those findings. Unfortunately, two consistent themes that emerged from the study were either students were inappropriately included by their preceptor in unit gossip, or not included in situations when they should have been, such as discussion on their client's health changes. In addition, some recounted overhearing unit staff making insensitive comments about other staff which made students uncomfortable and contributed to their fear that unit staff harboured negative feelings about them as well.

Largely, the extrapolative results of the survey aligned with the student preceptorship experiences that was captured in the qualitative data. Relational characteristics predicted to be important qualities in preceptors in the survey were substantiated during interviews when students reflected on their preceptorship experiences. Furthermore, relational characteristics of the unit played an important role in the students' preceptorship experience, and unit "drama" seemed to largely affect their feelings of belonging. One divergence, perhaps, is that students appreciated contact with their faculty member more than they had initially predicted on the pre-preceptorship survey.

**Limitations and Recommendations for Future Study**

While using a mixed-methods design provides triangulation of data and increases rigour, there are limitations. One is the quantitative data: the survey was developed by the researchers and was not tested for reliability or validity, but the survey was developed and guided by a validated assessment tool on preceptor competencies (Hoot, 2017) and reviewed by content experts. As well, the use of methodological and investigator triangulation does offer an increase in validity and helps deepen understanding of the phenomena (Denzin, 1973). Future research using this survey should include conducting a Cronbach Alpha on the survey questions to ensure the survey measures what it is intended to measure. Also, due to the small sample size and the study being limited to one university, the results cannot be generalized to all nursing students'

preceptorship experiences. In future studies, this topic could be explored with a broader group of nursing students at multiple sites to increase the validity of findings.

## Conclusion

The preceptorship model is a well-established and successful part of nursing curricula (Billay & Yonge, 2004; Fowler et al., 2018). While research into the preceptorship model is plentiful, it is sparse when viewed through a Canadian lens and from a student nurse's perspective. The scope of this paper was to elucidate those qualities which students find conducive to their preceptorship experience. Factors such as the personal characteristics of the preceptor, the unit culture, and the time constraints played a role in shaping the student nurse's experience.

This study provides valuable insight from the student nurses' perspective and it informs educators and other stakeholders on the perceptions of students in preceptorship experiences. Involving students in the development of the curricula is important to ensure that their learning needs are met. This paper adds to the understanding of the preceptorship model and its efficacy from a student nurse's perspective and offers opportunities for future research on the topic.

## Acknowledgement

## Funding

## Promissory Note

There are no declared conflicts of interest. This manuscript has not been published elsewhere and is free from plagiarism.

## References

Billay, D. & Yonge, O. (2004). Contributing to theory development of preceptorship. *Nurse Education Today, 24*(7), 566-574. https://doi.org/10.1016/j.nedt.2004.07.010

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2010). Empowerment and being valued: A phenomenological study of nursing students' experiences of clinical practice. *Nurse Education Today, 31*(4), 368-372. https://doi.org/10.1016/j.nedt.2010.07.008

Denzin, Norman K. (1973). *The research act: A theoretical introduction to sociological methods.* New Jersey: Transaction Publishers.

Doane, G. A. H. (2002). Beyond behavioral skills to human-involved processes: Relational nursing practice and interpretive pedagogy. *Journal of Nursing Education, 41*(9)*,* 400-404. https://doi.org/10.3928/0148-4834-20020901-08

Dobrowolska, B., McGonagle, I., Kane, R., Jackson, C. S., Kegl, B., Bergin, M., Cabrera, E., Cooney-Miner, D., Di Cara, V., Dimoski, Z., Kekus, D., Pajnkihar, M., Prlic, N., Sigurdardottir, A., Wells, J., & Palese, A. (2015). Patterns of clinical mentorship in undergraduate nurse education: A comparative case analysis of eleven EU and non-EU countries. *Nurse Education Today, 36*, 44-52. https://doi.org/10.1016/j.nedt.2015.07.010

Edward, K., Ousey, K., & Giandinoto, J. (2017). Are new nurses work ready - The impact of preceptorship. An integrative systematic review. *Journal of Professional Nursing, 33*(5), 326-333. https://doi.org/10.1016/j.profnurs.2017.03.003

Forber, J., DiGiacomo, M., Carter, B., Davidson, P., Phillips, J., & Jackson, D. M. (2016). In pursuit of an optimal model of undergraduate nurse clinical education: An integrative review. *Nurse Education in Practice, 21,* 83-92. https://doi.org/10.1016/j.nepr.2016.09.007

Fowler, S. M., Knowlton M. C, & Putnam, A. W. (2018). Reforming the undergraduate nursing clinical curriculum through clinical immersion: A literature review. *Nurse Education in Practice, 31*, 68-76. https://doi.org/10.1016/j.nepr.2018.04.013

Gidman, J., McIntosh, A., Melling, K. & Smith, D. (2011). Student perceptions of support in practice. *Nurse Education in Practice, 11*, 351-355. https://doi.org/10.1016/j.nepr.2011.03.005

Hoot, T. A. T. (2017). *Development of a nurse preceptor competency assessment tool: A mixed-methods approach* (10640497)*.* [Doctoral dissertation, A.T. Still University of Health Sciences]. ProQuest Dissertations Publishing.

Jansson, I. & Ene, K. W. (2016). Nursing students' evaluation of quality indicators during learning in clinical practice. *Nurse Education in Practice, 20,* 17-22. https://doi.org/10.1016/j.nepr.2016.06.002

Krueger, R. & Casey, M. A. (2014). *Focus groups: A practical guide for applied research* (4th ed.). Thousand Oaks, CA: Sage.

Perry, C., Henderson, A., & Grealish, L. (2017). The behaviours of nurses that increase

student accountability for learning in clinical practice: An integrative review. *Nurse Education Today, 65.*, 177-186. https://doi.org/10.1016/j.nedt.2018.02.029

Sweet, L., & Broadbent, J. (2017). Nursing students' perceptions of the qualities of a clinical facilitator that enhance learning. *Nurse education in practice*, *22*, 30–36. https://doi.org/10.1016/j.nepr.2016.11.007

ten Hoeve, Y., Castelein, S., Jansen, G., & Roodbol, P. (2017). Dreams and disappointments regrading nursing: Student nurses' reasons for attrition and retention. A qualitative study design. *Nurse Education Today, 54,* 28-36. https://doi.org/10.1016/j.nedt.2017.04.013

Usher, K. Woods, C. Paramenter, G., Hutchinson, M., Mannix, J., Power, T., Chaboyer, W., Latimer, S., Mills, J., Siegloff, L., & Jackson, D. (2017). Self-reported confidence in patient safety knowledge among Australian undergraduate nursing students: A multi-site cross-sectional survey. *International Journal of Nursing Studies, 71*, 89-96. https://doi.org/10.1016/j.ijnurstu.2017.03.006

van de Mortel, T. F., Needham, J., Barnewall, K., Djachenko, A., & Patrick, J. (2017). Student nurses' perceptions of clinical placements in Australian Prison Health Services: A mixed methods study. *Nurse Education in in Practice, 24,* 55-61. https://doi.org/10.1016/j.nepr.2017.04.007

Williamson, G. R., Callaghan, L., Whittlesea, E., & Heath, V. (2010) Improving student support using placement development teams: Staff and student perceptions. *Journal of Clinical Nursing, 20*(5-6), 828-836. https://doi.org/10.1111/j.1365-2702.2010.03287.x