

What are the stressors and coping strategies adopted by undergraduate healthcare students during placement?

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ABSTRACT

This paper aims to explore what the current stressors and coping strategies are in placements for students in undergraduate healthcare programmes.

Pulido-Martos, Augusto-Landa and Lopez-Zafra (2012) suggest that stress levels among healthcare professionals are higher than other workers. Pryjmachuk, Easton and Littlewood (2009) found that approximately 25% of students withdrew from nursing courses due to emotional distress, difficulty in coping and placement. Literature highlights a lack of mentor support as a common stressor (Shivers, Hasson & Slater, 2017; Thomas & Westwood, 2016). However, the literature lacked any exploration into coping strategies. This research therefore focuses on the experiences of individuals from a variety of healthcare professions and explores the use of coping mechanisms.

A qualitative approach was used in order to gain in-depth responses about personal thoughts and experiences (Denny & Weckesser, 2018). A focus group was carried out with participants attending university who were recruited via purposive sampling from a wider convenience sample (Liamputtong, 2011). The data was then analysed using thematic analysis (Clarke & Braun, 2017).

The findings from this study demonstrate that several factors contribute to undergraduate healthcare student stress levels whilst on placement, affecting participants in different ways with some reporting thoughts of discontinuing the course. Five main themes were found in response to sources of stress: placement team, transport, academic factors, personal life and negative mood. Two common themes were found for coping strategies: socialising and distraction.

Gaining students' perspectives is valuable in understanding issues and beginning to resolve them. This study highlights factors that impact on healthcare students' stress levels whilst on placement, that also contribute to negative moods such as feeling tired, demotivated and angry. This study demonstrates the benefits of using socialisation and distraction. While healthcare is and will likely remain a stressful career route due to the pressures of care (Pich, 2018), this study highlights areas for improvement.

Introduction

Evidence suggests that stress levels among healthcare professionals are higher than among other workers (Pulido-Martos, Augusto-Landa & Lopez-Zafra, 2012). This inspired a research project into the stressors and coping strategies used among healthcare students. Research by Prymachuk, Easton and Littlewood (2009) found that approximately 25% of students withdrew from nurse training. "Student stress", including emotional distress, difficulty in coping and placement issues were found to be common reasons for attrition. This research intends to highlight common stressors in healthcare students in order to guide improvements for future training programmes. If students are aware of the common causes of stress prior to training, it may be easier for them to cope when stressors arise and therefore to decrease levels of healthcare student attrition. This is important, as research has found that staffing levels in the NHS are low (Borneo, Helm & Russell, 2017), and that improving healthcare students' ability to complete training and begin a career can help to begin solving this issue.

CINAHL was used to carry out a search of the literature around this topic, as this database archives journals that are relevant to nursing and allied health professionals. A Boolean search was used to give focused results that match the inclusion criteria and eliminate the exclusion criteria (see Appendix A). This also allowed for a variety of search terms to be used, for example stressors might be referred to as worries or concerns in previous pieces of research. From this search, 23 articles were found, six of which were considered to be relevant and to match the criteria (see Appendix B). The relevant articles were then examined and displayed in a data extraction table (see Appendix C) to allow for comparisons and summaries to be made.

The literature reviewed has been critically appraised using the Critical Appraisal Skills Programme (2018) (CASP) tool. This is important to assess the quality and validity of research. Each piece of literature reviewed was found to be critically sound according to the CASP tool (see appendices C and D).

The literature reviewed, discusses a variety of stressors that healthcare students experience. One common stressor found within the literature was the mentor on placements. Shivers, Hasson and Slater (2017) found that students who took part scored the mentor role negatively, for example, 88.4% agreed that their mentor was 'unfriendly and inconsiderate towards students'. Similarly, research by Thomas and Westwood (2016) found that when completing spoke (short) placements, students said that they felt unwanted and as though they were a 'visitor'. However, research by Foster, Ooms and Marks-Maran (2015) found that overall; participants reported the experience of mentorship as positive, and the majority of the students reported receiving sufficient support from their mentors.

A further stressor that was highlighted through this literature review was related to academic support. Research by Foster, Ooms and Marks-Maran (2015) found that healthcare students poorly evaluated the support received from university link lecturers, therefore impacting on levels of stress and frustration; students in this study felt that their mentors weren't receiving adequate support from universities, reporting that they need more involvement and contact with mentors. A study by Dickson, Morris and Gable (2015) highlights that healthcare students, while on placements, rely upon appropriate support from not only their placement teams, but from their universities, they found that students commented upon feeling better able to cope with the management of caseloads and the demands involved in healthcare when receiving appropriate and timely academic support. These studies demonstrate the support that is required to guide the learning and development of healthcare students, and therefore minimize their perceived level of stress.

Furthermore, a lack of self-confidence was highlighted through this literature review as a source of stress and worry. Coldridge and Davies (2017) found that a sample of midwifery students reported feeling that they lacked the ability and confidence to deal with particular situations while on placement. It was also found that students reported difficulty in coping with stressors that arose throughout their placements such as coping

with emergency events and the aftermath of these. Similarly, a research study by Thomas and Westwood (2016) found that nursing students felt that the placement itself was a daunting experience and reported not feeling comfortable as a student during this aspect of their training. This demonstrates that a lack of self-confidence impacts upon student stress, resulting in negative experiences while participating in healthcare placements.

Completing this literature review has been important in terms of highlighting the gaps that this study will address. It was found that there is limited research into the coping strategies that healthcare students use to manage stress on placement, and that there is also a lack of research into the stressors that different healthcare students experience, with a large majority of such literature focusing solely on nursing students. This study will explore the experiences of a variety of healthcare students in order to include all nursing professions and occupational therapy students.

Aims and Objectives

Research question:

‘What are the stressors and coping strategies adopted by undergraduate healthcare students during placement?’

Aim:

To explore what the current stressors and coping strategies are in placements for students in undergraduate healthcare programmes.

Objectives:

- To identify factors that cause stress relating to placement in undergraduate healthcare students.
- To understand the strategies healthcare students use to manage stress.

Ethics

The University of Huddersfield Ethics committee granted ethical approval for this research study following submission of a qualitative research proforma (see Appendix E). A risk assessment was carried out prior to the study to examine potential risks and to plan risk management (see Appendix F).

All principles of ethics were considered and actions were taken to ensure beneficence, non-maleficence, and that justice and respect for autonomy were applied (Lachman, 2006). As discussing stressors and concerns can be a sensitive and potentially distressing topic, actions were taken to prevent harm. All participants were briefed and offered contact details to access support and advice. The focus group provided participants with the

opportunity to express their thoughts and feelings, which can be beneficial to the study (Stanton & Low, 2012). Highlighting issues can also be useful for advising improvements of undergraduate healthcare programmes in relation to placements.

Confidentiality was maintained throughout the research. To protect the participant’s identities, they were allocated a number which ensured anonymity as names were replaced and identifying information was removed (Johnston, 2015). Data was stored securely on a password-protected computer, which was locked when not in use to ensure that confidentiality was maintained. This adhered to the University of Huddersfield Data Protection Policy (2018), together with the Data Protection Act (1998).

To ensure autonomy, information sheets were given out (see Appendix G) and participants were asked to sign a form ensuring informed consent. All students in the target population were given equal opportunity to take part and involvement was voluntary with participants reminded of their right to withdraw.

Method

A qualitative approach was chosen, allowing for an in-depth exploration of thoughts and experiences (Denny & Weckesser, 2018). In this study, a qualitative approach was useful to gain understanding and insight into current stressors and the coping mechanisms utilized by undergraduate healthcare students. It provided the opportunity for the discussion and explanation of complex issues in a descriptive and meaningful way (Roller & Lavrakas, 2015). Qualitative approaches are commonly used within healthcare to gather information about experiences in order to improve services. Within the research area of student experiences, the qualitative approach is most commonly used due to the ability to extract data that is rich in detail and allows personal views to be taken into account and recorded. The purpose of this study is to gather information about student experiences with a person-centered approach, which is most practicable within a qualitative design (Holloway & Wheeler, 2010).

Focus groups can create environments where participants feel comfortable and able to express their thoughts and experiences. Within previous research involving the personal experiences of students, focus groups and interviews were the most commonly used design method across the literature reviewed. The group environment allows for a variety of views to be discussed around one topic (Hennink, 2014). An interview was

considered, however this would not have allowed for the same kind of comfortable environment given that interviews often feel more formal and difficult to engage in (Roulston, 2014). A group discussion can influence participants to further explain their answers and allows others who are listening to reflect upon their views and discuss whether they have shared experiences or a contrasting view, whereas in an interview, there is no opportunity to hear other viewpoints.

A focus group is a convenient way of collecting data and can be useful in highlighting consensus or diversity between participants (Hennink, 2014). There are both advantages and disadvantages to the focus group design, some of which are highlighted in Table 1; however it was found that the advantages outweighed the disadvantages in this study.

Semi-structured sets of questions were predetermined for the focus group to ensure it ran smoothly and enabled relevant discussion (See Appendix H).

Table 1
Advantages and disadvantages of a focus group

Advantages	Disadvantages
Quick and convenient	Dominant group members
Focus groups use group interaction as part of the method (Kitzinger, 1995)	Intimidation. Possibility of conflict
Informal, relaxed setting	Not all members may contribute
Can relate to others in a group	Researchers may find it difficult to decipher information from Dictaphone
Support from peers	Dictaphone will not record non-verbal communication
Discussion can influence deeper thinking	Influenced answers

(Nieswiadomy, 2012).

A small number of participants were required for the focus group design to allow for an in-depth discussion where people had the opportunity to contribute and feel comfortable (Hennink, 2014). The sampling strategy carried out in this study was purposive sampling from a wider convenience sample; this means that participants were carefully selected to take part from a volunteer sample gained via email advertising (Liamputtong, 2011). A recruitment email was sent out to all undergraduate healthcare students attending the University of Huddersfield. From the responses to the

recruitment email, eight participants who met the inclusion criteria (see Table 2) were selected to take part (see Table 3). It was important to identify the inclusion and exclusion criteria to improve the precision of the findings and to ensure the recruitment of appropriate participants to allow relevant and current information to be collected.

Table 2
Inclusion and exclusion criteria for participants

Inclusion Criteria	Exclusion Criteria
Undergraduate Students	Postgraduate students
Healthcare students (i.e. nursing (all fields) occupational therapy, physiotherapy, midwifery)	Non-students
Students who had completed a placement	Non-healthcare students
Students attending University of Huddersfield	Students who had not yet been on placement

Table 3
Participants selected to take part

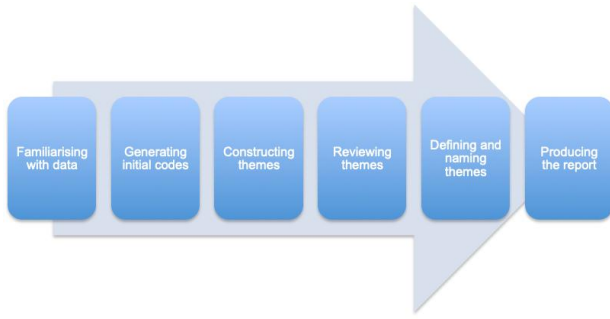
Participant number	Profession
1	Occupational therapy student
2	Occupational therapy student
3	Adult nursing student
4	Adult nursing student
5	Mental health nursing student
6	Mental health nursing student
7	Mental health nursing student
8	Mental health nursing student

In the focus group, data was collected by recording voices on a Dictaphone. Participants were allocated a number to say before they spoke for the purpose of recording and transcribing data. This meant that identifying information such as names were not used (Johnston, 2015). The Dictaphone was transferred between rooms in a secure case and saved onto a secure password-protected computer. Two members of the research team then transcribed the recording onto a word document and deleted the recording.

Thematic analysis is commonly used within qualitative research due to its flexibility and ability to apply to a variety of frameworks in research (Clarke & Braun, 2017). Thematic analysis was chosen for this study as it provides structure and focuses on giving rich, detailed data without reducing the complexities (Vaismoradi, Turunen, & Bondas, 2013). It was important in this research to

explore details about experiences of stress; thematic analysis allows emphasis of detailed views. Researchers closely followed the structure of thematic analysis shown in Table 4, to generate codes and themes (see Appendix I).

Table 4
Thematic analysis process



(Vaismoradi, Turunen, & Bondas, 2013).

Findings

Several factors that contributed to student stress on placement and the coping strategies used were highlighted from the focus group. Thematic analysis allowed the descriptive data from the focus group to be categorised (Clarke & Braun, 2017), this created five main themes in response to sources of stress and two main themes for coping strategies. The main themes then divide into subthemes (see Table 5).

Table 5
Themes

Sources of stress for undergraduate healthcare students during placement	
THEMES	SUBTHEMES
Team	Mentor Documenting Other staff members
Transport	Expenses Travelling Parking
Academic	Assignments University support
Personal Life	Personal wellbeing Social life
Negative Mood	
Coping strategies adopted by undergraduate healthcare students during placement	
Socialising	
Distraction	

In response to sources of stress on placement, participants claimed that transport to and from

placement caused stress. The theme of the placement team was that of common stress among all participants and these worries about the team were common and reoccurring throughout. Participants reported academic factors as impacting on their stress levels whilst on placement. Furthermore, they reported receiving varying amounts of university support, but agreed that support could be improved. Personal life was also found to have an impact on stress levels and consideration has further been given to the fact that the placement itself will have an impact on the quality of each individual's private life.

The findings from this study demonstrate that several factors contribute to undergraduate healthcare student stress levels whilst on placement. These factors affected participants in different ways with some reporting thoughts of discontinuing the course, a result which concurs with previously established research by Prymachuk, Easton and Littlewood (2009). The study found several commonalities in stress relief among participants, including socialisation and distraction.

Discussion

Team

Research by Olander, Rayment, Bryar and Brook (2018) found that the relationship between student and mentor formed the core of student success within the placement. Research by Rebeiro, Edward, Chapman and Evans (2015) also supports this; they found that registered nurses believed a good relationship with student nurses was important to their clinical learning.

Participants in this study highlighted the team in their placement area as being one stressor. This was related to worries and concerns about their assigned mentors/educators, but was also linked to a requirement for documentation to be completed with their teams, as well as other staff members.

'What my mentors going to be like before I go, so whether they're going to be nice or whether I'll get on with them or not.' - Participant 8

'Also your relationship with your educator, if they are not supportive that can increase your stress, because they are the ones marking us.' – Participant 1

This study demonstrated that worry prior to meeting their mentor was a common stressor in

participants. Participant 2 also agreed, when asked what causes the most stress;

'I would say your educator because things like travelling you can work around that, but the educator is the one that is marking you on placement' – Participant 2

Ofan, Rubin and Amodio (2014) found that when people are in situations where others are evaluating them, this can elicit strong emotional and physiological responses associated with anxiety. Research by Williamson, Callaghan, Whittlesea and Heath (2011) shows similar results; they found that students worried about how relationships with mentors would affect their practice assessment, however this literature was limited to adult nursing students and did not explore the views of other healthcare students.

This study investigated the perspectives of other fields in nursing as well as occupational therapy students. It was found that this stressor is common across different professions, although some reported receiving more support from their mentors/educators than others did.

'That's different for us because we get weekly supervisions when were on placement so like at the end of each week there's an educator on placement who will meet up with us and just see how we've done throughout the week, see if we've progressed, then sort of make goals for the next week and see what we want to achieve by then.' – Participant 1

Participants reported that other team members were a source of stress. It was found that some felt unwanted due to staff being unwilling to welcome them or provide support, demonstrations or teaching.

'Not just your educator but other professionals as well like healthcare assistants because some of them can feel quite threatened if there is a new person on the ward and I've found that they're not always willing to help and teach us.' – Participant 8

'When your mentor is off sick and you have got to find someone else to work with, especially in community because you have to find someone that is willing to take you out on visits with them, it's a worry not knowing what you are doing for the day.' – Participant 5

'Yeah sometimes when you're going out with a different nurse you're visiting different patients

that don't always want a student there.' – Participant 4

It became clear that students felt some anxieties relating to working with new staff. Evidence suggests that people may worry or become stressed in similar situations due to uncertainty surrounding new situations (Stonehouse, 2012). This was also reflected by Participant 1 who stated that one stressor is:

'Going to a service area that you don't really want to go to or don't have an understanding of.' – Participant 1

A final stressor regarding the team was documentation, as this related to making errors, confusion around which documents to complete, as well as staff not having time to help or go through documentation. As staffing levels in the NHS are low, there is a higher workload on current staff; therefore staff face increased time pressures (Borneo, Helm & Russell, 2017). This may be a contributing factor as to why students feel at times they are not given enough support and their documentation is not completed thoroughly.

'I think teamwork as well as documentation causes the most stress.' – Participant 7

'Placement documents and if you do something wrong in them.' – Participant 6

'And your paperwork as well it's just like 'oh well we can fit it in now' but they'll literally just go through, sign everything off and they don't read it properly and they say they'll go over it in more detail next week.' – Participant 2

The perceptions of the placement team and mentor in particular appear to have a large impact on healthcare student stress levels, relating primarily to worries prior to meeting the placement staff and worries about the student mentor relationship. This study highlighted that a positive relationship with their mentor and placement staff appeared to decrease student's stress levels, therefore leading to a more positive and effective learning environment.

Transport

Participants within this study reported stress and worries regarding getting to their placement, and that this was related to finding their way to and from a new placement area, finding car-parking arrangements and financial aspects.

'Parking.' – Participant 7

'Yeah transport as a whole, like just trying to find your way there, working out where the car parks are and how much it's going to cost, and just money situations really.' – Participant 5

'I'm pretty much the same because I can't work when I'm on placement, well I can't work as much as I'd like. If my placement is far away it's quite a lot to pay because I can't really afford the petrol to get there. It gets quite expensive.' – Participant 2

Research by Kevern and Webb (2004) found that several mature students undertaking pre-registration nursing courses reported experiencing financial hardship, which was partly as a result of paying for petrol and trying to survive on a bursary. While Kevern and Webb's (2004) research was limited to mature students within the nursing profession, this study found similar results among students of varying ages as young as 21. Moreover, this was common across nursing fields as well as occupational therapy.

Although transport was found to be a stressor during placement, participants reported that mentors have been supportive with this. Participants reported staff on placement being adaptable and allowing students to adjust their hours according to transport requirements.

'My placement mentors have been supportive because I have had to travel long distances and so allowed to come in and leave early on long days for travelling.' – Participant 6

'On nights as well they sometimes let you go early, if they know it takes you a long time to get home.' – Participant 8

Academic

This study highlighted several stress factors whilst on placement relating to academia. Specifically this concerned university assignments and support. Participants reported feeling stressed when having assignments to complete whilst on full time placements. This was linked with other commitments that take up personal time resulting in feeling generally stressed about fitting in time for study.

'Doing assignments while you're on placement, having deadlines.' – Participant 1

All participants agreed

'My partner, like you don't have enough time to see everyone and do work, uni work like seeing your family as well, so people who are not

involved with your placement can cause a lot of stress.' – Participant 5

Participants within this study received varying amounts of support, with some reporting never having been contacted by any staff at the university whilst out on placement.

'I don't know if it's different for your course but I have never had anyone from uni coming into placement it just feels like you've got placement and then uni, like the two don't really cross over like just placement and uni are separate. In one of my placements I had a PLF come in once over the three years but I have never had an email or anything.' – Participant 5

'Unless you have problem they don't contact you, well I have not been contacted anyway.' – Participant 5

'I've never had someone come see me on placement, never.' – Participant 3

It was also found from this study that the majority of participants were unaware of the availability of a link tutor and had never been contacted or worked with staff in this role. This contrasts with research by Foster, Ooms and Marks-Maran (2015) who found students were well aware of the link lecturer role.

A number of participants felt that the university was not involved in their placements and were unaware of or not offered any support.

Research by Foster, Ooms and Marks-Maran (2015) also found that several students did not feel supported by link lecturers. Similarly to this study, they found that students wanted more engagement from university and link lecturers.

'I've never even heard of a link tutor.' – Participant 5

Participants 7 and 8 Agreed

'Yeah I wasn't even aware of that so I think maybe uni should make us aware of that before we go out.' – Participant 8

'I think as an adult nurse you're kind of just left to it on placement but if you have a problem you contact your PLF and they'll either get back to you or you just talk to your friends.' – Participant 4

'I don't think you're really supported by uni on placement unless you go out and ask for it or find it.' – Participant 7

Furthermore, research by Yale (2017) found that the student/tutor relationship is of high importance. They found some positive experiences of personal tutoring where those in which tutors gave prompt responses, as well as being useful and supportive. This differs from the present study as where participants reported issues with university support following placement, it was noted as being related to staff availability and turnover.

'I found after placement when you've got to go to get your documents signed off by a lecturer, I find it really hard to make an appointment and finding the time, and also my tutor has changed three times now so I've not had that consistency. I don't have a good relationship with my lecturer because I haven't even met them yet and I'm not getting a response off him either.' – Participant 3

Personal life

This study found that aspects of students' personal lives were a cause of stress whilst on placement. Participants reported a decline in their social life while on placements, commenting that they lacked the time to socialise as well as feeling demotivated and tired following long placement hours.

'I get like less motivated to do things like socialise, you're not motivated to go out after placement, you're just more drained.' – Participant 1

'Yeah and then it's the 'why aren't you coming' and you just think I don't want to, well you do really but you can't be bothered. It's like I've got other things to do; I don't have time to go out.' – Participant 4

'Trying to have a social life while you're on placement can be hard, trying to fit in a decent home life while you're doing long hours.' – Participant 3

'My partner, like you don't have enough time to see everyone and do work, uni work like seeing your family as well, so people who are not involved with your placement can cause a lot of stress.' – Participant 5

Participants also commented that the long hours and multiple commitments involved in being an undergraduate healthcare student on placement affected their sleep, several comments were made about not having had enough sleep as well as feeling 'drained', 'tired' and lacking energy. Research by Hasson and Gustavsson (2010) suggests that it is common among those in nursing professions to have impaired sleep due to being overworked,

fatigued and stressed. It is highlighted that not only does a lack of sleep increase stress, but also that high stress levels can affect sleep quality. Lack of energy and demotivation were found to be common across students of different healthcare professions.

'The long days and the lack of sleep.' – Participant 6

'Yeah just the hours while you're on placement.' – Participant 8

'Because the shifts are long it's like 7 in the morning till 8 at night, by the time you get home, you're not really going to go out.' – Participant 8

'We don't get that.' – Participant 1

'Ours tend to be sort of 8 while 4 or 9 while 5 but its Monday to Friday.' – Participant 2

'That becomes difficult though when you're working every day it becomes difficult to balance things and it takes more mental energy than physical energy.' – Participant 1

Negative mood

Within this study several participants reported having negative mood as well as feelings of stress due to issues on placement. Feeling demotivated and lacking in energy were common themes. Research by Mason-Whitehead and Mason (2008) found that feeling both physically and emotionally tired when completing placements at the same time as studying was common among nursing students. This study found that feeling tired and lacking energy was common across different professions.

'Then when you've been nice and happy all day and you're tired, you get home and you've ran out of energy.' – Participant 5

'I get like less motivated to do things like socialise, you're not motivated to go out after placement, you're just more drained.' – Participant 1

'Because the shifts are long it's like 7 in the morning till 8 at night, by the time you get home, you're not really going to go out.' – Participant 8

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'That becomes difficult though when you're working every day it becomes difficult to balance

things and it takes more mental energy than physical energy.’ – Participant 1

The study found that some participants also became angry and short-tempered due to the stressors they were experiencing on placement. Research by Lovallo (2005) suggests that anger is a common reaction to stress, along with anxiety and fear.

‘I get quite short tempered with people because when you’re on placement you get more tired so when people start stressing you out at home, you have less patience.’ – Participant 2

‘You just snap and you don’t mean it.’ – Participant 4

‘Yeah, then you feel like you have to apologise for feeling bad.’ – Participant 5

‘Then you feel awful for being horrible to everyone but it’s just like I’m tired.’ – Participant 4

A further issue that was found in this study relating to negative mood on placement is overthinking and experiencing difficulties ‘switching off’ at the end of the day.

‘Yeah it stops you thinking as well because that’s one of the main things that you do when you get home, you just think about the same thing over and over again and it takes you ages to shut off, so even though you’ve been at work for 12 hours, you’re still thinking for an extra three when you get home thinking about what you did or didn’t do.’ – Participant 4

Socialising

Socialising was highlighted as a mechanism of coping with stress. Participants reported discussing issues with friends, peers at university and their families. It was found that once participants had spoken to others about their day on placement, they were able to relax and de-stress. Research by Hill and Allen (2018) found that socialising with others has a number of positive psychological benefits relating to reducing stress; these include increasing self-esteem, mental well-being and reducing negative mood.

‘I used to get ten minutes when I got home from placement to talk about anything that went bad or went well and that was it, just got cut off and that was my time done.’ – Participant 5

‘Yeah, you need to rant before you can move on.’ Participant 4

‘You just organise time for yourself, like you say to yourself; right I’ve done three long days so at the end of the week I’m going to organise to go out with my mates or family, I’m just going to do this and then you’re ready and refreshed for the next week.’ – Participant 8

The study found that discussing placements with other students had different effects on participants. It was found that socialising improved mood when discussing common experiences, however another participant reported feeling more stressed and began to question their abilities after hearing the positive experiences of other students. This is an example of the effects of social comparison. Garcia, Tor and Schiff (2013) suggest that people self-evaluate by using comparison with others, leading to a range of competitive attitudes and behaviours.

‘Talk to your friends, they’ve probably got the same thing going on and you just kind of have a bit of a rant and then go over it and turn up for your next shift.’ – Participant 4

‘Yeah, like in uni when you come back when you’ve just been on placement, sometimes we have seminars or lectures where the lecturer will just say ‘how’s your placements been?’ and we go around and more or less everybody’s been in the same situation so you don’t feel as bad.’ – Participant 8

‘I just talk to people that don’t know anything about nursing or healthcare that can’t really give you an opinion because sometimes it’s quite hard if you’re talking to another student and you’ve had a bad experience and they’re doing alright, you sort of feel like why aren’t I doing that. When you talk to someone who doesn’t know anything about nursing or mental health, they just sit and listen to you rant a bit.’ – Participant 5

Distraction

Research by Gupta, Restum and McKelvey (2018) highlights the importance of downtime in refreshing the mind. This study found that distraction techniques were commonly used and were beneficial in managing stress by participants across different healthcare professions. Students used different methods of distraction including gaming, socialising, watching television and exercise. Participants described time management to include having an opportunity for relaxing activities that are unrelated to placement.

‘So I just give myself designated downtime like I won’t do anything else, nothing to do with work, nothing to do with uni, I’ll just do what I want to

do so if that means like playing on a games console, going out socialising, I'll just make sure that's protected time.' – Participant 1

'Or just watching telly like just watching something that you're not really paying attention to but it's something to take your mind off things.' – Participant 4

'Yeah just distraction.' – Participant 3

'You just organise time for yourself, like you say to yourself; right I've done 3 long days so at the end of the week I'm going to organise to go out with my mates or family, I'm just going to do this and then you're ready and refreshed for the next week.' – Participant 8

'I'd say the gym for me helps with stress.' – Participant 1

Strengths

The main strength of this study is that it offers findings that can be used to improve the experiences and learning opportunities for future healthcare students. The students who participated in the focus group of this study engaged well in discussion and provided descriptive information about their experiences, allowing for an in-depth understanding to be reached. The method used in this research followed a rigorous process and researchers remained objective and professional, therefore increasing the repeatability and credibility of this study (Lapan, Quartaroli & Riemer, 2012).

Limitations

One limitation of this research was that participants all attended the University of Huddersfield, and furthermore that a volunteer sample was used. This meant that the findings lack generalizability (Murad, Katabi, Benkhadra, & Montori, 2018). Researchers aimed to recruit a more varied sample to include child and learning disability nurses, physiotherapy and midwifery students, though this was not possible due to time restraints. However, the research did involve occupational therapy students who explored similarities and contrasts with nursing studies upon which most of the prior research focuses.

Conclusion

Gaining students' perspectives is valuable in understanding issues and beginning to resolve them. This study highlights that the team, transport, academic factors and personal life all impact upon the healthcare students' stress levels whilst on placement. Not only do these issues increase stress, but they can also contribute to

feeling tired, demotivated and angry. This study demonstrates the benefits of using socialisation and distraction as coping mechanisms. The findings of this study have similarities with previous research although have an expanded range which also investigates occupational therapy students' views. It was found that while there are large differences in the courses, many stressors remain the same. It was however found that the occupational therapy students reported receiving more support while on placement. While healthcare is and will likely remain a stressful and demanding career route due to the pressures of care (Pich, 2018), this study highlights issues that can be improved.

One recommendation would be to repeat this study on a larger scale; this would increase the credibility and generalizability. While there are several issues causing stress to students on placements, and while some cannot be altered such as transport and personal life, there are other findings that we can use to improve the situation including development of the team and mentor role as well as academic support. The findings from this research highlight aspects of healthcare programmes that could be revised to improve the experiences of undergraduate students while completing placements as a part of their learning. This might entail providing further education and structured ongoing support systems to mentors, educators and placement teams who all work closely with students, as the mentor and team have been highlighted as a significant stressor. This would allow for more in-depth knowledge about the systems and experiences of students to be developed, along with encouraging whole team participation, while promoting the responsibility of each team member to become actively involved in the teaching and development of future healthcare professionals. Another significant finding from this study highlighted academic support as a stressor, and therefore a further recommendation from this research would be to improve academic support from universities, and to increase awareness of said support, as well as its accessibility. This would play a role in creating a positive learning experience supported by a multi-disciplinary team, and so reduce stress and improve student morale.

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I would like to thank my supervisor, Angela Darvill, for her encouragement and guidance throughout this research project. Special thanks are due to the other researchers, Terri, Carrie, Keeley, Sarah, Charlie and Emily who all contributed and worked well throughout the project. Thanks are also expressed to the participants who volunteered to take part in the focus group and share their thoughts and feelingsⁱ

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Appendix A. Literature review inclusion and exclusion criteria

"(stressors or stress factors or stress) OR (worries or concerns or fears) AND healthcare students OR (nursing students or student nurses or undergraduate student nurses) OR (occupational therapy students or ot students) AND undergraduate students AND (coping strategies or coping skills or coping or cope) AND (placement or student placement) OR student nurse placements OR healthcare student placements"

Expand to include related words

Limited to

Jan 2015 – Dec 2018

Peer Reviewed

UK & Ireland

English

Major heading – Student experiences

Include full text

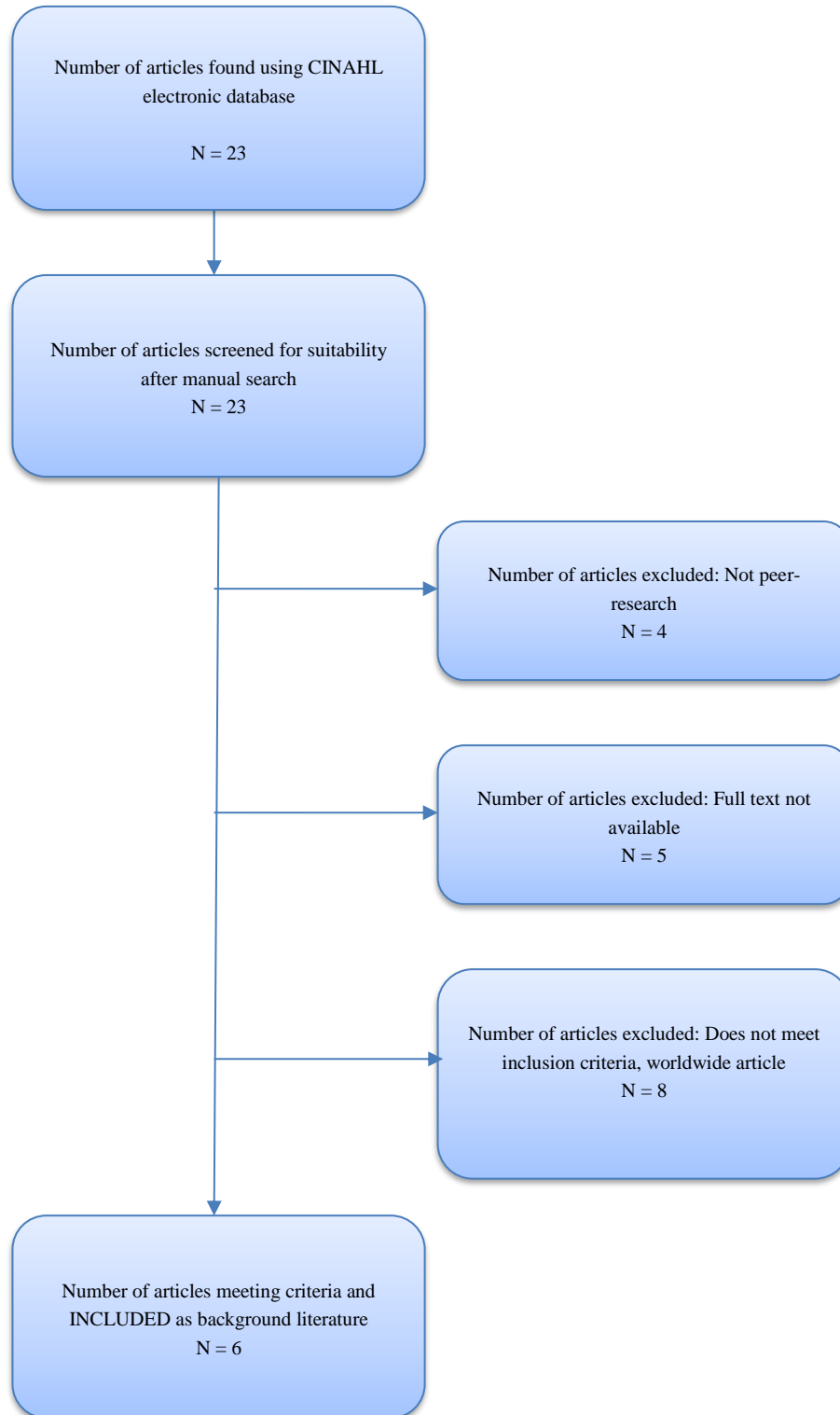
Inclusion criteria -

- Research within the last 3 years
- Research based in UK and Ireland
- Peer Reviewed
- Undergraduate, healthcare students
- Nursing Students
- Occupational therapy students
- Physiotherapy students
- Midwifery students
- Placement students
- Student experiences

Exclusion criteria -

- Other healthcare students i.e. Veterinary nursing students
- Postgraduate students
- Research outside of the UK and Ireland
- Non-peer reviewed journals/articles

Appendix B. Prisma Flow Diagram



Appendix C. Data extraction table

Author, date of publication and country	Title	Study aim and research questions	Methods	Data collection	Sample	Data analysis	Results	CASP
Foster, Ooms & Marks-Maran 2015 England	Nursing students' expectations and experiences of mentorship	-To gain a greater understanding of students' expectations and experiences of mentorship - To identify the kind of support provided by the mentor that is most valued by the student, the role of the link lecturer in mentorship and how the university might further enhance the mentorship experience of their students.	A mixed-methods exploratory sequential design was used. Involved two stages: a semi-structured focus group in the first stage and an online questionnaire in the second	The focus group was digitally recorded and transcribed verbatim. The questionnaire contained likert-style, closed-ended and open-ended questions. Survey Monkey TM was used to administer the questionnaire online.	Convenience sample All final year pre-registration nursing students enrolled on one cohort of a Diploma/BSc in Health Studies course 53 students took part in the questionnaire. 12 students took part in the focus group.	Quantitative analysis was carried out using SPSS v. 19. Qualitative analysis was undertaken using the Framework Method of analysis (Ritchie and Spencer, 1994).	Experiences were largely positive. Most valued mentor activities included teaching and explaining, support and supervision and encouragement. Mentor role in practice assessment was not identified as highly important. Support from link lecturers was less well evaluated and students felt that the university needs to support mentors better.	CASP tool was used to appraise research. Yes was answered to 6/9 questions. Results were valid. Aims and objectives were clear. Methodology and data collection was appropriate. Ethical issues have been considered. Findings are clear and will help locally.
Coldridge & Davies 2017 England	"Am I too emotional for this job?" An exploration of midwives' experiences of coping with traumatic events in the labour ward.	-Developed on from previous research done in 2015 -Looking into what students perceived as traumatic events and how they feel they were supported -The exploration of psychological tensions and	Initially posters were made to gather participants then information sheets made available to participants prior to interviews. 45-60 minute	Interviews were transcribed verbatim. Two researchers, a midwife and a psychotherapist conducted	Undergraduate student midwives, 11 second and third year students were included in the study. Small sample size considered	Interviews were analysed using interpretive phenomenological analysis in order to openly analyse the topic	FIVE themes were found to what students found to be TRAUMATIC on PLACEMENT. 1 -Wearing the blues 2 - 'No man's land'-finding their place within the team	Critical appraisal using the CASP tool. 7/9 answered YES – Paper therefore is critically sound. Paper could have gone more in depth in data analysis and

		anxieties that student midwives face whilst undertaking clinical placement from a psychotherapeutic perspective	interviews done on an individual basis Semi structured questions giving participants a voice allowing them to explore own feelings and perceptions	the interviews	appropriate considering the in-depth content of the interviews		3/4/5 – all incorporated their lack of ability or confidence in engaging with emergency events and COPING with the aftermath of such events.	presenting themes and findings. Aims, objectives and ethical considerations were very clear. Research will be helpful mainly to midwifery field however is not restricted to the local area.
Megan Thomas & Nicky Westwood 2016 United Kingdom	Student experience of hub and spoke model of placement allocation- An evaluative study	-To gain students views, feelings and experiences in relation to practice placements.	Information letter sent to all nursing students Two methods were used – first students were contacted and asked to complete a survey through survey monkey. Questions were qualitative in nature. Second students who completed the survey and wished to further take part was involved in a focus group.	The data for the survey were collected using open questions on survey monkey Focus groups – data was audiotaped and transcribed	All current student nurses on a Nurse programme. The total population was 1000 students. 367 students participated in the questionnaire and of those students 15 participated in the focus group	Data from the survey and focus group was analysed using Creswell's (2007) spiral of analysis, themes were picked out. The themes were belongingness, learning and development, Student mentor relationships and quality. The themes are supported by examples of participants' own words.	Placement organisation provided a range of experiences, which affected learning, and development of student nurses. It was found that having a good relationship with the team gave students a sense of belonging and security – some participants felt that they were used as an extra set of hands and not there to learn Some difficulties around placement was it was perceived to not provide opportunity Some participants noticed they did	Casp tool was used to critically appraise this paper. 7/9 was scored yes and 2/9 were scored not sure. Therefore, this paper is critically sound. There was a clear statement of the aims. The use of qualitative methodology and focus groups was appropriate. The data was collected in a way that addressed the issue and it had been analysed rigorously. There is a clear statement of the findings.

							<p>not feel comfortable on placement and found it daunting this created difficulties for them</p> <p>If there was an ineffective relationship between mentor and student it had a negative impact on students learning experience as a whole</p>	
<p>Shivers, E., Hasson, F. (2017)</p> <p>United Kingdom</p>	<p>Pre-registration nursing student's quality of practice learning: Clinical learning environment inventory (actual questionnaire)</p>	<ul style="list-style-type: none"> To examine pre-registration nursing students experiences whilst on their most recent placement 	<p>A qualitative study was carried out in the form of a cross sectional online survey (using the likert scale to measure responses)</p>	<p>Invitation e-mail sent to all 1st, 2nd and 3rd year students, with a link to participation sheets and questionnaire. Weekly reminder e-mails and 1 oral presentation to each year group.</p>	<p>147 enrolled nursing students</p>	<p>SPSS software was used. Central tendencies were calculated. Multiple regression analysis was carried out.</p>	<ul style="list-style-type: none"> In general students were satisfied with their clinical learning experience Not all students felt positively, with a high percentage feeling it had been a waste of time Students experiences of the mentor's role were negatively scored, especially their disregard of student problems and unfriendly and inconsiderate approach. Almost half felt that new ideas were seldom tried out in the area. 	<p>CASP tool used to appraise: 7/9 'yes' results</p> <p>The study would be considered valid, however, there may be certain bias due to the population coming from a single university, and the study having a low response rate. The study used a reliable system to collect information, it gained full ethical approval and results were consistent with other available evidence. The study could possibly be used to inform placement areas how to improve the experiences</p>

								of students, however, due to the bias described generalisation may not be appropriate.
<p>Birks, Melanie; Cant, Robyn P.; Budden, Lea M.; Russell-Westhead, Michele; Sinem Üzar Özçetin, Yeter; Tee, Stephen</p> <p>2016</p> <p>UK and Australia</p>	<p>Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK.</p>	<p>Compares the experiences of Australian and UK baccalaureate nursing students in relation to bullying and harassment during clinical placement</p> <p>Explore the experiences of baccalaureate nursing students</p> <p>The literature indicates that nursing students worldwide experience bullying.</p>	<p>The SEBDPC comprised 13 main questions with more than 80 items, most requiring a rating of frequency of occurrence: 'Never' (0 times); 'Occasionally' (1-2 times); 'Sometimes' (3-5 times) and 'Often' (>5 times). Each question offered an 'Other' response category with the option to provide further details.</p>	<p>The two studies reported here employed a cross-sectional survey design, utilising the Student Experience of Bullying during Clinical Placement (SEBDPC) questionnaire (Budden et al., 2017).</p>	<p>Sample totalling 1394 was extracted for analysis. This comprised 833 Australian and 561 UK students. Students were included when they specified enrolment in years 1, 2, or 3 of their programs.</p>	<p>Numerical and categorical data were summed and then subjected to inferential statistical tests.</p> <p>The analysis went on other variables age, gender, ethnicity. Country of birth, main language - English, year of program, and experience of specified behaviour</p>	<p>This paper presents data highlighting a worrying trend in the education of nurses.</p> <p>Australia: -</p> <p>Year 1:</p> <p>6% YES</p> <p>14% NO</p> <p>3% UNSURE</p> <p>Year 2:</p> <p>17% YES</p> <p>11% NO</p> <p>5% UNSURE</p> <p>Year 3:</p> <p>27% YES</p> <p>13% NO</p> <p>5% UNSURE</p> <p>UK</p> <p>Year 1:</p> <p>12% YES</p> <p>18% NO</p>	<p>CASP tool was used to appraise.</p> <p>7/9 answered YES. Therefore paper is critically sound.</p> <p>Data collection appropriate. Results were a little confusing as it looks into so many aspects such as age, gender, ethnicity etc., should have just stuck to the nursing students year as this was easy to follow.</p> <p>Ethics taken into consideration and approved.</p>

							5% UNSURE Year 2: 12% YES 20% NO 6% UNSURE Year 3: 10% YES 14% NO 3% UNSURE	
Caroline AW Dickson, Clare Gable and Gillian Morris Scotland UK March 05, 2015	Enhancing undergraduate community placements: a critical review of current literature	Explores a range of variables that relate to community practice learning environments for pre-registration students	Search strategy – a systematic and critical review of the literature using a range of different data bases and a supplementary search of grey literature	Feedback given by students and mentors	All nursing students who were on community placements		It was found that students and mentors felt pressure to keep up with patient demands however were happy to receive own caseloads with appropriate support from university and placement settings	CASP tool was used to appraise research. 5/9 answered to YES. 4/9 answered not sure The paper addresses its aims and objectives. The results were clear and have been combined – this was reasonable. All-important outcomes were considered and the benefits were worth the cost – there was no harm

Appendix D. CASP Tool

CASP
Critical Appraisal Skills Programme

1. Overview
2. Introduction
3. Sample Case Factors, Video, Web Q&A, 222 716

CASP Checklist: 10 questions to help you make sense of **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Critical Appraisal Skills Programme (2018) part of Oxford Centre for Tropical Medicine. www.casp-uk.net

CASP
Critical Appraisal Skills Programme

Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes
Can't Tell
No

HINT: Consider

- what was the goal of the research
- why it was thought important
- its relevance

Comments: Clearly states that aims are "to gain a greater understanding of students' expectations and experiences of mentorship and to identify the kind of support provided by the mentor that is most valued by the student, the role of the link lecturer in mentorship and how the university might further enhance the mentorship experience of their students."

2. Is a qualitative methodology appropriate?

Yes
Can't Tell
No

HINT: Consider

- if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- is qualitative research the right methodology for addressing the research goal

Comments: A qualitative method is appropriate as the research aims to explore students experiences and personal perspectives.

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes
Can't Tell
No

HINT: Consider

- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments: The study used a semi-structured focus group followed by an online questionnaire which was appropriate to address the aims of the research. However, the researcher did not discuss or justify why this design was chosen.

CASP
Critical Appraisal Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?

Yes
Can't Tell
No

HINT: Consider

- if the researcher has explained how the participants were selected
- if they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- if there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: Participants were recruited via convenience sample. An email was sent to all final year pre-registration nursing students enrolled on one cohort of a Diploma/BSc in Health Studies course. This sample is representative of only students in one area. There was no discussion around why the sample was most appropriate or why some chose not to participate.

5. Was the data collected in a way that addressed the research issue?

Yes
Can't Tell
No

HINT: Consider

- if the setting for the data collection was justified
- if it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- if the researcher has justified the methods chosen
- if the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- if methods were modified during the study. If so, has the researcher explained how and why
- if the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - if the researcher has discussed saturation of data

Comments: It is clear how the data was collected. Data from the focus group was collected via a digital recording and was transcribed. Themes from the focus group were displayed in a table. This appears effective in addressing the research issue. The chosen methods have not been justified. The setting for data collection has not been discussed.

CASP
Critical Appraisal Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

Yes
Can't Tell
No

HINT: Consider

- if the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments: The relationship between the researcher and participants has not been discussed.

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes
Can't Tell
No

HINT: Consider

- if there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- if the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- if approval has been sought from the ethics committee

Comments: Ethics approval was granted by the Ethics Committee of the School of Education at the Faculty of Arts and Social Sciences at Kingston University, and the research was conducted in accordance with the required ethical framework. Confidentiality and anonymity were assured and data was stored appropriately

CNSP
Critical Approaches
Skills Programme

8. Was the data analysis sufficiently rigorous?

Yes:
Can't Tell:
No:

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used, if so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments: **There is not an in-depth description of the data analysis. The SPSS v. 19 was used for quantitative data. The Framework Method of analysis was used for qualitative data. The researchers role has not been critically examined.**

9. Is there a clear statement of findings?

Yes:
Can't Tell:
No:

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments: **The findings are clear and have been discussed in-depth as well as being displayed in tables. The credibility of the findings and limitations have been discussed.**

5

CNSP
Critical Approaches
Skills Programme

Section C. Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: **The researcher discusses the contribution of the study to existing knowledge around student experiences of mentorship. The research discusses how the findings can provide focus on how best Higher Education institutions can prepare and support both the students and mentors placements.**

6

Appendix E. Qualitative Research Proforma

Group No. 5	
Group Members	Specific Contribution to proposal
Keeley Brown	Critical introduction
Carrie Ann Fisher	Method
Kate Hardy	Ethical considerations, PowerPoint, participant information letter
Charlie Hindle	Resources, Focus group
Sarah Maguire	Introduction to research
Terri Russel	Research approach, risk assessment form, consent form
Emily Voyse	Data analysis
Working title	
What are the stressors and concerns around placements in healthcare students?	
Research Aim(s) and Objectives	
Aim:	
<ul style="list-style-type: none"> This study aims to explore what the current stressors are of students in undergraduate healthcare programmes. 	
Objectives:	
<ul style="list-style-type: none"> To understand what strategies healthcare students use to manage stress. To identify factors that cause stress relating to placement. To make recommendations to inform orientation programmes for students 	
Clinical relevance	
Why is this subject relevant to health practice/education	
The intended outcome of this research is to highlight to educator's current issues that students face	
To promote making improvements for orientation programmes for future cohorts	
To improve placement experiences for future cohorts	
Scope of literature	
Include here details of literature of what is already known about the subject	
Pulido-Martos, Augusto-Landa & Lopez-Zafra (2012) have identified that academic stressors are the main source of stress for healthcare students.	
According to Jimenez, Navia-Osorio, & Diaz (2010) the main symptoms of stress are worry and anxiousness	
Gibbons, Dempster,, Moutray, (2010) found that the most popular coping mechanism is social support from friends and family	
METHOD	
Sample – who/how many/where from etc	

<p>Purposive samplings from a wider convenience sample, minimum number of 5 participants, use undergraduate healthcare students attending Huddersfield University.</p>
<p>Recruitment strategy</p> <p>We will advertise our research project via email and posters placed around the university. Once we receive replies from volunteers, we will select an appropriate number of students to participate using random sampling.</p>
<p>Inclusion criteria</p> <p>Undergraduate healthcare students who have or will be going on a placement as a part of their course.</p>
<p>Exclusion criteria</p> <ul style="list-style-type: none"> • Postgraduate students • Non-healthcare students • Non-students
<p>Data collection instruments</p> <p>Dictaphone</p>
<p>Method (step by step procedure)</p> <ol style="list-style-type: none"> 1. Recruit participants by email and posters. 2. Arrange a day and book a room 3. Give a brief of what will be happening on the day and provide consent forms prior to the taking part in the research 4. Carry out the focus group with structured, open-ended questions (already determined and written up before the day) Use a Dictaphone to record. 5. Debrief of the day – any concerns raised by the healthcare professionals on the day should be offered support and advice of the steps that they should take about their concerns.
<p>Data analysis</p> <p>We will analyse data collected using thematic analysis.</p> <ol style="list-style-type: none"> 1. Listen to the recording to become aware of the content of the data. 2. Identify key words and common themes throughout. 3. Play recording to search for themes discussed. 4. Condense and define themes. 5. Produce a report on the data.
<p>Details of any other resources required</p> <ul style="list-style-type: none"> • Computer and Internet access. • Quiet, suitable room • Comfortable chairs. • Refreshments for participants. • Paper and pens. • Whiteboard/smart board • Photocopier.

Ethical considerations

(Please include a sample consent form, a participant information letter and a risk assessment form.)

Benevolence and non-malevolence - We will provide participants with the opportunity to express and process stressors and concerns.

Confidentiality and anonymity will be maintained to protect participant's identity.

Data will properly be stored and destroyed, allowing participant information to remain safe and confidential.

Participants will be debriefed and given recommendations such as who to contact if and when problems in placement arise. This is because discussing stressors and concerns may cause emotional distress. However highlighting these issues can allow for improvements to be made for future students.

Autonomy- Information letters will be provided allowing participants to be informed before agreeing to take part.

Participants will be asked to agree to and sign a consent form following briefing and prior to holding the focus group. This will ensure informed consent is gained. Time will be allowed for any questions to be asked before signing the consent form.

Participants will be offered the right to withdraw at any point during the research without providing reasoning and their decision will be respected.

Justice-

Using the convenience sampling method allows all students in the target population, equal opportunity to take part.

Using structured interview questions allows participants equal opportunity for discussion topics.

Giving a brief and debrief including recommendations means that all participants will be given the same advice and information, meaning that benefits will be fairly distributed to all who take part.

Timeframe – What needs to be done by when

Work on the assumption that you will be starting the project in September, completing data collection by December and writing up by March

September- October - Recruit and select participants. Arrange a date to carry out focus group.

November-December – Prepare and carry out the focus group.

January- February – Analyse data and write up report.

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Appendix F. Risk assessment and management

Location: University of Huddersfield campus				
Date: 13/03/2018				
Risk	Who is at risk?	Assessment		Measures put in place
		Impact	Likelihood	
Emotional upset to participants – Participants may become upset by recalling any series issues they faced whilst on placement	Participant	High	Medium	<ul style="list-style-type: none"> • A brief will be given at the beginning and end of the focus group • Support and advice will be offered • Contact details for wellbeing service will be provided if needed
Breach of confidentiality- Participants might discuss information discussed outside of the focus group	Participant	Medium	Low	<ul style="list-style-type: none"> • A brief will be given at the beginning and end of the focus group highlighting rules of the focus group • Report any issues to the party's involved course leader
Loss of data – Issues with data protection	Researcher	High	Low	<ul style="list-style-type: none"> • All data will be electronic and kept on a computer that is password protected • That computer will be locked when not in use and inaccessible to others • Dictaphones will be transferred from the room in a secure case and only played in a private room
Repetitive strain	Researcher	High	Medium	<ul style="list-style-type: none"> • The computers and desks used will be display screen equipment assessed • Appropriate chairs will be provided • Researchers will take regular breaks
Issues between participants	Participant	Medium	Low	<ul style="list-style-type: none"> • A brief will be given at the beginning and end of the focus group highlighting the rules and expectations of the focus group • Those involved will be reported to their course leader • Support and advice will be offered

Appendix G. Participant information sheet

What are the stressors and concerns around placement in healthcare students?

INFORMATION SHEET

You are being invited to take part in this research study titled 'What are the stressors and coping strategies adopted by undergraduate healthcare students during placement'. Before you decide to take part it is important that you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with me if you wish. Please do not hesitate to ask questions if there is anything that is not clear or if you would like more information.

What is the study about? The purpose of this study is to explore the current stressors and concerns that undergraduate students have in relation to placements. The Study will involve taking part in a focus group discussing topics of stress around placement as well as methods of coping with stress.

Why I have been approached? You have been asked to participate in this study because we are looking into the stressors that face undergraduate university students on healthcare programmes. We are exploring the views of students from any profession within the healthcare sector.

Do I have to take part? It is your decision whether or not you take part. If you decide to take part, you will be asked to sign a consent form. You will be free to withdraw at any time without giving a reason. A decision to withdraw, or a decision not to take part will be respected and will not affect you. Please be assured that any information you do give will remain confidential.

What will I need to do? If you agree to take part in the research, we ask that you take part in a focus group, this will take place in a private room within University of Huddersfield, present will be members of our research team and other students taking part in the study. Before we begin, we will provide a brief and time to ask questions. The focus group will take no longer than 30 minutes and your voices will be recorded using a Dictaphone, please be assured that any recordings will be stored securely to maintain your confidentiality and will only be used to gather data from, your voice recordings will not be published. Following the focus group, you will be debriefed and provided with appropriate support and recommendations.

Will my identity be disclosed? All information disclosed within the focus group will be kept confidential, except where legal obligations would necessitate disclosure by the researchers to appropriate personnel.

What will happen to the information? All information collected from you during this research will be kept secure and any identifying material, such as names will be removed in order to ensure anonymity. It is anticipated that the research may, at some point, be published in a journal or report. However, should this happen, your anonymity will be ensured, although it may be necessary to use your words in the presentation of the findings and your permission for this is included in the consent form.

Who can I contact for further information?

If you require any further information about the research, please contact a member of our research group on:

Name *****

E-mail *****@unimail.hud.ac.uk

Appendix H. Focus group questions

Focus Group Questions

1. What concerns do you have prior to attending placement?
2. What causes you stress whilst on placement?
3. What is the main cause of stress in placement?
4. What causes the most stress on placement?
5. Were you given/offered any support on placement? If so what?
6. How do you manage the stress you suffer whilst on placement?
7. What are the symptoms of stress you experience, whilst on placement?
8. Have your family and friends noticed any difference in you whilst on placement?
9. What coping strategies work the best for reducing stress?

Appendix I. Generating Codes and Themes for Thematic Analysis

1. Parking	8. Don't want to go to placement Demotivated to do course Short tempered Snap No energy
Transport	
Money	
Expensive	
Mentor	9. Less motivated No energy Can't be bothered Long days Mental energy Hard to switch from university to placement
Area – lack of understanding	
2. Long days Lack of sleep Assignments Deadlines Lack of social life Partner Family Work	10. Alcohol Bath Wine TV Distract Organise time Socialize Gym Food
3. New Surroundings Educator Documents	
4. Educator Other Staff Team working Documentation Mentor off sick Different nurses	Q1-6 Transport Team
5. PLF Mentor support Left early Community lecturers No university/placement crossover No one from university seen	Academic Personal Life Q7-10
6. Unaware of link tutor Left to it Weekly supervision No supervision Paperwork not looked at thoroughly Difficulty making tutor appointment Poor tutor relationship	Socialising Distraction Negative Mood
7. Friends Seminars Designated down time Talk to others Rant Overthinking Difficulty shutting off	

Data Analysis

Themes for stressors and concerns around placement (Q1-6)

Team

- Mentor
- Documenting
- Other staff members

Transport

- Expenses
- Travelling
- Parking

Academic

- Assignments
- University support

Personal Life

- Personal wellbeing
- Social life

Negative Mood

Themes for coping strategies (Q7-10)

Socializing

Distraction

Appendix J. Focus group transcript

Focus group transcript

Researcher 1: Welcome to our focus group and thank you for attending. The aim of this focus group is to explore what the stressors and coping strategies adopted by undergraduate healthcare students are during placement. Please can you read the information sheets and sign the consent forms if you agree and are happy to take part, it's up to you if you would like to and you are free to withdraw yourself and your answers at any point. Any information that you give will be kept anonymous, and we ask that you respect the anonymity of others here as well. We are recording this using Dictaphones and it will then be transcribed. We would just like a friendly and informal discussion as a group related to stress and coping strategies in placements. There are 10 questions and it shouldn't take any longer than 30 minutes. Does anyone have any questions before we begin?

Researcher 2: At the top of the consent forms there is a number. Please could you say your number before you speak?

Researcher 2: What concerns do you have prior to attending placement?

Participant 7: Parking

Participant 5: Yeah transport as a whole, like just trying to find your way there, working out where the car parks are and how much it's going to cost, and just money situations really.

Participant 2: I'm pretty much the same because I can't work when I'm on placement, well I can't work as much as I'd like. If my placement is far away it's quite a lot to pay because I can't really afford the petrol to get there. It gets quite expensive

Participant 8: What my mentors going to be like before I go, so whether they're going to be nice or whether I'll get on with them or not

Participant 1: Going to a service area that you don't really want to go to or don't have an understanding of

Researcher 2: What causes you stress whilst on placement?

Participant 6: The long days and the lack of sleep

Participant 1: doing assignments while you're on placement, having deadlines

Researcher 3: Is that the same for nursing and OT's?

All participants agreed

Participant 3: Trying to have a social life while you're on placement can be hard, trying to fit in a decent home life while you're doing long hours

Participant 8: Yeah just the hours while you're on placement

Participant 5: my partner, like you don't have enough time to see everyone and do work, uni work like seeing your family as well, so people who are not involved with your placement can cause a lot of stress

Researcher 2: What is the main cause of stress in placement?

Participant 2: like getting to know the place, trying to balance things up and get used to new surroundings, like sort of getting used to the area you are working for

Participant 1: Also your relationship with your educator, if they are not supportive that can increase your stress, because they are the ones marking us

Participant 8: yeah, because they are the ones guiding you through it

Participant 6: Placement documents and if you do something wrong in them

Researcher 1: What causes the most stress on placement?

Participant 2: I would say your educator because things like travelling you can work around that, but the educator is the one that is marking you on placement

Participant 8: not just your educator but other professionals as well like healthcare assistant because some of them can feel quite threatened if there is a new person on the ward and I've found that they're not always willing to help and teach us

Participant 7: I think teamwork as well as documentation causes the most stress

Participant 5: When your mentor is off sick and you have got to find someone else to work with, especially in community because you have to find someone that is willing to take you out on visits with them, it's a worry not knowing what you are doing for the day

Participant 4: yeah sometimes when you're going out with a different nurse you're visiting different patients that don't always want a student there

Researcher 1: Were you given or offered any support on placement? If so what?

Participant 8: The practice learning facilitator, sometimes emails to see how you are getting on, like if you have any concerns, that's quite good

Participant 6: My placement mentors have been supportive because I have had to travel long distances and so allowed to come in and leave early on long days for travelling

Participant 8: on nights as well they sometimes let you go early, if they know it takes you a long time to get home

Participant 5: yeah, they don't like you driving too far after a 12-hour shift

Participant 1: we also have community lecturers coming in at the half way point so if you have any stressors and concerns you can express it to them, and they can facilitate more support for you, so you might not feel confident going up to your educator but sometimes it is a bit easier to talking to the facilitator and they can help offer extra support and speak to your educator on your behalf

Participant 5: I don't know if it's different for your course but I have never had anyone from uni coming into placement it just feels like you've got placement and then uni, like the two don't really cross over like just placement and uni are separate. In one of my placements I had a PLF come in once over the three years but I have never had an email or anything

Researcher 3: So the only time you meet up with someone from uni is once you've finished placement and make an appointment with your personal tutor?

Participant 5: Yeah, unless you have problem they don't contact you, well I have not been contacted anyway

Researcher 1: Do you feel like university should make more use of the link tutors and emphasise their role a bit more?

Participant 5: I've never even heard of a link tutor

Participant 8: is that what the practice learning facilitator is?

Researcher 1: no the link tutors are based and work at uni but some have a link to different placement areas allocated to them

Participant 5: I was not aware of any link tutors

Participants 7 and 8 Agreed

Participant 8: Yeah I wasn't even aware of that so I think maybe uni should make us aware of that before we go out.

Participant 4: I think as an adult nurse you're kind of just left to it on placement but if you have a problem you contact your PLF and they'll either get back to you or you just talk to your friends

Participant 7: I don't think you're really supported by uni on placement unless you go out and ask for it or find it

Participant 1: That's different for us because we get weekly supervisions when were on placement so like at the end of each week there's an educator on placement who will meet up with us and just see how we've done throughout the week, see if we've progressed, then sort of make goals for the next week and see what we want to achieve by then

Participant 4: It's nothing like that as an adult nurse

Participant 5: We have that on final placement apparently, if you look through the paperwork its like a weekly tick box thing

Participant 2: Yeah you're supposed to do it but you don't do you?

Participant 3: I've never had someone come see me on placement, never

Participant 2: and your paperwork as well it's just like 'oh well we can fit it in now' but they'll literally just go through, sign everything off and they don't read it properly and they say they'll go over it in more detail next week

Participant 3: I found after placement when you've got to go to get your documents signed off by a lecturer, I find it really hard to make an appointment and finding the time, and also my tutor has changed three times now so I've not had that consistency, I don't have a good relationship with my lecturer because I haven't even met them yet and I'm not getting a response of him either

Researcher 1: How do you manage the stress that you suffer whilst on placement?

Participant 4: talk to your friends, they've probably got the same thing going on and you just kind of have a bit of a ran and then go over it and turn up for your next shift

Participant 8: Yeah, like in uni when you come back when you've just been on placement, sometimes we have seminars or lectures where the lecturer will just say 'how's your placements been?' and we go around and more or less everybody's been in the same situation so you don't feel as bad

Participant 1: So I just give myself designated down time like I won't do anything else, nothing to do with work, nothing to do with uni, I'll just do what I want to do so if that means like playing on a games console, going out socializing, I'll just make sure that's protected time,

Participant 5: I just talk to people that don't know anything about nursing or healthcare that can't really give you an opinion because sometimes it's quite hard if you're talking to another student and you've had a bad experience and they're doing alright, you sort of feel like why aren't I doing that. When you talk to someone who doesn't know anything about nursing or mental health, they just sit and listen to you rant a bit

Participant 4: yeah, you need to rant before you can move on

Participant 5: I used to get 10 minutes when I got home from placement to talk about anything that went bad or went well and that was it, just got cut off and that was my time done.

Participant 4: Yeah it stops you thinking as well because that's one of the main things that you do when you get home, you just think about the same thing over and over again and so even though you've been at work for 12 hours, you're still thinking for an extra three when you get home thinking about what you did or didn't do.

Researcher 3: What are the symptoms of stress that you experience whilst on placement?

Participant 8: I find myself not actually wanting to go to placement if that's what's stressing you out, if you're stressed about the team that you're working with, you find you don't actually want to go

Participant 7: I feel like it demotivates you as well to do the course like when you've had a bad experience on placement it makes you not want to carry on with the course

Participant 2: I get quite short tempered with people because when you're on placement you get more tired so when people start stressing you out at home, you have less patience

Participant 4: You just snap and you don't mean it

Participant 5: yeah, then you feel like you have to apologise for feeling bad

Participant 4: then you feel awful for being horrible to everyone but it's just like I'm tired

Participant 5: Then when you've been nice and happy all day and you're tired, you get home and you've ran out of energy

Researcher 3: Have any of your family or friends noticed any differences in you whilst you're on placement?

Participant 4: They know when you get in to just leave you alone for a good 20 minutes before they even approach you

Participant 1: I get like less motivated to do things like socialise, you're not motivated to go out after placement, you're just more drained

Researcher 3: Do your friends and family comment on that?

Participant 1: Yeah they do because they know I don't have the energy

Participant 4: Yeah and then it's the 'why aren't you coming' and you just think I don't want to, well you do really but you can't be bothered. It's like I've got other things to do; I don't have time to go out

Participant 8: Because the shifts are long it's like 7 in the morning till 8 at night, by the time you get home, you're not really going to go out

Participant 1: We don't get that

Participant 2: ours tend to be sort of 8 while 4 or 9 while 5 but its Monday to Friday

Participant 1: That becomes difficult though when you're working every day it becomes difficult to balance things and it takes more mental energy than physical energy

Participant 2: I think because at the moment were only in on Monday and Tuesdays, when were on placement its Monday to Friday its full days rather than just 1-2 lectures a day. It's hard to switch between barely being in and then being in all the time on placement

Researcher 3: What coping strategies work the best for you in reducing stress?

Participant 4: Alcohol, I'll say it. A glass of wine and a nice hot bath and then going to bed

Participant 5: Yeah I think a lot of people use a glass of wine and a bath as a coping mechanism

Participant 4: or just watching Telly like just watching something that you're not really paying attention to but it's something to take your mind off things

Participant 3: Yeah just distraction

Participant 8: You just organise time for yourself, like you say to yourself; right I've done 3 long days so at the end of the week I'm going to organise to go out with my mates or family, I'm just going to do this and then you're ready and refreshed for the next week

Participant 1: I'd say the gym for me helps with stress

Participant 8: or food, like a nice pizza

Researcher 3: Is there anything else anyone would like to add?

Researcher 1: That's the focus group finished and we will analyse the data we have. You are still able to withdraw if you wish and everything you have contributed will remain confidential and anonymous. We just have some leaflets for the universities wellbeing centre, which has some information about support, and contacts if you feel you would benefit from this, feel free to take one. If anyone has any questions feel free to email us, our contact details are at the bottom of the information sheets you have. Thank you for coming and taking part!
