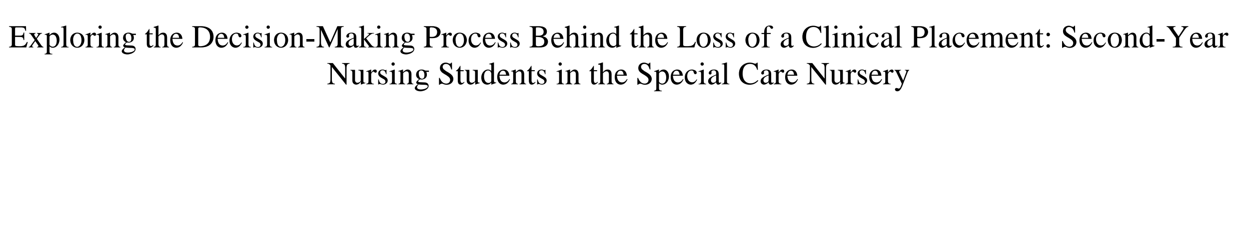

Exploring the Decision-Making Process Behind the Loss of a Clinical Placement: Second-Year Nursing Students in the Special Care Nursery

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Abstract

The purpose of this study was to explore how a Special Care Nursery (SCN) in a southern Ontario hospital decided to stop taking second-year nursing students for clinical placement. A qualitative intrinsic case study approach was utilized to guide and analyze twelve participant interviews. Participants were recruited using both purposeful and snowball sampling. Sharan Merriam (1998) was utilized as a theorist for the methodology and framework of this case study. Additionally, Leah Curtin's (2014) six-questions for ethical decision-making in nursing management were used to develop the semi-structured interview guide. An overarching theme of Conflicting Messages was found, with three subsequent themes of 1) Contributing Factors, 2) Level that Decisions Happen, and 3) Outcomes of Decision-Making. Findings of this study indicated that the decision to cease placements in the SCN was likely made due to a culmination of factors, but a defined cause and process for decision-making was not found. Factors that were identified by participants as being influential in the loss of this placement included clinical instructors not supporting students, high unit acuity, negative attitudes towards students, uncertainty with the student scope of practice, nurse burnout, and systems issues. There was uncertainty surrounding who was involved in making this decision, which was attributed by participants to a lack of communication and collegiality between frontline staff and those in management positions. This led to unilateral decision-making, and a lack of departmental cohesion. Additionally, preferential placement opportunities were found to be offered to medical learners over nursing students. Implications were identified as wide reaching, including unit recruitment concerns, lack of exposure to the specialty of neonatal nursing, and the inability of nurses to fulfill their professional obligations of knowledge sharing. Ultimately, it was identified that the use of Curtin's (2014) decision-making model alone lacked a formal process to guide

how decisions in nursing management should be made, although it raises context specific questions that aid in understanding an issue at hand. The development of a comprehensive model for decision-making in nursing leadership would be beneficial to provide structure for how important choices are made in healthcare and improve transparency in decision-making.

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This thesis is dedicated to my mother, Kelly. Although my motivations for wanting to pursue graduate and, eventually, doctoral education have been built from an accumulation of experiences, I always think back to one specific reason. Growing up, every time I saw something that I wanted she would reply “one day, Dr. Tyrer”; teaching me that I would have to work hard to get the things I want. Whether or not I realized it at the time, my mother was instilling an invaluable lesson about working for my goals. She has consistently been my silent, and sometimes not so silent, cheerleader as I progressed through this process of achieving my master’s degree. Although she may not have expertise in nursing research, she has expertise in what I needed from a mom, her continuous love and support. This thesis is an important steppingstone in my career, that I know she is equally proud of. I would also like to thank my father, Alan, and my older sister, Jamesina who have also been a source of support along this path. I feel proudest when I hear them tell others about my achievements, as I know they truly are so happy for me. My father would always motivate me to push through even when this felt insurmountable, because he reminded me of how much I want this; and he knows me best. I would also like to recognize the contributions that my sister brings to the nursing profession, as both a clinical nurse and instructor. She instills a passion for advancing the nursing profession into each nurse and nursing student she meets, which is equally impactful. She represents what it means to be a great nurse, a great educator, and a great sister. I am so thankful for the family I have, who is there to hold me when I am down, and to celebrate with me in my successes. I look forward to celebrating this success with them. To my partner, Kiersten, thank you for loving me through this and for reminding me that I am doing this for me. You would tell me that I am capable, especially when I did not feel I could be. You are always there to support me and

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Chapter One: Introduction

The transition from nursing student to novice nurse, and the introduction to various nursing roles, can be potentiated by the quality of clinical experiences during the undergraduate nursing program (Reid-Searl & Dywer, 2005). Clinical placements are an extremely valuable resource that enhance the education of nursing students, as this provides the opportunity to apply the knowledge gained during in-course didactic instruction (Reid-Searl & Dywer, 2005). This research study will focus on the maternal-child clinical placements of second-year nursing students at a university in southern Ontario. At this university, clinical placements are offered to student nurses in each year of the program, and each clinical rotation is accompanied by a theoretical nursing course to enhance knowledge translation. All students rotate through placements in obstetrics, pediatrics, mental health, community, medical, surgical and long-term care clinical environments.

The workforce of nursing is currently experiencing a nursing-shortage crisis, which demands that universities increase the amount of nursing graduates (Registered Nurses Association of Ontario [RNAO], 2022). The need for increased nursing program enrollment has placed a strain on the availability of clinical placements leaving a shortage of placement opportunities for undergraduate nursing students internationally (Hilton, 2022). Additionally, the lack of available working nurses to act as clinical educators and preceptors in the healthcare setting restricts the availability of student placement opportunities (Hilton, 2022). Though there are a variety of clinical settings for nurses, hospitals have been the primary source of nursing student placements and continue to be the largest employer of nurses in Canada (Smith et al., 2013). Even large teaching hospitals are facing difficulties meeting the demand for clinical placements, and competition for placements has become a concern (Smith et al., 2013). In an

attempt to address this pressing issue, hospitals have worked in collaboration with universities to offer a larger variety of placement opportunities, including weekend, evening and night shifts (Mahlmeister, 2008). However, there continues to be concern for the growing population of undergraduate student nurses and the limited availability of placement opportunities. As this research focuses on neonatal care, it is important to note that the nursing shortage crisis is further felt in the specialty of neonatal nursing as there is a substantial world-wide lack of neonatal nurses to hire and care for the growing population of sick neonates (Glasper, 2015). Much of the literature suggests that this shortage of neonatal nurses has been linked with unfavourable outcomes for neonates, including an increase in morbidity and mortality rates (Glasper, 2015). Glasper (2015) suggests that the outcome for these neonates is only as good as the availability of neonatal nurses to care for them. While in-course nursing theory and nursing labs lay the foundational education and skills for nursing, having access to clinical experience is imperative to understand how to translate this into real-world practice and showcase learning (Concordia University, 2021). The ability to have in-hospital clinical experience allows learners to grasp the real-world experience of working as a registered nurse, while facing the challenges and obstacles of a flexible environment that are not faced during structured learning (Concordia University, 2021). Additionally, in-hospital clinical experience allows nursing students to hone skills of therapeutic communication without the barrier of suspending disbelief that is experienced during simulated care experiences (Muckler, 2017). Many students struggle to “pretend” during simulated learning experiences, while in-patient clinical experience puts their skills to the test in an actual and unpredictable environment (Muckler, 2017). Although students gain foundational skills and knowledge of neonatal care through theory work and simulation (Condordia

University, 2021), in-patient experience with neonates results in the advancement of skilled nurses in neonatal care, leading to more favourable patient outcomes (Glasper, 2015).

As a designated learning organization, a mid-sized teaching hospital in southern Ontario partnered with this southern Ontario University to provide a variety of clinical education opportunities to several healthcare disciplines, including undergraduate nursing students. The university collaborates with the hospital to offer a mandatory maternal-child clinical rotation to all students in the second year of the nursing program. Historically, the maternal-child placement included rotations in labour and delivery, post-partum, special care nursery (SCN), and pediatrics. These clinical placements take place at one specific hospital site, and it is the only hospital within the region that offers care to women, babies and children. In light of the rising demand for clinical placements, both the hospital and the university have felt the effects. The hospital has been unable to effectively accommodate the need for increased clinical placements while the university continues to struggle with providing clinical experiences for an increasing number of nursing students.

Mahlmeister (2008) suggests that even within teaching hospitals, the introduction of students to a larger variety of clinical placements can pose safety risks to patients. This is due to a multitude of factors, primarily the limited number of staff that have had experience working with students (Mahlmeister, 2008). If a nurse has not worked with nursing students, they may not be aware of their role, scope of practice and their limitations in terms of clinical judgement and ability (Mahlmeister, 2008). Mahlmeister (2008) suggests that an increased collaboration of staff nurses and nursing students in maternal child settings can improve the quality of patient care and help to identify any concerns with the integration of students in this setting. Having mandatory maternal-child placements at this specific university increases the nursing students' exposure to

perinatal nurses. In-hospital clinical experiences with neonatal nursing allows students to gain unique access to complex care experiences that allow for deeper learning, such as, how to navigate emotions that emerge when caring for compromised neonates and their families (Barreira et al, 2022). Having students present in these complex care environments enhances their learning beyond theory and simulation-based learning (Barreira et al., 2022)

Statement of the Research Problem

As of December 2018, the university's department of nursing was notified by the hospital's clinical placement coordinator that second-year nursing student placements will no longer be accepted in the SCN effective as of January 1, 2019. Students in the maternal-child rotation will still be offered placement opportunities in labour and delivery, postpartum, and pediatrics. Additionally, student placements in the SCN will still be offered for fourth-year consolidation. With the current struggle to find clinical student placements, this change perpetuates the lack of available opportunities for nursing students at this university. It also has the potential to change the curriculum that previously included the theoretical knowledge to enhance clinical learning in the nursery environment. It would be useful to explore the decision-making process behind the loss of this clinical placement to prevent further loss of other clinical placements, and to foster the relationship between the university and teaching hospital. This research study aims to answer, "How did the Special Care Nursery decide to stop taking second-year nursing students for clinical placement?". This study will employ a case study approach. Merriam (1998) will inform the methodology as a theorist with expertise in case study research. Additionally, Leah Curtin's (2014) Model for Ethical Decision-Making in Management will be utilized as a framework for the study and to inform the semi-structured interview guide as she

outlines several key questions to consider when dealing with decision making in nursing management.

Purpose of the Research Study

This study will contribute to the current body of knowledge on the shortage of undergraduate nursing clinical placements, specifically in relation to the specialty area of perinatal nursing. There is a general lack of literature available on the topic of integrating nursing students into a special care nursery environment. Results of this study will help to develop a better understanding of how one hospital unit decided whether or not to provide nursing student placement opportunities. Additionally, this study will explore which factors contribute to a decision to cease nursing student placements. More research is needed to gain an understanding of what a specialty nursing site expects from nursing students in terms of competencies, skills, and knowledge, and what can hinder the relationship between a university's nursing program and the affiliated hospitals.

Significance of the Research Study

This specific university offers in-patient maternal-child placements that are guaranteed to all students. By losing the opportunity to have second-year nursing students in the SCN, this may limit the university's ability to place all students in the maternal child clinical area. Additionally, with the literature suggesting a continual decrease in the availability of undergraduate nursing student placements, it is crucial to understand the decision-making process so that the university does not lose additional placement opportunities. Understanding the decision-making process can allow for the exploration of who was involved with and who will be impacted by the loss of this clinical placement. This knowledge could be utilized to remedy the situation by allowing the opportunity to reflect on the choices made and formulating the appropriate actions or responses

to meet the needs of both the hospital and the university. Potential implications of this research are to maintain the partnership between the university and the teaching hospital, and to generate discussion that can mediate the current relationship between the university's nursing department and the SCN unit. By exploring contributing factors, this study may also be able to identify if any gaps exist in the theoretical and clinical knowledge of nursing students entering their maternal-child rotation. Without the foundational understanding of how the SCN decided to decline student placements, after historically having students placed there, the university's nursing program cannot begin to work towards the hopeful reintegration of student nurses into this specialty area.

Researcher Reflexivity

In qualitative research the term reflectivity is utilized to describe the process of self-examination, to allow the researcher to take ownership of their own perspective (Patton, 2015). This introspection enhances the authenticity and trustworthiness of research results by ensuring that the researcher acknowledges and remains conscious of their biases (Patton, 2015). Although researcher reflexivity is often integrated into the methods section of a report (Patton, 2015), I feel that it is important to acknowledge this earlier as I have extensive personal connections to this research topic. Being forthcoming about my positionality provides necessary context to the construction of this research. Additionally, Creswell (2007) outlines criteria for case study research and emphasizes the importance of the researcher being reflexive. First and foremost, I am currently employed as a Registered Nurse (RN) in this specific SCN unit. I have both a personal and professional relationship with all staff of the SCN, including management. I graduated from the Bachelor of Science in Nursing program in June of 2018 at the university discussed in this study. I also had student placements in this specific SCN in both my second and

fourth year of my undergraduate degree at the university. Without these experiences and my current position, it is probable that this research study would not have been developed.

Positionality. When I entered this nursing program, I thought that I wanted to specialize in pediatric nursing. A large influence in applying for this program was the guaranteed maternal-child placements, including a pediatric rotation. In my second year of the program, I began my clinical placement at this teaching hospital, rotating between the various woman and baby units. Each student in my clinical group was provided the opportunity to be placed in the SCN twice during the 12-week clinical practicum. It was on my first day of placement in the SCN that I discovered my clinical interest and passion for neonatal nursing. Following this opportunity, I wanted to further my interest by applying for a fourth-year consolidation placement in the SCN. I was fortunate enough to receive this placement, and this solidified my career path as a neonatal nurse. Immediately after graduation I was able to secure employment as an RN in this SCN. I feel strongly about the potential positive influence that the second year SCN placement has for undergraduate nursing students, as this was the first steppingstone to my nursing career. While it is evident from my personal experiences that I believe students should be placed in the SCN in their second year, the decision to cease placements arose a genuine curiosity in me. Due to my passion for this specialty area of nursing and for student engagement, I want to explore how the decision was made for the SCN to stop taking second-year nursing students. I have a desire to gain a better understanding of this decision-making process, with the hopes that second-year students will one-day be reintegrated into this unit for clinical placement. It is important to note that this decision was implemented during my first six months of employment, and I have no insight into the factors that contributed to this decision or how the decision was made.

To enhance the transparency of this research it is essential that I make aware my personal and professional connection to the potential study participants because I work as an RN in the SCN. However, my relationship with SCN staff is as a colleague and I am not in a position of authority, nor do I anticipate this to change during this study or afterwards. My goals for the completion of this thesis are not related to my position in the SCN. Although I am a staff member, I do not qualify for the participant role in this study as I became employed with the SCN in August of 2018, and the decision to cease placements was implemented in January of 2019. However, the SCN did not have second-year students between the months of August to December, as the maternal-child semester occurs in the second semester of the second year for these students (January-April). Therefore, I had not worked as a nurse in the unit when second-year students were present in the unit and am consequently excluded from being a potential participant for this study. This distinction further allows me to separate myself as a researcher from the participants. Patton (2015) acknowledges that a novice researcher, such as myself, may find it challenging to navigate the delicate relationship between the purpose of inquiry and the social drive for reciprocity in conversation. To circumvent this, I will be utilizing a semi-structured interview guide with the inclusion of probes (See Appendix A) to ensure that the focus of the interview remains on the inquiry. As noted by Holstein & Gubrium (1995), conducting research when you are familiar with participants can enhance the already present pressure to take a conversational approach to interviewing. Though this may be viewed as a potential limitation, this level of personal interaction is inevitable since meaning is socially constructed through the process of collaboration (Holstein & Gubrium, 1995). Patton (2015) also suggests that rigor of qualitative research can be improved when the researcher immerses themselves into the study, which is assumed considering my current role as an employee of the unit.

The following two chapters include a review of the literature and the study methodology. Chapter two, the literature review, includes an overview of the search strategy, the thematic analysis and the summary and implications of the available literature. Chapter three, the methodology, includes the study design, theoretical framework, decision-making model, data collection, data analysis, trustworthiness, and limitations.

Definitions of Key Terminology

1. **Special Care Nursery -** A SCN is a specialized inpatient hospital unit which provides cares for neonates that are deemed high-risk, including preterm infants or those with medical/surgical conditions (American Academy of Pediatrics, 2004). There are varying levels of nurseries which indicate the intensity of the care required, the increasing number corresponds with the increasing intensity (i.e. level three is more intensive care than level two) (American Academy of Pediatrics, 2004). The nursery in this study is level two.
2. **Neonate –** A neonate is a baby that is less than four weeks of age. The term neonate is also used synonymously with newborn (Mount Sinai, 2022).
3. **Perinatal –** The term perinatal refers to the time period during and following the birth of a child (National Institute of Mental Health, 2022).
4. **Undergraduate –** The terms undergraduate, bachelor’s and baccalaureate will be used synonymously for the purpose of this research. An undergraduate degree is the first level of education that can be attained at the university level (University of Guelph, 2018). Therefore, undergraduate nursing students are individuals obtaining a bachelor’s degree in nursing.
5. **Clinical Practicum –** The terms clinical practicum, clinical placement, clinical experience, and consolidation will be used synonymously for the purpose of this research.

Clinical practicum is the supervised experience in which nursing students are able to apply theoretical knowledge and experience/implement professional skills in a clinical setting (Phaneuf, 2016).

6. **Specialty Nursing –** Specialty nursing practice builds on the general base of nursing knowledge and preparation, focusing on a specific area of nursing where care is directed towards a defined population (Australian Nursing & Midwifery Federation, 2016). Specialist nurses have an expert depth of knowledge and skills relevant to their defined area of practice or population (ANMF, 2016).
7. **Acuity –** Acuity in emergency and critical care medicine refers to the severity of a patient's illness, and how much attention or care they will require from staff. Higher acuity means the patient is more ill and will have more healthcare demands. (Taber's Medical Dictionary, 2021).
8. **Code Pink –** A code pink is an emergency code utilized to notify staff in the hospital that there is an impending or actual pediatric emergency. Typically, this is indicative of a cardiac and/or respiratory arrest in a pediatric patient. A code pink neonatal distinguishes that the emergency is for a neonate, opposed to a child 17 or under. (North York General Hospital, 2019).
9. **Burnout** – Most often caused by issues in the workplace, burnout refers to emotional, mental, and physical exhaustion caused by continued stress. Burnout is often found in the healthcare environment due to unfavorable working conditions and consistent stress. (Psychology Today, 2022).

Chapter Two: Literature Review

This chapter will provide a review of the available literature on maternal-child clinical placements for undergraduate nursing students. An outline of the search strategy, a thematic analysis, and a summary with research implications is included.

Search Strategy

A review of the literature was conducted using a web-scale discovery tool, which allowed for the ability to search in multiple health, nursing and education databases simultaneously. The databases included in the search were CINAHL, MEDLINE, Education Source, ERIC, Research Starters, Academic Search Complete, JSTOR, and Web of Science. The search parameters included both individual studies and relevant literature reviews that were published in the English language. As the goal of the literature review is to gain a general understanding of neonatal nursing student clinical placements, no limitations were put on location or years of publication. The key terms used to conduct the search included (neonatal OR NICU OR nursery OR infant OR "maternal child") AND (placement OR practicum OR intern* OR clinical) AND (nurs* AND student) AND (prepar* OR barrier OR challenge) NOT (midi*) NOT (simulation). This search was conducted in collaboration with the expertise of the library liaison. The decision to include the terms (prepar* OR barrier OR challenge) was made due to the broad amount of unrelated literature found when conducting the search without "problem" terms. Additionally, the decision to exclude the term (midi*) was due to the high volume of literature that was specific to midwifery students, which have a different scope of practice from nursing students. Simulation was excluded as a search term, as simulation-based interventions are not equivalent to clinical practicums (Concordia University, 2021). While simulation may enhance learning, it cannot equate to hands-on clinical experience due to inability to suspend disbelief in all

simulation scenarios (Muckler, 2017). The decision to not include the term undergraduate in the search was due to the fact that this is predominantly a term utilized in Canadian education, and the search was not location specific. The combined total of search results from all databases yielded 254 articles. The web-scale discovery tool automatically excluded duplicates. The application Zotero was utilized to organize and store all article references and to review available abstracts for inclusion or exclusion. Literature was included if the abstracts discussed nursing student placements and the clinical area of maternal-child or neonatal care. All articles that did not meet the inclusion criteria were removed from my Zotero literature review collection. Articles were excluded if they only discussed other healthcare professions, such as medical residencies or midwifery placements, restricting the search to just nursing clinical experiences. The final analysis included five articles (see Appendix I). Within the search conducted, there was a lack of literature that spoke specifically to maternal-child/neonatal clinical experiences or placements for undergraduate nursing students.

Thematic Analysis

The five articles that met the inclusion criteria were reviewed, and a thematic analysis was conducted. Aurilio and O'Dell's (2010) article was research based, while the other four articles were anecdotal. Although this was not a true qualitative thematic analysis due to the lack of a philosophical approach (Patton, 2015), patterns were identified within the literature that spoke to the research topic at hand; being neonatal/maternal-child nursing student placements. Based on this analysis, the following themes were identified: (1) lack of placement opportunities, (2) a community-based approach, and (3) acuity demands. These themes will be further explored in a review of the literature below.

Lack of Placement Opportunities. Aurilio and O'Dell (2010), Drake (2016) and Zentz, Brown, Schmidt, and Alverson (2009) reflect similar concerns regarding the increasing inability to secure undergraduate nursing clinical placements in maternal-child health. According to Aurilio and O'Dell (2010), the nursing shortage crisis has led to the demand for increased enrollment in nursing colleges and universities. However, this demand is met with issues surrounding available educational resources, specifically the availability of clinical placement experiences (Aurilio & O'Dell, 2010). This is echoed by Zentz et al. (2009) as they suggest that a contributing factor to the lack of maternal-child clinical placements includes the large number of students in nursing programs. Zentz et al. (2009) focus on the lack of clinical exposure that nursing students have to the healthy process of pregnancy in maternal-child rotations. Undergraduate maternal-child courses are wellness focused, which makes it essential that students have clinical exposure to the process of healthy childbearing (Aurilio and O'Dell, 2010). Aurilio and O'Dell (2010) suggest that competition from multidisciplinary healthcare programs and the increasing number of institutions that offer a nursing program contribute to the lack of placement opportunities, especially for inpatient sites. Drake (2016) also attributes a multidisciplinary approach as a potential clinical placement barrier, as maternal-child units offer placements to a large number of students across a variety of disciplines. This means that a variety of healthcare workers are competing for the same placement opportunities, which can limit the availability of nursing student practicums (Drake, 2016). Inpatient maternal-child placements are of even greater concern due to the limited hospital sites which have women and baby units, and further, these units take up a very small portion of the overall hospital census (Aurilio & O'Dell, 2010). Drake (2016) suggests that due to the small size of these units, the availability of specialized clinical faculty with expertise in maternal-child health may be limited.

This will further constrict the availability of placement opportunities as students must work alongside these faculty (Drake, 2016). Due to the current concerns for limited placement opportunities in maternal-child nursing, Drake (2016), Aurilio and O'Dell (2010) and Zentz et al. (2009) all suggest alternatives to inpatient perinatal clinical placement. Regardless of these concerns, they all emphasize the importance of continuing to provide accompanying clinical placements to solidify the knowledge gained through the maternal-child health component of the nursing curriculum.

A Community-Based Solution. Due to the evidence amongst the literature that suggests a crisis for securing nursing placements in inpatient maternal-child health, a community-based solution is recommended (Aurilio & O'Dell, 2010; Bodo, Griggs, Kerrins, & Quarles, 1984; Drake, 2016; Zentz et al., 2009). Aurilio & O'Dell (2010) suggest that although inpatient women and baby units can reinforce education content through clinical opportunities, there are a variety of community placements that are underutilized which can offer similar educational benefits. Aurilio & O'Dell (2010) endorse the collaboration of both inpatient and community maternal-health agencies to be able to provide experiences that meet the diverse learning needs of undergraduate nursing students. Expanding the traditional clinical experience of hospital nursing for maternal-child education can broaden the number of opportunities available in this specialty area, and potentially address the clinical placement shortage (Aurilio & O'Dell, 2010). Specific community areas, relevant to the nursing scope of practice, that could better integrate nursing students include women's health clinics, home visits with public health nurses, perinatology high-risk offices, sexual health clinics, advanced nursing practice settings (i.e. nurse practitioner clinics), and prenatal public health clinics (Aurilio & O'Dell, 2010). An additional experience that could still provide educational benefits for nursing students includes providing placement

opportunities in midwifery clinics, as nurses and midwives often work collaboratively in the care of women and newborns (Aurilio & O'Dell, 2010; Drake, 2016). Similarly, Drake (2016) advises that educational institutions need to develop and maintain creative methods of delivering maternal-child education within nursing programs due to the many barriers for inpatient placement opportunities. Community-based collaboration could address this concern by expanding clinical settings for nursing students (Drake, 2016). Drake also recommends the integration of nursing students into "outpatient clinic sites, health departments, and community home visits" (p. 181). As an added benefit, these placement opportunities provide a more diverse understanding of nursing roles and responsibilities, while still providing practical opportunities to apply theoretical knowledge from maternal-child courses (Drake, 2016). Other clinical areas that Drake (2016) suggests could provide meaningful perinatal nursing experience include working with lactation consultants, school nurses, in women's shelters, and in women's prisons. An additional advantage to these unique placement opportunities is the convenience of a flexible schedule, as opposed to inpatient nursing, which can further increase placement availability and reduce overcrowding by nursing students (Drake, 2016).

According to Bodo et al. (1984), maternal-child clinical education is predominantly experienced in three sectors which include short-term inpatient hospital experience (labour and delivery), nursery experience for extended neonatal care, and postpartum follow-up. This article addresses the need to provide experiences in all sectors to increase student knowledge and skill in this specialty area, however, these placements opportunities must first be available to all students (Bodo et al., 1984); "…a school cannot give a particular experience unless the clinical resources are available for giving it" (Pfefferkorn, 1935, p. 162). As a potential avenue to expand clinical opportunities, Bodo et al. (1984) created an educational intervention for undergraduate

nursing students. This intervention was the development of prepared childbirth classes, which allowed students the opportunity to better collaborate with the community to improve their perinatal education (Bodo et al., 1984). This allowed nursing students to experience each sector as they followed a client couple through the third trimester of pregnancy, the labor, and the postpartum period (Bodo et al., 1984). Not only did this educational experience provide additional clinical opportunities in this specialty field, but the intervention also showed improved patient outcomes in terms of continuity and satisfaction with care (Bodo et al., 1984). The research conducted by Bodo et al. (1984) provides a potential avenue to address the placement shortage, while simultaneously enhancing community collaboration with university nursing education.

Another innovative approach addressing the demand for nursing placements, Zentz et al. (2009) describe nursing students gaining maternal-child clinical experience through “Prenatal Showers” at Valparaiso University in the United States. This intervention involved undergraduate nursing students using the setting of a baby shower to provide maternal-child health related education to prenatal clients in the community (Zentz et al., 2009). The specific content provided during these student presentations was determined in collaboration with community partners and was tailored to the specific learning needs of the community in which the “baby shower” was being offered. These prenatal showers were offered as part of the maternal-child clinical experience for undergraduate nursing students. There was a direct benefit of this intervention for prenatal clients in the community, as they were able to access necessary health information from a reliable source. It also helped to promote the role of the community-nurse as a potential source of health information for these clients. This learning was reciprocal, as it allowed student nurses to apply the theoretical knowledge gained in their maternal-child

courses. Another important benefit of the prenatal showers was that the faculty implementing this intervention developed strong partnerships with community resources, which can enhance the availability and accessibility of clinical placements for nursing students (Zentz et al., 2009). Although offering community-based clinical placements may be an alternative to inpatient units, there are still other concerns regarding the current climate of the healthcare setting that could impact the integration of student nurses into maternal-child units.

Acuity Demands. The evolving healthcare environment and the increasing demands and acuity of maternal-child nursing are contributing factors to the lack of placement opportunities for undergraduate nursing students in this specialty area (Beal, Karshmer, & Lambton, 2012; Drake, 2016). Beal et al. (2012) looked at the ethical considerations of integrating undergraduate nursing students into high-risk healthcare areas such as maternal-child nursing. Both the benefits and drawbacks of maternal-child clinical placements are considered, with a specific focus on the vulnerability of the newborn population that cannot speak for the care being provided (Beal et al., 2012). While Beal et al. (2012) suggest that the integration of maternal-child theory is necessary to the undergraduate curriculum, they bring forward concerns for nursing care regarding patient safety for clinical placements where these patients can become “victims of error in the hands of a novice learner” (p. 359). Beal et al. (2012) acknowledge the importance of providing nursing students with the opportunity to operationalize acquired knowledge with hands-on clinical practice. Additionally, they suggest that the maternal-child rotation provides a unique opportunity for students to experience family-centered care as this is the only placement which ensures family collaboration (Beal et al., 2012). Beal et al. (2012) identify this as pivotal learning, as family-centered care is a fundamental component of intradisciplinary practice and a key aspect of quality nursing care. Although this setting can provide essential learning

experiences for student nurses, Beal et al. (2012) suggest that this be achieved in novel ways that do not involve direct client care. The primary concern is that the high acuity of this clinical area may demand a higher level of technical skill than the theoretical portion of maternal-child courses has prepared them for (Beal et al., 2012). When there is a disconnect between course learning and clinical demands, patient safety is at risk (Beal et al., 2012). In an adult setting, this may be permissible as patients can be more actively involved in their care (Beal et al., 2012). However, when dealing with the complicated care of pediatric and neonatal patients, they are extremely vulnerable to error (Beal et al., 2012). Beal et al. (2012) recommend the development of innovative teaching methodologies to replace the current practice of providing inpatient maternal-child clinical experiences, as there is an increasing complexity in this patient setting and a higher potential for medical error. We must be vigilant when caring for these vulnerable patients, "…and they are not commodities to be used as conveniences for training" (Beal et al., 2012, p. 359).

Drake (2016) reflects these concerns for patient safety, suggesting that maternal-child nursing education is evolving, and this clinical specialty demands a solid skill and knowledge base in a wide variety of subjects. Maternal-child clinical rotations provide students with exposure to not only on the healthy process of childbirth, but also to complicated pregnancies and critically ill newborns (Drake, 2016). The complexity of the care provided in this specialty area increases the likelihood that students will be exposed to social, legal, and ethical issues that may be challenging to a novice nurse (Drake, 2016). Although Beal et al. (2012) and Drake (2016) acknowledge the many learning opportunities available in this clinical unit, they both suggest that this is accompanied by unique liability issues. Similar to other intensive care areas, students require diligent supervision in maternal-child placements due to the fragility and acuity

of patients, especially newborns (Drake, 2016). Nurses are faced with the challenging task of providing educational opportunities to develop both clinical and critical thinking skills, while focusing on safe patient care (Drake, 2016). This balance of acuity, education and safety can be a stressor to nurses acting as educators, and can contribute to work-related pressure (Drake, 2016). Although this literature presents patient safety concerns that may seem insurmountable, Beal et al. (2012) and Drake (2016) identify innovative methods to providing maternal-child experience that negate these concerns; including the advantages of community collaboration as previously discussed. Additionally, Beal et al. (2012) and Drake (2016) suggest that though this clinical area creates a multitude of challenges for novice nurses, it should remain a component of all undergraduate nursing curriculums due to the unique learning opportunities it provides.

Summary and Implications

From an examination of the available literature on maternal-child clinical placements for undergraduate nursing students, it is apparent that clinical practicum opportunities are becoming limited (Aurilio & O’Dell, 2010; Drake, 2016; Zentz et al., 2009). There are several factors that contribute to the declining availability of these clinical placement opportunities. One of the biggest factors is the current nursing shortage crisis, which decreases the number of available preceptors to act as mentors for students in this clinical area (Aurilio & O’Dell, 2010; Zentz et al., 2009). This crisis also leads to demands for increased enrollment into nursing programs, which perpetuates maternal-child placement shortages by increasing competition amongst universities and amongst students who have an interest in this area of nursing (Aurilio & O’Del1, 2010; Zentz et al., 2009). Though there are many benefits of taking a multidisciplinary approach to maternal-child healthcare, competition from other health sectors also limits the ability of nursing students to gain access to this clinical specialty (Aurilio & O’Dell, 2010; Drake, 2016).

The high acuity of this nursing specialty poses safety concerns for patient care when integrating student learners for clinical experience and may cause institutions to be warry of or to limit student access to this vulnerable demographic (Beal et al., 2012; Drake, 2016). There are also physical constraints to the availability of these clinical opportunities since maternal-child units are not present in all hospitals, and these units are often small in comparison to the overall hospital population (Drake, 2016). Much of these concerns are focused on the inpatient maternal-child clinical setting.

Despite the current barriers to accessing maternal-child clinical placements, the integration of knowledge for this population is a crucial component of the undergraduate nursing curriculum (Aurilio & O'Dell, 2010; Beal et a., 2012; Bodo et al., 1984; Drake, 2016; Zentz et al., 2009). This sector of healthcare provides unique opportunities for students to engage in family-centered nursing and fosters a dynamic opportunity to practice holistic nursing to improve the overall quality of the care they provide (Beal et al., 2012; Drake, 2016). Though the literature supports the historical implementation of nursing education, where theory and practice align to solidify student understanding, concerns of limited maternal-child placement opportunities and the increasing acuity mandate innovative methods to facilitate this integration. Unlike other articles, Beal et al. (2012) suggest that the risks of having students in inpatient maternal-child care outweigh the benefits to these placements and that is unethical and unsafe to continue offering such placement opportunities. In light of these concerns, a community-based approach to maternal-child clinical education offers a potential solution (Aurilio & O'Dell, 2010; Beal et al., 2012; Bodo et al., 1984; Drake, 2016; Zentz et al., 2009). Several community health sectors work directly with women and babies, including the provision of nursing specific care (Aurilio & O'Dell, 2010; Drake, 2016). Undergraduate nursing students could be better integrated into the

community setting, which can increase maternal-child placement opportunities and facilitate the relationship nurses have with their community by identifying them as a valuable health resource (Aurilio & O'Dell, 2010; Drake, 2016). Shifting the focus of maternal-child placements from inpatient care to community-based care can alleviate several of the current concerns for the integration of undergraduate nursing students into this sector, including the number of opportunities available and the changing acuity of care (Aurilio & O'Dell, 2010; Bodo et al., 1984; Drake, 2016; Zentz et al., 2009).

The literature supports that the issue of securing maternal-child placements for nursing students is of increasing concern, and that this is not just unit-specific as these articles come from several locations worldwide. There is a need to further explore this phenomenon to be able to intervene or prevent the loss of clinical placement opportunities, with an emphasis on already-limited specialty nursing areas. A lack of clinical opportunities not only effects the quality of education provided to nurses, but it has potential ramifications for the quality of nursing care provided to patients as nursing is a practice-based profession. Although this literature speaks to student placements in maternal-child nursing, there is limited literature available that is specific to neonatal nursing and even less-so for the area neonatal care. Amongst all the literature reviewed, there was no discussion surrounding how nursing facilities decide whether to provide student placement opportunities. Additionally, there was no literature available on the loss of student placements. To be able to secure, maintain or reintegrate nursing student placements in specialty areas such as neonatal care, this decision-making process must be understood. This research study attempts to bridge the gaps in knowledge about how nursing student placement opportunities are created, as well as how decisions are made to revoke placement opportunities for undergraduate nursing students, with a specific focus in neonatal care.

Decision-Making Model

Four frameworks/models were considered for this research including: the College of Nurses of Ontario (CNO) (2018) Ethics Practice Standard, the CNO (2018) Decisions about Procedures and Authority Practice Standard, Wales and Nardi's (1984) Professional Decision-Making Process, and Curtin's (2014) Model for Ethical Decision-Making in Management. The CNO practice standards discuss the process of decision making for the clinical setting pertaining to direct patient care. Although the decision to not offer second-year student placements will influence the clinical setting in terms of who is delivering patient care, this study aims to understand the contributing factors for this choice and what the process was prior to implementing this change. Although both practice standards may be relevant to the impact this decision has on the unit, it does not speak directly to the research question at hand. Wales and Nardi's (1984) model require there to be a specific outcome or goal to be reached based on the decision at hand, however, this is not appropriate for the research question because the decision to stop providing second-year student placements in the SCN was not the goal or expectant outcome for the hospital or the university. Curtin's (2014) model explores ethical considerations in managerial decision-making in nursing. Curtin (2014) incorporates important ethical considerations in the collaborative process of generating change in a clinical setting for nurses practicing in either a clinical or administrative role. This model is appropriate because it is nursing-specific, and the interviewees in this study will come from a variety of nursing roles. Additionally, the goal of this study is focused on the process decision-making in nursing about clinical placements in the special care nursery.

Model for Ethical Decision-Making in Management. Curtin's (2014) decision-making model was utilized in the development of the semi-structured interview guide to explore the

process of how the SCN decided to stop offering second-year nursing student placements. Curtin (2014) recognizes the different priorities that a nurse might have in an administrative role compared to a clinical nurse. While nurses in either role have the ultimate goal of delivering compassionate, efficient and effective nursing care, a nursing administrator strives for this at an institutional level, while a clinical nurse focuses on this for a patient or a group of patients (Curtin, 2014). Due to these differences in focus, conflict can arise in decision-making, especially if authority and legitimacy of each role is not acknowledged (Curtin, 2014). The authority of each role could lead to conflict if those involved are not sure who is responsible for or in charge of making decisions at different levels (Curtin, 2014). Additionally, if the legitimacy is not acknowledged, individuals may feel that their role is unclear with regards to decision-making and their level of involvement in decisions can also be a point of contingency leading to conflict (Curtin, 2014). Curtin (2014) provides examples of questions that a nurse manager should consider when facing an ethical dilemma or a conflict, which are further explored in chapter three under Curtin's Questions for Decision-Making.

Chapter Three: Methodology

This qualitative case study aimed to gain an understanding of how the SCN arrived at the decision to stop taking second-year nursing students for clinical placement. This chapter will provide details of the methodology of this study, specifically, the case study design, using the theorist Sharan B. Merriam to frame the research, the process of data collection, and the data analysis.

Study Design

The research question for this study is "How did the Special Care Nursery decide to stop taking second-year nursing students for clinical placement?". Case study research is the most appropriate qualitative approach to the inquiry and to address this research question. The aim of this research was to explore, in-depth, a single case of the phenomenon of decision making to limit clinical placements in neonatal nursing (Creswell, 2007). Research questions in case study aim to help inform the overall research problem (Creswell, 2007). In case study research, an issue or problem is explored in-depth, using multiple sources of information with clear boundaries surrounding the case (Creswell, 2007). In terms of the type of qualitative case study, this was an intrinsic case study because the focus of the research was on the case itself; being how a teaching hospital in southern Ontario decided to stop providing clinical placement opportunities in the SCN to second-year nursing students at a nearby university. A key feature of case study research is that it is bound, by both time and place (Creswell, 2007; Patton, 2015). This case study was bound by time as this decision occurred within a specific time frame. This case was also bound by place as this event occurred in a specific hospital, as it is the only hospital in the region that offers maternal-child care. Placement opportunities for the second-year students are still available in other sectors of the maternal-child area, but not in the SCN, which

further binds this as a case. This makes intrinsic case study an appropriate methodological approach for this qualitative study (Creswell, 2007; Patton, 2015). Furthermore, Merriam (1998) denotes that case study research focuses on process as opposed to outcomes, which was true of this study as the goal was not to understand the implications of losing this placement opportunity, but to understand how this decision was made.

Theoretical Framework

As noted by Creswell (2007), Merriam is a well-recognized theorist in the realm of case study research therefore was utilized to guide the methodology of this case study. The delimitation of the object of study, known as the case, is the single most defining characteristic of this methodology (Merriam, 1998). One method of determining if a research study is a case is to consider how many individuals could be interviewed or observed based on the research question at hand; if this number is infinite, is it not bound to a case (Merriam, 1998). To affirm that case study is the appropriate methodology for this research question, the number of people available for interviewing to answer this research question was explored and determined to be limited due to the specificity of the hospital being examined and the nursing unit (SCN). "How" questions are of a distinct advantage to being qualified as case study research (Merriam, 1998), and this research question aimed to understand the "how" of decision making for SCN student placements. Merriam is a pivotal theorist for case study research and provides insight into the design, data collection, and data analysis for case study research (Creswell, 2007), which provided guidance for the methodology of this intrinsic single case study.

Curtin's Questions for Decision-Making

Curtin (2014) recommends that nurses in a management position should consider six questions when attempting to address a conflict or when faced with ethical dilemmas. These

questions informed the development of the semi-structured interview guide (See Appendix A) that explored the decision-making process behind the loss of second-year clinical placements at both a clinical and managerial level. The first question is "What is going on here?" (p.3), which intends to identify factual information about the issue, and to prioritize and provide rationale for which needs are the greatest (Curtin, 2014). This was reflected by asking participants about their knowledge and understanding of the situation regarding second-year students in the SCN. The second question, "What criteria should be used to make this decision?" (p. 3), allows the nurse manager to examine if the problem is nursing, administration, or policy-based (Curtin, 2014). This question was adapted to explore who was involved in making this decision, and at what level these decisions happened (i.e. nursing issue, systems issue, management issue, etc.). The third question is "In this particular instance, who is best qualified to make a decision?" (p. 3), which can include examining the roles of all members of the unit (Curtin, 2014). This question allowed for the exploration of who the interviewee felt should be involved in the decision-making process, as well as identifying who was involved in making this decision. The fourth question helps to determine if the decision should be made individually or collectively, which is "Is this decision, in fact, a group decision?" (p. 3). This question helped to identify key informants and explore collaboration in decision-making. This was explored by asking participants about typical decision-making practices on the unit, and how this specific decision-making process compared to what. The fifth question examines who is affected by the decision, and if anyone will benefit or pay an expense for the decision; "Who should benefit the most from a particular decision: patients, staff, families and the institution?" (p. 3). This allowed for the exploration of the perceived impact and outcomes that this decision will have, as well as who is impacted by the decision being made. Lastly, nursing administrators should both ask and answer,

"How should the decision be implemented?" (p. 3). This question was used to gain insight into how informants thought the decision should be implemented and how they feel about the way it was implemented, including recommendations for decision-making. Curtin (2014) acknowledges that though power differentials exist amongst decision-making authorities, an individual cannot be the sole decision-maker if the issue at hand affects others. It was evident that this decision may impact a variety of individuals in different ways.

Data Collection

In qualitative case studies three data collection techniques are frequently employed, which include interviews, observation and analyzing documents (Merriam, 1998). As case study researchers must understand the totality of the case, this necessitates a deep and extensive data collection process (Merriam, 1998). Creswell (2007) echoes this suggesting that case study research uses multiple sources for data collection. This is often referred to as the process of data triangulation, which can enhance trustworthiness of research findings (Patton, 2015). This research study included the use of semi-structured interviews of key informants and field notes taken during the interview process. In addition, fieldnotes were written immediately following each interview, where the primary researcher listened to the audio recordings and recorded reflective notes about meaning derived from the data (Patton, 2015). There were no documents produced by participants to allow for the review of placement coordination agreements, discussion surrounding this decision, or the history of student placements in the SCN. However, the hospital system's strategic plan, mission and vision statements, and the webpage were reviewed as relevant documents. The decision was made to exclude observation as a form of data collection as the primary researcher works in the SCN, which would produce observer bias due to the prior knowledge of the environment and pre-existing professional relationship dynamics

(Patton, 2015). In case study research, data collection techniques are often interactive (Merriam, 1998), which was reflected as the semi-structured interview guide was adapted as responses evoked further inquiry, and new findings sparked discussion and elaboration. The use of various forms of data collection allows for triangulation, and the data analysis utilized triangulation to further the trustworthiness of the research (Patton, 2015).

Interviews. Data collection included semi-structured interviews with a total of 12 participants. Interviews lasted approximately 25-40 minutes in length. Merriam (1998) recommended the use of semi-structured interviews in qualitative case study research as it allows the researcher to explore the issue at hand, while simultaneously allowing the participants to expand upon and introduce new ideas on the topic of discussion. As noted by Merriam (1998), too much structure in a qualitative interview does not allow the researcher to access participants' perspectives and too little structure does not provide enough context to make connections from the information obtained through the interview. Merriam (1998) recommended against the use of multiple-level questions, leading questions, and yes-or-no questions; therefore, these were not utilized in the interview guide for this research. Since the interviews were semi-structured, the interview guide contained both content and context specific questions and open-ended questions (Merriam, 1998). As a novice researcher, Merriam (1998) recommended using an interview guide to help provide structure and facilitate the flow of the interviews. Additionally, the use of probing statements were used in the semi-structured interviews to improve the quality and amount of information the researcher gained about the topic (Merriam, 2018). The interview guide for the semi-structured interviews was developed based on these recommendations made by Merriam (1998) and Curtin's (2014) Model for Decision Making. The interviews were audio recorded, which ensured the preservation of everything that was said and provided an

opportunity to reflect on and improve questioning techniques (Merriam, 1998). Fieldnotes were also taken, via pen and paper, during the interviews to record brief reactions and to denote the importance of what was being said (Merriam, 1998). These fieldnotes also served as prompts to ask additional questions based on participant responses. Shorthand was utilized when taking fieldnotes to limit the loss of specificity and detail while remaining unobtrusive to the research participant (Merriam, 1998). Memoing was done immediately following interviews by listening to the audio recordings of the interviews and writing down meaning derived from the discussion. Verbatim transcriptions of the interviews were produced, as Merriam (1998) suggests that this is the best record for analysis.

Documents. Merriam (1998) suggests that documents are often not produced for the purpose of the research at hand but may provide unique insight to understanding the research question which serves as a key benefit to the research study. According to Merriam (1998) documents include anything in existence prior to the current research, which can include public records, online data, personal documents, and physical material. The first step to document analysis was determining which materials were relevant to the research at hand (Merriam, 1998), meaning it was determined which resources may be valuable to answering how the SCN decided to stop taking second-year nursing students. Documents that may speak to the research question at hand included previous contracts for clinical placement between the hospital and the university, and any reports related to experiences having students in the SCN. Participants were asked if they had access to any of these documents, and if they would be willing to share them with the primary researcher. Unfortunately, no participants had access to any documents that were deemed relevant to the research question. Additionally, the clinical placement coordinator who would have kept these documents had recently retired prior to the start of this research study

and the new coordinator did not have access to these. Attempts were made to contact the previous coordinator via email; however, this was unsuccessful. The inability to access relevant documents from participants will be discussed further in limitations. Since participants were unable to provide relevant documents, publicly available information and documents were analyzed for relevance to the research question and three forms of documents were included in this research. This included the hospital's 10-year strategic plan, mission and vision statements, and the hospital's webpage. As the hospital asserts to be a teaching and learning facility, these documents were important to examine and were utilized to explore how and if the hospital's loss of this clinical placement aligned with their goals, plans, mission, and vision.

Sampling. Purposeful sampling is the most appropriate method of sampling in qualitative case study research (Merriam, 1998). Due to the specificity of the case and how it is bound, researchers must select a sample that can provide the information to answer the research question (Merriam, 1998). In purposeful sampling, essential attributes must be selected to establish criteria to determine if someone can provide insight to the research question (Merriam, 1998). There are typically two levels to sampling in case study research, which include identifying the overall case being studied, and then conducting purposeful sampling within that case (Merriam, 1998). The criteria for the case study included having had some level of professional interaction with second-year students in the SCN, as the case study is focused on placement opportunities specific to this student demographic and location. Therefore, the first level of the "case" included all employees of the SCN. In terms of a within-case sample, this was determined prior to the initiation of data collection (Merriam, 1998). Based on my position as an employee of this SCN, I had a unique insight into valuable informants for this research study. The within-case sample included nursing staff (both advanced care and RNs), nursing educators, clinical placement

coordinators, management, and directors of the SCN or children's health department. The number of participants in the final sample was determined based on data saturation and redundancy, as well as sampling saturation (Merriam, 1998). The sample was considered saturated when no new information was being produced by data collection, and there was a redundancy which allowed for the sampling to be terminated (Merriam, 1998). Merriam (1998) suggests that a proposal should include a minimum sample size based on the expected coverage of the phenomenon. Since there is a general deficiency of knowledge on this phenomenon, as evidenced by the lack of available literature on decision-making processes for clinical placements in neonatal nursing care, any new data was considered relatively novel. However, based on the variety of occupations available for potential informants, and the need to represent multiple perspectives within the same profession (i.e. interviewing more than one nurse), it was determined that an appropriate minimum sample size be 8-10 participants. Additionally, case study research focuses on the depth and breadth of data collection and not necessarily the volume of participants (Merriam, 1998).

Snowball sampling was also used for this study in which interviewees were asked for any contacts who can provide perspectives on the inquiry (Patton, 2015). This was useful to create a chain of interviewees amongst people who are good sources of information, such as those within the SCN unit. The total number of participants included in this study was 12. These participants included staff nurses (both advanced and RN), the unit manager, educator, director, and clinical placement coordinator.

Inclusion and Exclusion Criteria. Based on the first level of sampling, participants had to be current employees of the SCN unit or act as a member of the interdisciplinary team. The participant could have a clinical, education or management-based position related to the SCN.

The primary assumption of this research is that the participants would have had some level of interaction with second-year nursing students in the SCN. This interaction may be direct, in terms of nursing staff acting as student mentors/educators, or indirect in terms of organizing or coordinating clinical placement contracts. Staff members with no prior interaction with second-year students were be excluded from the study. Participants must have experienced this change for the first time in the SCN as of January 2019, meaning all participants would have been hired prior to 2019. In addition, participants had to be English speaking. Participation was voluntary and offered to all individuals included in the within-case sample.

Participant Recruitment. Recruitment of participants was carried out by the primary researcher. Strategies to recruit participants into the study included posters placed in the SCN unit behind the nursing station, unit wide emails to SCN staff announcing the study and inviting participants, and verbal invitations to participate. Unit wide emails were accessed using the primary investigator's hospital-based email account, which had access to all staff in the SCN. Permission was granted for these recruitment techniques by the unit manager, director, and the Quality and Patient Safety Specialist and Patient Relations Specialist for the hospital site. Interviewees were asked for potential contacts that could provide relevant insight during the interviews. Interested participants contacted the researcher via email or phone, as well as in person, because the primary investigator works in the SCN and was accessible to SCN staff. Recruitment began as soon as the study received ethics clearance from the university and was ongoing until the sample had been exhausted and data saturation was achieved. This research study was exempt from requiring ethics clearance through the Hamilton Integrated Research Ethics Board as it was deemed an assessment of program revisions within a local curriculum (See Appendix F). As an honorarium, participants of the study received a $10.00 Tim Horton's

gift card in appreciation of their time and contributions to the research following the interview process.

Data Analysis

According to Merriam (1998) data analysis and data collection are simultaneous activities in qualitative research. The first interview, observation, or document mark the beginning of qualitative data analysis (Merriam, 1998).

Data Management. A crucial component of effectively analyzing qualitative data is having a system or method for organizing and managing the data early in the research (Merriam, 1998). The qualitative software NVivo was used to store and organize all data collected, including the verbatim transcripts, field notes, documents, and memos. This allowed for organization of the data in a way that eased the process of coding data during analysis. First, coding for anonymity was done to remove any identifying information from transcripts and audio recordings by providing them with numerical identifiers.

Once the anonymous data was inputted into NVivo, the coding of the data for analysis began. All electronic data was stored on the primary researcher's computer which had a secure network system with a firewall in place and is password protected. Any hard copy data was secured in a locked file cabinet in the research supervisor's office at the university and was only accessible by the research team. Collected data will be stored for a minimum of 5 years in accordance with the TCPS 2: CORE guidelines, and then it will be permanently deleted, and all hard copies will be shredded in a locked and secured shredder.

Case Study Analysis. The most critical component of data analysis in case study research is demonstrating an understanding of the case (Merriam, 1998). This means that the analysis must include a rich description of how the case is bound (Merriam, 1998), which

included specifics of the SCN and descriptions the roles of those that were directly involved with second-year nursing students on the unit. The timeframe for the decision must also be described. The researcher is attempting to gain an understanding of behavior, issues, and contexts in relation to the particular case (Merriam, 1998). This means that the researcher must be reflective during analysis and question significance to determine patterns through the interpretation of the data (Merriam, 1998), which was done during this analysis of this study. This thematic analysis was conducted using a holistic method to analyze the entirety of the case (Yin, 2003). As noted by Merriam (1998) case study research follows basic strategies for qualitative analysis, with emphasis on the fact that it is the case that the reader is trying to understand through the analysis. It is a challenge to the researcher to take the various forms of data collected, and make sense of it all (Merriam, 1998). In accordance with Merriam (1998), all forms of data collection were amalgamated to create a narrative description of the phenomenon of study. The information was sorted into a case study data base, where the data was edited for redundancies and connections in data were linked together (Merriam, 1998). Then, a thematic analysis of the organized case data was conducted to identify any patterns using a systematic approach of constant comparative method and category construction (Merriam, 1998). Constant comparative method involves the comparison of one segment of data to another to assess for similarities and differences, then these data are grouped together to form a category (Merriam, 1998). Between these categories, constant comparison was repeated until theory could be formulated from the abstraction of comparisons (Merriam, 1998). In this study, constant comparison was done between interviews and between categories, doing exactly as the name suggests; constantly comparing data (Merriam, 1998). The researcher reviewed and analyzed each transcript, fieldnote, and document individually, and in comparison, with one another to identify theory or meaning that could be

generated from the findings (Merriam, 1998). From this comparison, patterns were identified which are known as themes (Merriam, 1998). These themes were labelled to denote significant concepts that emerged from the case study and speak to the emerging theory regarding the research question at hand (Merriam, 1998). These themes were further explored in relation to the decision-making process to stop providing placement opportunities to second-year nursing students in the SCN.

Coding Data for Analysis. Merriam (1998) states that the process of making meaning is done through data analysis in which the data is consolidated, reduced, and interpreted based on what is said by participants in interviews and what is observed by the researcher. The first level of analysis was a descriptive account, which involved determining what would be included or excluded from the data (Merriam, 1998). This step was done by organizing all pertinent sources of data into NVivo (transcripts, fieldnotes, documents, and memos). The second level of analysis was constructing categories or themes that captured recurring patterns in the data (Merriam, 1998). These categories or themes emerged from the data itself (Merriam, 1998). Constant comparative method was used to identify categories and subcategories by conducting a constant comparison between data sources to look for commonalities which were grouped together and coded as a unit of data; this is category construction which is a form of data analysis (Merriam, 1998).

The construction of these categories was done by reading the first transcript, field notes, documents, and memos collected, then coding any data that seemed relevant to the research question (Merriam, 1998). After going through the entire data source, the codes were reviewed to identify any patterns (Merriam, 1998). This process was repeated for each source of data. While reviewing each new data source, the comments made from all previous analyses were compared

to identify recurrence, which then became the themes from the data (Merriam, 1998). Merriam (1998) recommends naming the themes based on either the researcher, the participant, or the available literature; keeping in mind that themes should be reflective of the purpose of the research. To move from codes to themes and to make sense of the data at hand, constant comparison was again used between codes for an iterative process of identifying commonalities amongst codes (Merriam, 1998). The codes were a description of what was being said by the data, while the themes were an interpretation of what this meant in relation to the research question. The themes were refined by evaluating how the data supports the theme as an individual concept that is separate from other patterns in the data, as well as what the theme says about the research question (Merriam, 1998). Intercoder reliability was also utilized by asking those on the research committee, namely the supervisor, to look at the data and determine if coding captured the same concepts (Merriam, 1998). Intercoder reliability produced similar results and the codes and themes were agreed upon as a team, meaning that the data told them what it told me. Once the themes were identified, the data sources were reviewed again to further categorize any relevant units of information into these themes (Merriam, 1998). The name given to the groups of data within a theme is known as coding the data, which was useful for data retrieval and organization (Merriam, 1998). These constructed themes informed the development of theory from the data, that is, what the data says about the research question (Merriam, 1998). These insights were further explored in the discussion section of this thesis. Merriam's (1998) process of analysis was utilized to identify themes from the interview transcripts, field notes, documents, and memos that speak to the purpose of the inquiry. These themes were then analyzed to derive meaning from the data that was used to answer the research question. These are discussed in detail in chapter 4.

Enhancing Quality and Credibility

Patton (2015) suggests that the trustworthiness of findings and interpretations is heavily dependent on the researcher's level of engagement with their data. There are four components of qualitative research that can be evaluated to determine the quality and trustworthiness of study findings which include credibility, transferability, dependability, and confirmability (Patton, 2015). Credibility refers to the degree to which the study results are representative of the participant's perspectives, meaning that it seeks to establish clear links between the research study findings and the data collected (Patton, 2015). Triangulation of data sources contributes to the credibility of the research findings as it ensures that the data collection was robust and comprehensive by utilizing multiple sources of data to gain a stronger understanding of the issue at hand (Patton, 2015). Data triangulation was a significant component of this research study design as data collection included a variety of data sources; interviews, fieldnotes, and documents. Another method used to improve credibility was inter-rater researcher reliability by reviewing the data and themes with the principal investigator. The primary researcher and principal investigator separately reviewing the data and the themes, and then discussed to compare for similarities or differences in analysis, which would help to identify a level of agreement amongst the research team. Additionally, this research study has strong methodological congruence which enhanced the credibility as the development and implementation of the research was based on the primarily on Merriam's (1998) approach to case study research.

Transferability is another factor that influences the trustworthiness of research results (Patton, 2015). Transferability refers to the applicability of findings from one study to other situations, which can be done following data analysis to determine in what way the findings from

this single case study are transferable to other qualitative inquiries (Patton, 2015). It is the researcher's responsibility to provide adequate information for readers to be able to establish similarities between different cases, though it is the reader's responsibility to make these connections and determine how the findings might be transferred from one case to another (Patton, 2015). Rigorous data analysis assists in providing the depth of knowledge required to create results that can be transferable (Patton, 2015). To aid in the transferability of results, the researcher ensured to have a rich and thick description of the phenomenon being studied, so that the reader could then draw comparisons between this study and instances beyond the bounds of this research (Patton, 2015). It is the reader's responsibility to determine how a phenomenon from research could be transferable to other situations or individuals, however, it is the researcher's responsibility to provide a rich enough description of the data to allow readers to make these connections (Patton, 2015).

Dependability is another aspect of trustworthiness that focuses on the researcher's responsibility to produce a study that is logical, traceable, and documented (Patton, 2015). Dependability of results was ensured by maintaining an audit trail for all decisions and processes of the research study. A document was produced as an audit trail, referred to as the "decision tree", which outlined the rationale for all decisions made regarding this research study. This document enhances the transparency of this research as clear paths of decision making can be followed to understand the development of this case study, and to see a visual representation of this study's progression. This documentation also served as evidence for the credibility of research results.

Confirmability is concerned with establishing clear links so that the research findings could be verified by others (Patton, 2015). Again, keeping an audit trail of all decisions and

findings provided clear pathways to how coding was conducted, how codes were merged, and what the themes meant in relation to the research question. Additionally, researcher reflexivity contributes to confirmability because there must be definitive answers for all decisions made during the research process. By reflecting on positionality, this allowed for further exploration of the reasoning for certain choices made during the research process. A reflexive journal was kept in the form of a mind-map which aided in tracking decisions and providing reasoning for each choice made during the development of the research. The use of this continued as the research progressed forward so that clear links could be made between decisions and findings.

Ethics

Merriam (1998) suggests that the best thing a researcher can do to ensure they are conducting an ethical study is to remain aware of potential ethical concerns. I was reflexive during the development of this research study because I was aware that my current position as an employee of the SCN posed some ethical concerns (refer to the researcher reflexivity section of this proposal). The main ethical concern was the potential for coercion because coworkers may have felt obligated to participate in the research due to previous personal connections. To mitigate this concern the voluntary nature of the research was reinforced in all methods of recruitment, and participants were responsible for contacting the researcher if they were interested in being interviewed so that they did not feel pressured into participating. This research topic is sensitive in that the decision to stop second-year nursing students in the SCN has altered the relationship of the facility with the university. Therefore, prior to creating this research proposal, I spoke with the manager of the SCN to outline the rationale and goals of this research study making sure to highlight that the goal of the study is to understand the decision-making process. I was given verbal approval to continue with this research because I remained

transparent in stating the objective of this study. Research ethics approval was obtained through the university and was deemed exempt from the hospital ethics committee (see Appendix B: HiREB Letter of Exemption).

Limitations

A limitation of this research study was that not all findings would be applicable to other clinical nursing units, as the SCN is a highly specialty placement. Although the specific content from a specialty nursing area may not be transferable, the literature supports that loss of clinical placements and the lack of transparency for the decision making is a common phenomenon. Additionally, the extent of transferability has been historically criticized in single case study analysis (Patton, 2015). To mitigate the potential for this limitation, the analysis of this case study was rigorous to produce reliable results (Patton, 2015).

Due to the time that has elapsed since the decision was made to cease placements, it may have been difficult for participants to accurately recall conversations or information they had that may have been relevant to the research question at hand. This study was conducted in a timely manner, as the decision was made in January of 2019, and participants were interviewed in January of 2020. However, it is inevitable that as the year passed, accurate recall became a challenge for interviewing.

A limitation regarding the description of the participant sample included the exclusion of a demographic questionnaire. It may have provided beneficial connections to the decision-making hierarchy if participant roles, experience and background were described. However, due to the small geographic location of this hospital site, and the limited number of staff in this department, it was decided that participant roles would not be explored and described in the findings as this could allow participants to be identified. To protect the confidentiality of

participants, as the nature of this topic could be considered sensitive, participant quotes and the sample description did not include specific role titles or identifiable demographic information.

Another challenge and limitation for interviewing key informants was that the clinical placement coordinator who was employed prior to and at the time of this decision being made had since retired and was unable to be contacted for insights. This person was most likely the contact who would have had any relevant placement coordination agreements or other relevant documents based on their role. It was a limitation of the study that no documents were produced by participants to substantiate discussion regarding how this decision was made. However, to mitigate this loss of information, the hospital's 10-year strategic plan, mission and vision statements, and webpage were analyzed as a resource for insight.

While proceeding with analysis of transcripts, the primary researcher noted that a limitation of the interviewing included a lack of clarifying questions to follow-up on participant's vague statements. This meant that when participants offered vague or blanket statements about decision-makers such as "upper management", the interviewer did not ask for further clarification about who this entailed. It is likely that the researcher's personal bias was partially responsible as a barrier in clarifying these vague responses, as the researcher had personal insight into the hospital and unit's dynamics from experience working as staff. However, it is also important to note that the researcher is novice and was the first study in which the researcher solely conducted interviews, and therefore it is fair to assume that this could have been an oversight due to lack of expertise in qualitative interviewing. It would have been beneficial to have clarification on several of these blanket statements to be able to accurately analyze how, who, and what was involved in this decision-making process. Additionally, because the interviewer had previous knowledge of participant demographics as a member of the

SCN team, a demographic questionnaire was not issued. This is a limitation of the study as these insights could have provided specifics such as the years of clinical experience, age, and highest level of education which could have provided additional details for findings pertaining to participant characteristics.

Chapter Four: Findings

This study included a total of 12 participants, all female and English speaking. It is important to note that participation was not gender-specific, but the SCN unit was comprised of only female staff members at the time of this study. This sample included both those in frontline staff positions (n= 8) and those in management roles (n= 4). Of those in frontline positions, there were seven Registered Nurses and one Nurse Practitioner. Management roles included one unit manager, one Nurse educator, one clinical placement supervisor, and one department director. Experience for frontline staff varied from four years in the SCN to 25+ years. The unit manager had previous nursing experience in labour and delivery but had no SCN experience. The department director specialized in adult intensive care but had no neonatal experience. The clinical placement coordinator role is not a nursing specific role. A demographic questionnaire was not collected; however, participants were asked for their job title and how the role related to the SCN and if they had any experience in the SCN when they were nursing students. Several participant responses use the term “NICU” referring to a neonatal intensive care unit to describe this unit. However, at the time of this study the unit was qualified as an SCN. The difference between the two being that an SCN has a lower acuity of patients than an NICU. Although these terms are used interchangeable in participant interviews, this research focuses on the unit decisions for student placements as an SCN. No documents were produced by participants, however, public documents were reviewed and analyzed including the hospital system’s strategic plan, mission and vision statements, and the hospital’s website for additional information. To protect the identity of the hospital system in which this research was based, these documents will not be cited publicly.

A rigorous analysis of all data collected resulted in one overarching theme of Conflicting Messages, which impacted the three subsequent themes that revolve around the decision-making process for ceasing second-year placements in the SCN. These themes include 1) Contributing Factors, 2) Level That Decisions Happen, and 3) Outcomes of Decision-Making. This section will elaborate on these themes using the participant's responses, as well as relevant documents. All interviews were analyzed to identify the most pertinent statements that aid in answering the research question "How did the Special Care Nursery decide to stop taking second-year nursing students for clinical placements?". Key participant quotes will be used to highlight each theme.

Overarching Theme: Conflicting Messages

Conflicting messages were present in the data in a few ways. Conflicting messages amongst participants occurred either within participant interviews, or between participant interviews. This means that when asked a question, some participants offered answers that directly conflicted a previous or other statements within their interview. An example of this would be that several participants respondent "I don't know" when asked how this decision was made, then later provided insight into who was involved and the discussion that may have happened. Or a participant could offer an answer that conflicts with that of another respondent creating between interview conflict. Again, a prevalent example of this during analysis was that some participants would offer specific names of individuals who made this decision, yet those individuals did not identify themselves as decision-makers during their interviews. There were also conflicting messages in documents, meaning that the explicit goals, missions, and values of the health system conflicted with the decision to cease student placements; for example, the hospital system identified being a good community partner by creating and maintaining healthy partnerships with local allied health programs in universities as a goal. However, there is conflict

between having a goal of maintaining partnerships and losing a placement opportunity for nursing students. These conflicts were found throughout the entirety of the decision-making process, and further examples of conflict in messaging will be highlighted throughout subsequent themes (See Appendix G). Conflicting messages were noted in all aspects of the decision-making process. What was predominantly found was that there was a lack of clarity and great uncertainty in the decision-making process, which was associated with a lack of communication and collegiality between nursing and management. Participants made it evident that perhaps, no one was sure of exactly how this decision was made. Though several participant responses seemed clear about who they thought were key decision maker(s), a lack of consistency was found when data were analyzed. This made it challenging to draw effective conclusions about who were key stakeholders in this decision. When addressing the 'how' of the decision, responses continued to be inconsistent which created uncertainty through conflicting messages when trying to delineate how the process unfolded, or if there was a process to the decision-making at all.

This uncertainty was evident in responses about 'who' was involved as there were large inconsistencies in responses to who was actually involved in the process. Some participants stated that the issue or topic of second-year students in the SCN had been discussed through meetings with key stakeholders present, and there was a strategic approach. These key stakeholders were identified by participants as the unit manager, educator and the program director. In these succinct responses, specific names or people in certain roles were mentioned as being present in these meetings. When interviewing the participants who were named as decision-makers, they refuted the claims that they were involved with or even present at meetings where this topic was discussed. These people expressed feeling that this decision was sprung on them.

> Yes. Absolutely we were told. There was no discussion with us. It was just basically we were told rather than we were involved with…(003)

To better understand the participants perceptions of the decision-making process, maps were created based on each participant response (See Appendix H). What this served to do was highlight the uncertainties, inconsistencies, and conflicting messages.

> It was the manager who made this decision. But I guess I would say I really don't know. (004).

> Cause it's a pretty big decision not to have students. I think maybe the director was involved. So, it's usually director, manager… maybe educator. Probably. I would imagine they would have to include all of those people. I would have thought but I don't know. (001)

Consistent responses about the decision-making included statements such as "I don't know" or "I have no idea" This uncertainty posed challenges when outlining how this decision was made. For the most part, participants were unsure but offered many assumptions about the why, who, and how of this decision, which was riddled with uncertainty and conflicting responses. These assumptions could be secondary to a lack of clarity and transparency in the decision-making process in this unit, as this is recognized in many other workforce areas (American Psychological Association, 2014). Participants seemed to have a general understanding of how the unit typically makes a decision, which is demonstrated in the decision-making maps, however, participants lacked insight into this specific decision-making process. One of the most pivotal findings was that there was no defined nor consistent process for how this decision was made. This finding was delineated by analyzing participant responses to the question "How was this decision made and by whom?". The maps (Appendix H) generated from these responses

highlight large inconsistencies in participant responses leading to the finding that there was no clear or succinct decision-making process, as no two participants identified the same process or decision-makers. Additionally, some participants outwardly claimed that they were unable to speak on the issue because they had no involvement or knowledge pertaining to this issue, despite being affected by the decision.

> That I don't really know because I wasn't involved. So, I don't know exactly what happened and why they made this choice, and no one really told us so… but we are the ones that have to deal directly with the students right? (004)
>
> Yeah, I would say I have no idea. I would say complaints are made to our manager, and then after that I guess she would either make the decision or if its higher than her then it would go up to her manager. But I don't really know. It seems random to me at times. It's hard to say how if I don't know who exactly made the-the decision. (005)

The finding of a lack of a decision-making process was discovered from the amalgamation of participant responses that highlighted a lack of insight, as well as conflicting responses between participants who offered an answer to the "how and whom" of this decision making. No two participants shared the same insight into the decision-making process, and even the responses of those who identified themselves as being involved in making this choice did not align with one another. There is tension created between participant responses, with no participant agreement on how this decision was made. From this finding comes an opportunity for discussion about what this tension may mean in relation to this decision being made. If there is no consensus or similarities amongst participant responses to how this decision was made and by whom, it is fair to assert that there was no structured or clear decision-making process to ceasing second-year student placements in the SCN. If there was a structure to decision-making, those who identified

themselves as being involved in making this choice would have an agreed upon response to how this decision was made. Or, at a minimum, there responses may be similar. Instead, interviews highlighted large discrepancies and a lack of a process.

These conflicting messages were also prevalent within the documents analyzed. Although participants were unable to provide any unit specific documents pertaining to this decision, the publicly available hospital system's 10-year strategic plan and the hospital website were analyzed to give further insights into this research. When analyzing these documents, it was evident that there were conflicting messages between the hospital's mission and vision statements, and the action of ceasing student placement opportunities. The hospital is identified as a learning organization in the strategic plan and outlines extraordinary teams and extraordinary futures as areas of focus. Extraordinary teams are a goal of the hospital system, which includes the development of emerging leaders. The decision to cease these placements does not align with the goal of promoting extraordinary teams, as it limits student's ability to be exposed to neonatal nursing and thus deters second-year students' ability to become emerging leaders in this area. Perhaps, this brings forward an interesting question of if the hospital system includes frontline staff in their definition of "team".

Another goal identified in the strategic plan was extraordinary future, which involves investing in the areas of research, care, and education, specifically the creation of environments where collaborative learning is possible through the promotion of teaching and learning from one another. Without a placement in the SCN, second-year students lose the ability to be part of this potential learning environment. These conflicting messages occur as the hospital outlines goals for learners as being pivotal to the hospital's mission and vision, but they fail to meet their own goals by ceasing student placements in the SCN. The hospital system's website identified an

overarching mission as a self-identified academic center to continually raise the bar with regards to teaching and learning. When analyzing the academic section of the hospital website, it boasts about the academic partnerships which allow for extraordinary experiences for learners, including that of the nursing program. The website identifies that these learning opportunities benefit learners in preparing them to be a part of the healthcare world. However, this messaging is conflicting as the loss of this student placement hinders the learning experience for second-year students. Analysis of documents also highlighted that the hospital site identified several opportunities for observerships. An observership was defined as an opportunity for students to learn about the role of a healthcare provider in a specific field by observing them in their role. Seemingly, these opportunities align with the goals for the hospital's learners. However, upon further analysis, the eligibility criteria include only those in the medical field. This again creates conflicting messages, as a variety of learners were included in the hospital's strategic plan, specifically nursing students, but these opportunities are highly limited. The theme of conflicting messages was intertwined throughout the findings and will be highlighted in subsequent themes, meaning that conflicting messages were an overarching theme to the entirety of the decision-making process.

Theme 1: Contributing Factors

The theme of contributing factors encompasses various elements that may have led to the decision being made to cease second-year placements in the SCN. Contributing factors are situated at the beginning of the decision-making trajectory. Participants described contributing factors as what they believed led to, or may have played part in, the decision to cease student placements in the SCN. It was clear that participants felt that there were a multitude of aspects that played a part in this decision making, including clinical instructors, unit acuity, attitudes

towards students, student scope of practice, and systems issues. As a subtheme of conflicting messages, several participants disagreed on what led to this decision being made. Some participants believed there to have been an isolated incident or issue that led to the loss of this placement, while others felt that there was no known precursor to this choice at all. Some participants felt that they could pinpoint an exact cause that resulted in this decision being made; "I can tell you exactly why" (006). While others felt unclear about the factors that contributed to this decision; "Like what happened for it to get to that degree?" (008). Analysis then shifts to understanding what it means when a group of individuals do not agree on what led to this decision being made; perhaps a lack of communication or an uncertain decision-making process are at fault.

Several participants spoke about the role and involvement that clinical instructors had in this decision. The lack of physical presence of clinical instructors on the unit seemed to pose concerns for student support and negatively impacted the students' learning experiences in the SCN.

> So, that's another concern. Because [clinical instructors] are not always readily available for the students. It dumps a lot of the responsibility on the nurse and then if the nurse is busy and unable to really be, you know, involved with the student or explain things to the student and they can't be supportive…then yes, it's going to be a bad experience for everyone involved. (008).

The perceived lack of availability of clinical instructors within the SCN had negative repercussions on the relationship between unit nurses and clinical instructors. Nurses felt primarily responsible for students and did not feel supported by the instructor to provide education, placing the burden solely on the unit staff.

> I think what was happening was the clinical instructors, depending on who it was, would kind of just dump the students in here and leave. So, they weren't being monitored or watched and I think that was a big part of it, and another reason why our nurses were feeling burdened. (005).

Having one clinical instructor monitoring students in various areas of multiple units created several challenges for students and nursing staff and barriers to learning. Historically, for the maternal child clinical rotation, there is one clinical instructor that oversees a group of approximately 6-8 students. Instructors divide the placement in half, with pediatrics and the SCN in one half, and labor and delivery and postpartum in the other. This was summarized by two different participants.

> When the clinical instructor has a group, the groups basically are split between peads and SCN. So, what happens is, sometimes the instructor isn't available…She'll be rotating back and forth between pediatrics and SCN. (008)
>
> I think it's unfortunate and I also think that based on the layout of the site it's hard for one clinical instructor to have multiple students on multiple different units. So, the students would be left in the nursery for a long period of time depending on what was happening on other units so no clinical instructor there to offer any support. (001).

This became a barrier to learning for students in the SCN, leaving students unsupported and placing a divide between clinical instructors and the nursing staff. The relationship between staff and instructors was jeopardized due to the unavailability of instructors on the unit, as unit staff reported feeling burdened by not having instructors readily available to better support students. This left nurses solely responsible for the students experience in the SCN which some

participants suggested could have been a contributing factor to stopping the second-year placements.

Expertise of clinical instructors was also discussed as a barrier to providing adequate support and education to students, as well as the ability to give students an appropriate patient assignment based on skill level. Due to the nature of the placement, a clinical instructor may not have clinical experience in all areas, for example, the instructor may be a pediatric nurse, but have limited experience in the SCN. This was highlighted by participants as a factor that may have hindered the instructors' ability to identify an appropriate student assignments, and to act as a support for students in specialized areas.

> I can imagine that they are kind of contractual and wouldn't always have an NICU experience. So, it would be difficult for them to be able to gauge what might be an appropriate thing for them to see - and to know when it's an acute situation and you back away… (001)

Participants discussed several aspects regarding clinical instructors in the SCN that were contributing factors to the decision being made to cease student placements. To summarize, these factors included having one instructor between all units, instructor expertise, and students not being closely monitored by instructors.

Another contributing factor that impacted the decision-making process were the participants attitudes towards students and student experiences. Many participants shared their past experiences with second-year students on the unit, including both direct and indirect interactions. Indirect interactions were predominantly by those in management positions, who received staff feedback on student experiences. An insightful finding was from a participant who identified themselves as the key decision maker who discussed having had no direct experience

mentoring students in the SCN, additionally this participant had not received any negative feedback on experiences with students.

> Because, I really had – didn't have a problem with [having students on the unit]. I didn't have any uhm feedback, there were no issues that I knew about…So, there were no issues over the past several years that there was a problem. (002)

This participant expressed some confusion and perhaps some uncertainty because they felt that they were a key decision maker, but they had no previous knowledge of concerns about the student placements. It is a conflicting message to self-identify as a decision-maker, and to claim to not have knowledge of the issues that may have contributed to the decision.

Participants expressed a spectrum of reactions about supervising students on the unit. It was found that staff perceptions or attitudes about having students in the unit was a contributing factor to this decision making. There were a variety of reactions to having students in the unit, both positive and negative reactions, which influenced the willingness of the unit to accommodate student placements for second years. Reactions to students range from very positive, as stated by participant (007).

> As a nurse working in the unit, having a student was refreshing, you got to teach them new things and just see the excitement of new learning. (007)

To negative, as expressed by participant (005).

> From an RN perspective it was getting really heavy in here with a lot of second year students. Every single day it seemed like they were here, and you'd always have them following you and they didn't know anything, so you were constantly teaching from scratch. I mean it'd be nice to have the placement, but it was also kind of nice to get rid of the students. (005)

Specifically, negative attitudes were identified by some participants as a significant contributing factor to the decision to stop student placements. If staff did not feel positively towards students, it is unlikely that they would have supported them in this learning environment. Without nurses' willingness to mentor students in this environment, it becomes challenging to provide students with a meaningful placement in the SCN. However, some participants identified the negative attitudes as a direct result of nursing fatigue to the volume and frequency of students in the SCN.

> Unfortunately, just working on the unit, there's this perception that students are like… they don't know anything, they're useless. It's so unfortunate, and we have to change our attitudes. There's always that resistance too, some nurses are just not very supportive of students, they're not positive, they tend to be very negative and have very negative attitudes… unfortunately it's the time, like a lot of units have burnout… Which I understand too. But we really do need to change that attitude because it does overall impact the student's experience, and… I really think that's 100% a nursing issue. Like if there's less burnout there's happier nurses, better attitudes, more supportive learning, and more supportive environments… and the students overall will get a better experience. (008).

Data suggests that the negative attitudes towards students in the SCN setting was an amalgamation of many different issues at play. The concept of burnout is attributed by participant 008 as a major factor in the development of negative attitudes and resistance to student learning in nursing units. It is fair to presume that if nurses are already burnt out from their current workplace, they will be resistant to the additional work associated with mentoring students. However, regardless of what caused these negative attitudes, participants still identified that this perception had a large role in the ceasing of placement opportunities. Student's clinical

education is heavily reliant on the ability of unit nurses to support student learning. Without frontline staff support, the unit may not have been unable to offer the SCN as a placement opportunity. Participants were able to identify that the SCN requires a shift in attitudes towards students to create a better learning environment.

All participants discussed the acuity of the patients in the SCN, and how acuity relates to the ability to offer student placements. At the time that this research commenced, the unit was designated as a SCN. A SCN is a less acute environment and typically one step below a Neonatal Intensive Care Unit (NICU). However, despite this, acuity was discussed by participants as a factor that contributed to the decision to stop student placements. Many participants discussed the need for students to learn about and become familiar with "normal" newborns who are medically stable before entering an environment with unstable and medically complex neonates. Participants identified that second-year students were entering the unit with no previous newborn experience and felt that this was problematic as they were not familiar with a "well" baby and certainly not familiar with a critically ill newborn. Some participants felt that this lack of experience with assessing and caring for a stable newborn made it challenging to allow students to provide any level of care to a newborn in the SCN environment. This was highlighted by two participants who stated,

> I don't really feel it's a space for second-year students only because its early on and they don't know the normal and were throwing them into the world of the abnormal and with our babies, specifically in our unit (010)
>
> …you know they're just learning about normal newborns. And you push them into this high acuity situation, I'm not sure if that's the best. (003)

Although some participants voiced concern about the need for students to see “normal” before “abnormal”, they were conflicted about the lack of exposure students would get to this specialty unit. Additionally, participants had concerns about the lack of clinical skills that second-year students could acquire if only in a stable baby environment, such as postpartum. Some participants suggested students be placed in postpartum with stable babies, but then countered with conflicting messages stating that in the postpartum environment, a healthy newborn would primarily be cared for by the mother. They suggested that this creates a barrier for students to have hands-on experience with “normal” babies.

> It’s a disservice to them [not having SCN placement]. I get the idea that they should learn normal before they learn abnormal, so they know what isn’t normal. But I do think they lose – they lose out. Cause there’s no more hands-on, right? Where, cause even if they are in postpartum, the babies are with them – like the babies stay with the moms. So, there’s not really much we do - they do anymore over there [postpartum unit]. They don’t do the head to toes, or the bath there. Where in here [SCN] at least they could do a head-to-toe assessment, even if it was preamble or whatever to get an idea of what was normal. (006)

There was discussion from several participants regarding the SCN being a specialty care unit, and that second-year students do not have placement opportunities in other specialties such as the intensive care unit (ICU) or the emergency department (ED). Many participants drew comparisons between the SCN and these specialty units, Participants offered opinions about the presence of second-year students in specialty care units as an influencing factor in this decision being made. One participant, when speaking of another member of the team, stated that team member strongly expressed that

> …[there are] no other level two students in intensive care areas… that the level twos (students) were not allowed in our current ICU at all – the ICU here as it was a critical area. And she strongly felt that they probably should be exempt from our area. (002)

Students in specialty care units were closely discussed in relation to the acuity of this environment. Several participants felt that students in their second year were learning the basics of nursing care, and to be put in a specialty care unit, requiring in depth knowledge and skills relevant to the SCN, was not appropriate. Participants suggested that students should be placed in units with foundational nursing skills and knowledge such as medical or surgical units before being able to be placed in a specialty unit.

> I think for students, a good area for them to be placed, in second year… is like, med-surg and focusing on, timing… like, they've just been given the tools to learn to drive, basically…I think if they do the basics in the non-critical area and then maybe do their fourth year in the critical area... I feel they need more of a foundation than coming straight into the NICU. (003)

Additionally, participants identified the scope of second-year students as a grey area which potentially contributed to the decision to cease placements. Participants felt unsure of what students in their second year were able to do in terms of clinical skills in the SCN environment and wanted clearer guidelines or learning goals for students. Participants described incidences in the SCN that they felt may not have been appropriate for second year students to be part of and may have contributed to this decision being made as these situations were reported to management as being potentially problematic. These incidences were linked with uncertainty and conflicting messages about what the student scope was because staff felt unsure what was and was not appropriate for students at this level, leading to conflict if seeing students present during

critical situations. With clear guidelines regarding the student's role, conflict may not have been present if staff knew what was acceptable for students to observe or participate in per the university. For example, participants described an incident where a code pink occurred and the outcome was not favorable for the neonate, and second-year students observed this event. It was identified that this was not an appropriate situation for second-year students to be involved in, even at an observational level. There were negative repercussions to the unit having the students present. There was a report sent to the unit that stated the students in this situation, reported feeling unsupported and as a result, felt emotional turmoil. This is a multifaceted incident, as there were several factors that led to negative impacts. These factors included the clinical instructor not being present to either support students or identify that this was not an appropriate event for them to observe, and staff were unsure if students could be present during a critical event such as a code pink. A lack of staff support for students was also an issue that arose from participants account of this event. This incident seemed to be impactful in the decision-making process as it was referenced by many participants when discussing potential issues with clinical placements, or the student's scope of practice.

> I was pretty surprised that I had been notified by my boss that there had been a letter written to say that I had not supported the students after this incident had occurred. I just explained to them that at the time that I didn't realize that this had happened, and they had felt that way, nobody came to me afterwards to say, you know, "can we follow up with you, we just have some questions, we need you to talk through it with us". (003)

Conflicting messages and uncertainty prevailed during participant accounts of this incident, as participants expressed being unsure of what is or is not appropriate for second-year students regarding their skills and competency, as well as what is appropriate for students to observe.

Participants explained that they lacked insight into the specifics regarding the student's role in the SCN, and this led to conflict with having students involved in higher acuity situations. This uncertainty also led to staff push-back to having students, as staff were not clear about what the expectations were of both themselves as teachers, and the students as learners.

> I find sometimes coming in, the like clinical instructors will just say, "so and so is with you for the day" and then you don't see the clinical instructor for 12 hours and you're like, okay well I'll show you what I know but I don't even know what you can do. It's not clear what the students should be doing in the SCN. (004)

One participant spoke of a lack of understanding for student role as a major catalyst do the loss of this clinical placement.

> It's kind of an ongoing issue. The discussion really was around the benefit of having level two and this would be not even in, within SCN but in specialty areas. Really what is the role of the level two student? Is it just observational? Really what, what can they hope to learn from that? (011)

Other incidences were also discussed by participants as factors they perceived to be related to the decision to end second-year clinical placements in the SCN. Specifically, the level of professionalism and student engagement with second-year students. This was highlighted by (003) and (011) consecutively.

> I think it's the new generation… forgive me to say this, and I'm old school, but, you know, being on the iPhones … it honesty, it does upset staff. Especially when they are trying to teach people and people are on their phones all the time. (003)

> [The students] weren't being forthcoming about their breaks. They would be on the computer messing around and not doing anything related to nursing or schoolwork. So,

> that was the big issue for me was just that the students were not acting appropriately when I wasn't there. I think professionalism and engagement because like they are in a professional role, and they're representing the university and like to behave in that manner and not … I don't know, and just not be accountable to what they're saying they should be doing. (011)

Participants felt that the accumulation of these issues may have led to the decision to stop second-year student placements, however, it was acknowledged by some participants that these experiences are not necessarily specific to the SCN and could be experienced in a variety of clinical settings.

On a larger scale, participants discussed systems issues that may have contributed to the decision to cease placements. Unit staffing was a recurring point of discussion, referring to the number of nurses on each shift in comparison to the number of patients in the unit. Typically, the SCN would have four nurses on the unit per shift. This fluctuated with the number of neonates admitted to the unit and unit demands (acuity). Participants expressed that with only four nurses on the unit, sometimes there would be more students on the unit than staff. Participants felt strongly that the unit was overwhelmed with the volume and frequency of second-year students in the unit. It was expressed that the demands of the unit in addition to the responsibility of educating students, that staff were experiencing stress and fatigue. These negative emotional implications of the workplace are captured in the definition of nursing burnout, where nursing staff experience emotional exhaustion due to poor staffing ratios and demanding workloads (Shah et al., 2021).

> Many students, sometimes more students than we have nurses. So, I'm not sure if that had any play into the nurses feeling about, you know, students in general. My gosh we've got more students now and now you know this is an extra burden on us. (002)

Participants frequently mentioned that unit staff and those in higher-level positions are not supportive of students in the SCN, and this was identified as a systems issue based on unit capacity for both patients and staff. The SCN was often short-staffed according to participants, which influenced the ability of the unit to offer student placement opportunities, as there were not enough nurses available to support and mentor students in the environment. Participants shared that due to short staffing, the demands of the job were increased for nurses on the unit, and the addition of mentoring students was overwhelming for these nurses.

> When we were only three of us [nurses], and we had four babies each it was really hard to teach as well as take care of four kids and get your work done. So that was the biggest issue that was one of the biggest reasons why it came about. (006)

Contributing factors related to the decision to stop clinical placements in the SCN for second year students were varied and multifaceted. These factors included the availability of clinical instructors, the level of acuity on the unit, attitudes towards students, nurse burnout, as well as systems issues.

Theme 2: Level That Decisions Happen

To better understand the decision-making process, participants were asked to describe how decisions are typically made on the unit, and then to describe how this decision was made. Additionally, they were asked to describe how this decision should have been made. These responses were mapped out during analysis to compare typical decisions to this decision (see Appendix H). Although there were some inconsistencies in participant responses, the general

process for how decisions are typically made began with frontline staff (nurses) discussing an issue or need for change amongst themselves, and then someone will bring the issue forward to the charge nurse or mention it during a unit meeting. From there, the issue is discussed amongst those in management positions. Change is typically decided on by the unit manager and educator. However, if it is an issue that affects the department on a larger scale, the director may be involved. Participants expressed that a typical decision-making process would start with a need for change or an issue within the unit as a catalyst.

> I mean generally it's (decision-making/change) in response to a situation or something that happened. (009)

Although a general process for typical decision making was identified through participant responses, there were some conflicting responses that identified others as responsible for decision-making, such as doctors. The level that decisions happen is also a subtheme to conflicting messages, as no two individuals offered the same response as to how this decision was made, which is evident when looking at the maps generated from participant responses (Appendix H). Some participants offered responses that were based on what they termed 'clinical' or 'management' level decisions, defining clinical decisions as those that impact day-to-day running of the unit, and management decisions as those that impact the program (the department) overall.

> Generally, it is the manager who decides the day to day running and the scheduling and all those types of clinical things. Any decisions that impact the program or the overall functioning or the overall team dynamics then it would be a discussion with a manager and director. (009)

The term clinical team and frontline group were often discussed synonymously; These individuals were succinctly identified by one participant as "allied health, medicine, and nursing" (001). Some participants felt that the decision to cease clinical placements for second-year students would not have been made by the clinical team, such as participant 001.

> I don't think it would have been by clinical team. They would – they, the management team I imagine, management educator etc. that – they I imagine they would be… the chief of professional practice. They might be the people that might be involved in the decision in that. (001)

There were conflicting messages regarding the level that this decision was made, some participants felt that student placements were a management-level decision, while others believed this to be a clinical-level decision. Many participants identified this to be a decision made at a management, meaning that only those in management roles were involved.

Roles identified in management-level decisions were identified by several participants as the SCN manager, educator, and director. Notably, the educator and unit manager were identified by most as the core group of decision makers, which was reflected in the decision-making maps. It was found that many participants referred to the decision to cease student placements as being the responsibility of those at a higher-level, though who this encompassed was not specified. Ambiguous words such as 'we' or 'they', or ambiguous roles such as 'senior' or 'upper' management were used to identify key decision-makers by some.

> This was difficult because like I say, it [the decision] came from senior management. (003)

> I don't think it would even be on us [frontline staff] like if, if the person above us doesn't want [students]there it's not going to happen. (009)

A pivotal finding related to the decision-making process was that no two participant responses agreed on how these decisions were made, and by whom. Looking at the maps of the decision-making processes, it is evident that no two are the same. A few participants felt that one individual was responsible for this decision being made, and that it was not a group decision. However, the person identified as the sole decision maker differed in participant responses. Interestingly, one participant outright claimed to be the sole decision maker, but others identified that they were part of a group who made this decision; again, there were continued conflicting messages. Several respondents claimed to have no knowledge or insight into how or by whom this decision was made and when asked they simply stated they “did not know”. The lack of agreement on how this decision was made, and the lack of insight, points to conflicting messaging. These conflicting messages created uncertainty, which left room for assumptions to be made about how this decision-making process occurred.

When delving further into why these conflicting messages existed amongst participants, it was found that a lack of effective and formal communication was a main contributing factor. Communication should have been integrated throughout the process of this change; however, it was found that there was no clear communication between decision makers at various levels. When asked about how this change was communicated, most participants reported having found out about the decision via word of mouth or ‘rumors’ amongst unit staff. This was highlighted by one participant, who stated:

> and [I] just got told … that’s what was happening was that there no longer going to be second year students in the unit. (010)

Some participants found out through staff that worked as both clinical instructor and nurses in the SCN, as they had unique insights into any discussion occurring at the university and the hospital.

> I didn't even know until a nurse who worked as an instructor said "yeah, we're not getting level two students anymore". (008)

Some staff recalled hearing conversations about potential concerns with student placements or pending changes to placement opportunities, so they had an inkling that there may have been impending change. Others felt blindsided by the decision. Several participants stated that there was no formal method of communication to announce that the SCN would no longer have second year placements. Some participants expressed frustration at the lack of formal communication about this decision, making them feel as though they were not included in the decision-making process at all, because they found out after the final decision had already been made. Many participants expressed that it was not a collaborative decision between frontline staff and those in management. Those on the frontline, who worked directly with students, shared frustrations about not being consulted or included in the decision. This was highlighted by one participant who said:

> This was difficult because like I say, it came from senior management…Absolutely we were told. There was no discussion with us. It was just basically we were told, rather than we were involved with… we didn't know it was going to happen. (003)

The lack of collaboration was highlighted through the lack of communication during the decision-making process. The decision maps demonstrated that 50% of participants believed the decision-making process to stop second-year student placement was atypical for the unit's decision making. It was uncommon for unit decisions to not involve frontline staff.

Participants were asked about who was involved in this decision-making process, and then later asked who should have been involved. These questions highlighted a concept which was termed "actual" and "ideal" decision makers, with actual being who were involved in this decision, and ideal being who they felt should have been considered. One finding from these ideal decision-makers was that nearly all participants felt that the university should have been involved in this decision, however, the maps generated from responses demonstrated that the university partner was not involved in this decision-making process. Interestingly, one participant shared that the involvement of the university partner would not have impacted the outcome of this decision-making process.

> It would be nice to maybe have included the school, but I have to say, um…its…it probably wasn't going to be a really collaborative decision that it probably wasn't… it wouldn't have been the outcome. I would worry that we were just setting up them to be involved and then in the end probably would've had the same outcome. (009)

If this participant was involved as a decision-maker, this may speak to why the university was not involved in the decision. If participants felt as though it would have been to no avail, regardless of the reason, the university partner would not be represented at the table. It was also found that student voices were not present during this decision-making process, despite this decision primarily impacting them. It is unclear if having a student voice would have influenced this decision-making process, as reflected by participant (002).

> You know what the only…the only people that weren't involved were the students themselves. So, there was no student voice at the table. Whether that would have hindered or helped I'm not sure. But probably having a student voice… I think having a

> student voice coming in and saying maybe their experience in there, how it shaped them, or how they didn't like it or how- I think that would maybe been helpful. (002)

There were conflicting messages about where the voices of nurses were in the decision-making process, as some participants shared that they communicated their opinions about having students in the SCN, while others expressed that they were "silenced" or unheard in this decision. It is unclear how and if there was involvement of nurses based on these individual responses, though it appeared that most participants indicated that they were not included in the decision-making process. Participants identified nursing as the frontline, and participants also made it clear that this decision was not made in collaboration with frontline staff. As participants outlined, the inclusion of ideal stakeholders could not guarantee an outcome, so the impact of the university partner, students, and nurses voices remains uncertain. With regards to the level that this decision happened, it seemed that the consensus, although with some conflicting statements, amongst respondents was that this was a management level decision. Though, the details pertaining to the 'how' and 'who' of this process remained unknown, even by those who self-identified as a member of the management group. Therefore, there continues to be conflicting messages about who was involved in this decision-making process.

Theme 3: Outcomes of Decision Making

A multitude of factors contributed to the decision to cease second-year placements in the SCN. Participants revealed that there were complex levels at which this decision was made. However, decision making processes cannot be explored without also considering the actual or potential outcomes. These outcomes were explored prompting participants to share what this change meant to them, discussing the 'who' and 'how' of this decision's impact, as well as directly asking about potential outcomes of this decision. Similar to the other two subthemes, the

outcomes of this decision being made also brought about conflicting messages as some participants identified a depth of impact, both personal and professional, while others felt that this decision meant very little to themselves or the program. Thus, creating a gap in perceived impact. However, meaning can be derived from these conflicting responses by exploring why there were disparities in perceived or actual outcomes from the loss of this placement. It is pertinent to note that though it is not certain how this decision unfolded, there are outcomes regardless of the process that occurred. Participants expressed feeling torn about what this decision might mean, and how they felt about it.

> I think because I'm a little bit torn like, I kind of see… the good and the bad in the decision. (005)

Some expressed strong feelings about the impacts that this decision may have. Claiming that this decision will impact the amount of nursing students that find interest in the neonatal world.

> As somebody who found that passion from that specific placement, and that's what helped me get through nursing school, because I knew I had found my passion, I think it's really sad that they're not allowed in there anymore. Well, I'm just sad for them not being able to get that…experience. Because it is really the highlight of nursing [school] for me. And it got me through the next couple years of nursing. (007)

Many participants shared that the specialty area of the SCN unit, previously faced challenges with recruiting nurses who have a passion and who have had exposure to the environment. They share that these challenges are amplified by this decision.

> …Second year going into third would be… that's when you start making your decisions as to what area you want to land in. And if you're taking that basic away, we as a whole could end up not having the staff. It could affect our staff. Hiring new people wanting to

> come to this area, cause if they're not here and seeing what we do, they are either going to have a very big misconception of what we do or are just going to avoid it all together. (006)

One participant shared their perspective on these alternative experiences, suggesting that students are not getting adequate clinical exposure or experiences due to this decision.

> …negative for [the nursing program] too because they are losing placements, and the students are…they are getting placements in communities just to get hours in. And we are… and some of the placements I've heard of, I don't even get what value they would have gotten out of that as far as nursing goes. (006)

As the nursing program was not actively involved in this decision-making process, participants suggested that this would lead to a potential strain on the relationship between the hospital system and the nursing program. This was identified as a negative outcome.

> And I think negatively, I can't imagine that this is good for the hospital system's and [nursing program] relationship. (005)

This participant offered a very impactful perspective, furthering the issue of clinical placement shortages.

> Because then any unit could probably come up with reasons why they shouldn't have students. They've set a precedent here now. (005)

It is apparent that participants felt the outcomes of this decision were negative for the hospital system, the university, and at a larger scale, the nursing profession. They identified who would be impacted by this decision, and most participants identified that the negative implications of this decision were far reaching and would impact many.

> It impacts everybody. It impacts the students, it impacts the instructors, it impacts the nurses on the unit, it impacts the faculty, too, because you know… now the faculty has to accommodate for all these students. (008).

Participants felt that staff fatigue was a major catalyst for this decision being made. Not unexpectedly, many participants shared that no longer having students created a reduction in workplace stress and fatigue. Some remained unsure if this decision was positive or negative. Primarily, these issues arose for frontline staff who identified that they were experiencing additional stress and fatigue from having students in the unit, however, they offer conflicting messages, identifying that it is their professional obligation to mentor students.

One of the most remarkable outcomes was that participants felt that nurses were not able to meet their professional standards and obligations if they did not have access to this student population. In fact, a few participants identified this as an additional stress,

> It's part of our job and our role, part of our you know… our CNO, our College of Nurses- we're obligated to be you know, supportive learners. So, like, if you're not… then to me, it's like... you're not, you're not carrying out your role then. (008)

It was also identified by a participant that the reason that frontline staff did not have a say in this decision being made, was because they had an obligation to take on students regardless of placement opportunities. Therefore, frontline staff could voice support of students, but could not have a say in stopping student placements as this would be in conflict with their professional role.

> I don't think it's up to them [nurses] at all. I mean they can have an opinion sure. But if you're given a student you have to its part of your college standards. Yeah, they should have to. (005)

Several actual or potential outcomes of this decision having been made were identified through these interviews. The influence of this decision has the potential to be felt at both a small and large scale. Though some of these impacts are imminent, such as second-year students having inadequate clinical experience in neonatal care, many of these large impacts are yet to occur. As these outcomes are in the process of unfolding, there is uncertainty found at the outcome stage of the decision-making process, as all the effects are yet to be experienced. Of the many outcomes discussed, one of the most memorable remarks from a self-identified 'key decision maker' pointed out that perhaps, outcomes were not considered at all.

> You know what, it's always…it always is interesting cause you think you do things that are right, and you forget about all the other impacts that it has down the road. (009)

Summary

Rigorous analysis produced one overarching and three subsequent themes. Situating itself as the overarching theme, Conflicting Messages were found both between interviews and within interviews, generating questions about how this decision was made. Additionally, analysis of the hospital's 10-year strategic plan and website highlighted further conflict between what the hospital aims to do, and what the loss of this placement really means for the hospital. The three sub themes included 1) Contributing Factors, 2) Level that Decisions Happen, 3) Outcomes of Decision-Making. Contributing factors discussed several issues or concerns that may have led to the loss of this clinical placement. However, the most prevalent finding was that this decision was likely made following staff burnout from the climate of the unit, as well as the high acuity patients. This coupled with the prospect of teaching student learners became overwhelming for many frontline workers. In terms of the level that decisions happen, there were many conflicting responses about who was involved in making this decision; some felt that this choice was made

by one individual, while others identified this as a multidisciplinary decision. However, the consensus for this decision was, that it was made at a management level; participants primarily identified this group as the unit manager, educator, and program director. Though a few participants had conflicting responses in terms of what this decision meant to them personally, the most consensus found amongst the data was that all participants recognized that there would be outcomes that impact students and the nursing profession from the loss of this placement. Primarily, students would not have access to the specialty unit to determine a clinical interest in neonatal nursing. The unit itself was already facing recruitment challenges, but this lack of exposure hinders new graduate nurses from applying to the area. This could have detrimental effects on the profession in terms of the nursing shortage, as there already are few hirable nurses for this specialty area. Additionally, it was identified that the loss of this placement limits the nurses' ability to fulfill their professional obligation of acting as a mentor to novice nurses. Although analysis led to a general decision-making trajectory, participants were unable to describe any structure to the decision to cease student placements. There is meaning to each of these findings, and they speak to the research question of how the SCN decided to stop second-year student placements in the SCN. The discussion chapter of this thesis will unpack the meaning of these findings in detail.

Chapter Five: Discussion

This chapter will focus on discussion of the research findings with comparison to available literature. Merriam (1998) was the theoretical framework that was utilized for this single case-study, which will be discussed in relation to the themes from the analysis. Curtain's (2014) Questions for Decision-Making were utilized as a model for the development of the semi-structured interview guide. Through discussion, the applicability of each model and framework will be examined. Additionally, the discussion portion of this thesis will focus on the topics of negative attitudes of nurses towards students and nursing burnout, preferential clinical placements, professional obligations, and unilateral decision-making. Conflicting messages will be considered throughout as an overarching and recurring point of discussion. The implications of these findings will be discussed with specific emphasis on how results of this research impact nursing practice, education, and research. For these three areas of impact, recommendations will be provided.

Merriam and the Influence of Time and Memory

Merriam (1998) defined case-study research by not only what is studied, but the products of the research as well, both of which are framed on the basis of studying a bound system; referring to a single case which is framed by time and space (Creswell, 2007; Patton, 2015). In the methodology, it was identified that this study is bound by both, as the decision was made within a specific time frame, and it occurred within a specific hospital, in the SCN unit. Merriam was an effective approach to guide this study as it offered structure for the methodology of this research, as well as provided insights into how to delve into the phenomena to provide meaningful discussion through rigorous analysis.

It was evident through the analysis that conflicting messages were found to be an overarching theme of the entirety of the decision-making process to cease placements. From these conflicting messages, great uncertainty was prevalent for participants. Uncertainty regarding how and who was involved in this decision-making process led to participants offering many assumptions making it challenging to navigate. Through rigorous analysis, a general decision-making process was formed. This process followed three basic themes, which were 1) Contributing Factors, 2) Level that Decisions Happen, and 3) Outcomes of Decision-Making.

It is important to consider why participants were unsure of how or who made the choice to stop second-year placements in the SCN. Several possibilities for these conflicting messages will be explored in the discussion of this research, however, this specific section will explore how time and space may have played a factor in conflicting messaging. Though this research was bound by time, it is important to identify that time also could have influenced participant's ability to speak to the research question at hand. The decision to stop offering placement opportunities in the SCN for second-year students was implemented in January of 2019. Participants of this research study were interviewed in April of 2020. Following this period of time, there were large inconsistencies in participant responses when asked about each stage of this decision. It is entirely possible that participants may not have been able to accurately recall the facts surrounding this decision-making process. A few participants claimed that there was discussion about second-year students in the SCN at workplace meetings, while others stated that there was no forewarning that this decision was being considered. Others claimed that meetings among management were held to discuss the topic, while some in management could not recall any mention of the issue. These discrepancies could be attributed to the time that elapsed, as these may have created difficulties with recall or confusion with particular details of the decision

making. It is noted by Sandelowski (1999) that qualitative research, and particularly case-study research, bears an obligation regarding time as the phenomena being studied is temporal. Inquiry should be conducted in a timely manner, which was done with this study as data collection concluded within the year that the decision was made. However, as time passes from each conversation or interaction regarding second-year students in the SCN, it is inevitable that participants may have had difficulty with identifying specifics relevant to the research question. The passing of time impacts recollection, which bears weight on the ability of interviewing to accurately reflect all pertinent information (Sandelowski, 1999). With that in mind, this could be attributable to the conflicting messages between individual responses. Perhaps respondents were unable to remember key details for decision making, as the decision was implemented a year prior. Based on the volume of uncertain responses, it is doubtful that participants had a clear depiction of how this decision was made, and by whom. Time and memory may have played a role in the presence of this ambiguity.

Use of Curtin's Questions for Decision-Making as a Model

Curtain (2014) outlined six key questions for decision-making in nursing, which informed the semi-structured interview guide for this study. These six questions are 1) What is actually going on here?, 2) What criteria should be used to make this decision?, 3) In this particular instance, who is best qualified to make a decision – the staff nurse(s), nursing management group, physicians, the administrative council?, 4) Is this decision, in fact, a group decision?, 5) Who should benefit the most from a particular decision: patients, staff, families, and the institution?, 6) How should the decision be implemented? Curtin's (2014) model frames a general process for making a decision, which highlights an interesting comparison with how the decision to cease second-year placements occurred. This comparison will be further explored

in discussion regarding the usefulness of these six questions in answering how the SCN decided to cease student placements. Additionally, discussion about the applicability of this decision-making model regarding this research question will be explored. During the development of this study, four other decision-making models were considered for use. Discussion focused on the applicability of these additional models, as well as Curtin's (2014) will be examined.

The use of Curtin's (2014) decision-making model lends itself to discussion about the applicability of this model to answering this research question. This model was utilized as a framework for this research study because it most closely aligned with the purpose of the research, which was to explore a decision-making process in nursing (Curtin, 2014). Curtin's (2014) model was effective to illicit information from participants regarding factors that led to this decision being made, how participants felt about the decision, how participants wanted to be included in this decision making, and assumptions about who may have been involved. However, asking many of Curtin's (2014) six questions were deficient in gaining understanding of how this decision was made, as there were many conflicting messages within and between interviews, leading to an unclear understanding of processes. This model was useful in gaining context about the decision being made but lacked structure and specifics for how the model could be used to generate a process for decision-making. Results of this study may have been more process focused, and less context specific had a different model been used. When delving into how the decision was made to cease placements, the model was not overly applicable or useful in helping to answer the research question at hand. Through rigorous analysis, answers to each of Curtin's (2014) six questions for decision making were discussed, however, it is clear that none of these six questions were considered by decision-makers who ceased this placement. As a pivotal finding, this may have been because there was no structured decision-making process or model

that was utilized when making this decision. If there was no structure to this decision, it is reasonable to determine it was unlikely that decision-makers would seek answers to questions regarding the impacts and involvement of others in this choice. Although Curtin's (2014) model prompted insightful discussion surrounding the issue of second-year student placements in the SCN, it did not lend itself to determining any actual structure to the decision-making process. Therefore, this model was not as useful as first anticipated in answering the research question at hand.

Alternative Models. During the development of this study, four models or frameworks for decision-making in leadership were considered. It is possible that one of these alternative models would have been a better fit or of more useful for answering this research question than Curtin (2014). As identified in Chapter Two, the other three models/frameworks considered were 1) CNO (2018) Ethics Practice Standard, 2) CNO (2018) Decisions about Procedures and Authority Practice Standard, and 3) Wales and Nardi's (1984) Professional Decision-Making Model. The CNO (2018) Ethics Practice Standard identifies that ethical issues are an essential aspect of nursing. The issue of the loss of a clinical placement can be considered an ethical concern, due to the professional obligations of nurses to share their knowledge with student learners. Although this ethics standard focuses primarily on patient care, it does provide useful insight regarding conflict between ethical values and courses of action (CNO, 2018). The general framework identified in this practice standard was as follows: 1) Assessment/description of the situation, 2) Plan/approach, 3) Implementation/Action, and 4) Evaluation/outcome (CNO, 2018). When comparing this framework to Curtin's (2014) model of decision-making, many of these steps mimic the questions that Curtin posed to navigate making a decision. It is fair to deduce that if these frameworks are comparable, with additional detail in Curtin's (2014) model, it is

unlikely that the CNO (2018) Ethics Practice Standard would have provided further insights beyond what was found. If there was no structure to the decision to cease student placements, it would be difficult for a structured framework to meld with findings of this study. The CNO (2018) Decisions about Procedures and Authority Practice Standard provided some insight into determining who should have been involved in making this decision, as it focuses on identifying leadership and delegation of roles. However, this standard is very specific to clinical practice and is framed around utilizing decision-making to determine who is the most appropriate person to perform a procedure (CNO, 2018). This framework may have provided insights into questions that should have been asked of individuals who were impacted by this choice to determine who the decision-makers should be. However, it is too specific and clinical focused to offer any structure or benefit to this research question.

Wales and Nardi (1984) propose a model for Professional Decision-Making, which follows the steps of 1) State the goal, 2) Generate ideas, 3) Prepare a plan, then 4) Take action. Within each step, the professional must consider three things before moving forward in making a decision which include the identification of problems, the creation of options, and determine a method of evaluating the step (Wales & Nardi, 1984). This is a fairly comprehensive method to making decisions, as each step of making a decision has room for discussion regarding issues and solutions that could improve the outcomes of the decision. The first step of this framework is to identify a goal; however, this research study was a qualitative single case study. An important pillar of this type of research is that the research question is not prescriptive, meaning that the research question is open-ended and not focused on achieving a particular outcome (Creswell, 2007). The reason that this model was not selected for this study was because it required a specific goal for the decision at hand. It was determined that the decision to cease placements

was not a goal or expected outcome for the hospital or university. However, after interviewing those who identified themselves as being key decision-makers, the loss of clinical placement opportunities for second-year nursing students may have been driven by personal biases and goals for the unit. If a decision-maker felt strongly about not having students in the unit, it is fair to say that their goal may have been to cease placement opportunities. When comparing this framework to the loose process of decision-making prescribed by Curtin (2014), it is evident that this framework may have spoken more to the question of how this decision was made. This framework offers a comprehensive method to deciding. The decision to cease clinical placement opportunities in the SCN should have been made in consideration of a specific model or framework, which would allow for a more thorough examination of what this decision really meant. Curtin (2014) may not have been helpful in answering this research question, however, it is fair to state that it would be difficult for any of the other frameworks/models to answer this question because this research pointed to the fact that there was no actual decision-making process. It is recommended that this decision should have been made using both Curtin's (2014) six-questions for decision making to gain context and understanding of the issue, and Wales and Nardi's (1984) structured and more global approach to decision making to generate a specific process to deciding.

Negative Attitudes Towards Students and Nursing Burnout

Negative attitudes toward nursing students as well as nursing burnout were two components that arose as significant contributing factors related to the loss of this clinical placement, and they were heavily intertwined. Some of the nurses in this study expressed frustration with having the students placed in the unit, they referred to them as a burden, and that they added additional work to an already heavy workload. With these increased demands, nurses

are spreading themselves thin to complete their own duties and orienting new nurses or training student nurses becomes an even more daunting task (Shazad et al., 2019). Several participants attributed the resistance of staff to have student nurses on the unit to burnout and nursing fatigue. As suggested by several participants of this study, those who are experiencing burn out may channel their frustrations through mistreatment of fellow nurses or nursing students. This concept is supported in the literature by Edmonson & Zelonka, who state that there is already a precedent in nursing that bullying is a part of the existing culture or considered an unavoidable rite of passage when entering the profession (2019). Rowe & Sherlock (2005) found that nurses were more likely to experience burnout if they were not being involved in decisions regarding policies and procedures on the unit and, in turn, this may have increased burnout resulting in increased negative attitudes towards other nurses within a unit. Rowe & Sherlock (2005) emphasize that involving staff in decisions that impact the unit and their practice increases morale and decreases burnout, helping to foster a healthy work environment. As noted by many frontline staff, they felt excluded from having made the decision to cease second-year placements in the SCN. Excluding the front-line nurses in this decision-making process may have furthered the burnout expressed by the participants. If staff were already feeling burnt out or frustrated with the unit's decision-making processes, they may have been less receptive to having students in the SCN unit.

Outcomes of the Decision

Interestingly, even those who viewed students negatively and did not want to have them in the unit, also identified the negative consequences of this decision. Many participants expressed feeling "torn" about whether they would have supported this decision or not. This was another aspect of conflicting messaging, as participants shared positive experiences of having

been a student themselves in the SCN and of having students in the unit, and later expressed burnout related to their presence. Those who felt relief knowing that they did not have the additional stress of mentoring student nurses in the SCN with the existing demands of the job, also identified potential negative outcomes from this decision. Many participants identified that there was already a lack of nurses to hire that had previous exposure or experience in the neonatal specialty, and further limiting placement opportunities in the SCN may further restrict the availability of those who want to work in this environment. Many participants themselves first became interested in working in the SCN through having a placement within the unit during their undergraduate education. It is supported in the literature that there is a connection between undergraduate nursing placement opportunities and career intentions (Rodriguez-Garcia et al., 2021). Furthermore, if a student regards a placement as a positive experience, they are far more likely to pursue a career in that area or specific unit (Rodriguez-Garcia et al., 2021). It may be fair to assume that if students were being treated as a burden in the SCN unit, this could negatively influenced their interest in the area. Not only does a negative clinical experience create a divide between a nurse and their desired career, but not having had any exposure to the SCN places further constraints on unit staffing. Having a clinical placement in a specialty area greatly increases the new graduate nurses' employability as they have an increased understanding of this clinical area (Coyne & Needham, 2012). Though the nursing shortage crisis is a well-recognized issue today, it is important to note that specialty units such as the SCN are suffering immensely to appropriately staff their department (Stephenson, 2015). According to Stephenson (2015), the quality of neonatal nursing care is being jeopardized significantly with two thirds of all SCN units not having enough nurses to staff the unit.

Professional Obligations

A conflicting message identified by participants was professional obligations. Several participants expressed relief about not having the additional work of students, however, they also expressed concern about their ability to fulfill their professional duties of knowledge sharing. There seemed to be tension between wanting a reprieve from having second-year students in the unit, but also feeling as though this hinders the nurses' ability to meet the Canadian Nurses of Ontario (CNO) practice standards expected of them. This practice standard refers to the CNO standard of Continuing Competence, which states that a nurse has the responsibility to share knowledge, skills, and judgement with others (CNO, 2022). Nurses are responsible for supporting nursing students and colleagues to become reflective practitioners, as well as to promote continued competency to implement quality nursing practice for all (CNO, 2022). Additionally, the CNO (2022) standard of leadership acknowledges that regardless of a nurses' role, it is a professional expectation to act as nursing leaders in various capacities. A nurse must demonstrate the standard of Leadership by role modelling the knowledge, skills, and abilities of a nurse to novice and student nurses (CNO, 2022). Participants discussed the conflict that the loss of this clinical placement brings as they do not regularly have access to students to act as a leader and to continue their competence through sharing knowledge.

Preferential Placement Opportunities

The findings of this study highlighted conflicting messages between the values of the hospital system and the availability of clinical placement opportunities. When analyzing the hospital system's 10-year strategic plan, it was identified that the fostering of emerging learners was a strong value of the institution. Additionally, they emphasize that it is one of their missions to cultivate a healthy team by establishing a culture of mutual respect. The strategic plan also states that the hospital environment is supportive of collaborative learning, where individuals

learn from and teach each other. The hospital website identifies the system as a "community-based academic center" with a focus on learner, research, innovation, and partnerships. However, the website's academic section is heavily geared towards physician student programs and mentions very little about how they offer support to student nurses. Although nursing placements have been lost, those in medical residencies continue to have placement opportunities within the SCN. Despite the restriction of placements in the SCN for second-year nursing students, medical residence, occupation therapy students, social work students, and pharmacy residence of varying academic years continue to be offered placements in the unit. The hospital website has opportunities for physician learners, but offers little information about nursing students, despite nurses making up the largest portion of the hospital staff. Nurses account for nearly fifty percent of the entire global health workforce, with 110.7 nurses to every 10,000 people and 24.43 physicians to every 10,000 people (WHO, 2022). There is a section of the hospital website dedicated to student placement opportunities within the hospital system, but this is specifically identified as being only for physician learners. There is an application for an observership, which is an opportunity offered only to medical students who wish to learn more about the role of a healthcare provider in a specific field or area of practice. There are eligibility criteria for observership opportunities, which excludes those in a nursing program. The lack of clinical opportunities outlined on the website may be rooted in how the hospital system prioritizes their academic partnerships and learning opportunities for students. There were conflicting messages between the 10-year strategic plan and the opportunities presented by the hospital system for physician learners. The strategic plan spoke of the importance of maintaining professional relationships and providing opportunities for all allied health professionals, including nursing,

yet learning opportunities presented on the hospital's website were predominantly focused on medical students.

There are historical hierarchies that continue to influence healthcare and the nursing profession, despite efforts to level the power using multidisciplinary teams (Ameen, 2017). Physician dominance is a well-known dynamic that exists within healthcare, which places physicians in a position of authority and power over those in other roles, particularly nurses (Ameen, 2017). Although there has been a shift in the power dynamic, these imbalances have not yet been erased; it is difficult to rewrite a dynamic that has existed since the establishment of these careers (Ameen, 2017). The possibility should be considered that this hierarchy amongst physicians and nurses may be bleeding into the prioritization of physician learners over nursing students. This imbalance highlights the need for decisions regarding clinical placement opportunities to be made with consideration for the demand of each healthcare profession. Perhaps, hospital systems should consider if they have any biases that may be present when providing opportunities for student learners. A recommendation would be to provide learning opportunities based on demand of the workforce. This hospital system, and specifically the SCN, should provide opportunities such as observerships to those in various healthcare professions, including nursing.

Unilateral Decision-Making

This research study has highlighted a lack of discernable decision-making processes in the SCN which should be reformed when the decisions being made have wide-reaching impacts. There was no evidence found in this study that those in roles other than management were considered or involved during the decision-making process. In fact, several participants identified a lack of consideration for many key stakeholders. Namely, frontline nurses, nursing

students, and the university partner did not have a voice. With the exclusion of many voices at the table, this decision was made using an authoritarian approach to unilateral decision-making. Although this approach to decision-making may be more efficient and decisive than styles that include collaboration, this top-down type of decision making is often accompanied by heightened power differentials and resentments amongst team members (Shonk, 2021). Having an authoritarian approach limits opportunities to reach agreements that may have been mutually beneficial for those impacted (Shonk, 2021). There were conflicting messages between participant responses as to who was and who should have been involved in this choice, which were termed "actual" and "ideal" decision-making. The concept emerged through analysis when creating maps for how decisions are typically made in the SCN, and how participants believed this decision was made (see Appendix H). If those under the leadership do not understand or support a decision made by someone in a position of power, this generates conflict and resentment between parties (Shonk, 2021). It is evident from the findings that there are repercussions from the top-down approach being made to this decision, as participants expressed feelings of upset, sadness, and frustration. It is important to distinguish that some participants were resistant to the way that this decision was made, and not necessarily with the outcome being the loss of this clinical placement. Some participants expressed that they agreed that students should not be in the SCN in year two, but also shared that they felt the way this decision was made was "ridiculous". Again, relating to Curtin's (2014) statement that a decision should not be made by one individual if it impacts many others as this is ineffective leadership which leads to conflict between those in power and those under their power. There is no room for negotiation and compromise in an authoritarian approach (Shonk, 2021). This may explain why many participants expressed being silenced regarding this decision. Authoritarian decision

making restricts communication, sharing of information, and the development of trust (Shonk, 2021). Inevitably, this approach may have led to conflict with leadership as many frontline participants expressed dissatisfaction with this decision-making. Although nurses are an autonomous profession in clinical practice, many decisions made regarding the profession are made without the voice of those on the frontlines. The lack of frontline nursing voices regarding the decision to cease second-year clinical placements in the SCN could be a micro example of a macro issue regarding how nurses are often left silenced when making policy and structural decisions. This research may be indicative of a bigger problem within the nursing profession, which is that many of the decisions that impact nursing do not include the voice of nurses.

For example the federal government and the provincial/territorial governments are responsible for identifying stakeholders in making decisions to address nursing issues and regulating the profession (Advisory Committee on Health Human Resources, 2000). Although some of the stakeholders within government committees may have had a background in healthcare or in nursing, it is often the case that these individuals are involved in policy and management roles, and not directly affected by decisions (The Pulse, 2008). Nurses are widely viewed as being responsible for the health of the global community, however, their voices are excluded from decisions regarding policy and the allocation of health resources (The Pulse, 2008). It was not until August of 2022 that a Chief Nursing Officer was appointed for Canada, whose role is provide expert guidance and advice on nursing and health policy (Health Canada, 2022). The role of the Chief Nursing Officer was stopped in 2012 to reallocate government resources, and Canada has been without expert nursing guidance in policy since this decision (Health Canada, 2022). This speaks volumes to the importance that the government and policy makers place on having nursing voices at the table. Many decisions about the healthcare system

are made excluding the voices of those who make up the majority of the system. Nurses' voices have been devalued on a larger scale within the government. Has this lack of nursing voices trickled down into different levels of nursing such as hospital systems? The frontline nurses were not offered an opportunity to be involved in this decision, despite the fact that it directly impacted them. This research stimulates further questions regarding where else nursing voices are not being heard, and the impact this has on healthcare.

Recommendations

Research. The concept of exploring the loss of a clinical placement opportunity in the field of nursing is not well-researched. In fact, this research study is very novel; particularly with the consideration that this study focuses on the nursing specialty of neonatal care. Literature about the shortage of nursing clinical placements primarily focuses on identifying that this issue is of increasing concern and discusses alternative avenues for learning. These alternatives are primarily outside of the hospital environment. As discussed in the literature review, these alternative opportunities may be an avenue to explore, but should not be used entirely as a replacement for traditional clinical education (Zentz et al., 2009). Simulation, as an alternative, is beneficial for the acquisition of knowledge and the application of clinical skills and abilities; however, the fidelity of simulation cannot fully mimic an in-patient clinical environment (Bridge et al., 2022). Bridge et al. (2022) suggests that 11-30% of clinical training can be achieved using a simulated placement, however, traditional clinical experiences account for the remainder of knowledge and skill gained during nursing education. When examining the current body of literature regarding the loss of clinical placement opportunities in nursing, the aim was to evaluate how the findings of this study advance, improve, or dispute current evidence. However, it was difficult to achieve this goal due to the lack of literature regarding the loss of a clinical

placement opportunity. It would be beneficial to explore if this phenomenon has been experienced within other units and hospital systems to gain a more concrete understanding of how these decisions are made. This research study serves as a steppingstone for further inquiry about how other units, sites, and systems in healthcare make decisions about clinical placement opportunities.

The use of Curtin's (2014) questions for decision-making produced useful insights but lacked structure for the specific process of decision-making. It is recommended that future research focusing on the "how" of a decision-making process utilize both Curtin's (2014) model and a more structured model such as Wales and Nardi (1984), which provided specific steps to follow for decision-making in leadership. Alternatively, it may be a more beneficial recommendation to create a decision-making model that is specific to nursing and includes both context specific questions and structured steps to making decisions in nursing leadership. This model should ensure that those being impacted by the decision are offered an opportunity to voice their perspectives, meaning that a collaborative approach to decision-making would have been ideal. As noted in the discussion, nursing voices are often left out of nursing issues, therefore, this model would need to be inclusive of nursing perspectives. Any future research must include the voices of all of those impacted to better understand the depth of the issue. Once all voices are heard, the totality of this issue can be better understood.

Literature exists regarding the phenomenon of "nurses eating their young", and how these negative attitudes are attributed to nursing burnout (Shazad et al., 2019). Based on this it would also be interesting to research if these negative interactions between nursing students and nurses in specific units leads to a lack of future intent to work in that area. Further research regarding the relationship between nursing attitudes and professional obligations for mentoring students

would be beneficial in gaining perspective on what the outcome of this ethical dilemma may be for nursing staff. This may help to provide context for why there is discrepancy between what a nurse is expected to do, and their ability to do so in this current healthcare climate regarding their capacity to take on student learners.

In terms of placement opportunities, it would be beneficial to explore the rationale for decision making process for the placement of student learners including physician students, nursing students, and allied health students to better understand the prioritization and allocation of opportunities for medical learners over nursing students. Inequitable placement opportunities create disparity in education experiences and needs further exploration.

Many downfalls of using a unilateral and authoritarianism approach to decision making in nursing leadership were explored in this research. However, research should be done to determine the optimal approach to decision making in nursing leadership, as this could lead to improved outcomes and satisfaction for those involved. This again ties into the recommendation for the creation of a model or framework to guide how decisions should be made within nursing leadership.

Education. The loss of a clinical placement opportunity is an issue of education because it impacts education. All participants identified that the students and the university did not have a voice in how the SCN decided to terminate second-year placements. If a decision impacts others, the decision should not be made in isolation (Curtin, 2014). However, findings of this study indicate that this decision was not made with regard for or in collaboration with all those who were impacted. Clinical placement shortages are placing strain on nursing education (Hilton, 2022). If universities are restricted from opportunities within hospitals, it should be explored as this has implications for undergraduate nursing curriculum. Participants identified many negative

implications of this decision for students and for the university, however, decision-makers did not consider these when making this choice. Building from the findings of this study, the impact of this loss needs to be studied for what this decision means for these students and, for the university. Asking the university and second-year nursing students about the loss of this placement would help to further the understanding of how the loss of a clinical placement impacts education.

It is recognized that the use of a unilateral approach in decision making can negatively impact partnerships, and there can be resistance to change if all parties are not involved in the decision-making process (Shonk, 2021). Participants also recognized that this decision could place a strain on the relationship between the university and the hospital system, as decisions regarding clinical placements are typically made using a collaborative negotiation (University of Windsor, 2020). Participants expressed that this would likely place a divide between the university and the hospital, which could make future placement negotiations challenging. Based on this, a next step would be to present the findings of this research to the university and to the hospital system. Then, it would be ideal to hold a meeting between leadership of the SCN and the university to discuss the issue of the loss of this placement, and to potentially explore the option of reintegration of nursing students in this environment. It would also be beneficial to identify if plans have been made for future decision-making to improve collaboration between the university and the hospital. If this is not happening, collaboration and discussion regarding how decisions are made would be encouraged. As identified in the findings, the hospital system offers observerships to medical learners. If nursing students could be offered an observational opportunity in the SCN, this could mitigate concerns regarding the acuity demands of the unit,

while still providing an educational opportunity and exposure to the specialty. Discussion regarding the possibility of observational placements in the SCN would be beneficial.

Nursing Practice. While this study focuses on the loss of one clinical placement at one hospital it prompts many questions regarding the future of nursing clinical placements. Some of these questions include: At what level are decisions to offer or not offer nursing student placements made? Are students who have had limited clinical experiences less desirable for hiring than those who have had more broad clinical exposure? What does this decision mean for the specialty of neonatal nursing? What does it mean for nursing education if hospitals, at the unit level, can cancel clinical placements? This research study generates a plethora of questions regarding impact of this choice, which are important to explore. It is clear that participants of this study were worried about what the loss of this placement will mean for the availability of graduate nurses with experience or interest in neonatal nursing. The findings of this research study will be shared with the SCN unit, which may provide important insights that could affect the perceptions of those who mentor students, and of those who create placement opportunities. Based on the literature regarding decision-making approaches and participant responses, a more collaborative approach to deciding should be utilized to build a healthier workplace environment and foster trust between frontline and management (Shonk, 2021). The loss of a clinical placement has significant impacts on nursing education which must be explored through further research. This study is a cornerstone for other research to be done about what the loss of a clinical placement truly means for nursing and education.

Conclusion

This study explored the phenomenon of the loss of a clinical placement for second-year nursing students in the SCN. The research focused on how this decision was made, and the results of this study highlighted a multitude of avenues for further discussion and exploration. Merriam (1998) informed the case-study methodology of the research, while Curtin's (2014) Model for Ethical Decision-Making in Management was utilized to frame the study and inform the interviews. The theme Conflicting Messages situated itself as an overarching construct for the entirety of the decision-making process, as there was conflict in participant responses throughout. The three subsequent subthemes were contributing factors, the level that decisions happen, and the outcomes of the decision making. The basic structure of this decision-making was formed through rigorous analysis of participant responses, while those interviewed were unable to identify any structure to the decision being made. This finding lends itself to the understanding that there was no decision-making process for the loss of second year SCN clinical placements, associated with a lack of communication between frontline staff and management. Data analysis created a basic structure of the decision trajectory, however, there was no participant consensus on what the decision-making process was for how the SCN decided to cease second-year student placements. However, participants identified that this was a decision made without collaboration, and many suggested that this decision may have been made by one or two individuals who did not consult with others on the issue: lending itself to an authoritarian and unilateral decision-making style.

Participants expressed that this decision impacted a multitude of people, including frontline staff, management, the hospital system, the university, and students. Participants did not feel that this decision was made in consideration of all those impacted. Participants highlighted a

significant lack of voice for those on the frontline, nursing students, and the university. Despite a lack of identifiable process in this decision-making, participants spoke at great length about the implications of this decision being made. Many offered concern for what this decision will mean for the unit, as well as for the nursing profession at large.

Though this research generated much insight into the factors, both positive and negative, that influenced the decision to cease second-year student placements in the SCN, the actual process of decision-making remains unclear. The use of Curtin (2014) in addition to the well-defined model produced by Wales and Nardi (1984) for decision-making in leadership may have spoken more directly to the research question, focusing on a structure to the process of deciding. This recommendation is based on the finding that Curtin's (2014) model aided in understanding context surrounding this decision but lacked structure to understand decision-making processes. The development of a new model for decision-making in nursing leadership that is more comprehensive in providing both context and structure for deciding is recommended. Alternatively, the use of a combination of preexisting models or frameworks would be beneficial.

An additional recommendation from this study is that those in leaderships positions faced with important decisions should utilize collaborative decision making versus unilateral to foster a culture that values teamwork, trust, respect, and mutual understanding (Shonk, 2021). Collaborative decision making also minimizes conflict by allowing for equal opportunities for team members to influence the decision, which can produce more favorable outcomes (University of Waterloo, 2020).

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Appendix A: Semi-Structured Interview Guide

Exploring the Decision-Making Process Behind the Loss of a Clinical Placement: Second-Year Nursing Students in the Special Care Nursery

Thank you for taking the time to meet with me and agreeing to participate in this research study.

I am conducting this research study to gain an understanding of the decision-making process that led to the SCN deciding to stop providing clinical placement opportunities to second-year nursing students at Brock University.

Please remember that you can choose to stop this interview at any time. Participation is entirely voluntary. In addition, you may choose not to answer questions.

1. **What is your current job title and how does your role relate to the SCN?**

Prompts

Clinical coordination, clinical education, or management related?

2. **Did you have any experiences as a nursing student that led you to want to work as a SCN nurse?**

Prompts

Could be experiences in either neonatal nursing or other fields of nursing

3. **What types of interactions have you had with second-year nursing students related to the SCN?**

Prompts

i.e. Clinical supervision, student placement coordination, etc.

4. **To your knowledge, what level of students can be placed in the SCN and why?**

Prompts

Do you know which level of student can be placed in the SCN?

Did you know that second-year students are no longer allowed?

5. **How and when did you find out that second-year students are no longer allowed into the SCN?**
6. **What are your thoughts on the fact that second-year students are no longer allowed in the SCN?**
7. **Can you provide examples of any past experiences that you have had with second-year nursing students in the SCN?**

Prompts

How would you describe your past experiences with 2nd year students in the SCN?

8. **Could you help me to understand what led to or what might have contributed to 2nd year students no longer being allowed in the SCN?**
9. **Talk to me about how decisions are typically made on this unit.**

Prompts

Who is involved?

Are decisions individual or collaborative?

Do you feel like you have a say?

Could be decisions r/t students or decisions in general

10. **How was the decision made and by whom?**

Prompt

Not having second-year students allowed in the SCN

Who is involved with making decisions about having second-year nursing students in the SCN?

11. **Who do you think should be involved with decision-making regarding student placement opportunities in the SCN?**

<u>Prompts</u>

Who is most qualified to make these decisions?

Who should be consulted in making these decisions?

12. **Was the decision-making process around second-year students similar to that of other decisions made on the unit?**

<u>Prompt</u>

Or do you know?

13. **Can you tell me about what this change means to you?**

<u>Prompt</u>

Or does it mean something to you?

14. **Have there been any positive or negative outcomes from this decision?**

<u>Prompts</u>

Who has this decision affected?

How do you feel this decision has impacted the SCN?

What negatives and positives have/could come as a result of this decision?

15. **At what level do these decisions happen?**

<u>Prompts</u>

Do you think this is a personal issue, nursing issue, a systems issue, a clinical staff issue, a management issue, or an institutional issue etc.?

16. **Who do you think is impacted by the change to clinical placement opportunities in the SCN, and how are they impacted?**

Prompts

Who does this decision effect?

How does this affect them?

What does this decision mean for nursing?

What does this decision mean for nursing education?

17. **What could change in the future to allow second-year students to come back to the SCN?**

Prompt

Or do you want students to come back? If not, why not?

18. **Could you recommend anyone else that you feel might offer an important or different perspective on this research study?**
19. **If necessary, would you be willing to be contacted for a second interview or for follow-up questions?**

Prompt

Second interviews are used to gain further understanding or clarity on responses to initial interview questions

Additional Questions for Management and Clinical Placement Coordinator

20. **For the purpose of gaining context into the historical and the current clinical placement arrangements for students between the hospital system and the university, if you have access to them, would you be willing to share the Student Coordination Agreement, the Clinical Assignment Agreement and/or the Memorandum of Understanding with the research team?**

***Please note that if you share these documents, they will remain confidential and will only be viewed by the research team.**

Thank you for sharing your time, ideas, and experiences with me. Do you have any other thoughts or additional comments that you would like to share?

Kayleigh Tyrer

Appendix B: Recruitment Poster

SCN STAFF

I WANT TO HEAR FROM YOU, YES YOU!

RESEARCH PARTICIPANTS NEEDED

If you have had some level of professional interaction with second-year nursing students in the SCN, I want to hear from you.

Participants are needed for a research study about the decision-making process behind the loss of second-year nursing student clinical placements in the SCN.

The purpose of this research study is to gain an understanding of how a hospital unit decides to cease nursing student placements. This study will contribute to the current body of knowledge on the shortage of nursing student placements, specifically in the specialty area of neonatal nursing.

Your participation will involve one interview session that would take approximately 1 hour.

The interview can take place at a location and time of your choosing.

In appreciation of your time, once the interview is complete each participant will receive a $10.00 Tim Horton's gift card. If the interview takes place at Brock University, parking will be paid for.

This study has been reviewed for ethics clearance through the Hamilton Integrated Research Ethics Board and the Brock University Research Ethics Board.

For more information about this study or to volunteer to participate, please contact:

Kayleigh Tyrer, BScN, RN, MA Nursing (Student)

Call: 705-927-4115

Email: kt13us@brocku.ca or kayleigh.tyrer@niagarahealth.on.ca

OR

Dr. Karyn Taplay, RN PhD (Faculty Supervisor)

Call: 905-688-5550 x3786

Email: ktaplay@brocku.ca

Appendix C: SCN Unit Email Advertisement

Participants are needed for a research study about the decision-making process behind the loss of second-year nursing student clinical placements in the special care nursery.

To be eligible to participate you must meet the following requirements:

1. Have had some level of professional interaction with second-year nursing students in the SCN
    - May be direct (mentor/educator) or indirect (coordination and organization of placement)
2. Act as a member of the interdisciplinary team
3. Have a clinical, education or management-based position in the hospital
4. Been an employee prior to January 1, 2019
5. Be English speaking

The purpose of this research study is to gain an understanding of how a hospital unit decides to cease nursing student placements. This study will contribute to the current body of knowledge on the shortage of nursing student placements, specifically in the specialty area of neonatal nursing.

Your participation will involve one interview session that would take approximately 1 hour.

The interview can take place at a location and time of your choosing.

In appreciation of your time, once the interview is complete each participant will receive a $10.00 Tim Horton's gift card. If the interview takes place at Brock University, parking will be paid for.

This study has received ethics clearance through Brock University's Research Ethics Board (file # 19-127-TAPLAY).

This research is being completed in partial fulfillment of Kayleigh Tyrer's Master of Arts in Applied Health Sciences (Nursing) Thesis at Brock University.

For more information about this study or to volunteer to participate, please contact:

Kayleigh Tyrer, BScN, RN, MA Nursing (Student)
Call: 705-927-4115
Email: kt13us@brocku.ca or Kayleigh.tyrer@niagarahealth.on.ca

OR

Dr. Karyn Taplay, RN, PhD (Faculty Supervisor)
Call: 905-688-5550 x3786
Email: ktaplay@brocku.ca

Appendix D: Email Script

Manager, Clinical Placement Coordinator, Clinical Educator

Hello,

I am currently completing my Master of Arts in Nursing at Brock University and I am conducting a research study for my thesis exploring the decision-making process behind the loss of a clinical placement for second-year nursing students in the SCN.

I am interested in your unique insight into this topic and would like to hear from you.

The purpose of this research study is to gain an understanding of how a hospital unit decides to cease nursing student placements. This study will contribute to the current body of knowledge on the shortage of nursing student placements, specifically in the specialty area of neonatal nursing. Your participation will involve one interview session that would take approximately 1 hour. The interview can take place at a location and time of your choosing.

In appreciation of your time, once the interview is complete you will receive a $10.00 Tim Horton's gift card. If the interview takes place at Brock University, parking will be paid for. This study has received ethics clearance through Brock University's Research Ethics Board (file # 19-127-TAPLAY).

For more information about this study or to volunteer to participate, please reply to this email (kt13us@brocku.ca or Kayleigh.tyrer@niagarahealth.on.ca) or contact me by phone (705-927-4115).

Additionally, the faculty supervisor, Dr. Karyn Taplay, can be contacted via email (ktaplay@brocku.ca) or by phone (905-688-5550 x3786).

Thank you for your time and consideration,
Kayleigh Tyrer
BScN, RN, MA Nursing (Student)

Appendix E: Consent Form (Participants)

Exploring the Decision-Making Process Behind the Loss of a Clinical Placement: Second-Year Nursing Students in the Special Care Nursery

Principle Student Investigator: Kayleigh Tyrer BScN, RN, MA Nursing (Student), Faculty of Applied Health Sciences: Department of Nursing, Brock University. Kt13us@brocku.ca

Co-Investigators:

Karyn Taplay RN, MSN, PhD, Associate Professor, Faculty of Applied Health Sciences: Department of Nursing, Brock University. ktaplay@brocku.ca

Sheila O'Keefe-McCarthy RN, PhD, Assistant Professor, Faculty of Applied Health Sciences: Department of Nursing, Brock University. sokeefemccarthy@brocku.ca

Maureen Connolly PhD, Associate Professor, Faculty of Applied Health Sciences: Department of Kinesiology, Brock University. mconnolly@brocku.ca

Invitation to participate in research:

You are being invited to participate in a master's thesis research study for the Principle Student Investigator Kayleigh Tyrer, Department of Nursing, Brock University.

You have been invited to participate in this research because you have insight into the decision-making process behind the loss of a clinical placement for second-year nursing students in the special care nursery. Your participation in this research is voluntary, and if you consent to participate, you can decide to withdraw at any time and any of your data collected will be destroyed. There are no consequences for those who wish to withdraw from this research study.

Why is this study being done?

As of January 1, 2019 the decision was made to stop offering second-year nursing student clinical placements in the special care nursery. This research study will contribute to the current body of knowledge on the shortage of undergraduate nursing placements. There is a limited body of knowledge available on placement shortages in specialty clinical units, and even more-so in the area of neonatal nursing. This research can help to gain an understanding of how a hospital unit determines whether to provide nursing student placements and will explore what contributes to the decision to cease student placements. The overarching research question is "How did the special care nursery decide to stop taking second-year nursing students for clinical placement?".

What will happen to participants in this study?

This research study consists of a semi-structured interview that will take approximately 1 hour in length. The student primary investigator will be interviewing participants. Participants can opt to be interviewed by one of the co-investigators rather than the student primary investigator should they wish. The interview will discuss various aspects of decision making to explore how the decision to cease student placements in the special care nursery was made. Additionally, it will provide participants the opportunity to expand on their experiences having had second-year students in the SCN.

The interview will be audio-recorded for the purpose of verbatim transcription. Participants will be assigned a numerical identification number to keep track of their data collected, and only the research team (student PI and co-investigators) will have access to these identification numbers and the data. Participation in this research study is confidential.

Participants may be contacted for an optional follow-up interview.

Are there any risks?

Participation in this research is in no way related to the participant's position of employment within the hospital or unit. This research is being conducted through Brock University and is being completed in fulfillment of a student thesis. However, this research asks for opinions on a potentially contentious issue and runs the risk that others may be able to identify participants due to the data being collected from a single unit at one hospital and from a relatively small pool of participants. To mitigate these concerns, all identifying information including a participant's role/job title will not be included in data dissemination. Pseudonyms will be used when direct quotations appear. Additionally, if a direct quote from the interview could potentially identify the participant, it will not be used in dissemination. The name of the hospital and the unit will not be disclosed; the hospital will be referred to as a Southern Ontario Teaching hospital, and the university will be referred to as a Southern Ontario University. The dissemination of results will discuss the themes that emerge through data analysis that speak to the research question.

Are there any benefits?

Participants will be able to provide insight into the decision-making process for ceasing second-year student placements in the special care nursery. This knowledge can be useful in maintaining clinical placement opportunities for undergraduate nursing students, and to protect from further loss. This is pivotal due to the current nursing placement shortage crisis. Participating may help transfer knowledge gained from this study to the affiliated university and hospital unit. There cannot be reintegration of students without first understanding how the decision was made. The direct benefit is that participants would provide input about student placement issues that could benefit the unit and/or the students, and directly impact the nursing profession. Participants can receive an executive summary of the research findings by contacting the researchers. Results of this research are expected to be available 6-12 months following the completion of data analysis.

Will I receive compensation for my participation in this study?

Following the completion of the interview, you will receive a $10.00 Tim Horton's gift card to acknowledge your participation in this study. In addition, if you are being interviewed at Brock University, on arrival to the study your parking will be paid for.

What will happen to my personal information?

All information you provide is considered confidential. No personal identifiers will be included with any data collected in this study. Numerical codes will be used in place of identifying information. All numerical codes as well as collected data will be kept in the researcher's office (hard copy) or on the principle investigator's computer that is password protected with a secure network and firewall in place. Data for this research study will be stored for a maximum of five years following study completion. Only the primary student investigator and the co-investigators will have access to the data. All reports of results and or publications will be presented in summary, so individual's identities are not revealed.

Can Participation end early?

Yes, participation can end early. This study is entirely voluntary, and the participant wishes to withdraw or exclude their data from the study you just have to verbalize this to the researcher. The participant has the right to refuse answering any questions posed in the interview. Data will be securely and permanently destroyed upon participant withdrawal. Participants will still receive the $10.00 Tim Horton's gift card if they chose to withdraw, and parking is paid for on arrival if being interviewed at Brock University.

Plan for Disseminating the Study Findings
In addition to being presented in the student primary investigator's thesis work, the results of this research study are intended to be presented at conferences and presented in the form of a manuscript, which will be submitted for publication in peer-reviewed journals.
If I have questions about this study, who should I contact?
If you have any questions about this study, contact the following:
Kayleigh Tyrer, BScN, RN, MA Nursing (Student), Faculty of Applied Health Sciences: Department of Nursing, Brock University.
Phone: 705-927-4115
Email: kt13us@brocku.ca
OR
Dr. Karyn Taplay, RN, PhD, Associate Professor, Faculty of Applied Health Sciences: Department of Nursing, Brock University.
Phone: 905-688-5550 x3786
Email: ktaplay@brocku.ca
If you have any questions about rights as a research participant please contact Brock University's Research Ethics Board by email (reb@brocku.ca) or by phone (905-688-5550 ext. 3035).

This research study has received ethics clearance through Brock University's Research Ethics Board (file # 19-127-TAPLAY).

Participant:
I agree to participate in the study described above. I have made this decision based on the information I have read in this consent letter. I have had the opportunity to receive any additional details that I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time and am not obligated to answer every question asked during the interview.
I consent to having my interview audio-recorded for the purpose of transcription:

☐ YES ☐ NO

Thank you for your assistance in this research.
Name: ____
Signature: ____ Date: _______________

Appendix F: HiREB Letter of Exemption

Date: Oct-11-2019

Project Number: 7883

Project Title: Exploring the Decision-Making Process Behind the Loss of a Clinical Placement: Second-Year Nursing Students in the Special Care Nursery

Principal Investigator: Ms Kim Bowen

Upon initial review of the above project, we have deemed this project exempt from HiREB review based on the following:

Thank you for your submission which has been deemed program evaluation, since you are assessing the current state of program revisions in a selected local curriculum.

You are thus granted a waiver from ethics review by the HiREB, as per the TCPS2 (2018) Article 2.5.

Your study is being returned and the file closed out with the HiREB. If you wish to discuss this further please contact the HiREB office.

Sincerely,

Dr. Kristina Trim, RSW, PhD
Chair, HiREB Student Research Committee

The Hamilton Integrated Research Ethics Board (HiREB) represents the institutions of Hamilton Health Sciences, St. Joseph's Healthcare Hamilton, Research St. Joseph's-Hamitlon and the Faculty of Health Sciences at McMaster University and operates in compliance with and is constituted in accordance with the requirements of: The Tri-Council Policy Statement on Ethical Conduct of Research Involving Humans; The International Conference on Harmonization of Good Clinical Practices; Part C Division 5 of the Food and Drug Regulations of Health Canada, and the provisions of the Ontario Personal Health Information Protection Act 2004 and its applicable Regulations; for studies conducted at St. Joseph's Healthcare Hamilton, HiREB complies with the Health Ethics Guide of the Catholic Alliance of Canada

*Please note: The principal investigator is listed as Kim Bowen because an internal investigator was needed for the HiREB application. However, the principal investigator of this research is Kayleigh Tyrer.

Appendix G: Infographic of Decision-Making Process Themes

Conflicting Messages

Overarching Theme

-Conflicting messages situated itself as an umbrella theme, with impact in all subsequent themes
-Conflicting messages were found both between and within interviews regarding the who, what, why, and how of the decision-making process
-Conflicting messages were found within documents, as the decision to cease placements did not align with the hospital's goals, missions or values

Contributing Factors

Theme 1

-This theme encompasses various elements that may have led to the decision to cease placements
- negative attitudes towards students, staff burnout, clinical instructor expertise and involvement, and unit acuity were attributed

Level That Decisions Happen

Theme 2

-Asking participants about who was or should have been involved in decision-making highlighted that this decision was not made in the way they felt it should have been – this was coined "actual" versus "ideal" decision-making
-this decision was made at a "management" level
-frontline staff, nursing students, and the university did not have a voice in this decision being made

Outcomes of Decision Making

Theme 3

-There was a gap in perceived impact of this decision, as some participants expressed being deeply impacted by the loss of this placement, while others shared it meant very little to them
-The loss of this placement will create further challenges with recruiting staff nurses due to a lack of exposure to the specialty
-This decision places a strain on the relationship between the university and hospital system
-Nurses identified conflict between their professional obligation to mentor students, and their burnout associated with constantly acting as a nurse preceptor in an acute environment

Appendix H: Map of How Decisions are Perceived to be Made

This serves as a visual representation of how participants believed unit decisions are typically made, how they perceive the decision to cease second-year student placements in the SCN was actually made, and how they think this specific decision should have been made.

Participant 1

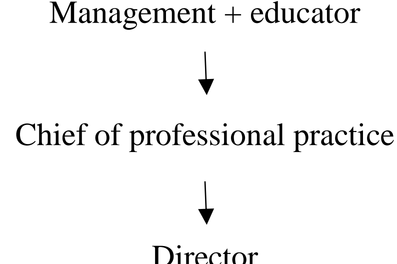
How unit decisions are typically made:

- two different groups depending on whether the decision is a clinical decision or a medical decision

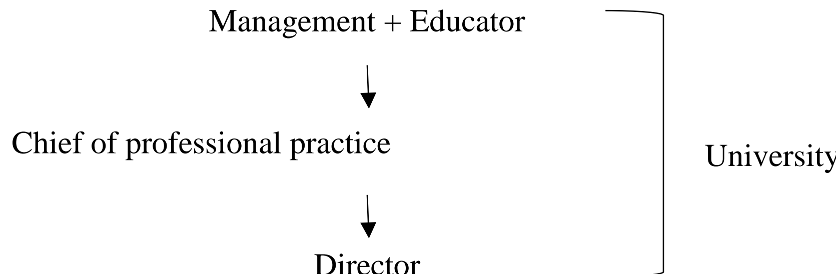
Clinical decision = "multidisciplinary rounds" = allied health + medicine + nursing

Medical decision = nurse practitioner + physicians

How this decision was actually made:

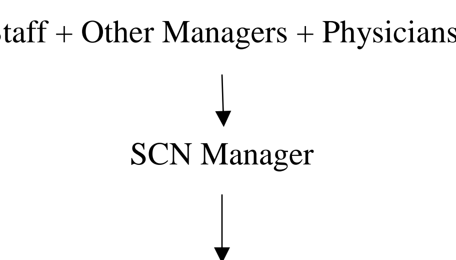


How decision should have been made:



Participant 2

How decisions are typically made:



SCN Manager + Nurse Practitioner + SCN Educator + Chief of Physicians + Director

(discuss and approve decisions/changes)

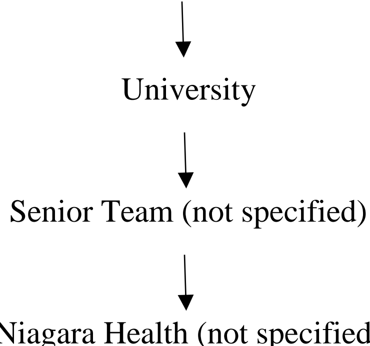
↓

SCN Manager + Nurse Practitioner + Educator

(operationalize & manage decisions/changes)

How this decision was actually made:

SCN Manager + SCN Educator + Women & Babies Director + Director of Education



↓

University

↓

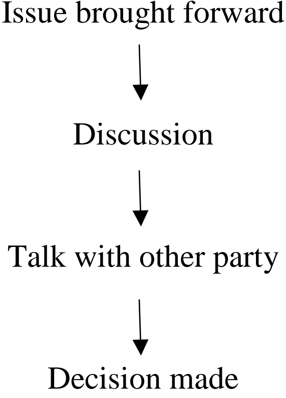
Senior Team (not specified)

↓

Niagara Health (not specified)

How this decision should have been made:

- "pretty much the same"



Issue brought forward

↓

Discussion

↓

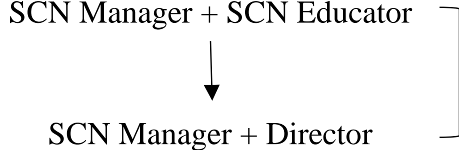
Talk with other party

↓

Decision made

<u>Participant 3</u>

How decisions are typically made:



SCN Manager + SCN Educator

↓

SCN Manager + Director

These individuals meet to make decisions – discuss pros/cons, how staff feel

= Inform staff of decision via email or huddles

How this decision was actually made:

- “There was a standard that already exists in this organization”
- “It came from senior management”
- “This was beyond our (frontline) control”

Senior management decided

↓

SCN Manager and educator operationalized decision

How this decision should have been made:

- Those who are typically involved + frontline staff
- Did not clearly outline trajectory of decision

<u>Participant 4</u>

How decisions are typically made:

- “I don’t know”

How this decision was actually made:

SCN Manager

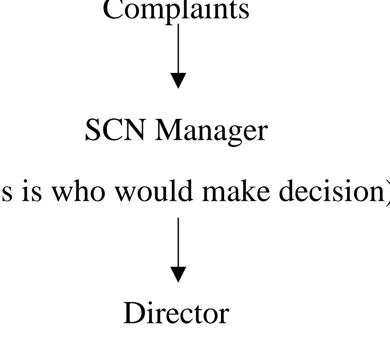
How this decision should have been made:

SCN Manager + SCN Educator + SCN Charge Nurse + University

<u>Participant 5</u>

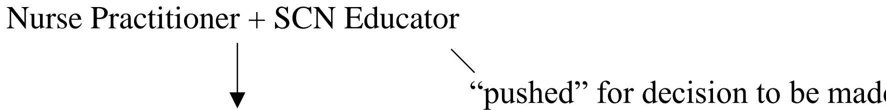
How decisions are typically made:

- “I would say I have no idea. It seems random at times” but “best guess”:



(if decision is “above” unit manager)

How this decision was actually made:



SCN Manager + Director

How this decision should have been made:

Frontline staff + University

"Especially staff who are also clinical instructors"

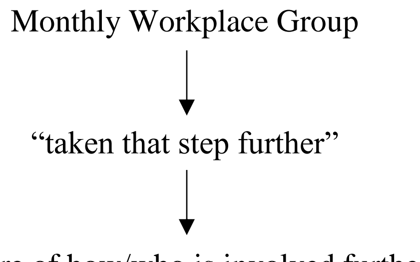
<u>Participant 6</u>

How decisions are typically made:

Frontline staff

↓

Nurse Practitioner OR SCN Manager OR SCN Educator



How this decision was actually made:

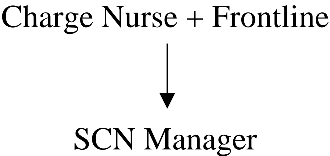
SCN Educator = sole decision maker

How this decision should have been made:

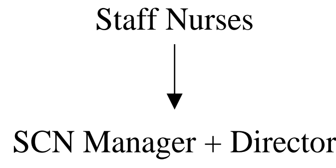
Typical decision makers + university

<u>Participant 7</u>

How decisions are typically made:



How this decision was actually made:



How this decision should have been made:

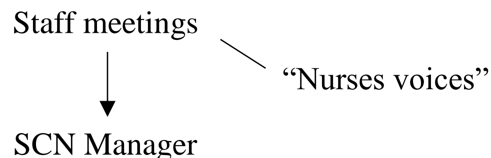
Staff Nurses + SCN Manager + University + Director

Includes Clinical Instructors

Participant 8

How decisions are typically made:

- “also at chapter meetings at systematic level”



How this decision was actually made:

- Unsure if students in the SCN was ever discussed at staff meetings
- Decision was “one-sided”

Educator = Sole decision maker

How this decision should have been made:

University administration + Hospital Administration + Nurses + Clinical Instructors

Participant 9

How decisions are typically made:

- “A decision is in response to a situation”

Day- to-day decisions = SCN Manager

Functioning + the program = SCN Manager + Director

How this decision was actually made:

- May have been input from Nurse Practitioner, Educator & frontline staff but unsure
- Primary decision makers =

SCN Manager + Director

How this decision should have been made:

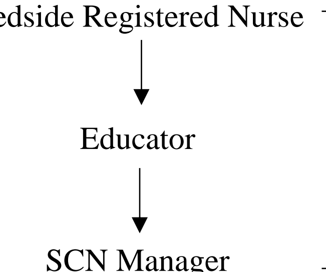
- “It is a discussion of the program leadership”
- University input “wouldn’t change the outcome”

SCN Manager + Director

Participant 10

How decisions are typically made:

- Bedside can voice issues but “don’t have a role or control in any change that occurs”



Sometimes the bedside Nurse will go straight to the SCN Manager, bypassing the educator

How this decision was actually made:

- “Honestly, I don’t know”
- “RN doesn’t have control”
- “if the person above us doesn’t want them there, it’s not going to happen”

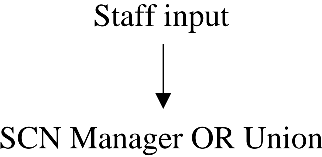
Decision = Management Level

How this decision should have been made:

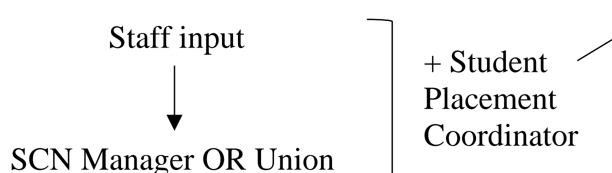
Management + Bedside Nurses

Participant 11

How decisions are typically made:



How this decision was actually made:



Believed they would have been involved, but unsure at which level or where they fit best

How this decision should have been made:

University + Clinical Instructors + Hospital System

Participant 12

How decisions are typically made:

- **Managers role is to make day-to-day decisions**

SCN Manager + Charge Nurse

How this decision was actually made:

SCN Manager

How this decision should have been made:

SCN Manager ⏋ Student Placement Coordinator may "liaise" on decision to discuss department needs, student learning goals, and unit staffing

Appendix I: Table of Articles from Literature Review

Article	Purpose	Location	Type of Study	Key Findings	Section(s) in Literature Review
Aurilio & O'Dell, 2010)	This article discusses methods for community-based placements implemented at a University in Ohio to promote appropriate clinical experiences for a maternal-women's health nursing course while addressing the issue of a lack of clinical placement opportunities.	Ohio, USA	Discussion	·Competition between nursing and multidisciplinary programs for clinical placements are a barrier to increasing enrollment in nursing programs, despite the demand for more nurses ·Nursing students could utilize community experiences for maternal and women's health nursing to integrate theory into practice. These include women's health clinics, welcome home visits, high-risk obstetric offices, sexual health clinics, school sexual health programs, prenatal childbirth education courses, and advanced nursing practice settings ·Both inpatient and community opportunities can provide a multitude of learning opportunities for nursing students, especially given the current placement shortage crisis	·Lack of placement opportunities ·A community-based approach
Beal et al., 2012	This article discusses the importance of having a clinical experience in maternal child	San Francisco, USA	Discussion	·Clinical experience in maternal child health is critical to the BScN education curriculum ·Maternal child health experiences allow nursing students to expand their care of the population to include that of the family.	·A community-based approach ·Acuity demands

	health during the BScN program utilizing alternative methods that promote patient safety.			·A student nurse cannot fully understand and care for a patient, without also considering the context of the family ·The use of simulation when feasible is recommended, as this promotes the protection and safety of children as patients. Children are a uniquely vulnerable population ·Alternative or unique clinical placement opportunities should be generated to protect the safety of children, while promoting the development of clinically competent care providers	
Bodo et al., 1984	This study focuses on the development of Lamaze childbirth classes prepared by undergraduate nursing students as a means to gain clinical experience in maternal-child care.	Florida, USA	Qualitative single case study	·Developing unique clinical experiences, such as prepared childbirth classes, can be an alternative for students to gain maternal-child experience during a clinical placement shortage ·Developing these clinical experiences outside of the inpatient setting allow for students to develop a more holistic approach to their nursing care, while increasing the quality of care for expectant families ·Prepared childbirth classes allow nursing students the opportunity to care for patients during the three types of clinical experiences found in maternal-child care: 1) crisis point (labour and delivery/ immediate postpartum),	·A community-based approach

				2) nursery experience (maternal-child exposure), and 3) extended follow-up (throughout maternity cycle) ·Alternative methods of clinical experience can also benefit families in the process of childbirth, allowing for greater continuity in care, as well as trust in the healthcare system	
Drake, 2016	This article describes recent trends in maternal-child health education for nursing undergraduate programs.	Virginia, USA	Qualitative systematic review	·Maternal-child health is integral to the undergraduate curriculum for nursing students ·It is the responsibility of educators to provide nursing students with an educational foundation that meets both the workforce demands for maternal-child nurses, and the increasing healthcare demands of childbearing women, babies, and families ·Maternal-child clinical placements allow for the development of holistic nursing care skills pertaining to health promotion, nutrition, communication, and patient education. This setting also allows for unique and specialized skill acquisition such as fetal heart monitoring, fundal assessments, etc. ·Educators must be flexible and creative to deliver maternal-child health education as there is a need, but also a limited availability of clinical placement opportunities ·Simulation and interprofessional education are two recommended methods for generating	·Lack of placement opportunities ·A community-based approach ·Acuity demands

				opportunities to gain competencies for nursing students in maternal-child health. These methods will keep up with the demand for maternal-child nurses, without compromising on the quality of maternal-child education	
Zentz et al., 2009	This article describes a clinical experience, known as "Perinatal Showers", which provided an opportunity for community-based prenatal education for undergraduate nursing students.	Indiana, USA	Qualitative single case study	·There have been ongoing challenges for securing student clinical experiences with prenatal clients within the process of healthy childrearing ·Lack of access to pregnant women, limited faculty members, and large volumes of students are attributed to the difficulty to meet select maternal-child health course objectives ·The development of unique opportunities such as "prenatal showers" allows for nursing students to develop and provide education for at-risk prenatal clients, while caring for a generally underserved demographic ·These education opportunities allow student nurses to have access to prenatal clients of diverse backgrounds, and to engage in community-based nursing, with goes beyond the clinical experiences gained with traditional placements ·The development of a community-based approached to maternal-child health can improve community partnerships for the	•Lack of placement opportunities ·A community-based approach

				university, which may foster further clinical placement opportunities ·Limited placement opportunities demand that faculty must embrace less traditional methods for clinical teaching and learning, and even more-so as the delivery of healthcare evolves	