Are we preparing student nurses for final practice placement?

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Abstract

The aims of this research were to illuminate student nurses' perceptions of preparedness for final practice placement, and to ascertain factors that supported and hindered preparation for final placement practice. This phenomenological qualitative research was carried out in a UK higher education institution (HEI) with eight adult branch student nurses maintaining written diaries for the first 4 weeks of their final 10-week practice placement. Data were then analysed by means of an interpretive phenomenological approach (IPA). Results showed that students felt ill-prepared for placement. Eight clear themes emerged, including: being used as 'an extra pair of hands'; mentors appearing to treat student practice documentation as unimportant; and high staff expectations. Other themes were: mentor importance; students feeling that they lacked knowledge; and students feeling unsupported and stressed. In conclusion, although students felt that they lacked knowledge and were used as an extra pair of hands, they did show clinical competence.

This paper explores research within a UK higher education institution (HEI) to examine the experiences of final practice placement student nurses to ascertain their perceptions of preparedness for this important pre-registration placement. The study illuminates the needs and experiences of student nurses within the current nursing context, which are not only applicable to the UK, but also have relevance internationally. This research is a preliminary study that could later be applied to different HEIs around the UK and internationally to examine if student experiences are consistent and to ascertain what the requirements for qualification actually are. The transition from student to qualified nurse in the UK has been researched extensively by Kramer (1974), Melia (1982), Holland (1999), Gerrish (2000) and Mooney (2007). The work of Melia (1982) and Holland (1999) explored the latter phase of pre-registration education in particular. Although recently there has been little, it is this phase that this research intends to build on. 'Pre-registration nursing

education' describes the programme that a UK nursing student undertakes to acquire competencies needed for registration with the Nursing and Midwifery Council (NMC) and be fit for practice (NMC, 2010). There have been significant changes within nurse education, such as Project 2000 (Maben and Macleod Clarke, 1998), *Making a Difference* (Department of Health(DH), 1999) and NMC (2010) standards for education, as well as NHS transformations, all of which have affected preregistration preparation for practice. There have also been several damming reports (Willis Commission, 2012; Keogh, 2012; Francis, 2012) which show the world that student nurses now work within, and the demands made of them in the effort to improve patient care. Project 2000 was found to equip nurses inadequately with practical skills for qualification; the nurses also lacked confidence (Redfern et al, 2002; Bradshaw and Merriman, 2008). As a consequence of these failings—one-sided theoretical education, mismatched clinical placements and a deficit in interprofessional working—*Making a Difference* (DH, 1999) emerged. This document recommended a shift towards interdisciplinary learning. Reinforced standards for nurse education are derived from outcome competencies, covering values, skills, knowledge, understanding and abilities. This approach is reflected and enhanced in the standards for education (NMC, 2010). Duchscher (2009) has suggested that transition begins before qualification. Factors influencing this transition include feeling uncomfortable and inadequate; being accepted into a new culture; mentor support; stress; and clinical competence (Nash et al, 2009). Therefore, it is important to understand what student nurses feel during their final practice placement—a placement of particular importance because students are then signed off and move to registrant status.

Literature review

From the literature review, key themes were identified, including: support, stress and competence.

Support

Support—including positive support and lack of support—has been identified as a pivotal component of student nurse transition and preparation for practice. Gerrish (2000) explored experiences of newly qualified nurses in the transition period in 1988 and 1998, and noted significant differences between the two groups. The 1988 group had no formal induction to their new role and were commonly left in charge of the

ward; while confident, they had no organisational or managerial skills. In the 1998 group, although the transition period was stressful, there was both a supernumerary and preceptorship period. Higher support levels are related to being part of a team and to mentors willing to share knowledge. Furthermore, structured clinical placements were identified by students as addressing specific needs and preparing them as staff nurses (Ross and Clifford, 2002).

Stress

Clinical placements are significant sources of stress (Delaney, 2003; Duchscher, 2009; Orton, 2011; Deasy et al, 2011), which is also experienced by many newly qualified staff. Deasy et al (2011) note that student nurses should be assisted in the development of coping skills. Jones and Johnston (2000) support this suggestion, discussing the importance of coping with stress during the formative training period. Causative factors for stress on clinical placements include unfriendly atmospheres and being reprimanded in front of patients and peers (Evans and Kelly, 2004). Student nurses may feel stressed at the realisation that they are about to become fully accountable practitioners, leading them to question their own competence. They may experience fear of responsibility and accountability, perceive inadequate training and role preparation, and a lack of knowledge and confidence (Whitehead, 2001; Nash et al, 2009).

Competence

Several studies highlighted issues around confidence and competence among newly qualified nurses (Amos, 2001; Lauder et al, 2008). Casey et al (2004) explored student nurse readiness for practice and found that within preregistration nurse programmes, there are deficits of knowledge in areas such as pharmacology and pathophysiology, leadership, management and delegation skills, and the ability to recognise patient deterioration. Nash et al (2009) noted that prequalification participants displayed concern regarding a lack of clinical skills and knowledge of life sciences and pharmacology. A study by Maben and Macleod Clarke (1998) found similar distress, although it also found that these deficits were quickly rectified during the first 6 months of qualification through the preceptorship programme, a finding also supported by Gerrish (2000).

Aims

The aims of this study were to find out if student nurses feel they are prepared effectively for their final practice placement and to ascertain what factors support and hinder the preparation for final placement practice.

Methods

This developmental research was carried out with the use of diaries. The principles of interpretive phenomenology allowed the consideration of the whole person and their experience.

Ethics

Full ethical approval was granted by the HEI's ethical approval committee. There were no anticipated risks or adverse effects to participants and it was adjudged that there was no potential for discomfort, distress, inconvenience or lifestyle change for participants. As the primary researcher was a lecturer within the faculty, participants were made aware that they would not be exploited and participation would have no effect on assessment grades. Informed consent was given and arrangements made to ensure compliance with the UK Data Protection Act 1998 with regard to computer storage and the maintenance of confidentiality.

Data collection and sample information

The method of data collection used was diaries. Alaszewski (2006) defines a diary as 'a document created by an individual who has maintained a regular, personal and contemporaneous record'. The guidance provided to participants was to write something every day, even if it was very little. A nonprobability purposive sample—defined by Gray (2010) as a sampling strategy in which participants are selected because they are deemed representative of a larger population—of eight adult branch student nurses was adopted. All had placements within a variety of acute and non-acute clinical settings. Students who were at the relevant point of their nurse training self-selected to take part in the study. The participants, male and female and aged between 21 and 45 years, completed the diary for the first 4 weeks from the start of their final clinical placement, which lasted 10 weeks.

Data analysis

This research process used interpretive phenomenological analysis (IPA). The aim of IPA is to explore how participants make sense of their social and personal world. The most important aspect of IPA is the meanings particular experiences or events hold for that participant (Smith and Osborn, 2008).

Results

Eight themes emerged from the diaries:

■■Being an extra pair of hands

■■Practice assessment documentation being perceived as unimportant

■■High staff expectations

■■Mentor importance

■■Lack of knowledge

■■ Support and stress

■■ Simulation day

■■Achievement of tasks.

Being an extra pair of hands

Participants perceived that they were being used as 'an extra pair of hands'—this feeling was present in six of the eight diaries. Many participants displayed anger towards the healthcare system, with students stating 'it's not my job to make the numbers up' (Participant 2). Participants felt aggrieved that they were being used as healthcare assistants (HCAs) rather than encouraged to learn. Participants described how learning was important and how they would not use students in this capacity when qualified. Participant 3 craved learning, frequently making reference to this in their diaries ('We're there to learn, not be a HCA') and displayed anger and frustration at being an 'extra pair of hands'.

Late completion of documentation

The perceived lack of importance of the practice assessment document (PAD) caused significant stress and anxiety. Three students noted how their documentation was not acknowledged for up to 3 weeks into their placement. One participant describes asking their mentor to look at the documentation, but it was still not completed. The mentor, after a period of time, provided assurance that this would be

completed. 'This reassured me that I wasn't being forgotten about' (Participant 1).

Staff expectations too high

There was a general consensus through the diaries that qualified staff failed to acknowledge that the students did not know everything, causing anger among the students. 'I think some nurses forget they were once a student' (Participant 6). Participants felt an expectation from staff that students could know and do everything. This finding contradicts comments made by participants in relation to their perceived roles as HCAs, being a 'spare part' and doing no specialised clinical tasks. Participant 4 made similar comments: 'I wish that some staff would realise that as a student we don't know everything after 4 weeks of being on a placement, sorry weren't you a student once before?'

Important mentors

The diaries reinforced how significant mentors are to student nurses, with all participants mentioning positive or negative aspects of mentorship. Many acknowledged that without their mentor they felt 'alone' or, in one case, like a 'lamb to the slaughter'. Participant 3 remarked how their mentor did not appear to want to mentor them and showed negativity towards the mentor: 'If you don't want to mentor then don't, but if you do then please support us'. Students who felt that they had a 'good' mentor often praised them. Some students felt their mentors were pivotal during the placement, as they could 'get them through' difficulties. One wrote: 'Mentor brilliant, really got me through a busy shift' (Participant 5). From analysing the data, it has become evident how much focus participants put on their mentor and how the mentor treated them. Participants also seemed to rate how 'good' their mentor was based on the criteria of prompt completion of documentation and being treated as a learner rather than an extra pair of hands.

Lack of knowledge

Five participants described how they did not feel they had adequate skills for qualification. Participants identified common areas they felt needed to be explored more at university, including medicines management, manual handling, anatomy and physiology, and leadership. Three participants remarked how little education they had had with regard to medicines management. This included safe administration,

different drug groups, actions and contraindications. Participant 5 remarked how the university 'knocked their confidence' by providing examples of drug errors. This is a significant cause of diminished confidence on the part of participants. One stated: 'I would feel more ready to qualify if the staff in university didn't constantly scare the students with errors and mistakes that we can make…this can damage confidence' (Participant 6). However, when identifying their perceived lack of knowledge, Participant 5 appeared to find it motivating: 'it makes me want to brush up on things I need to know'.

Lack of support, and stress

Six participants found different causes of stress while on their final practice placement. Contributing factors included perception of too much work from university, concerns about jobs and future employment, qualification, changing roles and a lack of confidence. Participant 3 wrote: 'Not supported on placement, stressed with too much work in university and having to apply for jobs, which nobody has told us how to or given us any help'. Another student identifies how academic staff 'scare' students by identifying the outcomes of poor practice and examples of errors that nurses have made; this has a profound effect on the students. 'I'm terrified…I'll just be thrown in at the deep end and expected to get on with it' (Participant 7). Pre-placement nerves were apparent when analysing the diaries, apparently as a result of participants realising that they will have to act on their own. 'I'm more nervous than ever before, due to the fact that my mentor will be signing me off as qualified' (Participant 8).

Simulated practice

Simulated practice was noted by three participants as being beneficial to their learning, with some stating that they wished they had had this format of teaching earlier in their course. 'I wish all sessions had been like this during my training… informative and really did help to improve my skills' (Participant 5). Simulated practice appeared to consolidate learning and encourage participants to feel they had more knowledge than they first thought. 'If all the sessions in university were like this then we would be more prepared for qualifying' (Participant 5).
Through completing five simulated practice sessions, participants displayed how they had acquired knowledge through their programme—yet they still lacked

confidence. This may be due to different factors, such as being used as an HCA and a self-perceived lack of knowledge. Participants also discussed how they felt simulated practice improved their practice and their confidence too.

Achieved tasks and confidence

Participants put an emphasis on what tasks they achieved relating directly to skills usage and acquisition. Five participants focused on such tasks, and it appears that were focusing on what they could do more than on what they could not. For example, Participant 2 stated: 'Completed admissions, care plans, arranged for physio, OT and dietician—feel like I have achieved something, as I did it on my own'. Many participants commented that they had built up their confidence through task completion without direct mentor supervision. 'I think I'm thriving on the independence offered to me by the staff […] I managed half the ward and felt closer to qualifying' (Participant 5). The participants have shown how they have adapted, transferred and re-learned their existing skills.

Limitations

The study would need repeating with a larger sample to allow for greater generalisation.

Discussion

The theme of support emerged from the literature review in the work of Gerrish (2000), Duchscher (2009) and Strauss (2009). Previous literature showed that students experience both good support (Gerrish, 2000) and bad support (Duchscher, 2009; Strauss, 2009), findings confirmed by the current research. Participants identified their mentors as key sources of support during their placements. All participants' mentors were discussed in some way, either positively or negatively. Morton-Cooper and Palmer (1999) also observed dependency on mentors on the part of some student nurses. Participants who had 'good' mentors stated that they felt alone when their mentor was not around, displaying a dependency not previously acknowledged in the literature. Previous suggestions are that students perceive good mentors as being a supportive and knowledgeable 'friend' (Bennett, 2002). What students seem to crave are mentors who are friendly, civil and supportive, as

opposed to being a 'friend'. Based on Bennett's (2002) guidance, this idea needs to be clarified further. What is a new finding is the sheer amount of support that student nurses need. Many feel 'alone' when they are not supervised, indicating that some students need more than the allocated mentor supervision time of 40% per week (of the full-time working week of 37.5 hours) (NMC, 2008). Although Gerrish (2000) suggests that support has been improved, it still does not seem to be sufficient to meet student nurses' demands, an issue discussed by O'Driscoll et al (2010), Ball and Pike (2005) and Gidman et al (2011), who agree that lack of support affects programme retention rates. A further finding of this research is that there appear to be unwritten criteria that student nurses use to decide if mentors are 'good' or 'bad'. This needs clarification. Papp et al (2003) discussed how nursing students consider behaviours and attitudes important factors in promoting learning. Participants appeared to rate highly mentors who did not use them as 'an extra pair of hands', who gave feedback and who completed paperwork promptly. As Smith and Gray (2001) have noted, these criteria seem to form what students perceive as 'mentor support'. Stress was a significant theme both in the literature review (Australian Universities Teaching Committee (AUTC), 2002; Chew-Graham et al, 2003; Ross and Goldner, 2009; Deasey et al, 2011; Orton, 2011) and in this study. The data obtained concur with the findings of Evans and Kelly (2004) and Whitehead (2001), which suggested that students' realisation that they will become accountable is a stressor. Participant sources of stress included documentation not being completed by mentors at the appropriate time, qualification fears, job applications and diminished confidence. As noted by Evans and Kelly (2004), participants also cited unfriendly atmospheres as a cause of stress. It was unclear whether participants informed mentors that they were experiencing stress. It would have been useful to know how mentors responded to this information. Results also suggest that student nurses question their competence and feel inadequately prepared for final practice placement, and subsequent qualification. This finding correlates with previous research by Evans and Kelly (2004) and Whitehead (2001), which showed that student nurses face stress at end of their programme. Students experience stress, then, at both ends of the programme, being poorly prepared for initial placements and then fearful of qualification. Many participants commented that they would be unable to cope on qualification; this appears to be based on their own anxieties and self-imposed pressures. This study concurs with Evans and Kelly's

(2004) research—that is, the realisation of becoming a fully qualified and accountable practitioner seems to cause anxiety because students do not believe they are ready for qualification. Throughout the diaries, no participants noted that they had received support from university staff when placement visits were finished. Lewin (2007) has discussed how mentors provide most of the support for student nurses, with academic staff playing a minimal support role. The stress that participants experienced was consistent with others' findings (Whitehead, 2001; Evans and Kelly, 2004; Nash et al, 2009; Orton, 2011). Participants in this study did not discuss their stress with mentors, so no strategies were suggested to alleviate it. This study suggests that there was no one definitive cause of stress, although practice documentation not being completed was a consistent stressor. As Casey et al (2004) and Nash et al (2009) report, participants felt that they had deficits in pharmacology, pathophysiology, leadership, knowledge, skills and delegation. Such perceptions could lower participants' confidence and sense of competence. Many students felt they were being used as an extra pair of hands, a finding supported by Ball and Pike (2005) and Gidman et al (2011), who note how students may be being used to cover staffing deficits. This has huge implications for the workforce, as student nurses may be qualifying without acquiring the necessary knowledge and skills. Participants noted that simulated practice days had been beneficial to their learning. One reason could be that they felt that their knowledge was tested, giving them the opportunity to reflect on their understanding and ability. The five simulated practice days also restored confidence in students who felt that they had no knowledge and believed they had been used as an extra pair of hands in their placements. Cant and Cooper (2010) found that the use of simulation in nursing education was a valid educational tool and improved critical thinking ability, confidence and knowledge. The participants all noted that they coped during the final nurse simulation scenario, contradicting what the students had previously said about not feeling competent and having no knowledge. So although participants may have felt and indicted that they had no knowledge, they coped with both the simulation scenario and their final placement. There is clearly dissonance between participants' perceptions of their preparedness and their actual performance. Clinical learning environments are an important factor in pre-transitional learning (Greenwood, 2000; AUTC, 2002; Henderson et al, 2006). However, through this study, what has

become apparent is that there are significant factors relating to the clinical learning environments, such as students being used as an extra pair of hands and high staff expectations of the final practice placement. Throughout the diaries, participants recorded that staff expectations were too high, increasing participants' stress considerably. Participants in this study generally acknowledged that they were being used as an extra pair of hands—effectively, in an HCA role—due to staff shortages. This had not been previously identified within the literature. Croxon and Magginis (2009) identified that there could be conflict between the student meeting learning objectives and meeting organisational service needs. O'Flanagan (2002) describes how the student's learning activities are normally abandoned in favour of repetitive service tasks. This research study challenges previous research (Nash et al, 2009) as it suggests that participants are less inclined to focus their attention on fitting in and more inclined to focus on brushing up their skills and knowledge, out of a concern to be fit for qualification. Many of the participants felt that they did not have adequate skills for nursing registration, and were therefore concerned about qualification. Participants' perceived lack of knowledge caused them anxiety about their ability to be safe, competent practitioners on qualification, which was reflected in their apparent lack of confidence. Ross and Clifford (2002) also found that students believed themselves to be ill prepared for qualification, a theme that needs to be followed up.

Conclusions

A key finding of this research is the importance of mentors—the students expressed their need for higher levels of support and encouragement from mentors than has previously been acknowledged. A further finding is the high level of stress that students felt on their final practice placement. All participants seemed to succeed in their simulated practice scenario, despite feeling a lack of confidence. So they do have the skills to survive in practice, although a lack of confidence remains an issue. As other researchers have noted (Ball and Pike, 2005; Gidman et al, 2011), participants perceived themselves to be used as an extra pair of hands. Although they may have been covering staff shortages, students believed that it inhibited their learning. Participants identified specific causes of stress: incomplete practice documentation, a perceived lack of support from the university, and preparation for qualification.

Participants also believed that they were deficient in knowledge and skills, although, while on placement, they appeared to be working at the appropriate level. This research also found that, generally, students did not feel that they were adequately prepared for placement, and cited poor teaching as one of the reasons. Nevertheless, participants appeared to fare well and overcame their fears, with none showing signs of failure.

Recommendations

This study should be repeated on a larger scale, taking in a range of HEIs, to explore the many questions it has raised.

Implications for practice

The findings suggest that student nurses need more support from university staff while in clinical placement in addition to the support they get from mentors. Although students may feel they are being used as an extra pair of hands, they still appear to be prepared for practice and working at the appropriate level. Students experience significant stress from practice documentation not being completed on time, which may affect the quality of care they give to patients.

Key points

n Factors that can aid student nurses' third-year registrant transition are mentor support and acceptance into a new clinical environment

n Factors that can inhibit this transition include a lack of support from the university with job applications, and lack of link lecturer support

n Students often feel they are 'used as an extra pair of hands' to ease the strain of staff shortages, which diminishes learning opportunities on placements

n Students rely heavily on mentor support and experience significant stress when this is not present

n Students' stress can be worsened by practice documentation not being completed on time

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