Student nurses' lived experiences of their last practice placement.

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Jillian Mary Phillips **Abstract**

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Since the mandatory twelve week minimum placement was introduced in 2010 by the regulatory body for nursing in the UK, there is little documented as to its effectiveness from the students' perspective.

The aim of this study was to explore the lived experiences of ten student nurses as they completed a longer than usual practice placement as the last component of their undergraduate pre-registration nursing education. Previously students had been allocated to practice for periods of five or six weeks and this was the first time they had experienced a longer placement.

Using a descriptive phenomenological approach, a purposive sample of ten student nurses were interviewed within one week of completing their final three months in practice in July 2013. Data were analysed using Giorgi's (2009) modified Husserlian approach to descriptive phenomenology.

Findings revealed the four invariant constituents of: belongingness and fitting in; taking charge of own learning; making sense of the complexities of nursing; and becoming a nurse.

Discussion exposed not only challenges to current thinking from the collective views of ten students in the south of England, but revealed a process of transformative learning that the students journeyed to prepare themselves for registration as a professional nurse. Fuelled by their mentors facilitating and encouraging autonomous practice, students began to experience a sense of awakening to the responsibilities and accountability that they faced as a registered nurse.

New insights from this research suggest that more could be done to enhance the final practice placement experience for students on the point of transition. It is seen as a dress rehearsal for the real world of work as a registered nurse and mentors should supervise at arm's length and encourage students to work things out for themselves, take risks and make decisions. Nurse educators should recognise that during the extended last placement students re-contextualise their knowledge as they begin to make sense of the complexities of nursing practice.

Conclusions from this study support the notion that a longer final practice placement helps students to prepare for their impending transition to registered practice. It recognises the key role of the mentor in supporting all four invariant constituents and the process that these students undertook to gain the confidence and competence to practise as a qualified nurse. This new knowledge is of interest to a wider audience concerned with the preparation of undergraduate pre-registration nursing students both in the UK and abroad.

Table of Contents

Figures and Tables

Acknowledgements

Author's declaration

Jillian Mary Phillips

Award for which this thesis is submitted: **PhD**

1. **Statement of any advanced studies undertaken in connection with this programme of research:**   NONE

2. **Concurrent registration for two or more academic awards:**

   I declare that whilst registered as a candidate for the University's research award, I have not been a registered candidate or enrolled as a student for an award of any other academic or professional institution.

3. **Material submitted for another award**

   I declare that no material contained in this thesis has been used in any other submission for an academic award.

Signed: **Jillian M Phillips**

Date: 16/2/2017

Students seeking to belong,

Meeting different people.

Will they like me?

Will they help me?

Will they let me practise?

Will they have me back?

I can do this; I can work this out; they are there to help me.

I am safe,

I am a student still.

Plenty of time to practise,

Delegating, making decisions, taking responsibility,

It all begins to make sense.

Confident,

Competent,

I feel ready,

Yes, it's time.

There is no going back…

Can I really do this?

Chapter 1   **Introduction and overview of the study**

> *We shall not cease from exploration*
> *And the end of all our exploring*
> *Will be to where we started*
> *And know the place for the first time*
>   (Eliot 2001, p. 43)

Very little research has focused on the experiences of undergraduate pre-registration student nurses during their final practice placement. This chapter explains how I became interested in this topic and draws upon highly relevant mandates from the professional regulatory body for nursing in the United Kingdom (UK) and also wider international professional and political issues. Within this introductory chapter a synopsis of the structure and organisation of this research is outlined.

1.1   Background

As a registered nurse and university lecturer I was drawn to finding out more about how undergraduate nursing programmes prepare students for the real world of work as registered nurses. I have witnessed several different curricula designs over many years and it seemed to me that understanding the student perspective has perhaps been overlooked. This was particularly true of students' experiences of their final practice placement about which there is limited evidence in the literature. The professional regulatory body for nursing first mooted the idea of extending the final practice placement to twelve weeks in 2006 and in 2010 made this mandatory (Nursing and Midwifery Council 2006, 2010b). I became keen to capture the experiences of the first cohort of students at one university in the south of England to experience this. I wanted to know what it was really like for finalist nursing students to undertake their last full time practice placement for an extended period of twelve weeks which for them was a departure from their usual shorter allocations of five to six weeks.

The change to a longer placement pattern came into effect from 2013. It became compulsory for all pre-registration nursing students entering education from 2010 onwards to complete a final minimum twelve week practice placement (Nursing and Midwifery Council 2010b). The notion of a longer final practice placement had been proposed for some time (Nursing and Midwifery Council 2006) yet there was very little empirical evidence that informed and enlightened how a longer placement experience impacted on students at this crucial stage of their journey to professional registration and beyond. In fact, there was very little in the literature about students' experiences of their final practice placement per se, regardless of its length. I questioned that inherent within this enforced change an assumption had been made that a longer final practice placement would impact positively on students' ability to make the transition to, and function competently as, a registered nurse. The Nursing and Midwifery Council appeared to have presupposed that students would learn more from a longer final placement and seemed to have taken for granted that this experience would prepare them more effectively for role transition. Given that so little was known about how a longer placement may or may not impact on students' personal and professional development, I contend that making assumptions about how finalist pre-registration nursing students experience twelve weeks in the same placement when they are on the brink of qualifying may be speculative.

Furthermore, the decision to make the final placement experience a minimum of twelve weeks in length coincided with another important mandate. From 2013 the Nursing and Midwifery Council (2010b) required all students to be signed off as proficient to deliver safe and effective practice for the purpose of entering the register of nurses. Students were expected to be competent at the point of registration yet arguably they had not experienced the real world of work. I became curious to know more about what it was like for finalist student nurses at this crucial time in their undergraduate education on the brink of becoming registered nurses.

My work as a nurse educator included lead responsibility for a theory unit which was designed to prepare students for the role of registered nurse and was scheduled for the final year of a BSc Honours programme in nursing. I was acutely aware that the transition phase that students undergo as they begin to make the journey to registered nurse can be fraught with difficulties (Higgins et al. 2010; Burton and Ormrod 2011). With extensive experience in all years of the undergraduate pre-registration nursing programme, I was drawn to exploring how curricula prepare students for registration particularly in the light of such difficulties immediately post-registration clearly evident in the national and international literature. I would argue that there is a pervasive need to know more about students' experiences so that they can become better prepared for their transition. Not least, this is based on the premise that changing roles from undergraduate student to a professional practitioner who is legally and ethically accountable is thought to place such demands on new employees that attrition rates within the first year of employment have soared (Cowin and Hengstberger-Sims 2006; Booth 2011; Zimmerman and Ward-Smith 2012).

The little research that has been done in the UK on students' experiences and perceptions of their final practice placement focuses primarily on issues such as clinical placement allocations (Major 2010) or the anticipation of registered practice (Ong 2013). There are no previous studies that have explicitly sought to understand students' lived experiences of their final practice placement. It is also of note that there is minimal comment on how a longer placement impacts on finalist students and my research proposes to fill this gap in knowledge by enlightening and informing from the perspective of a group of students who have recently experienced it.

I believe that at the start of my PhD journey I was ideally placed to pursue this enforced change to undergraduate nursing curricula in the UK. I witnessed the first cohort of student nurses at one Higher Education Institution who, as they entered their third year were faced with the

prospect of an obligatory longer placement planned as the final hurdle to registration. My interest in helping students with their prospective role transition fuelled my curiosity and I was keen to find out more about what was happening in the final consolidation of practice placement. Students were expected to be competent at the point of registration and despite a surge of interest in how and by whom this was to be assessed, very little attention was paid to students' experiences before a longer final practice placement became mandatory.

1.2 The context of my research in relation to national and international professional and political agendas

It is important to locate this study within known political and professional agendas that are pertinent to nursing both nationally and internationally. There are a number of changes and challenges that face the profession of nursing within contemporary healthcare and some of these will now be discussed in order to highlight why more needed to be known about how student nurses experienced a longer final practice placement immediately before they become registered practitioners.

1.2.1 The final practice placement for student nurses in the UK

The mandatory, minimum twelve week full time practice placement at the end of all three year pre-registration nursing programmes in the UK offers students the opportunity to consolidate their practice as they begin to make their transition to become a legally accountable registered nurse (Nursing and Midwifery Council 2008a, 2010b). During this period each student must be allocated to and supervised by a designated mentor who has a professional obligation to support learning in practice at this crucial time when students begin to make their transition to professional practice (Nursing and Midwifery Council 2010a).

One of the important aims of the mandatory longer final practice placement is to formally assess each student's suitability and fitness to practise as a registered nurse at the point of entry to the register (Nursing and Midwifery Council 2008a). The role of the sign-off mentor was first

identified by the Nursing and Midwifery Council (2006) who deemed that all students entering undergraduate nursing education from 2007 onwards must be assessed by their sign-off mentor and pronounced "capable of safe and effective practice at the end of a programme" (Nursing and Midwifery Council 2008a, p. 42). Andrews et al. (2010) reported on the complexities of preparing and supporting sign-off mentors which challenged many British universities thereafter. Indeed this is an area that has been the subject of discussion and research nationwide since it was made mandatory for each student to be formally assessed in practice at the end of their final placement. Middleton and Duffy (2009) for example, investigated the views of mentors supporting finalist students in community settings and Durham et al. (2012) reported on a local initiative to combat the low numbers of sign-off mentors in Cambridge. The primary aim however, is clear that in the interests of public safety all student nurses must be assessed and deemed safe and competent practitioners at the point of registration (Nursing and Midwifery Council 2008a).

It was of note that at the start of this study, literature on the mandatory longer final practice placement focused almost exclusively on the experiences of sign-off mentors and how they were prepared to support and assess students during their final practice placement. This was understandable given the need for consistent assessment of practice that reflects the professional standards set by the professional regulatory body for nursing and midwifery (Nursing and Midwifery Council 2010b) in the UK, but I propose that the opportunity to fully consider the student experience within this process had been missed. There is much that is unknown about this critical final practice placement from students' perspectives and the mystery this presents needs to be unravelled. More needs to be known so that students may be given the best possible chance to develop to their full potential at this crucial stage of their programme.

1.2.2 Length of placement allocations for student nurses in the UK

There is a requirement from the Nursing Midwifery Council (2010b) that all pre-registration nursing students should complete a minimum 2300 hours in practice over a three year period. Programme providers are also required to ensure students experience a variety of placements which include two continuous periods of practice of at least four weeks in length at the end of the first and second years of the programme. Beyond this and the prerequisite minimum twelve week allocation at the end of the programme there is currently very little formal guidance on the length of practice placements for student nurses.

Whilst there is an expectation that students should have sufficient exposure to clinical practice to achieve competence by the end of their programme, it would also appear that there is very little in the literature about the optimal length of practice placements for pre-registration nursing students in the UK. Mallik and Aylott (2005) suggest that shorter placements are inadvisable because valuable time is wasted on getting to know the learning environment and this is supported by Levett-Jones et al. (2006). Mallaber and Turner (2006) argue that there appears to be no relationship between student nurses becoming competent, capable practitioners and the number of hours spent in clinical practice. Student nurses are expected to be competent at the point of entry to the register of qualified nurses yet it would seem that there is very little known about how they achieve competence and how the length of placement allocations impact on this. This suggests that there is a need for nurse educators to know more about how the length of clinical placements influences student learning.

1.2.3 Undergraduate pre-registration nursing programmes outside the United Kingdom and the final year for student nurses

Around the world there are many different systems in place for finalist student nurses each of which reflects a diverse range of undergraduate nursing programmes. Many are controlled by regulatory bodies which

determine national requirements such as the length of a programme and the number of practice hours students must complete.

In America student nurses can apply to work (as an extern) within a healthcare setting as a paid employee as a separate entity to their educational programme. The initial purpose of these externships was to facilitate role transition for senior undergraduate student nurses whilst at the same time securing extra assistance with the workload for practice environments (Ross and Clifford 2002). Nursing degree programmes in America are a minimum of four years in length with limited time in clinical practice (Robinson and Griffiths 2007). The opportunity for paid practice as an extern is therefore a popular choice for many American students. Little research has been conducted however into the perceptions and experiences of nurse externs in America (Starr and Conley 2006) despite recommendations that this is a much needed way of finding out how best to meet student nurses' needs (Ross and Clifford 2002). Latterly externship programmes have been tailored to help students gain experience as critical thinkers within a highly technological and dynamic healthcare system and these experiences have been considered (Starr and Conley 2006) with a view to easing role transition and also recruiting registered nurses.

In Canada undergraduate nursing programmes also extend to four years the last of which includes a consolidation placement (Robinson and Griffiths 2007). The majority of the research undertaken in Canada (as in the UK) centres largely on the preceptor (known in the UK as mentor) with limited interest paid to the student (Yonge et al. 2006). For example, a study by Bourbonnais and Kerr (2007) highlighted the importance of faculty staff in providing support and showing an interest in the student. However, there is no consideration of the student's perspective on the final practice placement included in this study, not even in the recommendations to deepen knowledge about the value and meaning of this experience for all parties. Indeed across Canada interest appears to centre on how faculty staff are prepared to facilitate and support students

during their final practice placement with particular focus on rural areas (Sedgwick and Yonge 2008).

Similarly Southern Ireland offers a four year undergraduate nursing degree programme. Compared to the UK, students are exposed to increased time in practice placements and there have been studies into how finalist students believe they are prepared for registration in the latter stages of their programme (Deasy et al. 2011; Doody et al. 2012). Findings from this longitudinal study will be discussed in more detail at different points in this thesis.

It is perhaps more pertinent to consider undergraduate nursing educational programmes which, as in the UK, extend to only three years in length. This applies to countries such as Australia, New Zealand, Singapore and Sweden. Several studies reporting on students' experiences of their final practice placements are evident in the literature. Primarily these studies explore students' perceptions or evaluate local initiatives intended to ease transition. This area will be discussed in greater detail in the literature review in Chapter 2.

Despite undergraduate nursing curricula design and length, it can be concluded that in relation to final practice placements, the role of the mentor (or preceptor as it is also known in some countries (Omansky 2010)) prevails in studies throughout the world (Bott et al. 2011). Research interest also favours evaluation of supportive initiatives put in place locally to help finalist students prepare for role transition. The voice of undergraduate pre-registration nursing students experiencing their last opportunity to practise as such, which in the UK is now a mandatory minimum twelve weeks, has yet to be heard.

1.2.4 Role transition from finalist student to registered nurse

Duchscher (2008, p. 442) defines transitions as "passages or movements from one place, state or condition to another" which in relation to nursing occurs at the end of a programme and is marked by student nurses graduating to become professional practitioners in their own right.

Transition shock, reputedly experienced by all new graduands as they commence paid employment as a registered nurse for the first time, was first explored several decades ago by Kramer (1974) in the United States of America (USA). She described an initial honeymoon period charged with keen excitement which was rapidly extinguished by an overwhelming phase of disillusionment through to a period of readjustment when the newly graduated nurse settled into the mundane reality of working as a registered nurse. This baptism into the real world of professional practice and how newly graduated nurses cope with it, still remains the subject of interest today. Since Kramer (1974) first identified reality shock the transitional journey that students make to registered practice has been explored and analysed extensively both nationally (Mooney 2006; Higgins et al. 2010; Deasy et al. 2011; Stacey and Hardy 2011; Whitehead et al. 2013; Christensen et al. 2016) and internationally (Ellerton and Gregor 2003; Duchscher 2009; Dyess and Sherman 2009; Teoh et al. 2012). However, I would argue that much of this research fails to get to the heart of the matter because reports on findings indicate that the problem still exists.

It is clear that the majority of research on role transition for nurses has focused on new graduate nurses within their first year following graduation (Candela and Bowles 2008; Duchscher 2009; Kelly and Ahern 2008; Malouf and West 2011; Bisholt 2012; Clark and Springer 2012). For example, Duchscher (2009) has developed her own framework of becoming which identifies different stages that newly graduated nurses progress through as they engage in role transition. Far fewer studies have gone beyond the first year of registered practice and there is little on the students' perceptions and anticipation of role transition (Holland 1999; Heslop et al. 2001; Ross and Clifford 2002; Doody et al. 2012; Ong 2013). The issues and challenges around role transition are on-going yet the focus of research centres on registered nurses. Notably, Higgins et al. (2010) concluded and recommended in their review of the literature that further research is needed to determine the effects of the practice

environment on the transition process for pre-registration students. This provides an additional rationale for my study.

1.2.5 All graduate status for nurses in the United Kingdom

It was intended that the move to degree level registration for nurses in the UK would improve leadership skills and also help to improve quality of care (Ali and Watson 2011; Department of Health 2012b; Willis Commission 2012). All graduate status for registered nurses has been discussed at length and all graduate entry became mandatory in England from September 2013. Graduate entry to pre-registration nursing (and midwifery) programmes was seen as so important that the government saw fit to undertake a review of the content and structure of such degree programmes (Department of Health 2012b). This included an analysis of recruitment and a plan to meet the needs of service delivery. An all graduate entry to the nursing workforce has been a long time coming and now that it is mandatory in the UK, it is vital to offer curricula that reflect the needs of students and ultimately prioritise the delivery of safe and compassionate care. This is a view supported by the Willis Commission (2012) which also recommended better evaluation of and more research into nursing curricula. I would therefore argue that more needs to be known about students' experiences and perceptions of a longer final practice component of nursing courses as they prepare to enter the workforce as registered nurses.

1.2.6 Attrition in nursing

At the time of starting this research study, attrition rates amongst registered nurses in the UK was high (Department of Health 2010) and rising internationally (Strauss 2009; Booth 2011). Retention of newly registered nurses was seen as a challenge and with global nursing shortages solutions to the problem were urgently needed (Zimmerman and Ward-Smith 2012). Buerhaus et al. (2009) identified that an ageing workforce and the increasing demands of an expanding healthcare system have impacted on attrition which is further affected by the prediction that

numbers of qualified nurses are likely to fall over the next decade (Sorrell 2010; Glasper 2011; Hill 2011; Centre for Workforce Intelligence 2014). This pattern is reflected internationally with nurse researchers citing role transition as a major influencing factor on attrition (Booth 2011; Teoh et al. 2012; Zimmerman and Ward-Smith 2012). It is clear that rising attrition will further affect newly qualified nurses and how they adjust to their new role as there is likely to be less experienced staff available to offer support.

Reasons for new nurses leaving the profession are varied and include worrying factors such as bullying (Zimmerman and Ward-Smith 2012), stress and feeling unprepared (Mooney 2006; Watson et al. 2009). It could therefore be argued that reducing negative experiences and feelings around role transition (thereby increasing job satisfaction) and facilitating a better role transition, attrition may decrease amongst newly qualified nurses. According to Murrells et al. (2008) job satisfaction is an important factor and more needs to be done to find out how this can be improved if attrition rates are to decrease. In the UK a system of preceptorship was introduced in an attempt to support newly qualified nurses. The Nursing and Midwifery Council (2008a) strongly advised that provision is made for all new registrants and that they receive additional training and support from existing experienced staff.

Concerns about rising attrition attributed to role transition strengthen the need to better understand how pre-registration nursing programmes are preparing students for future employment. I would therefore argue that more needs to be known from finalist students' perspectives about what happens in the final practice placement which in the UK is currently a minimum of twelve weeks in length.

1.2.7 The dynamic and political nature of contemporary healthcare in the United Kingdom

The dynamics of a highly technical and expanding healthcare system in the UK place added pressures on newly registered nurses as they must be able to respond effectively and efficiently to the rapidly changing and

complex healthcare system of the twenty-first century (Department of Health 2006). Complex decisions need to be made and a registered nurse must be accountable for all actions taken and provide an audit trail for decisions made (Nursing and Midwifery Council 2008b; Bicking 2011; Nursing and Midwifery Council 2015).

The Department of Health (2012a) cite the need to continually develop healthcare workers and ensure that appropriate education and training is in place so that competent and capable staff are working effectively to meet the needs of service users, their families and carers. This is vital given the plethora of damning and perturbing reports around unsafe and unkind practices within healthcare institutions in the last ten years (Haringey Local Safeguarding Children Board 2009; Flynn and Citarella 2012; Griffiths et al. 2012; Francis 2013). Neophyte nurses find themselves in a position of having to be accountable for their own practice and all decisions they make from day one of working within a rapidly changing and challenging healthcare system where placing the patient at the heart of care has become a political and professional necessity. Considering this imperative, I contend that more needs to be known about how students experience their final practice placement in preparation for the reality of the world of registered practice.

1.3   Outline of thesis

This introductory chapter aimed to present background issues that situate and strengthen the case for exploration into how student nurses experience the final three months of practice immediately before they qualify and take up employment as registered nurses. Chapter 2 describes how I conducted an initial brief review of the literature. This primarily served to identify gaps in earlier work around nursing students and their experiences of a longer final practice placement. This exercise set the scene and helped to clarify exactly what is and is not known about my chosen topic. Several studies from around the globe emerged from the literature review and differences in length and design of curricula became

apparent. Predominantly this chapter describes research that focused in some way on finalist student nurses from Australia (Heslop et al. 2001; Newton and McKenna 2007), America (Starr and Conley 2006; Candela and Bowles 2008; Clark and Springer 2012), Southern Ireland (Mooney 2006; Deasy et al. 2011; Suresh et al. 2013), and Scandinavia (Thrysoe et al. 2010). The literature on the experiences of newly registered nurses is too prolific to list here but it is acknowledged within Chapter 2 and referred to later on in this thesis. In accordance with the principles of descriptive phenomenological research, up until the discussion phase of this study I endeavoured to bracket my professional and personal knowledge, opinions and feelings such that I remained faithful to the voices of my participants. This included the avoidance of attempting a full scope of the literature (other than to identify a gap in knowledge) until the findings emerged and discussions in relation to the four invariant constituents and the essence became necessary (Chapters 6 to12).

The underpinning philosophies and principles of phenomenology are discussed and explored generally and in relation to the research question in Chapter 3. Further detailed explication of Giorgi's (2009) modified Husserlian approach to descriptive phenomenological research is offered in relation to the study design in Chapter 4 which focuses on the method used. Todres and Holloway's (2004) framework for undertaking empirical-phenomenological research was also utilised and how I did this is also explained in this chapter. This includes details of how I gained ethical clearance, engaged in purposive sampling and interviewed ten participants who had recently completed their final practice placement in a range of healthcare settings and different healthcare trusts. Explication of the data analysis phase of this study was offered and examples are referred to in the Appendices.

An overview of the four invariant constituents which emerged during data analysis is presented in Chapter 5. They are articulated as follows:

- Belonging to a team

- Taking charge of own learning and becoming a confident, competent practitioner
- Making sense of the complexities of nursing; developing an understanding of the nature of nursing and knowing nursing
- Becoming a registered nurse

Chapters 6-9 present and explore each of the four invariant constituents in greater depth. Throughout, I have included direct participant quotations which I have linked to pertinent literature. I have remained faithful to the voices of the participants and as such this research has illuminated new insights and contributed to earlier work which has been clearly highlighted in the summaries which conclude each of these chapters. Chapter 10 presents the general structure which represents the phenomenon of how ten student nurses experienced a longer final practice placement which is offered in two discrete ways. Firstly, attending to the scientific concern (Todres and Holloway 2004) the general structure is presented. This captures the essence of the findings which remain faithful to the participants' words yet reflect what they told me in a precise and rigorous way. In a more subtle and creative manner which acknowledges Todres and Holloway's (2004) communicative concern, they are also offered as a short poem which seeks to engage the reader in a different way as it captures the essence of the phenomenon more evocatively.

Chapter 11 critically discusses each of the four invariant constituents in relation to the literature. A further theoretical discussion is offered in Chapter 12 which critically evaluates the essence and explores what this means for students and those involved in pre-registration nursing education. This chapter proposes that students travel through an evolutionary and transformative process which is depicted by a series of phases as they work towards registration. A period of settling in and feeling accepted by the team is followed by a time when they begin to make sense of what they know and all they have learned thus far in their nursing careers. Finally students begin to look ahead and prepare themselves for making the transition to registered practice.

Recommendations for future scholarly work and for those concerned with and are involved in undergraduate pre-registration nursing education are outlined in Chapter 13 which includes comment on the strengths and limitations of this study.

In Chapter 14 a reflexive account of my experiences and personal journey of this research concludes this thesis. Personal learning both through undertaking a research project of this enormity and being privileged to listen to the accounts of ten student nurses on the brink of becoming registered nurses has been far-reaching. I am honoured to have been given the opportunity to engage in both.

1.4 Summary of chapter

There is a significant gap in knowledge about the mandatory longer final practice placement for undergraduate pre-registration nursing students that this research proposes to fill. In setting the scene, a number of contemporary issues in relation to healthcare and undergraduate pre-registration nursing education have been presented and briefly discussed. A series of key publications and mandates from the Nursing and Midwifery Council have been summarised in Appendix 1. An overview of this research and an outline of how this thesis has been planned have been offered. A detailed description of this research develops in the following chapters beginning with a review of the literature to support how I identified my research topic.

Chapter 2 **The Literature**

This chapter outlines the principles and processes I followed in the initial review of the literature. It is important to make clear that in accordance with the principles of phenomenology (Todres and Holloway 2004; Dahlberg et al. 2008; Giorgi 2009; Creswell 2013), a brief, initial review of the literature only, was carried out at the start of this research study. The main purpose was to locate, contextualise and frame my study having identified where the pertinent gaps in knowledge existed. Further, extensive review of the literature before data collection and analysis may have influenced the research process and was therefore avoided. Upon completion of the data analysis phase and once the invariant constituents and a general structure/essence of the phenomenon had been articulated I returned once more to the literature. I followed the same searching processes and expanded my reading to enable me to knowledgeably discuss my findings which are presented in Chapters 5-9.

2.1 Literature search strategy

The initial literature search was conducted using the electronic databases British Nursing Index, EbscoHost, Internurse, Scopus and Web of Knowledge. Criteria included qualitative and quantitative research which focused on finalist nursing students and their experience of their last practice placement and/or their final year of study. I also searched for studies on students and/or registered nurses (including newly qualified nurses). Research studies that focused on other professional group's experiences, perceptions and beliefs of their transition to professional practice were also included. Studies published nationally and internationally between 2000 and 2013 were targeted. Key words and search terms (Table 2-1) were utilised supplementing creative alternatives in order to capture as many relevant studies as possible (Appendix 2).

Due care was given to casting the net widely and ensuring that national and international publications were found. I have catalogued summaries of

my reading in a series of matrices (one for each subject area) and included an example of how I did this specifically for research that has been conducted around student nurses and their final practice placement and or role transition in Appendix 3.

Key words and search terms
Longer placement allocation/pattern
Final consolidation sign-off practice and placement
Student, undergraduate, pre-qualifying or pre-registration nurse
Mentor, preceptor, clinical assessor, practice assessor or sign-off
Registered Nurse, Graduate Nurse, Newly Qualified Nurse
Role transition
Perceptions, experiences
Phenomenology

Table 2-1:   Key words used for literature search

2.2   Mandates from the Nursing and Midwifery Council

The professional regulatory body for Nursing and Midwifery in the UK published a series of documents which had a direct impact on the preparation and assessment of undergraduate pre-registration nursing students between 2006 and 2010. A summary of the main points from the publications that are relevant to this study is evident in Appendix 1.

The mandate to include a longer final placement for nursing students within a recognised and regulated programme of study came into effect for students starting their three year programme in 2010. Included in this directive was the requirement for a designated *"sign-off mentor"* to make a final judgement of competence and confirm that the student *"is safe and effective in practice at the end of the programme."* (Nursing and Midwifery Council 2010b, p. 10).

Higher Education Institutions in the UK had time to prepare and plan for this change within their respective curricula. Yet it appears that the balance of research into the longer final practice placement is weighted heavily in favour of the "sign-off mentor". Whilst it is clearly recognised that the role of the mentor is pivotal in the assessment and facilitation of learning in practice for students (Maben et al. 2006), I contend that more needs to be known about students' perceptions and experiences of working (with a mentor) in the all-important longer final consolidation of practice placement.

2.3   The longer final practice placement

Up until 2013 there was a dearth of research worldwide on pre-registration nursing students and their experiences of the final practice placement. In total three studies have been done within the UK (Anderson and Kiger 2008; Major 2010; Ong 2013), two studies have been done in Canada (Cooper et al. 2005; Hartigan-Rogers et al. 2007), two in South Africa (Iipinge and Malan 2000; Carlson et al. 2005) and one in New Zealand (Honey and Lim 2008).

Of these studies, only Major (2010) considered the views of nursing students (from the Adult, Child Health and Mental Health fields of practice) of their final practice placement. Major's three part study aimed to explore students' needs, experiences and preferences before their final placements and to generate evidence that could be used to inform final placement learning-facilitation best practice. Phase one surveyed all participants before their final placement experience (n=159), phase two

surveyed participants (n=215) following their placement and phase three which involved in depth semi-structured interviews with Child Health field students (n= 8). However, Major (2010) focused on learning achievement and learning needs posing specific questions both within the quantitative surveys in phases one and two and in the qualitative semi structured interviews in phase three. Notably, students were invited to comment on their placement allocation which could have encouraged them to give their opinions of their placements rather than inviting them to explore how they experienced it. Another British study on students' perceptions of their final placements centred on the value of lone working (Anderson and Kiger 2008). The researchers limited their sample to students who had been allocated to community placements and the structured nature of the interviews focusing on independence, did not invite students to comment on other areas that they may have experienced.

Further afield, Carlson et al. (2005) in South Africa explored how students saw themselves in relation to their preparedness to be a registered nurse rather than the final placement experience per se. In Canada, Cooper et al. (2005) asked students to reflect upon one incident each week in their two final placements and participants' reflective diaries were analysed. Hartigan-Rogers et al. (2007) (also in Canada) used telephone interviews to explore the experiences of students in their final two placements but collected data once students had qualified and in some cases up to twenty months post registration. None of the studies delved deeply into how students experienced their final practice placements and all researchers focused on specific research criteria as opposed to seeking students' accounts of their experiences.

Only one publication on the duration of student nurses' placement allocations was found in the literature. Barry (2009) critically analysed the impact of shortening a theatre allocation for undergraduate student nurses and concluded that this had a negative impact particularly in relation to learning. No references to the timing of the theatre placement within the programme were alluded to.

2.4 Role transition

Conversely, a wealth of research has been done nationally and internationally around various aspects of role transition. The vast majority of research conducted worldwide over the past four decades has been into the experiences of newly graduated nurses making their transition to professional practice (Kramer 1974; Gerrish 2000; Amos 2001; Delaney 2003; Evans et al. 2008; Duchscher 2009; Zinsmeister and Schafer 2009; Higgins et al. 2010; Hinton and Chirgwin 2010; Deasy et al. 2011; Teoh et al. 2012; Thomas et al. 2012a; Rush et al. 2014). Many emergent themes from individual research studies are similar with stress, lack of leadership, management and clinical skills often cited (Candela and Bowles 2008; Higgins et al. 2010; Clark and Springer 2012; Wu et al. 2012; Suresh et al. 2013) with resultant rising attrition amongst newly registered nurses. For example, in their recent Australian study on the views of new graduate nurses' beliefs of how they can be better prepared for transition Phillips et al. (2014) revealed that being accepted and valued in practice and being able to get the job done were seen as important. No mention was made of pre-registration experiences as student nurses in this study which focused instead on how *paid* employment as healthcare assistants prepared students for registration. In Denmark, Danbjørg and Birkelund (2011) observed and interviewed four newly qualified nurses and found that they did not feel equipped when they finished their training which the authors suggested could be as a direct consequence of the decrease in practical experience in their curriculum. This suggests that further research into the impact that practice placements have on student experience within newly designed graduate programmes is needed particularly as finalist students begin to make the transitional journey to registration.

The fewer longitudinal studies that include students, reveal findings such as lack of confidence (Doody et al. 2012), an underestimation of how much preparation is needed to make the transition to registered nurse (Deasy et al. 2011), fear of making mistakes (Mooney 2007) and the need

for continued development of competence (Gerrish 2000; Clark and Holmes 2007).

A limited number of studies focusing solely on students' experiences of role transition were carried out in England and Wales between 1999 and 2013. Holland (1999) explored the nature of transition from nursing students studying to diploma level which although helpful in illuminating students' perspectives, is now outdated particularly as all nursing curricula in England and Wales from 2013 were required to educate student nurses to degree level (Nursing and Midwifery Council 2010b). More recently Ong (2013) reported on the experiences of Child Health field nursing students and their perceptions of the support needed in their final placement as they prepare for role transition. Whilst much more current and of interest to me particularly as a phenomenological approach was used, Ong focused entirely on Child Health nursing students studying in inner London.

2.5   Phenomenological research and student nurses

Phenomenology has become an increasingly popular research methodology for healthcare therapists and social scientists (Finlay 2011). This initial literature review revealed a small number (n=6) of studies which used phenomenology to explore practice experiences of student nurses in one way or another. Areas researched included how students cope with the dying (Parry 2011), how students experienced working in an acute placement in their first year of a programme (James and Chapman 2009), experiences of adult students working in a mental health placement (Ross et al. 2014), how final year students reflect as they respond to emotionally challenging situations (Rees 2013) and the experiences of first and final year Child Health field nursing students (Wright and Wray 2012; Ong 2013). All of these studies indicated that phenomenological research has the potential to illuminate aspects of the lifeworld in a meaningful way.

2.6 Justification for this research

There is extensive global evidence indicating that students under-anticipate and are underprepared for what it will be like to practise as a registered nurse (Holland 1999; Newton and McKenna 2007; Whitehead and Holmes 2011; Doody et al. 2012) and a longer final practice placement may be of value for students embarking on role transition. The paucity of knowledge around the impact of the mandatory final twelve week practice placement that student nurses in the UK are required to complete is therefore worthy of further investigation so that those involved in preparing students for registration at this crucial stage of the programme can be better informed.

Prior to 2010 the duration of practice placements for student nurses in the UK was guided only by the total minimum requirement of 2300 hours over three years. Placement patterns up until this point have been arbitrary and dependent on local curricula design. For the participants short placements of five to six weeks had been standard practice and therefore they were unaccustomed to a longer allocation. I was therefore ideally placed to explore how students experience a longer thirteen week placement as I witnessed the first cohort undertake this mandatory element of their programme.

2.7 Research question, aim and objectives

There is a clear gap in knowledge around how nursing students experience a mandatory longer final practice placement as the last stage of their undergraduate pre-registration nursing education immediately before they qualify. Reflecting this, the research question, aim and objectives as central components to this study have been formulated and are articulated as follows.

Research question: What is the lived experience of ten pre-registration undergraduate nursing students (adult field) of their final thirteen week practice placement?

Aim: To explore and better understand the lived experience of ten student nurses as they completed a longer than usual practice placement which was the last component of their undergraduate pre-registration nursing education.

Objectives:

- To elicit and describe the phenomenon of a "longer final practice placement" experienced by student nurses working in the adult field of practice.
- To illuminate the details of how experiencing a longer than usual practice placement impacts on students on the cusp of becoming a registered nurse.

2.8   Summary of chapter

This chapter has presented how I conducted a brief initial literature review around key areas of relevance to my research study. In line with phenomenological principles, a cursory review only was performed at the outset so as to identify gaps in current knowledge and contextualise my research. I have identified a gap in knowledge and articulated the research question, aim and objectives.

Chapter 3 **Methodology**

The previous chapter has highlighted that there is a profound lack of knowledge around how student nurses working in the adult field experience a longer than usual practice placement as the last component of their studies before entering the nursing register. A research question, aim and objectives reflecting this gap in knowledge have been articulated. This chapter commences with an explication of the philosophical assumptions that underpin this research. A rationale for using a qualitative rather than a quantitative approach is expressed and alternative qualitative methodologies are briefly examined and considered. There follows a detailed justification for descriptive phenomenology as the methodology of choice for exploring and illuminating student nurses' lived experiences of this mandatory element of their programme. The main part of this chapter centres on an exploration of the historical origins and theoretical underpinnings of phenomenology as a philosophy and its more recent use as a research method, particularly in relation to healthcare. Different approaches to using phenomenological research have evolved and these are recognised and discussed in relation to this study. Finlay (2011) identified six facets which are central to all phenomenological research and a synopsis of each one is included. Finally, a modified Husserlian approach to descriptive phenomenology (Giorgi 2009) combined with Todres and Holloway's (2004) four stages of empirical-phenomenological research have been utilised in this research and a thorough exposition of what this means is presented.

3.1 **Philosophical assumptions**

Philosophical assumptions and beliefs held by researchers shape and inform the choice of theories used to guide research (Creswell 2013). Good research draws upon a sound understanding of key philosophical assumptions which Denzin and Lincoln (2011) advise should be applied methodically throughout the research process. This section addresses how I have underpinned this research with personal and professional

beliefs and drawn upon my philosophical assumptions and world view. It is important to highlight this early on in any research project and recognise that the researcher's position is influenced by scholarly and professional communities within which they work. In relation to this study, facilitating student learning to degree level whilst working within the professional boundaries of nursing played an important part in identifying an area worthy of investigation and then refining the research question. The choice of methodology although driven by its potential to answer the research question, was also influenced by my philosophical assumptions, values and beliefs.

Creswell (2013) suggests that there are four main philosophical assumptions which should be considered in relation to qualitative research. These are *methodology, ontology, epistemology, and axiology;* each of these are explored in relation to this study in the following paragraphs.

The methodology chosen for this research represents an inductive approach where data were gathered from the lifeworld experiences of the participants. The research question favoured a qualitative approach which Holloway and Wheeler (2010) state is a form of social inquiry which seeks to describe and better understand aspects of people's lives. It allows the researcher to gather rich and descriptive information and through listening to the voices of participants, feelings and experiences can be better understood and new meanings uncovered. Qualitative research has become increasingly popular within healthcare and from the start I believed it to be the right paradigm within which to find the answer to my research question. I quickly discounted using a quantitative research methodology at the outset of my study as this deductive, objective approach usually takes an experimental path and aims to analyse statistical data scientifically (Robson 2011). Quantitative research methodologies are at the opposite end of a continuum to qualitative research which takes an emic perspective and aims to get an inside view

through the researcher immersing themselves in the worlds of their participants.

In order to arrive at a methodology within the qualitative paradigm which was suited to answering my research question other qualitative approaches were briefly explored and discounted. This is presented in section 3.2 before a thorough explication of descriptive phenomenology. I chose to adopt a descriptive phenomenological approach to my research and followed a modified Husserlian approach (Giorgi 2009) which represents a respect for a systematic approach to qualitative research and new knowledge has emerged as a result.

The second philosophical assumption is ontology which is concerned with being and existence (Holloway 1997) and the nature of reality. The ontological position of this study acknowledges that for each participant their world is coloured by their background and history. This research embraces the notion that there are multiple realities experienced by student nurses during their last practice placement and it is my intention to report on this. During individual interviews each participant described different experiences which reflected their personal perspectives of their last practice placement. How these multiple realties were heard and respected is reported later on in this research study from Chapter 4 onwards.

My personal ontological position is that I am drawn to exploring, listening and hearing about the experiences of others without imposing my own thoughts or agenda on what they tell me. This is based upon work by Rosmarie Rizzo Parse who devised "The Human Becoming School of Thought" (Parse 1998, p.4). Rooted in the human sciences (as opposed to the natural sciences) Parse's framework offers an alternative to the bio-medical model upon which my own nursing training was based. For many years I sought to understand the human body and disease processes and how nurses treat and care for patients. With the inception of a more holistic approach to nursing in the early 1980's, I learned about patient-

centred care (the bio-psycho-social-spiritual model) and began to understand that the person for whom I was caring and their quality of life was a priority. I was drawn to Parse's work some fifteen years ago when I attended several of her workshops and a masterclass in Pittsburgh, USA. I was impressed by the concept that life is not a linear entity but rather humans freely choose and co-create meaning as they respond to the environment. Parse proposes that life is a symphony and that nurses meet patients for one note only. She suggests that these notes can change and nurses respond accordingly to the ups and downs. Parse advocates that rather than seeking to fix problems, nurses should consider working with patients and through respecting an individual's views, help them to make their own choices and change their health patterns. She posits the notion of "true presence" (Parse 1994, p. 71) where the nurse is attentive to a person (ensuring their own agenda is placed to one side) and enables them to engage in "creative imaginings" (p. 74) through dialogue or even "silent immersion" (p. 73).

I have used the underpinning principles of Parse's human becoming theory within my own work as a nurse educator and have developed what I believe to be a deep respect for the opinions, thoughts and beliefs of individual students. On many occasions I have kept my own questions and thoughts to myself in the quest to help students work things out for themselves. I try to engender a sense of being believed in as I listen and hear; the results have at times been profoundly moving. Accordingly, once I had articulated my research question, I was drawn to descriptive phenomenology because I wanted to hear about students' experiences of their final practice placement without influencing what they had to say. Similarities between aspects of Parse's human becoming theory (and therefore my own personal ontology) and the notion of bracketing my own thoughts and feelings compelled me to consider descriptive phenomenology further. Given the extensive body of international knowledge on how student and newly registered nurses experience role transition, I was very keen to hear what participants said about their final

practice placement without drawing upon what is already known or imposing my own views.

Epistemological assumptions are concerned with the emergence of knowledge. How knowledge is acquired, forms of knowledge and how it is communicated are all important issues that the qualitative researcher must consider (Holloway 1997). In this study the epistemological focus is on experience and therefore a way of capturing the subjective experience of student nurses who had recently completed a longer final practice placement was needed. However, the relationship between the researcher and the researched is crucial because subjective evidence (knowledge emerging from each participant) can be influenced by the part the researcher plays at interview and or data analysis. Whilst it is vital to gain an inside view of the lived experience of the final placement, as researcher, attempts to distance oneself are needed if the true nature of knowledge is to be revealed.

Axiological assumptions reflect the researcher's value base which Creswell (2013) cites as a characteristic of qualitative research. I acknowledge that I bring my personal and professional values to this research study. Creswell (2013, p. 20) claims that the researcher must "position themselves" and I have declared my personal value base in the previous paragraphs in relation to my personal ontology.   Axiological assumptions require that the researcher is transparent about any bias and actively declares any influences they have. In relation to this study, the notion of bracketing which is fully explored later on represents my axiological viewpoint as researcher/educator interviewing participants who were students.

3.2   Justification for choice of methodology

In order to effectively answer my research question I needed to consider which qualitative approach to adopt. Acknowledging that a topic area can be researched using a range of methodologies (Creswell 2013), I explored

and ruled out a number of possibilities, eventually arriving at phenomenology as the most appropriate. I briefly considered an ethnographical approach which is primarily concerned with investigating culture (Hammersley and Atkinson 2007) and therefore did not suit. I turned my attention to grounded theory which originally stemmed from a more positivist, objective paradigm (Glaser and Strauss 1967). Latterly, it has developed into an inductive approach that is concerned with people in the world and the way they live. It is contextual and iterative in that it requires the researcher to examine and re-examine the world of the participant from an emic perspective (Charmaz 2014). As such the researcher seeks to gain an insider view and the analysis of data requires interpretation as meaning and patterns emerge. I also considered narrative inquiry which has similarities with phenomenological research as it is aims to explore participants' stories and personal accounts of an experience. However, central to the principles of narrative inquiry is the premise that the researcher must interpret meanings from participants' accounts. The researcher and the participant work together to co-construct these meanings and this clearly requires some interpretation on the part of the researcher. Both grounded theory and narrative inquiry were discounted because of the necessity for the researcher to interpret meaning which did not fit with my personal ontological position. In answering my research question my intention was to remain faithful to the voices of my participants (and therefore not to interpret) and this further fuelled my decision to adopt a descriptive phenomenological approach to my research. Lastly, phenomenology as a research method is concerned with everyday practical matters rather than abstract scholarly issues (van Manen 2014) and this complemented my curiosity to know more about the final practice placement from students who had recently experienced it.

In order to support my choice of methodology, the philosophical underpinnings of philosophy in which phenomenology is rooted must be fully explored and understood so as to lay a sound foundation to this study. To further support phenomenology as an appropriate choice of

methodology, this chapter includes a brief critical appraisal of some of the work of eminent international nurse researchers who have usefully employed phenomenology as a way of understanding something more of specific nursing phenomenon. In addition to this, the efficacy of descriptive as opposed to interpretative phenomenology is explored, evaluated and proposed as suited to answering the research question.

3.3 Philosophical origins and theoretical underpinnings of phenomenology

First identified by the philosopher Edmund Husserl (1859-1938), phenomenology is derived from the Greek meaning to bring to light. It is the study of how people experience and perceive things in the world. Its unique way of doing this has influenced and provided a common foundation to many areas of twenty-first century phenomenological philosophy, psychology and research methodology. Husserl's infamous phrase "to return to the things themselves" (Langdridge 2007, p. 4) captures the essence of his field of philosophy and offers a particular way of thinking about ourselves and the world in which we live. As a mathematician Husserl sought to find a scientific way of studying the "essence of conscious experience" (Finlay 2011, p. 44) and his aim was to describe and analyse the structure of experiences as they appeared in his life to provide rich, deep and meaningful insights into his lifeworld. At this point it is important to note that as a philosopher Husserl was interested only in his own reflections and experiences and as such *he* was the subject of his philosophical analyses.

Existentialism was seen as a central feature of phenomenological philosophy and it was believed by many that a sense of self is inextricably linked with how we exist in the world with others and with time (Langdridge 2007). Stemming from the Danish philosopher Soren Kierkegaard (1813-1855), existentialism was concerned with how people lived their lives, the choices they make as they live autonomously and what they learn from their experiences.

Phenomenology was founded at a time when philosophers were intent upon debating the idea that the mind is separate from the body and Husserl's seminal school created much interest and deliberation throughout Europe in identifying key features such as the *natural attitude, the lifeworld, intentionality, noema* and *noesis, the phenomenological reduction, epoché, imaginative variation* and *essences.* These concepts which are fundamental to phenomenological philosophy will be explored by way of introduction to how phenomenology as a philosophy underpins phenomenological research which is widely recognised and used all over the world today.

Husserl believed that as we engage in daily life we take for granted many of the things around us and many of the things that happen to us. We do not take time to dwell and instead accept without question. The acts that we become most practised in we take all the more for granted and it is often not until we make a mistake that we stop to think (Dahlberg et al. 2008). This, he termed the *natural attitude* and although Husserl accepted this innocent approach to everyday life as a way of understanding the world, he believed it to be too superficial for scientific purposes. From an epistemological perspective Husserl started to analyse the tacit understanding of the natural attitude and coined the term the *lifeworld* which he deemed the starting point for scientific theory. He believed that the way we are in the world, impacts on the world, which in turn affects our experiences and perceptions of the lifeworld. Acknowledging that the lifeworld like the natural attitude was tacit, Husserl strove to "see the invisible, listen to that which is silent" (Dahlberg et al. 2008, p. 39). Indeed, it was from this premise that Dahlberg created *reflective lifeworld research* as an epistemological tool that can be used to "describe and elucidate the lived world in a way that expands our understanding of human being and human experience" (Dahlberg et al. 2008, p. 37).

Intentionality refers to the fact that to be aware of something, there has to be something to be aware of. This notion of consciousness is always

directed towards an *object* be it a concept, a concrete thing, an idea or an experience (*noema)* and as such is central to Husserl's phenomenological philosophy (Langdridge 2007). The Cartesian view that human consciousness is an awareness that is perceived by the individual *inside* their mind raises the question of how the world of others can be understood. Here, phenomenological philosophy differs in its belief that consciousness is directed outwards (intentionality) as it aims to explore "the relationship between a person's consciousness and the world" (Langdridge 2007, p. 13). Phenomenology is concerned with the connectedness of how a person or subject experiences (*noesis)* something/an object (*noema)* in their everyday life (Finlay 2011).

As a mathematician Husserl understood the notion of bracketing in relation to calculations. He extended this view to his philosophy as he employed what he termed the *phenomenological reduction.* This required the phenomenologist to rigorously place to one side their assumptions, preconceptions, past experiences and knowledge as they engaged in their study of consciousness. Husserl further refined the *reduction* as it is known, into bracketing scientific knowledge and theory (epoché of the natural sciences) and setting aside all that is taken for granted in everyday life (epoché of the natural attitude). It is this notion of adopting a phenomenological attitude or bracketing as it is often called, that is most commonly contested within the phenomenological school of philosophy. Heidegger, for example, broke away from Husserl's school on this very point as he did not believe that it was possible to fully bracket out previous experiences.

The *epoché* is derived from the Greek and means to attempt to set aside our assumptions and to question what has previously been taken for granted (the natural attitude). This process is undeniably a challenge and to see things as if for the first time is acknowledged as such by many eminent researchers (Dahlberg et al. 2008; Finlay 2009b; Giorgi 2009). The difference between the *epoché* and the notion of bracketing is that the

latter aims to set aside previous experiences whilst the epoché focuses on doubting the everyday taken for granted.

Imaginative variation is a powerful technique that Husserl employed to help imagine other ways of seeing a phenomenon. In his search to uncover the *essence* and to ensure rigour he advocated questioning the meaning of the natural attitude. The aim here is to imaginatively vary aspects of an experience so as to distil out the fundamental essence of a phenomenon. Husserl was interested in understanding that which underpinned the way things appear in the lifeworld and sought to reveal their essential structures or essences.

Husserl's philosophical beliefs were based on describing (rather than explaining) the richness of happenings as they present and the premise that we should look at things with fresh eyes and in a new light. He acknowledged that at times things in the lifeworld appear to be perplexing and that when this happens we are identifying a phenomenon about which there is a potential to know more. Husserl became concerned with the "whatness" (Todres and Holloway 2004, p. 82) of a phenomenon and sought to reveal its essential structures and essences through imaginative variation and reflection. It is the notion of the lifeworld as a source of evidence coupled with a quest to learn more about it so that a phenomenon can be elucidated and better understood, that provides direction for phenomenological research based upon Husserl's philosophy.

Over time other philosophers such as Martin Heidegger, Hans-Georg Gadamer and Maurice Merleau-Ponty broke away from Husserl's tradition and began to explore the lifeworld in different ways. Martin Heidegger (1989-1976) a former student of Husserl, began to question the ontological basis of human existence. In his famous text "Being and Time" Heidegger suggests that people are inseparable from the world they live in and that to set aside previous experiences and assumptions is not possible. Staying close to the spirit of phenomenology, Heidegger radically challenged Husserl by questioning the notion of bracketing forging the argument that

as humans we are embedded in the world and therefore this influences our understanding of it. He believed that interpretation through language was needed to understand the world. As a result the interpretative or hermeneutic school of phenomenological philosophy was born and this has had a major impact on phenomenology as a research method today. Heidegger developed what is known as the "hermeneutic circle" which required the philosopher to visit their presuppositions and to question their implicit and explicit understandings. This cyclical process between the interpreter and the interpreted builds up an explanation which Heidegger presented through language often in the form of poetry (Finlay 2011). Gadamer (1900-2002) a pupil of Heidegger's, followed his hermeneutic school. He believed that meanings could only be understood through the eyes of the person observing and interpreting. He aimed to strike a balance between the way we are in the world bringing our life experiences to the fore and attempting to disregard personal biases. Merleau-Ponty (1908-1961), a French existentialist, took the idea of the lifeworld further and as a psychologist as well as a philosopher posited that consciousness is intertwined with the body (embodied consciousness). He believed that consciousness is embedded in the body and this is how people make sense of their environment.

3.4 The development of a phenomenologically orientated approach to research in psychology

It was not until a century following its inception that phenomenological principles were embraced by psychologists as a way of finding out how people experience the world in which they live. The relationship between phenomenological philosophy and psychology has evoked much discussion (Giorgi 2010) particularly around the postpositivist paradigm debate (Langdridge 2007). For example Husserl viewed psychology critically as one of the natural sciences that needed a more empirical foundation. Amedeo Giorgi, an American psychologist, embraced phenomenology and studied it for many years during his time employed by

Duquesne University. He initially studied the philosophy of phenomenology and as a psychologist primarily interested in the study of human beings, he became drawn to "investigating consciousness in a rigorous way" (Giorgi 2009, p. xi). He later developed his scientific approach to descriptive phenomenological research which is sometimes known as the Duquesne approach.

3.5 Phenomenology as a research method

Phenomenological research bases its foundations on the philosophical movement which began in the early twentieth century. It offers a different way of deepening knowledge focusing on human experience, meaning and consciousness and recognises the role of the researcher within the research process (Langdridge 2007). The many different ways of using a phenomenological approach in research have been widely discussed, debated and disputed (Giorgi 2000; Finlay 2009a; Smith 2010; Bradbury-Jones 2012; Creswell 2013) yet stemming from its philosophical roots, there are fundamental concepts common to all. The primary aim of all phenomenological research is to delve deep into the complex, multifaceted experiences of everyday life in order to better understand how people experience things and what it means to them. Phenomenology offers a way of exploring lived experiences revealing a deep understanding of human consciousness through unbiased investigation (Polit and Beck 2006). Central to phenomenological research is the aim to capture the essence of and learn something more about that which is ordinarily taken for granted (Finlay 2011). Researchers from different professional backgrounds in psychology and healthcare have chosen to use phenomenology in one form or another and more recently it has become a popular way of deepening knowledge through bringing to light new meanings about human experience.

Finlay (2011) acknowledges that there are a number of approaches to phenomenological research but has identified six facets that are

fundamental to all. These will now be explored before more detail about my particular choice of method is presented.

3.5.1 Lived experience and meanings

Central to all phenomenological research is a focus on the lived experience and the meaning this has for those experiencing it. It is up to the researcher to select a specific moment or period in someone's life that represents a phenomenon which they wish to explore. For example waking up after an anaesthetic (event) or learning to live with arthritis (longer experience) are potential phenomena. The researcher aims to find out what the lived experience (of the phenomenon in question) means to the person or people experiencing it. For instance, asking the question "what was it like to wake up from the anaesthetic?" will illicit answers and the challenge for the researcher is to understand not only the words spoken but also their implicit meaning.

Whatever choice of phenomenon the researcher wishes to explore, the participant's lifeworld provides a good source of evidence and starting point for phenomenological analysis. Reflective accounts (written or spoken) of lived experiences must be gathered and analysed. Finlay (2009b) points out that phenomenological research can range from a rigorous systematic approach to one that is much more fluid and poetic in nature. This continuum as it is seen (Todres 2007) offers choice to the researcher about how they get to the heart of the phenomenon in question to bring to light the true meaning of the lived experience.

3.5.2 Rich, expressive and full descriptions

It is vital that the researcher obtains rich, expressive and full descriptions so that the layers of complexity may be peeled away as the meaning is revealed. How the researcher does this and the part they play in the process is an exciting and challenging element of phenomenological research. The starting point is to elicit full and deep descriptions about the "whatness" (Todres and Holloway 2004, p. 82) of a lived experience. No explanation should be asked for when gathering these rich descriptions

instead the researcher should seek out accounts that are vivid and detailed. It is the meaning of these experiences as they are expressed that promises to illuminate. The richer and deeper the descriptions (pursued until there is no more to tell) the more meaning will be uncovered.

Finlay (2011) does not consider how the researcher chooses to gather their participants' descriptions (for example interviews or reflective diaries) to be the most important issue. Instead the researcher should focus on gathering rich, deep and evocative descriptions from which the essence of the phenomenon can emerge.

3.5.3 A concern with existential issues

Based upon the philosophical concept of existentialism, a concern with existential issues is another fundamental facet of phenomenological research. Within the lifeworld people relate to experiences that are part of existing as human beings. We are all following a path that dictates that to a greater or lesser extent we engage in activities such as breathing, eating, sleeping, belonging, aging and dying. In relation to phenomenological research, existential issues and how we engage with them is influenced by four factors; our bodies, time, the environment and our relationships with others (van Manen 1990). The choices we make and how we respond either consciously or subconsciously make up the lifeworld as we exist within it. Phenomenological researchers must therefore be concerned with existential issues if new light is to be thrown upon phenomenon under scrutiny.

3.5.4 Embodiment

Finlay (2011) describes the notion of embodiment and how the body is inextricably linked with how we live our lives in the world, as another fundamental facet of phenomenology. She calls this "The Assumption that Body, Self and World are Intertwined " (Finlay 2011, p. 21) and suggests that phenomenological researchers link together the mind and the body rather than divide apart. What is meant here is that we use our bodies constantly in everyday life as we communicate, learn, eat, feel and so on.

Finlay (2011, p. 29) terms the body a "vehicle" for experiencing all, as we live our lives in the world. We are all part of the world and the world is made up of us all.

3.5.5 A phenomenological attitude

It is important for the researcher to adopt a phenomenological attitude at the start of the research project. Again, this concept is derived from Husserl's philosophical school of phenomenology and means that all personal, cultural or experiential beliefs must be put to one side. The application of a phenomenological attitude refers to the researcher seeing things as if for the first time; as if looking at part of one's home in a mirror and seeing well known things afresh. Bracketing is one part of this process for some researchers as they endeavour to allow themselves to be present in the data without prejudice, doubt or belief (Todres and Holloway 2006). Giorgi (2009) refers to descriptive phenomenology which means that the descriptions obtained from participants about an experience, must not be interpreted by the researcher. Ambiguities should not be clarified and in principle, the researcher must look to the data presented and make no assumptions. Speculation must be avoided, observations made and noted and the result is, Giorgi argues, more secure. In this way the researcher returns to the words spoken and seeks out the meaning of the experience from the participant's perspective. A "second-order" description results (Giorgi 2009, p. 127) in language that captures the meaning of the experience.

The notion of bracketing was first identified by Husserl who, as a mathematician, was familiar with the concept from a numerical perspective. He adopted this term in his quest to reveal the essential structures of concepts as he studied the different sciences. An alternative word for bracketing is epoché which Langdridge (2007) expresses as a process by which the researcher aims to describe phenomena as if seen for the first time. This involves seeing things with fresh eyes; consciously ignoring previous experiences, thoughts and assumptions; getting to the heart of the matter and looking beyond what has previously been taken for

granted (the natural attitude). Husserl's school of phenomenology followed the belief that the researcher must transcend all previous experience and view the things as if from above, by bracketing previous thought and assumptions. Whether the researcher adopts a phenomenological attitude or subscribes to the interpretative school which disputes the notion of bracketing as impossible, the fundamental aim is to see things anew, to get to the heart of the matter and to reveal the essence and meaning of phenomena.

3.5.6 A potentially transformative relational approach

The final facet of phenomenology is the "potentially transformative relational approach" (Finlay 2011, p. 24) of the research process. Both the participant and the researcher through engaging in phenomenological research can gain deep insight and discover things unknown that may be touching and profound. This applies also to the reader of the research as the taken for granted is illuminated in an otherwise grey world. This is not something that necessarily happens all at once but rather along the journey of phenomenological research either as the researcher, the reader or the participant. New understandings can be powerful and can be influential in how we live our lives from whichever perspective we engage in phenomenological research.

3.6 Phenomenology as a research methodology in nursing

Nurses were historically schooled within the positivist tradition of the medical model focusing on disease and disease management. It was in the latter part of the twentieth century that nurses became more interested in the idea that their professional responsibility was to care for the whole person and their epistemological basis changed as the concept of holism was born. With this shift away from empiricism and reductionism towards a more humanistic approach, the nature and theoretical underpinnings of nursing has become the focus of attention from eminent nurse researchers around the world. Rosemarie Parse developed her nursing philosophy of "Human Becoming" based on phenomenology as nurses engage in "True

presencing" in the quest to hear their patients' accounts of their life-world (Bournes and Ferguson-Paré 2007). Similarly Watson (2006) shares her philosophical roots with phenomenology as she writes prolifically about her beliefs on caring founded on lived experiences of those in receipt of nursing care.

I suggest that similarities exist between a humanised approach to nursing (Todres et al. 2009) and phenomenology based upon the premise that both centre their focus on the lifeworld and what lived experiences mean to human beings. Indeed phenomenological research has become an increasingly popular approach for healthcare professionals and nurse researchers. It offers a way of bridging the gap between research and professional practice (Finlay 2011) and invites the client to tell their story about their experiences in the world and what it means to them.

3.7   Descriptive versus Interpretative Phenomenology

There has been considerable historic and contemporary debate about the need to interpret or describe accounts of lived experiences in order to fully understand them (Langdridge 2007). Some argue that it is not possible to fully understand and describe a phenomenon without interpreting its meaning along the way (Pringle et al. 2011). Interpretation however, has been viewed differently by eminent phenomenologists (Langdridge 2007; Smith et al. 2009) and its link to psychology prevails. The hermeneutic circle is seen as a process where language/data is thematically analysed and interpreted in a cyclical fashion in order to reveal findings. In hermeneutic phenomenological research data are analysed repeatedly and findings often presented in writing in a creative format (van Manen 1990). In relation to Interpretative Phenomenological Analysis (IPA) which is a relevantly new research approach favoured by healthcare professionals, it is the idiographic nature that appeals. IPA offers a way of finding out much more from the individual service user perspective (Biggerstaff and Thompson 2008) through interpretation and making sense of peoples' life experiences (Smith et al. 2009) during a two stage

44

or double hermeneutic approach at the data analysis phase. Furthermore, as IPA focuses on the individual in the quest for seeking out a whole picture, broad generalisations are likely to be less achievable. Another notable difference between IPA and descriptive phenomenology is that in the former, direct quotes are often favoured as a way of reporting results (Pringle et al. 2011). In descriptive phenomenology it is the unspoken word that the researcher is seeking to find as the participant communicates verbally and through body language (embodiment). People do not always dwell upon conscious thought as they tell their story about their lifeworld experiences in the natural attitude.

I acknowledge that an interpretative approach to phenomenological research could have been used to answer my research question. However, my intention at the outset was to listen and hear what a longer practice placement experience was like for ten finalist nursing students. The more purist approach that descriptive phenomenology offers, I would argue, is eminently more suited to answering my research question because I wanted to hear their collective voice. Amidst the extensive body of knowledge around role transition already recognised internationally and also the widespread interest in the UK on the role of the sign-off mentor during a mandatory longer final placement, it would be easy to interpret. Instead, I wanted to take a completely fresh look at what it is like for students to experience their longer final placement rather than making sense of it in the light of what is already known.

3.8   Descriptive phenomenology as a research methodology of choice for this study

I have chosen to adopt a descriptive phenomenological approach to this study. Aligned to classical Husserlian philosophy, descriptive phenomenology is seen as the most traditional phenomenological research methodology (Langdridge 2007). In the early twenty-first century Giorgi (2009) developed an approach to descriptive phenomenology which is now recognised internationally. A psychologist by profession, he

developed a rigorous scientific approach to phenomenological research aimed initially for use by psychologists which since its inception has become increasingly popular for social science researchers (Todres and Holloway 2004; Finlay 2011). Giorgi (2009) argues that his method is generic and that it can be applied to any of the social sciences provided that researchers from other disciplines make a few minor modifications. He claims that the raw data is collected from descriptions of everyday life experiences but during the data analysis stage the researcher must assume the attitude of their specific discipline (in my case nursing). Thus descriptive phenomenological research is believed to be a plausible way of researching lived experiences (Giorgi 2009).

Quality of life and the experiences of people accessing healthcare (both as patients and healthcare professionals) have been included in research recently and in comparison to phenomenological research it is contended that other popular methodologies often only skirt the surface and fail to get to the very heart of what life is like (Todres and Holloway 2004). Through focusing on the lifeworld and how humans exist within it, descriptive phenomenology has the power to reveal the essential elements (structures) of a phenomenon (Dahlberg et al. 2008). It aims to look beyond what is said and capture the essence of a phenomenon as it is lived by the person or people living it.

My intention by using descriptive phenomenology was to give greater meaning to the nature of how student nurses experienced their longer final practice placement and to ensure that the student voice was heard without interpretation. An analysis of each interview was needed in order to explicate what a longer final placement experience meant to the participants and to build up a rich and vivid picture of the phenomenon this represented.

3.9 Summary of chapter

This chapter has explored and critically reviewed the philosophical underpinnings of phenomenology. The central principles, known as

Finlay's (2011) six facets of phenomenology have been explained. The use of phenomenology in relation to psychology and the inception of Giorgi's (2009) scientific approach to a descriptive phenomenological research method have been explored. Interpretative Phenomenological Analysis has been briefly considered before finally presenting my choice of adopting a descriptive phenomenological approach which is justified as the best method for answering the research question.

Chapter 4 **Method**

This chapter explains how I followed the four stages of empirical-phenomenological research offered by Todres and Holloway (2004). At the data analysis stage I chose to adopt Giorgi's (2009) modified Husserlian approach to descriptive phenomenological research which he evolved from the philosophy of phenomenology. His logical and structured way of analysing data was attractive to me as a novice researcher and his scientific approach complemented Todres and Holloway's methodological design.

My role as researcher and how I attempted to adopt a phenomenological attitude and bracket my previous experiences was vital to the success of my research and is therefore explored firstly.

4.1 **My role as researcher: adopting a phenomenological attitude**

I approached the research process with the intention of placing to one side my experiences both as a nurse and a nurse educator in relation to the longer final practice placement for student nurses. The suspension of presuppositions, albeit temporary, is known to be desirable although recognised as difficult when carrying out phenomenological research (Giorgi 1985). Researcher subjectivity is inevitably part of the research experience and some would argue that it is the very nature of this that exemplifies phenomenology (Finlay 2011). The researcher must be reflexive and question their part played in the process listening to inner feelings and responses during the data collection and analysis phases. The question was how and to what extent should I, the researcher, place myself in the interviews and subsequent data analysis? A balance or "dance" (Finlay 2011, p. 74) is enacted as the researcher listens and responds in an empathetic yet detached way throughout.

Through adopting a phenomenological attitude and attempting to remain open, striving to see and hear my participants as they spoke of their experiences became a vital part of the research process for me. Termed in

a variety of different ways by eminent phenomenological researchers (Dahlberg et al. 2008; Finlay 2009b; Giorgi 2009; Finlay 2011) a phenomenological attitude must be assumed throughout the duration of the research as the entity is seen as if for the first time through fresh eyes. No longer must the researcher take for granted the everyday things in life, but rather look at a phenomenon through the eyes of the one experiencing it. For me, this meant concentrating hard on what the participant told me during each interview, noting body language (embodiment) and attempting to connect with the lived experience of the participant rather than taking my own thoughts, views and previous experiences of students living the final practice placement into account (Finlay 2011). I continued to transcend my thoughts, previous knowledge and experiences of final practice placement experiences for students when analysing the transcribed interviews, which took some time. I aimed to be repeatedly reflective and reflexive as I peeled back the layers until I felt and believed that I had revealed the essence of what it was like for the student nurses in my study to experience their longer final practice placement.

In relation to nursing and healthcare, phenomenology offers a way of bridging the theory practice gap (Finlay 2011). By this, Finlay means that as a therapist working in healthcare, gaining an in-depth understanding of a client's experience of living with their situation can inform future practice. Phenomenology is thus an appropriate choice of methodology for my study as a way of bridging the theory practice divide. As a nurse educator (the researcher) I aimed to offer student nurses (the participants) the opportunity to speak confidentially and at length about their experiences of their final practice placement. Whilst both descriptive and interpretative phenomenological research serve to highlight lived experiences of participants, I have chosen to adopt a descriptive phenomenological approach. This is because I believe that the student voice needs to be heard amidst all that is already known about both role transition and the final practice placement experience.

4.2 The study design

My method followed the four stages of empirical-phenomenological research offered by Todres and Holloway (2004). This is summarised in the Table 4-1 which sets out how each stage was applied throughout my study. Data analysis was guided by Giorgi's (2009) modified Husserlian approach to descriptive phenomenological research.

	The four stages of empirical-phenomenological research.	Application to my study
1.	Articulating an experiential phenomenon of interest for study.	How student nurses (adult field) experience a longer final practice placement.
2.	Gathering descriptions of others' experiences that are concrete occasions of this phenomenon.	I formulated and asked an open ended and 'experience-near' (Todres and Holloway 2004, p. 85) question about experiencing a consolidation placement. As the researcher I was careful to keep an open mind when interviewing participants about their lifeworld experiences.
3.	Intuiting and 'testing' the meanings of the experiences.	I aimed to "adequately capture the sense of the details" (Todres and Holloway 2004, p. 88) as I analysed each participant's lifeworld account. I followed Giorgi's (2009) modified Husserlian approach at the data analysis stage. Using imaginative variation from each transcribed interview I made the implicit explicit. I then began to look for transferrable qualities across all interviews and visited and revisited data until I felt I had captured the essence of what participants were saying.
4.	Writing a 'digested' understanding that cares for different readers and purposes.	The **scientific** stage required me to find invariant meanings or patterns that were evident across participants' experiences of consolidation. I wrote an integrative statement which captured and conveyed the essential constituents of the experience of the final consolidation of practice placement for finalist nursing students. In **communicating** a digested understanding of my findings I aimed to find a way of reaching out to those who will ultimately read my research.

Table 4-1:   The four stages of empirical-phenomenological research (Todres and Holloway 2004, p. 83)

4.3 Articulating an experiential phenomenon of interest for study

As described at the outset of this thesis, I was keen to find out more about how a longer than usual practice placement experience impacted on finalist nursing students. Emphasis appeared to be placed on assessing students' competence at the point of entry to the nursing register and there was little evidence to suggest how extending the length of time in practice would impact on this. As a nurse educator I have an intrinsic interest in how student nurses acquire and develop the necessary professional and personal skills to become a registered nurse. My interest in this research was further fuelled by the fact that I am the leader of a third year unit of study which primarily aims to prepare students for registered practice and support them in their role transition. In designing this unit I noticed the vast amount of literature available on role transition and the strategies put in place all over the world to help students and newly registered nurses with the challenges this brings. Very little research has been done on preparing students <u>in practice</u> for role transition which focused my mind on the final placement that nursing students in the UK undertake. Todres and Holloway (2004) state that the phenomenological researcher should acknowledge and locate their area of interest and connect it to everyday human concerns. I therefore directed my research interest to the longer, mandatory, final placement British student nurses must experience and be assessed upon and honed the research question to reflect an exploration of what this experience was like for them.

4.4 Gathering descriptions of others' experiences that are concrete occasions of this phenomenon

Having identified my area of interest, the next step was to articulate an "experience-near" question (Todres and Holloway 2004, p. 85). This meant identifying an experience that participants have had (the longer final practice placement) and standing back from any frameworks or any preconceived beliefs that exist in relation to it. Todres and Holloway (2004) urge the researcher to go back to the basics and ask an open-ended,

experience-near question that invites the respondent to tell their story about how they have personally lived through the experience. Intentionality is a term that means that consciousness and experience are intertwined and exist within the lifeworld and Todres and Holloway recommend that the phenomenological researcher words their research question carefully to reflect this. Exactly how I did this is described and discussed in detail in sections on the interview process (4.4.2) and the interview (4.4.3).

4.4.1 Recruitment and sampling

The principle of purposive sampling was followed. This is advocated for descriptive phenomenology whereby participants who have had the same experience are recruited (Langdridge 2007). Interviews were arranged to take place soon after the final placement experience so as to capture the fullest possible breadth and depth of the phenomenon under scrutiny (Macnee and Rebar 2011).

There were two stages to ensuring that suitable participants were included in this study. Firstly, invitations were sent by e-mail to final year adult field nursing students who were in groups that I had not previously taught (Appendix 4). Students who were scheduled to commence their final practice placement in the near future were invited to take part in my research with a view to conducting individual interviews as soon as was practicably possible after they had completed their consolidation placement. I offered assurance to all students targeted as potential participants that my role as Senior Lecturer would not in any way influence their progress on the programme or in their future professional lives.

Ten students working in both acute and community care settings from across three different NHS Trusts responded to my invitations and at this point the second stage of ensuring that participants fitted the inclusion criteria was followed. I carefully checked each student's profile to ensure that they had passed all elements of the programme (academic and practice). Interviews were scheduled to take place within one week of

completion of their final practice placement. Two days before each interview I again checked each potential participant's profile to confirm that they had completed sufficient hours in practice to avoid inadvertently interviewing a student who had been absent for longer than two weeks. In the event, all students had completed a full thirteen week placement.

The timing of the interviews was carefully planned to ensure that all participants had submitted their necessary documentation stating that they had been signed off by their final mentor as proficient to deliver safe and effective practice for the purpose of entering the register of nurses.

I offered assurance to all students that taking part in my study would not in any way influence their progression on the programme or their future nursing careers other than give some insight into what it is like to be interviewed as part of a research study. That said, the transformative nature of phenomenology may mean that participants learn something about themselves as they take part in the research.

The exact number of participants was guided by the phenomenological principles of small numbers (Langdridge 2007) and ten participants were successfully recruited to the study. The notion of focusing on sufficient participants to capture all the variants of the phenomenon is endorsed by Todres and Holloway (2004) who further add that to include too many participants can result in lack of depth at the analysis stage. I became aware that I had interviewed enough participants when I analysed the data and saw that no new variations were appearing. At this point I made the decision not to interview further participants.

Inclusion criteria

Participants:

- were final year adult field pre-registration nursing students completing a BSc (Honours) programme,
- had completed their thirteen week final practice placement and submitted their practice assessment documentation,

- had completed the required minimum number of practice hours for the programme by the end of their consolidation placement,

- had passed all academic and practice elements of the programme.

Exclusion criteria

Participants were not:

- students who were repeating or who had already repeated units of study during their programme,

- students who were failing elements of their practice assessment,

- students who had in excess of two weeks absence during their consolidation placement,

- students whom I as the researcher had taught, been an Academic Advisor or for whom I had acted as referee for future employment.

4.4.2 The interview process

Reid at al. (2005) state that participants' expertise in the phenomenon to be explored is crucial and therefore nursing students recruited were in their final year of a degree course in adult field nursing and had just completed their final practice placement at the time of interview. The timings and venues for individual interviews were all important in order to reduce any conflict of interest as a researcher/nurse educator interviewing student nurses. It was my intention therefore, to interview at the very end of the programme when all assessed work had been submitted. I offered students the choice of being interviewed at the university or at their home and all opted to meet at the university.

Participants were invited to individual interviews organised to occur as soon as possible following their final thirteen week period of consolidated practice at a time that was mutually convenient to both the participant and the researcher. As researcher, prior to each interview I checked that all participants had passed all elements of the programme including completing the required number of hours in practice. It was also vital to

check that a designated sign-off mentor had confirmed that the student had met and maintained all the standards of proficiency for safe and effective practice (Nursing and Midwifery Council 2008a, 2010a) required for entry to the professional register.

Emphasis was placed on agreeing interview times to suit prospective participants so as to avoid adding pressure to their already busy lives and heavy workloads especially around times when the final elements of their programme were being completed and their final practice assessment assignment was to be submitted. The venue for interviews was chosen and agreed with each participant and the researcher in an attempt to place the participant in a comfortable place to invite free flow and elicit rich data.

4.4.3 The interviews

The interview questions followed the guiding principles of Giorgi (1997) who recommended firstly asking participants to confirm they have experienced the phenomenon under scrutiny, secondly asking for concrete examples of the experience and lastly inviting participants to add anything further and inviting participants to say more.

I needed to confirm before the start of the interview that each participant had actually experienced and completed a thirteen week final consolidation of practice placement. I therefore checked attendance on the university's electronic record system which also informed me of the clinical area that each participant had been allocated and their age and gender. This confirmed that I had a range which fulfilled the notion of purposive sampling (Langdridge 2007). An anonymised list of participants indicating the clinical areas within which they had experienced their final practice placement and also detailing the dates and times of interviews is evident in Appendix 5.

The interview questions that I asked were as follows:

1. Can you confirm that you have completed your final thirteen week practice placement?
2. Can you describe this?

3. Is there anything else that you would like to add?

During each interview I occasionally asked participants to elaborate on something they had said. The intention here was to draw out rich descriptions and to illuminate how each student had experienced their final placement in as much detail as was possible. I used prompt questions such as "Can you tell me any more about this?"

Throughout each interview I listened attentively and sought clarification and further illumination as participants told me of their experiences. I continued each interview until I felt that I had captured each student's lifeworld experience and there was nothing further to be said. I took notes at the end of each interview which commented on body language, intonation and prolonged silences. Descriptive phenomenology requires the researcher to capture a full picture of the lived experience and my interview notes meaningfully added to my portrayal of the "felt sense" (Gendlin 2004, p. 133) for each student.

There was a possibility that discussions during interviews could have revealed issues of a negative nature and risks to public safety. The challenge that this risk posed within the research process needed careful consideration prior to the start of the study (Tod 2010). Participants were therefore advised that information given must be lawful and in the interests of public safety, and that disclosure of events that could put patients, family or carers, staff or the participant at risk of unsafe or illegal practices, would need to be addressed in accordance with the ethical principle of non- maleficence and the (Nursing and Midwifery Council 2008b) code of professional conduct. This was clearly explained in the Participant Information Sheet and was revisited at the start of each interview to ensure that the health and wellbeing of all involved was safeguarded. It was also important to make clear that if at any time a participant became distressed, the interview would be stopped and appropriate support given.

On completion of the interview, the participants were invited to debrief which is thought to be helpful to all involved in a research study (Holloway

and Wheeler 2010). The opportunity to ask questions was given and a promise made that a summary of findings will be made available to them on completion of the study.

4.4.4 Ethical considerations

Ethical research requires that legal and moral principles govern all research in relation to healthcare (Beauchamp and Childress 2013). It was therefore essential that I ensured that ethical issues were and would continue to be fully addressed throughout the design, implementation and evaluation stages of this research project including any publications. Key ethical principles must underpin research to safeguard the human rights of participants (Royal College of Nursing 2009) and adherence to recognised codes of practice must be evident throughout. A fundamental aim throughout the process of this research was to ensure that integrity was maintained at all times and that at all stages this study was and would continue to be conducted honesty and ethically.

As the nature of this research is linked to healthcare, the guidance given by the Department of Health (2005) was followed along with the ethical principles articulated in a number of codes of practice for healthcare professionals working in the UK (Department of Health 2005; Nursing and Midwifery Council 2008b; Royal College of Nursing 2009). In addition to these national requirements, local policies were also considered. As such this research proposal successfully gained ethical approval (Appendix 6) from Bournemouth University Research Ethics Committee (UREC), which specifies a Research Ethics Code of Practice (RECP) and based upon human rights seeks to protect and guide all who are involved in the research process within Bournemouth University. As this proposal does not include patients, carers or NHS staff or links, it has not been deemed necessary to seek approval from the National Research Ethics

Respect for autonomy and informed consent

The safety and wellbeing of both the researcher and participants is paramount throughout any research study. Participants were recruited

voluntarily with no pressure to take part or promise of a reward (Royal College of Nursing 2009). As the researcher, I ensured that participants were given full and accurate details about the study and their involvement in it. This was given as written information as a Participant Information Sheet (Appendix 7) and the opportunity to ask questions was made available to participants in advance of their interviews. It was made clear to participants through discussion and supported by the Participant Information Sheet that they were free to withdraw from the study at any time. Having ensured that participants were fully informed of the research process, written consent (Appendix 8) was requested from each participant and once obtained, stored confidentially and securely (Holloway and Wheeler 2010).

Duality of roles

According to Clark and McCann (2005) there is the potential for coercion or even unfair treatment between a nurse educator employing students as participants in their research. Both parties can feel vulnerable and the upshot may be that the principle of justice is not adhered to. For example, the nurse educator/researcher may be seen as co-opting students to participate in their study under the guise that it will help them to learn about the research process. Problems could occur if the student feels they ought to participate in order to be viewed favourably by their lecturer. Equally there is the potential for the student to feel unfairly treated in subsequent assignments once they have "helped" their lecturer out by participating in their research. It was vital therefore that provision was made to protect both parties and that the research was carried out ethically and safely for all concerned (Tod 2010). Specifically, I ensured that whilst creating a welcoming environment for participants, a professional reassurance was given regarding past and future involvement with educational aspects of the participants' course and future career prospects.

The potential for placing either the researcher or the participant in a vulnerable position was given due consideration and by following the afore mentioned inclusion and exclusion criteria (section 4.4.1). I made sure that I recruited suitable students. I checked that they had successfully completed and passed all elements of the programme (awaiting ratification by the Assessment Board) and that they had been signed-off and it had been declared that they had achieved the required proficiencies for entry to the register. The programme year plan allows an approximate four week window of time between submission of the students' practice assessment documentation which includes their "sign-off" declaration, and results of the Assessment Board during which time I planned for interviews to take place.

Non-maleficence and beneficence

Non-maleficence and beneficence are translated as "do no harm, do good" (Holloway and Wheeler 2010, p. 55) respectively. This implies that research must ultimately benefit wider society as a whole and not harm any person involved in the research process along the way. Any risks must be identified and minimised. In relation to this study, risk assessment of both the environment and individuals, was carried out. All interviews took place at the University using recording equipment that had been officially checked and cleared by a Bournemouth University Media Services Technician. A risk assessment of the environment (for example electrical equipment such as plugs and wires and positioning of chairs and tables to facilitate good posture), was made prior to the commencement of meetings and interviews (Appendix 9). Prior to commencement of each interview a notice was put on the door requesting privacy and telephones switched off to ensure that the interview remained uninterrupted thus preserving the thought processes and psychological safety of both researcher and participant as far as possible. Enough time was allocated during and after each interview to allow for any participant distress or questions.

Justice

Holloway and Wheeler (2010) explain the term justice in relation to ethical research as broadly meaning that the research process must be fair and transparent. It is important that no preferential treatment is given to participants (Tod 2010) and that the relationship of power between the researcher and the participant is fairly weighted. In relation to my study, participants were recruited from students at the very end of their programme. Purposive sampling ensured that participants were students that I had not taught, advised and would not be providing a reference for in the future. Interviews took place away from the clinical area and privacy was assured. Participants were invited to speak confidentially and freely about their experiences in their final practice placement.

Confidentiality and anonymity

Confidentiality and anonymity of participants are vital components of an ethical framework without which there would be no basis for trust (Holloway and Brown 2012). The researcher must be aware that legal and ethical obligations in relation to confidentiality must be maintained at all times (Royal College of Nursing 2009) so that the risk of harm to either the researcher or the participant is minimised. Names and other personal details were taken for communication purposes, and all data were stored in a password protected computer. Audio recordings were stored securely in a similar fashion (Tod 2010). Reassurance was given to each participant at the outset of the study that all information would be used for research purposes only (with the exception of the disclosure of public safety risks) and that names of people and places would not be referred to or revealed during discussions or publications. Participants were allocated a pseudonym which was used when interviews were transcribed and the results have been written up protecting each participant's identify (Royal College of Nursing 2009). Participants were also advised to avoid naming people or places of work during the interview process thereby protecting the confidentiality of all.

Validity, trustworthiness and authenticity

It is important that all research is credible, yet judging validity for qualitative research can be thought-provoking. In relation to phenomenological research, internal validity or being faithful to the words of the participant (Holloway and Wheeler 2010) is complex. Beyond accurate transcribing of the words spoken, it was important that as a phenomenological researcher I analysed and extricated the true meaning of each participant's words. Both during interviews and later at the data analysis stage, I worked with each participant's descriptions of their lived experience of their longer final practice placement and translated them into a more abstract, conceptual plane. In so doing, I believe that I successfully achieved authenticity and trustworthiness through faithfully following the principles or facets (Finlay 2011) of phenomenological research.

Through repeated review and thought at the data analysis stage, I have endeavoured to get to the core of what was being said (verbally and non-verbally) through a process of phenomenological reduction, bracketing and free imaginative variation. There is no doubt that whilst this was an exciting part of the research process, finding the right word or words to capture the essence of what each participant was telling me, remaining as close as possible to the data, was challenging.

Giorgi (2009) contends that validity can only really be achieved when the essence has been captured and appraised by those who read it. This is supported by Gadamer (2004) who is of the belief that the reader of phenomenological research will gauge a level of aesthetic judgement about the coherence and helpfulness of it. In other words, application of the research is a good judgement of validity.

4.5   Data analysis: intuiting and 'testing' the meanings of the experiences

This stage of the research process offers a way of capturing the "thereness" (Todres and Holloway 2004, p. 86) or the "whatness" (Todres

and Holloway 2004, p. 82) of how people live an experience (a phenomenon). The main goal was to articulate transferable meanings through moving beyond the participants' words and capturing a sense of the whole. Attending to the details of each participant's experience and mulling over what was said verbally and non-verbally, my goal throughout was to stay close and true to the original data. It was necessary to limit my preconceptions about the final practice placement as much as my consciousness would allow. This is described as assuming the "phenomenological attitude" (Giorgi 2009, p. 88) and my part as researcher as I attempted to do this was key to the success of this project. It is this element of "not going beyond the given" (Giorgi 2009, p. 127) and staying close to the words of each participant that attracted me to descriptive phenomenology as it enabled me to really get to know the lifeworld and meaning of the final practice placement for student nurses rather than interpreting, checking out issues and clarifying ambiguities all of which could so easily sway and manipulate the findings. I wished to hear what a longer final practice placement was like from the students who had experienced it and to ensure their voices were heard without dilution, exaggeration or interpretation of any kind.

There are a number of different ways of analysing the data (Todres and Holloway 2004; Langdridge 2007; Finlay 2009b) with similarities in terms of intuiting and bracketing evident across all. I chose to follow Giorgi's (2009) method which comprises four stages as follows:

1. Reading for a sense of the whole
2. Deciding upon and dividing descriptions into meaning units
3. Transforming participants' natural attitude expressions into discipline (nursing) sensitive expressions
4. Determination of the structure

The following sections of this thesis explain how Giorgi's (2009) modified Husserlian approach to descriptive phenomenological research was used

in this study. Application of his methodology has been summarised in Figure 4:1 for clarification.

4.5.1 Stage one: reading for a sense of the whole

Having transcribed each interview verbatim, the first step of data analysis for descriptive phenomenology was relatively straight forward, easy to comprehend and not dissimilar to other qualitative methodologies. The researcher must *"read for a sense of the whole"* (Giorgi 2009, p. 128). Each interview was initially listened to and then read in its entirety. This gave an impression: a feeling about the experience of the longer practice placement experience from the perspective of the participant. It was apparent that at different stages in each interview points were repeated or reiterated by the participant. I acknowledged this but adhered to Giorgi's methodology which states that to try to analyse from the initial reading is not possible and a sense of the whole is first needed.

Throughout, I endeavoured to "assume an attitude of scientific phenomenological reduction" (Giorgi 2009, p. 128) which meant that as far as possible I placed to one side all my personal, professional and previous experiences and opinions of the final practice placement. Descriptive phenomenological research varies from other qualitative methodologies in this respect as the focus remains on the participant as the researcher reads from within the phenomenological reduction.

4.5.2 Stage two: deciding upon and dividing descriptions into meaning units

Given that an entire description of an experience is too long to manage in one attempt, the next stage is to subdivide the text into component parts. Again, this is likely to be the case for many qualitative research methodologies (Braun and Clarke 2006) but what was important here, was how this was done. Whilst remaining constantly in the phenomenological scientific reduction, as the primary researcher, I read again individually, each transcribed interview and looked to see where a change in meaning occurred within the participant's description of their experience. A mark

was placed in the text each time the participant articulated a shift in meaning with the result that a series of meaning units were identified. Giorgi (2009) emphasises that the researcher must continue to bracket and refrain from interpreting although it is acknowledged and accepted that different researchers would find different meaning units within the same transcript. As such the division into units of meaning is merely an arbitrary way of making the whole manageable and is not based on a recognised system.

4.5.3 Stage three: transforming participants' natural attitude expressions into discipline (i.e. nursing) sensitive expressions

Arguably the most intensive part of the data analysis process, this stage involved careful transformations of the participants' raw data into discipline (i.e. nursing) sensitive expressions which captured the essence and true meaning of what they were saying. As the researcher, I returned to the transcriptions, reflected on the words spoken and my accompanying post interview notes and found a way of re-expressing each discrete meaning unit, pulling out the implicit and making it explicit. This was initially a daunting task made easier by breaking it down into two stages. I copied each transcribed interview onto a table with three columns (Appendix 10). The first column contained the words of the participant verbatim and I numbered each meaning unit. In the middle column I reworded the participant's words into a generalised account. I did this by paraphrasing what they were saying, placing it into context (of nursing and healthcare) and changing it to the third person. In the third column I wrote discipline (i.e. nursing) sensitive expressions which captured the meaning of what the participants were telling me. This was a lengthy and at times frustrating task as I contemplated the elements of each participant's experiences as they appeared to them. At times I struggled to find the right word or words to capture the implicit meaning of the participants' words. I found myself constantly dipping into a thesaurus and when this proved unfruitful I would take a break and simply wait for the word to appear in my mind. When I eventually found the right words I knew I had done so

because they *felt* right. Capturing the felt sense in this way is described by Gendlin (2004, p. 132) as "this" a bodily feeling that the words chosen would "carry forward" the implicit. What was important here was that I revealed the implicit and made it explicit and ultimately captured each participant's experience without in any way interpreting or putting my slant on it. Giorgi (2009) reports that the notion of staying true to the words spoken at this phase of the data analysis strengthens the epistemological premise of descriptive phenomenology yet putting this into practice is not an easy task.

Seeking to articulate the implicit into a more secure way as described in the preceding paragraph is known as the phenomenological process of "free imaginative variation" (Giorgi 2009, p. 132). Each meaning unit was reworded and transformed to reveal and clarify its meaning in relation to the participant's lifeworld experience. This involved ensuring that all the essential components were captured and what each participant said was reflected in the words that I eventually chose to use. Nothing should be added or taken away. An example of how I did this can be seen in the third column in Appendix 10.

It must be acknowledged that it was impossible for me to remain completely passive and distant within this process and instead I aimed for a balance between openness and standing back attempting at all times to put aside my personal experiences and opinions. It is this stage of the data analysis process, as the researcher strives to put aside presuppositions (bracketing), exploiting this innocent way of hearing what the participant has to say coupled with ability to be critically reflexive, that Finlay (2008) refers to as a dance. Whilst remaining faithful to the participant's words, I reflected, elaborated and eventually arrived at a way of capturing a sense of the details based on eidetic intuition aided by the use of a Thesaurus. Initially I found this to be challenging but with practice and with the support of another researcher experienced in descriptive phenomenology who simultaneously acted as my critical other, I became more proficient. It was important at this stage to emphasise the need to

provide a sound empirical basis to this research and this was achieved through the notion of a critical other who would concur with my choice of discipline (i.e. nursing) sensitive expressions.

Many argue that it is an impossible ask for the researcher to remain completely objective and bracket personal views and thoughts (Langdridge 2007; Finlay 2009a). When using descriptive phenomenology however, a conscious effort to bracket and avoid interpreting must be made if the new essence of the phenomenon is to be revealed. In relation to my study, every effort to bracket my thoughts and views based upon my personal and professional life experiences was made as I tried to see things through the eyes of the students. Reflecting upon my role as researcher and how I applied Giorgi's principles of free imaginative variation to my study, I can see that a degree of interpretation was almost inevitable at the outset.

Rather like learning to ride a bicycle, I made mistakes and ended up on the wrong road. Further work and determination to get the balance right, taking my time to remove the layers and read between the lines helped. Transcribing the interviews is known to help the researcher become familiar with the participant's lifeworld (Finlay 2011) and I found immersing myself in the data and listening repeatedly to the original audio recordings as I drove my car to be worthwhile. Finlay (2011) describes her way of engaging in analysis as stepping forwards and back as she lingers over parts, reading the words and focusing on what it means to the participant. She advocates considering the mood or tone expressed by the participant and advises the researcher to wonder and be curious. Analysing the data within the phenomenological reduction in this way Finlay (2008) likens to a dance; trying out different steps to see what fits.

Having transformed each participant's meaning units into discipline (nursing) sensitive expressions I found it helpful to merge all of these into a chronological (i.e. occurring chronologically in each interview), numbered list. This meant that I could easily cross reference back to

particular quotes which I correctly anticipated I would need during the later writing up phase of this thesis. An example of a participant's collection of transformed meaning units which represents their experience of a longer final practice placement can be seen in Appendix 11.

My role as researcher at this point, became exciting. I could begin to see patterns and similarities between each story and thus the next stage of the data analysis process began to emerge and take place.

4.5.4 Stage four: determination of the structure

Having completed the third stage of the data analysis process I had successfully compiled a list of discipline (i.e. nursing) sensitive expressions (derived from each meaning unit) from each participant's transcribed interview. In total I had ten separate documents each one containing chronological collections of discipline (i.e. nursing) sensitive expressions which together represented a participant's experience of their longer final practice placement.

The next step was to identify and articulate patterns or themes that were common to all participants' descriptions of their longer practice placement experiences. In other words, I sought out "invariant constituents" (Giorgi 2009, p. 129) that were typical of the phenomenon I explored. The use of "free imaginative variation" (Giorgi 2009, p. 132) for this process was again employed and whilst acknowledging that each description of their final practice placement experience was different for each student nurse, I sought to reveal what was invariant across all their experiences.

The phenomenological analysis resulted in the emergence of a series of invariant constituents. Initially I came up with six invariant constituents (this was later collapsed into four). I saved each participant's collection of discipline (i.e. nursing) sensitive expressions in a different colour font and then systematically analysed each one and placed their numbered phenomenologically sensitive expression under a heading which reflected an invariant constituent (Appendix 12). This meant that I had ten individual colour coded collections of phenomenologically transformed meaning units

which had been reordered and re-evaluated into a series of invariant constituents. Again, this part of the data analysis process took time and patience and I had to wait until the right words for the invariant constituents emerged.

The next step was to divide up each participant's re-ordered collection of discipline (i.e. nursing) sensitive expressions and place each colour coded, numbered discipline (i.e. nursing) sensitive expression into a document reflecting one invariant constituent. Ever the pragmatist and for the purpose of presenting my findings to my supervisors, I originally did this by cutting up each participant's collection of discipline (i.e. nursing) sensitive expressions and placing each expression onto a larger sheet of coloured card. Each larger sheet of coloured card depicted one of my invariant constituents (Appendix 13) and because each phrase was numbered and colour coded I could cross reference back to individual participant's quotes. This was discussed with my supervisors and the phrasing and number of my invariant constituents was further refined and collapsed down into four.

So as to ensure a sound epistemological base, the same method was applied to each participant's collection of discipline (i.e. nursing) sensitive expressions. As the researcher, I consciously followed the same rules, assuming a phenomenological attitude and applying the same process in order to seek out the patterns or themes which became the invariant or essential constituents upon which the general structure was eventually built. In so doing I imagined a critical other following the same path and analysing my data in the exact same way. As the primary researcher it was my duty to do this so as to ensure a sound empirical foundation was evident in my use of descriptive phenomenology.

As Giorgi (2009) advises, it was important to remain faithful to the participants' words assuming a phenomenological attitude throughout the transformation of meaning units phase of the research which laid the foundation for the emergence of invariant constituents and ultimately the

general structure. I could not allow myself to be influenced by my own views on what a longer final practice placement experience might offer students, or be swayed by the accounts of others or the literature. The resultant series of essential or invariant constituents revealed in the data analysis phase are presented as my findings in Chapters 5 to 9.

The fourth and final stage of the data analysis phase of Giorgi's (2009) modified Husserlian approach to descriptive phenomenology was to determine the structure itself. Giorgi describes this as a way of unifying the concrete details derived from stage three of the process (transforming the meaning units). This is done by marrying up the essential constituents and bringing together the transformed meaning units in a holistic way. An important point here is to ensure that all key/essential constituents are included in the structure (or essence as it is sometimes known). Giorgi (2009) suggests trying to remove one of the constituents to see if the structure collapses as a further check. In writing the structure or essence of student nurses' lived experiences of a longer final practice placement I felt moved at the richness and honesty of the data from which I found the words to capture how things appeared. The general structure or essence is presented in Chapter 10.

Figure 4-1:   Summary of data analysis process based on Giorgi's (2009)
modified Husserlian approach to phenomenological research

4.6   Writing a 'digested' understanding that cares for different readers and purposes

Todres and Holloway (2004) in their empirical-phenomenological research cite two concerns in their fourth and final phase of their method. Attending to the "Scientific concern" (Todres and Holloway 2004, p. 88) requires the researcher to identify the essential elements of the phenomenon under scrutiny and express this as a digested understanding of it in an insightful, precise and cohesive way. An important point to make here is around validity and credibility of the findings and as such the researcher must

ensure that writing up of the digested understandings are also rich enough for the reader to recognise what the researcher heard. Following Giorgi's (2009) modified Husserlian approach has enabled me to adhere to a framework and provided a sound empirical basis for my research. The determination of my structure or essence therefore reinforces Todres and Holloway's (2004) requirement to attend to the scientific concern.

The "communicative concern" (Todres and Holloway 2004, p. 90) centres on how the research is presented to those who read it and may use it in the future. The challenge here is to consider the target audience and find a rich, textured and appropriately creative way of presenting it (Todres and Galvin 2008; Wertz et al. 2011). As such I decided to offer the findings of this research as a poem. Shorter than the essence yet effective in conveying the meaning of the findings, the use of poetry served to capture the phenomenon of student nurses' lived experiences of a longer final practice placement in an alternative and creative way .

4.7 Summary of chapter

This chapter has explained how this study followed Todres and Holloway's (2004) four stages of empirical-phenomenological research which is summarised in Table 4:1. At the data analysis stage I complemented their methodology by utilising a modified Husserlian approach to descriptive phenomenology (Giorgi 2009) which provided further clarity and structure. Figure 4-1 captures the different stages that were followed during the data analysis phase of the study using Giorgi's (2009) approach. This provided a clear framework that ensured that this research has a sound empirical basis following the principles of phenomenological research as laid down by Finlay (2011).

Chapter 5 **Overview of Findings**

Little is known about how nursing students on the brink of registration experience their final practice placement which became a mandatory minimum twelve week allocation in 2010 (Nursing and Midwifery Council 2010b). This research illuminates the lived experiences of ten student nurses working in the adult field of practice. They were all part of the first cohort of students to undertake a final practice placement which was longer than previous allocations and extended to thirteen weeks. I invite you to enter their lifeworld as I share the findings from this study.

5.1 **Naming the invariant constituents**

The data analysis phase of this research eventually revealed four invariant constituents which contribute to and are essential elements of the phenomenon of how ten student nurses experienced their longer final practice placement. Giorgi (2009) is very clear that the researcher must neither add nor subtract from the data presented by the participants and throughout the presentation of these findings I have remained faithful to the participants' lifeworld. This extends to identifying, revealing and naming the essential or invariant constituents of the phenomenon under scrutiny. Each invariant constituent is distinct yet integral to the whole. They are:

- Belonging to a team
- Taking charge of own learning and becoming a confident, competent practitioner
- Making sense of the complexities of nursing; developing an understanding of the nature of nursing and knowing nursing
- Becoming a registered nurse

5.2 Outline and rationale for the presentation of findings and ensuing discussions in this thesis

In presenting findings from qualitative research there exists a tension between communicating the data in a meaningful way to the reader and also meeting scientific concerns around credibility, dependability and confirmability (Denzin and Lincoln 2011). Todres (2007, p. 47) suggests balancing the *texture* and *structure* in writing up research findings. He describes how in conveying an understanding that truthfully represents the participant voice both the aesthetic (textural) and objective (structural) dimensions need to be considered. Alternatively Rees suggests presenting findings at a mid-point between the *polarised positions of relativism and objectivism* (2007, p. 92). By this she means that there is no absolute truth (relativism) and that making sense of reality requires logic based upon fact (objectivism).

In relation to presenting the invariant constituents I have endeavoured to attend to both the texture and structure (Todres 2007) and the relative and objective elements (Rees 2007). I have chosen to do this by firstly selecting a range of verbatim quotations which illustrate nuances and variations which add to the texture and richness of the data. Secondly, I have attempted to situate the findings by making explicit references to what is already known as it appears in the literature.

I acknowledge that there are links between each of the invariant constituents and for clarity, each invariant constituent will be presented separately in the following four chapters with explicit links to the literature thereby attending to both texture and structure as advocated by both Todres (2007) and Rees (2007). Nuances and variations will be alluded to and explored and discussed so as to give a full and faithful picture that at all times remains true to the participant voice. As such Chapters 6 to 9 will present a first level discussion each centring upon one of the invariant constituents and contextualising it in relation to the literature. A summary

of new insights and findings that resonate with earlier work will be presented at the end of each chapter.

The invariant constituents do not merely describe different elements of the phenomenon. Together they contribute towards the unity of the experience which is expressed as a general structure or essence and also expressed as poetry both of which are presented in Chapter 10. Further critical and theoretical discussion of all the invariant constituents and the structure/essence is presented in Chapters 11 and 12.

Chapter 6   **Belonging to a team**

> *… the person will hunger for affectionate relations with people in general, namely, for a place in his group, and will strive with great intensity to achieve this goal (Maslow 1954, p. 89).*

This chapter presents and critically discusses the findings from this study which focus on the invariant constituent of *belonging to a team*. From the participants' descriptions about their experiences of visiting a clinical area for a longer than usual period of thirteen weeks it was very clear that an indubitable desire to belong prevailed. How and when they felt they were accepted as team members varied and for some this was easier than for others. Several students described how they navigated ways round working with different personalities within the team and adjusted to their diverse ways of working. Participants spoke of returning to the same or a similar placement once qualified and it became evident that this impacted variously on how they were accepted and welcomed into the team.

6.1   Seeking to belong

Without exception each and every participant expressed a strong desire to be accepted by the team within which they found themselves working during their longer final practice placement. Throughout each interview, it became clearly apparent through spoken and unspoken words that the participants all wanted to feel they belonged and would make every effort to place themselves in the best position to be accepted as a valued team member.

> *….it's just team work you know it's nice to be part of that team and be acknowledged for it. (Mary, Community Health Centre)*

> *I was really proud to work there. I really felt like part of the team. I was accepted straight away but it was sad because I knew I was going to leave them at the end [laughter]. I enjoyed it so much and really didn't want to leave at all….. (Jane, Out Patients' Department)*

Most participants described how they felt accepted from the start of their placement and this encouraged and enabled them to spend the last few weeks of their programme practising the skills they perceived they would soon need as a registered nurse. Knowing that they were appreciated and accepted helped. For example, Sally (Surgical ward) felt that she was regarded as an equal which in turn indicated to her that she had been accepted. The whole team invested an interest in her and she felt believed in and trusted to care for her patients which further helped boost her confidence.

> *So, I just talk to the other girls and all… every single one of them accepted me and went through things with me just like I was their student. Um… no one actually looked down at me thinking I'm only a student. They took me as an equal……. (Sally, Surgical ward.)*

> *I was actually left to look after them [the patients]. It's really nice, it really built my confidence up (Sally, Surgical ward).*

Such is the reported value of a student's desire to belong that nursing teams are advised to consider how they welcome new students to their practice placements and embrace them as valued team members so as to maximise their learning (O'Lúanaigh 2015). Equally students are reported to value efforts made to foster a sense of belonging and are grateful to those who create an inclusive approach (Sedgwick and Rougeau 2010) and findings from my study go some way to support this. It became evident though, that this was not always the case for some participants who encountered barriers which ultimately impacted adversely on their confidence levels and were at times obstructive to their learning. Descriptions of experiences involving dismissive, negative and obstructive behaviours by some of the healthcare team suggested that not all staff were keen to accept finalist students. They appeared disinclined to help them to learn and practise management and leadership skills and this sheds a negative light on the experience of belongingness. For example

Anna (Trauma ward) faced working with strong personalities and it took her a while to be accepted and seen as part of the team.

> *So, it was all about getting to know the people. It took a while, I think about eight weeks for us to get to know each other……..they were really strong characters but I had a lot of support there… (Anna, Trauma ward)*

This, and examples from other participants suggest that sometimes barriers to fitting in and being accepted exist. This is supported by Levett-Jones et al. (2009) who claimed that final year students in their study in Australia and England believed that belongingness was proportionately linked to varying degrees of inclusion and exclusion by clinical teams. This also resonates with findings from a more recent study in the USA (Grobecker 2016) in which feelings of belonging and levels of perceived stress were measured in 1296 recruits to baccalaureate nursing programmes. Again, not surprisingly it was found that there was an inverse relationship between the two and recommendations were aimed at fostering a sense of belonging which, it was advised, would consequently help to reduce stress and increase learning and motivation. Anna, in my study expressed feelings of anxiety both before she started her final practice placement and during it when she encountered situations in which long standing permanent staff were particularly challenging. As a finalist student it is evident that she had developed coping mechanisms and strategies which helped her manage the situation and ultimately enabled her to feel part of the team.

> *The staff were really challenging at times…in the beginning I couldn't delegate at all because they were such strong characters…… and then I found out that when I got to know… some people… you needed to be on top of them more than others. So there were some that you'd say to them "can you do this, this and this" and they'd do it, whilst there were others that you had to say one [thing] and then go back and say "have you done it yet?" and then say something else….(Anna, Trauma ward)*

Mark (Medical ward) too found the start of his placement stressful because he felt there was a lot for him to learn and he knew that the sister and the staff were observing him and his performance would influence his getting a job there as a staff nurse. He therefore felt that this initially precluded him from acceptance by the team as a finalist student. Instead he felt that they were exerting power over him, were testing him and that he needed to earn acceptance as a finalist student before a job offer as a staff nurse would be confirmed.

> *I felt like I had a lot of extra pressure on top to learn and get involved and get used to the ward……. I knew this is where I was going [as a staff nurse]. The added pressure of the sister throughout the consolidation placement….. and especially at the start saying, "you are coming to work here before the job is guaranteed". (Mark, Medical ward)*

Anna (Trauma Ward) described how she recognised that she was a visitor during her final placement and that she had to accept that she would not be unanimously accepted by the permanent team if she persisted in being herself. She noted that this ultimately meant she had to choose between fitting in and lowering her standards or not being accepted by some team members because she would not agree with their ways.

> *It's challenging because it was just like a new world….they were a really strong group of people and then you have to try and fit in but then you don't want to not be yourself just to fit into their little clique, the little gang. So I always try, I always was myself and some people didn't like it. (Anna, Trauma ward)*

Focusing on the clinical learning environment Levett-Jones and Lathlean (2008) specifically set out to explore the factors that impacted upon belongingness and the consequences on learning for undergraduate nursing students at two universities, one in the UK and one in Australia. They compared their findings to earlier works notably Melia (1987) and reported that whilst significant improvements to the clinical learning environment and advances in nursing education are evident, the barrier of fitting in prevails. Many students reported feelings of alienation at some

point in their placement experiences during their programmes of study which ultimately impacted negatively on their learning. My study differed in that I included only students in their final practice placement (albeit working in a wide range of differing clinical areas) and I did not specifically ask about belongingness. Nevertheless findings confirmed that to feel that they belong is still very important to finalist students. A key strength of descriptive phenomenology becomes apparent when a participant imparts detailed descriptions of their lived experiences which, without any form of prompting from the researcher, emerge as common to other participants' descriptions. This was the case in my study when at some point during each interview all participants alluded to how that they had experienced a sense of acceptance and belonging and how helpful and reassuring this was.

> *I … just got to know the … dynamics of them [the team]…..when I went on my own I had all their numbers just in case I needed them and they were happy for me to ring them. (Sarah, Community)*

The subject of fitting in appeared in different guises during the interviews for example Val (Trauma ward) spoke of how she welcomed two new temporary healthcare assistants and how useful it was for her to see the benefits of helping others to settle and fit in to the ward.

> *I spent time with two new bank healthcare assistants so I'm explaining things, showing them around the ward … they were really grateful "we could see you're so busy but you took the time to show us around." It just showed that you just need to be really clear on ….. what you want to achieve and what kind of support people need because obviously they… they didn't know where things were. (Val, Trauma ward)*

All the participants in my study communicated a clear desire and need to be accepted by the team. This reinforces the work of Melia (1987) who identified that nursing students only transiently felt that they fitted in as they progressed through their training and visited a plethora of different clinical placements. Her research considered pre-registration nursing

79

placements in hospital settings rather than the single final practice placements in both hospital and community settings that are central to my research. Similarities still exist between Melia's early research and more recent studies (Levett-Jones and Lathlean 2009a; Levett-Jones et al. 2009; Grobecker 2016) and these support how students in my study knew that they had been accepted. At which point during their placement this happened however, varied. A period of settling in to new practice placements is known to assist students from all three years of their programme including finalist students (Levett-Jones et al. 2008). Where my study differed was that some students freely offered that they felt welcomed and trusted from the start of their experience and were given responsibility and freedom to organise their own learning. They recounted how this impacted favourably on their experience and notably on their learning. They did not feel the need to exert their energies towards fitting in to the team and could instead work immediately on familiarising themselves with routines and plan their learning. Being included in social outings outside work was a clear mark of acceptance and served to enhance the student's feeling of belonging and fitting in.

> *I absolutely loved it. All the staff, they're so friendly, welcoming, so encouraging, left me to set my learning outcomes at the start and just made me feel like I could just get on and learn more and do what I wanted to do before I qualified. (Karen, Surgical ward)*

> *They treated me like one of them, one of them you know and I went out with them in the evening and outside of work. (Jane OPD)*

Other participants felt they had to work harder to achieve this exalted status and that to be accepted was something that had to be earned. For Anna (Trauma ward) it took longer for her to feel that she belonged and was respected. Before starting her placement she felt apprehensive because this was the first time she had worked on a ward during her nursing programme and she believed that as a finalist student more would be expected of her. In an attempt to make senior members of the team

aware of this Anna booked to meet with the ward Sister before starting her placement and marked out her territory.

> *I did go in first of all to see the Sister because I was so scared and I explained you know "I've never… I've haven't been on a ward yet with all my placements and this in my first real ward so you know I think I'm going to need a lot of support" and she was really understanding. She had had another mentor for me but then she decided to change it and give me someone that was more suited to what I was asking for which is really good (Anna, Trauma ward).*

Longer placements have been reported to help students get to know the clinical environment and increase their sense of belonging (Newton et al. 2009b). A settling in period was appreciated by finalist students in the UK and Australia in a study reported on by Levett-Jones et al. (2008) who suggested that longer clinical placements enhance "belongingness" (2008, p. 13) which in turn boosts students ability to proactively learn. In my study, students recounted how working for longer periods of thirteen weeks rather than the usual six, impacted favourably on their chances of being accepted. Students felt that shorter allocations had not allowed enough time to become known by the team.

> *Over the [longer] consolidation placement you actually felt more like you were part of the team and you actually genuinely felt that you were a member of the team. (Mark, Medical ward)*
>
> *Beforehand you ... just do ... six week blocks or … maybe five and then you have a break at Uni and you come back again. … I think thirteen weeks is good because … it allows you time to kind of really … fit in and then everyone … [gets] to know you and you know them. (Val, Trauma ward)*

Sarah (Community) noted that she had previously been referred to as "the student" rather than being called by her name and she attributed this to the fact that she had not been there long enough for the team to get to know her.

…… in some [placements] six weeks or… although it's broken up, they just class you as "the student" so that's a bit annoying because you sort of want to be part of the team but you're just always a student. But here they actually made me feel part of the team which is good…yes just felt like they knew you more and you knew them more over the 13 week……. so you get to know people. Um…so I think you just got to know the sort of dynamics really of them. (Sarah, Community)

Nevertheless students had to make their mark in order to be accepted by the team. Adele (community) for example, earned acceptance through demonstrating that she was capable whilst Heather (Minor Injuries Unit) used her negotiation skills.

…you are quite capable of the role and you enjoy the role and when you go to the sister and say, "I'm worried about this" and that they allow you that time with the patient to develop your concerns and sort out. So I was fortunate because along with the expectation, I got the reward of seeing through the care plans and making changes and then on hand over you have like, "Oh! This is working" you know "Well done". So you become then part of the team. (Adele, Community)

I've learnt a lot of team working strategies and a lot of "If I do this for you, can you do that for me?" (Heather Minor Injuries Unit)

Links between students' perceptions of fitting in to the team and being considered competent have not been explored in nursing research. Findings from my study illuminated that it mattered to students that they belonged to a team especially because this was their last placement before qualifying and there was a sense that being accepted represented an unspoken approval that they had the necessary skills and attributes ready for becoming a staff nurse. Sally (Surgical ward) observed other, less experienced students from other years who had not been accepted. For her it felt as if belonging to a team meant she was good enough to become a registered nurse which in turn served to increase her confidence. Similarly, Val (Trauma ward) sensed that she was accepted by

the team and treated as a nurse on the point of qualifying and therefore in need of the opportunity to practise as such.

> *Um… the team were accepting me which is good obviously maybe some of the [less experienced] students maybe didn't click as good with the team, and I found that I'd clicked really well with them. (Sally, Surgical ward).*

> *…I guess they just treated me like they trusted me if I make sense. Um… they didn't kind of think "Oh you're student" like you can't have the responsibility and things. They kind of saw me as like really a nurse. Um… so they knew, yeah they knew that I needed to kind of develop and be to… you know the right level and things (Val, Trauma ward).*

Anna (Trauma ward) too felt that being accepted indicated she was competent. Being trusted to complete a delegated task was a good example of this. This lead to a sense of feeling valued which further enhanced confidence. It took her longer than others to feel accepted by the team but it still brought a sense of security which she valued.

> *So they would assess me on something for example doing a BMs [blood sugar levels], so my mentor would come and watch me and he'd say "okay let's see how you do it", so I would do it and he'd say "you know I think you're safe you can carry on". So then he'd just say "Anna, the BMs" and he knew that I'd do it properly. (Anna, Trauma ward.)*

As the data analysis phase progressed, it became obvious that barriers to fitting in were perceived by some participants in my study. For example, at the start of Anna's (Trauma ward) placement some of the longstanding permanent healthcare assistants were obstructive to her practising management skills. Her mentor fully supported her and through intervening and paving the way Anna succeeded in practising managing a group of patients which required her to delegate tasks to other team members. The result however, was that earlier shifts on the ward did not make for happy times for Anna. It was not until towards the end of her placement that she realised that she had been accepted by the team and how much she enjoyed the experience as a result. Anna valued the

support of her mentor during this difficult period which is supported by
(Morell and Ridgeway 2014) who assert that students require support from
their mentors in their final practice placement and that mentors play a
pivotal role in reducing students' stress.

> *Over these last few weeks, I was really upset that I was*
> *leaving because I started to really fit in and enjoy it and*
> *had that support and I knew what was going on (Anna,*
> *Trauma ward.)*

Similarly, Adele (Community) took strength from the fact that her
personality was well received by the team which in turn helped to build her
confidence. She recounted how in previous placements she had
experienced personality clashes which she felt had been obstructive to her
learning and had been detrimental to her confidence. Feeling needed as a
valued individual mattered to her and boosted her confidence.

> *I have been on placements unfortunately where my*
> *personality has not worked in my favour, my bubbliness*
> *and my enthusiasm has rubbed certain people up the*
> *wrong way so I haven't been able to properly progress and*
> *to be confident in my decision whereas this placement,*
> *they all were receiving of my enthusiasm because we've*
> *been in the team that they've all been together a long time*
> *and it was like fresh blood and a fresh face and sense of*
> *humour and it lightened transitions that they were going*
> *through with the merger and so I was gratefully received.*
> *(Adele, Community)*
>
> *… I knew the sister had asked me or made comments like*
> *"I wish you were qualified" and "What are we going to do*
> *when you're not here?". So it was a boost to like, of my*
> *confidence (Adele, Community)*

My study suggests that for students there was a direct correlation between
fitting in, feeling accepted by the team and increasing confidence which in
turn facilitated their learning and this supports findings in other earlier
studies (Melia 1987; Levett-Jones and Lathlean 2008; Levett-Jones et al.
2008). Additionally, the longer placement allocation had a positive effect
on being accepted because of an increased exposure to working in the

clinical area which also resonates with previous studies (Levett-Jones et al. 2008). My findings also suggest that the sooner students felt part of the team the sooner they settled, enjoyed the work and began to flourish.

> *It's actually… because you were there for longer and you're made to feel like part of the team. Sometimes at other placements it's hard to make you feel like that. (Karen, Surgical ward)*

During their longer final practice placement participants described lived experiences of being accepted by the team. How they experienced belongingness varied and several students felt they had to earn acceptance by the team. All expressed a desire to belong which they said enhanced their confidence and learning.

6.2 Developing survival strategies; navigating ways round different personalities and seeing different ways of doing things

Some participants' lifeworld accounts of their final placement included negative experiences involving different levels of healthcare staff from diverse fields of practice (doctors, healthcare assistants, technicians and nurses). Rather than allowing these experiences to impact negatively on their learning, participants described how they developed survival tactics. Instead they used the opportunity to learn how to assert themselves or find other ways to develop their confidence and knowledge. For example being seen as "just a student" precluded Karen (Surgical ward) from witnessing certain procedures which she viewed as important aspects of her patient's care. She felt demeaned and considered some colleagues ill-mannered.

> *…and other members at the hospital when you go down to escort the patient to CT-scan and ultrasound, I just find sometimes a bit odd. "You're not coming"… "You're only a student" or they tell me things like "You're a student" and I just felt like they're turning their noses up and being quite rude... (Karen, Surgical ward)*

Equally being boycotted from important conversations was commonplace and Karen found this belittling to her student status.

> *When other staff phoned up and I explained that I am a student "how can I help you?" and they said "Oh! I don't want to speak to a student". (Karen, Surgical ward)*

As her placement proceeded and she became more confident, Karen learned to speak up and assert that she needed to know about her patients and see what was happening to them.

> *… It's generally the more senior staff like the consultant, they tend to not [want to speak to me]…they want to speak to the nurse, which I can understand. But I just try to use my communication skills to ask them. There are some of them that are quite rude so I have to be quite assertive explaining I'm looking after the patient too and I'd like to know what you discussed. (Karen, Surgical ward)*

She used her assertiveness skills to persist and ensure that her voice was heard. She learned to ask the same question in a different way with positive results. This strategy proved to be effective for Karen and her confidence was not dented despite at times feeling invisible to some staff.

> *I think it's because I want to do the best for my patient. When I need to ask questions to find out what's going on…I felt passionate about that and when they don't give me answers then I just asked them in a different way…I'm assertive. (Karen, Surgical ward)*

Other tactics used by finalist students included feigning ignorance. Sally (Surgical ward) felt pressurised because she believed that her mentors expected her to know more than she did so she pretended not to understand with the result that her mentors explained in detail.

> *Initially, I was very wary because I knew a lot of anticipation on me being a third year. They want to know that I knew what I was doing. I was expected to know everything but in reality… basically I pretended I didn't know anything and they actually taught me everything step by step (Sally, Surgical ward)*

A further variation was illustrated by Anna (Trauma ward) who described how she developed skills in managing intransigence. She initially found

the long standing, permanent healthcare assistants with strong characters challenging and resistant to her attempts to practise her delegation skills. Anna found herself drawn into a game where the healthcare assistants would ignore her requests and leave her to complete the work herself. Assistant care workers, known in the UK as healthcare assistants, are involved in the day to day direct delivery of patient care and as such this requires the registered nurse to become proficient at leading, managing, delegating, and monitoring patient care that healthcare assistants deliver. Developing knowledge that underpins these skills is a necessary pre-requisite of nursing education and yet the opportunity to practise delegation in particular, is at times arbitrary and insufficient due to students feeling fearful of causing conflict when working with some healthcare assistants (Hasson et al. 2013). Furthermore, as Johnson et al. (2015) point out, failure to adequately delegate to healthcare assistants and oversee the care that they deliver can lead to mistakes being made and care being missed. This reinforces the need for finalist students to practise and develop effective strategies for working with healthcare assistants which they will undoubtedly need as newly qualified nurses (Johnson et al. 2015).

Delegation is a complex term used in nursing whereby registered nurses allocate work to other team members according to their ability, appropriate training and competence. Accountability for ensuring patients' safety and best interests must be considered and ultimately this rests with the registered nurse and the employers. It is important to understand that the person to whom the task is delegated (usually a healthcare assistant or student) is also responsible and that they should only accept a delegated task if they are trained and feel competent to do so (Royal College of Nursing 2015). The registered nurse has a duty of care to ensure that the person to whom the task is delegated is supervised and supported and that care is given to optimum standards (Nursing and Midwifery Council 2015). It is understandable therefore that Anna (and other finalist student nurses) would wish to practise the skill of delegation and apply the

necessary underpinning legal and professional principles of accountability. Instead Anna faced a situation where she found herself working with healthcare assistants who were appropriately trained and competent but unwilling to help her and her energies needed to be employed in managing this inflexibility.

> *They [the healthcare assistants] had been there for a long time and I would say to my mentor "I can't delegate to them because they always seem to have an answer".*
> *(Anna, Trauma ward)*

Overcoming resistance from healthcare assistants when practising delegation skills is reinforced by Hasson et al. (2013). Furthermore, Hasson et al. report that students can be fearful of delegating because of a perceived potential rejection by the team and that they would rather undertake the task themselves. Effective delegation is dependent upon good communication and judgement by the delegating nurse and willingness by the healthcare assistant (Potter et al. 2010). More recently Johnson et al. (2015) recognise factors that enable effective delegation and also barriers that limit newly qualified nurses in their development of delegation strategies with healthcare assistants. It is of note therefore that Anna described tenuous opportunities for her to practise delegation yet she persisted in trying. She kept her mentor informed about the healthcare assistants' resistance which further increased and became obstructive at times with some reflecting Anna's requests back to her.

> *…I found them delegating back to me and say "Oh you go and do this, so you go and do that" and I was like "okay" I just went along and did it…*

A power struggle developed between Anna and the permanently employed healthcare assistants. At first she depended upon the authority of more senior registered nurses to inform the healthcare assistants that Anna was to be in charge for the shift. This gave Anna the power to practise her delegation skills which in time enabled her to become more confident. Surviving working with unhelpful colleagues who were

obstructive to learning required sophisticated judgement particularly because of accountability issues in relation to patient safety and wellbeing. Anna described how she survived and became more confident as a result.

> *But as time went on, I started to gain confidence and my mentor…they [other registered nurses] always… supported me a lot. "okay, you're in charge of this bay" and then they tell the auxiliaries [healthcare assistants] that I'm in charge, "everything that she says you have to do." So it gave me … power ... so I have confidence. (Anna, Trauma ward)*

Several students described how they experienced adversity and struggled to manage working with some members of the team. For example when Anna encountered resistance she tried to develop strategies to manage the strong characters on the ward and to get them to consider changing what she considered to be unacceptable practice. A power struggle developed and she described incidents when she communicated her disapproval through facial expressions and deflected responses back to individuals thereby putting the onus on them to reconsider their actions.

> *One of them [the long standing healthcare assistants] told me that she could tell by my facial expressions when I didn't approve of what she was doing. She said that she could tell when she was doing something wrong like bad moving and handling that I'd just give her this awful glare or stare and she said that it made her feel really bad. (Anna Trauma ward)*

She used her position as a student nurse to coax and shame a healthcare assistant into considering change. A game ensued with Anna trying to deflect responsibility back to the healthcare assistant and urge her to change her practices. She conceded and changed for a while but in the end Anna felt powerless to facilitate change in the practice of the long standing permanent staff.

> *She asked me if I was a perfectionist and I said … but you yourself know your responsibilities and you know what you're doing is wrong. But who am I as student nurse to tell you that you're doing it wrong? So, I can't tell you. But*

you know, you already know, what's wrong, you know by
me looking at you that you're doing it wrong. So then…she
was like yeah, you're right and she said to me that she
was going to try and do things properly. But then a few
weeks later she was doing it again….(Anna Trauma ward)

Similarly, Val (Trauma ward) found some of the healthcare assistants to be obstructive to her practising important managerial and leadership skills. When taking charge of a shift (under the supervision of her mentor) their actions of ignoring her and reporting directly to Val's mentor instead initially made her question her communication skills and the way she came across to them. She discussed the situation with her mentor and others all of whom were supportive of her and reassured her that she was not alone in feeling this. This supports Potter et al. (2010) who recognised that registered nurses can also struggle with healthcare assistants and that relationships be fraught with conflict due to misunderstandings of roles and individual personalities. Further reflection enabled Val to work out that working with different people who think differently was likely to be a regular feature of being a qualified nurse and this situation was a good chance to experience and practise this.

I was trying to do take on more of the delegation,
leadership roles. And some of healthcare
assistants…didn't want to listen to what… even though I
was supposedly in charge for the day. They didn't want to
come and tell me things. They'd sort of boycott me and go
straight to my mentor……..But I think… talk to the people
about it … am I coming across wrong? Am I not making it
clear? And they said "Don't worry we have had problems
with her as well". (Val, Surgical ward)

Kelly and Ahern (2008) described how finalist students felt underprepared for the bitchiness and power struggles that they went on to experience as newly registered nurses. Similarly, Dyess and Sherman (2009) concur that many newly registered nurses experience interpersonal conflict and they recommend that assistance in learning how to deal with such situations is given post registration. I would argue that my findings indicate that the opportunity to experience the reality of conflict can be exploited and finalist

students can then practise and develop successful strategies to manage situations they are likely to meet once registered. Val's (Surgical ward) story demonstrated this and she in turn expressed a sense of acceptance and coping with such eventualities.

> *So, that was kind of nice to know that it wasn't just me it was everyone else who's struggling. But I think in a positive way it makes you realise that you're going to be working with people that perhaps you don't always get along with or they don't understand your way of working. (Val, Surgical ward)*

In describing these vignettes Val was demonstrating what Bradbury-Jones et al. (2011b, p. 630) termed "negotiating voice." She was unsure about her desire to and the value of confronting the healthcare assistants in question and decided that by quietly voicing her concerns to other members of the team she raised her concerns.

Working with a range of professionals from the multi-disciplinary team was a positive experience as it helped students to gain insight into how different members contributed to patient care and how the team worked together as a whole. Whilst this was primarily undertaken in an observational capacity, students were able to make sense of the complexities of patients' needs and how discrete professionals work together in a unified way for the benefit of the patient.

> *In the community, I went out with the physio team and the occupational therapist team… with the community matron and the palliative care matron and it was nice to see all the different aspects of the job and how they all worked together for the benefit of the patient. (Mary, Community)*

Different teams are made up of different healthcare workers who function in their own distinct way and my study revealed that the idiosyncratic personalities therein can present challenges to students who ultimately become aware that such people exist in the workplace and survival strategies are needed to ensure confidence is not affected as a result. Given that interpersonal conflict and working with people with different

personalities in reality will be features of everyday practice once registered (Jackson et al. 2011), my findings suggest that experiencing a longer final practice placement both helps students to understand this and find their own discrete way of coping.

6.3   Working in a final placement with a potential job offer

Some participants placed great emphasis on the fact that they had a potential job offer and felt the need to check and or engineer their finals placement to suit them. This was the case for Mark (Medical ward) who had an informal agreement with the ward sister that if he performed well enough on his final placement he would be offered a job there as a registered nurse.

> *...and the ward Sister of [name of] ward, she was eager to have me there as an employee…The added pressure of the Sister throughout the consolidation placement and the start specially saying, "you are coming to work here before the job is guaranteed". (Mark, Medical ward)*

As a result, Mark found his consolidation placement to be both positive and stressful because he was aware that there was still a lot for him to learn in his last thirteen weeks and he looked forward to this. He was also aware that the Sister and the staff would be observing him and his performance would influence his getting a job there as a staff nurse. The notion of extra stress perceived in their final practice placement by student nurses in my research is reinforced by Morell and Ridgeway (2014) who invited nursing students (adult field of practice) (n=8) to write diaries during their final placement. They concluded that they experienced increased stress compared to other placements which they recommended warranted a higher level of support primarily from their mentors. Increased time working with mentors was suggested specifically. Factors that contribute to this perceived increased stress were lack of knowledge and concerns about future employment both of which were echoed by Mark.

> *The actual experience is really good but at the same time, it was stressful… …and we felt like we had a lot of extra*

pressure on top to learn and get involved and get used to the ward, know this is where I'm going [as staff nurse]. (Mark, Medical ward)

The same pressure was not felt by Karen and Sally who both wondered if the team accepted them more readily because they would be going back to their consolidation placements as a staff nurse once qualified. This resonates with findings from a study by Andrews et al. (2005) who suggested that finalist students who are returning to the same placement as a registered nurse receive preferential treatment from the staff in light of this.

I don't know whether it's because everybody knows I'm coming back you know as a staff nurse but I don't know if that will make it easier… (Karen, Surgical ward)

I found because I'm going back to the same place, that I've got the job there…. I'm going to be able to slot in so much better now. (Sally, Surgical ward)

During their final practice placements some students had secured employment for their first position as a registered nurse. They indicated a preference to be allocated to the same area for their final practice placement as they saw this as an opportunity for them to practise management skills and prepare for being a staff nurse. Sarah worked in a community placement for her consolidation. This was not her preferred choice as she had a job as a staff nurse on a hospital ward and she wanted the chance to practise managing a ward. Whilst she viewed this positively and made the most of gaining insight into another clinical area, she felt she had missed out on valuable learning.

I wish I had a hospital placement. [In the community] you don't get the managing of ward experience like you would in a hospital……but I quite liked my community placement because you got to see the whole experience of the patient. But, I wanted to use this placement so I could get ready for being a staff nurse rather than just feeling like a student still. (Sarah, Community)

Being allocated to a clinical area for their final practice placement that was similar or in some way linked to their future employment was seen as useful. For example, Heather found her consolidation placement in a Minor Injuries Unit helped prepare her for her job as a staff nurse on a Trauma ward.

> *But, the consolidation that I did there was very useful because I've got a job on a Trauma Orthopaedic Ward, and a lot of the people coming into Minor Injuries had broken bones or sprains and I feel that consolidating my knowledge of the skeletal system is going to be amazing in trauma and orthopaedics. So, I've consolidated a lot of knowledge there in A&P (Anatomy and Physiology), so that placement was good for what I'm going to be doing. (Heather, Minor Injuries Unit)*

Similarly, gaining experience working in a new clinical area gave students insight and opened their eyes to the possibility of working in such an area as a staff nurse. It also made Heather think about her long term future and as a direct result of her final placement experience she altered her views.

> *It was a nice place to be. It gave me an idea for what I want for the future and I had already talked to my academic advisor about the future and wanting to become a nurse practitioner and at that point I was thinking in a doctor's surgery but now I'm thinking I want something more like either Minor Injuries or in A&E setting. So, it's given me something that I can aim for. I know where I want to go and what I want to do. (Heather, Minor Injuries Unit).*

Being allocated to a clinical area that linked to future employment was alluded to in some way by participants and was generally thought to be a good thing. Either confirmed or promised employment in the same or a similar area offered extensive practice opportunities and participants described how they imagined this would make their passage to registration easier. Acceptance by the team was enhanced as all parties stood to gain. Participants described how they became familiar with the environment and could practise management skills. They commented that whilst they were still students the team could get to know them as prospective staff nurses

94

and could begin to prepare them before they qualified. There was a sense that the permanent staff felt there was promise of a return on the time and effort invested early.

> *I felt like I had more support rather than just going to a placement where I'm not going to come back to. Because I felt other placements, "Well, she's not coming back. We'll just teach the basics". This one they actually taught me everything I'm going to need even though I know I'm going to learn a lot more when I get back. But they gave me a good head start of the situation. (Sally, Surgical ward)*

6.4   Summary of chapter

Student nurses' lived experiences of belonging and fitting in to a team during their final practice placement supports earlier work in the following ways:

- The indubitable desire to belong prevailed for participants as they experienced their last practice placement. This stems from the basic human need to belong and feel secure within a social group (Baumeister and Leary 1995) which ultimately motivates students to succeed at a crucial point in their education and career.

- Belonging and being accepted by the team was keenly felt by all participants. Once settled and secure, participants' learning and motivation increased which concurs with previous research (Melia 1987; McMillan et al. 2007; Levett-Jones and Lathlean 2008; Morell and Ridgeway 2014; Grobecker 2016).

More interestingly and less well supported in the literature:

- A longer final practice placement enabled participants in this study to find ways around obstacles to ensure that they fitted in and were accepted by the team.

- Participants in this study described how a longer allocation to placements gave them more time to find their way.

- Participants equated being accepted by the team as approval of their competence. This consequently has a positive effect on confidence which further facilitated their self-belief and learning. They liked to feel valued and trusted which helped to build confidence and competence for their impending registration.
- Participants valued getting to know in house rules and routines before qualifying which they believed to be advantageous for both students and permanent staff. They believed it gave them a head start and allowed them to focus on other important challenges to be encountered as a newly registered nurse.

Chapter 7 **Taking charge of own learning and becoming a confident, competent practitioner**

Participants described how they began to take charge and proactively seek out learning opportunities which helped them to make the most of the learning environment on offer. Their experience of working a longer thirteen week placement, which was a departure from their usual five or six week placement pattern, was central to their lifeworld accounts. This invariant constituent overlaps with *belonging to a team* in that participants described ways that they learned from working with their mentors and other staff. How students experienced being seen as a finalist student and how they became empowered to believe in themselves was central to their developing confidence which enabled them to become proactive learners.

7.1 Experiencing a longer thirteen week placement and making the most of the learning environment on offer

Experiences from working as a finalist student in a range of different healthcare settings which included hospital wards, an out patients department, a minor injuries unit and community placements, were described by the ten participants. Little research interest has been paid to how different types of healthcare settings impact on students' learning yet according to Bisholt et al. (2014) varying learning opportunities will arise from differing placements and this therefore adds value to the breadth of placement experiences described by participants in my study.

The first element of interest is the longer thirteen week placement pattern which all participants experienced for the first time during their final practice placement. Previously, participants had undertaken shorter five to six week placements interspersed with five week periods of studying at university. They described how the extended time in practice signified a change for them which in the main they welcomed. Val for example illustrated how thirteen weeks enabled her to observe many different ways

of working which meant that she was able to critically reflect on how others dealt with situations and this facilitated and enhanced her learning.

> *I think that's the good thing about the 13 weeks… because it gives you time to see different days and… lots of different things happening and see how other nurses cope with it and then you can look at them and think "yes, I think you did that well" or perhaps "I wouldn't do it like that, I'll do it differently". So yes, role modelling how it should be done and learning from them. (Val, Surgical ward)*

Using staff nurses as role models was helpful to her. Listening to their experiences of making the transition from students on their last placement to newly qualified staff nurses and what it was like for them encouraged and reassured Val. She gained an understanding of the stresses, challenges and rewards vicariously through listening to their accounts which she believed ultimately helped to make her a stronger person. Seeking advice from mentors about their role transition was also noted by Kaihlanen et al (2013) who suggested that finalist students seek to hear about what it will be like once qualified.

> *…..a few of the nurses… shared their experiences of how they were when they were in my shoes, when they were in consolidation and then shared their experiences when they first qualified … their journey. You look at them and you think "you're such an amazing nurse" But they were like "I had rubbish days and I felt like I couldn't do this and why am I being a nurse, it's too stressful?" I think it shows that there are always positive days, there are some really bad days but you can get through and I think it makes you a better person. (Val, Trauma ward)*

Findings from Flott and Linden's (2016) concept analysis of the clinical learning environment have implications for those involved in the facilitation of student learning in practice and they specifically recommend consistent orientation programmes to help students settle in. This resonates with my study as a settling in period was welcomed by most participants as it allowed them time to familiarise themselves with routines and the environment and get to know permanent staff members. This was seen as

positive and also echoes research findings by Levett-Jones and Lathlean (2008) who concluded that a settling in period enabled students to establish collegial relationships with permanent staff which ultimately impacted positively on their learning in practice. Participants described how they believed this was mutually beneficial to both students and the team as it afforded more time for each party to get to know the other. Working for a longer than usual period of thirteen weeks was a key feature to settling into a routine and was perceived as having a positive impact on being accepted and getting to know the team.

> *So, it just genuinely felt different. I think it was about being there for 13 weeks; we settled in but also the support team actually got to know us more which worked both ways. I think before we got uprooted and went back to Uni as they started to get to know us but this time it didn't happen like that. No, I think that did make a very big difference. (Mark Medical ward)*

Prior to their thirteen week final placement participants had only experienced allocations of five or six weeks and the longer placement pattern suited and was well accepted in comparison. This afforded more time for students to get to know the environment, the usual routines and it felt real.

> *So, it's quite nice having a big, long placement instead of the six-weeks. So you got used to it, so it's more like you're actually working there rather than on placement. So, you got into a routine of it. (Sarah, Community)*

For the participants experiencing a longer than usual placement was preferable because it engendered a sense of what it would be like to work there as a permanent member of staff. This resonates with research by Anderson and Kiger (2008) who believed that the opportunity for students to take on their own case load whilst working in community settings made them feel like a real nurse. Adele was allocated to work with a team of District Nurses and she welcomed the longer allocation because it gave

her time to become accustomed to usual routines and gave her a sense of being a nurse.

> *So I do think it's a nice long stint to get into a rhythm of it and to get a sense of nursing. I don't think you know, six weeks or anything less would be long enough to do that. (Adele, Community)*

Working for a longer period was not so positively received by Heather (Minor Injuries Unit) who voiced a concern that for her, thirteen weeks was too long to go without taking a break. Arguably, she learned from this experience which made her realise that as a registered nurse she would prefer not to work for long periods of thirteen weeks without organising to take annual leave.

> *It was a long time in one place with no breaks. When I'm working on a full-time contract……. I hope… I should be able to manage my annual leave, so I'll not do thirteen weeks in a row. It's a long time with no break. (Heather, Minor Injuries Unit)*

Participants were allocated to a wide range of clinical placements which included different hospitals and wards, out patients departments and the community. Not surprisingly, experiences on offer varied greatly. An invariant theme recounted by all students was that they began to make the most of their allocation environment and seek out their learning in preparation for registration. This echoes findings from research by O'Lúanaigh (2015) who used a case study approach to explore how five students learned in clinical practice in their last placement and concluded that senior students are capable of determining their own learning. Regardless of the clinical area to which a student was allocated, participants in this study found new things to learn. Heather for example, who felt disappointed to be working on a Minor Injuries Unit because she believed she could not practise the skills needed to manage a ward, quickly saw that she could practise other key skills that she knew she would need as a registered nurse. Specifically, she took the opportunity to practise and hone the skills she needed to comprehensively assess clients

with minor injuries which she knew she would need for her secured employment as a registered nurse on a trauma ward once qualified. In so doing she also learned how to prioritise and make decisions and she increased her knowledge about patients who have suffered some form of minor trauma, all of which will be valuable to her as a registered nurse on a trauma ward.

> *Mine I believe was very different to other people's experiences because most people use their consolidation placement as their chance to learn management skills, taking responsibility, being the nurse in charge… But I didn't get that. In my placement, I was taking more responsibility for triaging patients. So, as they were coming into the Minor Injuries Unit I would call them through, have a chat with them, take a history of their medical problems and then what they've come in for that specific day, and assess them and then pass them on to the nurse practitioner saying "This is… all about this patient, this is what's wrong with them, this is what I've observed, this is what I think." (Heather, Minor Injuries Unit)*

O'Lúanaigh (2015) recently highlighted the same notion of active participation in learning. Whilst there are similarities in O'Lúanaigh's findings compared to my work, notable differences are evident in the methodology he used, his participants and the focus of the study which primarily was to explore student learning. O'Lúanaigh recognised that finalist students are capable of actively seeking out their learning but I would argue against his belief that students who experience negative behaviours in practice are unduly disadvantaged. Instead I would advocate students embracing these incidents as opportunites to practise nursing in the real world.

The experiences and meaning of autonomous practice was described by participants who were allocated to community settings in particular. Working alone in primary care is recognised as providing an ideal opportunity for finalist students to practise what it is like to be a "real nurse" (Anderson and Kiger 2008, p. 445) thus developing confidence,

knowledge and professionalism. Sarah for example, was allocated to a community placement which resulted in her being given the opportunity to function as a lone worker. She accepted and embraced this opportunity and made the most of her learning particularly around having to make decisions.

> *You're on your own and you got chance to go out on your own in the community which is quite good because you learn a lot, because you have to make decisions on your own. (Sarah, Community)*

Being allocated to a community placement for finalist nursing students is known to improve their confidence and self-efficacy which Marshall and Shelton (2012) attribute to the fact that they work alone. Anderson and Kiger (2008) however, suggest that all clinical placements, not just community placements, offer students the opportunity to work without direct supervision as autonomous practitioners. They argue that this provides valuable opportunities to develop insight, knowledge and confidence in a professional capacity.

Furthermore, community placements and the opportunity for student nurses to gain experiences therein are increasingly seen as vital in the preparation of a registrant who is fully equipped to work in primary care (Royal College Nursing 2012). As three of the ten participants were allocated to community placement settings their learning experiences and how they took charge of their own learning was an important element of their education in the light of the need to prepare and recruit new registrants to employment in the community in the UK (Marshall and Shelton 2012; Brown 2013; Phillips 2014). Experiences were described positively by participants who valued being trusted to take on their own case load which they believed was demonstrated by the confidence placed in them by their mentors. This in turn enhanced student learning and this resonates with Anderson and Kiger's (2008) work regarding lone working and the positive effects this can have on student learning.

… I was given, trusted to have my own work load and going out in the community on my own, making decisions …making referrals, contacting the GP, contacting the physios and care assistants. (Mary, Community)

At the beginning, you go round with someone. And then you see how they do it, then you use your experience and obviously what you've learnt……and do that yourself. (Sarah, Community)

Adele took the initiative to seek out specific learning opportunities which she was aware would not be available to her if she found herself working in a hospital setting. She reiterated that feeling part of a team enhanced her learning and she revelled in the confidence her mentor placed in her. Mary, Adele and Sarah's examples of working independently still required their mentor's trust and agreement. They described feeling safe and yet being free and able to find different and challenging experiences to learn from. This is known as "scaffolding" (Spouse 2003, p. 206) and is a very necessary part of letting go and beginning to start the transition process.

If I was on a ward, I wouldn't have had that opportunity to say, "Oh, on Tuesday, can I go to the wound clinic"……. I had such a brilliant relationship with them that I was able to get the absolute most out of the consolidation placement. (Adele, Community)

It began to dawn on the participants that learning was not going to stop at the end of their course. The enormity of the unknown began to sink in and participants were keen to make the most of their learning in their last placement, to take charge themselves and to find new ways of learning. This autonomous practice was key to learning and was termed "learning by flying solo" by Spouse (2003, p. 203). This realisation was articulated by Mark.

.... the consolidation placement... I think I've learned, but I've still got more things to learn...and I know the next six months are going to be really hard because … I started thinking… I don't know enough. But ….that has prepared me for what I think is to come….there's going to be so much more to learn… (Mark, Medical ward)

As the placement progressed, students began to respond differently and flexibly to the dynamic clinical environments they found themselves working in. Instead of relying on others (particularly their mentors) they began to take the initiative and viewed different situations as opportunities to learn. Participants described how they responded proactively to challenges and began to employ problem solving strategies that required them to take ownership and make decisions about how to best handle things. Mark worked out what his mentor would say to him if he asked a question and made a conscious decision to resolve his issue independently rather than seek her help.

> *I mean the amount of phone calls…when you'd like to put the phone down, and say "I'll go and get the staff nurse to talk to you" and I went to do that once, and I walked up to (the staff nurse) and I thought, what's the point? They'll only tell me to go and get the notes and tell ….and you do it and I just thought I'm just going to get the notes and do it. (Mark, Medical ward)*

Complex clinical environments provide a rich source of learning for undergraduate student nurses and their mentors have long been known to play a pivotal role within this (Spouse 2003; Lewin 2007; O'Lúanaigh 2015; Flott and Linden 2016). The increasingly varied, dynamic and complicated nature of current healthcare has undoubtedly impacted on the learning available to finalist student nurses. Midgley (2006) asserted that the clinical learning environment has been an invaluable learning resource for many years and claims that further investigation into how students learn and develop in preparation for their future professional role is needed. My research has explored the lived experiences of ten finalist students' last practice placement and descriptions offered voluntarily showed that participants responded proactively to the complexities of healthcare that they faced. Despite the nature of their final placement allocation, they sought out learning opportunities and became proactive learners. This appeared to be an integral part of the final step they took on their journey towards registration. Working for an extended length of time (i.e. thirteen

weeks) which for the participants was a departure from the norm, appears to have been beneficial chiefly because it enabled students to familiarise themselves with colleagues and the learning environment and helped them to take charge of their own learning in what had become to them a familiar setting.

7.2   Learning from working with mentors and other staff

During clinical placements student nurses are exposed to varied nursing practices and behaviours which will impact on their learning either positively or negatively. Role modelling, leadership and acceptance are all factors which arise from working within a team and how students learn is influenced by how such practices are carried out (O'Driscoll et al. 2010; Felstead and Springett 2016). Levett-Jones and Lathlean (2009b) clearly stated that the clinical learning environment should aim to maximise student learning and facilitate competence. They chiefly advocated that working within a team and being made to feel part of that team enhances student learning and this was reflected in the findings in my study as described in Chapter 6. This exemplifies an overlap between the invariant constituents in this study.

Participants described how they felt supported and they portrayed a sense that there was always someone to go to should the need arise. This background support was important because it made the students feel that they could work independently whilst knowing that someone was keeping an eye on them and would step in if difficulties arose. An example of Spouse's "Scaffolding" (2003, p. 206) is exemplified by Sally's description of how the team enabled her to work independently. They were available for support if she needed it but through allowing her to take control and work things through on her own she flourished and "learned by flying solo" (Spouse 2003, p. 203).

> *In the ward they say "You have that half of the bay", "you look after your patients, I'm here for you". So anytime I*

had a problem. I went straight back to them. I knew they're
always watching me but they gave me the responsibility to
take control of what I wanted to do. (Sally, Surgical ward)

There are mixed reports about the value of working with and learning from mentors and other nursing staff and the efficacy of the clinical learning environment as a result of these variations (Cope et al. 2000; Lewin 2007; Gidman et al. 2011; Kaihlanen et al. 2013; O'Lúanaigh 2015). Sundler et al. (2014) examined the nature of how students were supervised in a range of healthcare settings and found that those who worked consistently with one named mentor fared better than those working with a number of different mentors. In my study, participants liaised and worked with a named mentor, qualified nurses and other team members many of whom held different views and whose diverse ways of working posed challenges at times. This typifies the nature of the hidden curriculum which Allan et al. (2011) suggest has considerable influence on how student nurses learn in practice and develop professional behaviours. Their ethnographic case study across four Higher Education Institutions in the UK revealed inconsistent value sets around how supernumerary status was viewed by a range of clinical staff which included educators. The result was that students' learning was found to be disjointed and they had to take control and become proactive rather than reactive in negotiating their own learning opportunities.

Mark found his consolidation placement both positive and stressful because he was aware that there was still a lot for him to learn in his last 13 weeks. Whilst he was appreciative of the help that the nursing team offered him, he found conflicting advice confusing. Mark's experience also echoes findings in an older study by Lewin (2007) who examined key learning indicators for student nurses working in hospital environments over a period of twenty five years. Persistent haphazardness in the teaching offered by different grades of nursing staff resulted in variations in learning as perceived by the students in his study. This is contrary to the views of Felstead and Springett (2016) who explored the perceptions of

first and third year student nurses and suggested that all students at all levels are capable of identifying and rejecting poor role modelling. This is based upon their knowledge attained so far in their educational programme and their impressions of the ideal nurse before they started their studies. Despite feeling confused at times, Mark described his overall learning experience on his last placement as positive. Whilst the overall aim should be to maximise student learning (Levett-Jones and Lathlean 2009b), in reality it would appear that learning from others is arbitrary.

> *It was very intense throughout the whole 13 weeks……….. It was a consolidation placement and …everyone wants to help teach us something else. …. we had too many people trying to give advice. … it was getting a bit confusing and overpowering almost. And it got to the point where actually they'd [the mentors] step [in] and say ….we're limited to working with three people…….they were getting worried that we were going to learn …. not bad habits but not the best way of doing things……… So it's been a really good learning experience. (Mark, Medical ward)*

Sarah also found conflicting advice to be challenging particularly around aseptic technique. Initially this made learning harder for Sarah but she worked out how to decide the best way to do things and sought evidence to underpin her actions should she be questioned. This shows how she took ownership and actively participated in her learning and turned a potentially negative experience of working with conflicting advice into a positive learning experience.

> *Going around with different nurses because they do stuff slightly differently, it's quite difficult. It's the way someone does their aseptic technique, one nurse does it differently. So when you're with them they'll tell you, "Oh, do this …" and then when you go…[to work with another nurse] they'll be like, "Do this…..." So that can be quite hard when you learn……. So I ……. sort of figured out a way between and I'd say …. to them … "This is the way that I've been taught" ……and back up why I'm doing it in a certain way… So, it's quite difficult though, yeah. [laughter] (Sarah, Community)*

As Mark's placement continued he found himself working with and teaching junior students. Teaching was something Mark was inexperienced at yet he discovered that it was a way of helping to increase and consolidate his own knowledge which in turn helped to build his confidence. Mark was thankful that he became involved in helping the first year students to learn. It facilitated the development of his analytical skills and helped him to discover what he didn't know.

> *But at the same time it gave us the opportunity to actually work with the first years and do some teaching and work with them which ….. I hadn't experienced before especially and it helped me. So I realised from doing that, there were a couple things which I didn't know…….but they actually made me realise this was something I could work out for myself. (Mark, Medical ward)*

Such was the value of taking on a teaching role that Mark actively sought out first year students and he invited them to accompany him for extra learning. This proactivity suggests that from working with different people Mark had found a strategy to enhance his own confidence and learning which he used to the mutual benefit of himself and others. Teaching others in practice is known to be something that finalist students consider to be part of their role. Gidman et al. (2011) surveyed and conducted focus groups on two discrete groups of undergraduate nursing students at one Higher Education Institution in the north of England. Junior students within six months of commencing their course and senior students who were within three months of finishing their nursing course were asked about their experiences of learning in practice. Both groups found learning from each other to be a valuable experience with the senior students recognising teaching as integral to their working in practice and an effective way of learning.

> *It helped me as well and …….. It was something I thoroughly enjoyed. If there was something I felt confident to do with them I would go and find them [the first years] and say, "look I'm doing this, would you like to come and*

help or where appropriate would you like to come and do
this is if I explained it to you?" (Mark, Medical ward)

Working with others for some participants was not without its challenges. Anna described how she initially found the long standing, permanent staff with strong characters challenging and resistant to her attempts to practise delegating. She kept her mentor informed about their resistance which increased and became obstructive at times with some reflecting Anna's requests back to her.

> *…they had been there for a long time and I found… I*
> *always say to my mentor "I can't delegate to them*
> *because they always seem to have an answer" you go*
> *back and then sometimes…I found them delegating back*
> *to me and saying "Oh you go and do this, so you go and*
> *do that" and I was like "okay" I just went along and did*
> *it…(Anna, Trauma ward)*

Learning to delegate and supervise healthcare assistants is known to be difficult for student nurses for a number of reasons. In a small study in Ireland Hasson et al. (2013) concluded that students have a perceived lack of theoretical and clinical preparation which was compounded when faced with delegating healthcare assistants in the final year of their programme. They reported being ignored and undermined and even more worryingly 80% of participants did not see the need to supervise healthcare assistants. Fear of not fitting in coupled with resistance from some healthcare assistants often meant students preferred to carry out the tasks themselves which was also reported more recently by Johnson et al. (2015) in relation to the experience of newly qualified nurses. Similarly, a power struggle existed between Anna and the permanent healthcare assistants. At first she depended upon the authority of the more senior registered nurses to inform the healthcare assistants that Anna was to be in charge and that they were to follow her directions without questioning her. This gave Anna the power to practise her delegation skills which in time enabled her to be more confident. Anna described how eventually she learned how to handle the stronger personalities that she found

herself working with and how the support she received from her mentor was invaluable.

> *So, it was all about getting to know the people. It took a while, I think about eight weeks for us to get to know each other. They were really strong characters but I had a lot of support there…(Anna, Trauma ward)*

It is of concern that students could potentially be discouraged from practising and developing delegation and supervisory skills because of opposition from healthcare assistants with negative attitudes and there is a danger this could be detrimental to patient care. Val described similar experiences and recounted how learning managerial and leadership skills presented a challenge to her. Her mentors went out of their way to support her when they saw that some healthcare assistants were obstructive to her learning.

> *…trying to build my confidence. I was trying to do take on more of the delegation and leadership roles. And some of healthcare assistants, I don't know, they didn't want to listen to what… even though I was supposedly in charge for the day, they didn't want to come and tell me things. They'd boycott me and go straight to my mentor. (Val, Trauma ward)*

Despite working on different wards, both Anna and Val found ways around the challenges of working with people with strong personalities and described how they came to realise that this is likely to be a facet of the world of work once qualified. Val was reassured to find that some of the staff nurses also found the behaviour of some of the healthcare assistants to be challenging and she realised this might be a regular feature of working in any placement as a registered nurse.

> *So, that was kind of nice to know that it wasn't just me it was everyone else who's struggling. I think in a positive way it makes you realise that you're going to be working with people that perhaps you don't always get along with or they don't understand your way of working. (Val, Trauma ward)*

All participants described how they were supported in their final practice placements. Varying degrees of support were evident from teams that students worked with and mentors were recognised as being the main exponents of learning. This concurs with wider research which also recognises the input from a range of healthcare professionals and suggests that mentors play a major role on influencing students' learning (O'Driscoll et al. 2010) particularly in relation to their professional development (Felstead and Springett 2016) and how they gave feedback to students (Kaihlanen et al. 2013). Some participants needed more support than others and this may have been as a result of working with other members of the healthcare team whose personalities, behaviours and opinions posed challenges to them. Contrary to recommendations by Gidman et al. (2011) that offering the best support for final year student nurses achieves optimal learning, it would seem that encountering the reality of working with different people some of whom were described as presenting barriers to students' practice, may be more productive for adult nursing students than previously believed. Rather, such experiences may result in engendering emotional and professional resilience which I suggest will go some way towards preparing finalist students for the reality of post registration practice.

The clinical environment offers both positive and negative facets to student learning (O'Lúanaigh 2015) and this has long been recognised. It would appear that this notion prevails in the findings from my research with both enabling and inhibiting factors described in relation to the lived experiences of finalist student nurses in their last practice placement.

7.3 Being seen as a student on their final placement

Participants felt that they were received differently by the permanent staff compared to the shorter allocations they had experienced in the first and second years of the programme. They also observed this in comparison to how fellow students were treated. Whilst mentors were recognised as

being the main source of support for students within the clinical learning environment (Spouse 2003; Gidman et al. 2011) participants described how this support changed and how they felt a sense that expectations of them by the nursing team were different. They felt believed in and trusted and there was a sense that they felt privileged to be seen as if they were already qualified.

> *They treated me like they trusted me. They didn't make me think "Oh you're a student you can't have the responsibility." They kind of saw me as if I was really a nurse. (Val, Trauma ward)*

For some, this made them anxious. At the start of her placement Adele recognised this period signified the last chance to be a student before qualifying and she was anxious about becoming a registrant. She felt that she was regarded as a staff nurse and she had to make a concerted effort to accept this and respond accordingly. This was a new experience for her.

> *At first, I remember being extremely worried because you suddenly had this feeling of "This is it." Once you get in there, from my experience, you realised that they also have an expectation of you and they are about to almost use you as a qualified staff nurse. You have to get in that mind-set, you have to behave in that way. (Adele, Community)*

Mary felt that the staff respected her as a soon to be qualified nurse and this made her confident enough to make suggestions about aspects of practice during her final practice placement. Initiating dialogue about existing practices by students was highlighted as an area that student nurses from all three years of their programme do not generally feel comfortable with (Henderson et al. 2012) and Mary's experiences contravened this view. She drew upon previous learning in the clinical simulation laboratories whilst at university and proposed and negotiated other ways of doing things. The resulting compromise felt pleasing to Mary.

You can bring new ideas to the team and make suggestions and say "Well, I know it's not working like this for us today, but when we're in the clinical skills lab they've suggested this… so how about we do that?" and they said "okay let's try it your way." So we brought things together and mixed them; it was really nice. (Mary, Community)

Being seen and feeling respected as a finalist student was described as helpful by the participants. They valued the opportunity to work independently and to be trusted and were prepared to make decisions autonomously. Sarah wanted to prepare herself for being a staff nurse on her consolidation placement. She wanted the chance to work independently to see what it would be like to work as a staff nurse. This differed from other placements where she had been observed and checked up on by her mentors.

I wanted to use this placement so I could get ready for being a staff nurse rather than just feeling like a student still. I found in most other placements when you have mentors looking over you, you still feel like a student in a way……, I found it [final placement] quite good, you got a chance to go out on your own in the community which is good because you learn a lot, because you have to make decisions on your own. (Sarah, Community)

Sarah's experience resonates with Spouse (2003, p. 203) who believed that finalist students need to learn by "flying solo" and take advantage of working autonomously. By facing the unknown and having to work things out independently Spouse proposed that professional learning occurs. Similarly, Nash et al. (2009, p. 54) reported the benefits of mentors "stepping back" and allowing finalist students to take the lead as a way of helping them to start their transition to professional practice. Sarah recounted how she felt safe to ask questions of her mentor and discuss her patients with other registered nurses and this helped her to see patterns in her experiences, make decisions and take the lead. She described how working on her own made her feel like a staff nurse.

The students allocated to ward placements also felt they were treated differently. They described how their mentors took a step back and pushed them to make decisions and they too felt as if they were almost a staff nurse. Mark's description of how he experienced this resonates with Spouse's (2003, p. 206) "scaffolding" theory because he appreciated the support of his mentor but was left to make the decision on his own.

> *Instead of being able to say …. I'll go and ask my mentor they'd say "you're in charge, what would you do?" And instead of helping you make the decision they would be more of a supporter. It was much more as if you were a staff nurse on the ward, I found, than previously. My friends who worked on other placements said the same thing that generally everyone's attitude towards us was different. (Mark, Medical ward)*

Unlike Gidman et al. (2011), who found that finalist students at one university in the north of England individually ranked clinical skill acquisition as the area for which they perceived they needed the most support whilst in practice, participants described how they valued being trusted as finalist students to practise working holistically and autonomously. In Gidman et al.'s study finalist students also highly valued the support of their mentors but their focus centred on requiring support to practise clinical skills which is task orientated rather than patient focused. The emphasis on finalist students' preference to performing tasks was also reported by Henderson et al. (2012) who reviewed six international studies on students' perception of learning in practice. They cautioned that learning environments should encourage students' questions so that possible changes to nursing practice can be explored and findings from my study support this view. Val described her experience working with the staff on her final placement as positive in that she felt the mentors catered for the complex needs of the finalist student employing a different approach to ones they used for first and second year students.

> *I think they're used to different types of students… because they have first, second and third years. So, obviously first years they wouldn't expect so much of you but you're just trying to get to grips with everything and*

learn how to be on the ward. But then as a third year
you're taking more of a…. you're building to be a nurse at
the end of it. I think that they were really supportive. (Val
Trauma ward)

She described how she felt able to ask questions without judgement from her mentors who empathised with where she was in her nursing career and this helped her confidence and learning.

I think it was good because you knew that no matter what
question you had, you could just ask them. They'd say "Oh
no, just ask it's fine. I've asked every silly question in the
past to other people." They wouldn't look at you and think
why are you asking me that? (Val, Trauma ward)

Comparisons were made between how staff treated finalist and first or second year students and this had the effect of making some participants feel guilty. Mark, for example described how he was given extra attention and opportunities were made especially for him at what he considered to be the cost of other first and second year students.

There were a few times when a lot of the attention was
given to me … so I got the mentoring… to do the drug
round, to do things, when they [the first year students]
were doing the observations and helping out the
auxiliaries … and it was said actually, our focus at the
moment is our two finalist third year students who have
come to work here and you [the first years] can work on
your basics, getting your basic skills done. (Mark, Medical
ward)

Mark identified with the first year students and reflected on his journey and how quickly the time had passed and that he had now come to be accepted by the ward team as a finalist student. He was able to see how much he had developed and learned over the three years of his programme and there was a sense that his acceptance into the team marked his achievements.

I think it was the fact that we were on our consolidation
placement because when we worked with first year
students, I felt… it was quite scary actually, seeing how
they were so helpless. They were there… I know they
were supernumerary, but they weren't so much a part of

the team as us….. That was us and not that long ago.
(Mark, Medical ward)

Being seen as a student about to qualify was keenly felt by all participants and is an important facet of the unique experience of the final practice placement. They described how they felt that they were treated as if they were almost a staff nurse whilst on their final practice placement. For some this did not happen immediately but all described situations that occurred at some point in their placement where their mentors stepped back and allowed participants to work things out for themselves. This engendered a sense of fulfilment for the students which fuelled confidence in their ability to take the next step to registration.

7.4   Becoming empowered and believing in self

As highlighted earlier finalist students in this study began to proactively seek out and determine their own learning during their last practice placement. This shift from learning in response to pedagogical teaching to learning independently (andragogy) became evident as descriptions about their final practice placement experiences were offered. They described a sense of believing in self and becoming empowered to direct their own learning in preparation for becoming a registered nurse. Heather for example, described how the staff in her final placement and particularly her mentor, made her find the answers to her own questions. She valued this greatly and recognised that she could continue to work things out for herself in the same way once she qualifies.

> *They [the permanent staff] were great people to work with,*
> *very supportive, and my particular mentor, the way that*
> *she mentored was very good for me and my learning.*
> *Instead of, if I didn't know something just saying "That's*
> *the answer", she'd make me go away and look it up or*
> *she'd point me in the right direction. She'd make me think,*
> *so she's developed me in ways that once I'm there and I'm*
> *working [as a staff nurse] I'm not going to be looking to*
> *other people for the answers, I'm going to be looking to*
> *find the answers to myself. (Heather, Minor Injuries Unit)*

Empowerment is a nebulous concept which in healthcare has primarily been associated with patients and registered nurses with little research into its links with nursing students. This prompted Bradbury-Jones et al. (2010) to conduct a longitudinal hermeneutic phenomenological study into the concept of empowerment in practice from the perspective of undergraduate nursing students. Their findings link closely to some of the findings in my own study in relation to confidence and knowledge which Bradbury-Jones et al. assert are inextricably linked. They suggest that students perceive being seen as a valued team member as an essential component of empowerment. An example of this is evident in Adele's description of how her confidence increased during her final placement and she felt comfortable to approach any team member if she needed to.

> *It [the final practice placement] added to my confidence…*
> *and also I was able, if I had any issues, I could ask any*
> *members of that team. (Adele, Community)*

Participants in my study described a sense of believing in self and becoming empowered to direct their own learning which increased their confidence in preparation for becoming a registered nurse. Karen for example, described how she took responsibility for her learning and how she wanted to feel that she had prepared herself for when she qualified. Whilst she understood that she could not know everything and that she would continue to build her knowledge, she was keen to take on as much learning as possible in her last placement. Karen initially felt anxious about not knowing enough when she qualifies.

> *I feel like I am about to qualify and I need to know*
> *everything. I think it is hard…. obviously I'm not going to*
> *know everything right now. You'll learn continuously. And*
> *that's what I find hard, I just want to make sure that I'm*
> *prepared for when I start [as a staff nurse]. (Karen,*
> *Surgical ward)*

As the interview proceeded, Karen described how as her final placement progressed she began to feel more confident in herself. The things she had learned during her programme both in the university and in earlier

placements increased her knowledge and she became empowered to believe in herself. Karen related knowing more to feeling more confident which supports the findings from the work of Bradbury-Jones et al. (2010).

> *You start to use it all and you start to take what you've learnt with you for my career now. I have definitely learnt a lot and definitely think a lot more confidently. I am able to know that I'm good at what I'm doing. (Karen, Surgical ward)*

Whilst Bradbury-Jones et al. (2011a) suggested that positive feedback from mentors increased confidence which in turn stimulated students (in all three years of their programme) to learn, the participants described how self-belief and self-efficacy stimulated their confidence and empowered them to make decisions. For example Mark described how as his placement progressed he became more confident in his own ability and he began to make choices about his actions independently, without the prompting of his mentor. This engendered his self-belief and further boosted his confidence.

> *I thought no, I'm not discharging them, they need care in place…TTO's [medications to take home], transfer organised…and I [went] back to the doctors and said, "we can't discharge this patient because of this, this, and this"*

> *I think it was then that I actually just thought, 'hmmm I'm practically this thing called a staff nurse" (Mark, Medical ward)*

Heather too, began to believe in herself. She could see what her patients needed and she began to make assessments and judgements which she used to make decisions. As a result her confidence and belief in herself grew.

> *It's made me think, "I can do this. I can do this." I can see what somebody needs … things like lacerations, making a judgment on that, do they need Steristrips, do they need stitches? Obviously I can't do stitches so I just cover the wound, elevate the hand, send them back to the waiting room and when there's a nurse practitioner free I say "I*

think this person needs to see you next." So taking that responsibility and yes, I can do this. Yes, I think that's what it's made me feel. I am capable. (Heather, Minor Injuries Unit)

Likewise Sally found ways of enhancing her knowledge by reading about topics that she did not fully comprehend on her placement. This improved her understanding which in turn increased her confidence and she too described how she became empowered.

> *They guided me through each time and when something new came up they would explain it so I understood it. If not, I went home and read about it. And then I'd come in the next day and say "I know that" and that's how my confidence grew. (Sally, Surgical ward)*

Role modelling, particularly by mentors, is known to be a powerful way of helping students to develop into professional practitioners. Reflecting on how other staff manage situations, communicate with patients and make decisions is a valuable tool in relation to role modelling which can be usefully employed by students (Felstead and Springett 2016). Observing other nurses and using them as a role model was described by Val who encountered staff nurses whom she aspired to be like. She identified their attributes and imagined how collectively they represented how she wanted to be. Val found the exercise of creating a role model empowering.

> *It's hard because you see different people and you think "Oh, I want to be like them". You're just trying to take bits of everything that you're seeing from other people and you think yes, I can fit them all together…. And then you think, yes, I can do this. (Val, Trauma ward)*

Given that finalist students have the capacity to discern between good and poor practices (Felstead and Springett 2016), there is a potential for valuable learning whilst working alongside others of all levels and professions in clinical practice. For nursing students, knowledge and confidence are innate elements of empowerment (Bradbury-Jones et al. 2010). My findings identified that participants developed self-efficacy and self-belief as they experienced a longer than usual practice placement

which ultimately empowered them to take the final step to registration. They described how being exposed to the different practices of others gave them the opportunity to increase their knowledge through critical reflection. This empowered them to start their journey to professional registered practice.

> *Then you settle down and you get a sense of pride*
> *because you realise that you are quite capable of the role*
> *of staff nurse. (Adele, Community)*

7.5 Summary of chapter

Extensive historic (Fretwell 1982; Ogier and Barnett 1986) and more recent (Midgley 2006; Flott and Linden 2016) research suggests the clinical learning environment within the ever changing world of healthcare has and continues to offer a medley of opportunities for student nurses to learn and develop professionally and my study goes some way to support this.

Participants described their experiences of a longer final placement highlighting characteristics that resonate with contemporary literature as follows:

- Students articulated how during their final placement they consciously began to take responsibility for their own learning.
- Mentors were the key exponents of support. In particular participants appreciated their mentors standing back and allowing them to be autonomous practitioners which is similar to Spouse's theory of "learning by flying solo" (2003, p. 203).
- The participants in this study described how they felt a longer final placement exposed them to many diverse ways of working. During this time participants appeared to be able to critically reflect and make their own clinical judgements about what constitutes good and poor practice.

- Participants highly valued working autonomously because it meant that they had to make decisions and problem solve. This supports work by Spouse (2003, p. 203) and her concept of "flying solo."
- The experience of a longer final practice placement offered many opportunities for participants to increase their knowledge through observing the varying practices of other staff, critical reflection, reading and making links to earlier learning. This stimulated further learning and increased confidence which empowered students to become independent life-long learners.

More interestingly and less well supported in the literature:

- Participants in this study described how they became proactive learners and took the opportunity to make the most of their learning during their longer, final practice placement. They described how they became aware that their learning would not stop once qualified. In previous studies (Gidman et al. 2011) students have instead expressed a preference to learn clinical skills in a pedagogic way rather than consider life-long learning.
- On the cusp of registered practice, participants in this study described how they felt they were treated differently to placements they had been allocated to earlier in their programme. They felt as though they were regarded as if they were "almost a staff nurse" and this happened at different stages in the thirteen week allocations largely depending on the setting and how the work was organised. For example those allocated to a community setting, were given their own case load from the outset and they described how they felt as if they were "almost a staff nurse" straight away.

Chapter 8 Making sense of the complexities of nursing; developing an understanding of the nature of nursing and knowing nursing

"….there is no simple definition of either what it means to be a nurse or of what is understood by the term 'nursing'."
(Sellman 2011, p. 22)

Participants described how they began to make sense of the complex nature of nursing in an ever changing, technological world of healthcare. They demonstrated a humanistic concern for their patients and also described instances when they contributed to the safe delivery of clinical skills. As undergraduate students studying for a BSc (Honours) degree with professional registration in nursing, participants were required to attend university and practice placements throughout their programme linking what they learned in their academic studies to their experiences in practice. The divide between classroom theory and practice learning has challenged those involved in the education of nurses for decades (Spouse 2003; Benner et al. 2010). Examples of how participants in this study made links from theory to practice which reflected their learning throughout the programme offered insight into their developing nursing knowledge. How participants developed a deepening insight into what nursing meant to them was evidenced through the examples they gave of how they cared for patients and families

8.1 Caring for people whilst showing humanistic concern and the acquisition of technological skills

Throughout the interviews participants recalled and described numerous instances when they had cared for patients and their relatives or carers showing a humanistic concern. The following example describes how Val thought about a family member with whom she had to communicate. She took it upon herself to make contact in advance with the relative in question rather than waiting until she visited the ward. Val's account of what happened shows how she considered the relative as a unique

individual and communicated with her as a person rather than dealing with her in a standardised way and waiting until she saw her during the ward's prescriptive visiting times. She recounted how she experienced breaking bad news during the telephone call which she initially found difficult because she could not read the relative's body language. At first she questioned that she had been able to communicate effectively but later on when she met the relative in question and they thanked her for ringing and talking to them, she realised that she had done well. This in turn made her feel good and boosted her confidence. Val made sense of what she did as a nurse through the use of reflection in relation to how she communicated bad news and this helped Val to understand that whilst conveying the facts, nurses should show humanistic concern and to deliver the message in simple language was in this instance the most effective way.

> *It was quite hard to do because she was really upset on the phone. When you've got someone in front of you, you can see how they are but over the phone when she's crying…. I was thinking is she actually taking in what I'm saying or is she just crying and it's all just a blur. Then she came in and she said "I'm really glad you phoned and thank you for what you said". So, that made me see that they just want me to be another human being. (Val, Trauma ward)*

Given that there have been instances when patients have been reported to highly rate the technical competence of nurses (Papastavrou et al. 2011), how participants considered clinical skills requires consideration in relation to how they made sense of the complex nature of nursing. Examples of learning professional practice including references to the acquisition of clinical skills during their final placements were described by all participants and was presented in Chapter 7. It is clear from the findings that participants could identify what they needed to learn and sought out learning opportunities proactively. Mark for example was concerned that he did not feel confident in the administration of medicines and as he considered this was an important skill that he would need when qualified, he appealed to his mentor to give him more opportunities to

practise. In a study in New Zealand by Honey and Lim (2008) finalist student nurses' perceptions of their pharmacology knowledge were explored. Findings suggested that students knew more about the administration of medicines than they thought and a lack of confidence in their own ability hindered their acquisition of this skill. Honey and Lim partially attributed this to a lack of opportunities to practise medicines management and notably, students did not report being proactive in seeking exposure to more practice opportunities. Mooney (2006) identified that newly registered nurses fear complex tasks such as the administration of medicines and it is significant that Mark also highlighted this as an area of concern to him. He recounted how medicines management began to make sense to him as a result of his seeking out further opportunities to gain experience in this area during his final practice placement.

> *I was scared of doing the drug round at one stage because I wasn't confident in my own skills. I've done drug rounds before but it hasn't been the main focus and then it comes to third year…I thought, oh dear, I'm finishing in four weeks' time and my drug rounds aren't where I would hope they would be. So I had to have a conversation and say "I have to do drug rounds" and I had to go back for a week being supervised on the drug round very much more than previously to build up that confidence and practice. That worked …it did make a difference, being on my consolidation placement. (Mark, Medical ward)*

Mark's description is an example of how there is an overlap between constituents as here he is describing how the unique context of his longer final placement afforded him the confidence to proactively seek out learning opportunities (Chapter 7) and also how the repeated experience of practising drug rounds enabled him to master the skill.

Students identified and reflected on what they perceived to be some of the more complex technical skills they believed they would need as a registered nurse. Their lack of competence in these areas caused them concern and they used their final practice placement experience to begin to make sense of the skills they anticipated they would be doing as a

registered nurse. Karen for example spoke about her concerns about having to give intravenous therapy as a staff nurse. She was keen to observe her mentor as the therapy was prepared and she asked questions to increase her knowledge and to make sense of a skill she knew she would soon need as a registered nurse.

> *My main worry is really intravenous therapy. Because we haven't been able to do much of that. Even though I know I will be supervised before I have to do them when I'm a staff nurse. I feel a bit apprehensive because students don't do them. So you want to know "what have you been mixing it with?" I know that's where a lot of the errors happen [referring to giving Intravenous medications]. My mentor said that students weren't allowed to mix them but it's beneficial for me to be in there, while she's doing them so we could do it together so I can ask "How do you draw that up? How do you get the bubbles out? How do you work out the dose and calculations?" They are some of the most complex calculations…… intravenous drugs and what you have to be careful of with renal functioning and antibiotics like Gentamycin… (Karen, Surgical ward)*

In the light of the varied views from patients and nurses reported in the literature (Wysong and Driver 2009; Papastavrou et al. 2011; Sellman 2011; Griffiths et al. 2012; Scott et al. 2014) about what are considered to be the necessary prerequisites of a good nurse, the challenge that faced participants was to use their final practice placement as the last chance to develop their understanding of what these attributes might be and to practise them in readiness for becoming a registered nurse. Findings indicate that participants embraced their final practice placement experiences and sought out opportunities to practise a range of interpersonal and clinical skills whilst demonstrating a humanistic concern. Their accounts of how they practised what Scott et al. (2014) considered to be the core elements of nursing and their descriptions of the "real world of nursing" (Nash et al. 2009, p. 54) demonstrates their developing grasp of the complexities of nursing and how they made sense of it.

8.2   Making sense of theory and practice

Participants referred to their academic assignments whilst they were describing their final practice placement experiences. It seemed that as they approached the end of their programme some of the theory assignments that they had already passed began to make sense. Karen described how she could see links from an assignment that she had passed in her second year and how whilst she was in her final practice placement she could see the value in undertaking an academic piece of work as it began to make sense in relation to her practice .

> *Throughout my training people have been discussing the assignments. I don't know why we're doing the assignment… But when you're out there in practice especially in consolidation [the final placement], I know why I've done the Vulnerability assignment. (Karen, Surgical ward)*

Similarly Adele felt that her understanding of what she had learned in her academic studies during the programme began to make sense to her as her final placement progressed. She recounted how she felt that during her last placement as a student nurse on the threshold of become an accountable, autonomous practitioner she began to see the links between theory and practice and her understanding of nursing evolved.

> *I felt I had this responsibility and they had an expectation of me and suddenly everything that you were taught in theory is coming together and that you're about to practise autonomously. (Adele, Community)*

Participants described how they placed their patients at the centre of their care and drew upon their existing knowledge and skills to ensure that they had done their best to meet their patient's needs. This demonstrates how at this stage of the programme finalist students are capable of working autonomously and reflecting on their practice to check that they have provided optimal care. Adele displayed these attributes in her description about visiting a vulnerable person in their own home.

It was that going in to a patient on your own who is vulnerable, who… that unpredictability…. and then being able to come away and say have I covered everything? Have I given the holistic assessment when I was in there, have I documented it, have I provided the best care for them? (Adele, Community)

Anderson and Kiger (2008) emphasised how lone working in community settings helps finalist students to use their initiative and make independent decisions which ultimately increases confidence and facilitates student learning. They argued that lone working also helps students to develop in depth relationships with their clients which further adds to knowledge and helps students to understand the complexities of individual client's situations and needs. Adele's description exemplifies how working on her own and critically reflecting on what she had done helped her to learn the complexities of nursing.

You really get a sense of what nursing is about. (Adele, Community)

Participants described how during the final practice placement they began to make sense of the complexities of nursing and healthcare through reflecting on their knowledge base earlier in the programme and seeing how much they had learned. They could apply theory to practice and work out what needed to be done for patients when crises occurred, thus demonstrating problem solving skills. Karen for example had already worked on her current placement as a first year student nurse and she reflected on how much she now knew in comparison and how she felt capable and confident to respond when a patient's condition deteriorated following surgery.

You just don't realise how much you learned until you're faced with a situation and you just know what you need to do. A poorly patient deteriorates, what do I need to do? What do I do first? I think at the start of my first year I didn't have a clue. But now I have to think about what I'll do first? Now I can do things, the blood pressure and get things… oxygen, bleep the doctor …whatever. I just know what I need to do. (Karen, Surgical ward)

127

Reflecting on their practice is known to be an effective way of helping student nurses to make sense of a situation and identify where they went wrong (if at all) and where they could alter and improve future practice (Rolfe et al. 2011). Karen's account is a good example of how this can be achieved. She demonstrated that she was capable of analytical and problem solving skills and she learned through recalling and recounting experiences in practice. Whilst a reflective model is a valuable tool in making sense of situations (Johns 2010; Rolfe et al. 2011) further discussion on how they can be usefully employed by student nurses is beyond the remit of this thesis. Participants referred to and described how they reflected in practice during their final placement experiences and the activity of informally reflecting proved to be beneficial to their making links from theory to practice and enabling them to make sense of the complexities of nursing.

Teaching others (notably students and healthcare assistants) was a facet of their longer final practice placement that particularly helped participants to make links from theory to practice. During their final placements participants had to complete a practice assessment based upon the Nursing Midwifery Council's decreed standards of competence for pre-registration nursing education (Nursing and Midwifery Council 2010). Teaching others was therefore one of the criteria that students were assessed on and the following quote exemplifies how one participant organised a teaching session in practice and made links to theory as she did so.

> *In the maxillofacial department the staff didn't do vital signs regularly but occasionally they have to. As this wasn't a day-to-day activity for them my teaching session was just a refresher, just to remind them of the reasons why we do what we do and how it should be done properly, the temperature, the blood pressure, heart rate… all the vital signs and suction. I made it last about 40 minutes so that it didn't take people out the ward too long um… yeah it was good and with that I made some back-up literature as well, some little laminated cards with the*

> *normal ranges for people to pop in their pockets*
> *afterwards so they just had a reminder. (Jane, Out*
> *Patients Department)*

Mark also found that as a finalist student he realised how much knowledge he had compared to earlier in the programme. This knowledge made him more confident and he felt empowered to help first year students by teaching them. Teaching was something Mark was inexperienced at yet he discovered that it was a way of helping to increase and consolidate his own knowledge.

> *It gave us the opportunity to work with the first years and*
> *do some teaching which I hadn't experienced before*
> *especially and it helped me. I realised from doing that,*
> *there were a few things which I didn't know. When they*
> *asked a question it made me realise this was something I*
> *could work out for myself. They were asking about the*
> *different infection control protocols and I knew about type*
> *1 but not type 2, so we went and looked it up. (Mark,*
> *Medical ward)*

The skill of finding out and making links from theory to practice whilst working on a medical ward helping first year students to learn was a revelation for Mark. Not only did it improve his knowledge, but his confidence grew and he found that he enjoyed the experience of teaching others. This demonstrates that making practice to theory links (rather than theory to practice) proved to be helpful to Mark in making sense of a technical aspect of nursing.

As a registered nurse all participants will be required by their professional regulatory body to "Support students and colleagues' learning" (Nursing and Midwifery Council 2015, p. 9). Both Mark's and Jane's examples showed how participants met this requirement and in so doing enhanced their own learning through linking practice with theory. Furthermore, the act of helping colleagues less knowledgeable than themselves to learn in practice is known to enhance belongingness (Levett-Jones and Lathlean 2008; Quinn and Hughes 2013) as it offers an opportunity to build a

relationship with colleagues based on an empathetic understanding and trust.

To conclude this section, findings suggest that during their final practice placement participants began to make sense of the underpinning theoretical knowledge of nursing. It was not until their last opportunity to practise as an undergraduate student nurse that they really began to grasp how their academic studies and all that they had learned earlier in the programme contributed towards their overall understanding of the complexities of nursing. The use of informal reflection whilst in practice, often with patients or shortly afterwards, helped students with this as it prompted them to check and make links to theory. Teaching others in practice also enabled participants to expand their nursing knowledge. Whilst the merits of helping others to learn is already well documented (Chinn and Kramer 2010) findings highlight the reciprocal benefits for both the participants and those whom they were teaching.

Findings suggest that participants used opportunities in their final practice placement to make theory to practice links drawing upon their existing knowledge learned thus far in their nursing career. They used such opportunities to make sense of clinical situations and as they applied transferrable skills (for example problem solving), they increased their nursing knowledge. The findings shed light onto how participants developed their understanding of nursing which adds to the existing body of knowledge around finalist students' expectations and perceptions of their last practice placements in readiness for making the transition to registered nurse (Cooper et al. 2005; Hartigan-Rogers et al. 2007; Major 2010; Ong 2013).

8.3   Seeing the whole picture

As I analysed the data it became apparent that participants began to make sense of what nursing meant to them and I could see that this was a core component of their experiences of their longer final practice placement. I

could also see that patterns and similarities existed in *how* they came to their understandings. Planned as the very last element of a three year programme which had been interspersed with shorter periods of full time practice, the final placement occurred at a time when students had completed almost all their studies. It was designed to help students consolidate their practice and the change to a longer allocation meant that participants had more time to do this and also to dwell and reflect upon earlier learning. Once accustomed to the environment, people and routines, they described how they could afford to spend more time practising nursing and making sense of it compared to the timing and length of earlier placements.

Sally described how she could see the whole picture in relation to looking after a man following an operation. The observation of vital signs such as blood pressure, heart rate and respiratory rate give an indication of a patient's homeostasis and it falls within the remit of a registered nurse to interpret such measurements for patients in their care. This requires a degree of empirical knowledge to accurately assess and compare vital signs and to recognise when changes occur and act accordingly. Sally demonstrated how she could analyse her patient's observations during the incident and described how she knew that the patient's condition had changed and she knew immediately what to do. Her empirical knowledge of his observations lead her to recognise that he was deteriorating and she responded independently with the correct course of action. Afterwards she realised how much she knew and this boosted her confidence.

> *Then the patient's blood pressure dropped and his respiratory rate increased. And I think he was scoring a 5 on the "early warning scores". I just went straight away to get an ECG, I told my mentor what was happening, she called the doctors and she just let me crack on (obviously she came straight back). And it felt good for me because I knew "You did that straight away without being told". Yes, it was good (Sally, Surgical ward).*

The art of nursing (versus the science of nursing) has been debated widely in the literature and is more challenging to summarise. Carper (1978) uses the term aesthetic knowing to reflect how a nurse demonstrates empathy and understanding of how a patient may feel. According Johns (1995) aesthetic knowing is exhibited when a nurse grasps the nature of a situation and is able to work out what is happening and what this means for the patients and people involved.

Aesthetic knowing was evident in many ways in the descriptions that participants offered about their final practice placement experiences. One student referred to her experience with a patient who was dying. She demonstrated aesthetic knowledge as she described her nursing actions. Mary grasped what was happening as she helped a man by talking to him and offering reassurance and comfort whilst her mentor organised for him to be given analgesic medication via a syringe driver pump. Shortly afterwards he died. Mary showed an appreciation of the human experience of dying which reflects Carper's aesthetic knowing.

> *I got such a lot of satisfaction from knowing that he was still compos mentis, completely compos mentis and whilst my mentor was sorting the syringe driver out I was sat with him, holding his hand and talking to him and he was chatting about all sorts. Um… I was glad that I could do that little thing for him. He died very shortly afterwards. (Mary, Community)*

In order to demonstrate Carper's (1978) personal knowing nurses must firstly know themselves and appreciate how their experiences in life can add or detract from understanding a patient's situation. Johns (1995) explains personal knowing as how a nurse is aware of and manages her/his own feelings, prejudices and anxieties as they become connected with a clinical situation. Personal knowing reflects who the nurse is whilst harnessing personal feelings and offers insightful understandings of what is happening when caring for another person. Personal knowing enables the nurse to engage in caring for another showing humanistic concern.

Personal knowing was alluded to by Sally who described how she felt that as a mature student she could identify with some patients better than younger nurses could. She knew this to be the case because she sensed it and felt that her patients responded well to her. Sally based this assumption on her life experiences which she drew upon as she got to know her patients as people thereby expressing humanistic concern.

> *I was a more mature student. I felt better suited than maybe a young person because I understood better. Sometimes I can empathise with a patient better, we have a better rapport. And they felt they could talk to me. (Sally, Surgical ward)*

Carper's (1978) ethical knowing is concerned with understanding moral judgements and the premise of what is right and wrong. In demonstrating ethical knowing the nurse understands moral obligation and can see what ought to be done in a specific situation. This differs from ethical knowledge and instead centres on the part of nursing which has to do with justice and doing the right thing (Carper 1978; Johns 1995).

This example given by Anna clearly demonstrates her ethical knowing on a number of levels.

> *If a patient… [who was resting in bed] wanted to get up around 5 o'clock for dinner I would say ok, "let's get you out of bed and you can sit in your chair." And sometimes they [the healthcare assistants] would say "what do you think you're doing? It would be easier if they are left in bed." But I would say "If they want to get up, who am I to stop them? So, I'll help them up and they can sit in the chair." But… they argued with me "Who's going to put them back to bed, we've got obs to do?" and I replied "Don't worry, I'll put her back to bed when she is ready." (Anna, Trauma ward)*

She attended to the ethical principle of deontology by recognising her duty of care to attend to her patient and help her into a chair rather than leaving her in bed which was the preferred option of the healthcare assistants and would have lessened the nursing workload. In addition to demonstrating a

humanistic concern for her patient as discussed earlier, this vignette also demonstrates that Anna knew the difference between right and wrong (ethical principle of justice) and that the correct course of action was to stand up for her patient and make sure her choice was heard and acted upon (the ethical principle of respect for autonomy).

Mark recounted how he had journeyed to the final stage of his course and it was not until he experienced his final practice placement that it all began to make sense. He described how he found the experience to be a revelation as he discovered that it pulled everything he had learned throughout his nursing course together. Up until this point Mark found his learning had been segmented. He could now see the whole picture and could build upon things he learned previously in the course and link theory to practice. He discovered the worth of his previous learning and used reflection to enhance this. As things began to fall into place Mark was surprised to see how much he already knew.

> *Consolidation [the final practice placement] was an eye opener for everything we have done throughout the course. It did as I say, consolidate a lot of what we've done in theory and practical. 'Cause everything up to that stage was segmented. And even though there was some continuity, it didn't always flow but then it's all seemed to drop into place and things you learned back in your first year or second year that you didn't really grasp what it meant in practice; what actually causes? And then the penny dropped… (Mark, Medical ward)*

How Mark reflected on all that he had learned and experienced so far on the programme and how it seemed to make sense to him as he progressed through his last placement are examples of Carper's empirical and personal knowing. This can be identified in his descriptions of learning theory earlier in the programme and how he understood causes (empirical knowing) in his third year. Personal knowing is evident in Mark's reflection on how he has personally journeyed and what it all meant to him.

Jane's description of how she multi-tasked and learned the complexities of managing a clinic in the Out Patients Department was initially challenging for her. She successfully achieved a balance between organising the clinic, clinical skills and people skills and felt a sense of pride which encouraged and inspired her. This demonstrated how Jane could draw on a number of transferrable skills and she placed the patients at the centre of her care.

> *You have to be really tight on time for that clinic and I was running it all by myself. So I was sending one patient out and getting another one in to the do their initial interview, the medical history and then having to keep an eye on the time … so the person that I'd just sent out didn't think I'd forgotten them and I didn't let their allergens over cook on their arm. I managed to run it like that and I didn't go over time. I was really proud of myself. (Jane Outpatients Department)*

Here, Jane used aesthetic and empirical knowing as she considered how patients might feel as they waited in a busy out patients' clinic and ensured that the procedure of allergy testing was followed correctly.

As they approached the end of their placement, participants recounted how for them, the picture of nursing became complete. Their descriptions and their emerging understanding of nursing echo Carper's (1978) patterns of knowing. For Karen, a realisation that she had gained a fuller understanding of nursing was demonstrated through her empirical, aesthetic and personal knowing as she helped a patient prepare for surgery.

> *It just sort of comes together and you're promoting health and you're trying to explain to a patient what they should expect after their operation and you just bring it all together. (Karen Surgical ward)*

This section has offered details of how students begin to see the whole picture as they made sense of the complexities of nursing and what nursing means to them. Similarities with Carper's (1978) ways of knowing

were highlighted, drawn upon and discussed. Arguably the act of informally reflecting on their experiences as each participant recounted their descriptions of their final practice placement as I interviewed them also impacted on their knowing nursing. Some alluded to how being involved in the research process developed their personal knowing as they remarked on how the interview experience helped them to realise how much they knew and how much they had learned in theory and in practice on their nursing programme.

> *…it's not until you think about situations like um… like the ill woman that I talked about earlier that you realise you do actually know more than you think. (Sarah, Community)*

> *I needed the confidence; I needed to kind of grow. If I hadn't the right support I don't think I would be where I am now. Um… yeah I think…. I haven't really thought about it like that until now… hard times, but that's nursing, isn't it? It is a challenge. (Val, Trauma ward)*

8.4 Summary of chapter

From the literature it is apparent that an agreed definition of nursing that accurately reflects what nurses do and what patients want of them is difficult to capture. The core elements of nursing in the twenty-first century are easier to identify (Scott et al. 2014) and findings illustrate participants' understanding of this and their desire to practise ethically, safely and professionally.

Student nurses' lived experiences of making sense of the complexities of nursing during their final practice placement supports earlier work in the following ways:

- Participants showed that during their final practice placement they engaged in activities that enabled them to practise nursing demonstrating a humanistic concern for their patients and other service users. They demonstrated their ability to foster meaningful interpersonal relationships with service users and they were

136

capable of standing up for patients and acting as their advocate so as to ensure individual needs were met.

- Aware that competence in clinical skills is a prerequisite of safe nursing practice, participants described how during their final practice placement they were able to identify, seek out and hone clinical skills that they believed they would need once qualified.

- The use of informal reflection appeared to help students to make sense of their nursing practice as it prompted them to check and make links to theory.

- The reciprocal benefits of teaching and helping others to learn in practice were reported by participants to help them to make practice to theory links, expand their nursing knowledge and make sense of the complexities of nursing.

New knowledge:

- Once they had settled in their final practice placement, the longer period of time enabled participants to witness and experience the complexities of nursing in a more meaningful way. They described how they drew together aspects of their preparation programme and in so doing participants appeared to recontexualise their knowing and sense of being a nurse.

- During their last opportunity to practise as a student before they qualified, participants appeared to expand what they knew of nursing and began to see it as a whole rather than a sum of diverse elements.

Chapter 9 **Becoming a nurse**

All participants expressed their feelings on their impending transition to employment as a registered nurse. Their descriptions of their experiences of their final placement illuminated how they began to make subtle changes in their practice and began to prepare for becoming a legally accountable nurse. Their student status engendered feelings of security and they perceived their placement to be the last chance to practise within the safety of this role. They noted how their mentors began to treat them differently and they expressed a sense of becoming visible which encouraged them to participate more.

9.1 Beginning the transition

Participants spoke of their impending transition to registered nurse with a sense of excitement and trepidation. Reaching the end of their three year programme afforded them a feeling of achievement and they acknowledged that it had been a challenge. Some participants expressed a feeling that their final practice placement had been testing but they got through it which added to their sense of achievement. This contributed to their excitement about starting employment and becoming a registered nurse. Mark described how he found his final practice placement to be the most challenging placement that he had experienced during his programme. It began to dawn on him how much he still had to learn and he looked forward to the prospect of this as a registered nurse with a sense of urgency and excitement.

> *I would say my consolidation [final] placement has been…the most challenging placement I have done and undoubtedly it showed me how much I have got to learn. I cannot wait now and just finish and register and start working. (Mark, Medical ward)*

Listening to each interview and reading individual transcriptions all the way through as advised by Giorgi (2009) gave me a sense of understanding the whole. This was helpful as I learned that participants had good days

and bad and the sum of the whole experience added to the picture which offered me a greater understanding of how finalist students experience their longer final practice placement. The transition to registered nurse is not a linear process (Duchscher 2008) and this was also felt by participants with some encountering difficulties at the start of their placements which they had overcome by the end. Anna (Trauma ward) for example struggled at the start with fitting in to the team *"… it was all about getting to know the people. It took a while...they were really strong characters."* But later on she felt much more confident "…*these last few weeks, I was really upset that I was leaving because I started to really fit in."*

9.2   Experiencing the security of student status for the last time

Participants felt that their final practice placement was the last time they would have the opportunity to practise as a student nurse in a supernumerary capacity and this was critical to them. They described how they relied on the support from their mentors on some occasions whilst at other times they made decisions about patient care independently safe in the knowledge that their mentors were not far away and were ultimately professionally accountable. This perceived last period of safety and security was imperative to the participants because it enabled them to begin to let go of their student status and marked the beginning of their transition. They described how the longer final practice placement gave them what they believed to be valuable opportunities to practise being a qualified nurse within the safety of student status.

Participants described how they enjoyed the security of having their mentors accessible, albeit the extent of this varied slightly for each student. Ultimately access to mentors or other qualified nurses was vital to students so that they could seek support and question if they felt they needed to. For the five participants whose mentors were geographically further away (i.e. those working in community placements or in clinics)

they would telephone to seek reassurance. Sarah described how she did this on her first shift as a lone worker when she visited a patient in a care home and wanted to be sure that the answers she gave were correct.

> *On my first day out on my own, I went to a care home and they were asking me a question about a patient and I wasn't sure. So I just telephoned my mentor and asked her to be sure. (Sarah, Community)*

Anderson and Kiger (2008) also noted that students working in the community needed to be able to seek help from their mentors and often used the telephone to do this. Their study however, focused on students undertaking unsupervised visits whilst on community placements and it was unclear if any of these were final or penultimate placements. Needing reassurance and easily accessible support from mentors is not specific to students in their final placement but what is new is the notion that they take advantage of it because this is their last chance to do so as a student.

Sometimes participants felt a sense of relief that they were still students because this meant that they could defer to their mentors when they struggled with things. An example of this was given by Sally who described how she hid behind her status of student nurse when she became involved in a situation that she felt ill-equipped to resolve. She described an incident when a patient and his relatives were arguing over payment of his care when he went home. Sally was unsure of the system and was relieved when the staff nurse took over and clarified the rules for the family.

> *I had one patient who wanted care four times a day. He didn't qualify because he had lots of money and the family were arguing. I felt really guilty that we couldn't give it. And I was trying to find ways around it and I told them "I'm a student, I'm not too sure on this." But then the staff nurse came over, she had obviously heard everything and she said "This is the score; you don't qualify and unfortunately you've got to pay for it yourself" (Sally, Surgical ward)*

Some participants felt that because they fitted into the team this meant that they could get the most out of their final placement and they really

appreciated the chance to practise for the last time as a student. In a way they felt that this made their impending step to registration more fearful because they felt a sense that the continued support that they had as a student would no longer be there. Adele expressed her appreciation of the support she was given in her community placement.

> *I had such a brilliant relationship with them [the team] that I was able to like get the absolute most out of my consolidation placement. This is your last chance saloon as a student to do all the things under the supervision of qualified nurses. Adele, Community)*

Later on in the interview Adele talked a little more about how she felt the security of being a student reassuring and that soon she faced being without this and she was going to be on her own which made her nervous. Contemplating future practice as a registered nurse by students in their final placement was cited by Cooper at al. (2005) who recognised that this prospect excites a variety of emotions including anxiety and eager anticipation. They did not, however, identify that for finalist students the last opportunity to practise as such was crucial.

> *I'm nervous … I think it's [final placement] quite a calming period but you know you're in a transition… It's registration next … it's at the end now and the reality is you're going to be responsible. (Adele, Community)*

At no time did any of the participants make reference to future education and support that would extend this period of student status once qualified. In 2010 preceptorship was formally introduced in the UK (Department of Health 2010) as a way of providing dedicated support and protected time for newly qualified health professionals including nurses. One of the primary aims of a preceptorship programme is to facilitate a smooth transition from student to registered nurse yet despite this facility which will be available to all of the participants, they did not comment on preceptorship. Instead the impending end to the security that participants believed student status offered was keenly felt. They felt conscious that their final practice placement provided them with the last opportunity to

practise under supervision as a student and they wanted to visit as much as they could within what they viewed as the final chapter of supernumerary status. Mark felt that it was important to gain as much experience as possible because he was aware this was his last opportunity.

> *At the end of the day, it's your last chance as a student to go out and experience other things and to make the most of it. There's so much that you can see on that placement and do and experience and it's looking for that experience because you're not going to get that chance again. (Mark, Medical ward)*

Some tried to envisage what it was going to be like when they qualified. They used the experience to practise as much as they could within their particular placements and there was a sense that this opportunity was very valuable to them. Val was aware that her final placement was her last thirteen weeks of the programme and she reflected with a sense of urgency, on how during this time she had tried to imagine what a typical day working as a registered nurse would be like and how she would organise herself.

> *I knew that I'd got this time, the 13 weeks and…I had to start thinking, how am I going to be when I qualify, when I'm on my own? … so using my initiative more… and starting to think how am I going to manage the day? (Val, Trauma ward)*

The notion of questioning themselves was reported by Anderson and Kiger (2008) in their study on students' experiences of lone working in community settings during the final year of their programme at a university in the north of the UK. They recognised the value of working independently without direct supervision and suggested that having to work things out for themselves helps prepare students for the reality of practice as a registered nurse.

> *I really enjoyed my last time as a student and I didn't really want it to end I'll be honest with you…I'm nervous about*

what's round the corner…being a staff nurse….(Jane Out Patients Department)

9.3 Becoming visible and being allowed to work independently

Participants identified that after a while they noticed that the staff on their final practice placements began to treat them differently in comparison to earlier placements in the first and second years of their programme. Expectations were higher and students were left to work on their own much more. According to Shakespeare and Webb (2008) who investigated how mentors in the south of the UK make judgements about students' clinical competence, mentors expect more of students working in their final practice placement and they use "ordinary work episodes" (2008, p. 274) to assess professionalism and communication skills. They suggested that mentors are thought to be highly aware of the finalist student's impending transition to registered nurse and their expectations of students are measured against this.

Mary noticed how at the beginning of her placement she was referred to as "the student" but a week later the staff at a care home she visited referred to her as "Nurse Mary" and the title of student was dropped. Mary saw this as a sign of acceptance and that she was becoming visible as a person and a nurse rather than 'just' a student.

> *When I first went to consolidation I was introduced as student nurse Mary. About a week later they dropped the student tag and I was just Nurse Mary and that was nice. I think it was a bit after that I forgot I was a student and even the care assistants when I visited the nursing home they never said "That's the student" it was just "Nurse Mary". (Mary, Community)*

Shakespeare and Webb (2008) suggest that use of communication that publicly impersonalises someone (such as using the term "the student") is tantamount to demoting them to novice status. This implies that Mary's impression that being referred to as "Nurse Mary" meant that she was right

in believing that this meant that she had been promoted to the ranks of acceptance by the team.

Adele described how she felt that the team viewed her as a student about to qualify and that they therefore took a step back and no longer wanted to check on her; they expected her to act as a role model to other students. How mentors support finalist students is known to be crucial in helping them as they begin to prepare for transition (Kaihlanen et al. 2013) as it affects their self-belief and enthusiasm. In Adele's case, she felt that by stepping back her mentor was raising her expectations of her. This made her nervous initially but she came to understand this as a sign that she was trusted and expected to perform at the same level as a qualified nurse. She felt that she was becoming visible in her own right and that the team saw her as a qualified nurse.

> *They have this expectation of you, they don't want to be babysitting you as much, they want you to be acting…. and as well you have other students so they want you to be setting an example for those students. So in the first instance, I was extremely nervous, the realisation that this is it and you're expected to really perform as a qualified nurse. (Adele, Community)*

Mark was aware that ultimately the team were observing him and would intervene if necessary, but he too had an overriding sense of being left to work things out for himself and that he was being encouraged to do this. He felt as though his views and judgements were respected and this was different from earlier experiences in practice.

> *My opinions and decisions were listened to… if something happened…. If it was wrong…. Obviously they would step in. But they were much keener for us to do it and not take over themselves. (Mark, Medical ward)*

Karen appreciated being allowed to decide what she wanted to learn from her final practice placement. There was an expectation that as a finalist student it was now her responsibility to take charge of her own learning and she found this approach encouraging.

> *They left me to set my learning outcomes at the start and made me feel like I could just get on and learn what I wanted to before I qualified … managing patients, cases… (Karen, Surgical ward)*

There was a perception amongst participants that they were trusted to manage clinical situations. Students described how they were expected to manage their workload on their own and because they felt that their mentors believed in them and considered them to be competent they became empowered to problem solve independently. Val for example, described how she was left alone and trusted to care for a patient who was critically ill. When his condition deteriorated she chose to continue managing the situation rather than seeking help from her mentor because she felt confident in her ability to do so and because she felt that her mentor expected her to.

> *I had an experience with someone who was really poorly… and it was kind of touch and go whether he was going to make it. And my mentor didn't tell me… I had to do it…. my mentor was busy doing other things and she left me to manage it. So, I took it upon myself to ring his wife and speak to her... (Val, Trauma ward)*

It seemed that as their final practice placement progressed more was expected of the participants and consequently they worked more independently as their mentors trusted them and guided from a distance. As a result, students were increasingly able use their initiative and actively participated in what was happening in their placements and with their patients. This echoes findings by Thrysoe et al. (2010) who suggested that finalist students travel along a continuum of being increasingly participatory in their placements as they approach the end of their studies and begin to make the transition to registered nurse. Central to the changing role of the mentor as they step back and enable the student to become more visible is the student mentor relationship. Kaihlanen et al (2013) suggest that as the person primarily responsible and accountable for what happens when supporting a student in practice, mentors must feel comfortable with letting go and allowing the finalist student to be

responsible. This supports the work of Spouse (2003) who also wrote extensively about the concept of students letting go and learning to be autonomous practitioners. It would seem that this was the case for participants in my study all of who experienced an increasing sense of becoming visible and being allowed to work on their own.

9.4   Rehearsing and preparing to be a registered nurse

Participants described how they began to think about their impending transition to registered nurse as the end of their final placement approached. They intentionally sought out opportunities to practise engaging in activities that they thought were typical of the role of the staff nurse. It is known that students want to practise and prepare for being a registered nurse (Starr and Conley 2006) as they approach the end of their undergraduate programmes and participants described instances when they did this. Aware that this was their last placement and registration was the next step, they described how they envisaged practising as a registered nurse. Anna for example felt as though she needed to practise pushing herself to be her patients' advocate because she believed that she would need to speak out for her patients as part of her role as a registered nurse.

> *There did come the time when I thought you know I'm here for my patients and when I start being a nurse, we are there for the patients as well. I need to start using my voice. I was shy and scared but then I just thought this is going to be me and I'll be responsible and accountable. I might as well start practising it now. So I did practise a lot. Putting the patients' views across and saying what they wanted and what they needed. (Anna, Trauma ward)*

Mark described how he practised making decisions about which patient to move to another ward because another, sicker patient needed their bed. He found this difficult to do and there was a sense that having repeated opportunities to practise doing this helped to prepare him for the challenges of difficult decision making that lay ahead.

I have lost count of how many times I've had to get patients out before ten and tell them they were moving to another ward because we needed the bed for somebody who was coming in on BiPAP [bilateral positive airways pressure]…it was hard to make those decisions and say okay "which patient are we going to wake up and say we're moving you. Can we help pack up your stuff and send you somewhere else?" (Mark, Medical ward)

Whilst he appreciated the opportunity to practise decision making and this made him more confident about his impending role transition, he still found it hard especially saying "no" to other more senior healthcare practitioners. This gave him some insight into the challenges that faced him as a registered nurse with regard to being assertive and acting as a patient advocate. He struggled with this notion however and arguably his final practice placement experience afforded him some insight into a personal challenge that lay ahead of him.

I don't think it got easier but…I've got more confident in making those decisions and less doubting of myself. But one thing I still find hard is…. saying "no" to people higher up… (Mark, Medical ward)

Val learned the value of experiencing a chaotic shift on the ward. It afforded her the opportunity to practise action planning and how to respond flexibly to changing situations and helped her to imagine the reality of working as a qualified nurse.

We had one day … the night staff had had a really busy night. Loads of things hadn't been done that should've been done. We came onto the ward and it was a bit of a mess and we were short staffed. We had two bank staff that hadn't been on the ward before … there was a new nurse who was doing her shadowing so that was her first day. It was really hectic. I think we had four people going to theatre and two people that had just come back from theatre and one of them was really poorly. So I was trying to… it was knowing what…where do you start? ….We got

> *there in the end… it showed me how it can be… I know*
> *how it feels …(Val, Trauma ward)*

Facing the reality and the challenges of working in a busy hospital ward is thought to help students prepare for their future role as registered nurse (Chung et al. 2008). Not only is there an opportunity to hone clinical skills, but there is an opportunity for finalist students to practise transferrable skills such as prioritising and also to face the pressures that disorganisation and chaos can bring. Val demonstrated that during the time she spent on her last placement she noted how she could cope with this and she felt that this experience helped her to understand something of the complexities of the real world of work that faced her as a registered nurse.

Despite embracing the chance to practise the things that participants believed they would be doing as a staff nurse, they still felt anxious about their imminent registration. All participants had plans to work as a registered practitioner and the reality of this engendered a sense of fear. Anna particularly found the prospect of working in a different part of the country added to her challenge.

> *I've got a job in another hospital, a hospital that I don't*
> *know in another city and it scared me that it's going to be*
> *jumping into the deep end. I was feeling scared. (Anna,*
> *Trauma ward)*

To summarise how the ten students in this study rehearsed and prepared to become registered nurses I make the following points. Firstly, participants were acutely aware of their impending role transition and they actively sought out opportunities to practise what they believed to be the sorts of things registered nurses have to do. As the end of the placement drew closer they described how they increasingly began to prepare themselves for transition through practising higher level skills such as decision making and prioritising care and there was a strong sense that feelings of apprehension about the unknown prevailed.

9.4.1 Making decisions and being accountable

Participants frequently encountered a range of complex situations and described how they were involved in decision making. In attempting to travel beyond superficial descriptions and accounts, through the use of free imaginative variation, I learned more about how the students felt about accountability and what it meant to them as their final practice placement continued towards conclusion. References to accountability were made and participants described a sense of appreciation of how their accountability will alter once they qualify. Participants were aware that as a registered nurse they would be professionally accountable for all decisions and also described instances when they considered themselves to be accountable as finalist students. Adele for example, expressed how during her final placement she gained new insight into how she felt more accountable as a finalist student on the point of qualifying. This made her more aware that she would be fully accountable as an independent practitioner very soon.

> *You're more accountable and that tallies in with this expectation that you are treated as a qualified nurse and you're about to enter it [the profession]. The transition is now apparent that from here, your next step is you're on your own and you going to have to be accountable for the decisions that you make. (Adele, Community)*

Five of the ten participants described how through working on their own away from their mentors (albeit within easy reach by telephone) they found that they were faced with situations which required them to make decisions without consultation or discussion with a registered nurse. They described the decisions as if they believed they were the sorts of things a staff nurse would have to decide. There was a sense of cautiousness as students assessed what was happening and then decided what they would do. Rather than seek assistance they felt confident in their own skills to make the decision and conveyed a sense of increased self- belief and confidence as a result of their experiences. For example Sarah

described how as a lone worker visiting a patient in a care home she had to take responsibility (and was therefore accountable), when she realised that something was wrong and the patient was ill. She made a decision to call for medical help based upon her assessment of the patient and the situation.

> *I was visiting a woman in a care home and I turned up and realised she was really ill……I knew I had to take her blood pressure and assess her because she looked so ill. Then I told the care home to phone the doctors to come out. She ended up going to hospital that evening because she had an infection…. I think that helped my confidence. (Sarah, Community)*

Working independently and autonomously serves to provide realistic opportunities for finalist students to practise making decisions and use their initiative (Anderson and Kiger 2008). Heather, working in a Minor Injuries unit recounted an example of this when she had to work independently in the clinic next door to her mentor assessing patients as they arrived. She made decisions about patients' need for pain relief and contacted her mentor accordingly when this was the case so that prescribed analgesia could be given.

> *They're in pain. Paracetamol and Ibuprofen [as prescribed] is all they give in that unit and they then make the judgment, yes or no. But, I had to look at them, I think "Okay, that person is in pain, I'll take the responsibility to think they do need pain relief." (Heather, Minor Injuries Unit)*

In both Sarah and Heather's case they described how they experienced something of what they envisaged it would be like to be accountable for actions as a registered nurse. It became evident that they believed their encounters were helpful in preparing them for their imminent transition.

Griffith (2015) points out that the aim of accountability for nurses working in community settings is primarily to protect the public by requiring that they are professional, honest and law abiding in the delivery of patient care. Whilst Anderson and Kiger (2008) and Griffith (2015) make valid points with reference to lone working and accountability for nurses working

in community settings, their views could also be applied to the experiences of other participants who were allocated to other healthcare settings. Anna for example referred to and compared being accountable as a student to being accountable as a registered nurse.

> *I was accountable as a student for everything I did. But then accountability still lies more with your mentor. (Anna, Trauma ward)*

She recognised that she was accountable but because she always worked in close proximity to her mentor (or another registered nurse) she felt the ultimate responsibility rested with them. Similarly, Sally described her feelings about being accountable for managing the care of several patients who had recently returned from surgery. Her mentor oversaw and supported her from a different bay and therefore was not continually visible.

> *If I have an issue she knew I'll come and find her. So there's more responsibility there because obviously if a patient's blood pressure drops or anything like that I have to make sure I acted right as well as informing her and the doctor. (Sally, Surgical ward)*

Findings indicate that the opportunity to practise autonomously was found to be beneficial in helping students to engage in practice in a way that felt real to them. They perceived this to be a positive influence on their impending transition because they felt responsible and accountable for their choices about what they did. All participants regardless of where they worked described how they experienced this. Although greater opportunity to work alone was afforded to participants working in community placements and clinics, all students felt that they were accountable for their actions and decisions.

9.5 Feeling ready to qualify and looking ahead

A sense of heady excitement about the prospect of becoming a registered nurse existed amongst all participants once they had finished their final placement and successfully completed all elements of their undergraduate

pre-registration nursing programme (awaiting ratification by the university examination board). Both Karen and Mary openly stated that they felt ready and were eager to embark upon their next step as a registered nurse.

> *I'm definitely ready. I feel ready and I think I've learnt so much whilst I was there. (Karen Surgical ward)*

> *It's the end. It's like a close to this chapter. I can't wait to start on the next one, next month. I want to able to answer the phone and say "Hello, staff nurse speaking. How can I help you?" (Mary, Community)*

There was a sense of acceptance amongst participants that by the end of their final placement they had gained enough knowledge and skills about nursing to be able to function as registered nurses. They felt that their final placement had extended and consolidated this knowledge. They felt ready to move on to the next stage and they recognised that they would need to continue to build on what they knew as newly qualified nurses. For example Val felt comfortable with where she was by the end of her final placement. She thought that the experience had taught her that she had enough nursing knowledge and she recognised that to try to comprehend everything was an unrealistic expectation. She believed that she would build on what she knew once she qualified.

> *I think it's [her final placement experience] shown me that you're never going to know everything. It's shown me that actually you don't need to know everything, as long as you know the basics then you build on top of that… and as long as you practise safely and you stick to the fundamentals of nursing … then you can learn all the other stuff after. (Val, Trauma ward)*

Having completed her final placement Karen also believed that she knew enough about her chosen speciality of surgical nursing to be able to function as a qualified nurse. Throughout her interview she recounted and described how she coped with the adversity of being spoken down to and ignored by other members of the healthcare team *"You're only a student"* and how she learned to cope by being assertive. She described how part

152

way through her placement she questioned that she would ever know enough "*I feel like I am about to qualify and I need to know everything. I think it is hard.*" Towards the end she felt it all began to make sense and she became more confident with her understanding of the role of the registered nurse working on a surgical ward. She could see how far she had come and she felt ready to become a registered nurse safe in the knowledge that she would continue to learn as a newly qualified staff nurse.

> *Before I started my consolidation [final placement] I think I pretty much understood it [surgical nursing]. It just perhaps took me a bit longer to associate it all. Like were they hypotensive? Passing urine?... and things like that. I wouldn't have in the first year linked the two together. Here, you know I've just learnt so much. I understand the complications and different things. I understand the role of the nurse in surgery now. When I come back and I'm newly qualified I know I'll find that I just pick so much up quickly within the first six months or year. (Karen, Surgical ward)*

Feeling under confident about how much finalist students know is already recognised by Deasy et al. (2011) who surveyed pre-registration students (n=116) during their fourth year rostered internship in southern Ireland. This study captured the views of students from different fields of practice (adult, mental health and intellectual disability) yet the numbers and percentages of how participants from each field perceived role transition were missing from their publications therefore making generalisability difficult. Never the less few finalist students (n=35%) in Deasy et al.'s (2011) study stated they felt confident in their knowledge with this figure rising six months post registration (n=57%). Interestingly results reported that both pre and post registration nurses feel competent in their roles and despite having an extra year to develop and practise, the same dichotomy of feeling ready yet under confident featured in Deasy et al.'s (2011) as my study. As participants approached the end of their final placement some of them faltered at the prospect of becoming a registered nurse. They felt apprehensive and scared at the thought of making the step from

153

unqualified student to legally and professionally accountable registered nurse. At different stages of his interview Mark described how he felt excited and keen to become a registered nurse.

> *I cannot wait now and just finish and register and start working. (Mark, Medical ward)*

Yet later Mark professed his hesitation about his final placement ending and his fears about becoming a staff nurse. He felt that the reality of being a registered nurse and all that this entailed was daunting.

> *I'm going to be a staff nurse in a couple of weeks… this is going too quickly…looking back it's flown by and I don't want it to end…I do not want the consolidation [final] placement to end because I'm nervous about what is coming up afterwards …it's quite a daunting thought and now, at the end of it it's become more of reality. It's a bit scary. And I don't think…that you realise that until you're on that consolidation placement….(Mark, Medical ward)*

Bridging the gap between theory and practice for undergraduate nursing students is well recognised and learning to learn in practice is a vital component of this. Participants showed how they began to do this (presented in Chapter 7) as they proactively sought out their own learning opportunities and it became clear that they intended to continue to use this strategy as registered nurses. Benner et al. (2010) asserts that nurse educators fail to adequately address the inconsistencies between theory and practice and they advocate maximising the use of strategies to develop knowledge learned through the experience of working in clinical practice. It would seem that the final practice placement experience enabled participants to increase their knowledge in this way evidenced through their intentions to continue to do this as registered nurses.

9.6 Summary of chapter

The body of knowledge around role transition from student to registered nurse centres largely on the newly qualified nurse and the first year of registered practice. Findings from this study add to what is already known about role transition from the perspective of ten students who described

their lived experiences a longer final practice placement and were about to qualify.

Contributions to what is already known:

- Participants felt apprehensive about their impending entry to the workforce as registered nurses. To prepare themselves they actively sought out opportunities to practise doing the sorts of things they believed to be typically within the remit of the registered nurse.
- The participants described how when they were encouraged to practise autonomously they experienced an increase in confidence.
- Participants described how working independently meant that they were faced with clinical situations where they had to make decisions for which they would be accountable. They perceived these decisions would be similar to those required of them as a registered nurse and they felt they had benefited from the chance to rehearse what they thought it would be like in the real world of work. This supports earlier findings from research by Baillie (1999) who suggested students should have increased opportunity to learn and practise management topics including decision making and accountability in their final practice placement.
- A dichotomy existed between participants feeling that they knew enough and were ready to take on the role of registered nurse and a feeling of questioning their ability. This echoes a longitudinal study by Deasy et al. (2011) which identified that both pre and post registration nurses believed they were competent and prepared for registration but they also lacked confidence in what they knew.

Less well known and therefore offering new insights:

- An important new finding from this study is the notion that the final practice placement offered participants what they considered to be their last opportunity to practise within the security of student status.

Safe in the knowledge that their mentor would step in if needed, participants engaged in more complex clinical situations and tried to work things out for themselves. This added security gave students the confidence to work independently which they found invaluable. Aware that as the end of their thirteen week allocation approached the security of student status would cease, students proactively sought out opportunities to rehearse embracing the challenges ahead and used the time left to begin to actively prepare themselves for their future role as a registered nurse. There is very little in the literature that specifically suggests that student nurses see their final placement as the last chance to practise in the security of student status and as such this offers something new to the body of knowledge around role transition.

- During their final practice placements participants felt as though they were treated differently from earlier placements. They expressed a sense of being expected to function as a registered nurse and described how they were trusted to manage their workload and expected to problem solve and deal with issues as they arose rather than seeking help from their mentors.

- Participants described how they felt that as their placements progressed they became more visible as independent practitioners in their own right and this encouraged them to actively participate further.

Chapter 10 The essence of student nurses' lived experiences of a longer final practice placement

Concurring with Aristotle's view that the whole is greater than the sum of its parts, my findings are presented lastly as a general structure or essence of the phenomenon. According to Giorgi (2009) revealing the essence is the end goal of descriptive phenomenology and his modified Husserlian approach reflects a scientific or empirical method for achieving this. The essence has also been expressed more evocatively as poetry in an attempt to reach out to the reader of this research and communicate the findings in a different way. The essence and what this means in relation to the literature and in relation to nursing education and practice is further discussed in Chapter 12.

Aligning myself to the principles of descriptive phenomenological research I considered my findings from three different perspectives. I was concerned with ensuring that the participants' voices were heard, and throughout I have remained faithful to their accounts and avoided interpreting as far as I could. I was also mindful that this research must ensure that the phenomenon is fully understood and as such I explored each participant's experience of their longer final practice placement until no more was to be said. Lastly I was concerned about the audiences who will read my research which required me to consider how to convey my understanding of the phenomenon in such a way that it is useful to those who read it. I did this by expressing my findings as a "digested understanding that cares for different readers and different purposes" as suggested by Todres and Holloway (2004, p. 83). They assert that respect must be given to both the scientific and communicative elements of the research process (see Chapter 4 for details) and in order to attend to this I have chosen to present my findings in two discrete ways.

Firstly, an essence will be presented. Descriptive phenomenology aims to produce an exhaustive description of the phenomenon and to present an

essential structure or essence of "how things appear" (Giorgi 2009, p. 200). From an epistemological perspective, the essence aligns itself with the scientific element of phenomenological research and as such serves to capture the meaning of a lived experience in a truthful, precise and rigorous way. I have decided to firstly articulate the essence of the phenomenon of my findings following Giorgi's (2009) modified Husserlian approach. It is hard however, to capture the true meaning from the participants' descriptions of their lived experiences of their final practice placement in words on one page but Giorgi (2009) acknowledges that the essence can be brief and suggests that the discussion chapters serve to explore the detail of the findings.

Secondly, I attended to the communicative concern (Todres and Holloway 2004) which considers how my findings are communicated to any reader of my research. I believe there is a need to convey deeper textural dimensions of the participants' lived experiences which I contend are lost if a purely traditional way of presenting only the essence is followed. This is supported by Todres and Galvin (2008) who caution that there is a danger of using language which can over-sterilise and diminish the meaning of findings through the use of traditional phenomenology and they advocate more aesthetic and evocative ways which they call "embodied interpretation" (Todres and Galvin 2008, p. 569). I have therefore decided that my articulation of the essence will be coupled with a poem which invites the reader to understand and feel something more of the richness and texture that students experience as they live their longer, final practice placement immediately before they become a registered nurse.

10.1 The essence of experiencing a longer, final placement experience for student nurses.

Through the use of descriptive phenomenology I have been privileged to better understand how student nurses describe the experience of their

longer, final practice placement. I present the essence of this phenomenon.

> *The final practice placement offers a mix of security and opportunity for student nurses to practise for the last time before they become a registered nurse. This stage of the journey from student to registered nurse brings both challenges and excitement. The first challenge is to be accepted by the team and feel a sense of belonging. Acceptance is arbitrary; it happens neither immediately nor automatically and individual students must navigate their way around different personalities to feel accepted. For some, this is more of a personal challenge than for others but all want to belong. The effect of belongingness engenders increasing confidence and enables students to take charge of their learning.*

> *They watch and reflect; they make the most of all that the learning environment and their colleagues offer; they are pleased to be seen as a finalist student; they begin to believe in themselves and become empowered, autonomous practitioners rather than asking others to direct them. There is a sense of benefit from experiencing a longer, final placement. During this extended time students dwell upon their practice experiences linking them to their academic studies and this enables them to see the whole picture and begin to make sense of the complexities of what nursing is about. This new knowledge fuels their self-belief and through offering a sense of being a real nurse, begins to evoke feelings of readiness to qualify.*

> *As the final placement advances, the prospective neophyte nurse begins to take on greater responsibility and seeks out the chance to practise being a registered nurse, making the most of the opportunity to enjoy student status for the final time. It is*

during this final stage of the programme that the imperative of
impending registration dawns. The juxtaposition of losing the
safety of student status and the fear of becoming an
accountable, registered nurse excites. A sense of urgency
prevails as students begin to take responsibility for their
learning and focus on the things they believe they will be doing
as a registered nurse. They begin to relinquish their student
status; they start to think about the reality of being a registered
nurse; they commence practising and planning for the
nervously anticipated status of qualified nurse.

10.2 The phenomenon of how student nurses experience their final practice placement expressed as poetry

How phenomena are described is a subject of debate and Gendlin (2004) suggests that more than just words are needed to truly capture the essence of a phenomenon. A long established philosopher, Eugene Gendlin focused his work on the felt-sense which he articulated as being the understanding of how human beings interact with their environment. He suggested that their bodily knowing or embodiment plays an integral part in living. He believed that the notion of an "essence" in phenomenological terms is not finite but rather ongoing and that more than just words are required to understand a phenomenon. This is a view supported by Todres (2007) who challenges researchers to find "words that work" (Todres 2007, p. 42), tell the truth, make sense and successfully bring texture to how lifeworld experiences are described and understood by the reader of the research. In order to understand, Todres (2007) argues that we need to create a balance between the said and the unsaid and to link embodiment to experience. By this he means that as humans we have been collectively and independently, consciously and subconsciously trying to make sense of and clarify the life-world throughout time.

As I listened repeatedly and read and re-read the transcribed interviews I could not ignore the diverse and at times profoundly moving narratives that I was privileged to witness as researcher. I therefore decided, as suggested by Todres and Holloway (2004) and Todres and Galvin (2008), to find a more creative way of presenting my findings which would help communication with prospective readers of my work. I wrote a poem which aims to reveal the phenomenon of student nurses' lived experience of a longer final practice placement more evocatively. Todres and Galvin (2008) assert that the use of poetry can serve to capture a depth of understanding that the essence alone cannot. Carefully chosen words have an aesthetic quality because they invite the reader to feel for themselves and it is this inner, deeper feeling which is central to the process of understanding something of the lived experience of the final practice placement for the participants in this study. Todres and Galvin (2008) suggest that poetry used in phenomenological research invites the reader to locate with the findings in a different way through stirring feelings of aliveness and profound depth of meaning. It enables the reader or listener to connect with the meaning of the lived experience in a way that is more than just words and bring to the fore the tacit knowledge of a phenomenon.

I offer now my findings expressed as poetry.

Students seeking to belong,
Meeting different people.
Will they like me?
Will they help me?
Will they let me practise?
Will they have me back?
I can do this; I can work this out; they are there to help me.
I am safe,
I am a student still.
Plenty of time to practise,

Delegating, making decisions, taking responsibility,

It all begins to make sense.

Confident,

Competent,

I feel ready,

Yes, it's time.

There is no going back…

Can I really do this?

10.3 Summary of chapter

This chapter has presented a summation of the findings from this study. In line with Todres and Holloway's (2004) empirical-phenomenological research methodology, both the scientific and communicative concerns have been attended to. The lived experiences of ten student nurses have been expressed as an essence which Giorgi (2009) states is the end goal of phenomenological research. By articulating the essence as poetry a more evocative and creative way of communicating the findings from this work to potential readers has also been offered.

Chapter 11 **Discussion**

The poem and essence presented in the last chapter represent ground breaking findings that embody and epitomise the lived experiences of the ten participants in this study. How finalist students experience their last practice placement has never before been explored in this way and the findings therefore represent new knowledge. Whilst staying close to their descriptions, a number of wider issues have however emerged and the unique context of a longer than usual final placement warrants discussion in relation to relevant literature. Based upon the four invariant constituents this chapter seeks to explore and analyse in more detail so as to draw out new insights. Chapter 12 will further discuss the phenomenon of the lived experience of a longer final practice placement in its entirety.

11.1 Belonging to a team

To feel a sense of belonging within a team, be it from a professional or social perspective has long been considered to impact favourably on student nurses' experiences and learning in practice. Some thirty years ago Melia (1987) explored the socialisation of student nurses working in hospital placements and identified that fitting in was an important determinant of their learning. Similarly and more recently, several national and international studies have continued to explore student experience and found that belonging, fitting in and feeling valued are still believed to be positive factors in supporting students' learning needs (Cope et al. 2000; Levett-Jones et al. 2009; Nash et al. 2009; Bradbury-Jones et al. 2011a; Henderson et al. 2012; Ong 2013; Walker et al. 2014; O'Lúanaigh 2015). Bradbury-Jones et al. (2011a) focused their work on first year students and suggested that to feel valued as a team member empowered junior students to believe in themselves. Using phenomenological research (and therefore focusing on lived experiences) they revealed that during their first year in practice nursing students likened being valued to team membership. This view supports work by Nash et al. (2009) who

specifically set out to hear the views of nursing students about their placement experiences in the last year of their programme. Findings from their mixed methods study concluded that belonging and being accepted by the team where skills can be practised and facilitated greatly enhanced learning; participants valued the opportunity to experience the "real world of nursing practice" (Nash et al. 2009, p. 54).

Accounts of the lived experiences of the participants in this study also highlight their desire to feel that they belonged and felt secure. In varying degrees and at different times all participants described how they eventually felt accepted by the team and undoubtedly this made them feel secure. It would seem however that acceptance by the team was arbitrary. Despite Maslow's (1954) seminal work on belonging which clearly spelt out that striving to be accepted and that to belong to a group is a basic human need, from the descriptions offered by some participants I would argue that the path to belongingness and being accepted is not always easy or beneficial. For example Anna recounted feeling pressurised by healthcare assistants to conform to their group rules and described how she felt ostracised because she would not agree to what she believed to be poor practices. Levett-Jones and Lathlean (2009a) and Levett-Jones et al. (2009) also suggest that to belong (and therefore to avoid exclusion) may require individuals to compromise their practice and obey orders in the quest to seek approval. This constitutes a danger that the need to belong can potentially override a student's desire and ability to be an autonomous, thinking practitioner with the ability to speak out if the need arises.

Alternatively, Anna could have been describing her experiences of the *hidden curriculum* which Allan et al. (2011, p. 848) suggest contributes to how students learn the professional and social behaviours of their discipline. Unrecognised in formal curricula documentation Allan et al. acknowledge that how mentors and other trained staff view supernumerary status impacts on student learning. Incongruence in this

understanding could account for how Anna and other participants were received in their final placement by other members of the healthcare team.

Findings lead me to suggest that to experience the reality of having to work at being accepted and having to develop strategies to survive the workplace is good practice for the soon to be registered nurse. I would argue that it is beneficial for finalist students to practise standing up for themselves (and their patients) and to encounter and circumnavigate resistance. Reports of newly qualified nurses being bullied in the workplace (Rush et al. 2014) suggest that developing resilience and assertiveness as students will prepare the new registrant more effectively for the realities of a demanding world of work in which the safety of patients is critical. I would also argue that the longer the students are placed in practice in the final stages of their programme, the more exposed they are to the reality, challenges and barriers that they will almost certainly meet once working as a professional registered nurse.

At a time when the safety and wellbeing of vulnerable patients has been questioned within both public and private healthcare systems globally (Burns et al. 2013) there is a pervasive need to foster an environment where individuals feel secure enough to be able to speak out and speak up for patients rather than one which invites acquiescence, conformity, obedience and compliance. A balance between fostering belonging and facilitating students' ability to become proactive, enquiring, assertive practitioners needs to be found in order to maximise students' independent learning in the critical final stages of their programme.

Having pointed out the benefits of belonging versus the risk of compliance and conformity, findings demonstrate that participants were prepared to stand up and be counted. They were prepared to steer their way around obstacles to good practice rather than conform in the quest to feel the security of being accepted into the team. This resonates with the notion of "negotiating voice" which Bradbury-Jones et al. (2011b, p. 630) highlighted as a useful strategy for student nurses. They contend that students should

be encouraged to speak out rather than remain silent.This marks a notable change since the notion that student nurses' desire to be accepted as part of the workforce was exploited (Cahill 1996) with students keeping quiet and getting on with the job for fear of provoking an unsatisfactory report. A similar early study (Dunn et al. 2000) noted finalist student teachers as well as nurses using strategies such as diplomacy whilst seeking out practice opportunities because the need to maintain harmonious relationships with permanent staff was important to their belonging and fitting in.

Caution should be given to teams routinely welcoming students despite advice to the contrary in the literature (Levett-Jones et al. 2009; Newton et al. 2009a; Phillips 2014; Hegenbarth et al. 2015; Grobecker 2016). The significance of having to earn acceptance should not be underestimated if the future nursing workforce is to be empowered to be assertive rather than encouraged to conform. There is a balance to be found in fostering belongingness for finalist nursing students and nurturing assertiveness skills so that learning in the clinical environment and potential future recruitment and retention can be maximised.

Within the world of working in healthcare a subculture of antipathy towards student nurses has existed and been the focus of research both nationally and internationally for decades (Fretwell 1982; Ogier and Barnett 1986; Melia 1987; Levett-Jones et al. 2009; Newton et al. 2009b; Jackson et al. 2011). Surviving and navigating ways around different members of the healthcare team is reported to present a challenge to some student nurses. This may be because they are mentored by staff who feel threatened, embarrassed by the student's high standards or simply that their work load has been added to (Newton and Darbyshire 2016). It is worrying that some permanent staff on hospital wards and in community settings are reported to ignore, intimidate and at worse bully students (Jackson et al. 2011; Rush et al. 2014; Newton and Darbyshire 2016). Given that significant numbers of registered nurses in the UK have left the

profession early through personal choice (Department of Health 2010) a fact which is reflected worldwide (Twigg and McCullough 2014) more needs to be done to help prepare finalist students for the world of work post registration.

Regrettably findings from my study mirror some of these negative behaviours by other members of the healthcare team. I would argue however that participants may have been advantaged by the negative experiences they witnessed during their final practice placements and as a direct result, avoid such deleterious behaviours in their future registered practice. This viewpoint is supported by Lockwood et al. (2004) who deemed that negative role modelling can serve to put students off acting in the same or similar ways. Other participants expressed derision at the behaviour of certain team members and responded assertively to ensure their voice was eventually heard which resonates with Bradbury-Jones et al. (2011) views on negotiating voice.

It has been suggested that finalist students have limited awareness of the existence of power struggles in practice before they qualify and it is not until the first six months as a staff nurse that they encounter power related issues (Kelly and Ahern 2008). In their longitudinal study of finalist students and newly qualified nurses in Australia, they cited power games as an area that students only became aware of retrospectively once qualified. In the main, resistance was described by newly qualified nurses as coming from other often much more experienced nurses and was characterised by the term "eating their young" (Kelly and Ahern 2008, p. 913). Working with colleagues with different personalities and different attitudes can present challenges for students and Kelly and Ahern suggest that students should be better prepared for this in readiness for qualifying. According to Allan et al. (2015) newly qualified nurses can face uncertainty and contradiction as they begin to learn to assume authority over healthcare assistants in particular. I therefore contend that practising working with challenging or dismissive members of the team, particularly

healthcare assistants, as described by some participants, actually serves to begin to prepare students for the challenges of registered practice.

It is widely viewed that clinical placements that offer a positive, secure and welcoming learning environment to student nurses are more likely to attract recruits as newly registered nurses (Andrews et al. 2005; Thrysoe et al. 2011; Lamont et al. 2015; Boyd-Turner et al. 2016). The allocation of the final practice placement is important to students as they believe this may increase their chances of employment in the same area once qualified (Major 2010). Comparatively little research has been conducted into this area yet findings from my study indicated that some participants believed there were reciprocal advantages to being allocated to an area that holds appeal as a future workplace as a qualified nurse. Participants described how an early opportunity to become familiar with the environment, the usual routines and to get to know the team advantaged both the student and their mentor. I therefore suggest that there is value in considering student choice in their final placement allocation. This is reinforced by results from a study in Australia by Nash et al. (2009) who proposed that thought is given to students' characteristics and learning styles when decisions about their final placement allocations are made. This came about as a result of a transitional model they trialled which involved extra support for both students and their mentors and was believed to better prepare students for professional practice. Whilst no mention of returning to the same placement was made in their study, Nash et al. (2009) suggested that students who were more proactive in nominating themselves for "*enrichment experiences*" (2009, p. 55) fared better with transition. They suggested that allowing students to be involved in choices about their final placement allocation meant that they were more likely to apply for areas that suited their learning styles and needs. In conjunction with findings from my study this implies that if offered the choice, students are likely to select areas for their final practice placement that suit their personalities, learning styles and preferences for future employment as registered nurses. Findings from both my study and Nash

et al.'s (2009) research indicate that this may positively impact on students' transition to registered practice and resonates with Major (2010) who states that nursing students from all fields of practice want to be involved in choosing where they work in their final placement.

In summary participants all expressed a clear desire to belong and be accepted by the team and this echoes earlier research. They demonstrated assertiveness and resilience in establishing effective working relationships with other members of staff. In the light of the findings from my research and the preceding discussions in relation to earlier works I therefore make the following points.

Firstly, finalist students should be encouraged to embrace the opportunity to practise in the real world and find effective strategies to enable them to fit into a team and navigate their ways around working with healthcare practitioners from all professions. Whilst recognising the need for final placement students to feel a sense of belonging, there is a danger of becoming complacent to practice which is inappropriate and at worst a threat to patient comfort and safety. Students should be encouraged to speak up and speak out rather than remaining silent and obeying orders in the quest for acceptance by the team.

Secondly, there is a need to further explore links between where students are allocated for their last placement and where they have secured future employment as newly registered nurses. Early opportunity to become accustomed to clinical environments and to establish good working relationships with permanent team members promises to aid role transition. Offering students choice about their final placement allocations may be helpful because they are likely to select areas that suit their learning styles and personalities which in the long term will help them to feel part of the team. At a time when the recruitment and retention of registered nurses is under threat help with easing the transition from student to registrant is welcome and should be maximised.

11.2 Taking charge of own learning and becoming a confident, competent practitioner

As identified at the outset of this research project, there has been a great deal of interest in the role of the sign-off mentor who must assess a student's suitability and competence to enter the register at the end of their final practice placement. The Nursing Midwifery Council (2015) Code of Professional Practice clearly states that registered nurses have a responsibility to help students and colleagues to learn.

> *Supporting students' and colleagues' learning to help them develop their professional competence and confidence.*
> *(Nursing and Midwifery Council 2015, p. 9)*

Focusing on the undergraduate student, this research illuminates the experiences of a longer than usual exposure to practice at the end of a programme for ten student nurses and highlights their ability to take charge of their own learning. As their final practice placement progressed it became evident that participants began to work things out for themselves. This independent learning extended to making explicit theory to practice links and resulted in increased self-belief. Confidence enhanced competence and vice versa. This resonates with a conceptual framework offered by Levett-Jones and Lathlean (2009b) which suggests that students require safety and security, belongingness and self-esteem to achieve competence. Henderson et al. (2016) recently cited self-efficacy as a key determinant on graduating nurses' perceptions of their preparedness for transition to registered practice. In their study which focused on palliative care nursing, students did not see themselves as fully prepared for their future practice. It can be deduced therefore that confidence and self-efficacy are areas worthy of consideration by sign-off mentors who are likely to play a pivotal role in supporting and preparing finalist students for their imminent transition. Helping students to believe in themselves and their own capabilities will arguably motivate them to seek out further learning opportunities and take control.

Owning their learning and negotiating their way around supernumerary status in order to experience learning opportunities was also recognised by Allan et al. (2011). They refer to the *hidden curriculum* (p. 848) which is believed to encompass the nuances of professional socialisation and suggest that this can impact either positively or negatively on student learning dependant on the culture of the workplace. They proposed that the meaning of the term supernumerary status (where students are not rostered as part of the paid workforce) is also contentious. Despite noting clarity in curricula documentation that stated that students should act as a helpful participant in caregiving, Allan et al. identified that working in a supernumerary capacity was understood differently by those in clinical practice. It was seen to reduce the opportunity for students to engage in hands on care and this sometimes prevented rather than enabled students' learning.

Students in my study described how a longer placement pattern afforded them more time to be accepted which ultimately made them feel safe as suggested by Levett-Jones and Lathlean (2009b). This engendered a sense of security which enabled participants to become proactive learners and as the weeks passed their mentors stood back and encouraged students to work independently. Instead of finding their supernumerary status a challenge as suggested by Allan et al. (2011), descriptions from participants indicated that they used it as a safety net and that they enjoyed the security it gave. This also echoes more recent findings by O'Lúanaigh (2015) who claims that finalist students actively participate in their learning when in clinical practice placements and that becoming a proactive learner fuels confidence.

Participants described how they benefited from a longer than usual (for them) placement. Earlier in their programme participants had experienced much shorter placements usually five weeks in length, but due to the publication of the revised standards for pre-registration nursing education (Nursing and Midwifery Council 2010) they became the first cohort in their

faculty to undergo a longer thirteen week final placement. The benefits of a longer placement are also supported by earlier research into the duration of placement allocations for student nurses in the UK. The little research that has been conducted concluded that shorter placements are disadvantageous to students primarily because of the reduced time available to settle and become part of the team (Cope et al. 2000; Levett-Jones et al. 2008; Warne et al. 2010). The custom and practice of frequent changes of placements has also been criticised because of the reduced opportunity to foster a sense of belonging (Levett-Jones et al. 2008; Jackson et al. 2011) which has negatively impacted on student learning (Spouse 2003).

Good collaborative team working impacts positively on the culture of the healthcare environment and on student learning (Henderson et al. 2012). Participants described instances of both good and poor team working which ultimately affected their learning. This was particularly true of working with healthcare assistants who for some presented a particular challenge which has already been reported in the literature to present difficulties. Potter et al. (2010) explored working relationships between registered nurses and the American equivalent of British healthcare assistants and found that individual personalities made a difference and those who were unwilling to accept a delegated task were well known amongst the team. Registered nurses were reported to be reluctant to confront and often preferred to complete the task themselves. Without doubt, forming relationships with permanent staff, fitting in and feeling safe are all factors which promote an environment which is conducive to learning for student nurses. This has become evident through international research (Levett-Jones and Lathlean 2009b; Gibbons et al. 2011; Henderson et al. 2012; Ooi Loo and Barnett 2012; Felstead and Springett 2016) and supports findings in my study.

How students respond to adverse relationships which can ultimately give rise to increased stress is an important factor in coping which can impact

on wellbeing and subsequent learning. Avoidance tactics for example are thought to be unhelpful in tackling the problem (Gibbons et al. 2011). From Potter' et al.'s (2010) American study, reluctance to confront healthcare assistants who are unwilling to work will have a negative impact on staff wellbeing and more importantly patient care. Developing effective delegation and prioritisation skills as a newly registered nurse is therefore vital because although accountability of patient care ultimately lies with the registrant, the delivery of it nowadays predominantly rests with healthcare assistants. Resilience in persisting in practising delegating to healthcare assistants as demonstrated by Anna and Val in my study, exemplify positive coping strategies but the support both students received from their mentors and other staff should not be underestimated.

Other students also described instances when they encountered working with team members which have resulted in power struggles. In particular, participants described how they found some healthcare assistants to be reluctant to help them learn and practise leadership and management skills. The healthcare assistant role has expanded to the extent that they have taken on some of the duties that were formerly the remit of registered nurses (Hasson and McKenna 2011). There are also similarities between the roles of healthcare assistants and student nurses. When the latter approaches the end of a degree programme and is on the point of surpassing the healthcare assistant in ability, qualification, rank and career prospects, rivalry and competition may surface and this could account for the difficulties some finalists students faced. Tension and role conflict is unsurprising given the blurring of roles and the risk to patient care as a result, is significant (Hasson and McKenna 2011). It was reassuring to observe the participants in my study embracing these difficult situations as opportunities to practise resolving conflict and experience some of the challenges they are likely to face when qualified. In particular practising delegation skills presented challenges for some students when opportunities to develop and learn how to do this safely were boycotted by healthcare assistants. This creates a problem because greater reliance on

healthcare assistants to deliver patient care will require the new registrant to be competent at delegation. This resonates with a study by Johnson et al. (2015) which concluded that the requirement for newly qualified nurses to engage in administrative tasks impinges on time that could otherwise be spent in direct patient contact. This therefore increases reliance on healthcare assistants which requires the new registrant to develop effective delegation skills.

Whilst not generalisable, the findings from this study can help to inform how finalist students learn in other similar situations. In summary, a longer final practice placement is of value because it offers increased opportunity for students to work things out for themselves. It appears that through proactively seeking out their own learning opportunities, students become more confident which in turn increases self-efficacy. Despite the lack of consensus about supernumerary status the protected capacity in which students work engenders a sense of security which further fuels confidence and proactivity. The unique experience of the final practice placement appears to offer a taste of working in the real world of work as a registered nurse. Finalist students experience the impact of power struggles particularly in relation to the blurring of roles with long standing healthcare assistants. Learning to delegate and supervise is a particular challenge for newly registered nurses (Johnson et al. 2015) and therefore I contend that the opportunity to practise these skills as a student is vital.

11.3 Making sense of the complexities of nursing; developing an understanding of the nature of nursing and knowing nursing

Understanding what nursing is and what caring means in relation to patients has been discussed, explored and debated globally for many years (Henderson 1964; Papastavrou et al. 2011; Sellman 2011; Scott et al. 2014). Some would argue that the nature of nursing although practised differently around the world in diverse healthcare settings, has the same core elements (Scott et al. 2014). There is evidence of increasing technology, concerns about standards of care in the UK and mandates to

those involved in pre-registration nursing education to ensure student nurses graduate as caring, competent and compassionate professionals (Nursing and Midwifery Council 2010; Willis Commission 2012). The undergraduate student nurse studying at a British university could therefore be forgiven for feeling somewhat challenged to grasp the full complexity of what nursing means in the twenty-first century.

Students learn at university and in practice situations and are encouraged and required to make theory to practice links (and vice versa) as much as possible. Herein lies a problem in that learning that takes place in the classroom is different to clinical learning and this incongruence in the acquisition of nursing knowledge is sometimes referred to as the hidden curriculum (Allan et al. 2011). Participants talked about how they made sense of earlier learning in the classroom which had occurred in year two of their degree studies and they described how it all began to make sense to them during their last placement. How other students from a range of disciplines (e.g. aircraft engineering, financial services and media practice) transfer knowledge learned in the classroom to the workplace was considered by Evans et al. (2010) and similarities to the discipline of nursing made. They suggested that knowledge is contextualised by those that teach in the classroom (and design curricula) which in turn is re-contextualised in the workplace. This is further re-contextualised by the student who has to make sense of it all. Allan and Smith (2010) support this view and further analyse re-contextualisation of knowledge in relation to learning nursing. They suggest that the individual student nurse does not merely transfer knowledge learned at university to their practice, but rather they "reshape it into personal meaning" (2010, p. 478). Arguably the participants in my study did this during the extended time available to them in their last placement. It was also evident that reflecting helped them to re-contextualise their theoretical knowledge in relation to their learning in practice and this is seen as an effective way for student nurses to increase their nursing knowledge (Rolfe et al. 2011). I suggest that the unique concept of a longer final practice placement helped participants to

combine what happened in the realities of practice with more abstract theory through reflection and this helped them to shed light onto the complexities of nursing as it meant to them.

Brown et al. (2009) explored the range of active learning strategies used by nurse educators (n=946) at different universities in the USA. They concluded that there has been a paradigm shift in the way nurse educators now help students to learn compared to the didactic teacher centred activities of the 1980's. They advised a need to further develop and evaluate innovative pedagogic learning strategies so that students learn in a more meaningful way. Based on the premise that the participants in my study began to work things out for themselves which Allan and Smith (2010) refer to as re-contextualisation, I therefore contend that nursing academics in Higher Education Institutions should focus their attention on finding effective strategies to develop students' learning and sense making rather than the transfer of knowledge.

Focusing on effective ways to help student nurses develop their learning is supported by Chinn and Kramer (2010) who suggest that telling stories, sharing experiences and discussing clinical situations contributes to how nurses begin to see patterns and make sense of nursing. The patterns they refer to are based upon Carper's seminal work known as "Fundamental patterns of knowing in nursing" (1978, p. 13) and have been used extensively around the world by nurse educators and nurses in practice to better understand the complexities of nursing. Carper suggested that instead of examining the underpinning structures and theories of nursing, attention should centre on what it means to know nursing.

The development of nursing knowledge is central to successful learning for student nurses. What constitutes science in relation to nursing has been the subject of debate historically and Carper (1978) acknowledges this. She contends that empirical knowing refers to the elements of nursing

that are factual, objective and have a proven scientific evidence base. She further suggests that empirical knowing in relation to nursing captures the elements that are systematically organised and offer explanations which contribute to a verifiable body of knowledge and that this reflects the changing context of healthcare. Carper also wrote about aesthetic nursing which reflects how the nurse feels and understands in a more empathetic way. This reflects the artistry of nursing and presents a juxtaposition with the science of nursing. Participants described how they combined the art and science of nursing as they recounted examples of their experiences in their final placement. It would seem that a longer than usual placement afforded them the opportunity to see the whole picture (as evidenced by quotes in Chapter 8).

I propose that participants began to make sense of and better understand the complexities of nursing as they experienced their longer final practice placement and that the way in which they did this resonates with Carper's ways of knowing nursing. This became evident through their recalling of vignettes that signified how their understanding of the multifaceted components of nursing began to crystallise. As I dwelled upon what participants told me and thought about what they were saying, it became evident to me that at times their words often resonated with two or more of Carper's ways of knowing. I therefore suggest that a longer final placement offered participants the opportunity to make connections and that this inter-relatedness exemplifies deepening knowledge development as they described how things began to fall into place. This way of learning is supported by Evans et al. (2010) and Allan et al. (2011) and is referred to as the re-contextualisation of knowledge and they confirm this occurs in the practice setting.

How participants made sense of nursing by showing a humanistic concern for their patients and other service users also became evident. Throughout the interviews all participants described the interactions they had with their patients and it was clear that they were able to focus their attention on

both the person they were caring for and their learning as they reflected on what happened. This resonates with Benner's (2001) work about skill acquisition and how as student nurses approach the end of their studies they become capable of looking at their skills in relation to caring for people rather than as a series of tasks that need to be done and the rules that need to be followed.

Participants' descriptions of how they made sense of the complexities of nursing during their final practice placement exemplified Benner's (2001) work. Perhaps more interestingly their stories were often about placing their patients at the heart of their care. Learning how to care in nursing has been the topic of debate for several decades (Phillips et al. 2015) and ensuring that the patient is remembered amidst the myriad of advancing technological skills required by nurses is vitally important in today's healthcare climate (Brown 2011). One way of doing this is suggested by Todres et al. (2009, p. 70) in their *Humanization of healthcare framework* (Table 11-1).

Forms of humanization	Forms of dehumanization
Insiderness	Objectification
Agency	Passivity
Uniqueness	Homogenization
Togetherness	Isolation
Sense-making	Loss of meaning
Personal journey	Loss of personal journey
Sense of place	Dislocation
Embodiment	Reductionist body

Table 11-1: Humanization of healthcare framework (Todres et al. 2009, p. 70)

A conceptual framework designed to be used both in research and across all disciplines of healthcare; Todres et al. advocate that the patient or their

relative, friend or carer is placed at the heart of care. They identify eight dimensions of humanization which they suggest are integral to caring for people.

Many examples of how participants demonstrated the nuances of caring compassionately for service users were offered during their interviews and some of these reflect this humanizing approach to healthcare framework. Val for example demonstrated what Todres et al. (2009, p. 70) refer to as *"Uniqueness"* as opposed to *"Homogenisation"* as she described how she carefully considered how to break bad news to a relative as highlighted in Chapter 8.1. She reflected on how she made a decision to ring rather than wait to speak to the relative during the ward's visiting times. Other participants also recounted how they ensured that their patients' best interests were met thus exemplifying their understanding of the humanization of care. Through acting as a patient advocate and standing up for her opinions, Anna solved the problem of a potentially challenging situation. She described how she used her communication and assertiveness skills to ensure that a patient's wishes to sit out in a chair were respected. Here, Anna demonstrated "*Agency"* as she enabled her patient to make a choice about where she wanted to be rather than being a passive recipient of prescribed care.

Not only do examples such as Val's and Anna's demonstrate a humanistic concern for the people they are trying to help, but at a time when healthcare in the UK has been under scrutiny because of unacceptable standards, it is reassuring that students who represent the future nursing workforce can demonstrate insight into how to be proactive and assertive rather than reactive and acquiescent.

Todres et al. (2009) recognise overlaps between the different dimensions and also suggest that humanization and dehumanization are on a continuum. Each end of the continuum is really important to consider rather than assuming that all care is focused at the humanized end. For example understanding technology within healthcare is a necessary part

of ensuring safe patient care and whilst Todres at al. (2009) advocate a humanizing approach, they do not suggest that their values are absolute. Professional healthcare workers cannot afford to support *"Agency"* (Todres et al. 2009, p. 70) if for example; the patient has a cognitive impairment which prevents them from making safe choices about their care.

The notion of embodiment is highlighted by Todres et al. (2009) as one of the eight facets of humanizing care and requires further consideration in relation to understanding the complexities of nursing. Draper (2014) argues that overemphasis on the biomedical model which is predominantly interested in physiology and pathophysiology, has deflected interest away from embodiment. Historically the biomedical model was used to teach student nurses and this largely reflects the science of nursing. It is primarily concerned with the bodily functions and student nurses were taught to deal with such issues as bodily waste, bathing, feeding and assessing vital signs with much less emphasis on the patient as a person. Embodiment is concerned with how we use our bodies which are considered a vehicle for living (Finlay 2011). Whilst nurses must have a sound understanding of the science of nursing (particularly in the current highly technological world of healthcare) there is also a need to attend to the art of nursing if humanized care is to be given. Draper (2014) acknowledges that the body is central to living (and dying) and argues that the art of nursing is concerned with how the embodied nurse (aware of his or her own body) cares for the embodied patient. Appreciating what embodied practice means is therefore part of the student journey in understanding the complexities of nursing. Participants gave rich descriptions which reflected their grasp of embodied practice which suggests that they have a developing awareness of the art of nursing. How students learning about embodiment can be enhanced remains a challenge to nurse educators and mentors and there are many unanswered questions.

Undeniably the concept of humanizing healthcare or person centred care is a good one but in reality there are a number of opposing forces which challenge and present barriers to those wishing to deliver it. Competing priorities, shorter patient stays, a transitional workforce along with reduced time and money to spend on direct patient care all detract from the nurse's capacity to engage in humanizing care. I would therefore suggest that the opportunity for finalist students to engage in the real world of work during their longer final placement should be welcomed if they are to be prepared for the difficulties that registration brings. The main challenge however, is for them (and those involved in their learning) to strike a balance between the science and artistry of nursing and to fully grasp the complex nature of nursing such that it is delivered in a knowledgeable, safe and compassionate way.

It is also important to consider service users' or patients' perspectives on what constitutes nursing and caring in today's healthcare environments. This notion has been endorsed by the Willis Commission (2012) which in response to reports of poor standards and quality of care in the UK decreed that "patient-centred care should be the golden thread that runs through all pre-registration nursing education" (2012, p. 2). There is thought to be a correlation between how patients perceive they have been cared for by nurses and their overall satisfaction with healthcare services (Burtson and Stichler 2010). Ultimately, meeting patients' needs is high on the agenda which makes it all the more interesting to learn that in Papastavrou et al.'s (2011) systematic review of quantitative studies (n=29) comparing nurses and patients' perceptions of caring, there is an incongruence. This is an important point to make in relation to my study because in making sense of the complexities of nursing, the service users' viewpoint must be taken into account if a patient-focused philosophy is to be adopted. Of the studies that Papastavrou et al. reviewed, the majority concluded that patients desire nurses to be technologically competent firstly and how they communicate caring through behaviour was ranked second. Correspondingly, Papastavrou et al. caution nurses against

making assumptions about patients' wants and needs and instead advise that nurses should not underestimate how being technologically competent can be extremely important to patients.

The opinion of patients in relation to their experiences of being cared for by nurses warrants further discussion. Despite Papastavrou et al.'s (2011) report, technical competence has not exclusively featured as the most important trait that patients look for in a good nurse. Johansson et al. (2002) reviewed literature on patients' satisfaction with nursing and concluded that good interpersonal skills, technical competence, patient involvement and organisational skills were all highly valued. According to Wysong and Driver (2009) who surveyed patients (n=32) in a high dependency medical and surgical unit in a community hospital in Indiana, USA, over an eight month period, perceptions of a skilled nurse largely fall into three categories. In order of preference, patients rated interpersonal skills, critical thinking skills and caring skills and notably technical competence was only viewed in relation to nurses who they perceived as being unskilled because they performed a technical skill poorly. Arguably the patients in this study expected a degree of technical competence because of the clinical area they were in, but nevertheless it was evident that good interpersonal skills, critical thinking skills and caring were citied more frequently than technical competence. Similar reports about patients' perceptions and preferences to be looked after by nurses who show empathy and communicate a humanistic concern (Davis 2005; Griffiths et al. 2012) support Wysong and Driver's (2009) findings. This suggests that patients expect a level of technical competence but communicate their preferences for nurses to foster good interpersonal relationships, to be non-judgemental and patient-centred in the first instance.

In considering the issue of how student nurses make sense of nursing it would seem that some studies have almost forgotten the patient in their urgency to find out about how student nurses learn in practice. For example Gidman et al. (2011) in their mixed methods study in the north of

England, found that finalist students related their learning in practice mainly to assessment of their competence and the acquisition of clinical skills with little mention of the patient. It is possible that the research design (survey followed by focus group interviews) did not explicitly invite discussion about patients because Gidman et al. aimed to explore finalist students' perceptions and experiences of factors which enabled them to learn in practice and initially focused their research on factors that students found supportive. Likewise Ford et al. (2016) acknowledged in their study that there were no survey questions that specifically asked about patient care and they attributed this to why students rarely mentioned patients as they described their practice learning experiences. Both studies by Gidman et al. (2011) and Ford et al. (2016) aimed to explore student learning in such a way that discussion about the patient was not invited which, it could be argued was an opportunity missed given that caring is a core value in nursing education and practice and cannot be learned in the absence of patients or service users. Using descriptive phenomenology allowed me to invite free descriptions of the lived experiences of ten students' final practice placements. Whilst acknowledging that my research question and aim were different to those in the studies by Gidman et al. (2011) and Ford et al. (2016) it is very reassuring to learn that participants voluntarily showed that patients' best interests were considered as they described their lived experiences.

In summary, making sense of the complexities of nursing in relation to contemporary healthcare continues to challenge. The contrary principles that underpin the theory, practice, art and science of nursing are indicative of its multifaceted nature. Patterns of knowing nursing (Carper 1978) and the framework of humanizing care (Todres et al. 2009) both offer structures which help to make sense of nursing and aim to link theory with the practice of nursing. Of particular note is the challenge of students learning about the concept of embodied practice which Draper (2014) contends is at the heart of nursing. New insights from this study suggest that from the perspective of student nurses, a longer final practice

placement offers opportunity to consolidate and re-contextualise their learning about what nursing is and what nursing means. Participants' frequent and repeated references to patient care and eagerness to describe vignettes reflecting complex situations represents their unique understanding of the multifaceted nature of nursing which resonate with Carper's (1978) and Todres et al.'s (2009) important works.

New understandings from this study imply that consolidating the meaning of nursing is unique to each finalist student and reflects the unique nature of individualised patient-centred care. I propose that scientific theory may be easier for students to apply to their practice than the art of nursing which cannot be grasped in one step. The nuances of the artistry of nursing need to be revisited and re-contextualised over a period of time in a variety of practice settings and I suggest that for student nurses things begin to fall into place during their last practice placement. The issues that arise from this suggest that learning nursing within today's complex and demanding healthcare system is challenging and this requires time for the student to make sense of its complex nature.

11.4 Becoming a nurse

Role transition from student to registered nurse is widely known to be a challenging and stressful time (Heslop et al. 2001; Duchscher 2009; Higgins et al. 2010; Edwards et al. 2015; Christensen et al. 2016). The vast majority of research to date explores the experiences of the newly registered nurse within their first year of employment. This mainly originates from America (Duchscher 2001; Etheridge 2007; Duchscher 2008; Duchscher 2009; Dyess and Sherman 2009) where student nurses experience less time in clinical practice than student nurses in the UK which implies new graduate nurses have less experience of the reality of nursing and may explain their considerable interest in role transition. Studies from other parts of the world such as Australia, (McKenna and Newton 2008; Lea and Cruickshank 2014), Scandinavia (Wangensteen et

al. 2008; Andersson and Edberg 2010) and southern Ireland (Mooney 2007) also report on the negative experiences of newly qualified nurses in relation to role transition. It can therefore be concluded that around the world many newly qualified nurses continue to feel underprepared and ill-equipped for the challenges that working in a fast paced, dynamic and stressful healthcare environment present.

This is also the case in the UK as reported by Higgins et al. (2010) who conducted a systematic review of the literature on the experiences and perceptions of newly qualified nurses and concluded that transition remains a stressful time for the new registrant. They contend that many studies attribute newly qualified nurses' feelings of unpreparedness to perceptions of inadequate pre-registration education. Lack of structured learning in practice and increasing academic workload which perpetuates the theory practice gap is specifically cited as problematic.

There are far fewer studies that have explored role transition from the student's perspective on the other hand, and many of these are longitudinal studies (Candela and Bowles 2008; Deasy et al. 2011; Thrysoe et al. 2011) or reports on the efficacy of educational models designed to help students with their impending transition (Roxburgh et al. 2009; Broad et al. 2011; Dyess and Parker 2012). Of the studies that have explored students' expectations of being a registered nurse many report that students feel ready to qualify and are prepared for their future role (Baillie 1999; Heslop et al. 2001; Kelly and Ahern 2008; Ong 2013; Saber et al. 2016). This is somewhat surprising compared to the more negative experiences reported by Higgins et al. (2010) from newly qualified nurses who have begun to make the transition. This view is corroborated by Deasy et al. (2011) whose longitudinal research has highlighted a discrepancy between students' expectations of their preparedness for registered practice and the reported reality of it. The implications are that finalist students feel excited and eager at the prospect of becoming a registered nurse but this positivity fades once they encounter the reality of

registered practice and this is why the vast majority of support systems are aimed at the new registrant rather than the student.

Higgins et al. (2010) suggest that further research is needed particularly around the effect that the clinical environment has on the learning process during transition. More recently the range of support systems in place in the UK for newly qualified nurses (known as preceptorship) was systematically reviewed by Whitehead et al. (2013). Results implied a direct correlation between well-resourced and organised preceptorship programmes and the emergence of a confident and competent practitioner. The content of such programmes is believed to be less relevant than the employer's commitment to the new graduand according to Edwards et al. (2015) implying that it is the fact that support is available that really matters.

This raises an important question regarding the efficacy of pre-registration nursing education particularly towards the end of a programme. Of particular note is the work of Chung et al. (2008) who suggest that students highly rated the value of the final practice placement which they assert, enhances students' competence and preparedness for registration because it offers them the chance to experience "reality-based learning" (p. 416) and gain insight into their future role as a registered nurse.

Findings from my study did not explicitly seek to explore students' perceptions of role transition yet new insights into how they began to prepare and rehearse for imminent registration were revealed. Participants felt the pressure of their impending transition to registered nurse and actively sought out and took advantage of opportunities to practise in the security of student status. They looked on it as their last chance to practise as a student and this was imperative to them. They took advantage of every opportunity to exploit their student status and seek out learning experiences that they envisaged would help them to make their transition to registered nurses, safe in the knowledge that ultimately professional

accountability and responsibility was not yet theirs. Descriptions of how participants revelled in what they believed to be the last opportunity to be a student were presented in Chapter 9. It is of interest that participants did not therefore consider that their learning would continue once registered but rather they focused on what they deemed to be their last opportunity to practise as a student. Preceptorship or future nursing studies post registration were not considered in connection with their final practice placement experience.

There is very little in the wider literature about student nurses taking advantage of the last chance to practise under supervision as students during their final practice placement. Studies that have considered students' experiences and perceptions either on their last practice placement or role transition generally (Baillie 1999; Heslop et al. 2001; Cooper et al. 2005; Anderson and Kiger 2008; Chung et al. 2008; Thrysoe et al. 2011; Doody et al. 2012) have not raised this as a point of note and it can therefore be considered new insight which contributes to the body of knowledge around role transition.

Saber et al. (2016) suggest that finalist students in their American study were keenly aware of the challenges that face them as they enter the workforce. Having experienced what they perceived to be the real world of healthcare, Saber et al. allege that finalist students know what stresses them and have developed coping strategies accordingly. Factors that caused stress (impending role transition, fear of being contaminated with infection, impact on personal life and fear of verbal abuse from service users and other healthcare staff) differ from findings in my study except for a shared apprehension about role transition. Similarly though, participants in both studies appear to have found ways of coping with the challenges that working in practice as a finalist student present. I would argue therefore that role transition requires an element of preparing for the unknown based on the premise that students have yet to experience being a registered nurse. An alternative viewpoint is suggested by Gibbons et al.

(2009) who suggest that the right sort of stress can have a positive impact on student wellbeing particularly if linked to personal successes. If this theory is applied to finalist student nurses, there are implications that nearing the end of a programme and the promise of success explains their optimistic view of their impending role transition.

Participants in my study described how they rehearsed and prepared for registration. They wanted to practise the sorts of things that they thought they would be doing as qualified nurses. This included making decisions for which they knew they would be accountable. Working autonomously helped them to rehearse and they were grateful to their mentors who stood back and allowed them to do this. Responding to complex situations involving patient care frequently requires registered nurses to make decisions (Holland and Roberts 2013) for which they are accountable ethically, professionally, legally and to their employer (Caulfield 2011). There is extensive literature available on a range of theories and models that can be used to inform and underpin decision making for those involved in caring for patients (Banning 2008). Yet reports from researchers who have examined how new graduate nurses fare in the decision making process suggest that for them this remains challenging and stressful (Berkow et al. 2009). An agreed definition of professional accountability in the literature appears to be elusive (Griffith 2015) and Krautscheid (2014) further argues that this may contribute to a lack of understanding by the neophyte nurse. Decision making and accountability are inextricably linked and an imbalance between what is known and how these concepts are practised appears to be apparent which will arguably impact upon the new graduate nurse. Berkow et al. (2009) have identified that new graduate nurses are believed to be ill prepared for responding to complex care environments and making decisions necessary for safe patient care. This is supported by Kelly and Ahern (2008) who also reported that making decisions and being accountable are known to be key skills and attributes that newly registered nurses struggle with in the early days of employment. It stands to reason therefore that the

opportunity to practise these key areas in the final stages of an undergraduate programme is pivotal to the chances of success once qualified.

In conclusion, it is clear that around the world recently graduated nurses continue to be challenged as they make their transition to registered practice. In comparison the student experience within the role transition process has been afforded very little research interest. Findings from my study offer new insights into how students began to prepare for their impending role transition. The preceding discussions suggest that the promise of successfully completing and graduating heightens student motivation which has the potential to impact positively on confidence and self-efficacy. The opportunity to practise in the protected capacity of supernumerary status should perhaps be viewed more positively as it affords students the luxury of seeking out bespoke learning. All is not positive though which is clearly evident from the wealth of national and international research reporting on prevailing anxiety and problems for newly registered nurses experiencing the shock of role transition. There remains the question of how pre-registration education needs to be modified particularly in relation to practice learning which, according to Higgins et al. (2010), is needed in the UK if a smoother passage through role transition is to be facilitated.

11.5 Summary of chapter

This chapter has revisited the invariant constituents and re-examined them in the light of historic and more recent literature. Paying close attention to the *things themselves* whilst considering the wider literature has not only introduced a number of key issues but also highlighted the depth of new knowledge that has emerged from this study. Listening to the student voice has captured nuances of the final practice placement experience from their perspective which have not been raised previously.

Whilst not generalisable there are lessons to be learned from these new insights which are summarised as follows. Transition shock prevails despite the myriad of support systems available for newly qualified nurses which in the UK is known as preceptorship. However there is room for improvement in the preparation of pre-registration nursing students during their last placement and this may lessen the shock that they almost inevitably face once qualified. Ways in which the final practice placement experience can be modified and tailored to enhance students' preparation for their prospective role transition are proposed in Chapter 13.

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Chapter 12 **Further discussion of the essence: the evolutionary and transformative journey experienced by student nurses during their longer final practice placement**

The previous chapter discussed each of the four invariant constituents in relation to historic and contemporary literature. A number of important issues arose which prompted a return to further examine the journey that participants made from the start of their final practice placement to the brink of registration. This chapter further explores and discusses the meaning of the general structure or essence of the longer final practice placement as experienced by the participants.

Reflecting on the findings I was struck by how each student moved forward and developed personally and professionally as their longer final practice placement progressed. This happened in varying degrees and at different paces dependent upon each student's placement experience and arguably their personality, confidence and learning style. Common to all participants' descriptions however, was the notion of change. This was marked by a reconsideration of their thoughts and pre-existing values and a shift in their focus from student status to prospective registered nurse.

McAllister (2015) argues that nurses are ideally placed to embrace and facilitate change within a world of healthcare which often requires radical rethinking and I suggest that the final practice placement offered an ideal opportunity for the participants in this study to begin to do this. I propose that a longer final practice placement experience invited students to re-contextualise their knowledge through a process of transformational learning.

A similar example of transformative learning in practice based on the concept of liminality and liminal spaces has been recently highlighted by Allan et al. (2015). They suggest that when transitioning newly qualified nurses are faced with learning key concepts specific to the discipline of

nursing they enter into liminal spaces and acquire mastery of skills such as delegation and prioritisation. I suggest that the ten student nurses in this study who experienced a longer final practice placement follow a similar journey as the different facets of their experience (the invariant constituents) are re-contextualised and they emerge ready to qualify.

I propose that the unique context of a longer final practice placement experience translates into three phases which mark an evolutionary and transformative journey experienced by the student nurses in this study (Figure 12-1). This transformative journey framework has implications for those involved in pre-registration nursing education and is primarily directed at informing mentors supporting finalist students and future students approaching their last placement experience. I propose that finalist students need to achieve in all three phases if they are to fulfil their potential and positively evolve during their last practice placement. Similarly, Allan et al. (2015) also reported that newly qualified nurses enter into three phases during which they struggle to acquire mastery of skills. The transformational and evolutionary journey revealed in this PhD study will now be explained in more detail. Chapter 13 offers suggestions as to how the transformative and evolutionary framework (Figure 12-1) could be usefully employed in helping sign-off mentors assist finalist students towards their desired goal of preparing themselves for registered practice.

At all times remaining faithful to the voices of the participants, I believe that the findings from this research reveal a deep understanding of how a longer practice placement was experienced by ten student nurses working in different areas of healthcare. Experiencing a longer placement for the first time and what this meant to each participant became apparent during the data analysis phase of this study. During individual interviews, without prompting, each student spoke about how the extra weeks working in the same clinical area made a significant difference to their experience. Most students made direct reference to the extended time they had and compared it to earlier, shorter placement allocations. Some described

vignettes (presented in the findings chapters) which upon analysis suggested how they had developed over the thirteen weeks in a way that a shorter placement would not have facilitated.

As I analysed the data and began to recognise the essential elements of the placement experience (i.e. the phenomenon under scrutiny) the implications of my findings began to emerge. It became apparent that students were describing a series of phases that to a lesser or greater extent all followed as their placements progressed. These phases (Figure 12-1) contribute to new knowledge around how students experienced and found their way towards registration during their longer thirteen week final placement allocation in practice. Students described how they journeyed through the different stages identified in their own unique ways. This was an evolutionary and transformative process during which they highly valued the support of their mentors. It became apparent that students began to demonstrate increasing knowledge, skills and attributes as they successfully survived and navigated their way through their placements. The impending conclusion of their programme served to expedite this as students began to prepare for registration. Working in the same area for thirteen weeks from the students' perspectives undoubtedly helped them because they had time to practise and hone their nursing which served to enhance their development. Implications for each stage of the finalist student journey will now be offered and discussed.

Figure 12-1:   The evolutionary and transformative journey experienced by student nurses during their longer final practice placement

12.1.1 Stage One: Settling in

The findings indicate that a settling in period at the start of a final practice placement has useful connotations. It is clear that the extended weeks in practice gave participants the time to settle in and this meant that they could familiarise themselves with routines and get to know the environment and notably the staff with whom they would work. The settling in period was a valuable time when students began to build relationships with a view to fitting in and being accepted by the team. The notion of a settling in period is supported by Levett-Jones et al. (2008) who suggest that it is only once finalist students feel that they have become familiar with a clinical environment and the team (and therefore feel they belong) that they can move forward to a period of embracing new learning. Caution must be given to pressurising students to acquiesce and unconditionally agree with the permanent staff however, in their quest to be accepted by the team and to feel that they belong (Levett-Jones and Lathlean 2009a; Levett-Jones et al. 2009). This constitutes a danger to patient safety because the need to belong can potentially override a student's desire and

ability to be an autonomous, thinking practitioner with the ability to speak out if the need arises.

The settling in period was alluded to by all participants but it must be acknowledged that for some this was a much more challenging and difficult period and therefore it took longer. Nevertheless all participants did eventually settle and viewed themselves as worthy team members which enabled them to move on to the second phase of my framework.

12.1.2 Stage Two: Making sense

The second phase that finalist students enter during their longer practice placement became evident as participants spoke about taking responsibility for their own learning and making sense of what nursing meant to them. This is supported by Allan et al. (2011) who suggest that student nurses learn through re-contextualising their knowledge and that supernumerary status means they often have to respond to different value sets resulting in them having to work things out for themselves. Having settled in, participants' described how they became proactive learners and began to make the most of the learning environment and all that it offered. As their placement progressed they could see what they still had to learn and practise and proactively sought out opportunities to fulfil their needs. Participants described moments from their practice when they could see the entirety of a situation and their accounts indicated a developing understanding of both the science and art of nursing. Students began to re-evaluate and make sense of previous learning and their developing understanding of the complexities of nursing became apparent. This suggests that as students work through their last practice placement they begin to see things more clearly and re-contextualise their knowledge.

Understanding what nursing means and appreciating the complexities of the science and art of nursing is challenging. Striking the balance between the two and ensuring that students have a sound empirical evidence base whilst at the same time delivering patient-centred and humanized care is testing. Applying theory learned in the classroom to their practice could not

be done in one step. This took time and students began to make sense and re-contextualise earlier learning during their longer final practice placement.

12.1.3 Stage Three: Looking ahead

All the participants successfully completed their longer final practice placement and went on to work as qualified nurses. Towards the end of their last placement they began to think about and make preparations for their future and becoming a registrant. Equipped with an understanding of the complexities of nursing and an ability to seek out and re-contextualise their learning is practice, they looked forward to becoming a registered nurse with excitement but also trepidation. This paradox is also reported by Doody et al. (2012) who suggested that students need to develop coping skills prior to registration. My findings suggested that once students had progressed through the phases of settling in, feeling secure as an accepted team member and being able to make sense of nursing, they began to think about their impending transition to registered practice. This involved practising and preparing for their future workplace employment as a professional practitioner. Students were able to identify areas of personal and professional need (such as delegation skills and medicines management) and conscious that they were still students and therefore had the safety net of supernumerary status, they embarked upon gaining as much experience as possible to meet their identified needs. As previously noted, students valued the chance to work autonomously and it is during this latter period in the longer final placement that the participants described how they began to let go (Spouse 2003). Notably they focused on their future role as a registered nurse during the final phase of their last placement and not on their final assessment of practice which required them to be "signed off" as fit for the purpose of registration.

12.2 Transformative learning theory, nursing and my study

I propose that as a consequence of working for an extended period of time during their obligatory longer final practice placement, pre-registration nursing students unwittingly engage in transformative learning. Custom and culture in different placements vary greatly and some participants struggled to accept and be accepted by the team. Responding to the challenges of working with colleagues who have differing frames of reference is typical of the first phase of Mezirow's (2000) transformative learning theory; disorientation dilemma (Figure 12-2). I would argue that the longer final placement experience invites students to re-evaluate their role and their personal journey to date.

Allan et al. (2011) highlight the tensions that exist around how supernumerary status is translated by different curricula in the UK. They contend that supernumerary status is sometimes seen as a barrier to learning and that students find they have to negotiate their way round it as they take control of their own learning. The changing context of healthcare and pre-registration nursing education in the UK has resulted in students' experiences of practice changing over the decades. The devolvement of caring responsibilities to healthcare assistants which occurred when student status became supernumerary means that newly qualified nurses must be competent in skills such as delegation and supervision (Johnson et al. 2015) as they will be ultimately accountable for the care delivered by others. I contend that making sense of what this means for finalist student nurses and having the opportunity to critically reflect on the practice of delegation and supervision of other team members equates to the second phase of Mezirow's (1997) transformative learning theory. Changing their perspective on who is ultimately accountable for care delivery challenges the soon to be qualified student nurse and I would argue that Mezirow's (1997) third and final phase of transformative learning is evident here.

Despite such frictions I would argue that the participants had become accustomed to their supernumerary status which they viewed as a safety

net. Towards the end of their placement however, this security was called into question because they could see that this was their last chance to enjoy it. This meant that for a while they hung on to the security that their supernumerary status offered and took advantage of it. This implies that as students faced registration and the perceived loss of supernumerary status they were compelled to change their way of thinking and as a result of this they learned. Participants recounted how they reflected and questioned their actions and began to change their practice as their placement progressed and they became more confident. They began to change and to learn. I suggest that as finalist students began to make sense of the complexities of nursing, took charge of their own learning and faced losing their supernumerary status, they began to demonstrate an awareness of context which Illeris (2014) claims is essential to transformative learning. A shifting paradigm became evident in all participants as their placement end drew nearer and registration beckoned.

The transformative nature of how participants learned which is suggested in the framework presented in Figure 12.1 of this chapter resonates with key aspects of transformative learning theory. Transformative learning theory was first developed in adult education in America by Jack Mezirow in 1978. A firm believer in constructivism, he claimed that humans interpret meaning from the way they see and experience the world. Transformative learning theory has been used successfully across a wide range of disciplines in adult education and is based upon the following tenets. In relation to learning nursing occurs when students are faced with situations that challenge their prior perspectives and require them to critically reflect and revalidate their position and thinking (Faulk and Morris 2012). The result, which can be immediate or occur over a period of time, is that the person reconsiders their existing habits and views and changes their behaviour or actions. Illeris (2014) sums up transformative learning stating that it goes beyond the simple acquisition of knowledge or skills and engenders a significant change in the learner's thinking based upon

challenge to their usual "frames of reference" (Mezirow 2000, p. 17). There are three phases of the Transformative Learning Theory identified by Mezirow (2000) which are *disorientating dilemma, critical reflection and changed meaning perspectives* (Figure 12-2).

Figure 12-2:   Three phases of Mezirow's (2000) Transformative Learning Theory

Findings from my research give deep insight into what it was like for finalist students to work full time in practice for a longer than usual period of thirteen weeks. During this extended time they began to critically reflect and question their own and other's actions and behaviour. This became evident as they described their experiences during the interviews at the data collection stage of this research. Acutely conscious that their roles were about to change from student to registrant, they were aware that they would soon lose the security of student status. I suggest that this required them to question, critically reflect and re-contextualise their previous frames of reference as they approached registration. Furthermore, I would suggest that the opportunity to work for an extended time in one placement helped to facilitate this change.

Lastly and perhaps most importantly, findings from this study imply that the experience of a longer than usual final practice placement lays the foundation for students to continue to engage in transformative learning once registrants. Given the dynamic and demanding nature of healthcare in the twenty first century being able to respond critically to challenging situations is a valuable and vital skill. I contend that subjecting students to an extended placement allocation exposes them to the reality of the world of work and helps to prepare them for their transition to registered practice.

12.3 Summary of chapter

The previous chapter discussed the literature in relation to the four invariant constituents. A number of issues arose as a result of this critical exploration which indicated a need to attend to how students are supported during their last practice placement in order to better prepare them for their transition to registered practice.

Building on these key issues, this chapter has further discussed the general structure or essence of how ten student nurses experienced a longer than usual final practice placement. The journey that participants made has been further examined and greater clarity of the whole process has been presented. A new evolutionary and transformative framework which derived from the implications of the findings has emerged. This framework represents how students experienced their longer final practice placement, changed their perspective of their supernumerary status and took charge of their own learning in a process akin to transformative learning.

Whilst not generalisable, these new insights may be transferrable and therefore have implications for all those involved in undergraduate pre-registration nursing education in the UK. These will be presented in the Chapter 13.

Chapter 13 **Conclusion**

This research has explored how ten undergraduate nursing students at one university in the south of England experienced a thirteen week practice placement as the last component of their pre-registration nursing education. The length of their placement was longer than previous allocations of five to six weeks and as such for them was a departure from the norm. At this point in my PhD thesis, it is worth revisiting the aim, objectives and research question identified at the outset of this study so that this chapter can assess and evaluate the success of this research.

The research question, aim and objectives are central to this study and were articulated as follows:

Research Question: What is the lived experience of ten pre-registration undergraduate nursing students (adult field) of their final thirteen week practice placement?

Aim: To explore and better understand the lived experience of ten student nurses as they completed a longer than usual practice placement which was the last component of their undergraduate pre-registration nursing education.

Objectives:

- To elicit and describe the phenomenon of a "longer final practice placement" experienced by student nurses working in the adult field of practice.
- To illuminate the details of how experiencing a longer than usual practice placement impacts on students on the cusp of becoming a registered nurse.

Using Giorgi's (2009) modified approach to descriptive phenomenological research to analyse the data, I looked for patterns and established elements that were common to all of the participants' experiences. Four invariant constituents emerged which together made up the general

structure which represents how ten student nurses experienced a longer than usual practice placement as the last component of their pre-registration education. I repeatedly revisited each participant's words and using imaginative variation I formulated a general structure or essence which incorporates the four invariant constituents and goes beyond to capture the meaning of the lived experience. By following Giorgi's (2009) approach the essence that I eventually arrived at reflects a scientific phenomenological approach. However, I also wished to reach out to those who may read this research in the future and in attending to what Todres and Holloway (2004) describe as the communicative concern, I decided to present my findings as a poem. Creative ways of offering meaning to phenomenological research are increasingly popular (Todres and Galvin 2008) and I believe poetry serves to communicate my findings in a more evocative way.

Whilst recognising that this small scale phenomenological study is not generalisable, elements of it may be transferrable and serve to enlighten and inform future students, sign-off mentors and those who are involved in the provision of final practice placements throughout the UK.

Recommendations will be aimed primarily at sign-off mentors working alongside finalist students; the preparation and updating of sign-off mentors; and lastly the statutory professional regulatory body for nursing in England (Nursing and Midwifery Council). Strengths and limitations of this study will be evaluated and recommendations for future research suggested.

13.1 The way forward

The findings have opened a window into the world of what it was like for ten student nurses during their last thirteen weeks in practice immediately before they qualified. The descriptions of their experiences suggest that their longer final practice placement acted as a dress rehearsal for the next step which was registration. This new insight has a bearing on final

placement experiences for future nursing students and the sign-off mentors with whom they will work. The extended time of thirteen weeks in full time practice immediately before the end of the programme is crucial because it gives increased opportunity for the student to draw together all that has been learned so far, make sense of it and begin practising and preparing for registration. Greater clarity and understanding of the student experience reveals that there are a number of areas that sign-off mentors and students can work on to make the most of this valuable, unique and final supernumerary opportunity in practice. This includes: staking a place in the team; facing and managing complex situations; tasting some of the challenges and demands that current healthcare presents; and finding ways of working around the problems that typically arise. It is the last chance to rehearse before stepping into the world of professional, legal and ethical accountability as a registered nurse.

Sign-off mentors should supervise at arm's length and coach finalist students from the wings. They should encourage students to find their own ways of fitting in and being accepted by the team. Students will want to belong but to achieve this they must first assess the culture and idiosyncrasies of the clinical environment. Rather than pave the way, sign-off mentors should work in a coaching capacity focusing on relationship building and encouraging students to be autonomous practitioners and take charge of their own learning. This will help to develop resilience and self-efficacy.

The end goal of the final placement is for the student to be deemed competent by their sign-off mentor at the point of entry to the register. Confidence is not formally assessed yet based on the findings from this research I contend that it is a crucial part of students' development. Once familiar with the environment and accepted by the team, students begin to feel secure in themselves. This may require them to have the courage to find their voice and assert their views rather than obeying orders and trading acceptance into the team for a compromise in their practice. They

become more confident and there appears to follow a chain reaction as they become empowered to proactively seek out their learning, challenge others and problem solve. Fuelled by their mentors facilitating and encouraging autonomous practice they begin to experience a sense of awakening to the responsibilities and accountability that they will have as a registered nurse.

13.2 Recommendations from this research

There are persistent reports about continued difficulties experienced by newly qualified nurses despite the extensive support systems available to them within their first year of registered practice in the UK. This research study has highlighted the need to improve the preparation of pre-registration nursing students for their impending role transition (Higgins et al. 2010). Specific ways in which the final practice placement experience can be enhanced in order to achieve this are recommended in the following sections of this thesis.

Findings and implications from this small scale study may be transferrable and as such serve to inform a number of different sectors. For clarity, recommendations have been aimed at different groups of those involved in pre-registration nursing education as follows.

13.2.1 Recommendations for sign-off mentors and finalist student nurses working together in practice

This study has identified that participants travelled through a series of phases during their final thirteen weeks in practice as they approached registration. In the light of this new insight it is recommended that longer final placement allocations should continue and that during this transformative and evolutionary journey students should be encouraged to take the opportunity to critically reflect on their progress. Mentors who are known to play a pivotal role in helping students to learn should aim to offer a facilitative coaching approach tailored to each of the three phases (evident in Figure 12-1) as follows.

Settling in

Recognising that any new placement experience will evoke feelings of disorientation, mentors and students should take the time to set learning objectives and ground rules during the settling in period of the final practice placement. Acknowledging that these should be mutually agreeable, mentors should make a clear statement that their support will be facilitative rather than directive.

It is during the initial days of an allocation that students become acquainted with other team members and begin to understand their preferred ways of working. Mentors should highlight the value of students focusing on how they get to know the team and build sound relationships with different members. Mentors should observe how students achieve this and offer facilitative support and positive reinforcement in a coaching capacity rather than paving the way for them. Both mentors and students should be aware that barriers are likely to be presented by some team members and students should resist the temptation to obey orders at the cost of compromising standards of patient care. The value in learning how to build effective working relations with a wide range of healthcare staff should not be underestimated. Focusing on relationship building which may include conflict resolution would also be useful preparation for students' prospective first year of registered practice and the reality of experiencing the workplace as an employee.

Making sense

Early assessment of students' capabilities by the mentor should be made so that they can decide when they are ready to practise autonomously. Once confident about their capabilities, mentors should then stand back and observe and supervise from the wings thus encouraging students to "learn by flying solo" (Spouse 2003, p. 203). Students should work things out for themselves because this will fuel confidence and self-efficacy. This may involve taking risks and making decisions that might previously have been within the remit of their mentors.

Midway through the final practice placement there comes a point when students begin to see things more clearly and make sense of the complex nature of healthcare and the environment they find themselves in. It is therefore recommended that at this point students should take the opportunity to engage in a formative critical review of their strengths, weaknesses, opportunities and threats (SWOT). Although a SWOT analysis was originally designed to be used in business to evaluate a company's strengths and weaknesses within a challenging competitive climate, a "self-SWOT" (Addams and Allred 2013, p. 43) has useful connotations for individuals particularly new graduates. Critical reflection is known to be a helpful tool for personal and professional development particularly when finalist student nurses are faced with challenging and stressful situations (Rees 2013). Therefore completing a SWOT offers finalist students a structured way of critically reflecting on their personal and professional progress and development within a demanding healthcare environment at a crucial stage of their professional career. Discussions with mentors should include consideration of relationship building as an identified objective during the settling in period and it is emphasised that the role of the mentor should be coaching and enabling.

Looking ahead

It is well documented that the transition to registered practice is fraught with difficulties. This study has revealed that students view their final placement as the last opportunity to practise in the protected capacity of supernumerary status. It is therefore recommended that they take ownership of arranging specific learning opportunities to meet their needs as identified in their SWOT analysis with a focus on becoming a registrant. The idea of *letting go* first identified by Spouse (2003) is also highly relevant to this stage of the final practice placement. Students should take advantage of what they perceive to be their last chance to be supernumerary and (with the consent of their mentors) should begin to work autonomously, making decisions and practising skills such as delegation, management and leadership.

13.2.2 Recommendations for the preparation of sign-off mentors

Publication and dissemination of the findings for use at workshops designed to prepare sign-off mentors is a vital part of this research project. It is recommended that sign-off mentors in particular are given greater insight into the student journey during their final practice placement. Recommendations centre on sign-off mentors familiarising themselves with the meaning of the evolutionary and transformative journey experienced by student nurses during their longer final practice placement (Figure 12-1) and using it collaboratively with students as described in 13.3.1. It is stressed that sign-off mentors should adopt a coaching approach to student learning in practice. They should encourage students to take charge and embrace their supernumerary status as a safety net which allows them to practise autonomously secure in the knowledge that their mentor will step in if needed.

I propose that during the settling in period mentors and sign-off mentors should focus their skills on enabling students to work out their own ways of establishing good working relationships with all levels of healthcare staff rather than focusing on fostering a welcoming environment per se. This is supported by Borrott et al. (2016) who more recently also recognised the difficulties students can encounter in their final placement and advised on the need for the development of initiatives to help students form positive working relationships with other healthcare staff.

It must be emphasised though, that there may be a danger in unreservedly encouraging the team to accept new students as previously thought helpful particularly in recruiting newly registered nurses into hard to fill community posts (Phillips 2014). Findings from this study recommend that mentors should encourage students to work out their own strategies for being accepted by the team. Mentors should focus on helping finalist students to build resilience and the confidence to speak up and speak out in the quest to preserve patient safety. During the longer final practice placement there is a need for a process which allows students to question

and challenge practice yet at the same time invites a sense of belonging. Finalist students should be encouraged to develop their own strategies to forge meaningful working relationships with a wide range of healthcare practitioners. Skills in team working and conflict resolution are paramount within this.

13.2.3 Recommendations for nurse educators concerned with the planning and delivery of undergraduate pre-registration nursing programme

From this study there are a number of recommendations for nursing academics who are concerned with the facilitation and emergence of confident, competent graduate nurses. Given that transition shock is reported to prevail and is keenly felt by many new registrants, more needs to be done to help prepare students in the final stages of their undergraduate pre-registration programmes.

Firstly, the final practice placement is an ideal time for students to consider the art and science of nursing and what this means in relation to their practice and the delivery of humanized patient care. In particular, the concept of embodiment and how student nurses learn embodied practice requires greater consideration (Draper 2014). It is therefore recommended that the nuances of the art and science of nursing extending to embodiment are included in undergraduate nursing curricula.

The question of how students learn nursing within a stressful and highly technological healthcare environment in which the safety and comfort of patients must be paramount needs to be addressed. From the findings and discussions in this study it appears that learning at university must be applied and then re-contextualised once the student is in practice (Evans et al. 2010; Allan et al. 2011). Brown et al. (2009) recognise the dramatic changes many nurse educators working in Higher Education Institutions have already made to implement active learning strategies. They also identify the need to further develop contemporary innovative pedagogic learning strategies in order to help students to learn in a meaningful way.

Recommendations therefore centre on nursing academics continuing to develop and evaluate a variety of pedagogic strategies that help students to become accustomed to thinking independently and working things out for themselves.

The students in this study found the extended placement time at the end of a three year programme to be a positive experience. Those who were allocated to the same or similar placement areas where they had already secured employment as staff nurses, felt advantaged because of the extra time afforded them to familiarise themselves with the staff, environment and routines. They anticipated that they had been given a head start and this would help them in their new role as registrant. Recognising the challenges this may present from a practical viewpoint, it is therefore recommended that students are given choice regarding their final placement allocations and that if possible, they should experience their last practice placement in the same clinical area as their first appointment as a staff nurse.

13.2.4 Recommendations for the statutory professional body of nursing (NMC) in the United Kingdom

The findings from this study offer an evidence base to the Nursing and Midwifery Council that a longer final practice placement is a valuable opportunity for student nurses to consolidate their learning and prepare for registration. New insights drawn from student nurses' accounts of their lived experiences of working for the first time for an extended period of thirteen weeks support this as a valid and helpful learning opportunity. Practising being a real nurse and working independently increases confidence and self-belief in taking the last step to registration. A longer final practice placement appears to be a dress rehearsal for the real world of work. This research therefore supports the recommendation to extend the final practice placement to a minimum period of twelve weeks (Nursing and Midwifery Council 2010b) and draws attention to the reciprocal

benefits for both students and sign-off mentors who must assess their suitability and fitness to enter the register.

The Nursing and Midwifery Council are currently reviewing the level of competencies required by new graduates entering the professional register of nurses. This is part of a wider review of pre-registration nursing education in the UK which will continue until 2020 (Macleod Clark 2016). The review of competencies has so far sought engagement from a comprehensive range of stakeholders from all four countries in the UK and has included healthcare providers, educators, new registrants, students and service users. Their views have been canvassed as part of the review process and the aim is to implement the new standards by 2019. Many of the attributes and skills identified as prerequisite for future graduate nurses resonate with facets of the findings from my research. Macleod Clark (2016) notes that key stakeholders have frequently highlighted the point of registration as the starting point of a nursing career trajectory: I contend that the final practice placement has a significant bearing for students as they rehearse for their next important step and it is really here that they begin their transitional journey.

13.3 Concluding thoughts

This study has been invaluable in understanding the apparent lack of evidence to suggest that a longer practice placement is helpful to students as the final stage of a three year undergraduate pre-registration nursing programme. Despite the paucity of knowledge on the efficacy of a longer final placement from the perspective of finalist students on the cusp of registration, the Nursing and Midwifery Council made it mandatory for all student nurses studying at universities in the UK from 2010 onwards to complete a minimum twelve week full time placement (Nursing and Midwifery Council 2010). I was ideally placed to explore this phenomenon as witness to the first cohort of students to experience a longer thirteen week placement as the last stage of their undergraduate pre-registration nursing programme at one university in the south of England.

It was no surprise that the impending transition to registration was keenly felt and referred to during each interview by all participants. The minimal reference by participants to their last practice assessment which was the final hurdle and requirement to successfully pass the programme was however, unexpected. The "sign-off" process received considerable interest from the perspective of mentor preparation (in line with directives from the Nursing and Midwifery Council (2008) when it became mandatory in 2010: it is seen as a necessary part of ensuring that all finalist students are fully prepared and fit for purpose at the point of entry to the register. Without referring to this process, participants instead described the details of how they fared during their last thirteen weeks of practice and shared their valuable insights into what their lived experiences meant to them.

13.3.1 Relevance of this research to the wider international audience

There is wide diversity in the regulation, design and delivery of undergraduate pre-registration nursing programmes around the world as identified in Chapter 1.2.3. Responding to the dynamic nature of current healthcare and problems with the recruitment and retention of newly registered nurses has challenged and continues to challenge many countries. In the UK nurse educators were tasked with developing a competent and flexible workforce (Department of Health 2006) and around the world other countries have also debated and re-considered their programmes to meet this agenda (Robinson and Griffiths 2007). The impact of recent political developments threatens to compromise international mobility and there is a pervasive need to consider how educational frameworks are suited to enabling registrants to work overseas.

Findings from my research may be of interest to a wider international audience in their quest to establish effective ways of preparing pre-registration nursing students for the diverse challenges of working in current healthcare. Global disparity in the length of curricula and the number of hours spent by students in full time practice is evident but the intention to equip students with the skills to cope with the demands of

contemporary healthcare prevails. Therefore this research offers an evidence base and serves to inform regulators, educators and those who support finalist students in practice regarding the planning and delivery of the last practice placement that students undertake.

13.4 Strengths and limitations

Strengths

Despite this being a small scale study, the findings may be transferrable for readers of this thesis (Guba and Lincoln 1989) and contribute to the small body of knowledge around how students experience a longer than usual final practice placement. It enhances the understanding of the student experience within this process and highlights how those involved in their education particularly during the latter stages of the programme can help students to prepare themselves for registration and beyond. This new knowledge sheds light onto an aspect of role transition which has been given little attention despite historic and recent studies which suggest transition shock prevails worldwide (Duchscher 2009; Christensen et al. 2016).

The participants recruited were ideally placed to offer their experiences of their recent longer final practice placement as they were all interviewed within one week of completing it. They had been allocated to a wide range of placements which included both secondary and primary healthcare settings in three different NHS hospital trusts and two health centres in the community. Phenomenological research seeks to explore variations of experiences and as such my study filled the brief.

Ten participants were interviewed which included one male participant. This is generally considered to be a good sample size for research that uses a phenomenological approach and the data that I collected were more than sufficient to answer the research question. I knew this when the same issues appeared in the final interviews and no new points were raised.

Methodologically this research did not seek generalisability in the same way that quantitative does. Instead, it has deepened the understanding of the lived experiences of ten student nurses who were completing a degree programme at one university. My evaluation of this research is based upon Finlay's (2011, p. 264) "4 R's". Firstly questions around *rigour* must be asked. I believe one of the strengths of this research is my choice to use Todres and Holloway's (2004) empirical-phenomenological methodology combined with Giorgi's (2009) modified Husserlian approach to descriptive phenomenological research. I systematically collected and analysed data which I presented as four invariant constituents which combined together became the essence. This I presented at different stages of my PhD journey to students, colleagues, supervisors and fellow post-graduate researchers at conferences thus inviting their scrutiny (Appendix 14). I received positive and constructive feedback with many interested parties listening and asking probing and challenging questions. Secondly, I considered the *relevance* of my study and its application and contribution to undergraduate pre-registration nursing education. I believe that my findings serve to inform and enrich the practice of those directly and indirectly involved in the education of future students as they undergo their final practice placements. Thirdly Finlay (2011) questions how the research *resonates* with those who read it emotionally, artistically and spiritually. This can only really be judged by the reader and comments from third year students who I invited to read my poem confirmed that I have captured how their final placement experiences were for them. My evaluation is that I felt honoured and privileged to hear the things that the participants had to say. I believe that offering my findings as poetry added texture and captured the essence of their collective experiences and this appealed to my artistic and creative tendencies. Many who have read the essence and heard my poem have told me how my findings resonated with their own experiences. The final consideration is *reflexivity* and my own subjectivity and position as researcher within this study is explored in the final chapter of this thesis.

Limitations

There are a number of limitations to this study which must be highlighted. As a novice researcher and phenomenologist, the process of undertaking a study of this complexity and enormity was at times overwhelming. Learning how to undertake descriptive phenomenology was challenging and perhaps a more experienced phenomenologist would have completed the study more expediently and with greater skill.

My chosen methodology did not allow for specific signposting to the fact that participants were for the first time experiencing a longer placement. By this I mean that the fact that it was their first longer placement experience was not referred to in the interviews. I was curious to note however that participants reported their longer placement as a feature of their final practice placement experience despite no specific prompting to this end.

It must be acknowledged that this is a small scale study from one university in the south of England and as such findings are not generalisable. I would argue however that there are depths of meaning found in my study and those who read it will be the judge of its coherence and helpfulness. Indeed Gadamer (2004) contends that the application of findings are the real test of validity because there is a horizon of truths rather than just one truth.

13.5 Implications for future research

Based on the findings and implications from this research a number of areas warrant further research as suggested below.

- Exploration of newly qualified nurses' perceptions of their longer final placement allocation recently undertaken as students.
- Exploration and evaluation of optimal lengths of placement allocations for undergraduate pre-registration nursing students in all three years of a programme.

- Exploration of the experiences of finalist nursing students undertaking their last practice placement who are studying:
    - at other universities,
    - in other fields of nursing practice (Mental Health, Learning Disabilities and Children and Young People),
- Further exploration of pre-registration nursing students (all years) perceptions of being accepted by the team when starting a new placement allocation.
- Further exploration of student nurses' (all years) perceptions of supernumerary status.
- An evaluation of using "The evolutionary and transformative journey experienced by student nurses during their longer final practice placement" framework in sign-off mentor training and by mentors in practice.

13.6 Summary of chapter

The use of descriptive phenomenology has enabled me to explore the lived experiences of ten student nurses working in the adult field of practice in one university in the south of England. This answers the research question posed at the outset and meets the overall project aim and objectives. Attention has been drawn to the salient points from the findings and discussion chapters of this thesis and the strengths and limitations of this research have been evaluated using Finlay's (2011, p. 264) *"4 R's".* Based on the new knowledge revealed in this research future recommendations for student nurses, educators and the Nursing and Midwifery Council have been made and areas for further research suggested.

The following and final reflexive chapter explores my own thoughts and experiences as researcher in this study.

Chapter 14 **Reflexivity, my experiences as the researcher of this study**

> *If I start with "I" can I use the big words? (Quinlan 2013, p. 405)*

My involvement and personal journey from the start and throughout this research over the past five years has been enabled and enhanced by my own critical reflection. The part I have played cannot be divorced from the execution of the project and writing up this thesis and as such this chapter on reflexivity captures my experiences as I lived through the project.

Using the first person has undoubtedly helped me to clarify and convey meaning in my writing and the first section of this chapter explains and strengthens my reasons for this. The practice of using personal pronouns in academic writing (particularly in relation to social sciences and nursing), has become much more contentious in recent years (Webb 1992; Davies 2012; Thonney 2013; Toor 2015) and how I came to my decision to do this warrants some discussion in the light of this.

In accordance with my chosen methodology and in attending to the first of four stages of empirical-phenomenological research I needed to "articulate an experiential phenomenon of interest for my study" (Todres and Holloway 2004, p. 83). In simple terms this meant that I had to identify and clearly articulate exactly what area I wanted to investigate. This required me to explore and reflect on not only the literature but also my personal and professional areas of interest. How I did this is discussed in the second section of this reflexive chapter.

As a novice researcher, using phenomenology and becoming proficient at it for me, was a tall ask. How I tackled this, made decisions about which approach to phenomenological research to use and how I came to understand and be able to use it meaningfully will be explored and reflected upon.

The part I played as researcher and nurse educator could potentially have caused conflict which had the potential to influence either the participants (all of whom were still students) or my findings. The fourth section of this reflexive chapter considers ethical integrity within my role as researcher versus research instrument and pays special attention to the data collection and analysis phases of this research.

The final section of this chapter examines my own personal learning from undertaking this PhD study. Some of the challenges are considered and I conclude with my thoughts about my next steps.

14.1 Writing in the first person

Writing a thesis partially in the first person was something that I became intrinsically drawn to as my research proceeded. Substantiating my reason for doing this meant seeking out a strong evidence base that could be used to support my case. In so doing I came across various publications that upon reading have widened my writing skills and I believe, have enabled me to capture a "felt sense" (Gendlin 2004, p. 133) of the whole project. Perhaps it was my own experience of hearing the voices of the participants as I delved deeper and deeper into the implicit meaning of their experiences that made me go beyond cognition to living it with them. *Knowing* in this sense presented a challenge in how to best communicate my thoughts/feelings to readers of this thesis and to accurately and faithfully represent the participants' voices. I eventually arrived at the decision that to write parts of my work in the first person was essential.

Writing in the first person is not without its challenges. According to Toor (2015) it is a risky business and the writer should not underestimate how difficult it can be to communicate effectively with prospective readers. There are advantages of writing in the first person however and these will now be explored in relation to my writing. Harwood (2007) suggests that using a personal pronoun injects a personal note and invites the reader to feel included and become involved. This was important for me because from epistemological and ontological perspectives, I believe that my

research does not end with the writing up of this thesis. Rather, prospective readers take from it what they will and therefore how I convey the findings and new knowledge is important. Reflexivity is also an essential part of this research because it allowed me to discuss and explain how and why I have made certain choices and decisions on this journey. This would be difficult to achieve and impossible to evidence without first person writing.

Writing in the third person is commonly used in positivist research to convey objectivity and scientific validity. Webb (1992) however, argues that using the third person can be deceptive because it allows the quantitative researcher to make their point without displaying their personal thinking on a matter. This is corroborated by the view that using a neutral, passive voice conveys the message that a distance has been kept between the researcher and the subject (Sandelowski 1986). This is something that was not the case for me in my research journey. In relation to nursing research Webb (1992) advocates the use of a more personal approach and justifies that writing in the first person allows the researcher to give a reasoned opinion based upon evidence. She also cautions against falling into the trap of using the third person which can also lead to tortuous and cumbersome writing that arguably becomes a barrier to conveying the message the writer wishes to give.

14.2 Articulating an area of interest

As an experienced nurse educator I was particularly drawn to finding out more about how the programme prepared student nurses for role transition. Curricula for pre-registration nursing programmes at all universities in the UK must be reapproved and redesigned where necessary at least every five years (Nursing and Midwifery Council 2010). Therefore each and every curriculum reflects current and topical issues that are highly relevant to healthcare. There appeared to me to be an imbalance however, between the curriculum design and how newly qualified nurses fare as evidenced by the plethora of continuing reports on

transition shock. As I began to read and search the literature it became apparent that the majority of research focuses on the new registrant with little interest paid to the student (apart from a few longitudinal studies). I became interested in finding out more about students that were about to qualify partially because I was (and still am) the leader of a third year theory unit which prepares students for professional practice. The main reason though was because students who were in their final consolidation of practice placement seemed to have been forgotten. With the advent of an enforced longer final practice placement I immediately saw the gap and found an area in need of exploration. Thus the research question was formed and I decided upon a methodological approach that would answer it.

14.3 Getting to grips with using phenomenological research

Using descriptive phenomenology for the first time as a novice researcher presented some challenges at the start of my PhD journey. At the very least, coming to understand and use the language meaningfully, tested me. I decided early on to start my own glossary of phenomenological terms which proved invaluable. Striking the balance between using complex and simple words and therefore writing clearly took some while. Indeed one of my supervisors commented "You have to take two paracetamol after you've read this!" Towards the end of the writing up phase of my thesis I began to piece it all together and felt confident to review, refine and replace some of the more complicated sections of my work, most notably parts of the methodology and method chapters.

Coming to terms with phenomenological language became an integral part of learning about and understanding the different approaches to phenomenological research and the nuances therein. This perhaps was the greatest challenge for me because although once I had decided upon my research question and was clear about using phenomenology, I did not know which approach to adopt. I entered into a phase of discovery and took myself off on study days on Interpretative Phenomenological

Analysis, went to a seminar on the history of phenomenology and read widely. I was drawn to descriptive phenomenology because it became important to me to avoid any form of interpretation during the data collection and data analysis phases of my research. I was keen to hear rather than steer what each participant had to say about their longer final practice placement.

Another phase of this research that tried and tested me was the presentation and discussion of my findings. I initially felt that to present each invariant constituent with no references to the literature would have made for dry reading. I therefore combined discussions and findings together in the first instance. The result felt muddy and the participants' voices were lost in amongst the published views of other authors. I eventually decided to present each constituent with explicit and minimal links to the literature and a first level discussion around what was new knowledge and what supported earlier works. The main discussion (Chapter 11) flowed much more meaningfully as a result. I knew that more needed to be said about my findings however and it seemed only natural to further discuss the meaning of the general structure or essence which I did in Chapter 12.

Towards the end of this research project the different phases and stages of the research melded together into one and my understanding of the complexities of phenomenology began to cement. I began to see that phenomenological research attends to three different concerns. It cares about hearing and remaining truthful to the voice of the participant; it is concerned with developing a deepening understanding of the phenomenon under scrutiny and lastly it cares for the audience who will read it. The processes I have followed on this journey have attended to all three of these concerns with the latter now becoming the most important as I begin the task of disseminating and publishing my findings.

14.4 The researcher as the research instrument: my role as researcher, educator and nurse

The part I have played in this research process is crucial to its success. As a senior lecturer and registered nurse I know that asking students about their experiences could influence what they tell me. I am also aware that I have personal and professional life experiences which could colour the way in which I hear what students say. My aim was to remain open to and hear what students told me of their experiences in their worlds. This reflects my own personal ontological position highlighted in Chapter 3. Through exploring and questioning my own beliefs and feelings, I have learned to harness assumptions and instead focus my listening and concentrate on hearing each student's account about what it was like to experience a longer final practice placement. I liken this to what Parse (1998, p. 71) terms "true presence." From the outset I have reflected upon and about my role in this research particularly at the data collection and analysis stages. At these points I attempted to place to one side my own experiences and agendas (which reflects Parse's theory) in an attempt to truly capture the student voice.

My position could have been seen as one of power by my participants. I therefore put into place several strategies to as far as possible, avoid this happening. Firstly, I targeted a group that I had not taught (aside from the occasional lecture), whose work I had not marked in the past and for whom I would not be approached to write individual references in the future. I was careful to explain in my Participant Information Sheet that my role as lecturer was not relevant in the research process (bar actioning the revelation of unsafe practices) and that taking part could not in any way influence positively or negatively the outcome of their studies or their future careers. The interviews were carefully planned to take place after all assignments and assessed elements of the programme had been submitted.

It was very important to set up each interview so that participants would feel as relaxed as possible. I booked an informal tutorial room, selected comfortable chairs of the same height and ensured the recording equipment was discretely positioned to capture maximum sound quality.

Finlay (2011) cites the researcher's ethical integrity as an important element of the research process. I believe my reflexivity advocates sufficient self-awareness and consideration of my own position in this process to meet this criterion.

14.5 My learning from this PhD study

In conclusion, the journey that this PhD has taken me on has stretched and surprised me. My personal ontological position which is based upon Parse's human becoming theory (Parse 1998) initially attracted me to adopting a descriptive phenomenological approach to my research. Once I had identified a gap in the literature and articulated my research question the notion of asking participants to describe their experiences without further signposting from me, seemed right. I have learned not to anticipate or assume and I have become practised at listening and hearing whilst placing my own thoughts and agendas to one side.

Assuming a phenomenological attitude throughout the data collection and analysis phases of my research was challenging and one of the difficulties that I encountered was working out the implications of the findings. I could see that I had represented the participants' voices and that I had captured the essence of the phenomenon; but I struggled to take this forward and explore the "so what" (Rolfe et al. 2011, p. 45) in relation to my new insights. I found it difficult to differentiate between Giorgi's (2009) descriptive (and therefore non-interpretative) approach at the data analysis stage and seeking out the meaning and implication of the findings which arguably required a degree of interpretation. Part way through, just before my transfer viva I published a paper (Appendix 15) in which I suggested that community teams should focus on fostering a sense of

222

belonging when welcoming students to their final placements. At the time, I had only analysed the data from one interview and therefore had not yet revisited the literature. Once all ten interviews had been analysed and the invariant constituents had emerged, I was in a position to engage in further reading on issues such as belongingness. Further consideration resulted in a change of heart and I altered my viewpoint and argued that it would be better to help students find their own way of being accepted by the myriad of different people in the team rather than paving the way for them. I could see that I had made an initial error of judgement by jumping to the conclusion that belonging and feeling accepted as a team member would help students. I can now see how important being accepted into the team was for the participants but I also see how the difficulties some had resonated with experiences reported by newly qualified nurses. It became clear to me that the extended last practice placement offered a unique and final opportunity to practise responding to some of the challenges likely to be encountered at some point in the real world of work as a registered nurse. This change of opinion exemplifies my personal learning from undertaking this research project.

Probably the most poignant moment for me in the whole of this journey was a response from a third year student who had just completed her final placement. We recently spent the day together interviewing for applicants for the undergraduate pre-registration nursing programme and she started to tell me about her experiences and her expectations of the future. I told her about my PhD and my interest in how students experience their last practice placement and begin to prepare for role transition. I invited her to read my poem and she told me that it captured exactly how she felt about her final placement and her next steps. I felt moved that she responded so positively and it reinforced my feelings of gratitude for being allowed a window into the lives of the participants in this study. This also reinforced my personal ontological position that to stand back and encourage people to talk freely about an experience can be immensely powerful. My minimal questioning whilst interviewing participants (data collection phase) yielded

deep and meaningful findings that were rooted in their lifeworlds. My experiences of finding out about their experiences has fuelled my desire to continue to use descriptive phenomenology in the future.

I feel compelled to take forward all that I now know for the benefit of future students and ultimately the people in receipt of their care as the next generation of registered nurses emerges.

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Appendices

Appendix 1: Summaries of Nursing and Midwifery Council publications highlighting aspects that are relevant to my study

Year	Title	Summary	Key mandates	Relevance to my study
2006	Standards to support learning and assessment in practice	1st edition. Now un accessible. The principles in the 2nd edition remain unchanged (see below).	See 2008 standards	See 2008 standards
2008a	Standards to support learning and assessment in practice	2nd edition. Outlines a series of core standards which must be assessed and met by all student on recognised nursing, midwifery and specialist community public health nursing programmes. All undergraduate pre-registration nursing programmes in the United Kingdom from 2007 must ensure that at the end of the final practice placement a designated *"sign-off mentor must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved"* (NMC 2008, p. 3) Strongly advises that all new registrants undertake a period of preceptorship when they are supported by more experienced registered nurses.	From 2010 all finalist students must be assessed and confirmed as having met the required proficiencies in order to pass their programme.	The notion of *"sign-off mentor"* was mooted in 2006 and became mandatory since 2007. That is to say that by 2010 all finalist students must be assessed by a *sign-off mentor* in their last placement.
2008b	The Code: Standards of Conduct, performance and ethics for nurses and midwives.	8 pages in length. Sets out standards that are expected of all nurses and midwives in the UK.		Referred to in the earlier parts of my study as the 2015 Code had not been published.
2010a	Sign-off mentor criteria (circular).	Summarises the sign-off mentor criteria. Must be read in conjunction with the Standards to support learning and assessment in practice (2008)	*Sign-off mentors* must be trained to make decisions about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the register	Focus is on the preparation for designated *sign-off* mentors.
2010b	Standards for pre-registration nursing education	Replaced the 2004 Standards. Sets out Standards for competence (against which students must be assessed) and Standards for education (aimed at	A minimum twelve week final practice placement became mandatory for all	Participants in my study were the first cohort of students to experience a

		programme approval and delivery). Introduced the notion of a longer mandatory final practice placement for undergraduate pre-registration nursing students. *"During a period of at least 12 weeks practice learning towards the end of the programme, a sign-off mentor … makes a final judgement of competence."* At the end of this period a "*sign-off mentor*" must confirm that the student "*is safe and effective in practice at the end of the programme.*" (NMC, p. 10)	students commencing their studies from 2010 onwards.	longer (minimum 12 weeks) final practice placement as a mandatory component of their programme.
2015	The Code: Professional standards of practice and behaviour for nurses and midwives)	Replaced the 2008 Code. It reflects the changes in healthcare post the Francis Inquiry. Sets out a series of values and standards that nurses and midwives must adhere to at all times whether in direct or indirect contact with patients and carers. New registrants must commit to upholding to these professional standards at all times.	Puts patients and service users at the heart of care. States that nurses and midwives must: Prioritise people Practise effectively Preserve safety Promote professionalism and trust	Replaced the 2008 Code which was in force at the start of my research.

Appendix 2: Example of key search terms used for initial literature search

Key concept	Alternatives	Combinations
Longer placement pattern	Length Time Duration Pattern Allocation Practice experience	(Length or long* or time or duration or pattern) and (placement* or "practice placement*" or allocation* or "practice experience*")
Nursing student	Student Nurs* Nurs* student Learner Nurs* Pre-qualifying Nurs* Undergraduate diplomate	("Student Nurs*" or "Nurs* student" or "Learner Nurs*" or "Pre-qualifying Nurs*" or Undergraduate or diplomate)
Role Transition	Transition* Role transition* Changeover Conversion Shift Move Develop Qualify Professional Socialization Becoming Journey Passage Newly qualified Newly registered	(Role and transition or transition* or changeover* or conversion* or shift* or "move* to" or develop* or qualify or "professional sociali*ation" or becoming or journey or passage or newly qualified or newly registered)
Staff nurse	Staff nurs* Newly qualified Nurs* Registered Nurs* Registered Practitioner* Professional* practice Licensed Nurs* Nurs*	("Staff nurs*" or "Newly qualified Nurs*" or "Registered Nurs*" or "Registered Practitioner*" or "Professional* practice" or "Licensed Nurs*" or Nurs*)
Experiences	Experience* Perception* Challenge* Issue* Barrier*	(Experience* or Perception* or Challenge* or Issue* or Barrier*)

Appendix 3: Example of literature matrix on student nurses and their final/significant placement and/or role transition

Author and year of publication	Location	Aim	Methodology	Findings/critique/notes	Recommendations and limitations	Relevance to my study
Andrews et al. (2005)	UK	To explore the perceptions of student nurses (all years) of their clinical placements in the context of workforce recruitment	Mixed methods 3 phases; 1. Questionnaire sent to students (n= 650) 2. Focus group discussions (n=7) and telephone interviews with recently qualified nurses. interviews (n= 30) 3.	If they felt supported as a student they were more likely to apply for positions in the same placement as registrants. Older study done in 2002. Students tended to class their experiences of their placement as either good or bad.	Older study which is now out of date. Two universities one of which centred on London. Racism was noted to be an issue and deterred applications in London.	Students had a good working knowledge of their placements which they used to inform themselves regarding job applications.
Andrew et al. (2009)	UK Scotland	To investigate the experiences of nursing students in their first clinical placements.	Qualitative Longitudinal study. Survey and questionnaire.	76% of students looked forward to their first clinical placement. 19% expressed anxiety and 3% dread. The end of the 3rd week represented a benchmark in practice learning. 82% claimed they understood the role of the new student nurse but only 41% reported an understanding of what was expected of them.	It provided Micro rather than macro feedback and therefore failed to represent the whole picture.	Focuses on ==FIRST YEAR students== and how they adapt to practice for the first time.
Bourbonnais and Kerr (2007)	Canada	To capture personal reflections on being a preceptor and to identify the supports and		Little on the student experience, mostly on the role of the preceptor who identify a "safe passage" for both students and patient.		Centres on the PRECEPTOR and their role in supporting students in their FINAL PRACTICE PLACEMENT.

251

			challenges to enacting the role	Does recognise the challenges that transition presents to students and new RNs.		
Burns (2009)	Scotland	To evaluate adult nursing students perceptions of how the transition from student to registered nurse affects their preparation for practice.	The paper reviewed an initiative which invites finalist students to apply for a position as a bank staff nurse once registered. The induction programme starts in their final semester but was not fully evaluated.	In January 2005 45 students were enrolled on the programme as a pilot study. Unclear aim. Implications are that investment in undergraduate nursing programmes by the NHS can enhance transition.	No proper report on pilot study.	A consideration of students in the transition process but only minimal and their perspectives not reported upon.
Burton, R. and Ormrod, G., 2011. *Nursing: Transition to Professional Practice.* Oxford: Oxford University Press.	UK	To assist finalist students in their preparation for making the transition to RN	Book. Considers finalist students' expectations of making the transition. Offers a series of areas that they can work on to better prepare themselves for the reality of what it will be like. Recognises the adjustments that need to be made and identifies the skills that need developing.	NA	This book is organised into chapters which focus on one key area that students are invited to work upon in their preparation for transition. Offers a series of scenarios that enable students to put theory into action.	Details areas that finalist students can work on. Of particular note is the final chapter entitled *Preparing for qualification: pulling it all together.*
Cahill (1996)	UK	To gain insight into experiences of senior students with qualified staff. To explore the nature of the mentor-mentee relationship.	A qualitative approach. Focus groups discussions followed by semi-structured interviews. Final year students (n=23) were	If the students liked their mentor they evaluated the placement well. Students felt disinclined to question trained staff because they believed that their suggestions would be seen as criticisms. Fitting in was key. The role of the mentor was	The students followed a curriculum that pre-dated Project 2000.	An older study which pre-dates the move of nursing education to HEIs. Less significance because of the apprenticeship style course that participants followed. From a historical perspective

		To examine the power base of student nurses. To assess the variations of student support.	included in the study.	poorly defined.		students were not prepared to assert their views because they feared an unsatisfactory report.
Carlson et al. (2005)	South Africa	To explore and describe experiences of final year student nurses in preparation for registered nurse role. To describe the experiences of novice registered nurses To generate a model to assist final year students in their preparation	A theory-generative, qualitative, explorative, descriptive and contextual research design was utilised	Finalist students related negative experiences which impacted on their confidence in feeling they were ready for the role of registered nurse. Students did not feel they were seen as emerging professionals. Students lacked good professional role models in relation to their professional socialisation.	Students need to be better prepared for their impending role of professional nurse. The use of a reflective model needs to be incorporated into the nursing programme to aid students' development of reflective thinking.	Older study. The emphasis appears to be placed on the student developing key skills such as self-management rather than the role of trained staff in helping them.
Chung et al. (2008)	Hong Kong	To report the learning experiences and outcomes of the Pre Graduate Clinical Placement. This was an EXTRA placement organised after the final placement and before commencing employments as an RN.	Finalist students (n=37) and preceptors/mentors (n=33) were surveyed, involved in focus groups and pre and post appraisal of Inventory for Nursing Competencies.	Three themes revealed as follows: • learning to work with ward nurses and preceptors, • learning total aspects of care, • acting as RNs	Focus on competence and nursing activities. This research evaluated the effectiveness of an extra placement. The main focus was on clinical skills and familiarising themselves with the role of the RN.	Chung at el. Recognise that research into students' experiences and perspectives of role transition are few. Gaining insight into what it is like to practise being a real nurse from the inside was recommended. However, courses in Hong Kong are normally five years in length and therefore not generalisable to my study.
Cooper et al. (2005)	Wisconsin USA	To explore the cognitive and emotional responses of finalist degree student during their final	Naturalistic Inquiry. Finalist nursing student (n=32) were placed in one of two hospital settings for their last placement.	Content analysis revealed 6 themes: Being aware of human vulnerability Feeling the weight of RN responsibility.	All placements were hospital based. Recommendations are aimed at retaining new registrants (orientation programmes, reflective	Cooper et al. recommended: 1. preparing students for the incongruence they will experience as RNs. 2. fostering opportunities for students to practise

		practice placement.	Weekly reflections about their experiences were posted onto a community website. Asked to describe an incident and write about what they were thinking and feeling at the time.	Recognising limits. Evaluating self. Seeing things from the patient/family perspective. Confronting ethical issues.	writing groups, online forums that allow mentors and educators to feedback.)	anticipating how they might respond to clinical situations 3. encouraging students to reflect (based on the theme "self-evaluation")
Doody et al. (2012)	Southern Ireland	Longitudinal quantitative study seeking final years from Adult, MH and LD fields views and expectations of role transition.	Questionnaire, SPSS. Likert scale questions. Delivered during a lecture midway through final year. n=116 84% response rate.	Suggests students' perceptions of transition were considered. Specifically: *50%+ students say they are adequately prepared *61% adult students said they had had the opportunities to develop skills needed for RN *26% agreed they had chance to practise management skills * no invitation to speak freely about placements even though the researchers actively chose students who has "substantial rostered placements" (Deasy et al. 2011, p 110)	From one cohort only therefore not generalisable. Recommends learning more about the views of students from different fields of practice on managerial skills. What are the "skills" in q 3 Table 1? Not specific enough.	Focuses on role transition from the STUDENT'S perspective. During last placement asks them to predict what it will be like. *Suggests that in the absence of preceptorship, students may need to rely upon skills (e.g. reflection) learned from their pre-registration course. * Students felt they did not have adequate opportunities to practise *management* skills. *only 10% viewed transition as unproblematic
Deasy et al. (2011)	Southern Ireland			Questionnaire and is therefore restrictive in delving deeply into students' experiences, thoughts, views etc. Doesn't consider the consolidation placement immediately prior to registration. Surveys given out during final year at the start of a lecture.		Reports on the same research (i.e. phase 1) as Doody et al 2012. Indicates that students need to develop coping skills and suggests a formal stress management programme in undergraduate nursing education.
Dunn et al. (2000)	Australia	To compare and contrast the	Focus groups with students from each	3 major themes emerged from across all 3 disciplines:	An older study done at a time when Nursing	Links to my study in that students from all disciplines

		perceptions of finalist students (n=39) who were completing 3 different degree courses. (Nursing, secondary education and tertiary education)	discipline were conducted.	• role integration • confidence • altruism (i.e. making a difference to patients/learners) Students identified a survival strategy that they used to ensure that they achieved their competencies and kept a harmonious relationship with the team.	degrees were changing (Project 2000). Although this study canvassed the views of finalist nursing students, it was not in relation to the last practice placement but rather all experiences over their 3 year programme.	reported that they employed survival strategies (diplomatic interpersonal skills) to ensure that they practised what they needed to whilst keeping a harmonious relationship with the permanent staff.
Edwards et al. (2004)	Australia	To determine the relationship between the location of clinical placements and competence and preparedness for practice from the perspective of the nursing students.	A quasi experimental design with a pre and post (placement) survey of finalist student (n=258) allocated to either rural (n=137 or city (n=121) placements.	Students were more likely to opt for rural placements as RNs once they felt confident to do this. Both placement types increased confidence and competence.	An older study and the implications of working in "rural " settings for nurses in Australia (both as students and registered nurses) are different from the United Kingdom and therefore has limited relevance to my study.	Limited relevance to my study other than this identifies the need to recruit new registrants to community settings as in the UK.
Hartigan-Rogers et al. (2007)	Canada	To describe new graduates perceptions of their 3rd and 4th year placements as a student. To also describe their recommendations for where these placements should be.	A descriptive research design using semi-structured interviews with 70 participants. 90% of these were female.	Four themes identified as: Developing nursing skills and knowledge, Experiencing the realities of work life Preparing for future work Experiencing supportive relationships	Focus was on participants' memories of their experiences as students. More consideration of how the experiences prepared students for the reality of practice needed. Emphasis was placed on participants' perceptions that their experiences had offered significant learning	The placements that students had experienced were five-six weeks in length. Concluded that placements should provide a supportive environment because this helps students flourish.
Hasson (2008)	Sweden	To monitor the quality of sleep as nurses leave Higher education and enter the workforce as Registered Nurses	Longitudinal study assessing and monitoring the quality of sleep commencing with the final semester	A small decline in sleep was seen over the three years the most significant being within the transition period from HE to RN.		Confirms that the first experiences as an RN are the most stressful demonstrated by a decline in sleep.

			as a student nurse. Surveys (n=1114 67%) student nurses commenced study. Followed up at one, two and three year intervals ending with 933 participants.			
Heslop et al. (2001)	Australia	To identify 3rd year students expectations of their graduate role and to ascertain how prepared they feel to fulfil this role.	4 part descriptive survey. Some description/open ended Q's asked and some Y?N answers around	Students want to have a say in where they will work as part of preceptorship. Students feel unready to be an RN.	Dated but relevant to my study. Focus on hospital placements in Australia for finalist students.	All about expectations of their forthcoming graduate year (similar to preceptorship in UK). Whilst invited some free expression was geared towards post reg. with less on their CURRENT experiences. Students were anxious and felt they lacked practice. They anticipate being supported.
Higgins et al. (2010)	UK	Systematic review of the experiences and perceptions of newly qualified nurses during their transition from student to staff nurse.	Systematic review	Four themes were identified: transition and change; personal and professional development; pre-registration nursing education; preceptorship and support.	Further research is needed to address the transition period including pre-registration education.	Pre-registration nursing was found to be a major issue in the transition process. This is partially due to the changes over the past decades (apprenticeship to HEIs). Many papers highlighted inadequacies in pre-registration education preparation. A lack of structured learning on placements was noted. Older pre-P2K studies believed pre-registration nursing to be more effective.
Holland (1999)	UK	To explore the transitional journey that students make	Ethnography open ended questionnaires and	Role conflict and blurring of boundaries for students who often also worked as HCA's	Dated. Diploma level students interviewed.	Transition identified as a problem for students in 1999 at the inception of university

		to registration	interviews	Learning takes place as students "care" for patients.	Unclear what questions were asked of the students.	education for nurses (Project 2000)
Honey and Lim (2008)	New Zealand	To explore final year undergraduate nursing students' perceptions of clinical practice situations where they applied, or were not able to apply, their pharmacology knowledge in medication management.	Post completion of their final ten week practice placement students (n=60) from one class were invited to complete an anonymous survey.	The majority of students do use their pharmacology knowledge during their final practice placement. However, lack of opportunities and guidance from mentors in medicines management are seen as barriers to practice. A perceived lack of pharmacology knowledge by students was thought to be a concern and a study skills workbook recommended.	Participants were all from the same class. Students were studying different areas of professional practice including paediatric, adult and mental health nursing.	Finalist students believe that they are lacking in pharmacology knowledge and practice. Barriers to practising administration of medicines were apparent (lack of time, some clinical areas more receptive to students' needs).
Levett-Jones et al. (2008)	Australia and UK	An investigation of student belonging in relation to student placements	Survey across 3 sites (2 in Australia and 1 in UK) on students (n=362) in their final year were targeted.	A settling in period was found to enhance belongingness which in turn enhanced students learning.	A vast range in duration of clinical placements experienced across the 3 sites was recognised.	A settling in period of 2-3 weeks was believed by finalist students to be helpful in their learning.
Löfmark et al. (2001)	Sweden	To examine students' perceptions of independence in the first (n=60) and third (n=48) year of an undergraduate nursing programme and to explore exposure to different nursing tasks.	A longitudinal study using a quantitative questionnaire survey	Students noted a lack of opportunity to practise some of the tasks they viewed as important w=and were expecting to practise.	An older study which was largely task focused (questionnaire based upon knowledge, skills and attitudes)	Whist the perceptions of finalist students practice experiences were sought, there is limited relevance to my study (see limitations).
McLeland and Williams (2002)	New Zealand	To gain a better understanding of the learning experiences of students nurses on	Emancipatory praxis methodology. 9 third year students were individually	Positive experiences were noted overall by participants. Negative themes included powerlessness, exploitation of	This study specifically focused on what IMPINGED on students' learning in practice. Fifteen years old and	Recommendations included further research into supervision models for finalist students. Students made sense of

257

		final year clinical placement. To identify possible ideological, cultural/political constraints which impinged on learning and create awareness for favourable change	interviewed followed by a focus group.	minority students, the myth of praxis, marginalisation, the move from holistic to reductionist approach to care.	focused specifically on the negatives.	complex issues in relation to their practice.
Mooney (2006)	Ireland	To ascertain how newly registered nurses perceived the transition from supernumerary student status to RN	The study is on RNs surveyed post registration.	3 categorises follows: *High expectations from others which reinforced the belief that they were underprepared. *no time for nursing as they had endless tasks which took them away from patients. *Facing trepidation; fearful of things such as drug administration.	2007 Used some old references within the conclusion	Preparation of Students for their transitional journey IS INADEQUATE. Support for new RNs is inadequate. New RNs perceived that students had more time to be with patients than they did.
Middleton and Duffy (2009)	UK	To explore the experiences of community nurses mentoring student immediately prior to registration.	Constant comparative analysis. Purposive sampling (n=12), focus groups (n=3) of registered nurse mentors working in community settings. All had experience of mentoring students in their final placement.	3 themes emerged: 1. Length of final placement (17 (-3 holiday) =14) 2. Allocation of mini Case load 3. Being a sign off mentor	Refers to out of date NMC documents. These have been superseded by more current versions namely the implementation of Sign-off mentors (NMC 2010b).	Longer placements are highlighted as beneficial to both students and mentors. Allocation of mini case load is challenging for mentors and dependent on student, patient and mentor. Recommended from halfway through allocation. Sign off mentorship is seen as challenging for mentors.
Nash et al. (2009)	Australia	To evaluate a transition model aimed at helping finalist students	Student survey (n=92). One third of these (n=29) had undertaken the transitional model. Two follow up focus groups with student who undertook the	Findings from the focus groups included the following themes: • Growing confidence and competence • Becoming part of a team • Perceptions on of industry supervisors	A positive learning environment is important in assisting with transition. Students who did not follow the model reported no significant differences in preparation to those	Refers to the "pre-transition period" (p.49) Similarities with some of the invariant constituents in my study.

			transition model were conducted. A further focus group for supervisors/mentors also held.	(mentors) and RNs • Stepping back • Feeling it's worthwhile • Support for RN's	who did.	
Newton and McKenna (2007)	Australia	To explore how graduate nurses develop their knowledge and skills during their graduate programmes and immediately after and to identify factors that help or hinder knowledge and skill acquisition.	Focus groups at 4-6 months, 11-12 month into the graduate programme and again 4-6 months post completion. and monthly anecdotal data collection. Data collection at 3 months	A series of themes revealed: *gliding through *Surviving *Beginning to beginning	Says that students underestimate the preparation needed for role transition and need further help and preparation	Students underestimate the need to be prepared for role transition Transition still remains stressful for new RNs.
Pearson (2009)	UK	Personal reflection on making the transition to RN	Not a research study	A supportive, approachable mentor along with others in the team will help build confidence. Students should be able to discuss areas of concern	The final consolidation of practice placement (3 months) really helped this individual. Child health std. Support of the mentor is key. Confidence is key.	There is value in finding out more about how individuals experience their final practice placement.
Price (2006)	Canada	PhD study exploring final year students perceptions of their experiences of preceptorship (mentor in UK)	Constant comparative analysis. Finalist students (n=8) from 2 different universities were individually interviewed.	Five themes were identified as follows: • learning to be a nurse; • student strategies; • preceptor strategies; • positive factors influencing learning; • negative factors influencing learning.	An older study done when preceptorship was a new concept. In the UK mentorship has been a requirement of all undergraduate programmes for some time.	A study which explored the perceptions of finalist student nurses' experiences of learning through being mentored.
Ross and Clifford (2002)	UK	To examine the expectations of student nurses in their final year and	Convenience sampling (n=30) . questionnaire (Likert scale) pre-qualifying followed	Transition is perceived and experienced to be very stressful for students.	Small sample size and limitations of one cohort of students in one hospital in the North of England raises questions	Recognises that the UKCC in 1999 recommended a 3 month consolidation placement at the end of the programme for UK pre-

		compare these with the reality of being a newly qualified nurse.	by individual interviews (n=4) pre-qualifying and again post registration at 4 months.		around generalizability.	registration nursing students as a way of easing transition.
Shih and Chuang (2008)	Taiwan	To explore how a ten week "preceptorship" placement at the end of an undergraduate programme in Taiwan influenced career choices for finalist students	Following a ten week placement in their final year students (n=326) were invited to complete a questionnaire.	Positive reasons for making a career choice were: • A good unit environment • Nurse's professional role • Self-professional knowledge deficiency • Patient and family good feedback N.B. some of these terms are difficult to fully understand in the context of current UK nursing education.	It is difficult to fully comprehend the findings because of cultural influences and they therefore have less significance for British nurses. Also, in Taiwan, students study for five years which further differentiates their experiences from those of UK nursing students.	It can be concluded from this study that a ten week placement (32 hours per week) for finalist students helps to prepare them for registered practice.
Sok Ying et al. (2014)	Singapore	To assess a simulated training model designed to support finalist nursing students	Observation and student evaluation	Simulated training is helpful for finalist nursing students	To use their module. Little on students perceptions. All in a hospital.	Research is on training of skills for finalist students in a simulated environment. Responds to skills only therefore not relevant o my study.
Starr and Conley (2006)	USA	To explore student nurses' experiences and perceptions of undertaking an externship programme	Individual interviews with 10 students. Followed up 1 month later to verify findings.	All participants wanted to gain clinical experience both skills and seeing what it would be like as an RN	Data analysis not clarified; a qualitative methodology with interviews a=was used.	Students want to practise being a registered nurse. They wanted to practise clinical skills.
Suresh, P., Matthews, A. and Coyne, I. 2012. Stress and stressors in the clinical environment: a comparative study of fourth year student	Ireland	To measure and compare the perceived levels of job-related stress and stressors of newly qualified nurses and fourth year student nurses	A cross sectional comparative study of New RNs (n=120) and 4th year students (n=128). Convenience sampling but RNs	The following themes were identified: Excessive workload, difficult working relationships, unmet clinical learning needs, combining academic demands with clinical placement.	Response rate was 26% (n=31) for RNs and 33% (n=40) for students. High levels of stress for different reasons are evident in both groups. However transition offers periods of "highs" and	Recommendations that reducing stress is needed to ease role transition. Therefore finding out more about final clinical placement would help this and deepen knowledge to enable nurse educators and mentors to do

		in the clinical environment.	had to be within 6 months of registration and working in acute care settings. Students had to be working on an acute care placement also but not necessarily their final one of the programme.		Lows". Recommendations made include for those involved in nursing education to help pre-empt and thereby reduce stress to ease transition. .	this. Stress is a cause for concern in the clinical environment.
nurses and newly qualified general nurses in Ireland. *Journal of Clinical Nursing.* 22, 770-779.						
Thomas et al. (2012b)	UK	To gain new insights into resilience and the experiences and accounts of adult pre-reg student nurses allocations to hospitals in UK	Systematic review and meta synthesis	Student nurses find hospital placements stressful. The development of emotional resilience is key. Some student have negative experiences	Nurse educators should be aware that negative experiences can impact on student learning, attrition and ==future learning.== Values in placement affect students.	Clinical placements and how student experience these can perpetuate learning styles. Negative experiences may affect future learning.
Trevitt and Grealish (2005)	Australia				Does not specifically state when the preceptor ship package occurs. Is this within the final placement or the final year?	
Trevitt et al. (2001)	Australia	To examine the developing professional identity of three groups (Nursing, teaching and engineering) of finalist students	Focus group interviews particular to each professional group	Learning out of context (i.e. in the classroom) does not adequately prepare student nurses for registration. More needs to be done.	Older study.	Findings suggest that theory to practice links are insufficient to fully prepare students for registration.

Appendix 4: An anonymised copy of emails sent to finalist students who had passed all elements of their nursing programme.

From: Jill Phillips
Sent: Monday, August 5, 2013 2:10 PM
To: ***
Subject: Participants in PhD research study needed: do you have an hour to spare?

Dear ***,

I am looking for students who are willing to be interviewed about their consolidation placement as part of my PhD research. If you can help me and/or would like to know more, please read the enclosed Participant Information Sheet and Consent Form.

I anticipate the interview will take no more than an hour of your time and I have a arranged times for **Monday 19<u>th</u> August** (in the afternoon) when you will be coming in to Bournemouth House to hand in your sign off documentation.

We can arrange another date and time to suit you and I am happy to come to you, if you prefer.

Please e-mail me if you can help.

Thank you for reading this,

Best wishes

Jill

Jill Phillips

Senior Lecturer
School of Health and Social Care (HSC) Bournemouth University
Bournemouth House Office: B246
17 Christchurch Road Bournemouth

BH1 3LH
Tel: 01202 961785
jphillip@bournemouth.ac.uk

Appendix 5: Anonymised participant interview details

Pseudonym	Nationality	Date and time of interview	Allocation of final placement	Contact details
Mark	British	16th August 2013 1045	Acute medical ward	**********
Mary	British	16th August 2013 1430	Community Health Centre	**********
Sally	British	16th August 2013 1630	Surgical ward	**********
Jane	British	19th August 2013 0930	Out Patients' Department	**********
Anna	Portuguese	19th August 2013 1130	Acute surgical Trauma ward	**********
Heather	British	19th August 2013 1330	Minor injuries unit	**********
Karen	British	19th August 2013 1530	Surgical ward	**********
Adele	British	2nd September 2013 0930	Community Health Centre	**********
Sarah	British	2nd September 2013 1130	Community Health Centre	**********
Vicky	British	2nd September 2013 1530	Acute surgical Trauma ward	**********

Appendix 6: Ethical Approval Report

School of Health and Social Care

Interim RG2 Report

Student nurses' experiences of the final consolidation of practice placement

PhD student: Jill Phillips

Supervisory team: Prof. Elizabeth Rosser, Drs. Karen Rees and Sid Carter
Reviewers: Drs. Ann Bevan and Andy Mercer

Report prepared by: Dr Jane Hunt

1) *Project proposal clarity*

The reviewers felt that the proposal clearly set out the proposed research.

2) *Sampling*

The reviewers considered that the sampling framework and participant selection is clearly outlined and no concerns were identified.

3) *Timescale*

The reviewers considered the proposed study to be is feasible and achievable within the timescale given.

4) *Participant Information Sheet(s)*

The reviewers foresaw no concerns with any areas of the PIS.

5) *Duality of role issues*

The reviewers considered that sufficient regard has been given to duality of roles and no concerns have been identified.

6) *CRB/DBS considerations*

This proposed study does not involve vulnerable groups and so for the purposes of data collection the research student would not require CRB clearance. However, it is recognised that as a staff member a valid CRB exists.

Dr Jane Hunt

Date: 30 July 2013

Appendix 7: Participant Information Sheet

STUDY TITLE: **Student nurses' experiences of the final consolidation of practice placement.**

Invitation

I am a Registered Nurse currently working as a Senior Lecturer in Adult Nursing at Bournemouth University. I would like to invite you to take part in a research study which I am doing as part of my PhD. Please read the following information which explains the details of my study which aims to explore student nurses' experiences of the final consolidation of practice placement. You are very welcome to contact me directly if you would like to know more or if you have any questions before making your decision about participating. In order to ensure that your wellbeing, safety and rights are protected and that all aspects of the research are ethical, this study has been submitted to Bournemouth University Research Ethics Committee for approval.

Purpose of research

The purpose of this study is to gain a deeper understanding of how student nurses experience their final consolidation of practice placement.

Why have I been chosen?

I am interested to hear from pre-registration nursing students in the Adult field who have passed all assignments and are about to start their final consolidation placement. All participants must currently be enrolled on a BSc (Hons) Nursing programme at Bournemouth University. Interviews will take place once you have successfully completed your final consolidation placement. I am seeking ten participants.

Do I have to take part?

No, this study is entirely voluntary.

What will happen if I take part?

If you decide to participate in this research study I will contact you to arrange a time when it is convenient for you to meet with me for a face to face interview. This will be after you have had your declaration of good health and character signed off and you have submitted your completed Practice Assessment Tool (PAT).

All interviews will be carried out at a venue that is suitable to you. This may be at Bournemouth House, Bournemouth University or your home if you prefer. An opportunity to ask questions will be given at the start of the interview and once you are happy with the process, you will be asked to sign that you consent to take part. I will ask for your permission to audio record the interview which will provide an accurate record of your experiences. This will then be listened to, written up and analysed at a later stage. The interview will take no longer than one hour.

What is actually being investigated?

I am interested to hear about your experiences of your final consolidation placement.

What happens if I change my mind?

If at any time you wish to stop the interview or withdraw from the research study, you may do this with my assurance that all data collected will not be used in any way and any recordings or written notes will be destroyed with immediate effect.

Will the information that I give be confidential?

The data collected during your interview will only be used for research purposes. The audio recording of your interview will be downloaded onto a Bournemouth University laptop before it is transcribed. Any personal data obtained will be anonymised and all identifiable information will be removed. All information you give me will be kept strictly confidential with data stored on a password protected computer in accordance with data protection rules. Participants' confidentiality and anonymity will be maintained and preserved throughout the research process including writing up and publication.

What are the possible disadvantages and benefits of taking part?

It is unlikely that there will be any disadvantages involved in taking part in this study. However, it is important to point out that in the interests of public safety, disclosure of events that could put patients, family or carers, staff or you at risk, would need to be addressed. Should this arise I would of course, work with you to resolve issues in accordance with the NMC (2008) code of professional conduct. This would be clearly explained at the start of the interview to ensure that the health and wellbeing of all involved are safeguarded. In addition, if at any time a participant became distressed the interview would be stopped and appropriate support given.

By taking part in my study it is hoped that you will gain insight into the research process and that finding will help the education of future students.

Will taking part affect my marks in any way?

No. You will have already received your Assessment Board transcript confirming all of your marks except for your sign-off mentor declaration. This, you will have already submitted before the interview takes place.

What will happen to the findings of this study?

The results of the research will form part of my PhD thesis. A summary of the research findings will be made available to you.

In addition, it is hoped that my findings will be further disseminated through conference presentation and publications.

What do I have to do if I wish to take part?

If you would like to participate in my study please contact me by e-mail or telephone. I will then be able to liaise with you to arrange a mutually convenient interview time and date.

Thank you for taking the time to read this information and considering taking part in this research study.

Jill Phillips

PhD student
Senior Lecturer
School of Health and Social Care
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Bournemouth BH1 3LH
jphillip@bournemouth.ac.uk
Tel: 01202 967185

<u>Supervisors:</u>
Professor Elizabeth Rosser   erosser@bournemouth.ac.uk
Dr Karen Rees krees@bournemouth.ac.uk
Dr Sid Carter   scarter@bpurnemouth.ac.uk

Appendix 8: Consent Form

Title of Study:
Student nurses' experiences of the final consolidation of practice placement.
Name, position and contact details of researcher:
Jill Phillips   jphillip@bournemouth.ac.uk   Tel: 01202 961785
PhD student and Senior Lecturer
School of Health and Social Care
B246 Bournemouth House
17-19 Christchurch Road
Bournemouth BH1 3LH

Ethical approval reference: Granted

Please initial boxes to the right of statements 1 to 5 and give your consent by signing below. Thank you.

1. I confirm that I have read and understand the Participant Information Sheet for the above study and have had the opportunity to ask questions which have been answered satisfactorily.

2. I understand and consent to have an audio recording of myself while being interviewed by the researcher.

3. I understand that my participation in this research is voluntary and that I am free to
withdraw at any point, without giving a reason and that this will not affect me or my progress on my nursing course.

4. I understand that the recording of my interview will be transcribed and direct quotations from my interview (which will be anonymised) may be used in research papers.

5. I ....agree to take part in the above study.

Name of Participant   ....

Signature of participant   ....
        Date.....................

Mobile number   .   ...

Signature of Researcher   ....
        Date.....................

Thank you for agreeing to take part in this project.

Appendix 9: General Risk assessment Form

1. Describe the Activity being Risk Assessed: An audio recorded interview to be used for research purposes.
2. Location(s) A room within Bournemouth House which will have been pre booked by the researcher. A participant's home if preferred.
3. Persons at potential Risk (e.g. consider specific types of individuals) The participant and the researcher.
4. Potential Hazards (e.g. list hazards without considering any existing controls): Environmental hazards such as electrical cables, positioning of chairs. Standard, already risk assessed hazards in the work place e.g. fire, flood, injury etc. Psychological hazards such as being interrupted and thought processes disturbed. Disclosure of information that may be of a potentially harmful nature to patients, their family or carers or members of staff. Risk of lone working if participants opt for me to interview them in their home. In such cases details of the venue and my mobile phone number will be given to a colleague along with dates and times to promote that my personal safety. These details will be destroyed on return to work at Bournemouth University.
5. Any Control Measures Already In Place: All rooms with Bournemouth House have been checked and deemed to be healthy and safe places of work. Policies and procedures are in place to reduce the risks posed by fire, flood, injury etc. It is custom and practice within Bournemouth House to respect the booking of rooms and to refrain from interrupting most especially if a sign has been placed on the door respectfully requesting that occupants are not disturbed. Participant Information Sheet and consent form to advise participants and ensure that they are aware and informed of the need to ensure the safety and wellbeing of all involved in the study.
6. Standards to be Achieved: (ACOPs, Qualifications, Regulations, Industry Guides, Suppliers instructions etc.) Bournemouth University Research Ethics Code of Practice Ethical standards as described in proposal as follows: Royal College of Nursing guidance on research for nurses (2009) Nursing and Midwifery Council (2008) code of conduct Data Protection Act (1984).

7. Estimating the Residual Risk (e.g. remaining risk once existing control measures are taken into account)

Choose a category that best describes the degree of harm which could result from the hazard and then choose a category indicating what the likelihood is that a person(s) could be harmed.

	Slightly Harmful (e.g. minor injuries**)**	Harmful **(e.g. serious but short-term injuries)**	Extremely Harmful **(e.g. fatality, long-term injury or incurable disease)**
Highly Unlikely	Trivial Risk **X** ☐	Tolerable Risk ☐	Moderate Risk ☐
Unlikely	Tolerable Risk ☐	Moderate Risk ☐	Substantial Risk ☐
Likely	Moderate Risk ☐	Substantial Risk ☐	Intolerable Risk ☐

8. Note the advice below on suggested actions and timescales:	
Risk (from No.7)	**Action/Timescale**
Trivial Risk ☐ **X**	No action is required and no records need to be kept.
Tolerable Risk ☐	No additional controls are required, although consideration may be given to an improvement that imposes no additional cost/s. Monitoring is required to ensure that the controls are maintained.
Moderate Risk ☐	Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited. Any new measures should be implemented within a defined period. Where the moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.
Substantial Risk ☐	Work should NOT commence until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress, urgent action MUST be taken.
Intolerable Risk ☐	Work should not be started or continued until the risk has been

reduced. If it is not possible to reduce the risk even with unlimited resources, work MUST remain prohibited.					

9. If 'Moderate' 'Substantial' or 'Intolerable': What New Control Measures are to be Considered to reduce risk?				10. Referred to: NA	11. Date:
12. Ensure those affected are informed of the Risks & Controls (Confirm how you have done this e.g. written instructions): Participant Information Sheet and consent form Written proposal submitted to Bournemouth University Research Ethics Committee					
13. Person who did Assessment:	Researcher: Jill Phillips	**14. Date:**	15th July 2013	**15. Review Date:**	15th July 2014
16. Checked or Assisted By:		**17. Date:**		**18. Review Date:**	

Appendix 10: Extract from a participant interview which shows the process of transforming meaning units into discipline (i.e. nursing) sensitive expressions.

Anna

J: Researcher   A: Participant

		Column 1. Descriptive Text xxxxxxxxx: highlighted key points *(Interview notes)*	Column 2. Context (Paraphrase what participant is saying)	Column 3. Free Imaginative Variations Statement of transformed meaning into discipline (i.e. nursing) sensitive expressions
1	A	So, I found it extremely difficult in the beginning because I've never seen the documentation before um…and I did go in first of all to see the sister because I was so scared *(grimaced)* and I explained you know "I've never… I've haven't been on a ward yet with all my placements and this in my first real ward so you know I think I'm going to need a lot of support" and she was really understanding. She had had another mentor for me but then she decided to change it and give me someone that was more suited to what I was asking for which is really good. She was really, really nice and she put me on three nights first for me to settle myself you know and get used to the paperwork and the routine of things before she put me on a like a day shift. So, it was very hard but I got the grips of it. It was alright, in the end. *(Anna notably relaxed once she had described how had settled.)*	Anna worked on a hospital ward for the first time during her consolidation of practice placement. At the beginning she found it to be difficult because she was unfamiliar with ward rules and routines. Her strategy was to go and see the ward sister before the start of her placement and ensure that she understood Anna's lack of hospital ward experience to date. Anna found the sister to be very receptive and appreciated the plan made to reselect a more appropriate mentor and put Anna on night duty for the first three nights to familiarise herself with the ward routines. In the beginning Anna found learning about the ward rules and becoming familiar with the ward routine to be very hard but she eventually managed to overcome her initial difficulties.	Anna sensed the ward would have expectations of a finalist student on their consolidation placement. As this was to be her first hospital ward experience Anna felt disadvantaged. She anticipated that she would be unfamiliar with a ward's rules and routines and therefore before she started she was proactive and booked an appointment to meet with the ward sister and marked out her territory. She negotiated a plan to support her needs. Initially Anna found her consolidation placement very hard but she spoke up about her difficulties and the resulting plan that she negotiated enabled her to find her way.

272

Appendix 11: Example of a participant's collection of transformed meaning units into discipline (i.e. nursing) sensitive expressions taken from Column 3

1, Anna sensed the ward would have expectations of a finalist student on their consolidation placement. As this was to be her first hospital ward experience Anna felt disadvantaged. She anticipated that she would be unfamiliar with a ward's rules and routines and therefore before she started she was proactive and booked an appointment to meet with the ward sister and marked out her territory. She negotiated a plan to support her needs. Initially Anna found her consolidation placement very hard but she spoke up about her difficulties and the resulting plan that she negotiated enabled her to find her way.

2, Initially Anna found the long standing, permanent staff (healthcare assistants) with strong characters challenging and resistant to her attempts to delegate. She kept her mentor informed about their resistance which increased and became obstructive at times with some reflecting Anna's requests back to her. At this point she conceded.

4-5, A power struggle existed between Anna and the permanent auxiliary staff. At first she depended upon the authority of the more senior registered nurses to inform the auxiliary nurses that Anna was to be in charge and that they were to obey her orders without questioning her. This gave Anna the power to practise her delegation skills which in time enabled her to be more confident.

5-6, Anna recognised that she needed to learn how to delegate. She resigned herself to the fact that she had not yet had the opportunity to practise her delegation (and other skills) on her nursing course as previously allocated placements such as Critical Care were not places where delegation is undertaken by students. She took responsibility and the initiative to read up on and reflect upon how she should practise it.

7, Anna recognised that there were a number of skills pertaining to the role of registered nurse that she had yet to learn and that consolidation offered the last chance to do this. This was very hard for her particularly as this was her first ward experience. Using delegation as an example, she mastered how to read underpinning theory and work out a way of applying this to her practice.

8, She accepted the challenge of getting to know the different characters in the team some of whom were strong and found a way of managing and communicating with them. As she mastered the skill of delegation so her confidence grew.

9, A major challenge was mastering how to be accepted by the ward team which included some strong characters. Support from her mentor and other more senior (registered) nurses enabled her to achieve this.

10, Anna describes an incident when the ward housekeeper accused her of being lazy. Anna defended herself by aligning her work as a student on her consolidation placement to her future role of a registered nurse.

11, Anna oscillated between acting as a student nurse requiring support and anticipating the role of the registered nurse. Support from her mentor and other more senior staff was key to empowering her to be able speak up.

12, Learning about all the different diagnoses and underpinning anatomy and physiology was overwhelming for Anna. She feels that she should have studied this more widely at university.

13, Taking responsibility for her own learning and applying theory to practice repeatedly during consolidation enabled Anna to master the art of caring for the clients in her care.

14, On reflection, Anna acknowledged that she underestimated what she would need to know and wishes she had previously taken time to study more anatomy and physiology pertinent to the patients she would be caring for on her consolidation placement.

15, Anna recognises that she must work hard to have a good knowledge base to care for her patients on consolidation competently. Anna takes responsibility for her own learning relevant to practice.

16, Anna is letting go of the protective shield that being a student offers. At the point of being "signed off" by her mentor as fit for the practice and purpose of becoming a registered nurse, Anna now feels scared whereas once she felt excited at the prospect. She has come to anticipate the full responsibility that she will have and that if she makes mistakes she will be accountable. Anna believes that she will be on her own once qualified. She believes she will have to make her own decisions. Anna is aware that knowledge is prerequisite once

registered and that she will have to make her own decisions based on her knowledge. She is aware that if she doesn't do this she will be putting her registration at risk.

17, Anna anticipates that the fear of being a registered nurse will make her more aware of her actions and help to prevent her from becoming overconfident and making mistakes. She is wary of complacency.

18, Anna acknowledges that she is afraid of becoming a registered nurse.

19, For Anna, the true meaning of being accountable from the perspectives of both student and registered nurses is emerging.

20, Once assessed as competent to perform a task by her mentor, Anna felt trusted and valued at being accepted as a reliable and useful team player.

21, Anna describes an incident where she allowed herself to believe that because others engaged in poor practice, this was acceptable and that she could do the same.

22 Anna wavers between doing as she is told albeit incorrectly, and deciding for herself. As a student she enjoys the safety of being told/taught and at times hides behind this. During her consolidation, she became more aware that she was responsible for her actions and decisions as a senior student and is receptive to criticism.

23, During consolidation, Anna at times felt ashamed at how she copied the actions of others rather than taking responsibility for making her own decisions about what to do based upon her knowledge. By reflecting on her mistakes the meaning of being an accountable registered nurse is sinking in for Anna.

24, Anna believed she felt the reality of what it will be like to be a registered nurse during her consolidation placement. She was treated as a staff nurse and asked to make decisions.

25, The importance of underpinning evidence and rationale for practice began to dawn on Anna during her consolidation placement. This was greatly assisted by the ward sister questioning and testing what she might do and why she would decide on this course of action.

26, Anna found the transition from student to staff nurse hard during consolidation.

27, Anna understands that accountability underpins all for both the student and the registered nurse. Consolidation has provided opportunities for Anna to practise and take responsibility which has enabled her to begin the transition from student to registered nurse when she will ultimately be accountable.

28, Anna has realised that she is about to relinquish the safety net that being a student offers. Anna is scared of taking on the mantel of responsibility and accountability herself.

29, By the end of her consolidation placement Anna felt part of the team. She felt safe because she knew she was well supported and because she knew the ward routines. The prospect of leaving the security of consolidation behind was daunting.

30, The prospect of working as a registered nurse in an unfamiliar hospital is daunting. Anna uses fear positively.

31,Consolidation was a positive experience for Anna. Her confidence grew and she became adept at independently seeking out theory which informed practice. She describes how she questioned her mentor and followed her instincts to find out more evidence to inform how they cared for a patient. This in turn gave her knowledge and confidence which empowered her to assert herself.

32, Anna describes how she took it upon herself to seek out the evidence to inform how the team might care for a patient. Her new knowledge gives her the confidence and power to be assertive. The experiences and successes of consolidation have excited, energised and empowered Anna to commit to ensuring the care given is evidence based.

33, Consolidation was challenging because it was like entering a new environment for Anna. She wanted to fit in to the team which included some really strong characters yet she wanted to be herself.

34, Anna developed strategies to manage the long standing strong characters on the ward and to get them to consider change. She describes incidents when she communicated her disapproval through facial expressions and deflected responses back to individuals thereby putting the onus on them to reconsider their actions. Anna used her position as a student nurse to coax and shame the healthcare assistants into considering change.

36, Anna feels powerless to facilitate change in the practice of the long standing permanent staff.

37, Anna employs the technique of questioning and deflecting back to the staff in an attempt to facilitate the change of long standing questionable practices. She engages in risk assessment in order to make her decision about how to best practise and refuses to conform to the way the healthcare assistants wanted to act.

38-39 Anna asserted herself against the ward team but because she confidently and knowledgably made a case for her decision and actions, she maintained her position of acceptance by the team.

39, Anna clearly stated she did not wish to be responsible for actions she believed to be unsafe.

40, Anna describes another situation when she challenged the long standing permanent staff and acted as the patient's advocate. Through negotiation she ensured that if a patient wished to sit out of bed for their dinner she would help them to do this. This sometimes meant that she worked on her own but by this stage of her consolidation placement she had the confidence and knowledge to do this. Anna felt a sense of achievement for positively overcoming this challenge.

41, Consolidation provided Anna with the opportunity to exercise the humanitarian qualities that she has developed over her course.

42, Anna felt good about how she honed her negotiation skills to ensure that she could give the care that her patients wanted. The examples she described here reflected her increased confidence to stand up to the long standing permanent staff. She continued to employ her strategy of deflecting back to the staff. As a result of her negotiating, she would work on her own, but she was content with how she felt about how she managed this.

43, Anna has responded positively to the challenges of her consolidation placement and learned to be a strong patient advocate.

44, Anna links theory learned about patient advocacy to an experience she had during consolidation. Anna described how a consultant failed to ensure a patient had understood the treatment proposed. She realised the futility of challenging the consultant and decided instead to approach the ward doctor to

ask that they return to the patient and re-explain and offer the chance to discuss and question.

45, Anna believed in building a meaningful relationship with her patients that meant they got to know her name and she became their advocate. She believed in respecting them as individuals and meeting their needs as people. Anna felt valued by her patients in return.

46, Anna felt pleased that in the absence of an official translator she was able to communicate with and help a gentleman understand his treatment.

47, Knowing two languages made Anna feel more confident.

48, Anna enjoyed feeling needed by the team because she had a unique skill. She used her translation skills and took the opportunity to build up a good relationship with a patient and felt good that she could enhance his care as a result of this. She became his friend and his advocate.

49, Consolidation enabled Anna to develop a range of skills which empowered her to challenge any member of the healthcare team. She became confident, knowledgeable and assertive. She believed in standing up for her patients and questioned often.

50, As her consolidation placement progressed Anna became more confident.

51, Anna reflected that her patients were her primary duty of care and this would be the case once she qualified. There came a point when she recognised that time was running out for her to practise being the patients' advocate. The responsibility of becoming an accountable registered nurse dawned and Anna committed herself to practising the skill of advocacy whilst she was still safe to do this as a student.

52, Anna enjoyed her consolidation placement experience especially having the opportunity to care for patients and respond to their particular wishes. It made her feel fulfilled and valued.

53, Anna felt valued by the patients as she responded to their unique needs and respected their humanity. Anna found a correlation between how she forged a positive relationship with patients and her increasing confidence.

54, Anna's confidence grew and she realised how much she enjoyed responding to the patients' needs and being their advocate. Her mentor praised her which reinforced her confidence in her advocacy skills.

55, Continued praise from her mentor and her patients allowed Anna to believe in herself.

It was mostly the praise from the patients that mattered to Anna leaving her with a good feeling.

56, Despite the challenges that consolidation presented, Anna drew upon the knowledge she already had and found her way.

Appendix 12: Extract from Mark's collection of discipline (i.e. nursing) sensitive expressions that demonstrate how they formed part of an invariant constituent

1. Belonging to a team
a. Fitting in and being accepted and supported by the team

16-17. A thirteen week placement enabled Mark to settle into the ward environment and become a member of the ward team in a way that a six week placement did not facilitate.

19-20. The staff accepted Mark as a person and began to respect his professional opinion. This made him feel accepted into the team and gave him a sense of belonging which mattered to him. This differed from his experiences on previous placements.

21-22. Mark felt his opinions about his patients began to count. His opinions and suggestions were listened to, respected, accepted and acted upon by the team.

66, As Mark's confidence and ability to manage situations increased he became more respected and accepted as a valid team member.

b. Navigating ways around different personalities and different ways of doing things.

63-64. Things began to fall into place for Mark as he suddenly began to see the whole picture. He started to believe in himself and see himself as a staff nurse. His confidence in his decision making increased and he began to speak out against other team members based on his new found ability to assess and question the wider implications of his patients' circumstances. He started to act as his patients' advocate.

65-66 , Mark began to make suggestions more confidently. As Mark's confidence and ability to manage situations increased he became more respected and accepted as a valid team member.

c. Returning to the same placement as a registered nurse.

1-3. For Mark, where he was allocated to for his final placement was important as it impacted on his chances of future employment (on a particular medical ward) as a registered nurse.

4, Mark was clear that he wanted a medical ward for his final placement. He invested time in pursuing his request to be allocated to a particular medical ward.

6-8. Mark found his final placement both positive and stressful because he was aware that there was still a lot for him to learn in his last 13 weeks. He knew that the sister and the staff would be observing him and his performance would influence his getting a job there as a staff nurse.

2. Taking charge of own learning and becoming a confident, competent practitioner
a. Experiencing a longer thirteen week placement and making the most of the learning environment on offer

14, Mark's final placement was a positive experience and the RNs working there were eager to help him to learn more than he had experienced previously.

16-17. A thirteen week placement enabled Mark to settle into the ward environment and become a member of the ward team in a way that a six week placement did not facilitate.

23, Mark felt that the longer thirteen week placement was mutually beneficial to both him and the ward team. Spending longer time there compared to previous placements felt notably different because continuity and time enabled both parties to get to know and accept each other.

45, Despite the extra support on his final placement Mark feels reassured that his employing Trust are offering continued support sessions on drug administration for finalist students. He welcomes the opportunity to engage in further practice on the administration of medicines without which he would be apprehensive of drug rounds.

46, Mark needs to feel comfortable and happy in a placement which in turn helps his confidence so that he can learn and develop.

47, Mark believes that drug rounds are an important part of pre-registration nurse education and yet he feels students are not given enough opportunities to practise in the third year of the course. Opportunity is arbitrary and reduced because of time constraints. When his final placement started he was expected to have had more experience on drug administration than he had actually had.

68, Not only did Mark learn a lot, but he found that he realised just how much more there is to learn. He could identify learning opportunities.

69, During the 13 weeks of his final placement Mark began to realise how much he didn't know. He acknowledged that he has learned things but he still hasn't fully mastered them. He believes the first 6 months as a RN is going to be challenging and that his final placement has helped him to take control of his learning and accept that there is still much for him to learn. The safety net of going back to Uni will disappear.

70, Mark found his final placement very challenging yet worthwhile. He now knows how much there is still to learn. It has left him feeling motivated about his future role as a registered nurse and the challenges this will bring.

b. Learning from working with mentors and other staff

6-8. Mark found his final placement both positive and stressful because he was aware that there was still a lot for him to learn in his last 13 weeks. He knew that the sister and the staff would be observing him and his performance would influence his getting a job there as a staff nurse.

9-11. Mark found the experience of working with and learning from, two senior mentors full time for thirteen weeks, very positive but exhausting.

15, All the nursing staff were more keen to contribute to Mark's learning because this was the last chance for him to learn as a student. Mark became confused by the conflicting advice and his mentors eventually discouraged Mark from working with staff who they perceived as poor role models.

30, Mark was thankful that he became involved in helping the first years to learn. It facilitated the development of his analytical skills and discover what he didn't know.

Mark was surprised and pleased to learn that he enjoys teaching and plans to continue to become a mentor when he has qualified.

31, As he became more confident, Mark would seek out the first years and invite them to go with him to learn about something. He felt proud that he could now do this.

36, Mark did not agree with how his mentors prioritised which skills he should concentrate on learning and this troubled him.

37, Mark had to practise his ward co-ordination skills every day for a month and he questioned if this was necessary.

38, Part way through his final placement Mark became worried that his knowledge of drug rounds was not as good as previous students and that he needed to practise.

39, Mark felt that his mentors favoured making sure he learnt the skills he would need when he came onto their ward as a staff nurse so that he would be useful to them.

40, Mark felt he missed out on practising drug rounds.

41, Mark felt he needed to practise doing drug rounds throughout his final placement not just at the end. Mark knew his mentors thought that he was competent at acute nursing care skills but he also knew that he needed to practise drug rounds because this was something he was inexperienced at and this made him anxious and lacking in confidence. Once his mentors realised they had overlooked Mark's need to practise drug rounds and understood the impact this was having on him, they were keen to help and arranged for him to practise much more frequently.

42, Mark hadn't done a drug round for a year before he started his final placement.

76-77, During his final placement Mark found the confidence to say what he thought and he had been able to openly discuss and honestly air his views. He found that his mentors were receptive to this and he believed their role to be facilitative and enabling. Whereas previously he had only viewed his mentor as the person who assessed him, now he believes they are there to help him learn.

c. Being seen as a finalist student

24-26. Mark's feeling that the team's approach towards finalist students is different was endorsed by peers. This was also confirmed for Mark when he compared his experience to the first year students. Mark was shocked because he could see how dependant they were.

Mark identified with the junior students and reflected on his journey and how quickly the time had passed and that he had now come to be accepted by the ward team as a finalist student.

27- 28, Mark felt uncomfortable in his observation that as a finalist student on his last placement preference was given to his learning rather than to junior students.

29, Mark countered his feelings of discomfort and guilt at being given preference over the first year students by becoming involved in helping them to learn. Teaching was something Mark was inexperienced at yet he discovered that it was a way of helping to increase and consolidate his own knowledge which in turn helped to build his confidence.

60, During his final placement Mark felt as though his mentors were encouraging and enabling him to act like a staff nurse. They remained present and supportive as he worked but there was a change in their attitude towards him and a shift in their expectations as they put the onus on him to take the lead.

d. Becoming empowered and believing in self

43-44, Mark started his final placement reasonably confident until he faced drug rounds. The prospect of working as a registered nurse without having mastered the skills needed to administer medicines made Mark apprehensive and begin to increasingly doubt himself. To solve the problem he asserted himself and sought help as he knew that if he practised his confidence would return. He accepted that he needed an intense period of high level supervision at the end of which his knowledge and confidence gradually began to improve.

51-53, Mark has made decisions in the past but the decision making he faces as a staff nurse is daunting. Mark begins to practise taking on some of the responsibilities of a staff nurse. As his confidence develops he speaks up and actively contributes to important team decisions about patient care. He surprises himself that he can do this as a student nurse.

65, Mark began to make suggestions more confidently.

3. Making sense of the complexities of nursing; developing an understanding of the nature of nursing and knowing nursing

a. Putting theory into practice

32 Mark had journeyed to the final stage of his course. He found his final placement experience to be a revelation as he discovered that it pulled together everything he had learned throughout his nursing course.

32 Up until this point Mark found his learning had been segmented. He could now see the whole picture and could build upon things he learned previously in the course and link theory to practice. He discovered the worth of his previous learning and used reflection to enhance this. As things began to fall into place Mark was surprised to see how much he already knew.

b. Seeing the whole picture

18, Mark began to understand the complexities and responsibilities of safe delegation within the capabilities of the team.

32 Mark had journeyed to the final stage of his course. He found his final placement experience to be a revelation as he discovered that it pulled together everything he had learned throughout his nursing course.

32 Up until this point Mark found his learning had been segmented. He could now see the whole picture and could build upon things he learned previously in the course and link theory to practice. He discovered the worth of his previous learning and used reflection to enhance this. As things began to fall into place Mark was surprised to see how much he already knew.

58-59, Mark learned to assert himself in relation to accepting or declining patients from other areas. He acted as an advocate for the patients on his ward whilst at the same time appreciating the pressures within other hospital departments.

62. Gradually Mark became more confident in his abilities and began to work things out for himself.

63-64. Things began to fall into place for Mark as he suddenly began to see the whole picture. He started to believe in himself as a staff nurse. His confidence in his decision making increased and he began to speak out against other team members based on his new found ability to assess and question the wider

implications of his patients' circumstances. He started to act as his patients' advocate.

4. Becoming a nurse
a. Experiencing the security of student status for the last time

34, The staff on the ward realised that despite being finalist students, Mark and his peer still needed to acquire the skills necessary to co-ordinate the whole ward. They realised that his final placement is the last opportunity for students to practise managing the ward and therefore they pushed Mark to learn this skill.

35, Towards the end of his placement Mark felt a sense of panic from his mentors who realised time was running out and as they had pressed Mark to learn managerial skills, he had not had the chance to practise certain other skills which he would need to able to perform competently when he returned to the ward to work as a staff nurse.

50 Mark feels that his mentors are pressing him to take on some of the duties that he will have to do as a staff nurse such as decision making. He hides behinds his student status and errs on the side of caution initially and finds having to making a simple decision hard at first. There is a sense of disbelief that he is being asked to make a decision and that his mentors trust him to do this. He found this process a hard but valuable experience.

61, Whilst the safety net of being a student remained, Mark felt that his mentors allowed him to make decisions.

69, During the 13 weeks of his final placement Mark began to realise how much he didn't know. He acknowledged that he has learned things but he still hasn't fully mastered them. He believes the first 6 months as a RN is going to be challenging and that his final placement has helped him to take control of his learning and accept that there is still much for him to learn. The safety net of going back to Uni will disappear.

72-74. Mark believed that at the start it would have been easy to fall into the trap of concentrating on being helpful so that the team like and accept him. He recognises that his final placement is the last supported chance to experience other departments and he advocates taking ownership of the experience as it

passes quickly. He believes that students should therefore be proactive and seek out learning opportunities of their choice and make the most of this time.

75, Mark saw his final placement as the last chance to be supernumerary and therefore the last opportunity to indulge in observational visits. He tried to take control of his agenda and arrange visits to other departments instead of being tempted to work hard on the ward and earn acceptance by the team instead.

b. Becoming visible and being allowed to work independently

60. During his final placement Mark felt as though his mentors were encouraging and enabling him to act like a staff nurse. They remained present and supportive as he worked but there was a change in their attitude towards him and a shift in their expectations as they put the onus on him to take the lead.

c. Practising being a registered nurse
- Making decisions

58-59, Mark learned to assert himself in relation to accepting or declining patients from other areas. He acted as an advocate for the patients on his ward whilst at the same time appreciating the pressures within other hospital departments.

- Being responsible and accountable

18, Mark began to understand the complexities and responsibilities of safe delegation within the capabilities of the team.

56, As Mark became accomplished at making increasingly complex decisions his confidence and self-belief grew accordingly.

57, Mark still found saying no to senior staff difficult.

d. Preparing to be a registered nurse

43-44, Mark started his final placement reasonably confident until he faced drug rounds. The prospect of working as a registered nurse without having mastered the skills needed to administer medicines made Mark apprehensive and begin to increasingly doubt himself. To solve the problem he asserted himself and sought help as he knew that if he practised his confidence would return. He accepted

that he needed an intense period of high level supervision at the end of which his knowledge and confidence gradually began to improve.

54- 55, The reality of making the transition from student to staff nurse is daunting and Mark welcomes how the experience of his final placement began to prepare him for his future role as a staff nurse. His confidence began to build and he had the self-belief to make difficult decisions based upon his assessment of situations on the ward.

e. Feeling ready to qualify and looking ahead

69, During the 13 weeks of his final placement Mark began to realise how much he didn't know. He acknowledged that he has learned things but he still hasn't fully mastered them. He believes the first 6 months as a RN is going to be challenging and that his final placement has helped him to take control of his learning and accept that there is still much for him to learn. The safety net of going back to Uni will disappear.

71, Mark is eager and excited about becoming a registered nurse.

f. Feeling excited yet nervous and underprepared for being a registered nurse.

48, The prospect of becoming a registered nurse is mixed. Mark felt that it is exciting yet daunting.

49, Mark finds the reality of becoming a registered nurse daunting and time is passing quickly now. During his final placement reality dawns on Mark and he is nervous about the prospect of becoming a staff nurse. He acknowledges the kudos this will bring, yet he finds it challenging.

69, During the 13 weeks of his last placement Mark began to realise how much he didn't know. He acknowledged that he has learned things but he still hasn't fully mastered them. He believes the first 6 months as an RN is going to be challenging and that his final placement has helped him to take control of his learning and accept that there is still much for him to learn. The safety net of going back to Uni will disappear.

70, Mark found his final placement very challenging yet worthwhile. He now knows how much there is still to learn. It has left him feeling motivated about his future role as a registered nurse and the challenges this will bring.

71, Mark is eager and excited about becoming a registered nurse.

Appendix 13: Photograph of data analysis phase.

This photograph captures how I grouped each participant's transformed meaning units together. Having read their accounts I looked for patterns and similarities and started by cutting up their transformed meaning units and placing each one onto coloured card. Each colour depicted a different theme. This was discussed with my supervisors and refined. Thus four invariant constituents eventually emerged.

Appendix 14: Dissemination of research through the 8th Post Graduate Researcher Conference at Bournemouth University March 2015

What is phenomenology?

- It means to bring to light
- Now used as a qualitative research methodology increasingly in Healthcare

Method:
- Giorgi's (2009) modified Husserlian approach to descriptive phenomenology
- I interviewed 10 participants at the end of their final practice placement
- "Can you tell me about it?"
- "Can you tell me more of.....?"
- I analysed the data within the phenomenological reduction

Chicken or egg?

"The whole is greater than the sum of its parts."
-Aristotle

Findings: constituents

Belonging   Making sense of nursing

Findings: constituents

Taking charge of own learning   Becoming a real nurse

The ESSENCE

Giorgi (2009) states that the GENERAL STRUCTURE or the ESSENCE should address the research aim and capture the true meaning of the phenomenon under scrutiny.

Embodied Interpretation

The essence can also be presented in a creative way which aims to reach out and communicate findings to its intended audience. Art, theatre, film, poetry…...

(Todres and Galvin 2008)

Students seeking to belong
Meeting different people.
Will they like me?
Will they help me?
Will they let me practice?
Will they have me back?
I can do this; I can work this out; they are there to help me.
I am safe,
I am a student still.
Plenty of time to practice,
Delegating, making decisions, taking responsibility,
It all begins to make sense.
Confident,
Competent,
I feel ready,
Yes, it's time.
There is no going back….
Can I really do this?

Generalisable or transferable?

o This is a small study and my findings are therefore not generalisable to a wider national or international audience.

o They will resonate with those that read or listen to my work and as such this new knowledge is transferable.

Implications…...

Conclusion

My research has enabled me to better understanding how ten nursing students experienced their longer, final practice placements in the context of role transition to registered nurse.

This new knowledge will be disseminated and used to inform curriculum design and support student nurses and mentors.

References

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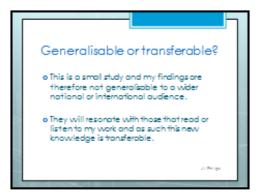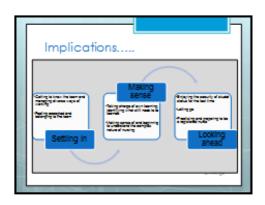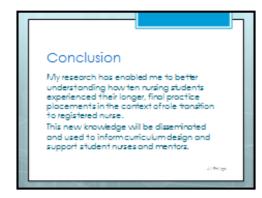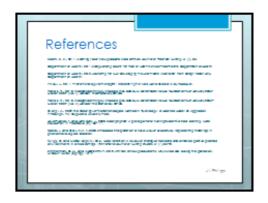**Appendix 15: Dissemination of research through publication of a paper**

Helping community-based students on a final consolidation placement make the transition to registered practice

Jill Phillips

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The time has come to dispel the myth that all newly registered nurses should first experience a period of time working in acute care (Shelton and Harrison, 2011). Instead, novice nurses should be welcomed into community teams, and the challenges this brings should be embraced. There is currently limited evidence on the effectiveness of how community placements prepare students for registered practice (Marshall and Shelton, 2012), which could be seen as an opportunity lost given the urgent need to recruit more registered nurses to work in primary care (Nursing and Midwifery Council, 2007).

This article presents a case for the need to know more from students about how they experience their final practice placement when allocated to a community setting. It examines and discusses what can be done to attract and prepare the future workforce to take up posts in the community by helping students to make the transition to registered practice during their final consolidation of practice placement. Particular emphasis is placed on the final consolidation of practice placement as students begin to make their transition to registered practice, which is an ideal time to attract those who have yet to secure employment and dispel the myth that newly qualified nurses must work in acute care settings for the first year of registered practice.

Background

The role transition from student to registered nurse has been the subject of global research and debate for decades and is known to be a very challenging and stressful time (Kramer, 1974; Teoh et al, 2012; Rush et al, 2013; Suresh et al, 2013; Whitehead et al, 2013; Phillips et al, 2014). Many strategies have been put into place to ease this difficult journey (Whitehead et al, 2013), yet newly qualified nurses continue to struggle in all areas of practice. It has been well documented for some time that students under-anticipate and are underprepared for the experience of practising as a registered nurse (Holland, 1999; Newton and McKenna, 2007; Whitehead and Holmes, 2011; Doody et al, 2012) and this extends to those wishing to pursue a career in the community.

Recruitment

The pressure of role transition on new registrants has affected recruitment and retention, which, along with an ageing workforce, has resulted in a global shortage of nurses that has now reached crisis point (Centre for Workforce Intelligence, 2014). Within the changing health-care landscape there is an urgent need to recruit newly registered nurses to primary care settings to ensure succession planning in order to replace experienced community nurses who will retire within the next few years. An ideal time to

ABSTRACT

The pressure of role transition on new nurse registrants has affected recruitment and retention, which, along with an ageing workforce, has resulted in a global shortage of nurses that is now reaching crisis point. This article examines and discusses what can be done to attract and prepare the future workforce in the community, focusing on helping students to make the transition to registered practice that begins during their final consolidation of practice placement. There is currently limited evidence on the effectiveness of how community placement teams prepare finalist students for registered practice and this could be seen as an opportunity lost given the urgent need to recruit more registered nurses to work in primary care. Recommendations for enhancing this crucial stage of the student journey are made, and a case for the need to know more from students about how they experience their final practice placement when allocated to a community setting is presented.

KEY WORDS

• Final consolidation of practice placement • Student experience
• Role transition • Recruitment • Lone working

begin this recruitment process is during the 12-week final practice placement, which is mandatory for all students undertaking pre-registration nursing programmes in the UK. However, currently, emphasis is placed on preparing the mentor who must sanction and sign off that the student is fit for practice and purpose (Cooper, 2014) with very little research into how students experience this vital element of their programme.

Relevance of study

How pre-registration undergraduate nursing students are prepared for their transition to registered practice remains a challenge internationally to nurse educators and nurses who work alongside assessing and supporting students in practice (Sok Ying et al, 2014). Current research and innovative strategies to prepare and support the newly registered practitioner focus almost exclusively on those working in the acute setting (Marshall and Shelton, 2012). Although some longitudinal studies exist (Mooney, 2007; Doody et al, 2012), little attention has been paid to students embarking on the important journey that takes them from undergraduate student status on one day to paid employment as a registered nurse the next. Even less thought has been given to students wishing to pursue a career as a district nurse, or how their final practice placement experience might affect their role transition. Early identification of such students and allocation to a community setting during their final practice placement presents an opportunity to put strategies into place to ease their role transition which will have a positive impact on retention once registered.

There are a number of factors that are known to influence students' experiences of working in the community and this article focuses on how this knowledge can be applied productively to students experiencing their final practice placements. It is time to refocus the attention away from the role of the sign-off mentor and to consider instead how the student experience of the final practice placement might influence future career choices. Community teams need to work together with universities to ensure that the opportunity to attract and prepare potential future applicants is maximised. Looking beyond the sign-off process and encouraging students to consider the prospect of a career in the community at some point in the future is a worthwhile exercise that promises to benefit all staff working in the community, service users, carers and, not least, the student.

The role of the mentor

The role of the mentor is crucial in helping the finalist student, and the relationship that is formed between the two is dependent on the needs of both parties. Mentors must be available and willing to take on this important role (Sedgwick and Harris, 2012) and effective support for them must be available from the wider community team and through effective links with education providers at local universities. It is known that mentors can find their role challenging and sometimes stressful. Therefore, support

must be ongoing and flexible, allowing the mentor time (Hallin and Danielson, 2009) to accommodate students in their final practice placements and the unique needs they bring. Furthermore, Gurling (2011) advises that effective support for the mentor is likely to impact positively on the student. This is reinforced by Kelly and McAllister (2013) who state that mentors play a pivotal role in developing students' confidence, and an open and friendly approach is likely to create an environment where students flourish.

Internationally, there are many studies that have explored the experiences of the mentor (or preceptor as it is sometimes known). Findings suggest that there is value in examining students' experiences of the learning process (Hallin and Danielson, 2009). The limited research that has been done on how student nurses experience working in the community sheds some light onto what helps and hinders their motivation to pursue a career as a district nurse once qualified. A deeper understanding is needed from the student perspective if mentors are to be fully informed and can put strategies in place to best support students in their final placement.
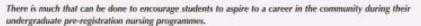
Sense of belonging and community, kinship and team-working

There is much that can be done by the whole team of health-care practitioners in the community to influence the prospective graduate's career choice, starting with the final practice placement experience immediately before registration. Many students will have already secured employment at this stage, but choices regarding where to apply next (or indeed for those who have yet to get a job) will still need to be made in the coming months and community teams are ideally placed to make a positive impression.

Sedgwick and Rougeau (2010) point out that the close-knit community of health-care practitioners working in primary care settings is made up of complex personal and professional relationships. Getting to know the team and navigating these complexities can be an additional challenge for the finalist nursing student who may have had little experience in community nursing thus far on their programme. Getting to know and being accepted by the community team are central features in building students' confidence and competence, which in turn influences their capacity to learn (Sedgwick and Yonge, 2008). A sense of belonging is crucial to learning for students and is known to have a real impact on motivation and future career choices (Levett-Jones and Lathlean, 2008). While the main responsibility for supporting the student lies with the sign-off mentor, strategies for all staff working within community health-care teams need to be put into place to promote a sense of belonging for all visiting students. Finalist students wishing to work in the community once qualified must feel motivated and empowered to maximise their learning so that they feel confident, competent and welcome to apply for positions as they arise.

This sense of kinship fostered by a strong team extending to all those working in the community setting to which

295

There is much that can be done to encourage students to aspire to a career in the community during their undergraduate pre-registration nursing programmes.

the finalist student is allocated is seen as the single most important factor in determining the success of the experience for the student (Yonge et al, 2013). How students are welcomed and how they settle and integrate into the team will impact positively or negatively on a potential applicant's desire to work in the future as a registered nurse.

Community placement programmes for students on their final practice experience

Some education providers in the UK have created, implemented and evaluated innovative programmes to help students allocated to a community placement for their last placement prepare for their future role as a registered nurse (Roberts and Kelly, 2007; Watkinson et al, 2009; Marshall and Shelton, 2012). Reports indicate positive outcomes for both the mentor and the student, who, as a result, can develop a greater understanding of the complexities of caring for people in the community. Such programmes also include helping prepare students for recruitment as registered nurses, and this also presents an ideal opportunity to discuss potential job vacancies. It is known that students welcome and value any form of preparation and help with securing employment as a registered nurse (Ong, 2013). Community teams should therefore actively plan to include discussion on this topic so that students are aware of recruitment processes and feel encouraged to apply. Mentors should also take the opportunity to enlighten

prospective applicants about preceptorship programmes available to provide further support and development once the student is qualified.

The need for robust preceptorship programmes to attract and support newly registered nurses

Robust preceptorship programmes in community settings need to be organised and advertised for the newly registered nurse. This can be done in conjunction with local universities who are keen to ensure their graduates secure employment and usually organise careers events that are strategically timed for recruitment purposes. Support by way of preceptorship is effective in attracting applicants to hard-to-recruit areas and, more importantly, offers a structured way of supporting newly qualified nurses in the first few months of registered practice when they are at their most vulnerable and likely to leave the profession.

Allocation of mini caseloads and lone working

Middleton and Duffy (2009) suggest that students undertaking their final practice placement should be encouraged to experience some of the same responsibilities that they will be expected to have as a registered nurse. This view is supported by Anderson and Kiger (2008) who reported that students valued the chance to practice on their own while working in the community and that it made them

296

feel 'like a real nurse' (2008, p. 443). This was also found to be the case more recently by Marshall and Shelton (2012), who questioned finalist students about lone working. They reported that being given their own caseload and working autonomously impacted positively on students' experiences of community placements with the result that confidence and competence increased.

Conversely, in a study that explored the role of the mentor in supporting and assessing students in their final practice placement, Middleton and Duffy (2009) revealed that allocating a mini caseload to students was particularly challenging, mainly due to issues around lone working. Despite mentors recognising the potential learning for students to whom the mini caseload might be allocated, the decision to assign was ultimately based on the ability of the student (which took some weeks to assess), the patient (whom the mentor selected on the basis of care needs such as wound dressings) and, lastly, the willingness of the mentor (whose accountability and registration is put on the line) to relinquish control. Effective support for mentors both through training and from their peers is needed to overcome this barrier if students are to be allowed to maximise on the full range of opportunities available to them.

Reflective diaries

For finalist student nurses, learning through lone working carries the risk of mistakes being made. However, Benner et al (2010) argue that situated learning such as this ultimately heightens students' awareness of the profound responsibility that registered nurses have to take when caring for clients and their families. This is particularly significant for students about to qualify. Reflection offers a powerful way of analysing what happens in practice, enabling students to deepen their insight and learn through experience (Johns, 2010). The use of reflective diaries for students working in community settings as their final practice placement is a useful way of helping students to reflect, and may provide a prompt for mentors and nurse educators to enable students to make sense of the complexities of practice as they embark on their transitional journey (Cooper et al, 2005).

Links between a student's final practice placement and future employment

According to Major (2010), the allocation of a final placement is crucial to students wishing to take up employment in the same area once registered. This is for a number of reasons—not least because they are exposed to the team they may potentially work with once qualified and students are more willing to apply for a post in a placement where they have received good support. Given that students' experiences of their final placement is such a powerful determinant of choice for future employer (Andrews et al, 2005; Shelton and Harrison, 2011), community teams working with students in their final placement are in a strong position to influence potential applicants by offering meaningful experience of what it is like to work as a district nurse. It stands to reason that those contemplating a career in primary care should therefore be encouraged to request such a placement as their final practice experience, and education and service providers must work together to facilitate this.

The student's perspective of a longer final practice placement

There is a scarcity of research into the impact that a longer final practice placement has on the student experiencing it. This applies to all undergraduate nursing students (Morrell and Ridgway, 2014), and those working in the community as their final practice placement are no exception. If education and service providers are to help students seek employment and begin to make a successful transition to registered practice in a community setting, more needs to be known from students experiencing a longer 12-week placement at the end of their programme.

Conclusion

It has been known for some time that role transition is challenging and stressful for students who under-anticipate what it will be like to enter the world of work as a registered nurse. In relation to the mandatory final practice placement that students undertake immediately before qualifying, interest to date has largely centred on the role of the sign-off mentor. There is a clear need to understand more about the experience of the student within this process and further research is urgently required to complete the picture.

There is much that can be done to encourage students to aspire to a career in the community during their undergraduate pre-registration nursing programmes. For those allocated to the community, the experience of the final practice placement is likely to influence this. The community team steered by the assigned sign-off mentor is ideally placed to welcome students into the team. Through fostering a sense of kinship and belonging, the team can actively influence future career choice. Encouraging and enabling students to take on their own mini caseload gives insight into what it will be like to work autonomously as a registered nurse, and students' confidence will grow as a result. An informal community placement programme designed by the community team specifically for finalist students that advertises continued support through robust preceptorship programmes once qualified offers the opportunity to coach students about local recruitment processes and inform them of current and future job vacancies for which they are welcome to apply.   BJCN

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KEY POINTS

* Educate and support the assigned sign-off mentor who will liaise with the team regarding students' development during their final practice placement
* For all visiting students, foster a welcoming environment and sense of kinship from the whole team
* Design an informal community placement programme tailored for finalist students
* Promote and facilitate students autonomous practice through lone working and the allocation of mini caseloads
* Encourage students to write reflective diaries about their experiences working in the community
* Include discussions on how to seek employment, educate students about preceptorship prospects and take advantage of the opportunity to alert students to future vacancies in the community
* Mentors and universities should work together to support finalist students and ensure that requests to be allocated to community placements are managed
* Further research is needed to explore what it is like for students to experience a longer final practice placement in the community immediately before they qualify