

HOLISTIC RECOGNITION: THE PATH
TO SATISFACTION
AN INTERPRETIVE DESCRIPTIVE
STUDY OF STUDENT NURSES'
EXPERIENCES OF THE CLINICAL
LEARNING ENVIRONMENT

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Abstract

Student nurses in England spend half of their pre-registration undergraduate programme undertaking practical placements outside the university setting. Their satisfaction with these placements is essential for retention, both on the programme and within the nursing profession. Therefore, there is a need to understand the experience from the perception of student nurses and to consider how satisfaction with the experience might be improved.

This interpretive descriptive study explored the practice placement experiences of first-year and third-year student nurses undertaking a three-year pre-registration BSc (Hons) Nursing (Adult) programme focusing on their satisfaction, expectations, and learning. Fifteen semi-structured interviews were conducted with eight student nurses from a higher education institution (HEI) in the North-East of England. Following a reflexive thematic analysis process, three themes were developed centred around the concept of 'holistic recognition': 'feeling seen,' 'feeling valued', and 'navigating the journey' to becoming a Registered Nurse (RN). These themes highlight the diverse needs of student nurses beyond the skills and knowledge competencies traditionally emphasised in practice placements.

This research study makes several recommendations to enhance student nurse satisfaction with their practice placements. Collaboration between HEIs and practice partners is crucial, enabling an individualised framework that considers each student's needs. Placements should be student-focused, accommodating their external commitments, providing advance off-duty planning, and recognising the importance of pre-placement contact. Additionally, placement allocations should consider location relative to students' home addresses and transportation costs. Furthermore, reducing anxiety through minimising placement area changes and balancing academic demands is essential. Making learning opportunities and the hidden curriculum of professional identity and socialisation explicit and revising terminology to avoid inaccurate perceptions are also recommended. Overall, this research makes a unique contribution to understanding and improving the practice

placement experiences of student nurses, providing valuable insights for clinical teams, nurse academics, and university staff supporting student nurses.

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Chapter 1 - Introduction and contextualisation

1.1 Introduction

An interpretive descriptive approach (Thorne, Reimer Kirkham and Macdonald-Emes, 1997) was used to explore the experiences, with regards to practice placements, of student nurses undertaking a pre-registration BSc (Hons) Nursing (Adult) programme through a higher education institution (HEI) in the North-East of England. This research is grounded in my experience in the education of pre-registration undergraduate student nurses, including the support of student nurses during and following practice placements. I was inspired to undertake this research by the narrative accounts of several former pre-registration student nurses who shared their experiences of their practice placements with me during support meetings. Many of these were negative experiences, with which the students seemed dissatisfied. As this could ultimately lead to them leaving the programme and the nursing profession, I wanted to understand their experiences and the reasons for their dissatisfaction. Few qualitative studies have been conducted globally into the placement experiences of student nurses relating to the relationship between the three elements of satisfaction, expectations, and learning; therefore, this study provides a unique view of student nurses' placement experience using an interpretive descriptive approach.

This study makes a significant contribution to the current body of knowledge thereby improving awareness and understanding of student nurses' experience during practice placements. This contribution will inform practice so that changes can be initiated to enhance the student nurse experience and, therefore, satisfaction with the experience. Understanding how student nurses experience their practice placements will enable mentors (now supervisors and assessors in England), nurse leaders and managers, and academic staff to improve the support provided. Furthermore, it is anticipated that attrition rates will be reduced by improving student nurse satisfaction with practice placements.

The personal and professional justification for the study will be outlined in the next section. To contextualise the research area, a historical overview of the

background of nursing education in England and how it has been affected by the neoliberal influences of the policies of various governments in the United Kingdom (UK) will follow in section 1.3. This background is essential as these changes have led to student nurses becoming consumers with freedom of choice in university and nursing programmes. Therefore, in a competitive market-driven society, universities must ensure their students' satisfaction with their academic provision; practice placements are an essential part of this for professionally focused programmes, such as health and education. The key terms related to the research area are discussed in section 1.4 then a review of the key literature related to the research area is presented in section 1.5, providing the academic justification for the study.

1.2 The personal and professional context for the research

I became an RN in England in the early 1990s. Since then, I have had many changes of employment during the thirty years of my nursing career, including in the public sector, industry, higher education, and military settings, encompassing a variety of geographical locations. After completing my nurse training, I worked on an orthopaedic trauma ward for two years until 1995, when I specialised as a critical care nurse. I worked within this speciality area for many years, both within the National Health Service (NHS) and the Royal Navy. Stemming from a desire in my early teenage years to be a language teacher, I have always had an interest in supporting, teaching, and developing others, subsequently becoming a nurse educator in higher education supporting pre-registration nursing students, initially as the academic lead for military pre-registration students at one HEI in the Midlands, then as a senior lecturer in nursing at another HEI in the North-East of England. My long-held desire to teach and my background in a traditionally caring profession reflect my need to support and develop students within my sphere of responsibility. During my more recent roles, whilst supporting students undertaking practice placements, it was often difficult to identify specific reasons for experiences which left them dissatisfied, and I, therefore, found it challenging

how best to support them; additionally, I felt frustrated that they were having these experiences and felt sad that they may think negatively of my chosen profession. As I could not directly influence, or improve, their experiences, I decided to explore student nurses' experiences with their practice placements further, particularly in relation to their satisfaction levels, to identify reasons for their experiences and therefore have an indirect influence leading to positive change.

During the conversations with my former students, some highlighted their frustrations that their expectations of either the placement or their role whilst on placement had not been met, which consequently affected how they felt about the placement overall; most were dissatisfied, and many seemed demoralised or demotivated. For example, some had expected to do medication rounds, wound dressings, or catheterisations but seemed disappointed that they had been asked to help patients to wash or to assist them with mobilising instead. The implication was that they felt these aspects of caring were not what they expected to be doing in preparation for their role as an RN. Therefore, whilst exploring student nurses' experiences with their practice placements, it would be essential to investigate their expectations of their placements and the nature of the relationship between their expectations and their satisfaction with the placement experience.

Furthermore, another interesting aspect of my discussions with former students was that whilst some had placements they felt were good learning experiences, they did not always enjoy them. Conversely, some students felt they had enjoyable placements despite not learning much. On reflection, I realised I had assumed that there would be a direct relationship between a good learning experience and a higher level of satisfaction. However, my former students did not necessarily need to be satisfied with a placement for it to be a beneficial learning experience, or conversely, a good learning experience did not lead to being satisfied with the placement. Therefore, I decided to explore what affected student nurses' satisfaction with placements, and the nature of the relationship between satisfaction and the perceived learning achieved.

My former students had provided me with insights into their experiences during practice placements, and I wanted to explore these in more depth. Therefore, although initially my intention was to research student nurses' experiences of practice placements in general, my focus narrowed to exploring the nature of the relationship between expectations, satisfaction, and learning during these placements. I saw this research as a means of developing professionally by increasing my knowledge and confidence so that I could advise students and support mentors and staff in the clinical environment better, as well as contribute to knowledge regarding how best to support student nurses, manage expectations, design education programmes, and create a learning environment to promote positive practice placement experiences.

To understand the context of my potential participants' experiences, I had to reflect on my own educational journey to be transparent about the influence my background might have on my interpretations. This is known as being reflexive and is discussed in section 2.3.1. As mentioned above, I became an RN in the early 1990s, having completed a three-year educational programme that led to the award of a Diploma in Higher Education and professional registration as a nurse. Due to a delay in funding, instead of the planned educational programme following the new Project 2000 scheme (discussed in section 1.3.2), my cohort and the subsequent cohort undertook a hybrid course based on the outgoing traditional apprentice training model with the benefits of links to higher education. Project 2000 was implemented the following year in the area where I was located. Undertaking the hybrid programme meant that I was a salaried employee of the hospital where most of my practice placements were based, apart from a short mental health placement and a community-based placement. The hospital was based in the South of England, serving a predominantly white, middle-class population within a medium-sized town. I was accommodated in hospital accommodation situated on the hospital site. A small classroom block was located next to the accommodation where most theory sessions were delivered.

However, we were required to travel to the local HEI approximately once or twice a month to attend large-scale lectures with fellow students from other regional hospital sites. I commenced nurse training as an eighteen-year-old straight out of college with no commitments, reflecting the demographics of most of my peers; although a handful of my cohort was slightly older, lived in their own homes, and had families. There was one male student nurse in the cohort of sixteen. The significance of the delay in implementing Project 2000 to my role as a student and learner was that I was not afforded supernumerary status and was included in the staffing numbers when on my practice placements.

My nursing career has been outlined above; I had two years of clinical experience on an orthopaedic ward however, since 1995 I have worked in a critical care setting. There are fundamental differences between the RN role in the two settings; therefore, my understanding of the current RN role in a ward environment is not first-hand and is relatively limited. At the time of data generation, I was employed as a senior lecturer in nursing at an HEI in the North-East of England. However, during the data analysis period, I emigrated from the UK to New Zealand. I am currently employed as a Clinical Nurse Specialist (Research) based in the Research and Knowledge Centre of a large district hospital in the Auckland region. Like my previous academic roles in the UK, I do not have direct patient contact in a ward environment; however, I support nurses and other health professionals to undertake research, continuing my desire to support and develop others.

1.3 Pre-registration nurse education in England

1.3.1 Requirements for nurse registration

The Nursing and Midwifery Council (NMC) is responsible for regulating all nurses in the UK; they keep a record of those who have completed an approved nursing programme leading to registration as a nurse, enabling them to work as nurses

in the UK (NMC, 2016; 2018a). To be entered into the NMC register, students must achieve specific competencies and exhibit professional values and behaviours (Jackson and Steven, 2020). All approved HEIs must run programmes that adhere to the NMC standards (NMC, 2010; 2018b); however, there is no national curriculum. This allows for innovation, flexibility, and relevance to local service provision patterns (Ousey, 2011). The NMC standards recognise the partnership approach between approved HEIs and practice learning partners in the education of student nurses. The requirement is to undertake at least 4600 hours with the time equally divided between theory and practice (NMC, 2010), encompassing community and hospital-based learning experiences (Willis Commission, 2012).

1.3.2 Becoming a consumer of higher education – the effects of neoliberalism

To contextualise the student nurses' experiences within the current nurse education system, it is essential to consider the history and evolution of nurse education in response to government reforms and societal changes. The education of nurses in England has its roots in the 1860s with the establishment of nurse training to improve the quality-of-care delivery during the Crimean War (Ousey, 2011). Florence Nightingale was instrumental in ensuring nurse training was undertaken in hospitals, with student nurses being salaried employees (Ghazi and Henshaw, 1998; Ousey, 2011). This training model evolved during the latter part of the twentieth century due to significant government reforms and restructuring (Department of Health, 1989).

The welfare state was perceived as inherently inefficient, overly bureaucratic, and a detrimental drain on resources (Forrester and Garratt, 2016); therefore, there was an ambition to improve the efficiency and effectiveness of the public sector. Since the 1980s, different governments, driven by the tenets of neoliberalism and globalisation, have reformed public services such as education, health and law enforcement through policies aimed at privatisation and marketisation of services

with a subsequent emphasis on performance and choice (Ball, 2017). There was the belief that marketisation would engender competition between providers improving performance. The presiding Conservative government introduced the internal market for the NHS in 1989 (Department of Health, 1989). Until that point, most schools of nursing were located within NHS organisations and, therefore, managed by District Health Authorities (Burke, 2006). However, as the health structure changed, financial, legal, and organisational ties with schools of nursing were removed, and by the mid-90s, all schools of nursing had been integrated into HEIs (Burke, 2006). This signified the move away from an apprentice training model to an education-led programme known as the Project 2000 scheme (Ghazi and Henshaw, 1998). Project 2000 led to a diploma-level qualification and became the minimum requirement for professional registration as a nurse (United Kingdom Central Council for Nursing, Midwifery and Health Visiting [UKCC], 1986). The advent of Project 2000 brought an end to student nurses being salaried employees of hospitals; instead, they were given full student status and received a bursary to help with living costs.

Market competition in higher education was intensified through the introduction of variable tuition fees, and number controls were lifted for courses resulting in universities being able to match the demand for places so all those that wanted to could attend (Department for Business, Innovation and Skills, 2011; Snee, White and Cox, 2021). This change to marketisation from state regulation promoted increased choice for students (Ball, 2017); however, Callender and Dougherty (2018) argue that increased competition and a business-orientated education system led to universities offering similar programmes, with similar fees and less variety due to universities focusing on the most profitable programmes.

Despite the shift to being students in higher education and the introduction of variable tuition fees, student nurses were not expected to fund their training. Instead, Health Education England covered the tuition fees; however, the availability of undergraduate nursing degree programmes was restricted due to

the limited funding capacity of the NHS Bursary scheme and the number of practice placements available (Snee, White and Cox, 2021). Subsequent education funding reform brought the financial aspects of studying nursing and other health professional programmes into line with other undergraduate students ending bursaries, removing constraints on student capacity, and introducing tuition fees for undergraduate pre-registration nursing degree courses in England (Department of Health, 2017). This meant that, like other undergraduates, student nurses became consumers and could choose their preferred provider to supply their education. However, Snee, White and Cox (2021) highlight that as the NMC tightly controls standards in pre-registration nurse education, creating a truly competitive market is difficult as providers will have similar syllabi.

These financial changes placing the student in a consumer role may affect the expectations students have for receiving value for money in terms of good educational experiences. Indeed, the emphasis on delivering high-quality programmes has intensified due to marketisation, with student satisfaction used as the primary indicator of programme quality (Cant, Ryan and Cooper, 2021). Student satisfaction has become a primary policy driver in several Western countries, including the UK (Smith, Grealish and Henderson, 2018). The National Student Survey (NSS) is an online survey that final-year undergraduate students fill out to provide feedback on their university experience; this is believed to have a positive impact on higher education by encouraging universities to compete with one another to attract students (Frankham, 2015). This competition should lead to improvements that benefit students. Similarly, Smith, Grealish and Henderson (2018) argue that universities strive to attain a high ranking within the national league tables to attract and retain students. The clinical learning environment may have an impact on nursing students' responses to the NSS, particularly in their final year, as they spend a considerable amount of time in the practice placement area, depending on their educational programme; however, as healthcare providers are responsible for offering practice placements to

nursing students, the effect of these on student satisfaction is likely to be beyond universities' control (Tiwaken, Caranto and David, 2015).

These changes may result in a more commercial side to healthcare education, with the student nurse being the consumer. This may be reflected in their expectations of both the HEI and the healthcare settings that provide practice placements. With student nurses as customers, there may be an increased emphasis on meeting their needs and expectations rather than focusing solely on patient care. This could lead to a potential conflict between the student's educational needs and the needs of the patient; however, it is important to recognise that the education of student nurses is not just about meeting their individual needs but also about preparing them for the demands and challenges of the healthcare system. Therefore, a balance must be struck between meeting the needs of student nurses and ensuring that they are prepared to provide high-quality, patient-centred care.

1.3.3 Effects of government policies on care delivery and nursing roles

In addition to the influence of reforms to the higher education system, there have been numerous reviews of nurse education provision inextricably linked to the changing health landscape (see appendix A); the population in the UK is ageing, and nurses are seeing more patients with chronic disease and increasingly complex needs (Gerrish and Lathlean, 2015). Therefore, care needs to be delivered differently, focusing on health promotion rather than disease management (Department of Health and Social Care, 2018), along with a transference of services to the primary and community care sectors (Royal College of Nursing [RCN], 2007). Additionally, the Willis Commission identified a need for nurses to be able to undertake and critically appraise research and apply research findings to their practice to meet increasingly complex care delivery needs, concluding that nursing needed to become a graduate profession (Willis Commission, 2012). As a result, since 2013, all pre-registration nursing

programmes in the UK have been delivered at a minimum of bachelor's degree level. Furthermore, in the past decade, there has been a heightened emphasis on enhancing the quality of patient care, and the Francis inquiry highlighted the need for improving the education of healthcare personnel (Francis, 2013). This pivotal inquiry investigated accounts of systematic failures of hospital care within one English hospital trust culminating in 290 recommendations, emphasising the need for healthcare professionals to undertake continuous professional development (CPD) (Francis, 2013). Subsequently, there was a need to improve standards of healthcare delivery and implement change within the education of healthcare staff with the need for a focused education strategy; this led to the publication of the mandate *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values* (Department of Health, 2014).

Additionally, in response to staffing shortages and workforce gaps, there has been a need to increase recruitment, create new training pathways, and establish new nursing support roles (Snee, White and Cox, 2021). Care delivery roles have evolved over the past century. Following the Nurses Act of 1919, the state registered nurse (SRN) role was created which required three years of training (Brown, 1994). Due to financial constraints during the early 1930s, cheaper assistant nurses were trained to assist the RN with practical nursing care. This assistant role was formalised in the 1943 Nurses Act, which recognised a second level of nurse, the enrolled nurse (EN), who undertook two years of training (Brown, 1994). Over the following decades, the two roles became more closely aligned with minimal discernible differences (Brown, 1994); therefore, EN training was abolished with the advent of Project 2000. Instead, cheaper, unregistered carers supported RNs with the delivery of nursing care who were known as nursing auxiliaries and, more recently, as healthcare assistants (HCAs). In an independent review of the role of these healthcare support workers, Cavendish (2013) recognised that HCAs were spending more time at the bedside than nurses. In addition, some HCAs had taken on roles that were traditionally that of

the RN but were paid less and had no consistent training, job title or role. Cavendish (2013) also highlighted that some HCAs could not progress in their careers to an RN role since it became an all-graduate profession due to the academic entry requirements, therefore recommended an educational programme to bridge the gap.

Like the Cavendish review (Cavendish, 2013), the Shape of Caring review (Willis, 2015) recognised the need for investment in a career pathway for HCAs, who despite having little access to training or CPD, were found to be providing over 60% of direct care delivery. Subsequently, the Nursing Associate (NA) role was developed for HCAs to progress into, creating a bridging role between HCAs and RNs. There was some debate amongst the nursing profession that the NA was like the former EN role, with some feeling this was an undesirable change that might undermine and threaten the role of the RN. However, the reality was that there was an identified gap in care delivery due to workforce shortages, the professional development and upskilling of RNs to more autonomous roles such as Nurse Practitioners, and reduced admissions to RN educational programmes in part due to financial reasons, particularly from mature students (Attenborough *et al.*, 2019). The NA education programme follows a work-based apprenticeship model, is salaried and widens access to the nursing profession. Subsequently, a nursing degree apprenticeship was announced in 2016 to further the education of NAs to become RNs should they choose to do so (Department of Health, 2016), representing a transition from education led by HEIs to education delivered with increased collaboration between education providers and healthcare providers. The first cohort of NAs completed their programme at the end of 2018. Like the RN role, the NA role is a registered profession regulated by the NMC. These changes to the workforce and care delivery acknowledge that the RN role has evolved over the past decade.

1.3.4 The support person

Historically, higher education teachers were recognised as having a great deal of responsibility to produce competent nursing practice in nursing students (UKCC, 1999) however, as the status of the student nurse changed, discussed in section 1.3.2, increased supervision in clinical practice was required. There became a need to link theoretical knowledge with practical skills with a role combining the teacher with the trained nurse (Ousey, 2011). These clinical assessors, as they were known, were responsible for observing the student's performance, knowledge, skills, understanding and attitudes in the clinical environment and liaising with relevant colleagues, such as those from the HEI, to discuss the student's overall performance (Ousey, 2011). However, the term clinical assessor did not imply any teaching responsibility therefore the role evolved into more of a mentoring role to help student nurses develop their knowledge and skills (Spouse, 2001). During the period of the current research study, the model of mentoring experienced by participants within practice placements involved assigning one student nurse to one mentor, with occasionally an associate mentor to assist (RCN, 2016). To become a mentor, an RN needs to successfully complete a course of study that meets the standards laid out by the NMC in a framework for supporting the education and assessment of students in clinical practice (NMC, 2008). During practice placements, the mentor is required to be available to the allocated student nurse for a minimum of 40% of the placement time (NMC, 2010); however, the standards are not clear as to who should support the student nurse for the remaining time.

1.4 Definition of key terms and concepts used in the thesis

1.4.1 Clinical learning environment

Clinical learning is viewed as a fundamental aspect of education in nursing (Dadgaran, Parvizy and Peyrovi, 2013; Egan and Jaye, 2009; Manninen *et al.*,

2022; Preethy, Erna and Mariamma, 2014), and placements in the clinical environment are vital for the application of theory, practising nursing care, clinical skill acquisition, and building communication skills (Albloushi *et al.*, 2019; Cooper *et al.*, 2020; McKenna *et al.*, 2019; RCN, 2017; Thomas, Jinks and Jack, 2015). The practice placement experience is a key factor in nursing students' satisfaction with their educational journey (Walker *et al.*, 2016) and is viewed as essential for the professional socialisation and formation of a professional identity of nursing students (Alammar *et al.*, 2020; Brown, Stevens and Kermode, 2012; Clements *et al.*, 2016). Therefore, placements in the clinical environment are a fundamental part of the nursing curriculum in the UK (Andrews and Roberts, 2003; Erickson, 2012; McKenna *et al.*, 2019).

The term 'clinical learning environment' (CLE) has widespread use in the literature when referring to placements in the clinical environment; it has been defined as the clinical setting which encompasses staff, patients, and medical equipment (Papp, Markkanen and von Bonsdorff, 2003) and as 'an environment where students in health education fields apply knowledge and skills while caring for patients' (Flott and Linden, 2016, p.503). Furthermore, Dunn and Burnett (1995, p.1166) define the CLE as 'an interactive network of forces within the clinical setting that influences the students' clinical learning outcomes'. Similarly, Hooven (2014) suggests that clinical education occurs in a complex social context that has an interactive network of forces. In support of this concept, following a literature review of CLE-related papers, Flott and Linden (2016) contend there are numerous influences on the placement experience in the clinical environment.

The nature of the CLE has been recognised as having a significant impact on student learning (Dunn and Burnett, 1995; Henderson *et al.*, 2012; Hooven, 2014; Tiwaken, Caranto and David, 2015). Importantly, Chan (2002a) suggests that nursing students may not have a beneficial learning experience in all learning environments. Indeed, Preethy, Erna and Mariamma (2014) describe the learning

environment as the 'personality', suggesting that each location has a unique personality and, like people, some are friendlier than others. An appropriate CLE has been identified as one that motivates and engages students, encourages a positive atmosphere, and has a good relationship with the HEI (Levett-Jones *et al.*, 2009; Papp, Markkanen and von Bonsdorff, 2003); it is this social climate that affects student learning, behaviour, feelings, and growth (Hooven, 2014; Preethy, Erna and Mariamma, 2014). Indeed, the NMC mandated that approved pre-registration nursing programmes must have access to CLEs where 'learning culture is ethical, open and honest, is conducive to safe and effective learning that respects the principles of equality and diversity, and where innovation, inter-professional learning and team working are embedded' (NMC, 2018c, p.3). Therefore, it is crucial to consider the quality of the CLE and student nurses' satisfaction with their placements in this environment. This will be discussed further in section 1.5.

The clinical learning environment can also be referred to as the practice learning environment; additionally, placements may be referred to in several ways, including clinical placements or practice placements; there is no consistency in the terminology used throughout the literature reviewed. Significantly, the phrase CLE is used widely in the literature but is not used in NMC documentation; instead, the NMC refers to practice placements. It is unclear why there is disparity; however, using the word clinical may imply a more traditional, hospital ward-based environment. In contrast, due to the changes in the way care is delivered, there are many environments in which student nurses can learn, including community, social care, and simulated environments; therefore, the use of the term *practice* rather than *clinical* implies any environment where nurses practise.

1.4.2 Supernumerary status

Supernumerary status means that student nurses cannot be requested by someone to provide care in what would ordinarily be a substantive role and, therefore, they should not be counted as part of the workforce when identifying staff-to-patient ratios for safe and effective care delivery (NMC, 2010). The concept of supernumerary status for student nurses was first raised in the Wood Report in 1948 (Willis Commission, 2012); however, nothing changed until the 1980s when student nurse numbers increased, all of whom required supervision (Ousey, 2011). Supporting their learning and development became increasingly challenging, strengthening the argument for supernumerary status. However, it was not until the introduction of Project 2000 in the early 1990s that student nurses went from being salaried members of the nursing team providing direct patient care and learning as they worked, to having their learning prioritised through being given student status and becoming supernumerary to the nursing team (Cant, Ryan and Cooper, 2021; Ousey, 2011; UKCC, 1986). Currently, the NMC mandates that student nurses in a three-year undergraduate pre-registration programme must have supernumerary status throughout their 2300 practice hours to learn and practice safely and protect their learning opportunities (NMC, 2010).

1.4.3 Satisfaction

The word 'satisfaction' is used extensively within nursing research related to the CLE; however, a definition of the term is lacking within the literature reviewed. In the context of employment, satisfaction has been described as a 'job-related emotional reaction' (Green, 2000, p.6). Within nursing, job satisfaction has been defined as nurses' positive emotional state with regards to their job (Holmberg, Caro and Sobis, 2017). Additionally, satisfaction is recognised as the culmination of need fulfilment (Green, 2000; Herzberg, 1966; Maslow, 1954). Furthermore, job satisfaction is often linked, but not synonymous with, motivation (Ghazi,

Shahzada and Khan, 2013). According to Mullins (2019), motivation is a psychological process that drives individuals to accomplish a goal to satisfy a need or expectation. It is considered a crucial component for learning to happen (Murphy, 2006). Indeed, adult learning theory assumes that adults are inherently motivated to learn (Hughes and Quinn, 2013; Rogers, 1969); Additionally, it is believed that adult students are naturally enthusiastic about the subject they are learning and already motivated to learn since they have chosen to do so of their own volition (Ghazi and Henshaw, 1998). Therefore, it can be assumed that student nurses will be motivated to learn having chosen to embark on their nurse education programme.

However, within the workplace, Buchanan and Huczynski (2020) argue that employees need to receive recognition of their desired outcomes, effort and persistence to maintain their motivation, which, arguably, has implications for academics, mentors, ward managers, and other personnel who support student nurses' learning in practice placements. As motivation can be linked to satisfaction, student nurses who are left dissatisfied with their practice placement experience may become demotivated, which, in turn, is likely to negatively affect their learning and, ultimately, their desire to continue their programme. Additionally, a benefit of maintaining the motivation, and therefore satisfaction, of student nurses is that motivated workers are easier to retain (Badubi, 2017); whilst HEIs' practice partners do not employ student nurses, there are implications for student nurses' desire for subsequent employment within practice placement areas post course completion. This will be discussed further in section 1.5.1.

1.5 Literature review

Section 1.3 has provided the historical and policy background relevant to the research study, which explores the experiences, with regards to the clinical learning environment, of student nurses undertaking a pre-registration BSc

(Hons) in Nursing (Adult) focusing on the nature of the relationship between their expectations, satisfaction, and learning. This section reviews literature pertinent to the research area to provide context and relevance, highlight existing research gaps, and to offer a critical perspective on how the literature has explored the experiences of student nurses in the CLE; the concepts of satisfaction, expectations, and learning will be discussed. An initial literature review was undertaken to identify literature relevant to the research area in order to contextualise and situate the study within existing knowledge (Braun and Clarke, 2013). Rather than a systematic review of literature used to identify a gap for a proposed study, the contextualisation approach is appropriate for a study using reflexive thematic analysis (Braun and Clarke, 2022). Following the initial review, further literature reviews were undertaken throughout the research process reflecting the iterative data analysis approach used in the study (see section 2.7).

It was pertinent to consider a wide range of evidence to contextualise the study. Consequently, the initial literature was sourced through searches conducted in the ProQuest Nursing and Allied Health Database and the EBSCO CINAHL database. These databases were chosen as they encompass a broad spectrum of nursing and allied health evidence-based materials, encompassing sources such as books and dissertations, unlike other databases. Google Scholar and a citation-based literature mapping tool, ResearchRabbit, were also utilised to locate relevant literature. Inclusion and exclusion criteria narrowed the search results and tailored the literature to the research question. Only papers written in the English language were selected. Papers related to the key words and phrases 'student nurses', 'clinical learning environment', 'clinical placements', 'practice placements', 'satisfaction', 'learning', 'clinical learning', and 'expectations' were included (see table 1.1 which demonstrates the search parameters).

Table 1.1 Initial literature search parameters

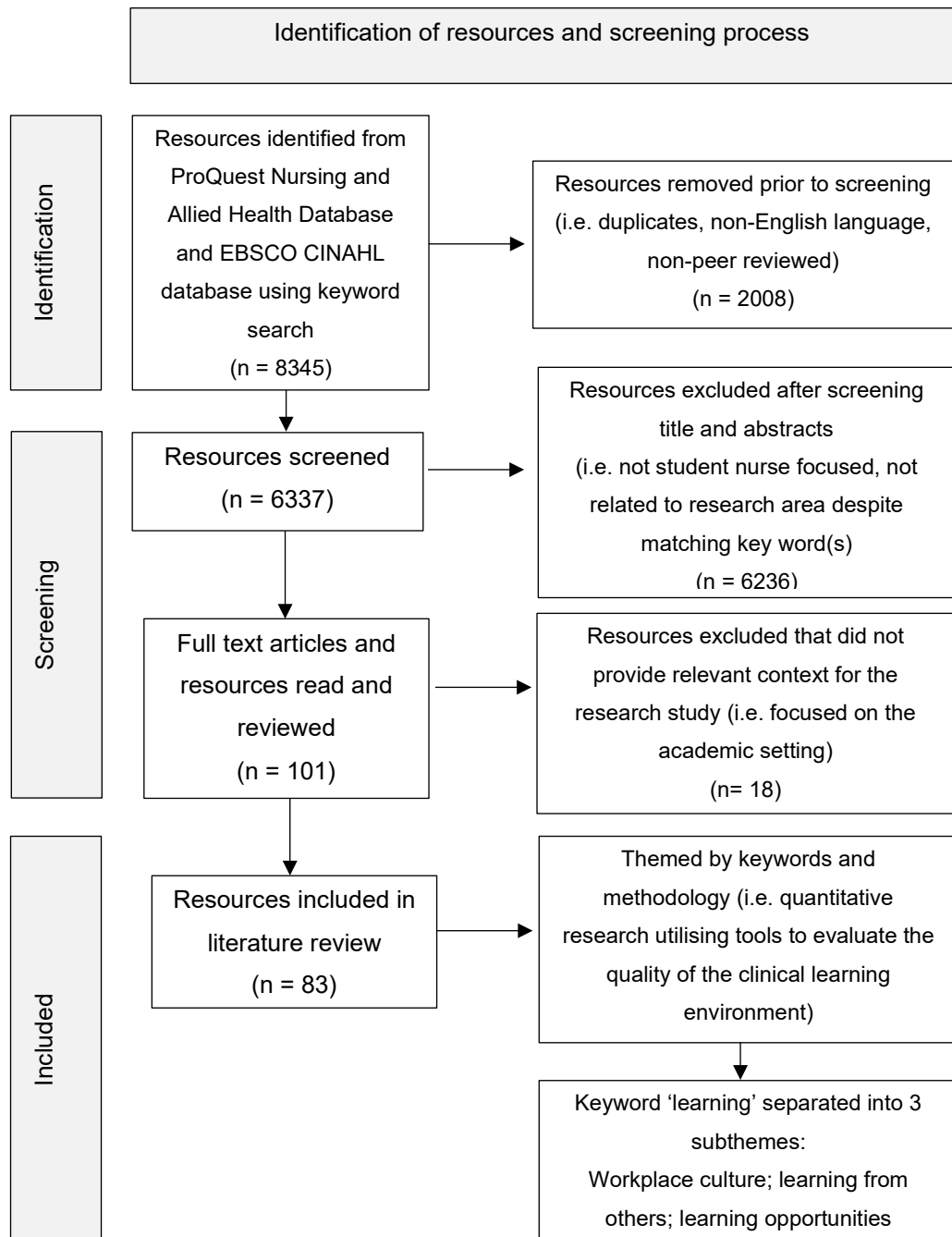
Student nurs*	Satisfaction	Expectations
Learning	Clinical learning	
Clinical learning environment	Clinical placements	Practice placements
Student nurs* AND clinical learning environment	Student nurs* AND clinical placements	Student nurs* AND practice placements
Student nurs* AND Satisfaction	Student nurs* AND learning OR clinical learning	Student nurs* AND expectations
Student nurs* AND (clinical learning environment OR * placements) AND (satisfaction OR * learning OR expectations)	Student nurs* AND (clinical learning environment OR * placements) AND satisfaction AND * learning AND expectations	
Student nurs* AND (clinical learning environment OR * placements) AND expectations AND (satisfaction OR * learning)	Student nurs* AND (clinical learning environment OR * placements) AND satisfaction AND (* learning OR expectations)	Student nurs* AND (clinical learning environment OR * placements) AND * learning AND (satisfaction OR expectations)

Due to the ‘setting the scene’ approach preferred for reflexive thematic analysis (Braun and Clarke, 2022, p. 119), literature is presented in this thesis utilising a thematic approach related to the keywords of the research question (see section 1.6.1) rather than a traditional systematic review format whereby literature is formally critiqued utilising literature appraisal tools. However, knowledge of and experience in using appraisal tools underpinned the consideration and review of each source of knowledge. Figure 1.1 depicts the initial literature search and review process undertaken.

Whilst the initial literature search was limited to nursing focused databases subsequent searches were undertaken utilising all databases accessible through the HEI literature search facility to include professions whose educational model reflects that of nursing by including practice placements in their educational programmes. Examples of such professions include operating department

practitioners in the healthcare field and the teaching profession outside of healthcare. As the data analysis progressed, additional literature searches were undertaken to frame the analysis and support the developing themes, central organising concept, and influencing factors. This included professional identity, work-based culture, and theories of motivation.

Figure 1.1 Flow chart of initial literature search and review



1.5.1 Student nurses' satisfaction with the CLE

Consideration of student nurses' experiences of practice placements, including satisfaction with the clinical learning environment, has been ongoing for at least forty years (Cahill, 1996; Orton, 1979:1981). Furthermore, since the late 1960s, student nurses' satisfaction with the CLE has been consistently related to attrition and retention, both within the educational programme and within the nursing profession (Hamshire, Willgoss and Wibberley, 2013; James and Chapman, 2010; Katzell, 1968; Lamont, Brunero and Woods, 2015; Walker *et al.*, 2016; Weisman, 1982; Wu and Norman, 2006). Indeed, Cant, Ryan and Cooper (2021) highlight that, significantly, the degree of satisfaction correlates with the intention to remain in the nursing profession post-graduation. In agreement, Flott and Linden (2016) suggest that, in addition to meeting learning objectives and preparing for professional practice, clinical experiences have an impact on student satisfaction with the nursing profession, reflecting the findings of Lamont, Brunero and Woods (2015) who found that unsatisfactory student placements led to attrition from nurse education programmes. Additionally, Borrott *et al.* (2016) found that workplace satisfaction is pivotal in influencing nurses' decisions to continue in the profession. Furthermore, Lamont, Brunero, and Woods (2015) emphasise the significance of pre-registration clinical placement experiences in influencing the choice of first workplace post-registration, with positive experiences increasing the likelihood of newly registered nurses returning to the respective workplace. Similarly, James and Chapman (2010) argue that practice placements experiences can have implications for the area of nursing student nurses choose, or do not choose, to practise in. Therefore, pre-registration student nurses' satisfaction with clinical placements is essential for recruitment and retention strategies (Lamont, Brunero and Woods, 2015).

Student nurses' level of job satisfaction has also been found to affect their clinical performance (Barrett and Myrick, 1998) and motivation (Cant, Ryan and Cooper,

2021) and is an important factor in whether a practice placement is seen to be effective (Cremonini *et al.*, 2015). Significantly, Crombie *et al.* (2013) found that whilst various factors influenced the retention of student nurses, the practice placement experience was the most crucial factor. Therefore, the evaluation of practice placements is vital to determine the level of satisfaction of students with their practice experience and explore ways to enhance placements to better cater to the needs of students (Cleary and Happell, 2005). Furthermore, it is essential to consider student nurses' satisfaction with the CLE and identify what makes a 'good' placement that increases satisfaction levels (Chan, 2003; Doyle *et al.*, 2017).

To evaluate the quality of, and measure student nurse satisfaction with, the CLE, several tools have been developed, some of which have been used extensively worldwide since their original publication (Dunn and Burnett, 1995; Chan, 2002a; Saarikoski and Leino-Kilpi, 2002; Saarikoski *et al.*, 2008, Cooper *et al.*, 2020) (See table 1.2). Whilst this review is not intended to critique each tool, it is essential to consider the current CLE tools being utilised globally to identify how the current research study adds to this body of knowledge.

Table 1.2 Tools used to evaluate the quality of, and measure student nurses' satisfaction with, the CLE

Tool	Author(s)
Clinical Learning Environment Scale (CLE Scale)	Dunn and Burnett (1995)
Clinical Learning Environment Inventory (CLEI)	Chan (2002a)
Clinical Learning Environment and Supervision Scale (CLES)	Saarikoski and Leino-Kilpi (2002)
Clinical Learning Environment and Supervision and Nurse Teacher Scale (CLES+T)	Saarikoski <i>et al.</i> (2008)
Placement Evaluation Tool (PET)	Cooper <i>et al.</i> (2020)

One of the earlier tools, the Clinical Learning Environment (CLE) scale (Dunn and Burnett, 1995) is widely accepted; however, it is based on an outdated ward learning climate survey (Orton, 1981). 12 expert nurse educators reviewed the original survey and provided their professional opinions on which items to include or exclude in the survey. Therefore, the CLE scale is not grounded in students' experiences but in educators' opinions, despite the authors suggesting that it reflects students' perceptions of the realities of the CLE.

The Clinical Learning Environment Inventory (CLEI) was developed by Chan (2002a) drawing upon the College and University Classroom Environment Inventory (CUCEI) (Fraser, Treagust and Dennis, 1986). It includes satisfaction as a factor within the tool. Unlike the CLE scale, the tool is based on a literature review followed by qualitative interviews with students, although the questions were pre-categorised. Subsequently, Chan (2002a) engaged in discussions with education experts prior to the publication of the findings. One advantage of this tool is that it enables the comparison of students' perspectives on actual and preferred Clinical Learning Environments (CLEs). This is important as it helps highlight discrepancies between student nurses' expectations of their preferred CLE and the reality. However, significantly, both actual and preferred ratings are obtained following the practice placement which means the actual experience could influence the student nurses' preferred CLE scores. Nonetheless, the CLEI has been used globally to evaluate student nurses' satisfaction with practice placements; in the UK, Hong Kong, and Italy for example (Brown *et al.*, 2011; Henderson *et al.*, 2012).

The Clinical Learning Environment and Supervision Scale (CLES) was introduced by Saarikoski and Leino-Kilpi (2002) around the same time as the CLEI. Similar to the CLE scale developed by Dunn and Burnett (1995), the CLES is not derived from students' direct experiences but instead involved a literature review and input from a panel of expert clinical teachers. Subsequently, the CLES tool underwent review and further development, resulting in the inclusion of an

additional factor for assessing the quality of nurse teachers' collaboration with clinical practice. This updated version is known as the Clinical Learning Environment and Supervision and Nurse Teacher scale (CLES+T) (Saarikoski *et al.*, 2008) which over time, has gained significant recognition and acceptance as a tool for evaluating the quality of the CLE (Cervera-Gasch, González-Chordá and Mena-Tudela, 2020; De Witte, Labeau and De Keyzer, 2011; Papastavrou *et al.*, 2010). The CLES+T has been used and validated in many countries, including Germany (Bergjan and Hertel, 2013), Belgium (De Witte, Labeau and De Keyzer, 2011), Norway (Skaalvik, Normann and Henriksen, 2011), Italy (Cremonini *et al.*, 2015), and Oman (D'Souza *et al.*, 2015). In total, the CLES+T includes thirty-four statements and utilises a five-point Likert scale; it includes subdimensions relating to the pedagogical atmosphere of the CLE, supervisory relationship, ward manager leadership style, role of the nurse teacher, and premise of nursing. Cant, Ryan and Cooper (2021) carried out a systematic review of twenty-one studies that used the CLES+T to evaluate the quality of practice placements to understand how students' experiences in the CLE can be improved and enhanced. They found a general positivity regarding placement experiences and satisfaction levels but suggest a need for further research into aspects of the experience that the CLES+T does not address.

The CLES+T tool was used by Papastavrou *et al.* (2016) to explore nursing students' satisfaction with the CLE across three universities in Cyprus. Their findings discuss the elements that scored highly on satisfaction and conclude that the supervisory relationship and acceptance within the nursing team were the most influential factors. Similarly, Doyle *et al.* (2017) utilised the CLES+T to explore the CLE experiences of final-year students in Australia. They conclude that a welcoming workplace and the presence of staff and educators who possessed a positive attitude and were willing to help students, had a significant impact on student satisfaction. However, neither study explicitly states whether the level of satisfaction was related to learning. On the other hand, a study undertaken in Spain using the CLES+T scale by Cervera-Gasch, González-

Chordá and Mena-Tudela (2020) found a direct relationship between tutor participation, student satisfaction, and perception of learning.

Additionally, Bisholt *et al.* (2014) used the CLES+T to compare the quality of the CLE in various clinical settings in Sweden. The findings of their study reveal that satisfaction with the placement experience was consistent across various clinical settings. However, placements in secondary care settings, such as hospitals, were associated with a higher level of meaningful learning compared to placements in the community or primary care settings. This would suggest that learning and satisfaction are not directly linked and that the placement setting influences perceived learning. Furthermore, Warne *et al.* (2010) used the CLES+T in nine European countries (Cyprus, Belgium, England, Finland, Ireland, Italy, Netherlands, Spain and Sweden) and conclude that student nurses had higher levels of satisfaction following more extended placements of at least seven weeks in length; however, the authors recognise that due to the limitations of the quantitative study approach, they were unable to provide qualitative explanatory evidence for this. More recently, another factor that influenced students' perspectives regarding the quality of the CLE was the perception of the number of students on the ward; the greater the number of students, the lower the perceived quality of the CLE (Abuosi *et al.*, 2022). Significantly, the results of these studies suggest that elements other than learning and expectations affect levels of satisfaction with the placement experience, such as the number of students allocated to one ward or rostered on the same shift, and the length of placements. Therefore, there is a need to conduct qualitative research to delve deeper into the topic and give students the opportunity to openly share their experiences without being limited by restricted quantitative questions.

Other tools have been used to evaluate the quality of the CLE. Chuan and Barnett (2012) conducted a quantitative study in Malaysia utilising their own culturally relevant tool based on the aforementioned published evaluation tools to compare perceptions of the CLE from student nurses, RNs and nurse tutors. However,

their study focused on perceptions of learning rather than satisfaction. Interestingly, whilst students and tutors reported supervision as the most positive aspect, RNs felt the friendliness of the CLE was most influential. Hindering factors were perceived as too many students, increased workload, and students being treated as workers; the students reported that many learning opportunities were missed when the wards were busy as completing care delivery tasks took precedence over addressing their learning needs. Furthermore, students felt they had been delegated tasks that required little or no supervision rather than being given learning opportunities to extend their skills.

More recently, Cooper *et al.* (2020) developed the Placement Evaluation Tool (PET) following a literature review of existing placement evaluation tools. They reviewed ten original tools published between 1995 and 2015. They found inconsistent language, variations in culture and language, errors in grammar and translation, and outdated contexts as well as some being lengthy with over thirty items requiring ratings. During the development of the PET, two critical factors that emerged were the significance of creating a welcoming atmosphere and the provision of educational support. This was evident in statements such as 'staff were willing to work with students', 'staff were ethical and professional', and 'I felt valued during this placement' (Cooper *et al.*, 2020), echoing Saarikoski *et al.* (2008) who had previously identified higher satisfaction levels when students were treated with respect. The two critical factors in the PET place the focus of the evaluation on factors which affect the students' satisfaction level from their perspective.

One of the few qualitative studies exploring nursing students' experience of the CLE adds greater depth to aspects affecting satisfaction levels. Following a grounded theory methodology, Kalyani *et al.* (2019) found that an inadequate CLE was one that had inefficient educators, unrealistic objectives, lack of support, negative attitudes towards the students' presence, and too many students for the size of the placement area, confirming some of the findings from Chuan and

Barnett's (2012) study. In addition, students reported that performing non-professional tasks resulted in confusion regarding their role, and there was a disconnect between their expectations and the actualities of their clinical experience due to discrepancies between classroom instruction and what they experienced in the clinical environment (Kalyani *et al.*, 2019). This study was undertaken in Iran, therefore a different context and cultural background to a UK healthcare setting. However, a qualitative study investigating the learning experiences of student Operating Department Practitioners (ODPs) in practice placements conducted in Oxford revealed similar findings (McAvoy and Waite, 2019). Their study identified that student ODPs had positive experiences in practice placements when they felt a sense of belonging, inclusion, and value. Conversely, negative experiences arose when student ODPs perceived a lack of belonging, unwelcoming environments, exclusion, excessive expectations from staff, and feeling like a burden. Interestingly, participants emphasised their desire not to be seen as a burden but rather be seen as eager to learn and actively contribute as part of the team. Whilst their study highlighted the importance of belonging, it utilised belonging as the theoretical framework and adopted a deductive approach to data analysis.

Another study focusing on the relationship between student nurses' belongingness and workplace satisfaction is that of Borrott *et al.* (2016) who reported the quantitative findings of their mixed methods study conducted in Australia and Canada. Participants in the study completed a 62-item survey consisting of three previously validated surveys: two related to belongingness and one to satisfaction. It is worth highlighting that the satisfaction survey was designed for RNs rather than student nurses; the needs and experiences of these two groups may differ significantly. Participants expressed a desire to have someone to turn to and to be accepted, with a sense of belonging influencing their workplace satisfaction; however, other factors influencing workplace satisfaction are not addressed or considered within the study, although participants' responses emphasised the importance of meeting their personal and

professional needs for workplace satisfaction. Additionally, Borrott *et al.* (2016) emphasise that student nurses often undertake placements in unfamiliar contexts, therefore lack familiarity with the environment, staff, and inherent workplace culture. Their findings suggest that students might not have sufficient time in their placement areas to develop connections, often being perceived as visitors. Consequently, Borrott *et al.* (2016) proposed further exploration of the number of hours spent in a placement area and the effect on relationships and belongingness.

In a qualitative study conducted by Smith, Grealish, and Henderson (2018), the experiences of student nurses regarding their satisfaction or dissatisfaction with their learning were explored. Twenty-nine semi-structured interviews were conducted with seventeen student nurses undertaking an undergraduate degree programme. While the study recognised the distinction between the university and workplace environments, no differentiation was made between the two locations in terms of experiences of satisfaction or dissatisfaction (Smith, Grealish and Henderson, 2018). Importantly, the study does not acknowledge the factors within each environment that may have influenced the levels of satisfaction.

The literature review has highlighted that there are numerous influences on how satisfied student nurses are with their practice placements in the CLE. However, understanding the rationale behind them is limited, arguably, due to a lack of research from student nurses' perspectives utilising a qualitative approach.

1.5.2 Student nurses' expectations of the CLE

As highlighted in section 1.2, an area for consideration in this study is how student nurses' expectations of the CLE and their role within it relate to their satisfaction levels. As discussed in section 1.5.1, the CLEI tool can be utilised to explore perceived and preferred expectations (Chan, 2003). A study by Brown *et al.* (2011) utilising the CLEI found a significant contrast between students'

perceptions of the CLE they encountered and their preferred CLE, thereby concluding that it is crucial to have a thorough understanding of students' perceptions of the CLE. Similarly, Papathanasiou, Tsaras and Sarafis (2014) conducted a study in Greece also using the CLEI tool, they found a considerable gap between the expected and actual reality of the CLE for student nurses. It is important to note that all studies utilising the CLEI tool were conducted on completion of student placements, therefore there is a potential that the actual experience may have influenced the reported expectations. This is significant, as it is essential to understand student nurses' expectations prior to their placement to prevent these expectations from being forgotten or influenced by the actual placement experience.

A mixed methods study undertaken in the North-West of England by Hamshire, Willgoss, and Wibberley (2013) revealed that most students had satisfactory learning experiences that aligned with their expectations. Notably, students who had unfulfilled expectations reported unsatisfactory placement experiences. Therefore, it would appear crucial to explore student nurses' expectations prior to undertaking the placement experience, followed by post-placement interviews to discuss their actual placement experiences, whether their expectations were met, and how this relates to their satisfaction level.

Lamont, Brunero and Woods' (2015) study, conducted across multiple HEIs in Australia, explored student nurses' satisfaction with their clinical placements, focusing on the relationship between satisfaction and future career intentions. Due to concerns about the length of the CLEI (Chan, 2002a) and the subsequent possible negative effect on response rates, the researchers developed their own seven-item anonymous survey using a five-point Likert scale. This survey was designed through a literature critique and consultations with both experienced and less experienced nurses. Despite the much shorter survey, the return rate was only 37% of the total student placements during the three-year research period. Respondents were predominantly female (85.8%). The survey was given

at the end of the placement; therefore, the survey likely attracted responses primarily from those with positive experiences. The study's brief survey and potential response bias raise methodological limitations. The study revealed findings that influenced satisfaction with clinical placements, including meeting expectations, welcoming staff, ongoing staff attitudes, support from clinical and academic facilitators, and participation in patient care. Respondents' expectations encompassed understanding the nurse's role, increasing nursing skills, gaining knowledge, and experiencing a positive workplace.

The studies mentioned above do not explicitly address whether student nurses' expectations are realistic. Therefore, it is important to investigate their expectations and whether the significant difference between preferred and actual clinical learning environments (CLEs) reflects poor performance of the CLEs in meeting expectations or unrealistic expectations of the students resulting in lower satisfaction levels. Furthermore, the management of expectations in relation to reducing anxieties has been emphasised (D'Alesandro, 2021). Hence, there is a need to examine the expectations of student nurses and determine whether there is a requirement for improved management of these expectations. Importantly, the primary responsibility for managing student expectations to enhance satisfaction with practice placements lies with the academic institution, working in collaboration with the placement provider (Hamshire, Willgoss, and Wibberley (2013). Similarly, although referring to non-nursing contexts, Badubi (2017) argues that although individuals have their expectations, it is the responsibility of managers to bring job satisfaction to their employees. To aid the management of expectations it is essential to explore how they are formed; to date, there is little research in this area. Hamshire, Willgoss and Wibberley (2013) found that the expectations of healthcare students were influenced by their prior educational experiences and the information they obtained about the programme and their chosen profession. However, it is not explicit where this information is collated, therefore further exploration of the basis of student nurses' expectations is needed, including the effect of external influences such as the portrayal of nurses

and nursing on television and in social media, in addition to previous life experiences.

1.5.3 Learning in the clinical environment

Whilst formal education can facilitate learning, it is important to note that most learning does not solely rely on formal educational settings (Eraut *et al.*, 2002). Indeed, as identified in section 1.3.1, 2300 hours of a three-year undergraduate pre-registration degree programme must be undertaken in the CLE; this can include up to 300 hours in a simulated clinical environment (NMC, 2010). Conventional theories, such as behavioural theories, emphasise the transmission of information to students, followed by practical application (Oliver and Endersby, 2000). However, adult learning theory has evolved from this perspective, recognising that adults need to comprehend the purpose behind their learning rather than simply being instructed (Knowles, 1984). In the clinical setting, learning is influenced by adult learning theory as student nurses become less dependent and more self-directed in their learning with their experiences serving as valuable learning resources (Knowles, 1990). Similarly, Hughes and Quinn (2013) highlight that experiential learning theories suggest learning takes place through active engagement and hands-on experiences. Indeed, experience plays a crucial role in shaping learning by giving it meaning and enabling individuals to make sense of their experiences (Grealish and Ranse, 2009). This places experience at the centre of the learning process (United Nations Educational Scientific and Cultural Organisation, 2016).

Prior to Knowles' theory, it had already been recognised that adult learners were not passive recipients of information, but rather actively constructed knowledge based on their experiences (Rogers, 1969). A renowned cycle of experiential learning was devised by Kolb (Kolb, 1984). This conceptual framework supports the debate that learning occurs in the context of experience, an essential element of student nurse learning. However, although experience is crucial for learning to

take place (Morris, 2020), learning does not simply occur passively from experience alone. It requires active engagement and deliberate reflection to process and make meaning of the experiences (Kolb, 1984). Kolb views learning as an ongoing and lifelong process, where knowledge emerges through the transformation of experiences, following a four-stage process of experiencing, reflecting, thinking, and acting. While Kolb's model has been widely adopted in educational and training contexts, its reliance on the individual's subjective interpretation of their experiences and reflection may result in biases and limited perspectives (Kayes, 2002). Furthermore, the model does not account for the role of social and cultural factors in the learning process, which can significantly shape an individual's learning experiences (Kayes, 2002). Although Korthagen's (2010) work primarily focuses on teacher education, he raises a valuable point that knowledge cannot be effectively transferred to others to enhance their actions. He emphasises the importance of learning that emerges from one's interactions with others, highlighting the social construction of knowledge. Indeed, Lave and Wenger (2002) state that knowledge needs interpretive support for understanding context. Therefore, as it cannot be assumed that student nurses automatically learn from undertaking practice placements, it is vital to explore how they perceive their learning and consider factors that may influence their learning within this environment. Indeed, Mansutti *et al.* (2017) contend that the environment in which clinical learning takes place has a significant impact on the learning process.

1.5.3.1 Workplace culture

Lave and Wenger (1991) propose that learning is a social activity where the learner is embedded in a situation where they work and learn. In their view, the place where knowledge is learnt is more important than knowledge acquisition itself (Lave and Wenger, 2002). According to Lave and Wenger's (1991) widely adopted concept of situational learning, learning can only take place within the situational context, with learning being most effective within a community.

Similarly, Tomietto *et al.* (2016) emphasise that it is not just about the student achieving competencies but achieving them in a specific environment. Sayer (2014) also believes knowledge is socially and culturally situated and that learning needs to take place within a real-life context.

In nursing, workplace culture plays a crucial role in shaping the working environment and the interactions among healthcare professionals, patients, and families. Manley *et al.* (2011) define culture as the social contexts that influence behaviour and the social norms that are accepted and expected in a particular environment. This has been described as 'the way things are done around here' (Drennan, 1992, p3). This culture can impact the quality of care provided and the motivation, commitment, and effectiveness of staff (Manley *et al.*, 2011). It also affects student nurses' quality of learning and satisfaction, which can ultimately impact their career choices (Milton-Wildey *et al.*, 2014). Dissatisfaction and attrition have also been linked to suboptimal practice experiences related to workplace culture (Arundell *et al.*, 2017).

Lave and Wenger (2002) argue that becoming a member of a community allows participation and therefore learning to take place. Looking from another perspective, they believe that learning is not just about acquiring knowledge and skills, but also about becoming part of a community. This 'community of practice' approach is seen as a group of workers sharing tasks, activities, and a common location (Lave and Wenger, 1991). In a community of practice, learners can observe and interact with more experienced members, which helps them to develop the skills and knowledge they need to become full participants. Lave and Wenger (1991) call this process 'legitimate peripheral participation'. The learner is seen as a co-participant from the start of their practice placement, albeit from the periphery, because they do not have the knowledge to participate fully (Burkitt *et al.*, 2001). For student nurses, integration into the culture of each new clinical environment is, therefore, essential to enhance their learning beyond just achieving learning goals and competencies. However, Henderson *et al.* (2012)

suggest that students may prioritise fitting in over learning because they believe their clinical learning depends on them adjusting to the clinical area. Tomietto *et al.* (2016) refer to this as 'transition shock', where the students undergo an adjustment process of organisational socialisation in which they need to learn professional and organisational rules. Additionally, Nolan's (1998) qualitative study of Australian student nurses' experiences found that students did not learn well until they became accustomed to the learning environment while on practice placements. However, some student nurse placements within the study HEI's undergraduate nursing programme have a short duration of two weeks or less which may not allow for adequate immersion in the culture of the placement area, and the time required to fit in may limit the time available for learning.

The importance of community support for learning is not unique to nurse education; for instance, student teachers undertake teaching placements in schools to learn the knowledge and skills of teaching within a real-world context (Ussher, 2010). Following a qualitative study of student teachers' experiences in New Zealand, Ussher (2010) concluded that to create a positive learning environment, a student teacher needs a supportive community to foster a sense of belonging and be valued as a member of the professional community. In the nursing context, Ousey (2009) found that student nurses often struggle to understand their place in the ward team due to their supernumerary status. Furthermore, Hyde and Brady (2002) found, from an RN perspective, supernumerary students were not felt to be part of the team compared to when student nurses were rostered and felt to be more like 'one of them'.

Lave and Wenger (1991) argue that, as a newcomer on the periphery, the student nurse needs sponsorship or acceptance to have legitimate access to a community's cultural knowledge and practices. The mentor is typically the person who serves as the sponsor to help the student 'fit in' and feel like a valued and welcome member of the ward team, aiding their integration into the clinical environment (Lave and Wenger, 2002; Ousey, 2009). Arundell *et al.* (2017) refer

to this role as a 'gatekeeper'. The sponsorship process reduces feelings of alienation and increases eagerness to learn (White, 2010). Being accepted into the community produces a sense of belonging which impacts confidence levels, increases students' motivation and ability to learn, and enhances the placement experience (Levett-Jones *et al.*, 2009; McAvoy and Waite, 2019). Similarly, Ussher (2010) found that where there was a sense of belonging, student teachers perceived the placement to be an effective place for learning. Furthermore, Capper, Muurlink and Williamson (2021) highlight that the context of professional socialisation impacts the development of belongingness, as well as attitudes, values and commitment to the profession. Therefore, the workplace culture and support provided within a practice placement have the potential to reduce the stress of transitioning into a new role.

However, Luders *et al.* (2021) discovered that some student nurses faced negative attitudes from staff, resulting in feeling undervalued, burdensome and unwelcome. Similarly, Vallant and Neville (2006) found that several student nurse participants reported feeling invisible to the nurse they worked with during practice placements. Furthermore, Albloushi *et al.* (2019) found that some students reported their clinical experiences as dull and unproductive due to feelings of isolation and exclusion. These negative experiences can make students feel like a 'spare part' (Bradbury-Jones, Sambrook and Irvine, 2011) and lead to decreased motivation and satisfaction with the placement. The mentor's attitude towards the student nurse plays a significant role in how valued the student feels in the placement. Indeed, Vallant and Neville (2006) suggest that a mentor's attitude can make the student feel ignored, forgotten, and undervalued. Similarly, McAvoy and Waite (2019) found that some of their participants felt they were an irritation to their mentors, and Arundell *et al.* (2017) found that student midwives felt like an inconvenience on practice placements. These feelings cannot be disregarded as students need to feel appreciated and valued for the contribution they can make to the team (Papp, Markkanen and von Bonsdorff, 2003).

Kristensen and Kristensen (2020) found that nursing students often struggled to gain recognition in practice placements. Lave and Wenger (1991) argue that newcomers who subsume their own beliefs and learn the language of the new environment are more likely to be accepted by more experienced practitioners. Similarly, Arundell *et al.* (2017) describe how student midwives must assume the attitudes and behaviours of the practice area to be liked and accepted. However, this suggests that students must conform to the culture of the practice placement to be accepted.

1.5.3.2 Learning from others

Learning is greatly influenced by interactions with others, such as teachers or colleagues, who play a vital role in providing positive feedback and support (Eraut *et al.*, 2002). While Raizen (1991, cited in Guile and Young, 2002) suggests that learning occurs naturally over time without significant intervention from experienced individuals, Guile and Young (2002) argue that novices gradually accumulate experience under the guidance of more experienced peers. In fact, Andrews and Roberts (2003) emphasise that mentoring is not only a support mechanism for students but also a fundamental means of facilitating learning, teaching, and assessment in practical settings. Field (2004) supports this notion by asserting that a competent mentor with a solid knowledge base in a specific practice placement is crucial for the development and progress of nursing students. However, she suggests that the quality and commitment of ward mentors can vary, thereby impacting the student's learning experience. She highlights the importance of good mentorship, as inadequate guidance may lead to insufficient or misguided reflection by the student, potentially overlooking critical aspects of learning. Notably, some studies, although somewhat dated, acknowledge that students prioritise mentor support over the actual teaching provided (Andrews and Chilton, 2000; Cahill, 1996; Ely and Lear, 2003).

Benner (1984), recognised as a significant figure in nursing (Andrews and Roberts, 2003), developed a theoretical framework identifying five stages of skill acquisition spanning from novice to expert. When applied to pre-registration nursing students in clinical settings, they begin as novices, relying on models and rules to guide their practice. As they progress to become RNs, they ascend to the next level according to Benner's framework (Benner, 1984). Andrews and Roberts (2003) suggest that one way to understand the transition between these levels is by applying an educational theory of cognitive development, highlighting that as students become more senior, the means of supporting their learning requirements may change, potentially affecting the dynamics of the student-mentor relationship. This holds particular significance for mentors in clinical settings who engage with students at various stages throughout the three-year programme as, in addition to being aware of the student's learning style, they would need to be aware of the stage of the programme the student is at. Indeed, Andrews and Roberts (2003) suggest that a crucial skill for mentors is delivering information in a manner that enables the learner to incorporate new knowledge within the framework of their existing understanding.

A component of being a mentor is the concept of role-modelling, as highlighted by Bandura (1977), which argues that individuals, regardless of age, learn by imitating behaviours observed in others. Bahn (2001) suggests that using peers and experienced practitioners as role models is a fundamental approach to learning and those working with students should acknowledge their influence as role models on student learning. Furthermore, White (2010) argues that students will aspire to belong to a particular community by acquiring and demonstrating the skills exhibited by respected individuals. In addition, Perlman *et al.* (2020) argue that practice placements not only enable students to gain knowledge and skills but also help them become culturally acclimatised to the clinical area, preparing them for the role of an RN. Similarly, McAllister, John and Gray (2009) emphasise the significance of role-modelling and learning from more experienced individuals in developing a sense of professional identity. Likewise, Doyle *et al.*

(2017) suggest that practice placements can be seen as a space where nursing students are introduced to the profession and then develop their identity towards becoming an RN. When the mentor feels that the student's identity is sufficiently formed, they are given more autonomy with their practice to embed their new identity (Lave and Wenger, 1991).

The socialisation process enables students to acquire community and professional values, attitudes, and practices (Sayer, 2014). However, Sayer (2014) argues that being socialised into existing practice may stifle innovation and change. Conversely, it is recognised that newcomers can transform the communities they join as they bring different levels of experience (Fuller *et al.*, 2005). For example, student nurses who were HCAs before embarking on a pre-registration nurse education programme were not newcomers in their previous communities of practice; therefore, they may not stay on the periphery or need a sponsor to enable acceptance into a new community, and will bring their prior experience to the team.

Bradbury-Jones, Sambrook and Irvine (2011) argue that student nurses feel empowered when valued as learners, team members and people; this was suggested to be largely reliant upon a supportive environment and the mentor's influence to recognise needs and facilitate learning experiences. Experiencing a sense of empowerment results in increased self-esteem, motivation to learn, and a favourable clinical placement experience (Bradbury-Jones, Sambrook and Irvine, 2007). On the other hand, disempowerment, or feeling devalued, negatively impacts learning and intention to continue the programme (Bradbury-Jones, Sambrook and Irvine, 2011). Therefore, it is essential to create a supportive environment and for mentors to recognise students' needs and facilitate learning experiences to ensure students feel valued and empowered in their placements.

O'Mara *et al.* (2014) conducted a study focusing on the nature of a challenging CLE and its impact on student nurses' learning, as they acknowledge that unsupportive environments can detrimentally affect educational experiences, as evidenced by prior research. The study captures the student's perspective through a qualitative research design as O'Mara *et al.* (2014) recognised that despite quantitative tools generating standardised comparable data, they do not reflect the clinical environment's multifaceted and ever-changing nature. O'Mara *et al.* (2014) utilised an interpretive descriptive approach due to its suitability for nursing practice research, purposive sampling, and inductive data analysis. The study included 54 undergraduate student nurses who self-identified as having experienced a challenging CLE. Data was generated through focus groups, reflective journals, and clinical journals. Following data analysis, two primary sources of a challenging CLE were identified: contextual and relationship issues. While challenges due to the context were attributed to competing academic demands, the scarcity of role models, and the lack of staff familiarity with programme expectations, relationship challenges involved unclear staff expectations and demanding RNs. However, it is acknowledged that the latter was deemed positive by some participants as they perceived that being given more work to do reflected increased trust in their ability.

From their study, O'Mara *et al.* (2014) highlight the influential role of relationships and unsupportive staff in shaping student nurses' perceptions of a challenging environment. Furthermore, they suggest that relationships and context invariably influence clinical learning. It is highlighted, however, that the study did not explore experiences of perceived non-challenging environments and elements that positively influence clinical learning. O'Mara *et al.* (2014) argued that relationships between staff and student nurses are critical in shaping professional identity and influencing students' career decisions post-registration. Their findings underscored the importance of fostering a supportive clinical learning environment for the overall development of nursing students. They also emphasised the necessity for HEIs to review the timing and location of clinical

experiences. Furthermore, O'Mara *et al.* (2014) found that participants developed strategies to seek alternative opportunities when learning opportunities were affected by a challenging CLE. Therefore, O'Mara *et al.* (2014) recommend interventions to help students develop reflexivity, self-care, conflict resolution, and debriefing skills. However, the wisdom of placing the burden solely on students can be questioned; a broader review of the learning environment should be recommended.

1.5.3.3 Learning opportunities

According to Eraut *et al.* (2002), a significant portion of workplace learning occurs naturally because of the inherent demands and challenges. However, they emphasise that actual skill acquisition can only take place when appropriate opportunities arise. Lave and Wenger (2002) agree that learning is dependent on the availability of learning opportunities and can only occur through active participation in the practices of the community. Similarly, Price (2019) highlights that learning during practice placements is opportunistic and spontaneous and involves the student nurse experiencing a range of patients and clinical procedures; however, Price (2019) supports the social construction theory that it is the mentor or supervisor's role to enable the nursing student to make sense of these experiences. Indeed, Perlman *et al.* (2020) highlight that the person facilitating learning is a crucial component of the practice placement experience; they should be supportive, nurturing, and treat nursing students with dignity and respect (Hathorn, Machtmes and Tillman, 2009). Nevertheless, while mentors or supervisors play a significant role in facilitating learning and the sense-making process, Eraut *et al.* (2002) point out that a self-directed approach to learning means that learners derive knowledge and understanding by actively engaging in the work themselves and that their motivation is increased when they have an active role in their own learning. Furthermore, the learner should be placed at the centre of the learning process with their experiences fundamental to their learning (Rogers, 2002; Usher, Bryant and Johnston, 2002). However, the unsupportive

attitudes of certain nurses in the workplace, who resist supervising students, can lead to students questioning their career choice (Milton-Willey *et al.*, 2014).

Hoel, Giga and Davidson (2007) highlight that adverse treatment of students corresponds with high levels of workload and suggest that operational priorities may too easily take precedence over students' learning needs. Similarly, Chuan and Barnett (2012) found that learning opportunities were often sacrificed when the ward was busy as the completion of healthcare delivery tasks took precedence. A later study by Ironside, McNelis and Ebright (2014) also found that teachers' and students' focus was on completing assigned patient care rather than learning opportunities. However, it is not evident in either study whether learning opportunities were forfeited as such or whether students were learning something other than was planned, which was not transparent to the student.

1.6 Framing the research study

Section 1.5 has reviewed research studies relevant to student nurses' experiences of the CLE in relation to their satisfaction, learning and expectations; research has focused on key influences impacting the quality of practice placements including workplace culture, and learning in the clinical setting. However, studies exploring student nurse satisfaction are few; there is an assumption that negative experiences within the CLE will affect the attainment of learning outcomes (Flott and Linden, 2016); conversely, learning and achievement of learning outcomes do not always lead to satisfaction. Additionally, despite job satisfaction being well-researched in nursing, many studies have focused on RNs, with relatively few from the perspective of student nurses. Therefore, there is a gap in the literature focusing on job satisfaction from the student nurses' perspective. Furthermore, there is limited discourse around expectations and their effect on learning and satisfaction. Additionally, many studies reviewed took a quantitative approach using recognised validated tools,

which do not allow in-depth exploration and understanding of student nurses' lived experiences.

It is also noted that there is a paucity of research undertaken in England; it is clear, however, that research studies have been conducted worldwide to evaluate the quality of, and student nurses' satisfaction with, the CLE. Several contexts share similarities with the UK regarding healthcare provision and culture; however, there are variations in higher education nursing programmes. The minimum placement hours in the curriculum to become registered as a nurse in each specific country varies from only 800 hours in Australia to 2300 in the UK (McKenna *et al.*, 2019; Minton and Birks, 2019). Whilst the literature review did not specifically explore this area, there appears to be no correlation between reported student nurses' satisfaction levels and the number of hours of practical placement experience in an educational programme.

The insights gained from the literature review have informed the research approach and research design in this study; for example, the decision to undertake pre- and post-placement interviews with regards student nurses' expectations (in conjunction with reflection of the pilot study discussed further in section 2.4), and the need for qualitative research focusing on student nurses' experiences of the CLE in relation to the nature of the relationship between expectations, satisfaction, and learning. Furthermore, the analysis presented in chapters 4-6 incorporates key findings from relevant literature, and the interpretation of the participants' experiences is informed by two-factor theory (Herzberg, 1966) (see chapter 3). Whilst the context for the study has been described, there are significant gaps in the existing literature related to student nurses' experiences of the CLE. Therefore, this thesis contributes to the current body of knowledge by presenting an interpretive description of student nurses' first-hand experiences of their practice placements. This research study aims to improve the practice placement experience for student nurses by gaining a deeper understanding of their expectations, identifying factors that contribute to

their satisfaction, and exploring the factors they believe impact their learning. It is expected to have implications for nurse academics and clinical staff involved in supporting nursing students, ultimately leading to an enhanced experience for student nurses before and during their placements. By focusing on the satisfaction of student nurses within the clinical environment and utilising a qualitative approach, this research offers a unique perspective and addresses the gap in current research and knowledge.

1.6.1 The research question

Thorne, Stephens and Truant (2016) claim that the development of a research question in nursing is influenced by its context and emerges from a critical reflection of current knowledge. Therefore, based on professional experience and to address gaps in the literature, the research question driving this study is:

What is the nature of the relationship between satisfaction, expectations, and learning in respect of placements in the clinical learning environment for student nurses undertaking a pre-registration BSc (Hons) Nursing (Adult) programme?

1.6.2 Research aim and objectives

The aim of this study was to investigate how student nurses experience their practice placements. Specifically, the study objectives were to explore their expectations of these placements, their views on their learning within the clinical environment, and to examine the potential relationship between student nurses' perceptions of satisfaction, expectations, and learning within the clinical learning environment.

1.7 Structure of the thesis

This chapter (1) has provided the context and background for the study. It provides a literature review of the existing body of knowledge focusing on previous studies relating to student nurses' experiences of the clinical learning environment, identifying existing gaps in current research and knowledge, and the aim and purpose of the study have been described. Chapter 2 discusses the research design and methodology underpinning this study. Consideration is given to both the study's ontological and epistemological perspective as well as the epistemology of the nursing profession, providing the rationale for why interpretive descriptive methodology was chosen. Following this, the research design outlines participant recruitment, data generation, the data analysis process, and ethical and quality considerations. Theoretical perspectives influencing data analysis are also discussed. Chapter 3 presents the central organising concept of holistic recognition being the key to student nurse satisfaction, followed by chapters 4, 5 and 6, which utilise participant quotes to illustrate the three themes developed during the analytical process 'feeling seen', 'feeling valued' and 'navigating the journey', along with discussion of the factors and challenges influencing each need (see figure 3.2). Within each of these chapters, the themes and influencing factors are situated and contextualised within existing literature and relevant theory. These discussions will be drawn together in a summary of the research study in chapter 7, addressing the research question and summarising the contribution to knowledge. Chapter 7 also presents implications for practice, recommendations for further research, and provides a methodological reflection in addition to a personal and professional reflection on the research.

1.8 Chapter summary

This chapter has introduced and outlined the research study, providing the rationale, and has situated the research within the professional context. The

research explores the practice placement experience of student nurses undertaking a three-year pre-registration undergraduate programme. It focuses on student nurses' satisfaction with their experiences and the nature of the relationship between satisfaction, expectations, and learning. The key contributions are to add the student voice to the current body of literature and knowledge and provide recommendations on how the analysis can be applied to practice. This research aims to increase satisfaction with placement experiences, enhance learning, improve motivation, and positively influence retention and recruitment. The next chapter explains and justifies the research design and methodology.

Chapter 2 - Research design and methodology

2.1 Introduction

This study aimed to gain insight into the practice placement experiences of student nurses undertaking a BSc (Hons) Nursing (Adult) programme whilst exploring the nature of the relationship between expectations, satisfaction, and learning. The rationale, background and context for this study have been discussed in chapter 1. This chapter (2) describes the study's research design, including ontological and epistemological positioning, methodology, reflexivity, participant recruitment, data generation method, and the data analysis process. Finally, this chapter concludes with an overview of the ethical considerations, followed by a discussion establishing the trustworthiness and methodological integrity of the study.

Thorne (2016) argues that if a researcher belongs to an applied profession, the methodological approach should align with the profession's values. Therefore, as a nurse, it is essential to reflect on and consider the nursing profession's values when designing research related to nursing. An interpretive descriptive methodological approach underpinned by nursing epistemology was used to design the research study. Indeed, Thorne, Stephens and Truant (2016) state that qualitative research design choices should be congruent with the underlying epistemology. Similarly, Braun and Clarke (2013) identify that a general principle for qualitative research design is coherence or 'fit', which refers to the alignment and consistency between the research objectives, philosophical and theoretical perspectives, research methods, and overall approach. This means that all aspects of the research should fit together and complement each other in a logical and meaningful way (Braun and Clarke, 2022a). Therefore, the research methods utilised in this study align with the relativist, interpretivist and constructionist values that underpin its design, which reinforces the methodological integrity of the study.

2.2 Ontological and epistemological consideration

Koithan (2018) identifies the focus of nursing as the complex, holistic nature of the human being. Similarly, the NMC (2018b; 2018c) states that RNs provide holistic and individualised person-centred care. To do so, nurses recognise patients as unique and distinct individuals that, whilst there may be some similarities, do not necessarily respond in the same way as others to care and treatment, either due to physical reasons or emotional, social, spiritual, and mental reasons, potentially grounded in their previous experiences or level of knowledge. Therefore, care should be tailored to the patient's needs (Thorne, 2016). Additionally, Koithan (2018) argues that nurses should consider the person's needs within the context of their social, cultural, and spiritual environments.

Furthermore, as nurses come to know their patients, they draw on their knowledge of them, along with other knowledge sources such as clinical wisdom and pattern recognition. However, they understand that each patient is unique and may present and react differently (Thorne, 1991; Thorne, Reimer Kirkham and Macdonald-Emes, 1997). Likewise, Rolfe (2006) suggests that nurses must anticipate that patients' experience of any clinical condition may have infinite individual variation. This nursing philosophy reflects a relativist ontological position and constructionist epistemology due to the recognition that the patient's subjective experience and reality are contextualised, and that each patient has a different reality dependant on how they have come to know it (Thorne, 1991). The nursing profession's epistemological position reflects the study's aim of gaining insight into student nurses' experiences of their practice placements. It is essential to recognise that their experiences are subjective and contextualised and that their reality of the experience will reflect their previous experiences and influences.

After considering the philosophical positions of various methodological approaches and their relevance to the nursing profession, a qualitative constructionist-interpretivist approach was adopted for this research. The constructivist-interpretivist paradigm understands the human experience by exploring participants' views of the situation being studied (Liamputtong, 2023; Lincoln and Guba, 1985). An interpretive, or constructionist, epistemology maintains there is no single objective interpretation, rather it is underpinned by the belief that the world is subjective because people's experiences are shaped by the social, political, cultural, and religious contexts of the world they live in (Basit, 2010; Flood, 2010; Parahoo, 2014; Savin-Baden and Howell Major, 2013; Topping, 2015). Additionally, the interpretivist researcher interprets the significance of the participants' understandings and experiences in ways the participants may not have been able to see (Grant and Giddings, 2002). Indeed, Clancy (2013) argues that interpretation is essential to understanding.

2.3 Interpretive Description

Qualitative research approaches have been argued to be the most appropriate for gaining insight into individual experiences (Ingham-Broomfield, 2015; Morse and Field, 1995). Qualitative researchers explain reality as the participants perceive it and explore what meaning they attach to the events of their lives rather than seeking one reality (Basit, 2010; Grant and Giddings, 2002). A hermeneutic phenomenological approach was initially considered as it aligns with the research question and the aim of exploring the experiences of student nurses on practice placements. It is an interpretative philosophy that can be used to investigate human lived experiences (Savin-Baden and Howell Major, 2013), focusing on a person's perception of an experience (Wilson, 2015) and what it means to be that person in a particular context (Rodriguez and Smith, 2018). Furthermore, Neubauer, Witkop and Varpio (2019) suggest that as it focuses on the study of a person's lived experiences, phenomenology is uniquely positioned to help healthcare professionals learn from the experiences of others. Phenomenology

is becoming more popular in nursing research (Matua, 2015; Tuohy *et al.*, 2013; Wilson, 2015) as, like nursing, it considers the person holistically and values their experience (Balls, 2009). However, Thorne, Stephens and Truant (2016) argue that, as an applied profession, nursing research needs a different qualitative approach than those developed for the more theoretically grounded disciplines and suggest that nursing epistemology can shape meaningful applied qualitative studies.

Within a nursing context, a qualitative approach was needed that captured nurses' 'ways of knowing' (Carper, 1978) and addresses the 'so what?' that drives all applied health professions (Thorne, 2008); therefore, Thorne, Reimer Kirkham and Macdonald-Emes (1997) proposed an approach to nursing research solidly positioned in nursing's philosophical foundations which they referred to as interpretive description. In addition, the need to generate qualitative research outputs that meaningfully shape the practice world through practical application rather than purely producing theory is recognised (Thorne, Stephens and Truant, 2016). The orientation of the interpretive description approach proposed by Thorne, Reimer Kirkham and Macdonald-Emes (1997) is, therefore, toward a body of more relevant and useable qualitatively derived knowledge.

Subsequently, interpretive description (ID) was created to provide a holistic and interpretive viewpoint grounded in nursing's epistemology (Thorne, Reimer Kirkham and Macdonald-Emes, 1997). Thorne, Stephens and Truant (2016) argue that nursing's continuing motivation is to act, explain or reflect rather than describe, enabling researchers to offer practical solutions to healthcare profession problems rather than overly theorise findings. In line with this, Jackson, Maben and Anderson (2022) highlight that the outcome of an ID study is a new understanding of a complex phenomenon, with a particular emphasis on its practical implications.

The interpretive nature of ID recognises that human experiences are shaped by context and are constructed, rather than predetermined (Thompson-Burdine, Thorne and Sandhu, 2021). The essence of this field of knowledge lies in uncovering recurring patterns or shared realities within these experiences (Thorne, Reimer Kirkham and Macdonald-Emes, 1997) whilst also acknowledging individual variations (Hunt, 2009). Furthermore, ID captures the subjective experiences of individuals while also drawing insights from broader patterns observed in the phenomena under study (Thompson-Burdine, Thorne and Sandhu, 2021). Unlike other research approaches, ID does not rely on a single methodological source; instead, it is grounded in a clear understanding of the relationships between the research question, the chosen methods, and epistemology (Oliver, 2012). ID involves formulating a description of the research phenomenon, which serves as a basis for exploring potential patterns, relationships, and connections within that phenomenon (Thorne, 2016). Consequently, ID guides the data analysis process to generate findings that contribute to understanding student nurses' experiences during their practice placements, while also exploring the relationship between expectations, satisfaction, and learning.

ID has been used within the health professions due to its applicability in capturing the subjective experience of a group of patients, clients or staff, and production of knowledge which will inform practice (Thompson-Burdine, Thorne and Sandhu, 2021). In recent years it has been used in nursing research undertaken in Canada, where the methodology originated, (Coker, Ploeg and Kaasalainen, 2020; Devey Burry *et al.*, 2020; Lapum *et al.*, 2022; Thorp and Bassendowski, 2018), and other countries around the world; including Australia (Ryan and McAllister, 2019), Sweden (Lundin Gurné *et al.*, 2021), the UK (Jackson, Maben and Anderson, 2022), and the United States of America (Smith *et al.*, 2020).

Consequently, ID (Thorne, Reimer Kirkham and Macdonald-Emes, 1997) was chosen as the methodology for this study because its fundamental principles align

with the research question, aim, objectives, and context. Using ID methodology allows for the development of a detailed description and interpretation of student nurses' experiences on practice placements whilst creating practical recommendations that can be applied within clinical practice to improve and enhance the student nurses' experience.

2.3.1 Reflexivity

There are various perspectives regarding exploring lived experiences in qualitative research (Wilson, 2015). Some researchers, such as Husserl, advocate for 'bracketing' personal biases and beliefs to focus on the participant's experience and enhance objectivity (Flood, 2010). However, others, such as Tuohy *et al.* (2013), argue that researchers cannot rid themselves of what they know and think and that their personal experiences can help interpret those of others. Likewise, the researcher's interpretations of a phenomenon should be seen in the context of their experience and perspective (Fox and Allan, 2014; Wilson, 2015). Malaurent and Avison (2017) agree that reflexivity is essential in interpretive qualitative research to acknowledge and understand the researcher's influence on the research process and outcomes. In addition, as researchers cannot avoid being influenced by their personal experiences, they must be aware of these influences to understand and interpret the research accurately (Clancy, 2013; Tuohy *et al.*, 2013). Similarly, Munn-Giddings (2017) acknowledges that researchers bring their own assumptions and experiences to the research process, and it is essential to reflect on and be transparent about the impact this may have on the research.

To interpret a participant's story credibly, there is a need for the researcher to be reflexive and transparent as to their background, experiences, values, and beliefs in addition to their motivation and qualifications for exploration of the field (Malterud, 2001; Grant and Giddings, 2002). Indeed, whilst the participant 'voices' are presented, the researcher ultimately tells their story about the data;

therefore, the notion of unbiased, objective knowledge generation is incompatible with reflexive thematic analysis (RTA), the data analysis approach adopted for this study, as there will always be some form of subjectivity during the data analysis process (Braun and Clarke, 2013; 2022b). Therefore, in RTA, it is essential to identify the researcher's position in relation to the topic and participants (Terry and Hayfield, 2021). Likewise, in ID research studies, the researcher is acknowledged as a valuable research instrument (Thompson-Burdine, Thorne and Sandhu, 2021). Therefore, being reflexive is an integral part of an interpretive qualitative study. In summary, the researcher's active role in the interpretive process requires transparency and reflexivity regarding their background, experiences, values and beliefs.

To be transparent and reflexive, the researcher's position and background are described in section 1.2. It is clear that despite understanding the adult nursing and HEI contexts, some aspects of the researcher's background and experience are fundamentally different to that of the participants. The researcher had to acknowledge how assumptions made might influence the data analysis, the perception of the role of the RN on the ward, for example, and ensure that interpretation of the research analysis was grounded in the perspectives and experiences of the participants.

2.4 Pilot study

Conducting a pilot study can aid in the development of a practical and coherent main study (Basit, 2010); therefore, a pilot study was carried out prior to the main study (Tennant, 2018). The pilot study aimed to evaluate the research procedures, including recruitment and data collection, and assess the interview schedule (Basit, 2010; Gerrish and Lathlean, 2015). Two semi-structured interviews were undertaken using a grounded theory approach. Third-year student nurses undertaking a three-year pre-registration BSc (Hons) Nursing programme from all three fields of adult nursing (adult, mental health and learning

disability) were asked to volunteer to participate in the pilot study via the online learning system. Following the recruitment drive, several volunteers came forward. Two volunteers were randomly selected, one from the adult field and one from the mental health field of nursing. The interviews were undertaken post-placement.

Several modifications were made to the research design for the main study as a result of the lessons learned during the pilot study. This illustrates how pilot studies, as noted by Aurini, Heath, and Howells (2016), can fundamentally impact the scope and direction of a project. Although the interview schedule used in the pilot study (see appendix B) centred on the participants' placement experiences throughout their programme, it did not specifically inquire about their expectations prior to placements. Consequently, discussions about expectations were not evident during the analysis, and the discussion of the placement experience was broad. Therefore, to address this issue in the main study, the design was revised to include a pre-placement interview in addition to a post-placement interview, enabling more targeted questioning about expectations and specific upcoming or completed placements (see appendix C). As noted by Gerrish and Lathlean (2015), a pilot study allows for questions to be tested and refined; therefore, the primary focus for the main study interview schedule was changed to elicit more general experiences of the CLE rather than learning experiences per se. This change was in part due to the central themes of the pilot study, which included feeling a sense of belonging, validation/confidence, and the impact of relationships, suggesting that other factors influence satisfaction with the placement experience. As a result, the focus of the main study needed to be less on learning and more on factors that affect satisfaction. Additionally, a question related explicitly to satisfaction was added. Furthermore, the pilot study data analysis revealed a dichotomy between participants' satisfaction with their experiences and how much they felt they had learnt. This supported the anecdotal accounts of placement experiences described in section 1.2. Thus, the

research question for the main study was refined to explore the relationship between the concepts of satisfaction, learning, and expectations.

The pilot study data analysis also led to reflection on whether the context of the practice placement had an impact on the support provided by the mentor or the relationship between the mentor and student. The adult field participant expressed dissatisfaction with a placement in a critical care environment despite feeling like they had learnt a lot. In critical care, it is usual for a qualified nurse to be assigned to a single patient for the entire shift, and as a result, the student nurse would also be paired with their mentor and one patient throughout the shift. In addition, the clinical procedures and interactions in critical care often require advanced knowledge and skills that may be beyond the capabilities of a student nurse to perform, potentially impacting the learning opportunities available to the student. On the other hand, in a general ward setting, a student nurse may have the opportunity to independently undertake certain patient care tasks after a period of supervision, and they would also have the chance to work with other team members throughout the shift. The increased level of interaction between student and mentor in critical care settings may lead to a different mentor-student relationship, influencing the overall learning experience. However, it's important to note that other clinical areas, such as community placements, may also involve a similarly intense working relationship, with the mentor and student closely collaborating for the duration of a shift or possibly the entire placement. Therefore, it was decided not to include anything specifically about the placement context to the research question, aims, and interview schedule, rather consider the influence of the context as part of the analysis process.

Regarding the participant group for the main study, rather than expecting a third-year student nurse to remember how they felt up to two and half years previously, the participant group was extended to include first-year student nurses. This would allow for a broad range of experiences from both ends of the cohort spectrum and allow recollection of current or more recent events. The main

study's aim was not to directly compare first-year and third-year experiences; however, it was expected that some contrast would be able to be demonstrated. Additionally, the participant group was narrowed to the adult branch only. During data analysis, understanding and interpretation of the adult student nurse's experience were better than that of the mental health student nurse's experience as the researcher has experience in the adult nursing context; therefore, the decision was made to focus on the adult branch only following reflection of the pilot study data analysis to enhance understanding of the context of the data.

Several other changes and improvements were made due to the lessons learnt from the pilot study. Firstly, a grounded theory approach was taken for the pilot study; however, further consideration and increased knowledge of qualitative methodologies led to adopting an interpretive descriptive approach for the main study. The rationale for this is provided in section 2.2. Secondly, the pilot study interviews were carried out on the same day; however, more time was needed between interviews to allow for reflection and initial familiarisation of the data from each interview before undertaking the next. This led to improved planning and organisation of the interview dates and times.

2.5 Recruitment

For this study, a purposive sample was used, which involves selecting participants based on their knowledge of the topic; this approach is appropriate within an interpretive paradigm using a qualitative methodology (Basit, 2010). Purposeful sampling is effective in identifying information-rich cases for the study (Patton, 2015); participants with a broad understanding of the topic or those who have undergone a typical experience are selected for an interview (Cohen, Manion and Morrison, 2017). This aligns with ID, where participants should be selected who can provide meaningful experiential data for the study (Thorne, 2016). Convenience sampling was used in conjunction with purposive sampling. Convenience sampling is commonly utilised in qualitative research and involves

selecting individuals based on their proximity and accessibility to the researcher (Denzin and Lincoln, 2011).

Braun and Clarke (2022b) state that there is a lack of consensus regarding the criteria to be used for identifying the participant group or data set size in qualitative research. Similarly, Polgar and Thomas (2013) argue that there is no definitive formula for determining the optimal size of the participant group to ensure the validity of a study. However, according to Braun and Clarke (2022b), as the focus in qualitative research is on identifying themes or common patterns of meaning across cases, rather than within individual cases, they recommend that the participant group should be sufficiently large to support any claims about these patterns of meaning. In addition, Braun and Clarke (2022b) recommend that researchers take into account the type of data they are working with, as well as the number of participants. This includes considering both the quantity and quality of each data item. Similarly, Varpio *et al.* (2017) state that the participant group size in qualitative research should be sufficient to answer the research question, fit with the chosen methodology, and allow for data transferability to other contexts. Therefore, the plan was to recruit between three and five participants from each of the first and third years of the programme to address the research aim and objectives and answer the research question. This would be reviewed during the data analysis process and further recruitment undertaken as required. This will be discussed further in section 2.6.1.

The HEI utilised for the study is located in a large town in the North-East of England; however, practice placements can be in a wide range of healthcare-related environments, both NHS and privately run, such as a regional major trauma centre, six acute district hospitals, long-term health provision settings or in the community. These placement areas cover a wide geographical area. Participants were recruited from the NMC-approved three-year undergraduate pre-registration BSc (Hons) Nursing (Adult) programme offered at the participating university. In England, nursing practice is divided into four fields:

adult, child, learning disabilities, and mental health (NMC, 2018c). In the pilot study (Tennant, 2018), no field was specified during the recruitment process; as a result, one participant was from the adult field, while the other participant was from the mental health field. On reflection of the pilot study's data analysis, it seemed that the participant from the adult field provided more valuable data, perhaps because the researcher had greater knowledge and experience in adult nursing and thus better understood the context. Consequently, participants for the main study were only sought from the adult field due to the researcher's knowledge and experience of adult nursing to enhance contextualisation and interpretation of the data, as discussed in section 2.4.

Initially, the planned focus for recruitment was third-year adult field student nurses due to their knowledge and experience gained from placements throughout their programme. However, after completing the pilot study (Tennant, 2018), participants were also sought from the first year of the pre-registration nursing programme to allow for a breadth of experiences through the programme. As discussed in section 2.4, this would enable exploration of expectations at various stages of the nursing programme and provide a more precise recollection of the student nurses' experiences. By including participants from earlier stages of the programme, it avoids relying solely on their recollection in the third year, ensuring a more accurate understanding of their expectations and experiences throughout different stages of their education.

The recruitment and data gathering occurred over nine months between January 2019 and September 2019. Volunteers were sought before their practice placements commenced to allow for the pre-placement interview. Appendix D provides an overview of the BSc (Hons) Nursing (Adult) programme, indicating when the interviews occurred, pre- and post-placement, in the first and third years. Each year of the programme commences with time spent in the university setting focusing on various aspects of theory related to nursing and the delivery of nursing care. The programme's third year also incorporates a short two-week

placement related to service improvement and clinical governance. The theory time culminates in a skills rehearsal week. This is classroom-based, or simulation-lab based, where the students practice several skills commensurate with their knowledge level before commencing practice placements. These include basic life support, medication administration, aseptic technique, venepuncture, and cannulation. The practice placement time follows and is split into two practice placement periods in each year of the programme. The practice element of the nursing programme adopted a hub and spoke model; students were allocated a main hub placement area such as surgery, medicine, elderly care, operating theatres, community, orthopaedics, the emergency department, or critical care. During the hub placement time, students also have the opportunity to attend short spoke placements, usually one or two weeks, to other areas. An example of a spoke placement would be a placement in an alternate field of nursing, such as mental health or learning disability. Spoke placements do not usually require the attainment of competencies, unlike hub placements. A tripartite¹ practice assessment is carried out at the end of each hub placement period. In the first year of the programme, the allocated hub area is the same for both placement periods due to the student attending more spoke placements during this period. Therefore, the first-year post-placement interviews were undertaken at the end of placement period two. In contrast, the third-year post-placement interviews were undertaken at the end of placement period five when their time in that specific hub area had been completed.

The initial contact with potential participants occurred via the university e-learning system. A message was posted by the lead lecturer of the adult nursing field on the researcher's behalf, outlining the study and asking for volunteers (see appendix E). It included a link to the participant information sheet (see appendix F). Most potential participants responded to the invitation via email, whilst two potential participants spoke to the researcher about their interest in participating.

¹ Tripartite – a meeting between the allocated academic, the mentor, and the student. As a minimum these are held at the beginning and at the end of the placement.

Once potential participants indicated an interest, they were each emailed a copy of the information sheet and consent form (see appendix G). After they had confirmed they wished to go ahead, a mutually agreeable time was arranged for the initial interview. All interviews took place in a quiet meeting room on the university campus to allow for accessibility, familiarity and privacy. Consent was given in writing immediately before the interview, and time was given for any questions from the participant, although none had any.

Three students came forward during the first round of recruitment (one first year and two third years). A second round of recruitment was undertaken a few months later for the subsequent cohorts, utilising the same process. Five further students volunteered (two first years and three third years). One of the first-year participants took part in the initial pre-placement interview but could not attend the post-placement interview on the grounds of absence due to long-term sickness. It was unable to be rescheduled for the same reason; however, the data from the initial interview with this participant has been included in the analysis. Therefore, there were eight participants, and fifteen interviews were completed.

During data generation, the researcher was employed as a senior lecturer in nursing at the university where the participants were recruited. To avoid influencing participants' experiences, the researcher initially planned not to interview student nurses they had interacted with, either through teaching on a module or supporting in practice. However, it became apparent that several participants had volunteered precisely because they knew the researcher. This suggests that the participants had an element of trust in the researcher, as it is unlikely they would have volunteered otherwise. The relationship between the researcher and these participants may also have helped them feel at ease and discuss their experiences openly. This is supported by Polit and Tatano Beck (2021), who argue that when a researcher shares a relationship or similar characteristics with the group being studied, known as an 'insider', it is easier to

recruit participants and gather honest data due to established trust. The concept of insider research will be discussed further in section 2.8.

2.5.1 Overview of participants

In qualitative research, demographic participant data is provided to contextualise the data analysis rather than for statistical analysis or comparison (Elliott, Fischer and Rennie, 1999). With that in mind, an overview of the participants is given in table 2.1. Each participant is referred to by a pseudonym and specifics have not been included to avoid reidentification of participants. The participants were a homogenous group in respect that all participants identified as female, were white British, and spoke English as their first language. They were all local to the area prior to commencing their programme of study. It is acknowledged that in 2022, 88% of the population of the local area identified as white British, higher than the overall England proportion of 79.75% (World Population Review, 2022), and within nursing programmes delivered by [case study] University in 2022, 95% of the students identified as female (Higher Education Statistics Agency, 2022). Therefore, whilst a representative sample in terms of gender and ethnicity was not the aim, the participant group could be seen to reflect the local nursing student demographics. Furthermore, as mentioned above, the study's aim was not to compare participants based on their demographic data but rather to explore student experiences; therefore, statistical representation was not required.

However, whilst the participant group is homogenous in terms of several demographics, it should be acknowledged that participants' experiences and sense-making will not necessarily be so. Indeed, the concept of intersectionality, the interplay of participants' different social identities, shaped by various factors like race, gender, class, sexuality, and disability (Crenshaw, 1989), influences an individual's experiences (Aspinall, Jacobs and Frey 2022). Neglecting to account for the intersection of these different identities can result in a restricted understanding of people's lived experiences.

One significant dimension of intersectionality is gender diversity because it is often intertwined with other forms of discrimination, such as racism, classism and ableism (Crenshaw, 1989). Researchers must be attuned to the experiences of individuals who identify beyond the gender binary, including non-binary, genderqueer, and genderfluid individuals, whilst the interplay between identities, such as race and gender, within research should be acknowledged. Furthermore, researchers must acknowledge and address potential power imbalances between themselves and participants that may influence the research process (Lincoln and Guba, 1985). This is discussed in section 2.8. By incorporating intersectionality, decolonisation, and gender diversity, through purposive sampling for example, researchers can advance the inclusivity and representativeness of research, fostering a more accurate understanding of participants' diverse experiences (Siira *et al.*, 2023).

Purposive sampling was used for participant recruitment in this study; however, this was with the focus of having knowledge of the topic under study rather than with an intersectional lens. This could have contributed to the lack of diversity within some of the demographic characteristics and may limit the overall generalisability of the research. Additionally, a lack of awareness of barriers experienced through intersectionality may have limited diverse and inclusive recruitment within nursing programmes in the HEI under study, thereby restricting the breadth of diversity of potential participants. However, within this study, some diversity is reflected in the participant group in respect of the age range, external commitments, and the variety of previous experiences. The participants' prior experience ranges from no previous experience in healthcare to some previous healthcare experience as a healthcare assistant in either general practice or a ward environment. The influence of these different factors in shaping the participants' experiences of practice placements can be seen throughout theme 1, 'feeling seen', in chapter 4.

Table 2.1 Overview of participants

	Pseudonym	Age range	Background	Number of weeks on placement between interviews	Placement area related to interviews
1 st year	Jo	35-40	No previous healthcare experience	16	Neuro rehab
1 st year	Emma	20-25	Previous healthcare experience	No post-placement interview	Elderly medical
1 st year	Sue	20-25	No previous healthcare experience	16	Surgical
3 rd Year	Jess	30-35	Previous healthcare experience	9	Community
3 rd Year	Amy	30-35	Previous healthcare experience	9	Community
3 rd Year	Laura	40-45	Previous healthcare experience	9	Surgical
3 rd Year	Vanessa	35-40	Previous healthcare experience	9	Surgical
3 rd Year	Tracey	40-45	No previous healthcare experience	9	Community

2.6 Data Generation

It is the researcher's responsibility to choose appropriate methods for the research topic (British Educational Research Association [BERA], 2018) therefore in line with the chosen research methodology, as well as the research question and objectives, semi-structured interviews were deemed the most suitable approach (Basit, 2010; Polit and Tatano Beck, 2021). Indeed, Basit (2010) contends that interviews aim to capture participants' first-hand perceptions of the world as they personally experience it, whilst Wilson (2015) highlights that good quality data related to first-person lived experience narratives can be gathered from interviews and suggests that the fact participants can talk about their experiences demonstrates some form of cognitive process regarding their experience. Furthermore, according to Denscombe (2017) and Petty, Thomson and Stew (2012), the use of semi-structured interviews provides the researcher with the opportunity to delve deeper into the participants' experiences and offers flexibility in exploring the insights provided by the participants; whilst interviewees have the freedom to express their thoughts and viewpoints using their own words and perspectives due to the flexible conversational structure (Brinkmann and Kvale, 2018). Additionally, Basit (2010) suggests that interviews can facilitate the establishment of a rapport between the researcher and the participant, fostering trust and encouraging the participant to share more openly. Holloway (1991) similarly contends that the quality of the data collected is somewhat dependent on the quality of interaction between the researcher and the participant.

During the pilot study (Tennant, 2018), participants were interviewed once, post-placement, however as students would have known whether they had passed or been deferred on their placement, this may have affected their willingness to participate, or the experience may have affected their recollections of how they felt prior to commencing on placement. Consequently, for the main study, students were asked to volunteer before commencing their placement areas and whether they had passed or were deferred, so their experience and outcome did

not influence their willingness to participate. In addition, the research design was modified to include pre-placement interviews, primarily focusing on expectations, as well as post-placement, focusing on perceived satisfaction and experiences of learning during the placement.

The interviews were carried out between March and September 2019; all were conducted face-to-face on the university campus. Participants were given control over the location and time of the interview to minimise potential power imbalance and promote a reciprocal relationship (King and Horrocks, 2010). A quiet, private room was used, with a 'do not disturb' sign on the door to minimise the risk of interruptions (Balls, 2009). With the participants' consent, the interviews were recorded digitally, ensuring a comprehensive record of the interviews and allowing the researcher to fully focus on the participants' responses without the need to take extensive notes. However, it is important to acknowledge that the quality of the information obtained relied on the interviewing skills and experience of the researcher. Additionally, the recording equipment could have an inhibitory effect on the participant (Denscombe, 2017; Hissong, Lape and Bailey, 2014; Polit and Tatano Beck, 2021), and it is recommended that the recording process should be as unobtrusive as possible (Balls, 2009). However, due to technology being commonplace, it is expected that the potential impact on the research was minimised as the interviews were recorded using a voice memos application via a smartphone. During the pilot study (Tennant, 2018) it was found that the sound quality of the voice memo recordings was good, and the recordings were quickly and easily transferred to the computer for transcribing. Furthermore, the smartphone was passcode protected and utilised thumbprint recognition for access, thereby providing secure data storage prior to computer transfer.

The researcher used an interview schedule consisting of open-ended questions as a guide, which was developed based on a critical review of the literature and personal experience in supporting students, as mentioned in section 1.2. See appendix B for the questions used during the pilot study (Tennant, 2018); based

on the lessons learned (see section 2.4), some refinements were made to the questions for the main study (see appendix C). The questions included in the research tool are specifically aligned with the research question and aim and objectives of the research study (see section 1.6) as recommended by Basit (2010) whilst reflecting the epistemology of the chosen methodology. Although there is a certain level of structure in the interview process, it is not necessary to ask the exact same questions to every participant (Basit, 2010). This allows for flexibility in adapting the interview based on the information shared by each participant. Similarly, Braun and Clarke (2022b) acknowledge the usefulness of having an interview guide whilst stressing the importance of flexibility in interview questioning during the application of RTA, which is the data analysis method utilised in this study (refer to section 2.7). This flexibility allows for a more comprehensive understanding of the unique experiences and perspectives of each individual participant rather than producing a standardised account (Braun and Clarke, 2022b). Therefore, as the interviews progressed, the discussion became less structured and more conversational, also in part due to the increasing confidence of the researcher. That said, the interview guide was referred to at various points in the later interviews to ensure all discussion points were covered. The interviews lasted between 35 and 55 minutes, with the post-placement ones being longer than the pre-placement interviews.

During data generation, despite discussing some unsatisfactory experiences, no participant highlighted concerns about their placement areas regarding the quality of care delivered, patient neglect or mistreatment, unethical behaviour of staff or breaches in patient confidentiality, for example. It was assumed that student nurses would have been given information regarding how to raise concerns related to the placement area prior to commencing a practice placement. Furthermore, whilst it was anticipated that they might feel comfortable discussing such issues during the confidential research interview, it is acknowledged that they may have been reluctant to do so due to the researcher's positionality. Reflecting on the assumptions above, future research involving

healthcare professionals should include a disclosure statement in the participant information. The statement should also be discussed with each participant prior to the interview. To protect the participants, the disclosure statement would clearly outline their rights and protections in reporting any misconduct or unethical behaviour observed during their placements, following the guidelines set out by the NMC (2022), emphasising the confidentiality and anonymity of those who report malpractice or wrongdoing. Furthermore, the statement would describe the available procedures for reporting, ensuring that any issues raised are addressed promptly and appropriately. The inclusion of a disclosure statement would aim to foster a safe environment where student nurses or other healthcare professionals can voice concerns without fear of repercussions.

2.6.1 Saturation

Thorne (2008) argues that data saturation is not possible when following ID methodology. To establish that saturation has been reached, it is essential for the researcher to be confident that no additional variations or new information would emerge from the data (Thompson-Burdine, Thorne and Sandhu, 2021). However, as experiences have the potential to possess infinite variations, complete saturation may not always be achievable (Thompson-Burdine, Thorne and Sandhu, 2021). Likewise, because the researcher is continuously engaged with the data during the RTA process, there is a possibility of new perspectives or insights which does not align with the concept of data saturation (Braun and Clarke, 2022b). This is supported by Malterud, Siersma and Guassora (2016), who argue that as knowledge is created through the interpretations of the researcher, then the concept of saturation does not make sense. Similarly, when research is approached from a situated and reflexive perspective, where knowledge generation and construction are emphasised over discovery, there is an inherent potential for new understandings and insights (Mason, 2010).

This study aims to explore experiences and consider commonalities in addition to individual experiences, not the prevalence of issues, and not to compare experiences of different demographic groups. Therefore, in line with interpretive description methodology, data generation was stopped when a range of experiences was gathered instead of claiming data saturation (Thorne, Stephens and Truant, 2016). The concept of information power is also reflected in the decision to stop data collection/generation. This concept suggests that the more relevant and richer the information obtained from a participant group, the smaller the required sample size (Malterud, Siersma, & Guassora, 2016). Consequently, the emphasis was placed on the quality of data rather than the size of the sample.

2.6.2 Data preparation

After each interview, the digital recording was transferred to a password-protected computer that only the researcher could access. The recordings were transcribed to gain a deeper understanding of the participants' perspectives, an essential component of qualitative research (Braun and Clarke, 2013). Basit (2010) agrees that using audio recording followed by transcribing allows for a more thorough analysis of the data than relying solely on note-taking. The audio recordings were transcribed verbatim to present the interview exactly as it was spoken (Braun and Clarke, 2013). An independent transcribing company was employed to do the initial transcribing due to the success and ease of using them in the pilot study. The company was compliant with the General Data Protection Regulation (GDPR) (Wolford, 2021), which is crucial for the ethical and legal handling of research data (European Commission, no date). The verbatim transcripts were then reviewed by the researcher while listening to the audio recordings to ensure accuracy and correct mis-transcribed words, such as medical terminology or those spoken with a heavy North-East accent.

2.7 Data analysis

This qualitative study followed an interpretive descriptive research approach; however, as there are no data analysis methods specific to ID, RTA was chosen as the framework for data analysis and interpretation. RTA will be discussed, followed by an explanation of the analysis of the interview data following the six phases of RTA (Braun and Clarke, 2006; 2020). It is fundamental in both ID and RTA to acknowledge and reflect on the researcher's positionality; therefore, reflexivity is a key feature and has been discussed in section 2.3.1.

2.7.1 Reflexive thematic analysis

Unlike traditional qualitative methodologies, thematic analysis is not one approach but can be conceptualised as a method with several different versions, RTA being one version (Braun and Clarke, 2022a). Furthermore, thematic analysis is theoretically flexible and therefore lacks the constraints of prescribed analytic techniques and philosophical assumptions (Braun and Clarke, 2022a). This allows for the utilisation of various theoretical frameworks, as well as diverse epistemological perspectives for data coding and developing themes (Braun and Clarke, 2020). Because of this flexibility, the thematic analysis researcher must locate their research theoretically to ensure that developed themes are conceptually underpinned and the theoretical assumptions acknowledged (Braun and Clarke, 2022b). This study is underpinned by a relativist ontology and a constructionist/interpretivist epistemology (see section 2.2) therefore, this study is ideally suited to an RTA approach, reflecting the philosophy of both nursing and ID.

Braun and Clarke (2006) first developed their thematic analysis method in 2006 by identifying a six-phase data engagement, coding, and theme development process. However, over the years, they have reflected on their method, and their perspective has evolved to emphasise the active role of the researcher in data

analysis and interpretation (Braun and Clarke, 2019). Hence, they have renamed their thematic analysis process as a reflexive approach, highlighting the significant role of the researcher as an analytic resource who interprets the data drawing upon their prior social, cultural and educational experiences (Braun and Clarke, 2020). Clarke and Braun (2018) identify that their approach is underpinned by qualitative research philosophy that emphasises the researcher as a key resource, highlights the importance of reflexivity, and recognises the situated and contextual nature of the data. This aligns with the notion of data analysis in an ID research approach, which recognises that meaning is co-constructed through an interactive and iterative process involving both the researcher and the participants (Thorne, 2008).

Braun and Clarke (2020) revised the wording of their six-stage approach to reflect their developing reflexive perspective (see table 2.2). They highlight that their approach is not aimed at being prescriptive and does not need to be followed rigidly; however, they state that the six phases encourage a systematic and rigorous approach to code and theme development that is also fluid (Braun and Clarke, 2019).

Table 2.2 Six phases of reflexive thematic analysis (Braun and Clarke, 2022b)

Phase 1	Familiarisation
Phase 2	Data coding
Phase 3	Generating initial themes
Phase 4	Reviewing and developing themes
Phase 5	Refining, defining and naming themes
Phase 6	Writing the report

Phase 1 – Familiarisation

Braun *et al.* (2019) identify the first phase of the RTA framework as familiarisation, where the researcher needs to become immersed in the data, engage with it and make their initial notes. They also suggest that immersion in the data allows for reflection and insight to develop (Braun and Clarke, 2020). This is essential for

an excellent analytic technique that leads to quality coding and theme development (Thorne, Reimer Kirkham and Macdonald-Emes, 1997; Braun and Clarke, 2022a).

Phase 2 - Data coding

Once the researcher is familiar with the data, the next phase in RTA is data coding. The coding of sentences has been described as the act of deconstructing the data and assigning labels to it (Holloway, 2008). However, Braun and Clarke (2022b) view coding as a process of interpretation not identification, with researcher subjectivity being key to this. The coding process can follow either an inductive or deductive approach or a combination of both (Braun and Clarke, 2020). Inductive coding means that codes are developed from, and grounded in, the data (Thompson-Burdine, Thorne and Sandhu, 2021). In contrast, a deductive approach to coding involves using existing theory or research to identify codes that can be applied to the data (Thompson-Burdine, Thorne and Sandhu, 2021). Thematic analysis is seen as a more inductive approach, analysing and identifying patterns (Vaismoradi, Turunen and Bondas, 2013), aligning with ID which favours a process of inductive reasoning (Thompson-Burdine, Thorne and Sandhu, 2021). However, in relation to RTA, Braun and Clarke (2022a) argue that the epistemology underpinning the method means a purely inductive approach is impossible as the researcher will always bring some assumptions, and themselves, to the analysis.

Another consideration during the coding process is whether coding is semantic or latent. Semantic, or descriptive, codes are derived from the participants' own words (Creswell and Creswell, 2018) and are considered to capture the participants' perspectives by staying true to their explicit meanings and avoiding pre-conceived ideas (Braun and Clarke, 2021; 2022a; Holloway, 2008). On the other hand, latent, otherwise known as implicit or conceptual, codes reflect meanings that underlie the data surface, reflecting an interpretation of the participant's worldview from the researcher's standpoint (Braun and Clarke,

2006). Braun *et al.* (2019) suggest that coding in most TA projects is often semantic but could then progress to be more latent as analysis develops.

Phase 3 - Generating initial themes

Following the coding process, initial themes are generated by the researcher, influenced by all they bring to the data due to their reflexivity and positioning (Braun and Clarke, 2022b). Indeed, Braun and Clarke (2022b) emphasise that themes will not just 'emerge' from the data and are not waiting passively to be discovered but are actively constructed through the researcher's engagement with the data. In RTA, theme development is viewed as a creative and dynamic process in which the researcher plays a central role (Braun and Clarke, 2020). The emphasis should be on identifying themes that cut across the data set rather than focusing solely on individual cases (Braun and Clarke, 2022b). Furthermore, Braun *et al.* (2019) suggest that whilst themes can be conceptualised either as domain summaries or shared meaning-based patterns, themes in RTA are the latter and should not be topic summaries (Braun and Clarke, 2022b). It is essential to acknowledge that a data set does not contain just one analysis; instead, the researcher decides and develops the themes that work for their study (Braun and Clarke, 2022a).

Phase 4 - Reviewing and developing themes

Once initial themes are generated these should be reviewed and then developed as necessary. Recognising the dynamic and creative nature of data analysis is essential, as it allows for insights to develop and change through the process (Petty, Thomson and Stew, 2012).

Phase 5 - Refining, defining and naming themes

Following the review and development of the themes, the next phase of the RTA process consists of refining, defining and naming the themes.

Phase 6 - Writing the report

Finally, a coherent interpretation of the data is produced. Rather than just providing a summary of the data, the role of the researcher is as a storyteller (Braun *et al.*, 2019).

2.7.2 Reflexive thematic analysis in action

As described in section 2.6.2, the digital recordings were transcribed by an independent company. However, I had to review each transcript carefully whilst listening to the audio recordings to ensure accuracy. I became more familiar with the data during this process as I had to listen to each recording several times. Whilst listening to each recording, I made notes on my initial thoughts about the data, which I documented and built on after listening to each interview (see appendix H). Following familiarisation, inductive coding was undertaken. I went through each transcript, annotating codes in the margin; I produced a total of 116 codes that were a mix of semantic and latent codes (see appendix I). The codes were then collated and laid out on a large board enabling me to group them with similar codes. I then arranged the groups into potential themes, with the groups becoming sub-themes (see appendix J). Table 2.3 provides an example of how the themes and sub-themes were grounded in the initial codes.

Once I had developed the initial themes, I took time to review them; however, the themes did not seem to flow or fit together, and a central organising concept was not evident. Further reading and reflecting on the RTA approach made it apparent that the initial themes were more like topic summaries. Therefore, I revisited the data with a more interpretivist lens and reviewed my initial thoughts. I felt that the central concept was satisfaction, which aligned with the anecdotal experiences told to me whilst supporting pre-registration students during my numerous academic roles (section 1.2). The codes and sub-themes were all influencing factors for participants' satisfaction with their placement experiences. I reviewed the code groupings using a mind map (appendix K) which led to the development

of new code groups and subsequent themes (appendix L). I refined the themes and named them, and the central organising concept was refined to encompass the holistic recognition idea, which is presented and discussed in chapter 3. Chapters 4, 5 and 6 subsequently tell the story of my interpretation of the participants' experiences of practice placements.

Table 2.3 Example of theme development

Code	Group/sub-theme	Theme
Value of preparation? No advice re prep Looking forward to learning new things Bought notebooks – I know I'll be writing a lot of notes Read a few things that I've been advised to (on ARC)	Theory/knowledge	Preparation
Distance/travel Distance to placement Short notice placement change Locations of placements Do a test run, go see the ward	Logistics	
First impressions Negative impression Unfriendly Didn't know what to do Feeling lucky as greeted warmly Feeling relieved/positive that already met one of her mentors Not brushed off Turned away It's very daunting No mentor allocated yet	Anxiety	
Manage time/workload Home/work balance Finding a balance Needed money Rung up for shifts	Balancing commitments	

2.8 Ethical considerations

Participants were sought from an HEI in the North-East of England, where the researcher was employed at the time of the research. Ethics approval for this research study was granted by the Staffordshire University Ethics Committee and, as the researcher was deemed to be an external researcher by the HEI's School of Health and Social Care Lead for Research due to being a doctoral student at Staffordshire University, separate ethics approval from the participating HEI was not necessary; instead, approval was granted from the Head of Nursing. As outlined in section 2.5, initial contact with potential participants occurred via the university's e-learning system. The lead lecturer of the adult nursing field acted as a gatekeeper by posting the message on the researcher's behalf. As discussed in section 2.5, a participant information sheet was distributed along with the recruitment message so that potential participants could make an informed decision about whether to participate (BERA, 2018; Gerrish and Lathlean, 2015). Subsequently, those who expressed their willingness to participate were requested to provide written consent, which acknowledged they had been given the opportunity to ask questions before agreeing to take part (BERA, 2018; Gerrish and Lathlean, 2015; Polit and Tatano Beck, 2021). This approach ensured adherence to ethical obligations, including maintaining confidentiality, respecting the right to withdraw from the study, and safeguarding data protection, which encompassed consent for recording (BERA, 2018; Denscombe, 2017; Hissong, Lape and Bailey, 2014). This reflects the participants' need for self-determination because they knew they could withdraw from research during or after the interview within the specified time (Braun and Clarke, 2013). As a nurse, as well as a researcher, there was also a need to adhere to the NMC Code (NMC, 2018d), which states that nurses have a duty to always respect people's right to privacy and confidentiality of others.

The power differential between student and lecturer may have affected student nurses' willingness to participate. In this study, the researcher's position as a

senior lecturer in nursing may have led to some students feeling compelled to participate. However, the recruitment strategy ensured that students could either volunteer or ignore the request, minimising the risk of coercion. Balls (2009) states the importance of minimising any power differential between the researcher and interview participants by promoting the role of researcher rather than lecturer within the organisation. Hence, the participant information sheet explicitly stated that the researcher was interested in the topic from an educational perspective and that the gathered information would solely be used for research purposes, independent of the university assessment framework. However, it is acknowledged that this may not sufficiently reassure participants; they may still feel hesitant to express criticism of the HEI or practice placement areas.

According to Braun and Clarke (2013), the researcher's positionality, specifically whether they are an insider or outsider in relation to the research topic and participants, can also impact the research process. An insider researcher shares a particular characteristic with the participants, while those who do not share a particular characteristic are outsiders (Mercer, 2007). Savin-Baden and Howell Major (2013) suggest that an insider researcher can have a significant advantage in knowledge of and access to the group. In agreement, Polit and Tatano Beck (2021) argue that being an insider can offer the researcher an intimate knowledge of the culture and context; however, they caution against becoming too immersed in the culture, as it may lead to unhelpful biases and cause valuable data to be overlooked.

Further to this discussion, Chavez (2008) explains that insiders can be total insiders or partial insiders, depending on the number of characteristics shared with the participant community. Aurini, Heath and Howells (2016) highlight the importance of researcher self-awareness of their characteristics, such as age, gender, social class, and race, and their role as both a group member and a researcher. In this study, the researcher was an insider in the HEI and nursing

context but an outsider in the context of being a fee-paying, supernumerary student nurse studying for an undergraduate degree, which was different from the researcher's education context (described in section 1.2). Additionally, the researcher's age and lack of healthcare experience at the time of commencing pre-registration education were only reflected in one participant.

When considering potential risks of harm to participants, the inclusion of the HEI's Student Support team details were included in the participant information. On reflection, it is acknowledged that due to the nature of the research study, that of discussing a programme run by the HEI and being interviewed by an employee of the HEI, a participant might prefer to seek support externally to the HEI. Therefore, in future research, contact details for external support will be provided in the participant information, and discussed with participants prior to commencement of data generation.

2.9 Methodological integrity

The evaluation of interpretive research and other qualitative methods is often based on standards of validity and reliability that are derived from a positivist perspective (Grant and Giddings, 2002; Petty, Thomson and Stew, 2012). However, since qualitative research operates from different epistemological assumptions, it is necessary to assess qualitative studies using standards and criteria that are specific to the chosen approach (Appleton, 1995; Cutliffe and McKenna, 1999; Petty, Thomson and Stew, 2012). Therefore, in relation to ID research, quality evaluation criteria should encompass epistemological integrity, representative credibility, analytic logic, and interpretive authority (Thorne, 2016). Similarly, Braun and Clarke (2019a) advise that to ensure methodological integrity in qualitative research that uses RTA, it is necessary to demonstrate reflexivity, theoretical knowledge, and transparency through a systematic and comprehensive approach, as well as thorough engagement with the data.

2.9.1 Epistemological integrity

Epistemological integrity refers to the consistency and coherence of a research study's epistemological underpinnings (Thorne, 2016). This includes the ontological, epistemological, and methodological perspectives that shape the research questions, design, and analysis. Throughout this research study, epistemological consistency and methodological integrity have been maintained with every research design decision and considered during every stage of the study. Indeed, the terminology used to describe the data analysis and the subsequent presentation of it consistently reflects the chosen epistemological perspective. For example, understanding that themes do not emerge from the data but are actively generated by the researcher's interpretation of the data and that the word 'findings' does not fit with the epistemological perspective for the same reason that the researcher does not 'find' the themes but develops them. Furthermore, to reflect the underlying interpretivist epistemology and active role of the researcher (Braun and Clarke, 2022b), the developed themes are presented as 'analysis' rather than 'findings' in this thesis. Additionally, the 'analysis' and the 'discussion' are combined as in RTA it is inherently difficult to separate the analytic and interpretive narrative (Braun and Clarke, 2022b; Terry and Hayfield, 2021). This also helps to contextualise the analysis in relation to existing literature and relevant theory and deepen analytic engagement with the data (Clarke and Braun, 2021).

2.9.2 Representative credibility

Thorne (2016) proposes that to establish representative credibility, it is necessary to show that the research findings accurately reflect the viewpoints and experiences of the individuals or groups under investigation. This is achieved in this research study by using purposive sampling to choose participants who can provide a wide range of informative perspectives pertinent to the research questions, as detailed in section 2.5. Additionally, Thorne (2016) suggests that using systematic data collection and analysis techniques, along with transparent

reporting of the research methods and results, can help enhance representative credibility. Therefore, an RTA approach for data generation and analysis has been followed and described in detail in this chapter.

The quality of the findings can also be affected by the applicability to the intended audience (Thorne, 2016); however, it is the responsibility of those who intend to apply the findings to their own context to assess their transferability (Lincoln and Guba, 1985). In this thesis, the inclusion of demographic data to illustrate the participants in this research study (outlined in section 2.5.1) and the provision of the background and experience of the researcher (section 1.2) enables others to situate the data and evaluate the extent to which the findings can be applied to their specific settings (Petty, Thomson and Stew, 2012). However, it is highlighted that differences between people, contexts and time mean that qualitative studies cannot be replicated elsewhere (Petty, Thomson and Stew, 2012); the data analysis of this study is specific to the context described (see section 2.5).

2.9.3 Analytic logic

Thorne (2016) emphasises the importance of transparency in analytical decision-making and the need for an audit trail to help other researchers understand the reasoning process. Furthermore, she argues that incorporating direct quotes from the data can provide a solid foundation for the interpretive claims being made. Similarly, Thorne, Reimer Kirkham, and Macdonald-Emes (1997) suggest that research reports should contain enough information for readers to understand the analytical reasoning process and evaluate how closely the analysis aligns with the data. Analytic logic is achieved in this study by documentation of the RTA process in action (section 2.7.2) and by the inclusion of evidence of the theme generation process in appendices H to L and table 2.3, in addition to the presentation of how the central organising concept and themes relate to each other and two-factor theory (Herzberg, 1966) in the figures included in this thesis. Furthermore, extracts from participant quotes are included in the analysis

chapters in this thesis (chapters 3-6) to prove that the data analysis is reliable and supported by evidence. Additionally, the inclusion of quotes from all participants demonstrates consistency in experience and meaning across the data in multiple instances, as stated by Terry and Hayfield (2021).

2.9.4 Interpretive authority

The concept of interpretive authority, as defined by Thorne (2016), refers to the level of credibility conferred on the interpretation of data in a study, especially in qualitative research where the researcher's personal interpretation is significant. Thorne (2016) argues that interpretive authority is earned by demonstrating rigour and transparency in the research process. This involves documenting the research methodology systematically and transparently, making analytical decisions clear, and providing evidence to support the interpretation. Interpretive authority is achieved in this thesis by clearly documenting the research design, methodology, and analysis, as discussed in the previous three sections.

Cohen, Manion, and Morrison (2017) propose that conducting a 'member check' by presenting the research findings to the study participants and asking them to verify their agreement can also enhance a study's credibility. This approach involves the participants reviewing the findings to validate the researcher's interpretation and is considered helpful for improving the trustworthiness of the findings (Holloway, 2008). However, there is some argument against doing this; Cutcliffe and McKenna (1999) caution that some participants will not recognise all the developed themes as they may not have contributed information to all of them. Similarly, Braun and Clarke (2022) argue that member checking is problematic for interpretive research because it is the researcher's interpretation that is central to the analysis process; they are telling a story that not all participants would necessarily recognise. They also suggest that as participants were in different places in time and context when they did the interview, they may respond and interpret differently when asked to validate the analysis of their

previously recounted perspectives (Braun and Clarke, 2019). Fundamentally, Braun and Clarke (2022a) suggest that member checking is conceptually incompatible with reflexive thematic analysis, and therefore, it was not performed in this research study.

2.10 Chapter summary

This chapter has described the ID approach used to gain insight into the practice placement experiences of student nurses undertaking a BSc (Hons) Nursing (Adult) programme through an exploration of the relationship between expectations, satisfaction, and learning. Interpretive description was chosen to guide this study as it best aligned with the epistemology of the nursing profession and the desire to apply the analysis to the real-world setting. Discussion regarding the research methodology was followed by a description of the research design, including participant recruitment and data generation method. The data analysis process using the six stages of reflexive TA was explained. Finally, the chapter concludes with an overview of the ethical considerations, followed by a discussion of the methodological integrity of the study. The next chapter will introduce the data analysis followed by three chapters that present and discuss each theme.

Chapter 3 - Analysis

3.1 Introduction

The analysis and discussion in this study are inherently inseparable reflecting the epistemology of ID and RTA, as discussed in section 2.9.1, therefore they are combined in the subsequent analysis chapters. This chapter (3) presents the central organising concept and discusses the theoretical perspectives influencing the analysis, followed by chapters 4, 5 and 6; each chapter discusses one of the themes developed from the analysis of the interview data with the inclusion of direct quotes to ground the analysis in the data. As stated in section 2.5.1, participants are referred to by a pseudonym, and a participant overview has been provided (see table 2.1). In addition to the pseudonym, the programme year of the participant is also provided to help situate the quote.

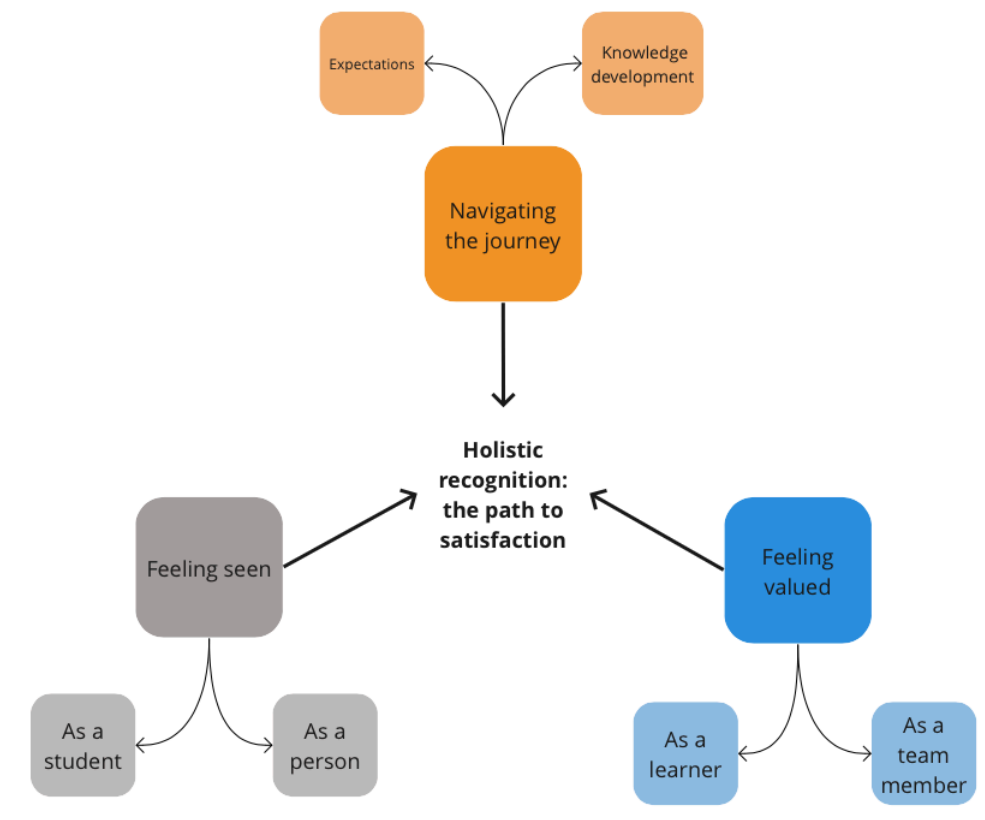
3.2 Central organising concept: 'Holistic recognition – the path to satisfaction'

A feeling of dissatisfaction with elements of the practice placement experience was consistent throughout all participant accounts. It was evident that various aspects of the practice placement experience caused dissatisfaction and that participants had to overcome numerous challenges to feel satisfied with their placement experiences. Therefore, the concept of satisfaction is central to the practice placement experience. Whilst levels of satisfaction were not measured quantitatively during this research study, participants voiced dissatisfaction with some elements of their practice placement experience whilst demonstrating their satisfaction with other elements.

Various needs were evident through the data analysis of the participants' experiences and consideration of the factors affecting their satisfaction levels; these were subsequently developed into themes around a central organising concept of 'holistic recognition' being the path to achieving satisfaction. Student

nurses need to be viewed holistically so that all their needs can be considered, not just the need to complete their competencies. These needs are encompassed within the developed themes of ‘feeling seen’, ‘feeling valued’, and ‘navigating the journey’ to becoming an RN. To present the analysis and demonstrate the relationship between each theme, figure 3.1 outlines the central organising concept and the three developed themes, with their respective sub-themes. It is important to highlight that the degree of influence of each need on satisfaction is likely to vary between individuals; therefore, the relationship with the central organising concept, as depicted, may not be equal.

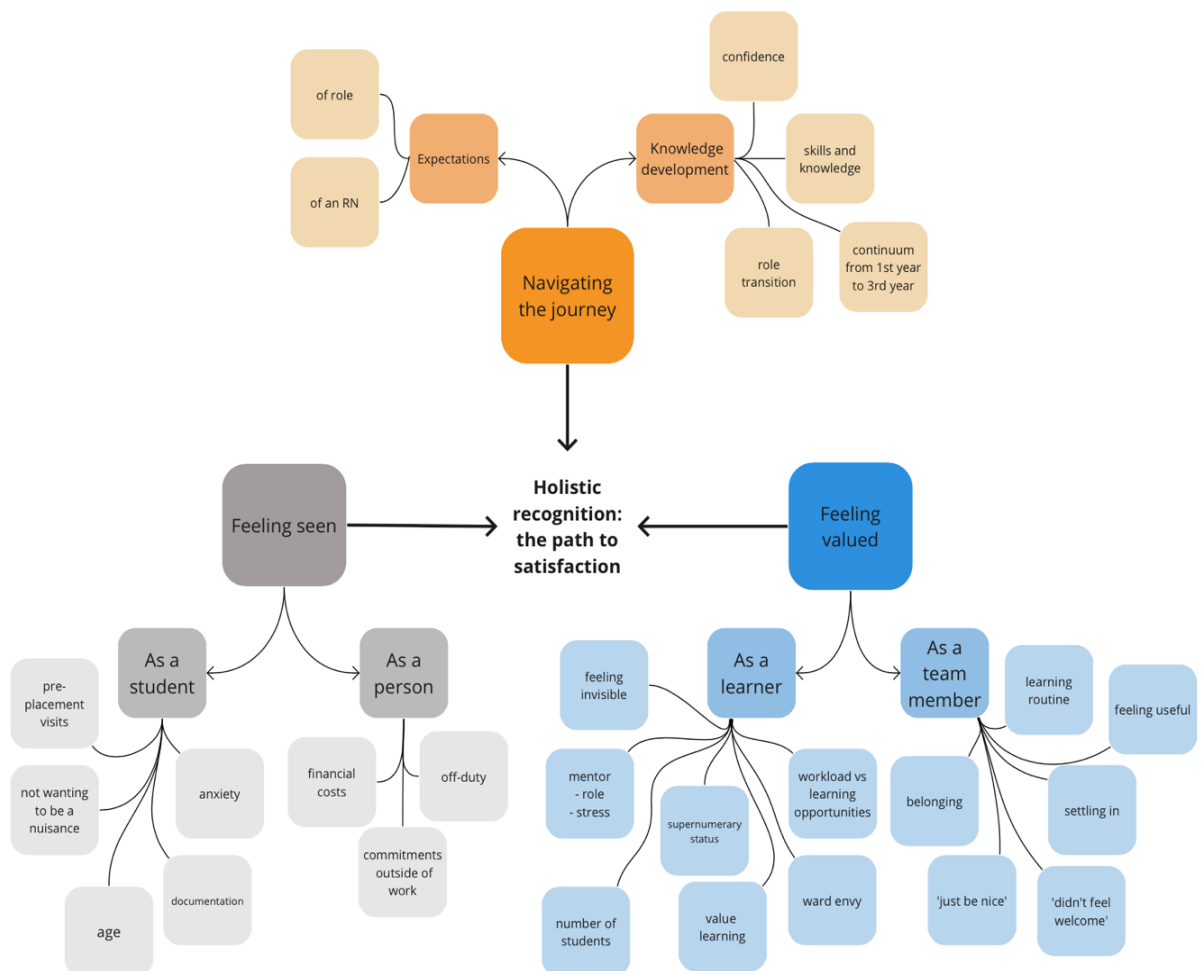
Figure 3.1 Developed themes and central organising concept



The first theme, ‘feeling seen’ is about the need to be noticed and respected, both as a person with feelings and personal, work or financial commitments and as a student with broader academic demands than what is needed to be achieved

during the practice placement. This theme reflects the concept of the student nurse being a person outside of their role as a student nurse. The second theme, 'feeling valued' is about the need to be recognised as a learner, who is willing to help and eager to learn, and a team member who is respected for what they can contribute. This theme reflects the need to feel valued in the role of a student nurse. Third, 'navigating the journey' encompasses the need to be supported to develop over the three years of the programme through expectation management and whilst developing their knowledge to transition into the role of an RN. This theme reflects the student nurse's growth and development throughout the educational programme, culminating in becoming an RN. Figure 3.2 presents the influencing factors for each sub-theme, which will be discussed further in chapters 4, 5 and 6.

Figure 3.2 Developed themes, sub-themes and influencing factors



3.3 Theoretical perspectives

It is commonly assumed that a qualitative study requires an external theoretical framework (Thorne, Stephens and Truant, 2016). However, contrary to this assumption, Wilson (2015) argues that it may be wise to delay deciding on a theoretical framework until themes are developed to maintain openness to the data and avoids the constraints of a fixed theoretical stance. This is supported by Thompson-Burdine, Thorne and Sandhu (2021), who caution that in an interpretive descriptive study, it is important for researchers to avoid preconceiving the relevance of a theory before data analysis. Likewise, Thorne, Stephens and Truant (2016) advise using theoretical frameworks with great care, if at all, in interpretive research; therefore, theories pertinent to the analysis were only consulted after the analysis was complete.

Student nurses' experiences of practice placements are related to learning in the clinical environment depending on the social situation, social practices, and admission to 'communities of practice' (Lave and Wenger, 1991). Furthermore, throughout the analysis, the importance of the value of the participants and how they are treated and respected is evident. Therefore work-based culture and social learning theories that support these aspects of the analysis are discussed in section 1.5.3.

3.3.1 Two-factor theory

Most of the research reviewed in section 1.5 focuses either on satisfaction with the learning experience or on the quality of the CLE, utilising numerous evaluation tools; however, during theme development and review, described in section 2.7.2, the concept of holistic recognition of needs leading to student nurses' satisfaction was strong. This led to exploring theories related to job satisfaction and need fulfilment. According to Green (2000), theoretical frameworks related to organisational and motivational psychology underpin job satisfaction. Similarly, Locke (1976) states that content theories of motivation explore how people

respond to internal and external stimuli and consider the concept that fulfilment of needs contributes to overall job satisfaction. Therefore, content theories of motivation are relevant to the developed themes and central organising concept in this study. One particular content theory of motivation, two-factor theory (Herzberg, 1966), closely aligned with the central organising concept, discussed in section 3.2, and the developed themes, therefore was used as a framework to underpin refinement of the analysis and resulting discussion.

Two-factor theory (Herzberg, 1966) is closely linked to Maslow’s hierarchy of needs (Maslow, 1943; 1954) but relates specifically to how individuals are motivated in the workplace and their overall attitudes toward the job (Barrett and Myrick, 1998; Ghazi, Shahzada and Khan, 2013). Herzberg and colleagues first developed the theory following the exploration of the impact of fourteen factors on employee job satisfaction (Herzberg *et al.*, 1959). The aim of their study was to improve motivation and performance and theorised that employee satisfaction has two dimensions which are independent of each other; it distinguished the factors that led to job satisfaction from those which led to job dissatisfaction; this became the ‘two-factor theory of motivation’ (Herzberg, 1966; Herzberg *et al.*, 1959). The two dimensions were named motivator factors, those intrinsic to the job, and hygiene factors, those extrinsic to the job (see table 3.1). Buchanan and Huczynski (2020) highlight that motivator factors are also known as job or content factors, and hygiene factors as organisational or context factors.

Table 3.1 Hygiene factors and motivators (Herzberg, 1966)

Motivators Satisfaction issues (Intrinsic; Job/Content factors)	Hygiene Factors Dissatisfaction issues (Extrinsic; Organisational/Context factors)
achievement; recognition for achievement; the work itself; responsibility; advancement; possibility for growth	Supervision; company policy and administration; working conditions; interpersonal relations with peers/superiors/subordinates; status; job security; salary; personal life

Warne *et al.* (2010) suggest assumptions are made that there is one scale of dissatisfaction to satisfaction, or negative to positive; the traditional view of job satisfaction is that they are interdependent: if not satisfied, then there must be dissatisfaction (Robbins and Judge, 2015). However, Herzberg (1966) argues that satisfaction and dissatisfaction are not two opposing ends of a linear scale; instead, they are two different ranges that cannot be measured on the same continuum: the opposite of satisfaction is no satisfaction; the opposite of dissatisfaction is no dissatisfaction. The existence of two distinct continuums for job satisfaction and dissatisfaction underscores the idea that student nurses may find certain aspects of their practice placement satisfactory while finding others unsatisfactory.

Herzberg argued that motivation is based on an individual's needs for personal growth and relates to self-growth and self-actualisation (Bassett-Jones and Lloyd, 2005; Stello, 2011); therefore, when motivators exist, they will increase and improve job satisfaction, but their absence does not lead to job dissatisfaction (Chu and Kuo, 2015; Alshmemri, Shahwan-Akl and Maude, 2017). Conversely, improving hygiene factors will reduce dissatisfaction but not increase motivation and performance (Herzberg, 1966). When satisfaction and dissatisfaction were considered the extremes of one continuum, it was believed that productivity would improve by concentrating on improving hygiene factors (Stello, 2011). However, Herzberg's two-factor theory challenged this approach; to increase satisfaction, motivation factors must be improved as only satisfaction of motivation factors will improve productivity (Herzberg *et al.*, 1959). In relation to education, intrinsic motivators, or motivator factors, are those that make an individual want to learn; whereas extrinsic, or hygiene, factors are those that occur outside the individual over which they may have no control (Murphy, 2006), leading to dissatisfaction and decreased levels of academic motivation.

Since its development, there have been numerous critiques of the core assumptions, methodology (critical incident framework), findings, and relevancy

of the two-factor theory. Herzberg's research was carried out at a time when organisations were rigid and bureaucratic; however, organisations are run differently now, hence the need to consider the relevancy of the theory. The theory assumes everyone has the same values; however, according to Misener and Cox (2001), motivational and hygiene factors are subjective and changeable based on the employee's situation; the significance of specific factors may vary, depending on the individual's personal and professional circumstances. Furthermore, Bassett-Jones and Lloyd (2005) suggest that individuals may have a natural tendency to safeguard their egos when prompted to recollect positive and negative work experiences. Consequently, they may attribute favourable occurrences to their personal abilities and accomplishments while assigning unfavourable events to work-related factors. Stello (2011) conducted an integrative literature review to investigate the relevance of the two-factor theory, taking into account the historical context, methodology, and changing dynamics of the workforce. The review found that while the theory has not been proven or disproven, studies attempting to replicate the theory supported it, while those using different approaches generally did not. The review concluded that two-factor theory is generally accepted as an established and valid framework still relevant today.

Chu and Kuo (2015) conducted a study to evaluate the relevance and applicability of Herzberg's theory in educational environments in Taiwan. Their findings support the two-factor theory, indicating that job satisfaction and dissatisfaction originate from distinct factors rather than being contrasting responses to the same factors. The study also revealed that fulfilling hygiene factors only eliminated dissatisfaction without necessarily resulting in job satisfaction. Chu and Kuo (2015) acknowledge that hygiene factors still influence job engagement, although their impact is considerably less than motivators. Consequently, they recommend focusing on motivation factors that contribute to a sense of achievement, autonomy, exposure to challenging situations, and opportunities for professional growth. However, Ghazi, Shahzada and Khan (2013) found that the fulfilment of

hygiene needs did lead to job satisfaction among university teachers. In support of this, Robbins and Judge (2015) argue that both hygiene and motivator factors should have the ability to motivate employees if they hold equal importance for them.

In relation to healthcare settings, Alshmemri, Shahwan-Akl and Maude (2017) identify that Herzberg's two-factor theory has been utilised within nursing research. Their literature review found some overlap between motivators and hygiene factors that contribute to positive satisfaction. This implies that job satisfaction, including aspects like job interest, enjoyment, and retention, is not as straightforward as Herzberg had claimed. Other studies have demonstrated the application of the two-factor theory in nursing: Kacel, Miller and Norris (2005) to measure job satisfaction in nurse practitioners; Sharp (2008) to measure job satisfaction among psychiatric registered nurses; and Holmberg, Caro and Sobis (2017) to explore job satisfaction among mental health nurses. However, to date, no studies have applied the two-factor theory to student nurses' experiences of practice placement; therefore, this research study is unique and adds new knowledge related to student nurse satisfaction. Theories associated with job satisfaction, specifically the two-factor theory, may not have been applied to student nurses as they are not employed and may not be seen as doing a job. Therefore their 'job' satisfaction may have been overlooked due to a focus on completing competencies instead. However, due to the neoliberal changes within higher education, they are a consumer; therefore, their satisfaction is vital else they will take their custom elsewhere.

Bassett-Jones and Lloyd (2005) conducted a study to assess the relevance and applicability of Herzberg's two-factor theory of motivation and found that external incentives such as money were not the primary source of motivation for employees to contribute ideas. Instead, intrinsic factors were more important in promoting employee satisfaction, thus supporting Herzberg's (1966) theory. However, salary will not be a factor per se for student nurses as they are unpaid;

nonetheless, financial factors still played a role in their satisfaction with their experience (see section 4.3). This is significant for healthcare programmes, as financial hardship was cited as a reason for discontinuing studies by Hampshire, Willgoss, and Wibberley (2013). Similarly, Koch *et al.* (2014) suggested that increased attrition may also be linked to financial difficulties, in addition to carer responsibilities, among mature-aged students. Likewise, Keogh, O'Brien, and Neenan (2009) found financial strain among mature students who had families and commitments and had given up paid employment. Therefore, financial commitments may be a significant factor in satisfaction for mature students in healthcare programmes.

3.4 Student nurse satisfaction and two-factor theory

There was an overwhelming sense of student nurse satisfaction or dissatisfaction with elements of the practice placement experience during data analysis, hence theories related to job satisfaction were reviewed. Two-factor theory (Herzberg, 1966), discussed in section 3.3.1, was used as a framework to underpin the refinement of the analysis and resulting discussion; the developed themes and influencing factors were cross-referenced against the hygiene and motivating factors, see table 3.2 and figure 3.3. Interestingly, all the influencing factors for the 'feeling seen' theme were aligned with the hygiene factors, all the influencing factors for the 'navigating the journey' theme aligned with the motivators, whilst the 'feeling valued' influencing factors were divided between the two.

According to Herzberg (1966), fulfilment of the motivators will lead to satisfaction. Herzberg (1966) links satisfaction to the fulfilment of intrinsic needs necessary for self-fulfilment, achievement, recognition and growth. Therefore, if student nurses' expectations are managed appropriately, and conditions are in place for learning along with a clear knowledge development path, they will likely be more satisfied with their practice placements. Conversely, as theorised by Herzberg (1966), the fulfilment of hygiene needs does not necessarily lead to satisfaction,

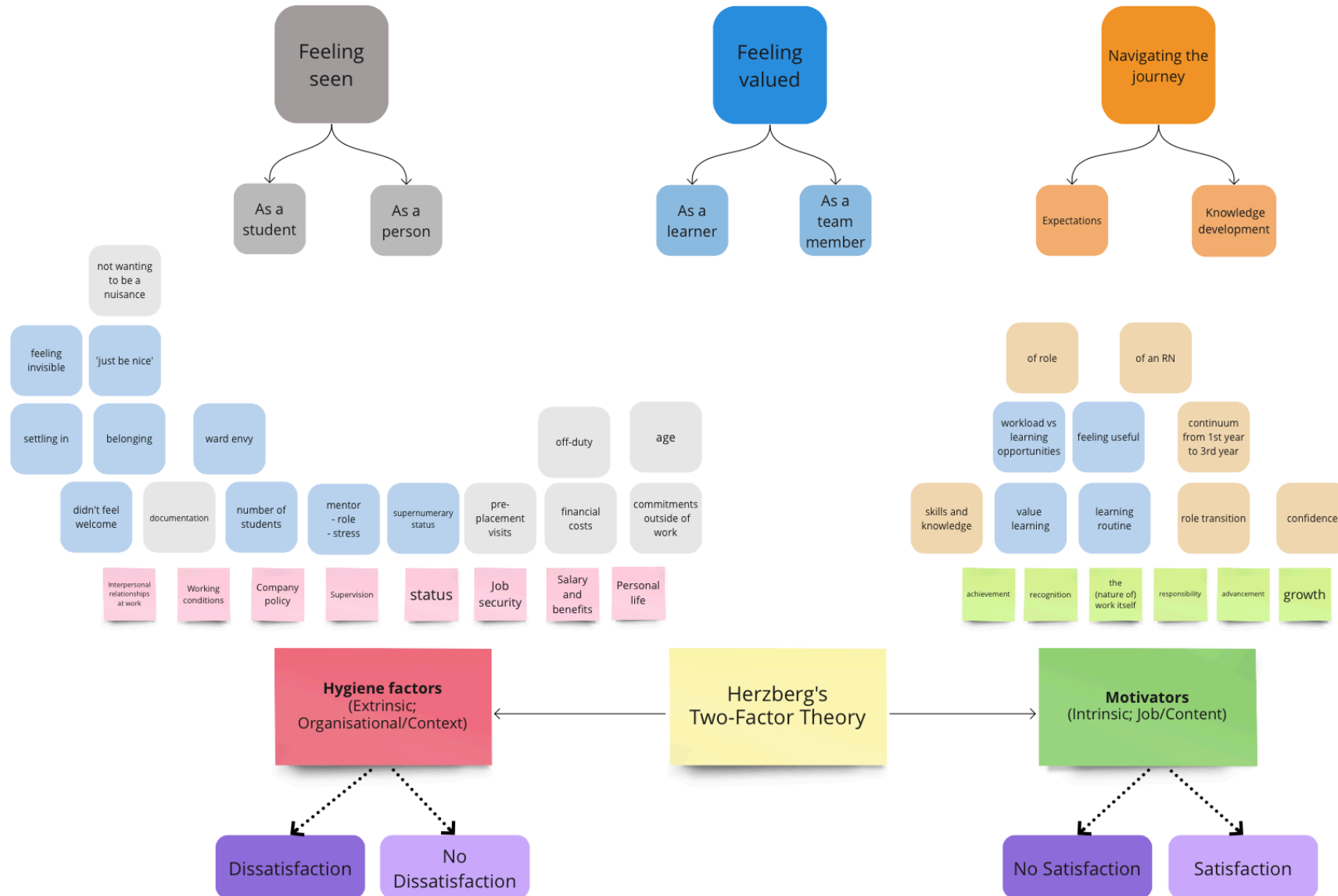
just no dissatisfaction. These are extrinsic, organisational factors that student nurses have little control over. These factors do not lead to personal growth or achievement but, if fulfilled, will reduce feelings of frustration and dissatisfaction.

These influencing factors will be discussed in further depth in the following three chapters, with implications for professional practice proposed in chapter 7. The significance of alignment with two-factor theory helps to focus application to practice on reducing factors that will lead to dissatisfaction whilst enhancing those factors that will lead to satisfaction.

Table 3.2 Influencing factors categorised as dissatisfiers or satisfiers

Hygiene Factors Dissatisfaction issues (Extrinsic; Organisational/Context factors)	Motivators Satisfaction issues (Intrinsic; Job/Content factors)
Feeling like they belong Feeling invisible/visible Not wanting to be a nuisance 'Just be nice' Belonging Settling in Didn't feel welcome Documentation Ward envy Number of students Mentor - role/stress levels Supernumerary status Pre-placement visits Off-duty Financial costs Age – recognition of experience/maturity, however treat equally re. learning opportunities Commitments outside of work	Expectations of Student nurse role Expectations of RN role Skills and knowledge Balancing workload vs learning opportunities Value learning Feeling useful Learning routine Role transition Navigating continuum Confidence

Figure 3.3 Analysis cross-referenced with Two-Factor Theory (Herzberg, 1966)



3.5 Chapter summary

This chapter has described the central organising concept of 'holistic recognition' and introduced the developed themes and influencing factors related to student nurses' experiences of their practice placements, the nature of the relationship between expectations, satisfaction and learning in respect of placements in the clinical learning environment for student nurses undertaking a BSc (Hons) Nursing (Adult) programme. Analysis, and integrated discussion, of these themes is presented in the next three chapters, concluding with a summary in chapter 7.

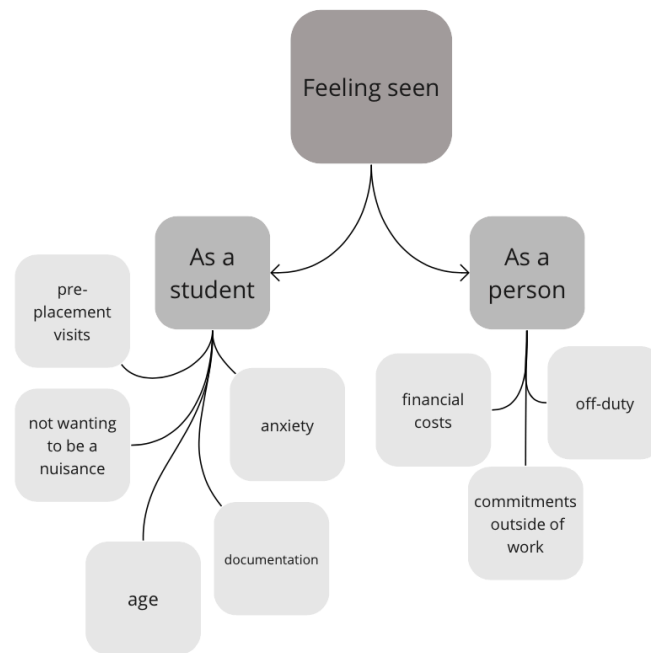
This chapter has also considered theories pertinent to the analysis. Aligning the developed influencing factors with hygiene factors and motivators, as identified in two-factor theory (Herzberg, 1966), helps explain the concept of student nurse satisfaction. Academic and clinical staff need to ensure that practice placements promote motivators to enhance satisfaction. These motivators are powerful intrinsic learning stimuli and critical elements of adult learning theory (Knowles *et al.*, 2020).

Chapter 4 - Theme 1: 'Feeling seen'

4.1 Introduction

'Feeling seen' reflects the participants' need to be noticed and respected as a person with feelings, personal commitments such as financial, family and employed work commitments, and recognition of the broader academic demands of being a student nurse. Figure 4.1 illustrates this theme, the sub-themes and the respective influencing factors. 'Feeling seen' embodies the concept of needing to be recognised as having a life outside of the workplace beyond the uniform rather than just being perceived as a student nurse on a placement. This theme also suggests a degree of conflict within the student themselves in respect of their different roles as well as wanting others to recognise the varied roles they undertake, demonstrated through off-duty flexibility, for example. In addition to being a student nurse on placement who needs to complete the required competencies and develop their skills and knowledge, they are also university students, parents and carers, and workers. They need their broader selves to be recognised, or who they are as a person, to help them feel understood and supported. When these needs are met, the student nurse will be more satisfied with the practice placement experience. Due to the nature of the pre-registration nursing education requirements, student nurses change placement areas and locations frequently; these placements can vary from one to two weeks up to eight, ten or twelve weeks in duration; therefore, they face these challenges on numerous occasions throughout their educational programme with each new placement area. Participants in this study implied that the unknown aspects of each new placement area were anxiety-inducing therefore it is essential that this need is met to reduce anxiety levels, and subsequently increase satisfaction.

Figure 4.1 Theme one – ‘Feeling seen’



4.2 Feeling seen as a student

This sub-theme represents needing to feel seen as a student, not just a student nurse during a fixed placement period, but encompassing the broader aspects of, and feelings around, preparing for numerous placements, and the other demands of academic life such as documentation requirements and academic assignments. As mentioned above, participants in this study discussed their anxieties about commencing placements reflected in the following participant comments:

I was apprehensive, yeah I don't know, before every placement, I always struggle with sleep the night before...you're always a bit anxious [on the first day] because you don't know what it's going to be like or what the staff are going to be like, or what they are expecting from you... (Jess, year 3)

It's going into the unknown. I think it's the whole thing of going in and not knowing what to expect ...and getting everything wrong. (Laura, year 3)

...and it was Sunday night. I wasn't sleeping very well thinking...it was like starting a new job, you know, that feeling you get when you start... (Jo, year 1)

The anticipation of the first day was significant for many of the participants, regardless of whether they were first or third years. The participants often employed strategies to reduce the fear of the unknown. The main strategy was a visit to the placement area before starting, which was perceived as beneficial both from a logistical point of view and to gain familiarity with the area in order to reduce potential anxieties from not knowing where to go, not knowing anyone, or worrying about how to get there: the participants were concerned with physical and practical preparation such as where to go, where they could park, where to get changed, and access to the clinical area as many environments use an entry card system. In the following data extract, Jess explains why she wants to visit the placement area before commencing placement:

all my main placements I have [visited beforehand]...I had to really because they've all been quite far away, like not my local area so I needed to find out where I was going really and find out where the staff car parking is...you know, something could happen, like I've got kids and you can guarantee one of them will need to go to the toilet as I'm about to leave, and I didn't want to turn up on the first day like rushing, at least I knew where the staff room was and I'd been given the code for the staff room. (Jess, year 3)

Whilst her comment reflects her role as a parent and the geographical issues related to practice placements, she implies she wants to familiarise herself so she can give a good first impression and not turn up on her first day not knowing where to go, which is clearly important to her. Having identified her need to visit the placement area prior to placement commencing, Jess (year 3) reported an experience which demonstrates the positive influence placement staff can have during this initial interaction:

I spoke to the ward clerk. She was lovely and asked, "what year are you in" and took real interest "what's your name, we're really looking forward to meeting you" and I thought what lovely people. (Jess, year 3)

Before Jess even started the placement, she felt seen and respected following this interaction. It is worth noting Jess' use of the word 'lovely' to describe the attributes of the people she met. This emotive language attests to Jess' positivity with the interaction, and she seems satisfied. The 'lovely' in this context implies that value is

placed on being 'lovely' and reflects the perception of approachability, which helps to reduce anxiety. The impact of feeling seen during the initial interaction and gaining a good first impression of the placement area prior to commencing placement cannot be understated, as one first-year participant mentioned that some of their peers did not have such a positive experience, leading to increased anxiety:

they are dreading Monday because they've gone to the ward and they've got turned away at the door and said "no, we're too busy, see you Monday" (Jo, year 1).

Jo went on to suggest that this left her peers feeling more anxious for their first day. Jo mentioned that she undertook a pre-visit to her upcoming placement area to show commitment, enthusiasm and wanted to be seen to be making an effort, not just for personal and logistical reasons. She seemed to be doing what she thought was expected of her:

I'd visited the ward first because I'd thought it best to maybe show my face rather than phoning up blind [my tutor] said "if you want to try, you can. It does look good if you do". (Jo, year 1)

Therefore, the placement visit is the first opportunity the student nurse has to make a good impression and is important to them but often dismissed as unimportant; however, despite some participants seeing the value in visiting the placement area beforehand, several of the third years had a different opinion; they did not see it as adding any value and made them feel unseen, unwanted, disregarded and treated with a lack of respect:

No [I didn't visit beforehand], they never want you to. They don't want you to go in because they're too busy with other students and they want to get rid of the previous lot before they get the next lot. (Laura, year 3)

a lot of placements, from my experience, aren't really that keen to have you come before your shift...I did it on [a previous ward] and I felt like they were like "oh, why are you here? I've got enough to do, just turn up on your first day and we'll tell you what to do". (Vanessa, year 3)

It is clear that Laura and Vanessa have based their decision not to undertake a pre-placement visit on previous experiences earlier in the programme; therefore, they have to balance a personal need to visit the placement area to reduce their anxiety with a reluctance to do so because of the potential reception they may receive. These feelings reflect the study by Dale, Leland and Dale (2013) who found that experiences from earlier practice periods could vary and could influence student nurses' expectations and confidence level, with them often feeling stressed and slightly anxious prior to the first meeting. Therefore, being welcomed and met with friendliness from the start seems crucial for the participants' ongoing motivation and confidence level. There is also a perception of needing some sense of connection through pre-placement visits that would enhance the feeling of belonging. Therefore, it is important to recognise that the need to feel accepted into the new placement community begins early in the placement process.

Another factor that can increase anxiety is the experience of others. One of the participants (Jess, year 3) discussed an experience that negatively affected her:

I was feeling really positive about it and then my friend that I'm going on placement with got a message off a girl that's just had her placement there saying the nurses are horrible...we don't know what happened with her but now that's put a real downer on it and I was thinking you kind of base your expectations on other people's experiences when we really shouldn't do that, but you do and now because she said that, I'm dreading it...I wish she hadn't told us, I really wish she hadn't. I wish I could go in with an open mind which I'm trying to but it's hard. (Jess, year 3)

Therefore, it is evident that expectations can be shaped by the perception of others and affect feelings about the placement area before starting, potentially making them dissatisfied with their placement allocation. However, other student nurses' previous experiences can influence expectations in a positive way too. Vanessa demonstrates she was excited based on hearing good things about her allocated placement area:

I'm really excited about my next placement...it's got a good reputation. (Vanessa, year 3)

It is apparent that before they have even started the placement, student nurses go through a range of emotions and decisions regarding whether to visit the area beforehand based on a variety of reasons and that placement staff have already begun their influence on the feelings, emotions, and expectations that student nurses have, perhaps without even realising this influence. Therefore, there is a need to feel seen by placement staff, who should recognise the importance of this initial interaction. Furthermore, it is vital to acknowledge the anxiety student nurses experience before starting a new placement, especially considering the number of times the student goes through this during their programme. In addition to the logistical aspects of preparing for a new placement area, Tremayne and Hunt (2019) identified that students must also adapt to new staff, new ways of working, and different environments and teams; they acknowledge that this can be challenging and increase the pressures student nurses feel each time they start in a new placement area.

In addition to the need to feel seen in relation to pre-placement visits, participants also wanted their role as students with academic requirements to be recognised, these include the need to complete their university documentation. Documentation is a crucial requirement for both the NMC and university recognition of student achievement and completion of competencies during the practice placement; it is seen as the mutual responsibility of the student and the mentor (NMC, 2010). Two of the third-year participants highlighted they had mentors whom they felt empathised with the documentation requirement through demonstrating their understanding and support of the process. The participants suggest this is due to them either having recently been through the process themselves or remembering what it was like:

the other mentors that I've had possibly haven't been as good as she was, if I can say that, and have kind of just got set in their ways, so things haven't been fresh in their mind, and you know, they haven't just come out of university and know what it's like, how important it is to get this paperwork signed. (Jess, year 3)

I was lucky with him because he'd make a point of saying right let's sign off your paperwork because he remembered when he was a student, not being

able to get his paperwork signed so he was conscious of stuff like that. (Vanessa, year 3)

Prior to the mentor mentioned in her comment above, Vanessa had a different experience in relation to documentation completion as demonstrated in the following comment.

I remember I struggled to get all my stuff signed, and my logbook signed off, in first year, because she didn't have the time. And there were shifts where I was staying [late] to help her with her writing. (Vanessa, year 3)

Vanessa acknowledged that she helped her mentor with patient documentation, whereas the reciprocal time could have been more forthcoming. This led to her not feeling seen as a student with academic requirements leading to her feeling dissatisfied. Significantly this experience was during her first-year placement compared to her more positive experience in the third year. This could imply different levels of confidence and assertiveness, between being a year one student and a third year, in making sure she had her documentation completed as the programme progressed, likely related to learning from previous experience. In their study focusing on the relationship between student and registered nurse, Vallant and Neville (2006) highlight that reciprocity is an essential element in the relationship; however, Vanessa's first-year experience implies she felt that whilst she helped her mentor with patient documentation, she had little reciprocal time to complete her student documentation, suggesting mutual respect and support was lacking.

In addition to the completion of academic requirements related to placement, such as completion of documentation, participants experienced the challenge of balancing broader academic demands with the requirements of undertaking a practice placement:

it's a different kind of having to get your head around stuff and having to time manage and everything, and then you've got all this academic work and you're just thinking my head's going to pop and then boom... (Jess, year 3)

sometimes I feel it's quite difficult on placement...you've got this assignment deadline coming up, but you've seen all these things that you haven't

necessarily experienced in life...it's not as easy as you think to find that extra bit of time to learn about that as well as what you're writing for your assignment...sometimes I think what would be the one that is of more value educationally? (Vanessa, year 3)

Both participants struggled to meet the numerous demands, with Vanessa questioning which would be most beneficial to her learning. However, despite the challenges of balancing university and practice demands whilst undertaking practice placements, significantly, only two participants mentioned the contribution that the university academics² made during their time on placement.

Nothing really beyond organising tripartites (Vanessa, year 3)

To be honest, other than the tripartite, I've never really had any contact with them...you see them in your first week and then you see them towards the end just to make sure that you've got your competencies [achieved]...I've always been made aware that I can contact them if I feel I need to, but they've never contacted me and asked how are things going (Jess, year 3)

The implication of the lack of reference to academic staff support is that it was either lacking or inconsequential.

In respect of the competing demands of the university and practice environments, the implication of the participants' comments is the lack of recognition of the challenges they face while trying to learn placement-related theory and writing academic assignments. This reflects a need to be seen as an undergraduate student, not purely a student nurse, by both clinical and academic staff. Whilst not evident in the data, a potential reason for the lack of recognition from placement staff could be the training or education programme undertaken by them; if they did not have similar academic requirements during their programme, then they may have little empathy for the challenges faced in current pre-registration undergraduate programmes.

² Academic staff in the School of Nursing at the participating HEI are designated a number of practice placement areas. They support student nurses allocated to these areas and liaise with clinical staff in relation to the placement and assessment of these students.

What was also significant for the participants was how their age seemed to influence how they were seen as students. Respect for age and maturity was interpreted positively in this example from Tracey:

I just felt there was a little bit more respect there and I don't know if it's because of my age. Like if I said to them, I have no childcare in the morning, I have to take the boys to school, and then I'll be in at 0930, I was believed. Whereas I feel if I was younger it might be 'somebody's got a hangover' kind of going through their minds. (Tracey, year 3)

In her comment below, Laura also suggested clinical staff recognised and respected her previous experience and ability. However, she felt that her age had a negative influence in respect of the contribution she was expected to make compared to a younger student nurse in the same cohort:

you do have a wide range of ability and I think a lot of the mentors do notice that in you by talking to you... [however] I was always expected to be the one to, you know, muck in more, 'oh, well she's only a bairn, what does she know?'; well, she knows plenty because she's done two years, the same as me, which was disrespectful to the other student as well. (Laura, year 3)

Furthermore, Laura felt her age, in conjunction with having previous healthcare experience, also negatively influenced her access to learning opportunities when there were other students on the same shift as her:

I did have problems quite often where there's more than one student, you're competing, and I did always find, as the older student...who'd got the experiences of healthcare, I was always the one who had to stay on the ward while the younger lass went off because 'you could look after a bay', that's the sort of thing I'd get told, it was very common as the older student... (Laura, year 3)

This replicates the study by Keogh, O'Brien and Neenan (2009), who found that, at times, mature students, defined as those who aged over 21 years at the start of their studies (Universities and Colleges Admissions Service, 2022), felt they were relied on more, and given more responsibility than their younger counterparts, suggesting this could be due to them being seen as more capable and better able to cope. They found that this was not always perceived as unfavourable by the students

themselves as it contributed to a broader range of learning experiences. However, Keogh, O'Brien and Neenan (2009) found there was often conflict with their supernumerary status and that some found it difficult in the first year as they were relatively inexperienced.

This sub-theme illustrates the challenges faced by the participants in respect of their identity as academic students and student nurses, such as numerous placements, undertaking academic assignments alongside placements, completing documentation requirements, and age influencing how they are seen compared to their younger peers. Whilst the two student identities are not necessarily in conflict, there is a need for placement staff to recognise the challenges and to see the bigger picture. This would make students feel seen and supported, leading to increased satisfaction with their placement experience.

4.3 Feeling seen as a person

Following on from the previous sub-theme, in addition to the broader academic and logistical aspects of being a student nurse, being seen and respected as a person behind the student nurse uniform played an essential part in the participants' satisfaction level. Indeed, one of the consistent issues raised by the participants was the lack of recognition by placement staff of their life outside of their student nurse role. Vanessa demonstrates the challenge of fulfilling the competing roles:

You're tired, you've got all your house stuff to do, you have to at some point be a parent, don't you? (Vanessa, year 3)

The lack of recognition of external commitments led to an underlying feeling of frustration. Logistics such as travel and off-duty were the significant influencers in these frustrations, along with not being expected in the placement area, which directly led to a lack of off-duty around which they could organise their external commitments.

they hadn't allocated me anyone till I phoned up and then 'oh, we didn't realise you were coming' and they'll tell you the [shift for the] first day you're

going in...I've never ever had more than the first three days given ever, ever, on any of my placements... (Laura, year 3)

You don't get a lot of advance off-duty...I've just been told what time to turn up on Monday and we'll sort it out afterwards which I find really frustrating. (Vanessa, year 3)

I did manage to speak to somebody there because I tried to organise my childcare so I did get a week's shifts, so I've got this week's pattern but that's it... (Amy, year 3)

There needs to be equity with staff employed in placement areas who are likely to get four to six weeks advance off-duty around which they can arrange childcare and other personal commitments. Student nurses can be allocated to placement areas that undertake different shift patterns; one area might have a three eight-hour shift pattern, whereas another area might undertake two twelve-hour shifts in twenty-four hours; both shift patterns including weekends and nights, staff in other areas may work a Monday to Friday routine with daytime hours, for example, 0800-1700. Therefore, there is no consistency for student nurses to be able to plan their commitments around, and there are limited options for student nurses to place off-duty requests, so they are reliant on requesting off-duty changes, if necessary, once they are working in the placement area. Whilst none of the participants was given reasons for the lack of advanced off-duty, the issues highlighted could be due to organisational factors such as lack of communication between the HEI and practice placement areas or due to lack of communication among placement staff, a lack of preparation, or that staff are too busy to organise all the shifts for students in advance or from within the placement area itself. Whatever the reason, the lack of advanced off-duty inferred a lack of respect for participants' personal circumstances and had a negative impact on their experience, leaving them feeling frustrated and dissatisfied. On the other hand, there were some positive experiences such as:

yeah, it is difficult, I have two boys as well and I'm on my own, so that's always a bit of a challenge...I rang the ward, I spoke to the sister and she was the most loveliest lady I've ever spoke to, she told me who my mentor was, she gave me my shifts right up until July. (Jess, year 3)

Similar to her comment in the previous section, the use of the positive characteristic Jess has assigned to the person she spoke to reflects the positivity and increased satisfaction she derived from this interaction. Jess' comment implies that communication and preparation in placement areas for student nurses are personality reliant and reflect a welcoming culture. Although she felt welcome and respected, the general feeling of Jess' comment was one of surprise. Sadly, this was the exception among the perceived lack of respect for participants' personal commitments. Being able to change shifts due to these commitments was also a challenge for some, leading to role conflict, feelings of guilt, the inability to prioritise commitments and the need to sacrifice experiences:

I was made to feel like a naughty schoolgirl sometimes, your shifts are pretty set...and if the kids have got something going on in school like a performance or you're working that shift, then you're working that shift and you feel like you're letting your kids down, that's probably been the most hardest thing for me, for my children...so, I think that's been the hardest part to be honest with you, juggling placements and children. (Tracey, year 3)

Tracey could not give a reason for not being allowed to change her shifts. There is no question that permanent staff would be able to change their shifts due to personal circumstances arising after the off-duty rota was produced; therefore, the lack of flexibility towards student nurses changing their shifts demonstrates a lack of respect for them as a person and a lack of appreciation for the role they play in the team. It denies them a level of autonomy needed to plan their personal life. Some placement staff may be reluctant to change student nurse off-duty as the student nurse may have been given shifts that align with those of their mentor. However, whilst 40% of a student's time needs to be supervised by their mentor (NMC, 2010), they do not need to work with their mentor every shift, so there should be no reason for inflexibility with regards to shift changes. For student nurses, it's that realisation that work commitments must be prioritised and other things may have to be sacrificed leading to dissatisfaction. They come to accept this way of working during their programme with the knowledge that shift patterns will be more stable when they are employed as an RN, and they have more autonomy in choice of employment, location, and shift pattern.

In addition to childcare, the lack of forward planning for student nurses' off-duty was also a challenge for balancing other commitments. For example, some of the participants had paid jobs that were essential to support themselves and their families financially whilst at university:

it's frustrating because I've got to work part-time and I can't go in to work and say 'oh, I can do these shifts' because I don't know. I've got to work it around placement, so it's really annoying...I don't think they [placement staff] understand that people have got to work alongside university. Like some people do but some people don't. (Emma, year 1)

While participants did not report an issue with doing shifts or nights, the lack of forward planning was frustrating. The inability to organise and confirm employed hours is similar to the findings of a study by Hamshire, Willgoss and Wibberley (2013), where it was found that inflexible placement hours led to student nurses having difficulties fitting in part-time work. In addition to a lack of communication between the HEI and placement area, or among the placement area staff, the absence of forward planning could be due to a lack of acknowledgement of the need to have employed positions whilst studying to be a student nurse, or possibly due to clinical staff having followed a different educational programme with different funding arrangements reducing the need to have employed work, and therefore lacking empathy.

Further challenges were faced by participants concerning transport and finances as some placement areas were geographically distant from the student's home address. This discussion from Laura clearly illustrates some of the challenges faced:

...and then I thought, why would I be sent to [name of placement location] when that's an hour's drive each way for me? We were pretty much told that it's going to be within normally about half an hour, not an hour's drive each day... the distance made things extremely tight paying for fuel...all of a sudden my fuel costs were three to four times what I'd envisaged and budgeted for, so that made things extremely tight...I could've claimed it back but that doesn't alter the fact that you still have to pay it out [initially], and if I hadn't been on bursary, as a lot of people in my year aren't, you're not entitled to anything back...when I checked public transport, the first public transport I'd have to leave home at 0530 and it would get me there for 1030 in the morning because it was three buses and I'd be stood in [town name] for over

an hour waiting for a connection and the last bus back was 5.15pm to get me home for about 9.30pm. (Laura, year 3)

Like Laura's experience, Hamshire, Willgoss and Wibberley (2013) found that although most students could claim back costs such as placement travel, the initial financial outlay significantly impacted daily living. To increase the issue, Laura highlights that the location of her allocated placement area was further than she had been expecting based on information she had been given prior. The geographical spread of practice placement locations likely reflects the difficulties in placing increasing numbers of student nurses. In conjunction with this, placement areas are likely to have increasing workloads and are struggling to recruit and retain staff, so they cannot support previous numbers of student nurses.

This sub-theme has outlined several challenges the participants have faced, highlighting the need to be seen as a person beyond the student nurse uniform. There is a lack of recognition of the need to undertake paid employment, organise childcare or other personal commitments, along with poor planning and inflexibility of placement area staff regarding off-duty rotas. These issues lead to feelings of frustration and dissatisfaction.

4.4 Chapter summary

The theme of 'feeling seen' reflects a general feeling among the participants of a lack of respect and recognition of their lives beyond that of a student nurse on a practice placement. 'Feeling seen' is about the need to be seen and respected as a student with wider academic demands, and as a person with personal commitments such as financial and family. The influencing factors of this theme align with the hygiene needs in two-factor theory (Herzberg, 1966) as shown in table 3.2 and figure 3.3; therefore, it is essential that these needs are met to minimise dissatisfaction with the experience and create an environment so that motivating needs can be fulfilled. These influencing factors are extrinsic, that is that they are related to the situation rather than intrinsic to the participant. They may have little control over these factors leading to increased frustration and dissatisfaction.

However, some challenges the participants have voiced reflect an internal conflict between their different roles and imply a need to be supported as they attempt to balance and fulfil these roles. Aspects of the 'feeling seen' theme reflect the study by Luders *et al.* (2021) who found that some students experienced negative effects on their work life balance. These effects included challenges related to travel time, academic workload, the impact of shift work on family life, and financial costs associated with transportation or loss of paid employment, resulting in clear dissatisfaction being expressed by participants (Luders *et al.*, 2021).

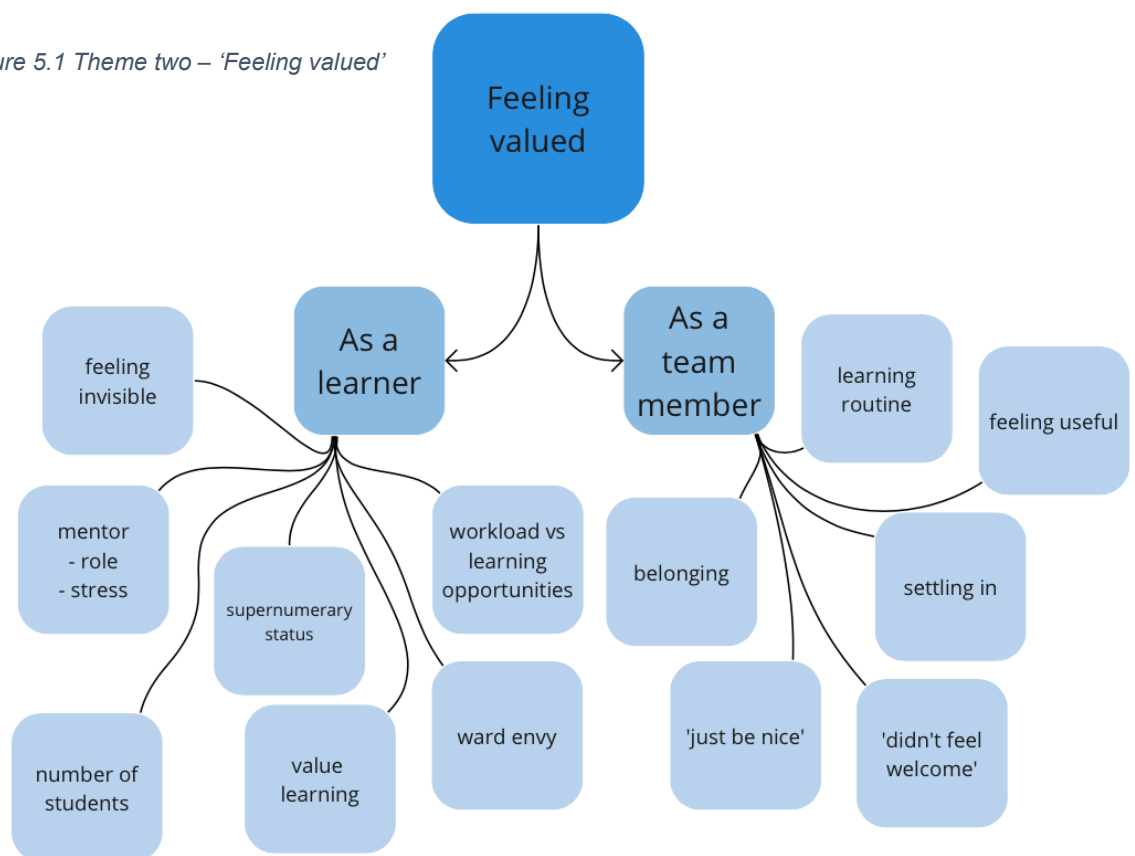
Whilst this theme raises questions for placement allocations from the HEI's perspective, it has implications for placement areas. There appears to be a lack of empathy and understanding with regards to the needs of the students beyond the completion of required competencies, which could be in part due to legacy issues if mentors, and other clinical staff, undertook a different type of training. As discussed in section 1.3, in previous models of student nurse education, such as those prior to the implementation of Project 2000 in the early 1990s, practice placements and education sessions were based predominantly on one hospital site and many student nurses had hospital-based on-site nurses' accommodation minimising the requirements to travel to a variety of placement areas. More recently, along with the changes to the education system bringing the challenge of allocating increasing numbers of students, the changing health landscape has seen the need for more placements in the community, necessitating a wider geographical spread. Issues such as location of placements and associated costs can indeed, be a source of worry for student nurses (Levett-Jones *et al.*, 2015). Therefore, whilst there is an academic requirement to undertake a certain number of clinical hours and successfully achieve the required competencies, there is clearly a need for empathy and facilitation of individualised off-duty requirements whilst factoring in access to appropriate learning opportunities.

Chapter 5 - Theme 2: 'Feeling valued'

5.1 Introduction

'Feeling valued' is about the need to be respected as a student nurse, one who is willing to help and eager to learn, wanting to fit in and be a useful member of the team by being valued for what they can contribute rather than just being seen as a burden. In contrast to theme one discussed in chapter 4, where the participants needed to feel seen as a person beyond the uniform, reflecting the challenges in balancing conflicting roles, this theme reflects the need to feel valued as a student nurse in the uniform in order to increase their satisfaction with the practice placement experience. This is significant because being valued is a key driver for employee engagement (Claxton, 2014); however, whilst placement areas do not directly employ student nurses, the outcome is the same, that of an engaged, motivated learner. This theme has two sub-themes: feeling valued as a learner and feeling valued as a team member. The influencing factors are shown in figure 5.1 and will be discussed in this chapter.

Figure 5.1 Theme two – 'Feeling valued'



5.2 Feeling valued as a learner – ‘Why am I here?’

Some of the participants felt their contribution, and their need to learn, was not valued by placement staff. This is significant as, according to Papp, Markkanen, and von Bonsdorff (2003), it is important for students to experience a sense of recognition and worth for the contributions they can offer to the team. The lack of perceived value left the participants feeling like they were not wanted or were getting in the way and questioned the value of having a practice placement:

My mentor wasn't the most supportive. I can't even say supportive was the word...I don't know. I just felt I was like 'oh, you're here' to go and not be seen, 'I'll be nice to you, but don't make a fuss'. (Vanessa, year 3)

...and you understand that they're busy and they don't always have time for you, but sometimes I used to think, then why am I here? They'll go off to do certain things and you're kind of just running around after them. (Jess, year 3)

...you understand that they have got so much going on that sometimes a student nurse is seen as an extra burden. (Amy, year 3)

The experiences are similar to the findings of Matsumura *et al.* (2004), in which the presence of students was seen as a burden, resulting in increased workload and reduced efficiency for the nurses, and McAvoy and Waite (2019) who found that student ODPs felt like a burden to placement staff. Whilst these experiences may seem at odds with the caring ethos of professional nursing, student nurses Jess and Amy demonstrate some empathy towards the workload of their mentors. This may reflect their progression through the programme because, as third years, they can see the bigger picture despite how they feel they have been treated. However, they counter this with their frustrations that their willingness to help and their need to learn are not valued and that mutual respect is lacking. Additionally, a busy workload meant that mentors delegated tasks to participants, leaving some participants feeling they were missing out on learning opportunities:

every morning on all my placements you were healthcare [HCA]. You went round, you did washes, and you did stuff like that and I said [to my mentor]

'can I do the ward round at 10 o'clock with you because I need to get the experience?' 'I haven't got time, I need all these people washed', also 'can I do some meds?' 'no, we haven't got time for that, you need to go do the beds'... It's like 'well, you were going to theatre, but we're a bit too short today so you can't go'... a lot of the times, you can't go because you're needed on the ward. (Laura, year 3)

and I was asking, 'can I come and do the meds?' 'No, no, you go and do the washes. If you finish all the washes in time then you come and find me and we'll do the rest of the meds together'...[so] I missed out on things...there was just no accounting for the fact I was there to do something other than be a pair of hands. (Tracey, year 3)

Despite Laura feeling she was being treated as an HCA rather than a student nurse, it was not a consistent issue across the dataset, although it was a significant influencing factor for Laura's satisfaction with her placement experience. Both participants who had voiced these dissatisfying experiences were third years, so perhaps they were frustrated because they knew how to do the tasks allocated to them and, therefore, felt they were not learning. Laura also mentioned that she missed out on alternate learning opportunities because she was told she was needed on the ward. Her comment echoes the findings of Chuan and Barnett (2012) discussed in section 1.5, that when the wards were busy, learning opportunities were sacrificed to provide patient care instead. Whilst acknowledging the importance of patient care, this reflects a perception that supernumerary status is not always recognised and valued by mentors and clinical staff, therefore not enabling student nurses to maximise learning opportunities. Bradbury-Jones, Sambrook, and Irvine (2007) found comparable experiences even though their research was conducted 15 years ago, therefore implying that little has changed during that period. A few of their participants revealed that they were prevented from engaging in potentially valuable learning opportunities because they were needed to perform tasks elsewhere. Laura spoke with emotion and surprise when she had a practice placement that did value her supernumerary status:

I can honestly say this is the only placement that I've actually been supernumerary...I don't know why I'm feeling emotional about it ...I know you're meant to be [supernumerary], but I never have been...A lot [of the staff] treat you as an extra member of staff. In the numbers on the walls, I have actually been included as an HCA...like 'well, why have you put three

not two?'... 'cause we get penalised if we don't'. I said, 'but I'm not an HCA, I'm a student nurse. I'm supposed to be here to learn' and they're like 'no, we need the numbers'... (Laura, year 3)

Laura's experience highlights the staffing challenges that are faced by placement areas. Whilst it is not acceptable to count supernumerary learners as substantive workers, it is understandable that the busy workload and staff shortages can influence how student nurses are perceived; however, there are organisational issues that need to be addressed for supernumerary status to be respected and learning valued. In relation to two-factor theory (Herzberg, 1966), being counted within staffing numbers in disregard for their supernumerary status can be seen as an organisational hygiene factor leading to dissatisfaction. It is essential that students are recognised as supernumerary and not utilised to fill gaps in a service that lacks resource (Bradbury-Jones, Sambrook and Irvine, 2007).

Interestingly, both the participants quoted above were third-year student nurses. This could imply that they are seen as capable of managing the tasks allocated and, therefore, lightening the workload of the permanent team members. Whilst the participants did not see this as a positive, it reflects the value and respect placed on them for a perceived level of competence and the role they play in the team. Contrary to the third-year participants' experiences, one of the first-year participants did find the workload of the ward beneficial in her learning:

I like the busyness and the fact the staff are nice...they'll teach me and then they'll let me do it on my own if they think it's good, and I've learned so much...it's also the opportunities I've been given on the ward [that] have helped me develop skills I didn't think I would have at this point. (Sue, year 1)

The difference in attitudes between first- and third-year participants reflect a progression in knowledge and skills development throughout the programme but could also indicate a deeper dissatisfaction among third-year participants due to changing expectations as the programme progresses. Sue seemed very satisfied with the learning experience she received because the learning opportunities were proportionate to the stage of her development, and she felt valued and recognised

as a learner. In contrast to the perceived effects of a busy workload, a quieter and slower workload in the placement area also affected the participants' perceived learning leading to lower satisfaction:

the opportunities I had when I had them were fine, I learned stuff but there was sometimes not a lot we can do, which was frustrating. (Jess, year 3)

the place is lovely, and the staff are lovely, and all of the clients are so well cared for. It's a really good place, but it's not a place you can learn a lot. (Sue, year 1)

They appear satisfied with the work environment but dissatisfied with the work itself and the limited learning opportunities to advance their knowledge and skills. These comments imply that satisfaction is not always related to learning, but rather the environment itself, whilst the lack of learning opportunities is frustrating and dissatisfying. This suggests that satisfaction and dissatisfaction can both be present due to different influencing factors, however, is at odds with two-factor theory which would suggest that fulfilment of environmental factors do not lead to satisfaction, just no dissatisfaction, whilst conversely a lack of learning opportunities would not lead to dissatisfaction, just no satisfaction. Whilst Sue felt that a less busy environment did not offer learning opportunities, some participants recognised that a less challenging ward environment led to an increase in confidence and learning opportunities that they had not expected:

There was a lot less chance things could go wrong, I felt more confident to look after those people who were just about able to do everything for themselves rather than people who could potentially be poorly at the blink of a hat...I feel like last year, with all the post-op patients and all the checks and everything to do, there's a lot more potential for things to go wrong, let's say. So as much as I was able to do certain things, I wouldn't have really liked to have my own patients...but this time, with not as many complex needs or not as much chance of potential poor outcomes, I felt more able...by the end of it I was taking four or five patients and handing them over and everything. (Jess, year 3)

so even though I missed out on a few things, what I thought would come in handy, like on other wards, like wounds, surgical stuff...I made up for it in other ways on there. (Jo, year 1)

These comments imply an expectation of undertaking specific skills, which, if not met, leads to dissatisfaction. However, this potential dissatisfaction is avoided by realising other learning opportunities. These experiences also highlight a need for more awareness of the learning opportunities available in some practice placement areas. Indeed, these participants perceived their allocated practice placement areas as not beneficial for their development and were initially dissatisfied with their allocated area; they seemed envious of their peers who were allocated placement areas where the learning opportunities were more transparent, such as the emergency department, cardiology, or critical care:

I didn't feel like it was a medical placement because it was a rehab ward...generally, they only do two sets of obs; once on the morning and once on the night, and that people are generally well, they're able. Even the staff were saying it shouldn't qualify as a medical placement...that's why I was a bit disappointed with the rehab ward because I thought like 'medical knowledge, really'?...someone was going to [name of ward] which is renal, and I felt there's going to be a lot to learn there...some people had coronary care/heart ward for the medical ward then one similar to gastro for the surgical ward, so I feel like their knowledge medically and about body systems is going to be far greater than mine. (Jess, year 3 [discussing her 2nd year placement])

a few of my [peers] have said they don't feel like they've had opportunity because most of their placements have been dementia care or elderly where mine have been neuro. (Jo, year 1)

I don't feel like I would learn as much as I would if I was say, on like cardio or respiratory or something like that. (Emma, year 1)

The participant experiences suggest that satisfaction is related to the perception of learning opportunities available in a placement area, although it is unclear where the perceptions originate. Participants' focus appears to be on increasing medical-related knowledge or skills deemed interesting or more technical, such as post-op care and wound care, rather than non-skill-based nursing care, such as discharge planning; there seems to be a hierarchy of learning opportunities, and with that, related placement areas deemed inferior to others. It is worth noting that all participants met the required competencies for their practice placements despite the variety of placement locations; however, their recounted experiences and

dissatisfaction with the availability of learning opportunities in some areas suggests the relationship between student nurses' satisfaction and learning is more complex than just completion of competencies leading to satisfaction. Furthermore, focusing on the impact of the learning environment rather than the completion of competencies and skills during the preparation phase may increase satisfaction. Indeed, according to Cant, Ryan and Cooper (2021), the process of clinical learning may not solely rely on the availability of learning opportunities; instead, it is influenced by the collaborative supervision provided by nurses in environments that foster clinical learning. This confirms that the relationship between learning and satisfaction is not straightforward or easily defined. This reflects the findings of Bisholt *et al.* (2014), discussed in section 1.5, that learning, and satisfaction may not be directly linked and that the placement setting influences perceived learning.

Understanding student nurses' expectations of learning opportunities, managing these appropriately, and discussing potential learning opportunities in all placement areas may enhance satisfaction. There seems to be a perception of unfairness in how the placements are allocated, in addition to a concept of ward envy. A wide variety of placements expose students to various experiences, care delivery styles, and different placement cultures; Henderson *et al.* (2012) highlight that clinical experiences are designed to provide students with exposure to a diverse range of clinical settings, with the goal of fostering professional identity development and improving competence and confidence. However, the concept of ward envy appears to be based on a perception of popular wards related only to the perceived learning opportunities rather than an acknowledgement of the broader reasoning behind practice placements.

This concept of ward envy reflects the findings of Cooke, Greenway and Schutz (2021) and Murphy *et al.* (2012). Cooke, Greenway and Schutz (2021) undertook an integrative literature review of student nurses' experiences of placements in nursing homes; they highlighted that student nurses did not perceive nursing home placements as favourable as acute hospital placements. Cooke, Greenway and Schutz (2021) suggest this is because student nurses do not believe certain placement areas will add to the skills and competencies required for their future

practice. Murphy *et al.* (2012) conducted a survey to explore the experiences and preferences of student nurses regarding hospital and community placements. The findings indicated that participants had a positive attitude towards placements in district nursing, intensive care, high dependency, and cardiology. In contrast, placements in health visiting and older adult care received less favourable reviews. The authors suggest that positive placements provided better opportunities for students to enhance their clinical skills and establish closer relationships with their mentors. Similarly, Luders *et al.* (2021) found that some students questioned the relevancy of some placements and felt that they were behind their cohort in respect of certain skills, such as medication administration, confirming that the priority of student nurses is the attainment of skills. To demonstrate this, when commenting on a short two-week placement at a centre giving supported living opportunities to adults with learning disabilities and other special needs, Jo displays feelings of frustration with both the perceived lack of learning opportunities and the subsequent perceived lack of value placed on her as a learner:

there wasn't opportunity there. There were too many students there... You'd be wandering about the village and there would be other students just walking around... you were turning up to places and they were going 'oh, we don't need you' or 'oh, they've gone out'... they just send you away... it's really odd. 'Oh, what are we doing at the farm? Milking cows', so I milked the cow, I cleaned the bakery and the cleaned the creamery, but... do you know what I mean? (Jo, year 1)

The number of students allocated to the placement area can also be seen to affect Jo's experience and perceived learning. This reflects the findings of Chuan and Barnett (2012) and Kalyani *et al.* (2019), discussed in section 1.5, that too many students in a placement area impede learning. However, in contrast, Stuart (2007) suggested that the presence of other students in the clinical area may be supportive and positive for all the students concerned in the form of peer support, although this was not an area discussed by the participants in this thesis. Another factor in the less-than-satisfactory experience highlighted by Jo could be the length of placement, as it was only two weeks. According to Gilbert and Brown's (2015) literature review on nursing students' experience of belonging during practice placements, short placements may lead to reduced feelings of belonging and limited

learning opportunities for students due to the time required for 'settling in'. Furthermore, Warne *et al.* (2010) found higher satisfaction levels with more extended placements. While not proposing an optimal placement duration, their recommendation is for fewer but extended placements to maximise the learning and practice of clinical skills. Indeed, brief placements leave students feeling isolated owing to the short time spent in the placement area (Spouse, 2000a). Similarly, the findings of Lamont, Brunero and Woods' (2015) study suggest lower satisfaction exists among student nurses in HEIs with one-week placements, implying that shorter placement lengths may lead to decreased satisfaction. In addition to other potential benefits, there will likely be a subsequent increase in the perception of the value placed on student nurses as learners if more time is given to them due to longer placement periods to exploit learning opportunities.

Whilst the participants' comments suggest they believe placement areas differ in the perceived learning opportunities available, there was an acknowledgement from both first- and third-year participants that they should take the initiative to seize opportunities and take responsibility for their learning. Indeed, student responsibility regarding their learning opportunities is essential in adult learning theory (Knowles *et al.*, 2020). The following participant comments demonstrate this:

[you need to] really grab every opportunity and don't shy back...I know that if I stand twiddling my thumbs and not trying then I'm not going to get anything out of it...so I'm thinking these nurses are really busy and I feel like okay, I'll ask the healthcare [HCAs] and the porters, I'll ask anybody. (Jo, year 1)

I'm moving forward and a lot of it has to come down to yourself, doesn't it? And what you are, how productive you are...with it being my last ward placement before I qualified, I wanted to make the absolute most of it...you do absolutely everything you can to make the most out of the learning opportunity because clinically there's loads to learn. (Vanessa, year 3)

by having that confidence to step forward, I learned a vast amount just within like six or seven weeks, I've learnt so much. (Amy, year 3)

In addition to needing to be valued as a learner, being able to take the initiative with their learning signifies the value they place on it themselves. Being able to take the

initiative also implies a level of autonomy and control over their learning and development. Indeed, adult learning theory emphasises that adult learners should recognise their own needs and learning opportunities (Knowles *et al.*, 2020). For this to occur, student nurses may need to feel empowered to take the initiative, but this may depend on the placement culture. Indeed, there was an underlying sense of being valued as a learner through feeling empowered and being given permission to learn by their mentor or other staff members or by them advocating on the student nurses' behalf:

so, my mentor in my medical ward would speak up and say, because they ended up putting us all on nights, and she was like 'well, we're not learning on nights' and so she was speaking up and when we were on days, she was saying 'right, you're doing this'... (Amy, year 3)

the ward manager has said to me, 'if you see any experiences that you feel will benefit your knowledge, go for it. You go and learn from it'. (Tracey, year 3)

As well as advocacy, participants suggested that they needed to feel their mentor or placement staff were invested in their learning which in turn affected their feelings of being valued as a learner:

sometimes when you're on a placement for two weeks, I don't feel they invest in you because they're not going to reap the benefits of their investment and their time with you, whereas the [team in recent placement area], they did invest in me, and they did spend time and explain and answer my questions. (Tracey, year 3)

...I was able to take the lead, which was really good, because she was there for kind of moral support if I needed it or of there was anything that happened that I didn't know, you know, got into a situation what I didn't really know how to handle. She was there...she was just lovely; she was all friendly and... just lovely. (Jess, year 3)

they've all been lovely, but the better experience and the better mentors have been the ones who have encouraged my learning and sort of...I don't know...embraced, or have been comfortable with, my role as a student and what they needed to put into that. (Vanessa, year 3)

It is evident how positive experiences can shape the participants' sense of satisfaction which is reflected in the use of the word 'lovely' again, previously acknowledged in section 4.2. The use of the word 'lovely' reflects the caring nature of student nurses and the desire to deflect any sense of negativity in their statements.

Whilst length of placement is one contributing factor to the perceived level of investment and value placed on them as a learner, the mentor has a significant influence in both a positive way, as in the comments above from Jess and Vanessa, as well as a negative way. When discussing her most recent placement, Vanessa identifies how personal and professional challenges for the mentor affected her and her learning:

[my mentor was] a really good nurse, really lovely person, but struggling stress-wise...and had just come back off sickness from stress and then obviously I turn up and I'm a third year student and I think this nurse, was relieved that they had some support by their side so I feel my placement experience was less about my learning at times...when I've worked with other mentors that haven't been affected by stress as much or even other nurses on different shifts, I have had a completely different experience where I felt like, I'm helpful, I'm engaged, I'm learning something, I'm being challenged to make sure I'm learning something. (Vanessa, year 3)

Vanessa's comment suggests a lack of reciprocity in the relationship with her mentor, which made her feel that her role as a learner was not valued, reflecting the findings of the study by Luders *et al.* (2021). This also aligns with the findings of a study of the relationship between student nurses and registered nurses and the impact this had on student learning undertaken by Vallant and Neville (2006). They found that learning was inhibited when relationships were not favourable, and the converse was true; reciprocity was one of their identified influencing categories. Likewise, Smedley and Morey (2009) found that the satisfaction of nursing students improved when they established a positive relationship with their mentor.

In addition to the challenges Vanessa has highlighted, Jo commented that the status of her mentor as the Ward Sister affected the learning opportunities she received and that, at times, she did not feel valued as a learner:

yeah, that was the only bother I'd say on the whole placement. I struggled because the mentor I got was a Sister, and she didn't do what the others were doing...sometimes I struggled to get my meds rounds in because she didn't do them. (Jo, year 1)

This sub-theme illustrates that student nurses' satisfaction levels are affected by the perceived value placed on them as learners. In turn, participants' comments show this is influenced by numerous aspects of placement culture or work organisation: advocacy and empowerment, organisation of workload, relationship with their mentor, number of students, and the allocated placement area with related expectations management. These have implications for both practice placement staff and academic staff who support student nurses during both the preparation phase and the placement period to consider improving work practices and organisational issues to enhance learning.

5.3 Feeling valued as a team member – 'Just be nice'

Whilst section 5.2 has discussed the participants' experiences in relation to being valued as a learner and the subsequent effect on their level of satisfaction, there was a consistent need throughout the participant group to be valued as a team member as well as a learner. Tracey and Jess had positive and satisfying experiences where they felt welcomed and part of the team:

it got my heart and soul; I love that ward. When you walked in it just felt special. The staff were warm. They were welcoming... I really felt part of the team...everybody would talk to you. (Tracey, year 3)

it was a really, really, nice place and the staff were really nice, and it was probably one of the only placements where every staff member has made me feel part of the team. (Jess, year 3)

Indeed, Brown, Jones and Davies (2020) argued that the initial meeting can have a profound effect on the student's sense of belonging. However, there had been some trepidation in relation to how they would be welcomed into the new environment:

you just don't know what you're getting yourself into before you go...but luckily this time they did seem pleased to have me there and they were happy to help me and answer questions. (Jess, year 3)

what's the ward environment like? are they supportive of students? Do they want me to be there? Do they want to help me get qualified or is it just 'oh we've got students'... (Vanessa, year 3)

This was partly due to not knowing what to expect from the staff. However, Jess' comments also imply that she has had previous experiences where the initial welcome was less favourable, enhancing her apprehension prior to other placements. Spouse (2000a) reported that student nurses often felt like newcomers when visiting their practice placement areas. This is reflected in comments by two of the participants who recognise that when starting a placement, they are outsiders coming into a ready-formed team; they worried this may affect the welcome they receive:

so, like you're put in this whole new environment where people already know each other and you're always brand new. (Sue, year 1)

and it's already like a team, so then [you're] somebody new coming into the team and you just feel like, I don't know, you just feel like a spare part really... [I hope they will] just be nice, generally like talk to me. (Emma, year 1)

Emma's comment about wanting the staff to 'just be nice' reflects the need to feel welcomed into the team. Sadly, Jo recounts an experience where she did not feel welcome or part of the team leading to feelings of not being valued as a team member and subsequent dissatisfaction with the experience:

I didn't feel welcome, like I was just a chore. (Jo, year 1)

Furthermore, Jo identified the conflict of wanting to fit in and show enthusiasm versus not wanting to be seen as a nuisance. There was a need to want to appear motivated to learn, trying hard to please, to be seen to be doing things right:

I don't want to come across as a pest but at the same time I don't want them to think I'm not enthusiastic and it'll just be trying to find the balance. (Jo, year 1)

This may be because she was a first-year student nurse prior to her first placement, in addition to her anxieties of what will be expected of them during the placement, however not wanting to be a nuisance or inconvenience reflects the findings of McAvooy and Waite (2019) and Arundell *et al.* (2017) discussed in section 1.5.

and the healthcare assistants, some of them were lovely and they'd work with you and show you how to do things, but a lot of them made it very clear that they didn't particularly want you there and they weren't going to help you...they just made me feel like I wasn't welcome and if I ever asked for help, they would just ignore me, they wouldn't even acknowledge that I was there... [I wish they would] just make me feel included and part of the team and not a nuisance like some of them make you feel unfortunately. (Jess, year 3)

Jess' comment highlights the importance of feeling welcomed by all team members, not just the mentor. However, the team culture of a placement environment is reflected not only in the welcome received but throughout the placement; Tracey experienced a lack of feeling part of a team during care delivery, followed by a subsequent lack of support from her mentor:

the worst part, when you're not made to feel like part of the team; when people ignore buzzers because they know there's a few students on the ward, that's a bit difficult to take but you're there to look after them [the patients] so you do...myself and another student were rushing around and we're thinking 'where is everybody else?' so I went to the storeroom to get some dry wipes and there were three healthcare assistants in there and they're stood gossiping and chatting and I was really quite annoyed about it. And I've mentioned it to my mentor, and she said 'well, you're free, aren't you? (Tracey, year 3)

This comment reflects the frustration of a lack of teamwork and the significance of feeling excluded as a team member leading to a less-than-satisfying experience. However, there was some positive acknowledgement of the role of other team members and how they can influence the learning opportunities and feelings of being accepted and part of the team; Sue, a first-year participant, gained value from

working with the HCAs. She saw working with other team members as a learning opportunity:

I spent a lot more time with the HCAs first, because she [mentor] said it's important that I learn basic skills like personal care, talking to patients and things like that...so my time with the HCAs was really, really valuable, because you were like being able to get to know the patients, get to understand how personal care works. (Sue, year 1)

In addition to highlighting inconsistency in teamwork culture across placement areas, the difference between these two experiences also reflects the distinctive learning needs and expectations of first-year and third-year student nurses. That said, Amy, a third-year participant, acknowledged and valued the role of the HCA in the team:

the healthcare assistant is your backbone really...they are the person that's going to be looking out and helping you, so I think if you manage to know and appreciate their skills, then your collaborative working is going to work when you qualify. (Amy, year 3)

Amy demonstrates a positive approach to teamwork whilst the significance of the team on the practice placement experience is summed up by Sue:

you could put me on any ward but if you're not with the right people and you're not with the right team then you're not going to enjoy it. (Sue, year 1)

Significantly Sue has mentioned enjoyment as an essential element in her experience, reflecting the influence team culture has on student nurses' satisfaction with practice placements.

It is likely that the mixed welcomes student nurses receive are personality-driven and grounded in the workplace culture (see section 1.5.3.1). Regardless, how students are welcomed within the clinical practice area is significant as it will affect how they feel (Howard, 2009), evident in the participants' comments above. Additionally, Clements *et al.* (2016) found that an unwelcome attitude perceived by students in some placements reinforced the sense that they were not seen as part

of the team. The process of team building, as described by Tuckman (1965)'s model, is an integral part of forming a sense of belonging among student nurses. However, it should be noted that team formation takes time, and the performative stage, including the integration of new members, may never be fully reached due to the short duration of placements. Furthermore, in their grounded theory study exploring non-greeting rituals in Danish placement settings, Kristensen and Kristensen (2020) found that an unwelcome reception in practice placements led to feelings of social exclusion and loss of belonging for student nurses. Therefore, creating an inclusive and supportive team environment is crucial for student nurses to feel seen, heard, and valued during their placements.

Reflecting a need to feel part of the team as well as needing to justify their place on the team, several of the participants voiced a desire to contribute and feel useful within the team. This was more challenging during the first few weeks of the placement period when the focus appeared to be more on getting to know the team and learning the routine of the clinical area than exploring learning opportunities:

sometimes when it's busy, you feel a bit like a spare part because no-one's showing you what to do and there's only so much you can do because you've only been on the ward a few weeks (Sue, year 1)

once I'm in placement, after a week or two you learn the routine and you get to know the people you're with, like you really feel part of the team, and I quite like that. I like feeling part of the team and being able to kind of get on and do the things once I've learned their routine and what they expect from me (Jess, year 3)

These comments reflect the findings of Melia (1987), who found that students were preoccupied with fitting in and getting on with the ward staff; This focus on fitting in and learning the routine would likely impact learning during this period; therefore, there are significant implications for learning time being reduced during shorter placement periods as a greater proportion of the placement time is spent on these. Success in adjusting to the team during the practice placement increases the chances of effective learning (Tomietto *et al.*, 2016).

Experiencing a lack of belonging can have detrimental effects on students' self-esteem, competence, as well as their psychological and physical well-being (Albloushi *et al.*, 2019; Chesser-Smyth, 2005). On the other hand, it is recognised that being accepted as part of a team, both socially and professionally, can be challenging and increase student pressure (Emanuel and Pryce-Miller, 2013). However, being welcomed is vital for settling into the CLE and feeling valued as a team member (Chesser-Smyth, 2005). Furthermore, Tremayne and Hunt (2019) suggest that a meaningful welcome to placement is integral to influencing a positive learning experience; this not only increases motivation to learn but also enhances confidence in seeking assistance and fosters a sense of being valued, necessary, and safe (Albloushi *et al.*, 2019).

Bradbury-Jones, Sambrook and Irvine (2011) found that students felt more able to learn when they felt they had a place in the nursing team. Likewise, Levett-Jones *et al.* (2009) suggested that belongingness is a prerequisite for clinical learning; however, to enable the participants to feel they belong and have a place within the team, it was evident that there was a need for the participants to feel that someone owned them. This was not an issue when their mentor was on shift as the participants felt 'owned' by their mentor; however, as shown below, when she was not on a shift with her mentor, Jess felt invisible. Her comment resonates with the experiences of student nurses in a study by Vallant and Neville (2006), who felt invisible in the relationship with the nurse they were working with due to being ignored or forgotten.

I've been with staff when my mentor hasn't been available, and they don't even acknowledge that you're with them. (Jess, year 3)

This lack of ownership was more noticeable if other students were on duty:

so, on the days there was not another student on shift with me, I was okay because they were adopting me. If it was some of the days where there's three of us on I'd had it! Because obviously, they were with their staff nurse, and I didn't have anyone. (Jo, year 1)

These comments are significant as while at least 40% of a student's time needs to be supervised by their mentor (NMC, 2010), the remainder of the time the student may not be on the same shift as their mentor, evoking the feelings of loss of security, anxiety and lack of belonging illustrated above. This is likely to have an impact on support for their learning and their level of satisfaction. When cross-referenced with two-factor theory, the lack of belonging and interpersonal relationships are hygiene factors linked to feelings of dissatisfaction; however, as learning may be enhanced with a sense of belonging, this may indirectly lead to a sense of satisfaction as aspects of learning are aligned with the motivating factors. Hence, the boundaries between hygiene factors and motivators when related to student nurse satisfaction may not be as clearly defined as theorised.

5.4 Chapter summary

This chapter has discussed student nurses' need to feel valued both as a learner and a team member. They want to be respected in the role of a student nurse and be accepted into the placement area team. They are keen to show they are motivated learners and want to be recognised for the contribution they can make to the team. From the data analysis, it is evident that learning will happen if the identified factors are in place. This is significant for those who support student nurses in practice placements as they can all play their part in creating an environment that will allow learning to take place, through recognising factors that cause dissatisfaction and enhancing factors that increase motivation and subsequent satisfaction. Indeed, Boyd, Knox and Struthers (2003) suggest that in work-based learning, the key challenges lie in effectively utilising the potential available, ensuring that meaningful learning takes place rather than just gaining experience, and establishing acknowledgement and recognition for the learning that occurs.

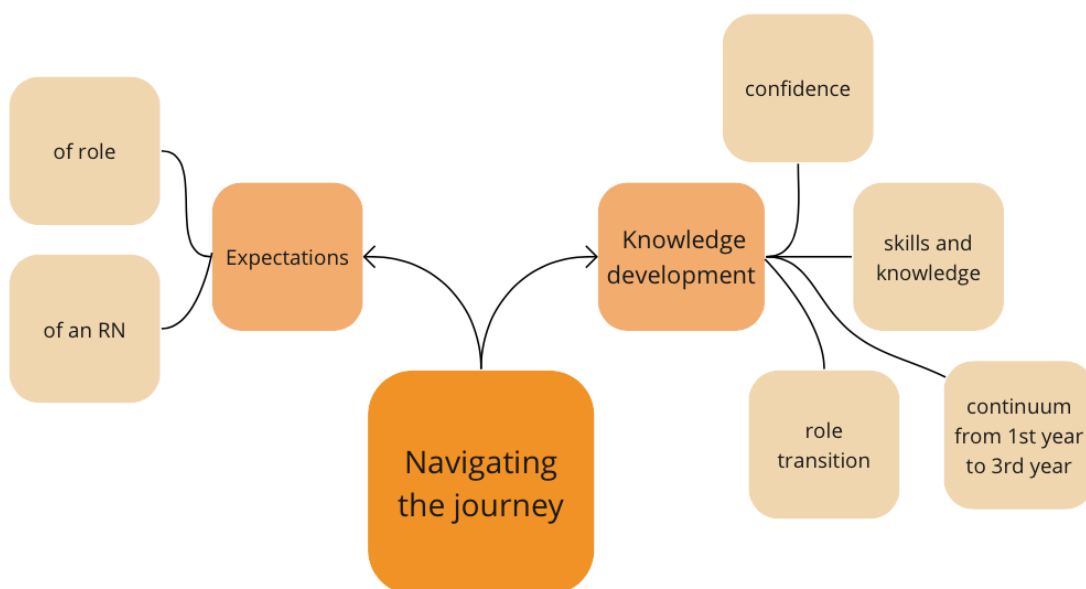
Chapter 6 - Theme 3: 'Navigating the journey'

6.1 Introduction

'Navigating the journey' encompasses the challenges faced during the various practice placement elements of the three-year undergraduate pre-registration programme culminating in becoming a registered nurse. 'Navigating the journey' is made up of two sub-themes: expectations and knowledge development. Figure 6.1 illustrates the two sub-themes and the influencing factors. Expectations and knowledge development are viewed as a conceptual journey that student nurses navigate through the various placements they undertake whilst transitioning from new entry student nurse to becoming an RN. How student nurses experience this journey and how they are supported on the journey will affect whether they feel dissatisfied or satisfied.

Section 6.2 discusses participants' expectations of the environment and the RN role, and how they relate to satisfaction. Following this, section 6.3 discusses student nurses' perceptions of their knowledge development during the three years of the programme.

Figure 6.1 Theme three – 'Navigating the journey'



6.2 Expectations

During the data analysis process, it was clear that participants' expectations of the practice placement environment and the RN role influenced their perceptions of the actual experience. This sub-theme discusses these expectations and considers their influence on satisfaction. Firstly, due to the inconsistency of terminology used in relation to the CLE (see section 1.4.1), it is essential to gain an understanding of participants' interpretation of the concept of a clinical learning environment as this will help to understand participants' perceptions and expectations of the CLE and its role in their learning. Therefore, participants were asked for their understanding of the term CLE. Several of the participants clearly articulated that they thought the CLE meant learning through an alternative educational approach to learning in the university, encompassing learning clinical skills as opposed to theory:

like your hands-on learning, so like you're learning in practice kind of thing. It's not theory, you're basically learning as you're doing it (Emma, year 1)

learning through doing... (Sue, year 1)

I don't know for definite, but I can hazard a guess by saying that it is like an on the role experience, so it's on the role learning, so being able to learn the clinical skills that you need to be able to progress and to develop yourself...whether it is pretty much doing a drugs round or learning the basics around the clinical skills that you'd need to be a nurse (Amy, year 3)

However, some described it as being more related to a difference in the environment where learning takes place rather than the type of learning undertaken:

I would feel that means new placement area...as opposed to a classroom learning environment (Vanessa, year 3)

being the student nurse in any kind of practice environment where there's patients...I would say an environment that encompasses that (Tracey, year 3)

Additionally, one of the participants was unsure of the application of the term CLE in relation to one of her allocated placements:

I think it's anywhere that a student will go that's a clinical setting, so like some of my placements aren't, one's on a farm so to me that isn't a clinical learning environment (Jo, year 1)

Jo's comment suggests that the word 'clinical' may be misleading and means student nurses potentially overlook learning opportunities in non-hospital-based placement allocations. This has implications for the expectations student nurses have of certain placement areas in relation to their perception of the placement location and the value they place on the perceived potential learning opportunities leading to the concept of ward envy discussed in section 5.2. It is clear that terminology used to describe placements can influence expectations and perceived value. In addition to the word 'clinical', expectations of placement areas are also shaped by naming placement preparation weeks as 'skills' weeks. The techniques learnt during these weeks imply an expectation that what is taught can then be undertaken during the practice placement time. Indeed, Perlman *et al.* (2019) identify that skills developed in class are applied and further developed within real-life settings such as practice placements. This can lead to dissatisfaction when a placement area does not provide opportunities to undertake the taught skills due to the nature of the environment. However, nursing is not just about teachable skills and techniques; being cared for is essential, although it is a much more difficult concept to teach in practical terms, and competence in caring cannot be measured in the same way that successful completion of a skill can be. Therefore, the terminology used needs to be considered carefully so that student nurses have a realistic expectation of their role and the potential learning opportunities in the placement area.

In general, it was evident that the term CLE was not widely recognised amongst the participants despite its wide use in the literature; and the participants' understanding of it varied. Despite the inconsistency of understanding of the term CLE, several participants recognised the value of a practice placement with regard to their learning:

I can actually put the theory that I've been learning into practice (Sue, year 1)

When you're in the midst of it, you kind of pick up more I think with watching people do it and asking questions as they're doing it. That's how you learn (Amy, year 3)

In addition to learning, the participants had other expectations of the CLE. The first-year participants' expectations were focused around learning the role:

I'm just really hoping that I can really engage with people and build my confidence and learning (Jo, year 1)

I have read through my competencies, so I have a better idea of what is expected...I suppose [I'll be] observing a lot and working alongside my mentor to get the gist of what a nurse's role is, and caring for people obviously... (Sue, year 1)

I think I'll be expected to probably work with all the healthcare assistants and how to attend to someone's personal care and make beds alongside learning other nursing stuff like how to administer drugs, that kind of thing...and learn like the paperwork side really, it's all paperwork isn't it, a lot of it? (Emma, year 1)

Emma was slightly more specific; however, her increased insight may be related to having previous healthcare experience and, therefore, more awareness of what the role would encompass. All three first-year participants were positive about their expectations of their role and that they were going on placement to learn, perhaps due to the fact they were first-years and, therefore, would not be expected to know everything. Sue's consideration of what would be expected of her sums this up:

I think they'll expect me to know the basis of things because I've just done so much theory in university, so they'll want me to have an understanding of certain things...I don't think they'll expect me to know everything because that's what I'm going there for (Sue, year 1)

In contrast to the first-year participants, the third-year participants voiced expectations that had less emphasis on learning nursing care and role specifics.

They were more forward-thinking in preparation for their future role as an RN encompassing a managerial theme:

I'm really looking forward to being able to properly take control of patients myself, learn more about case load management (Laura, year 3)

I'm hoping I get to learn how to manage my own time, my own patient, a caseload of patients, so that it is preparing me ready for my last placement and ready for qualifying and getting a job (Amy, year 3)

...being involved in referrals for patients, being more involved in discharges and admissions...I'm excited about managing my own patients (Tracey, year 3)

The participants' expectations clearly show a transition between the expectations in the first year and those in the third year, the latter being a natural progression based on their experiences in their first- and second-year placements. However, as will be discussed in section 6.3, the expectation of the progression of knowledge and skill development could lead to dissatisfaction if third year students are then asked to undertake care and skills they perceive as at first- or second-year level.

It can be expected that perceptions of the RN role will shape expectations for the student nurse's role on placement. However, interestingly, several participants highlighted that the reality of the RN's role was different to their expectations:

[HCAs] have a lot more time with the patients than the nurses, that was the biggest shock for me (Sue, year 1)

Prior to starting the course, in my mind, the nurse was the one that sat with the patient...I assumed the nurse would be the ones sat calming them [agitated patients] and rubbing lotion in their hands and doing all those little niceties when in fact it's actually the healthcare [HCAs] that have a major role...The nurses are so involved with the drugs and the writing, masses of paperwork...I didn't realise that when I came into the course (Tracey, year 3)

I don't think I quite understood the nursing role beyond the hands-on clinical aspects of it... (Vanessa, year 3)

Neither Sue nor Tracey had previous healthcare experience before commencing the three-year programme; however, Vanessa did, although she acknowledged that she had not been fully aware of the role. It is crucial, therefore, to understand where expectations of the RN role come from as they may not always give a realistic portrayal of the full extent of the RN role, leading to unrealistic expectations of the student nurse role. Whilst some of the participants had family members who were nurses; some had previously worked with colleagues who were nurses; and some were treated by nurses as a patient or had a family member who was; many of the participants built their expectations from portrayals of nurses in the media as demonstrated by these participant comments:

I suppose before I started my education, it would have been through media I guess because I've not spent a lot of time in hospital...but once I started education, it shaped the role quite differently to what I perceived it to be (Sue, year 1)

You get the TV programmes, the dramatised nursing not the documentaries, that show you it's a very glammed life that it's like everything happens in a sequence and it's very structured whereas it's definitely not what nursing is... (Amy, year 3)

In relation to the portrayal of nurses in the media, Amy continues:

I think everything in the media is usually negative when it comes to healthcare or nursing. They never really want to talk about the positive things that I know happen every day in nursing (Amy, year 3)

As well as shaping expectations, the negative media portrayal influenced the support received from family and friends when deciding to become a nurse. Despite this, Jo demonstrated a commitment to continuing on her chosen career path:

[the media portrays] that the NHS is in a mess, all my family are like 'you're getting in all this debt', 'are you joking?', 'they're run ragged', there's no staff, there's no money'. I was like 'no, it's not like that'. I'm trying to promote it but obviously they're just reading what's in the tabloids and stuff and what they see on the telly, in the news every day it's NHS crisis, you never hear anything good do you? (Jo, year 1)

Jo's comment highlights external pressures that student nurses face whilst undertaking the programme that add to the need to view the student nurse holistically and consider their external influencing factors as discussed in chapter 4.

Regardless of the origin of their expectations, several of the participants seemed satisfied as they felt their expectations had either been met or that less had been expected of them than they had envisaged:

I think everything I wanted to achieve on that placement, I did achieve...
(Tracey, year 3)

I think they were more than met on this one because I wasn't expecting to be able to do a lot of things that I did do. Like my mentor was pretty much like this is going on, get yourself in there (Laura, year 3)

I probably thought they were going to expect a lot more of me, but actually, I felt they expected less of me (Jess, year 3)

However, one participant who voiced a lack of satisfaction also highlighted that they felt their expectations were not met:

I didn't enjoy it. I think it nearly made me want to leave and not continue...no, I don't feel my expectations on this one were [met]. (Vanessa, year 3)

These participant comments demonstrate that when expectations are met, the student nurse is satisfied whilst, conversely, when not met can lead to a lack of satisfaction, reflecting the motivating factors in Herzberg's two-factor theory (Herzberg, 1966). Despite her lack of satisfaction due to unmet expectations, Vanessa seemed satisfied that she had progressed, demonstrating the concept of being not satisfied and satisfied, due to different factors, at the same time:

But I still feel like I've done the best I can, and I've progressed despite that, so I don't feel I'm sat here disadvantaged, it's just not what I expected
(Vanessa, year 3)

Vanessa's experience is significant and goes some way toward addressing the research question regarding the nature of the relationship between expectations,

satisfaction, and learning. She has a lack of satisfaction that her expectations were not met; despite this, she feels that she had progressed through learning and self-development, which she seemed satisfied with. Vanessa's initial comment highlights the impact of unfulfilled expectations on thoughts of leaving the programme. It is unclear whether her expectations were unrealistic or whether her placement experience fell short of her reasonable expectations. Nevertheless, it is vital to understand student nurses' expectations and manage them appropriately to reduce attrition.

Expectation management is crucial; over twenty years ago, Spouse (2000b) highlighted that students entered nursing with strong images about how they would practice, which was sometimes conflicted with the reality once on placement. With widespread television portrayal of nurses and increased use of social media 22 years on, unrealistic expectations of the role remain, perhaps even more so. It is important to acknowledge that not all students will have the same expectations due to their varied backgrounds and life experiences; therefore, it is crucial to understand student nurses' expectations on an individual basis and employ appropriate expectation management strategies. Furthermore, two people will not perceive the placement in the same way. Indeed, Badubi (2017) argues that the two-factor theory assumes that every individual will react in the same way in a similar situation. However, expectations and satisfaction may differ from one individual to another; therefore, how they navigate the journey or how they need to be supported along the journey through their practice placements will differ.

6.3 Knowledge development

Closely linked to the previous subtheme of how participants' expectations of the RN role were related to satisfaction and learning, this sub-theme highlights the student nurses' perceptions of their knowledge development through the three years of the programme. There was a perception among the participants that during the first year of their programme they focused on care and compassion; the second year was more technical with a focus on skills and increasing confidence, whilst in the third

year, the participants were more concerned about the expectations of their knowledge and competence, as voiced in comments in section 6.2.

Third-year participants were well placed to share their perceptions as their experience and knowledge of the three years of the academic programme will have enabled them to recognise the different stages on the journey to becoming an RN. The following comments reflect the perceived knowledge progression highlighted above:

first year, all I wanted to do was know that I could wash a patient, feed a patient because I'd never fed anybody before...when I went into my last placement of the second year, I felt, although it was completely different surroundings and different care needs, I felt competent enough to go 'right, I'm going to...' I felt confident to say 'can I take over a bit more of this nursing?' (Amy, year 3)

in first year, it was kind of you observe a lot and then in second year it's more hands-on, you're allowed to do certain things under strict supervision... I think being a third year going back out into placement now, I'm so worried that they think, you're in the third year, you're nearly qualified, and they're going to expect me to do a lot of things that I don't know if I can do... (Jess, year 3)

I think I'll be expected to be more proactive, be involved in a lot more of the nursing clinical side of it...not sit back and wait to be told what to do. I'd imagine they would think I'm fairly competent, useful to have around...obviously everything under supervision, but you know, to treat me like I'm a student nurse who is very close to qualifying (Vanessa, year 3)

Their comments indicate an increasing expectation of competence and usefulness from placement staff, aligned with decreasing levels of supervision as they progress through the programme. This implies increasing confidence placed in student nurses by placement staff as they progress through the three years of the programme.

The participants in this study perceive a concept of knowledge progression whereby each year of the programme builds on the knowledge acquired the previous year. This is also reflected in participants' expectations of their practice placements discussed in sections 5.2 and 6.2; there is a general perception that they want to

learn and practice technical skills during placements in the second year, progressing to patient- and time-management skills in the third year rather than undertake the fundamental care, such as helping patients to wash or mobilise, perceived as a first-year role or, indeed, a healthcare assistant role. These expectations will have influenced the value placed on certain allocated placements that afford less perceived second- and third-year learning opportunities, leading to the 'ward envy' concept discussed in the 'feeling valued' theme in chapter 5.

Perceiving the journey from first year through to third year as a progression, reflects student nurses' developing competence and confidence as they become more autonomous on the journey to becoming an RN. Amy highlights this in her expectations of the first placement in the third year:

[in third year] I think they're going to start pushing to become that autonomous nurse where you are making the clinical decisions yourself and I hope they're going to ease us into that one...they are going to be pushing more towards using our knowledge, our skills to assess and predominantly treat a patient with their supervision so we've got to try and take the lead now (Amy, year 3)

Following her placement, Amy highlighted her progression from the second year and voiced her satisfaction that she did indeed have increased confidence and more awareness of her increasing ability and competence:

in second year, I was still feeling like 'will you just stand with me whilst I do this?' whereas this time I happily got on with it whereas I don't think I had the confidence to do that before so I do feel mentally I've developed throughout and that's something that kind of took me a bit by surprise, I thought I was going to be this nervous wreck...I feel like I know how to assess a new patient, I know what observations are needed and what would be appropriate, I know how to complete a care plan. I feel confident that I actually do have a knowledge base (Amy, year 3)

Jess and Vanessa also demonstrated their increasing self-confidence during their initial third year placement:

I think you always doubt yourself and then people ask you a question and you do know the answer and you think, oh, I definitely wouldn't have been

able to answer that the first year. I think you learn a lot about yourself. I think you walk in and you think 'I can't do this. There's no way I'm going to ever understand what those machines are doing or what they mean or what the readings are' and then you come to the end of your placement and you kind of feel a sense of achievement because you do know what the machines do and you can work them and you understand what they're saying, so yeah, I did enjoy it (Jess, year 3)

the doctors would come up and ask me questions about the patients, or the physios, and I would find instead of going 'oh, just one second', I would think 'oh yeah, I know, I know that...', just thinking for myself and anticipating what's coming and what I need to do, my confidence, my ability. Definitely don't think I'm like any expert...but I feel, yeah, I've definitely progressed massively...I was more confident than just the timid first year who was, you know, busy doing like the washes and such like, it's like I had stepped up a little bit, like all of a sudden instead of being like the student to stand back and sit and be told what to do, I sort of know what I was doing (Vanessa, year 3)

These participant comments reflect fulfilment of the two-factor theory motivators of achievement, responsibility, advancement, and growth (Herzberg, 1966), culminating in a sense of satisfaction with the experience.

The third-year participants went on to speak of the difference in how they felt they were noticed or treated depending on where they were on the progression journey, recognised by placement staff due to an increase in confidence reflected in body language or perceived usefulness:

and in the first year, I suppose I just got sent off like go and help the healthcares [HCAs]... [and now] I've just felt like everybody noticed me a bit more and they just treat me differently...so I imagine they feel a little bit more comfortable and confident in us as students... (Vanessa, year 3)

[questioning how staff could differentiate...] there's no difference in our uniforms if I was stood here next to a first year, apart from our looks and expressions on our faces, apparently we tend to be a bit more au fait and more relaxed with it by the time you're a third year (Laura, year 3)

you know, when you're in first year and you get that 'what year are you in?', when you go first year and that you can see them go 'oh'. But in second year, they're a bit like, 'oh!' (higher pitch). And if you say third, I imagine it's going to be 'brilliant'...I think there's more respect when you are a third-year

student, they know you're nearly qualified, whereas when I was first year in particular, the supervision would be more heightened (Tracey, year 3)

These participant comments reflect previous research undertaken by Bradbury-Jones, Sambrook and Irvine (2011), who found that participants felt more valued as a second year than as a first year. Furthermore, the pilot study analysis (Tennant, 2018) highlighted a theme of increasing confidence through the programme. However, there is the potential for student nurses to be dissatisfied with the placement experience if they feel they have a limited progression of skills and knowledge, for example third year participants who were dissatisfied with the lack of opportunity to undertake the skills they perceived they needed and wanted to be doing, either through workload, lack of substantive staff, or being asked to undertake care delivery that they did not feel they needed to learn (see section 5.2). This dissatisfaction could be related to their perception of their student nurse identity; if they feel they are not undertaking the skills they perceive to be third-year ones, for example, they may struggle to work out where they fit within the team as a third-year student nurse. Not only is it a journey of knowledge development, but it is also a journey of role and identity progression through the three years of the programme. The participant comments above suggest that first-year student nurses have a more peripheral role requiring supervision, whilst the expectation is that by the time they reach the third year, they will have more participation; however, if they are kept from participating more fully, there is the potential for them to become disempowered and dissatisfied.

As well as navigating the journey of knowledge development and identity between programme years, one third-year participant discussed her journey transitioning from being a healthcare assistant to student nurse:

I found it quite difficult going from being a care assistant, you know, I'd got to the point where I'd done it for years, and I'm by no means an expert or anything, but I was confident and happy what I was doing so the transition between being an experienced care assistant to a student who is supernumerary and has to take a step back, I feel my natural feeling would be to go in and be more involved with the basic care side of it...but then all of a sudden I was a new starter...in an environment that is actually quite

different to being in a care home...so it was very similar but quite different as well. It was a strange transition I think. (Vanessa, year 3)

Vanessa's comment reflects that, despite having previous healthcare experience, she was no more confident or satisfied than other participants. She had some expectations of her role but acknowledged that her expectations were unrealistic due to the difference in the environment. Whilst there could be a perception that student nurses with prior healthcare experience start their knowledge development further along the journey, Vanessa's comment suggests this is not necessarily the case due to the change in role, identity and environment.

The sense of expectation of knowledge progression relating to perceptions of role and identity reflects the findings of Hamshire, Willgoss and Wibberley (2013). They concluded that students constantly integrate into their chosen profession throughout their programme as new knowledge and experience are gained. Developing personal and professional values through learning, patient care, and collaboration with other health professionals helps student nurses understand their professional role and subsequent professional identity (Lindquist *et al.*, 2006). The relationship between learning and identity development was also emphasised by Wenger (1998), who proposed that a person's identity develops as they become an accepted member of a community of practice. This occurs through engaging in learning activities that are situated within the context of that community and collaborating with others. In agreement, James and Chapman (2010) acknowledge that practice placements provide both a learning environment and a social context for learning. Similarly, Walker *et al.* (2014) argue that the development of a nursing identity is facilitated by becoming socialised within the community. Additionally, Arundell *et al.* (2017) suggest that to be accepted into a team, new members should assume the attitudes and behaviours of the community. However, this implies that even if the culture of the practice placement is not ideal, student nurses still need to adapt in order to be accepted.

Socialisation is not just about learning knowledge and skills; it is the process during which people learn the roles, statuses, and values necessary for participation in a

professional community, which is a critical part of student nurse development (Dinmohammadi, Peyrovi and Mehrdad, 2013). Indeed, Levett-Jones *et al.* (2009) identify that practice placements provide both professional socialisation and experiential learning opportunities. Chan (2002b) supports the notion that the professional socialisation of nurse learners occurs mainly in the clinical learning environment as it provides the opportunity to observe role models. Similarly, Keeling and Templeman (2013), in their phenomenological study exploring student nurses' perceptions of professionalism, observed behaviours of registered nurses, both positive and negative, which appeared to be significant to the learners in developing their sense of professional identity.

Interestingly, despite the significance in terms of knowledge and role development, none of the participants in this thesis discussed role models or the development of their professional identity explicitly; instead, they focused on learning tangible skills. This lack of awareness of the development of attributes besides skill development could lead to dissatisfaction due to the lack of awareness of the learning that takes place. This is likely due to the hidden curriculum of professional values and behaviours, and professional identity development assumed through role-modelling lecturers and clinicians (Hunter and Cook, 2018). Whilst mentors play a vital role in student nurses' professional socialisation (Ousey, 2009) and influence their journey to becoming an RN, Hunter and Cook (2018) believe professional socialisation of students is shared between lecturers and 'practising' nurses. However, there is currently no universally accepted approach for incorporating professional identity development into a curriculum (Rappazzo, Seagrave and Gough, 2021). Their scoping review specifically explored how professional identity is developed in pre-registration physiotherapy programmes, however, the results have implications for nursing education as well. They concluded that there was no standard definition of professional identity, which they consider necessary for ensuring that teaching methods are effectively utilised to enhance the formation and shaping of professional identity.

Participant comments and literature suggest a causal dilemma between the development of the student nurse identity and becoming a member of the

community of the practice placement area. It is essential for student nurses to become integrated into the community in order to situate their learning (Lave and Wenger, 1991: 2002); however, being accepted into the community may be reliant on the workplace culture, as discussed in section 1.5.3.1, and the perceptions of the members of the community of an increased value of the role the student nurse can play within the team.

6.4 Chapter summary

The theme 'navigating the journey' encompasses the challenges faced during the various practice placement elements of the three-year undergraduate pre-registration programme culminating in becoming a registered nurse. This chapter has discussed how participants' expectations and perceptions of knowledge development are closely intertwined and shape the journey they undertake whilst transitioning from a new entry student nurse to becoming an RN, ultimately affecting whether they feel dissatisfied or satisfied. Identity development from year to year is fundamental to the journey. Participants perceive it as transitioning from a fundamental caring role in the first year to a more technical role in the second year, culminating in more managerial and leadership aspects in the third year. Alongside this transition is a parallel increase in confidence and the related perception of how placement staff treat and value them.

Due to the evolving role of the RN and the implementation of the nursing associate role, participant comments and expectations regarding a linear progression of expectations and knowledge development suggest that there is a potential loss of holistic care of the patient as they progress through the three years of their programme, in respect of fundamentals of care and getting to know the patient through doing personal care to be able to understand social aspects and medicines for example. However, a study by Jackson, Maben and Anderson (2022) found nursing involves more than just providing care to patients. It also encompasses tasks related to managing and enabling work, in addition to clinical responsibilities. The participants' comments and expectations reflect these aspects of the RN role.

There was an underlying perception that the participants needed to learn the perceived roles of a first-year student nurse, second-year and then third-year. However, rather than a linear journey moving in one direction with a start and finish, building on each previous stage, the journey could be conceptualised as a continuum with movement back and forth; each placement, regardless of which stage of the programme, would be an opportunity to increase the breadth of knowledge and skills acquired. This continuum concept of knowledge development has the potential to increase satisfaction through expectation management of how student nurses learn skills and knowledge, as well as addressing the perceived unfairness of placement allocations discussed in section 5.2.

Whilst participants did not highlight developing a professional identity as a learning opportunity during their practice placements, a positive perception of the journey of knowledge development and subsequent professional identity is fundamental to student nurse satisfaction as Walker *et al.* (2014) argue that a positive professional identity contributes to a sense of belonging, discussed in section 5.2. This reflects the findings of Capper, Muurlink, and Williamson (2021) who indicate that the manner in which an individual is integrated into a professional community has a bearing on the development of a sense of belonging. Therefore, those supporting student nurses on their journey should be aware of the different expectations and perceptions of the role they may have whilst transitioning between the years and the differing roles, to enable improved support. They should also be aware of how they communicate their perceptions of them, the value placed on them, and the significance of their sense of belonging in the team. This theme adds to the current body of knowledge for clinical and academic staff in supporting student nurses as they transition from being new entrant student nurses to becoming a Registered Nurse through successful completion of the undergraduate pre-registration programme.

Chapter 7 - Conclusion

7.1 Introduction

The overarching aim of this thesis was to explore student nurses' experiences of the clinical learning environment with a focus on the nature of the relationship between satisfaction, expectations, and learning. An interpretive descriptive approach was utilised to generate the data needed to address the research question, and an RTA process adopted for data analysis. This chapter reviews the study commencing with a summary of the research analysis highlighting implications for professional practice, drawing together the developed themes, addressing the research question, and emphasising the contribution to knowledge. The limitations of the research, the recommendations for professional practice, and recommendations for future research are then presented. Finally, a personal and professional reflection on the learning gained through the doctoral journey is provided.

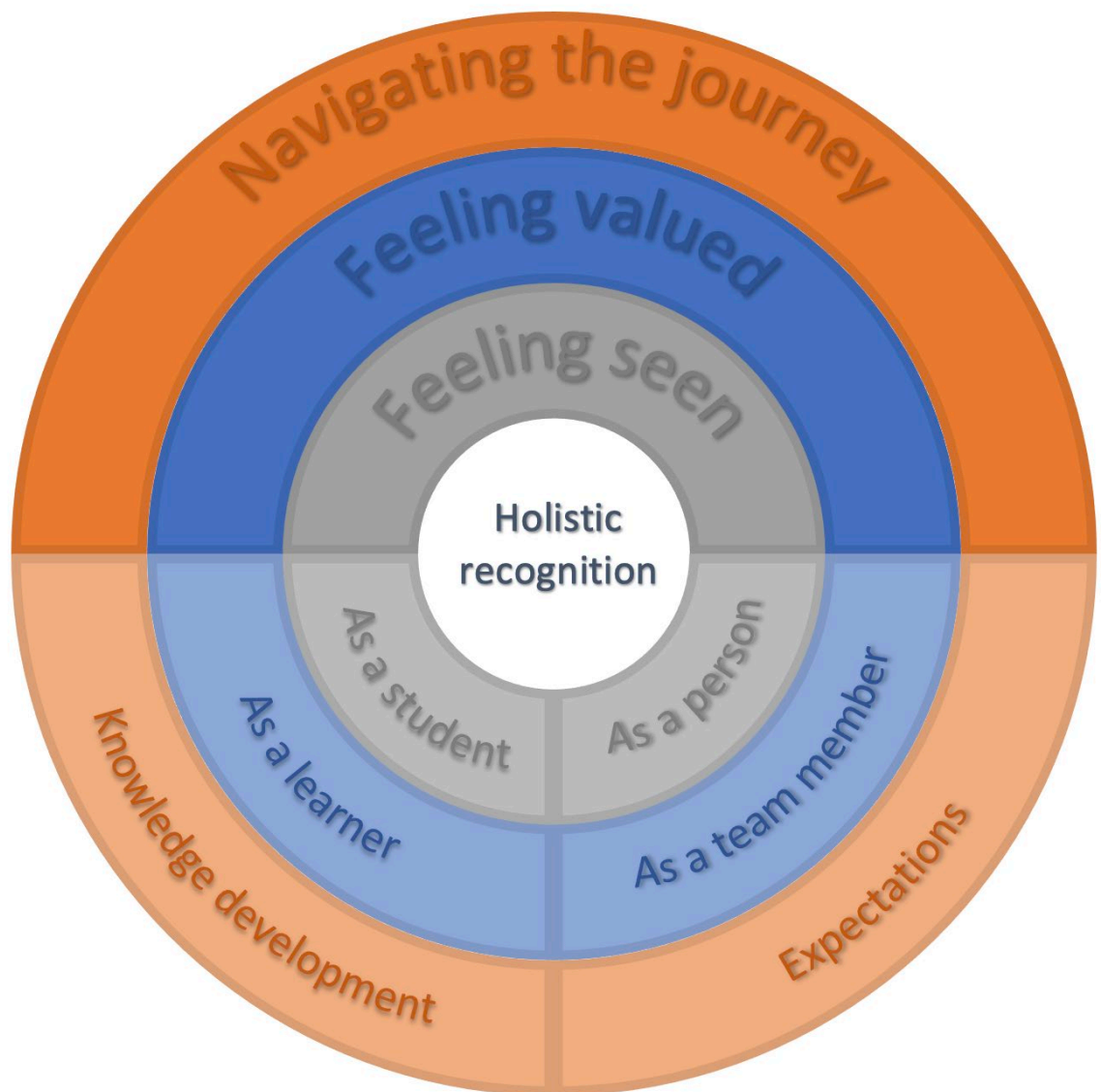
7.2 Summary of the research analysis

This research study set out to explore the nature of the relationship between satisfaction, expectations, and learning. The three themes developed from the data analysis in this study were 'feeling seen', 'feeling valued', and 'navigating the journey', which are presented and discussed in chapters 4, 5 and 6 respectively. The three themes gave a sense of student nurses' need to be viewed holistically as a person rather than purely a student nurse, leading to the development of the central organising concept of 'holistic recognition, the path to satisfaction' which encompasses the factors that make a student nurse satisfied with their practice placement experience. The concept of viewing student nurses holistically reflects the nursing philosophy of holistic patient-centred care.

Whilst some of the sub-themes and influencing factors, reflect the findings of previous studies as discussed in each theme chapter, the concept of holistic recognition leading to satisfaction is unique. The student nurse is placed at the centre of the practice placement experience rather than evaluating the practice

placement that many studies focus on. This study takes a holistic, person-centred approach to student nurses' satisfaction with their practice placement experience and considers the fulfilment of their physical, emotional, social, and financial needs. The central organising concept and developed themes can be depicted as a model for student nurse satisfaction during practice placements (see figure 7.1).

Figure 7.1 Model of student nurse satisfaction during practice placements



Placing holistic recognition of the student nurse at the centre, the model depicts the various layers that contribute to them as a person, both in and out of uniform. The first layer reflects the importance for participants to have their broader lives, outside of the student nurse uniform, recognised and to be seen as both a student with academic commitments and as a person with commitments external to the practice placement environment. The need to feel seen was evident throughout all participants' experiences, and if lacking can lead to anxiety, frustration and, ultimately, dissatisfaction. The next layer is the need to feel valued as a student nurse in uniform. It was important for the participants to have their roles as learners and team members valued. The final layer, or theme, reflects the journey student nurses undertake through the three years of the programme whilst developing their identity as a student nurse towards becoming an RN. This journey can take many routes depending on their experiences in the first two themes, their expectations of the student nurse and RN roles, and how they perceive they should develop their knowledge and skills.

The top half of the model depicts the three themes starting with theme one innermost and building through theme two and theme three to complete the holistic picture of a student nurse. The bottom half depicts the two sub-themes of each main theme. These have been structured so the left-hand quarter reflects the student nurse as a student and learner who develops their knowledge across the span of the three-year programme. The right-hand quarter reflects the student nurse as a person and team member, recognising the human factors that contribute to their role as a student nurse, culminating in their expectations that have developed through prior experiences and reflect their perception of the RN role and student nurse role.

The data analysis has addressed the research question which was to explore the nature of the relationship between satisfaction, expectations, and learning in respect of placements in the clinical learning environment for student nurses undertaking a pre-registration BSc (Hons) Nursing (Adult) programme. Satisfaction is at the centre of the student nurse experience of practice placements and can be influenced by a range of factors, presented in chapter 3, including expectations and learning. Student nurses' expectations of potential learning opportunities can shape their

perceptions of certain placement areas. Based on a perception of popular wards related to the perceived learning opportunities discussed in the sub-theme 'feeling valued as a learner' (section 5.2), the concept of ward envy was an unexpected aspect of the data analysis. However, despite their perceptions and subsequent dissatisfaction at their placement allocations, participants learned valuable skills and knowledge that they had not anticipated. Therefore, student nurses need to recognise that every placement offers unique learning opportunities, even if they may not be immediately apparent, and their expectations of placement areas need to be managed appropriately. The analysis also showed that discussions regarding learning were not as evident as expected. This could be because all participants passed their final placement assessments, meaning that other aspects of the experience were more important to them. Also, the general feeling was that they felt their expectations of their placements had been met; again, this could be because they had passed. However, it is important to acknowledge that passing the required learning outcomes does not necessarily mean that a student is satisfied with the learning experience, as demonstrated by using two-factor theory (Herzberg, 1966) to guide the analysis.

7.2.1 Two-factor theory (Herzberg, 1966)

According to two-factor theory (Herzberg, 1966), intrinsic satisfaction refers to the satisfaction that comes from within the student, such as the sense of accomplishment or fulfilment that comes from learning new skills or knowledge or having their expectations met. On the other hand, extrinsic factors come from external sources or situational factors, such as relationships with mentors and colleagues or the support provided during clinical experiences. Extrinsic factors can lead to dissatisfaction if unmet, as students who do not feel seen or valued during their practice placements are likely to feel dissatisfied with the experience. Feeling satisfied and not being dissatisfied are both important for student nurses due to the impact on motivation, engagement, and performance. By understanding both types of influencing factors, academic staff and mentors can work to create positive learning environments that foster satisfaction and avoid dissatisfaction for student nurses.

This research study was undertaken with an assumption that if a student nurse was not satisfied, they must be dissatisfied. However, utilising two-factor theory (Herzberg, 1966) to guide the analysis has shown that the assumption may need to be revised. Whilst the dual continuum of satisfaction and dissatisfaction cannot be fully supported as testing of the theory was not the aim of the study, the factors influencing student nurses' satisfaction with their practice placement experience can be mapped against the hygiene factors and motivators (see figure 3.3), supporting the dual continuum concept. The negative experiences discussed by participants, including off-duty, financial issues, and not feeling welcome, can all be classified as hygiene factors which lead to dissatisfaction. On the other hand, the positive experiences including being empowered, having expectations met, feeling useful, and increasing in confidence, can be classified as motivators. While Herzberg's theory presents a dual continuum of satisfaction and dissatisfaction, it is important to note that not all individuals may experience these factors in the same way. Some individuals may be satisfied with their experience despite the absence of certain motivators, while others may be dissatisfied despite the presence of certain hygiene factors. It is important to recognise that individual experiences and needs may vary, and a one-size-fits-all approach may not be effective in promoting satisfaction among all student nurses, hence the need for an individualised holistic student-centred experience.

Overall, two-factor theory suggests that to promote student nurse satisfaction, it is important to address both motivators and hygiene factors in their learning and working environments. This could include providing recognition and opportunities for growth, as well as ensuring adequate resources and support are available to enable them to perform their roles effectively.

7.2.2 Holistic recognition

Holistic recognition is vital due to student nurses' numerous roles and identities; they are student nurses, students, parents, carers, and providers, as discussed in chapter 4. During practice placements, participants perceive they lose the recognition of some of these roles, which is a source of dissatisfaction for them. The

wearing of a student nurse uniform is a dichotomy because whilst it may contribute to being more visible as a student nurse helping the development of the student nurse identity during practice placements and contributing to a sense of belonging within the placement team, there is a subsequent lack of recognition of the other roles they undertake outside of the uniform. Furthermore, there was an element of dissatisfaction from participants when discussing their role on practice placements where uniforms were not worn, such as some community-based placements, therefore the wearing of a uniform and being visible as a student nurse can be seen as essential to feeling seen as a student nurse. The need for a sense of identity on practice placements could be more pronounced due to losing their student cohort identity when venturing out to practice placements alone or in a much smaller group of peers.

Managing visibility is not just about the wearing of a uniform, however. As discussed in section 5.3, Jess felt invisible and did not feel like she belonged to the team when she was not working with her mentor, whilst Jo's experience highlights the conflict between wanting to be visible enough to engage with her mentor but not being too visible by coming across as 'a pest'. In some cases, such as Jo, student nurses may feel unsure of how to manage their visibility, particularly if they are new to the ward; however, being visible can help students to become part of the placement community and develop their professional identity (Lave and Wenger, 1991). As discussed in the sub-theme 'feeling valued as a team member' (section 5.3), feeling a sense of belonging is crucial for student nurses, as it can help to create a supportive and inclusive learning environment. When students feel like they belong and are valued as part of the healthcare team, they are more likely to feel motivated, engaged, and committed to their roles. This can lead to increased satisfaction. Workplace culture is an important factor in student nurses' feelings of belonging and acceptance in the placement community, as discussed in section 1.5.3.1. A positive workplace culture that values teamwork, communication, and respect can help to create a supportive and collaborative learning environment.

Student nurses need recognition that they are learners rather than workers to increase their satisfaction with the experience. The mentor does not need to be a

good teacher to be a good mentor; they need to help the student become part of the community, listen to their needs, and help identify learning opportunities. Above all, student nurses want their mentors to be friendly and welcoming. That said, student nurses should not be seen as just the mentor's responsibility. Student nurses do not spend all their placement time with their mentors, so student time must be managed to create a sense of belonging when not with the mentor. Staff should also recognise and value student nurses for their role in the team within the clinical environment regardless of the stage of the educational programme they are at. All members of staff, be it the mentor, manager, academic, other members of the placement team, and the student nurse themselves, should reflect on how they can improve their part in the experience through personal changes or by making changes to the environment, or team culture for example.

7.2.3 The caring nature of nursing

What was interesting from the analysis was that the word 'lovely' was frequently used by participants, particularly to offset a comment they made that they perceived as unfavourable. This suggests that student nurses value being perceived as lovely, reflecting the caring aspects of nursing, such as empathy, compassion, and emotional support, essential for patient-centred care. However, learning technical skills was foremost in participants' expectations, which is somewhat shaped by the university programme. Appendix D shows that placement preparation weeks are called 'skills' weeks, which prioritise the practice of technical skills. While it is necessary for student nurses to acquire new knowledge and skills, it is equally important for them to recognise the value of the caring aspects of their role, which might not be as evident in the curriculum. Significantly, aside from concerns about travel costs and the need to balance employed work with their student nurse role, there was no indication that financial changes and consumerism in higher education were influencing their expectations, as discussed in section 1.3.3. This may be due to funding and fee changes being relatively recent, or it may be another reflection of the caring nature of the nursing profession.

7.2.4 Year group differences

Although the study did not specifically compare the experiences of first and third-year student nurses, the data analysis showed several similarities and differences between the two year groups. Whilst both first- and third-year participants experienced anxiety before their placement, it was due to different reasons (see section 4.2). The first-year participants were anxious because they did not know what to expect, whereas third-year participants' anxiety was based on less than satisfying previous placement experiences. However, both year groups took the initiative to seize learning opportunities and took responsibility for their own learning, reflecting adult learning theory (Knowles *et al.*, 2020). They also shared a need to feel like they belonged and to be 'owned' (see section 5.3). Third-year participants demonstrated more confidence and assertiveness than first-years, for example, Vanessa's comment on the completion of documentation (section 4.2). In addition, the third-year participants voiced frustration at being treated like a health care assistant when the placement area was busy (Tracey and Laura, section 4.2) compared to Sue, a first-year participant who saw working alongside the HCAs as an opportunity to learn personal care. This reflects differing learning needs but could also reflect third years being respected and perceived to be able to manage their own workload. The expectations of first-year participants centred on learning fundamental nursing care, while third-year participants' expectations had more of a managerial theme, including taking their own workload. In addition to increasing competence and confidence, the differences in expectations reflect a progression of knowledge and skills discussed in section 6.3. This was also reflected in participants' perceptions that they were treated differently by staff in respect of perceived usefulness and the value placed on them as they progressed through the programme.

7.2.5 Contribution of this thesis

The study's contribution to existing knowledge related to student nurses' experiences of practice placements in the CLE lies in the identification of the factors that influence the satisfaction of student nurses during their practice placements. In

places, participant experiences reflect those documented in previous studies, highlighted throughout the analysis and discussion (chapters 3-6); however, it draws them together in one study that explores the practice placement experience wholly from student nurses' perspectives. Additionally, it confirms that there has been limited change over time and that student nurses continue to have negative and dissatisfying experiences; therefore, this study makes recommendations to improve the practice placement experience and deepen understanding of this issue. The study also highlights the need for an individualised student-centred approach to practice placements to improve satisfaction, emphasising the importance of viewing students holistically and adopting a whole team approach to supporting students before and during practice placements. The holistic focus of this study contrasts with many other more process-driven studies; it adds the student voice to existing knowledge. This study could contribute to the broader field of nursing education by informing policies and practices that support student learning and development. Additionally, the unique application of the theoretical framework, two-factor theory (Herzberg, 1966), to the student nurse experience could provide a valuable model for future research regarding student nurses' satisfaction. The overarching implication for professional practice is that there needs to be a student-centred approach to practice placements to improve satisfaction with the experience. Students need to be viewed holistically, not just as someone with a set of objectives to be completed. A whole team approach is needed, with the student nurse viewed as a partner in the process.

7.3 Limitations and methodological reflection

This study focused on factors in the practice environment not the academic setting, therefore it adds further depth to existing literature related to the practice placement experience of student nurses. Furthermore, this study also provides an understanding of how the two-factor theory (Herzberg, 1966) can help explain what satisfies and therefore motivates student nurses in relation to the practice environment. However, it is acknowledged that this study only presents a small number of student nurses' experiences and not the perspective of others involved

in their professional development, such as university educators and mentors in practice. Additionally, to capitalise on knowledge of the context of the data, only participants from the adult field of nursing were included. Practice placements in the other fields of nursing may have different educational styles and support students differently due to the nature of their work. It is also acknowledged that the participants were undertaking an undergraduate three-year full-time programme of study due to being the only pre-registration programme delivered at the participating HEI. Since data collection, different educational routes to registration as an RN have become available, such as pre-registration programmes at master's level and undergraduate apprenticeship programmes.

The study was undertaken at one HEI in the North-East of England, which may have limited the insights and experiences of the participants. However, participants experienced practice placements with at least four different practice placement partners spread over a wide geographical area, including acute, non-acute, and community settings; therefore, the participants will have experienced a broad range of placement areas. The location of the HEI in this study may have influenced the homogenous demographics of the participant group. Although not intentional, all eight participants were Caucasian women, and all spoke English as a first language; therefore, there is a lack of cultural and gender diversity amongst the participants. However, it is important to acknowledge that the study was not designed to be a representative sample of student nurses in England. Furthermore, the qualitative methodological approach used in this study was not intended to compare the experiences of participants based on demographic factors. Instead, its purpose was to identify shared experiences and develop themes based on interpretation of these experiences, even though some differences between first and third-year participants could be inferred from the dataset.

The design choices have shaped the knowledge constructed through this research study. The study design encompassing participant interviews relies on participants' memories of their experiences. The data obtained from participants in this study were based on their recollection; however, interviews were undertaken as soon after the placement as possible to limit diminishing recollections. In the pilot study

(Tennant, 2018), volunteers were sought after the placement had ended, so participants may have volunteered due to the desire to talk about issues that had arisen during the placement; however, their recollections of their expectations prior to the placement may have been altered by the experience. Therefore, for the main study, volunteers were sought prior to the placement to enable discussion of expectations without the influence of the experience, and their decision to volunteer was not related to any issues arising during the experience; however, there was a potential they could drop out of the study if they had failed placement, although none of them did; one dropped out due to personal reasons. When considering the data analysis, it is important to acknowledge that all participants passed their placement despite not being satisfied with some aspects; therefore, they may generally have felt more positive about their experiences; student nurses who fail a placement, or are referred, may have a different experience and perspective to share.

The student nurses who participated in this research were undertaking a programme of study following the NMC 'Standards for Pre-Registration Nursing Education' (NMC, 2010). In 2018 the NMC published new 'Standards for education and training' (NMC, 2018c), influenced by the 'Raising the Bar – Shape of Caring' review (Willis, 2015) and the RCN mentorship Project 2015 findings (RCN, 2016). These standards included significant changes for the supervision and assessment of students in clinical practice (NMC, 2018e), changing the widespread mentor model in favour of a more supervisory and coaching relationship. The proposed changes came into effect after the completion of data generation for this study, so the research participants experienced practice placements under the mentorship model. The changes to the mentor system separate the supervisory and coaching roles of placement staff from the assessor role. Whilst this may influence the experiences of student nurses in respect of the mentor/student relationship, the developed model of student nurse satisfaction (figure 7.1) is still applicable as the new supervisor and assessor system does not place sole responsibility for student learning on an individual mentor, instead emphasises the role of the team on the student nurse learning and development. All team members played a role in the learning and development of the participants in this study, with a subsequent influence on satisfaction level.

It is acknowledged that data generation took place between March and October 2019, just prior to the start of the Covid-19 global pandemic. The effect of the pandemic on the NHS and care delivery had a subsequent effect on practice placements for student nurses. During this period, placement experiences may have differed due to organisational changes put in place. Several research studies have explored student nurses' experiences during this period (Barisone *et al.*, 2022; Godbold *et al.*, 2021; Ulenaers *et al.*, 2021).

7.4 Recommendations for professional practice

This research study makes key contributions to professional practice through the interpretation of the experiences of student nurses. From the data analysis and theme discussions, several recommendations can be made for the future support of student nurses. To aid the application of the recommendations to practice, the central organising concept and developed themes can be viewed as a model for student nurse satisfaction (see figure 7.1). This model provides a common approach to explaining the path to student nurse satisfaction for academic and clinical staff. The model will serve as a reminder of the aspects that need to be considered when planning placement experiences. Student nurses could utilise the model to do a self-assessment related to each factor which could then be discussed with academic staff during university placement preparation sessions or with their mentor during a pre-placement visit to ensure an individualised experience, regardless of which year of the programme they are in, and ultimately enhance their satisfaction with the practice placement. In conjunction with the model for student nurse satisfaction (see figure 7.1), table 7.1 can be used as a prompt to enhance the consideration, and facilitate discussion, of the factors influencing student nurse satisfaction. Whilst table 7.1 is grounded in the data analysis from this study, it is not exhaustive and can be individualised to students' needs. In the future, table 7.1 could be adapted into electronic format as a live document, such as a practice placement passport. Nominated clinical and academic staff could be given access to it when a student nurse is allocated to a practice placement area. As a live document, the student

nurse would be able to update their section as necessary, for example if personal circumstances change.

Table 7.1 Prompts and considerations for student nurse satisfaction

		Student	Placement staff	HEI
Feeling seen	As a student	What academic work is due?		Review dates for academic assessments and submissions
		Arrange a pre-placement visit	Ensure the student knows where to park, has ID card/access card, knows where to get changed, knows refreshment options, where to come on the first day	
		What previous experience do you have: a) in healthcare? b) relevant to the placement area?	Discuss how the student's previous experience can be utilised within the team	
		What are you worried/anxious about in relation to this placement?		
			Ensure mentor has time to complete documentation	
	As a person	Identify any personal, work or financial commitments/external commitments that you would like taken into account. What off-duty requests do you have?	Collect off-duty requests and send off-duty in advance of placement commencement date. Ensure the student knows how to action off-duty changes	Liaise with placement staff to ensure prompt/advance notification of allocated students
		Identify any travel/transport issues	Offer flexibility in working hours and shift pattern when required.	Review allocation of placements in respect of location; offer flexibility to change/swap.

Feeling valued	As a learner	Use initiative, be pro-active	Allocate mentor promptly to allow for alignment of student off-duty to meet minimum NMC requirements. Ensure mentor identity is given to student. Review other commitments the allocated mentor has	Review the length of placements
			Review the number of other students on placement at the same time – ensure students are supernumerary	Liaise with placement staff regarding student capacity
			What can the student expect to see/experience/learn whilst on placement? [consider learning opportunities that may not be reflected in skills/competency documents]	
	As a team member	Describe what contribution you'd like to, or feel able to, make. What can the staff do to help you when you start in this placement area?	Arrange an initial meeting/ welcome	
			Outline the routine of the placement area. Follow-up with a physical orientation on the student's first day.	
			Identify other team members who the student can work with; nominate a 'team' for supervision of student	

Navigating the journey	Expectations	Outline your expectations of the placement, of your role, and of the placement team	Outline your expectations of the student and their role	Make available learning opportunities explicit
		Describe your understanding of what the RN role is		Review terminology used (i.e. 'skills' weeks; 'clinical' placements)
	Knowledge development	Consider direct and indirect work-related areas for your development, i.e. increasing areas of responsibility, areas in which you would like to grow	As every student comes to you with different experience, acquired skills and knowledge, please discuss with the student what they would like to concentrate on to help them develop and transition towards their future role as a RN.	Review, and make explicit, the 'hidden curriculum' (i.e. professional socialisation; role modelling; development of professional identity; professional values and behaviours)

*'Mentor' can be interchangeable with 'practice supervisor' or 'practice assessor' as applicable.

Support from the practice partner and the HEI is vital to maximise the learning opportunities, provide the necessary resources, and increase student nurse satisfaction. Relationships between HEIs and practice partners could be enhanced so a seamless, individualised framework can be established that considers the needs of each student nurse. There is also potential for co-design of educational programmes with student nurses so their specific needs can be considered. According to Henderson *et al.* (2006), such collaborations have been associated with increased satisfaction levels among students and a greater sense of engagement in their learning. This is attributed to the customisation of clinical experiences to meet the unique requirements of students.

Placements are for the students, not the HEI or the practice partner; therefore, should be student-focused. While HEIs and practice partners face challenges, such as workload, staffing issues, and increased numbers of students, the student should

be at the centre of the placement process to enhance student nurse satisfaction and improve retention and future recruitment. Student nurses must be expected, and arrangements made to ensure their external commitments are considered, including advance off-duty planning with flexibility to amend if necessary. This study did not explore why students were not expected or welcomed, or for the lack of advance off-duty or inflexibility with shift changes, therefore processes should be reviewed to identify areas for improvement, such as communication between the HEI and practice partner or between practice partner staff for example. Recognition should be given to the importance of pre-placement contact for student nurses with an increased understanding of how critical the visit, or phone call, is to their need fulfilment and their satisfaction. In addition, onboarding processes for student nurses should be reviewed to enhance the introduction into the established team.

It was highlighted in section 4.2 that student nurses suffer from increased anxiety with each change of placement area due to going into an unknown placement area, location, and team. During educational programme planning, consideration should be given to the number of placement areas student nurses experience, as well as the length of placements. Offering a breadth of experience for student nurses needs to be balanced against reducing anxiety through fewer placement area changes and increased time to become part of the team enhancing the feeling of belonging, which are likely to reduce attrition rates. Participants also found the balance between academic demands and placement demands challenging. Therefore, consideration should be given to the timing of academic submissions in relation to placement dates.

Regarding placement allocations, consideration should be given to the location of placements relative to the home address of each student nurse due to transport and travel costs and the effect that increased geographical spread has on the student nurse and their external commitments (see section 4.3). Furthermore, consideration should be given to the path of knowledge development within the education programme, which may differ between HEIs, so that placement allocations can deliver learning opportunities that reflect the knowledge and skills expected by both the HEI and the student nurse to enhance satisfaction with both the allocation and

the placement experience, reflecting the discussion in chapter 6. It is also recommended that learning opportunities be made more evident so that expectations are appropriate, and the 'hidden curriculum' of professional identity and socialisation be more explicit. This has implications for the preparation of student nurses prior to the allocation of placement areas to ensure they are fully aware of the learning opportunities available, which would also help address the perception of unfairness related to placement allocation. Consideration should be given to the terminology used; avoid terms such as 'skills' weeks and 'clinical' learning environment as these are restrictive and lead to inaccurate perceptions and unrealistic expectations of practice placements.

Within the placement areas, before nominating or allocating staff to mentor or supervise students, consideration should be given to commitments and challenges nurses already have when allocating mentors to students to enhance not only the experience for the student but for the mentor as well (discussed in sections 5.2). This may include holding the role of ward sister, charge nurse or coordinator, or having recently returned from sick leave, for example. Consideration of how both the student and the mentor view documentation would be beneficial, especially regarding the value and priority placed on it compared to the other elements of the workload, such as patient care (highlighted by participants in section 4.2). Mentors or supervisory staff may need updating on the documentary requirements for the educational programme. During the placement period, increased support needs to be given for the mentor to complete student documentation.

7.5 Recommendations for future research

Following the data analysis and theme discussion, recommendations and potential areas for future research have been identified.

- Participants' expectations and the terminology used by the HEI influenced their perceptions of their role and what they should be doing during practice placements (see section 6.2). There is the potential to explore how student

nurses understand their work and role whilst on placements and how related language affects their expectations. Further research could also explore where perceptions of learning opportunities and placement areas originate. The 'ward envy' concept and reasons for the reduction in perceived learning in certain placement areas warrant further exploration; it could be due to a lack of communication regarding the learning opportunities available, especially in a placement where it is not apparent.

- As highlighted in section 5.2, limited research has been undertaken on the structure of practice placements; there needs to be more evidence to support both time on placement and structure of placements. In this study, frequent and numerous changes in the placement area affected participants' satisfaction. The impact of the number of times student nurses go through the 'first-day' situation on their well-being and satisfaction could be further explored, along with an evaluation of onboarding processes. Aligned with further exploration of the impact of the number of placements on student nurse satisfaction, the number of placement hours for registration as a nurse varies globally, as highlighted in section 1.5; therefore, consideration could be given to how the number of overall placement hours in an educational programme affects the student nurse experience and subsequent satisfaction.
- Further research is recommended in relation to the satisfaction of student nurses, including exploration of the application of the model of student nurse satisfaction. The principles of the model of student nurse satisfaction (figure 7.1) may also be applied to other educational programmes that include practice placements such as those for Nursing Associates, Allied Health Professionals, or other professions such as teaching. Furthermore, the student nurse as a newcomer to the placement team was an influencing factor in the 'feeling valued' theme in chapter 5; therefore, the principles could relate to 'newcomers' in any situation; newly qualified nurses, internationally

qualified nurses, or agency nurses for example. Consequently, future research could encompass other professional groups.

- This study is unique in considering the satisfaction of student nurses and applying two-factor theory (Herzberg, 1966) to student nurses' experiences of practice placements. However, whilst two-factor theory was beneficial in highlighting the influencing factors for satisfaction or dissatisfaction in this study, which could be cross-referenced as motivators or hygiene factors, due to the study design, it was not possible to fully establish that satisfaction and dissatisfaction are two distinct and independent measures. Therefore, further research is recommended to evaluate the use of the two-factor theory related to student nurse satisfaction, including exploration of how the model of student nurse satisfaction (figure 7.1) supports or extends two-factor theory.
- This study focused on participants who were undertaking a three-year undergraduate pre-registration programme. As there are other educational programmes that lead to professional registration as a nurse, such as apprenticeships and post-graduate pre-registration programmes, it would be beneficial to conduct further research to compare the experiences of practice placements and the impact on student satisfaction among these different groups. For instance, if students are being paid or sponsored during their programme, there may be differences in the perceptions and expectations of both the student nurses and placement staff. Moreover, the nature of the relationships between student nurses, other stakeholders within the placement area, and the HEI may differ, potentially affecting the factors that influence student nurse satisfaction.
- This research study explored the experiences of student nurses only. Future research could explore team members' and mentors' perspectives, including how the wider placement team views their responsibility towards the student if the named mentor or supervisor is unavailable. Mentors are expected to update their knowledge and skills regularly to support the learning and

development of their students. However, during this research study, participants felt that mentors who had completed their education more recently had more empathy regarding document completion (see section 4.2), otherwise there was no suggestion of any other influence of the educational programme completed by the mentor on the support provided. Therefore, whilst the changes in nurse education are evident, outlined in section 1.3, the effect of mentors undertaking legacy programmes on the support provided to current student nurses is unclear. Therefore, the exploration of mentors' understanding of the needs of student nurses undertaking current educational programmes is needed.

- As highlighted in section 6.2, there is a causal dilemma between the need for student nurses to feel like they belong to the community of the placement area to learn versus being accepted into the community due to their increasing knowledge and perceived value in the team. Future research could further explore the relationship between the two aspects of learning and acceptance into the placement community.

7.6 A personal and professional reflection

Due to the active role of the researcher in interpretive studies (Malaurent and Avison, 2017), the importance of reflexivity had been discussed in section 2.3.1. This includes the need for researchers to acknowledge their assumptions and influences of their previous experiences (Clancy, 2013; Tuohy et al., 2013). Therefore, undertaking this research has led me to reflect on my personal and professional background and positionality regarding the participants (described in section 1.2). Before undertaking this research study, I had assumed that student nurses' expectations were unrealistic and that if these expectations were managed appropriately, then student nurses would learn more and feel more satisfied. However, the themes I developed through the RTA process made me aware of the complexity underpinning student nurses' satisfaction with their practice placements. Although I felt that I was up to date with the undergraduate nursing programme

requirements, I realise I did not fully appreciate how the effect of neoliberalism on higher education has influenced student nurse demographics and characteristics, such as the number of mature students, along with the organisational, logistical and financial demands on them. I acknowledge that the student nurse education programme I completed and my position as an eighteen-year-old student straight from college with no commitments was so different to that of the present day that how I communicate with, and support student nurses may have been based on what I perceived they needed rather than what they actually need. I also realised there might be a proportion of nurses in a mentoring role who also have a similar positionality to mine; therefore, learning support may be misaligned from what student nurses actually need.

Through undertaking this research and listening to the students' experiences, I have reflected on occasions from my previous clinical roles where I could have listened to the needs of the students more. For example, I remember one occasion as the nurse in charge when a mentor asked me whether the student nurse could leave 45 minutes prior to the end of the shift. I remember her mentioning bus timings; however, I was more concerned with the need for the student nurse to complete the mandated number of hours whilst on placement and was not keen on her leaving early. I also felt she would miss out on observing the handover to the next shift. Now, on reflection, having undertaken this research study, I feel I did not listen to the needs of the student who may have had to travel some distance via bus in the dark and get home late; I should have liaised with her to make up hours at another time to suit her. In hindsight, I also question the educational benefit of her staying to observe the handover to the next shift. I feel I made the decision based on not wanting to set a precedent for her and all students rather than acknowledging that they all have different needs.

During my career, I had heard, on numerous occasions, permanent staff commenting that students knew that they would need to do shifts when they applied to enter the programme, so they had little sympathy or empathy for those students who struggled to fit shift work into their other commitments. Through undertaking this research study, I have a better understanding of student nurses' experiences; I

can see that they have no choice in the geographical location of their placements and often have no advance off-duty by which to organise their external commitments. Once they become an RN, they will have the flexibility and autonomy to apply for a role that suits their needs, especially regarding geographical location, number of hours worked and shift pattern.

Whilst I no longer have a direct student nurse support role, my current employment as a Clinical Nurse Specialist (Research) necessitates supporting RNs, midwives, and allied health professionals to undertake research in practice settings. The influencing factors of student nurse satisfaction, the concept of student-centred placements, and knowledge of the two-factor theory will help me reflect on and improve the support I give in my current role. Not only have I learnt and developed in respect of the support I can provide, but I have also expanded my knowledge of research methodology and data analysis processes and their application in practice; these will have a direct application in my current role.

7.7 Conclusion

Through the completion of this study and by addressing the research question, an understanding of student nurses' experiences of practice placements has been gained. The influence of the researcher's own experiences on the analysis of the student nurse participants' experiences, supported by the existing literature and two-factor theory, developed a new understanding and perspective of the student nurse practice placement experience. Student nurses' satisfaction was foremost in their experiences therefore, recommendations have been made to improve the practice placement experience with a view to increasing satisfaction. Whilst learning and expectations can influence each other, they are not co-dependent; furthermore, both can affect satisfaction independently.

In conclusion, this research has shed light on the experiences of student nurses during their practice placements and the factors that contribute to their satisfaction. The analysis of this study contends that in addition to meeting the necessary competencies required to become a Registered Nurse, there are a range of other

needs that must be fulfilled for students to have a positive placement experience. These needs include feeling seen as both a student and a person, feeling valued as a learner and team member, and navigating the journey towards becoming a Registered Nurse through expectation management and knowledge development. The study highlights the importance of adopting a holistic approach to student placements, which prioritises meeting these needs alongside competency requirements. The implications of this study are relevant not only for student nurses, but also for the clinical team, nurse academics, and university staff who support them. Overall, this research makes an original and valuable contribution to the existing body of knowledge on student nurses' practice placements and provides insight into how their experiences can be improved to enhance retention within the nursing profession.

This research suggests that the direction of nursing education should be towards focusing on meeting the holistic needs of student nurses in addition to the necessary competencies required to become a Registered Nurse. The study highlights the importance of adopting a student-centred approach to placements that considers their personal and professional development needs. This can help to enhance their satisfaction and retention within the nursing profession. The implication of this research is the need for a shift in the way nursing education is approached, with greater emphasis on a more student-centred, holistic approach. This research study could inform the development of nursing curricula and placement programmes, and provide guidance for clinical teams, nurse academics, and university staff who support student nurses.

The outcome of any pre-registration nursing educational programme is a Registered Nurse through completion of the required NMC competencies; however, the journey to arrive at that outcome will be different from student to student, and some may not be satisfied with the path they have followed. The needs of student nurses are varied and individual therefore, it is imperative that placement experiences are student-centred; nurses, mentors, team members, and academics must view the student holistically to understand and provide the necessary support to facilitate need fulfilment. By understanding what brings satisfaction to student nurses, positive

learning environments can be created, and the support and resources needed to help students succeed can be provided. This can include opportunities for mentorship, effective communication and feedback, and a focus on promoting a positive culture of learning and growth. By prioritising student satisfaction, a stronger, more engaged workforce of future nurses can be built and retained.

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Appendices

Appendix A - Overview of health policy and nurse education reviews (to the point of data generation)

Title of Policy/Report	Author	Year	Summary
Making a Difference - Strengthening the nursing, midwifery and health visiting contribution to health and healthcare	Department of Health	1999	Outlines what the Government is doing to recognise the value of nurses, involving a new framework for nursing, and includes strengthening education and training
Modernising Nursing Careers: Setting the direction	Department of Health	2006	Sets direction for modernising nursing careers involving four elements – one of which is education, training and development
Standards to Support Learning and Assessment in Practice	Nursing and Midwifery Council	2008	Standards outlining the requirements for supporting the learning and assessment of students in the practice learning environment
High Quality Care for All	Lord Darzi for Department of Health	2008	Report on a review of NHS services that confirms a shift in the Government's approach to health policy – utilising quality (such as patient outcomes and experiences) as the principal measure rather than speed of care
Standards for Pre-registration Nursing Education	Nursing and Midwifery Council	2010	Document stating the minimum requirements by which programme providers determine programme content, learning outcomes and assessment criteria for pre-registration nursing education
Quality with Compassion: the future of nursing education.	Willis Commission	2012	Independent review of nurse education funded by the Royal College of Nursing

Report of the Willis Commission			
Liberating the NHS: Developing the healthcare Workforce – From Design to Delivery	Department of Health	2012	Sets out a new system for planning and commissioning education and training for healthcare. Aim to link education and learning to improvements in patients care. One of the 5 domains is excellent education – degree level registration
Compassion in Practice	Department of Health	2012	This sets out the strategy for nurses, midwives and care staff to deliver high quality, compassionate care
A strategic review of the future healthcare workforce – Informing the nursing workforce	Centre for Workforce Intelligence	2013	A Strategic review of the potential issues likely to shape the nursing workforce in the future as care becomes more community based, including education and training, recruitment
Care Act	Legislation.gov.uk	2014	Amongst other things related to the provision of healthcare, it sets out Health Education England's remit, roles and responsibilities including the coordination of the education and training of healthcare personnel
Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values	Department of Health	2014	Mandate to Health Education England in relation to workforce planning, health education, training and development
Framework 15: Health Education England Strategic Framework 2014-2029	Health Education England	2014	Health Education England's strategic framework of predicted requirements to enable planning and workforce development

Five Year Forward View	NHS England	2014	Sets out how health service needs are changing and considers the possible future care delivery required
Raising the Bar - Shape of Caring: A Review of the Education and Training of Registered Nurses and Care Assistants	Lord Willis	2015	A review of the current education and training system for care staff and registered nurses to determine whether it is fit for purpose. Recommended that the NMC review its mentorship model and standards
Leading Change, Adding Value: A Framework for Nursing, Midwifery and Care Staff	NHS England	2016	A framework for nursing, midwifery and care staff to deliver care. It is directly aligned to the Five Year Forward View
Building Capacity to Care and Capability to Treat: A New Team Member for Health and Social Care in England	Health Education England	2016	Health Education England's response to consultation on the introduction of a new nursing support role
Educating the Future Nurse – a paper for discussion	Council of Deans for Health	2016	Outlines the views of members in relation to the key outcomes required of future registered nurse education
RCN Mentorship Project 2015	Royal College of Nursing	2016	Aimed to enhance and support mentorship within the nursing profession. It focused on improving the quality of mentorship experiences
RCN Guidance for Mentors of Nursing and Midwifery Students	Royal College of Nursing	2017	A toolkit for mentors
Policy paper: NHS bursary reform	Department of Health	2017	Outlines the government's decision to replace the bursary system with student loans for eligible healthcare students, such as those studying nursing

Realising professionalism: Standards for education and training	Nursing and Midwifery Council	2018	Updated education standards for pre-registration nursing programs in the UK, emphasising person-centred care, professionalism, and leadership
The Code – professional standards of practice and behaviour for nurses and midwives	Nursing and Midwifery Council	2018	Outlines the professional standards that every nurse and midwife must adhere to in order to be registered to practise in the UK. One of the standards is that every nurse must support students' learning
Prevention is better than cure	Department of Health and Social Care	2018	Sets out a vision for placing prevention as a central focus in the nation's health

Appendix B - Pilot interview guide

1	Please could you briefly explain where you are in your training and outline what practice placements you have undertaken?
2	Did you receive any information from the clinical areas prior to starting the placements with them? If so, did you feel this helped you to prepare for the placement? How? If not, how did you prepare for the placement?
3	How were you greeted when you arrived on the first day on each placement?
4	Did you have an initial discussion with your mentor regarding your objectives for the clinical placement? If so, how and where was this undertaken?
5	What learning opportunities have you had during your placements? (ask whether they had attended study days/teaching sessions or had clinical opportunities to observe procedures in practice if not volunteered by the participant) Did your placements vary in terms of opportunities available? If so, how?
6	What was your relationship with the permanent members of staff like? Did you feel supported by them? If so, how? If not, what do you feel they could have done differently?
7	Did you feel you could ask for help or ask questions on each placement?
8	From your placement experience to date, please could you give me some examples of when you felt you learnt new knowledge or skills?
9	From your placement experience to date, please could you give me some examples of where you felt you didn't learn or that opportunities were missed.
10	To what extent do you feel your identified learning objectives were met during each placement?
11	What is your understanding of the term 'learning environment'? What do you feel constitutes a good learning environment? What do you feel constitutes a poor learning environment?
12	Is there anything else you wish to add with regards to the learning you have experienced during your practice placements that you haven't already discussed?

Appendix C - Semi-structured interview guide

Pre-placement

		Cross-referenced with Pilot interview schedule
1	Please could you briefly explain where you are in your training and outline what practice placements you have already undertaken?	Original Q1
2	Could you tell me what the term 'clinical learning environment' means to you?	Reworded Q11
3	<p>Could you tell me how you plan to prepare for your next clinical placement?</p> <p>Have you had any information about this next placement?</p> <p>Have you been given any advice about how to prepare for this next placement?</p> <p>Is there anything you are excited about or looking forward to?</p> <p>Is there anything you are anxious about or uncertain of?</p>	Refocused Q2
4	Can you tell me what you hope to gain from your forthcoming practice placement?	New
5	Could you explain what you see as your role as a student nurse within the clinical learning environment?	New
6	Why do you see your role in this way?	New
7	Could you tell me about how you feel about having a mentor while you're on placement?	New
8	What do you regard as your mentor's role?	New
9	How do you think your mentor can best support you?	New
10	How do you envisage the mentoring taking place?	New
11	Is there anything else you wish to add with regards your expectations or preparation for your practice placements that you haven't already discussed?	Reworded original Q12 – <i>learning</i> changed for <i>expectations</i> and <i>preparation</i>

Post-placement

		Cross-referenced with Pilot interview schedule
1	Please could you briefly explain where you are in your training and outline what practice placements you have undertaken in this year of the programme?	Original Q1
2	Looking back at the preparation you did for your placement: What do you think was most useful in helping you prepare? What do you think was least useful in helping you prepare? Knowing what you know now, what advice would you give someone who was just starting to prepare for the placement you have just completed Did you receive any information from the clinical areas prior to starting the placements with them? If so, did you feel this helped you to prepare for the placement? How?	Expanded Q2
3	How were you greeted when you arrived on the first day of placement?	Original Q3
4	Did you have an initial discussion with your mentor regarding your objectives for the clinical placement? If so, how and where was this undertaken? Did you feel you could ask for help or ask questions on each placement? Could you explain how well you got on with your mentor, what factors affected this? Is there anything the mentor could have done differently?	Original Q4 incorporating original Q7
5	What learning opportunities have you had during your placements? (ask whether they had attended study days/teaching sessions or had clinical opportunities to observe procedures in practice if not volunteered by the participant) Did your placements vary in terms of opportunities available? If so, how?	Original Q5

6	<p>What was your relationship with the permanent members of staff like?</p> <p>Did you feel supported by them?</p> <p>If so, how?</p> <p>If not, what do you feel they could have done differently?</p>	Original Q6
7	<p>What is your understanding of the term 'clinical learning environment'?</p>	Reworded Q11
8	<p>Please could you give me some examples of when you felt you learnt new knowledge or skills?</p>	Original Q8
9	<p>Please could you give me some examples of where you felt you didn't learn or that opportunities were missed.</p>	Original Q9
10	<p>To what extent do you feel your identified learning objectives were met during your placements?</p>	Original Q10
11	<p>To what extent do you feel your expectations were met during your placements?</p>	New
12	<p>Do you feel satisfied with your placements/Did you enjoy your placements?</p> <p>If so, why?</p> <p>If not, why not? Could anything have been done differently?</p>	New
13	<p>Is there anything else you wish to add with regards to the learning or levels of satisfaction you have experienced during your practice placements that you haven't already discussed?</p>	Reworded Q12 – <i>satisfaction</i> added

Appendix D - Course structure

Year 1

PROGRAMME STRUCTURE - DEGREE NURSING ADULT

Wk	Yr	Area		Research interviews held	
0	1	Induction	Induction Week		
1	1	Theory			
2	1	Theory			
3	1	Theory			
4	1	Theory			
5	1	Theory			
6	1	Theory			
7	1	Theory			
8	1	Theory			
9	1	Theory			
10	1	Theory			
11	1	Theory			
12	1	Holiday		1 st year pre-placement interviews	
13	1	Holiday			
14	1	Theory			
15	1	Theory*			*Assessment & Skills rehearsal week
16	1	Study		★	
17	1	Study*			*Assessment
18	1	Practice	Long Placement Practice Period 1 8 weeks		
19	1	Practice			
20	1	Practice			
21	1	Practice			
22	1	Practice			
23	1	Practice			
24	1	Practice			
25	1	Practice*			*Practice placement midpoint assessment
26	1	Study*	*Assessment x 2		
27	1	Practice	Long Placement Practice Period 2 – (8 weeks) Including 2 holiday weeks within first five weeks of placement 2		
28	1	Practice			
29	1	Practice			
30	1	Practice			
31	1	Practice			
32	1	Practice			
33	1	Practice			
34	1	Practice*			*Assessment
35	1	Practice			
36	1	Practice*			*Practice placement final assessment
37	1	Study*	*Assessment	★	
38	1	Progression	Progression week		
39	1	Holiday	Reassessment or preferred options placements		
40	1	Holiday			
41	1	PO/R			
42	1	PO/R			
43	1	PO/R			
44	1	PO/R			
45	1	Study	Study Weeks		
46	1	Study			
47	1	Study			
48	1	Study			
49	1	Consolidation	University based consolidation week		
50	1	Holiday	Holiday		
51	1	Progression	Progression week		
Wk	Yr	Area			
52	1	Progression	Progression week		

Year 2

Wk	Yr	Area	
1	2	Progression	Progression week
2	2	Theory	
3	2	Theory	
4	2	Theory	
5	2	Theory	
6	2	Theory	
7	2	Theory	
8	2	Theory	
9	2	Theory	
10	2	Theory	
11	2	Holiday	
12	2	Holiday	
13	2	Holiday	
14	2	Theory*	*Assessment & Skills rehearsal week
15	2	Study	* Assessment
16	2	Study*	
17	2	Practice	Long Placement Practice Period 3 7 weeks
18	2	Practice	
19	2	Practice	
20	2	Practice	
21	2	Practice	
22	2	Practice	
23	2	Practice	
24	2	Study	*Assessment x 2
25	2	Holiday	
26	2	Holiday	
27	2	Practice	Long Placement Period 4 9 weeks *Practice placement final assessment
28	2	Practice	
29	2	Practice	
30	2	Practice	
31	2	Practice	
32	2	Practice	
33	2	Practice	
34	2	Practice	
35	2	Practice*	
36	2	Theory	University based presentations
37	2	Study*	Study weeks
38	2	Study*	*Assessment x 2
39	2	Study	Reassessment or preferred options placements
40	2	Practice PO/R	
41	2	Practice PO/R	
42	2	Practice PO/R	
43	2	Practice PO/R	Study weeks
44	2	Study	
45	2	Study	
46	2	Theory	
47	2	Progression	Progression week
48	2	Holiday	
49	2	Holiday	
50	2	Consolidation	University based consolidation week
51	2	Progression	Progression week
52	2	Progression	

Year 3

Wk	Yr	Area		Research interviews held	
1	3	Progression	Progression weeks		
2	3	Holiday	1 week holiday		
3	3	Practice Si	Service improvement and clinical governance placement		
4	3	Practice Si			
5	3	Theory	Theory		
6	3	Theory			
7	3	Theory			
8	3	Theory			
9	3	Theory			
10	3	Theory			
11	3	Study	Study week		
12	3	Theory			
13	3	Holiday			
14	3	Progression	Progression week	3 rd year pre-placement interviews	
15	3	Theory			
16	3	Theory	*Assessment & Skills rehearsal week		
17	3	Theory			
18	3	Theory*	*Assessment		
19	3	Study*	*Assessment	★	
20	3	Practice	Long Placement Practice Period 5 9 weeks		
21	3	Practice			
22	3	Practice			
23	3	Practice			
24	3	Practice			
25	3	Practice			
26	3	Study*	*Assessment		
27	3	Holiday	Holiday	3 rd year post-placement interviews	
28	3	Holiday			
29	3	Practice	Long Placement Practice Period 5 (continued)		
30	3	Practice			
31	3	Practice			
32	3	Study		★	
33	3	Practice	Long Placement Practice Period 6 Part one: 8 weeks		
34	3	Practice			
35	3	Practice			
36	3	Practice			
37	3	Practice			
38	3	Practice*		*Assessment	
39	3	Practice			
40	3	Practice*		*Practice placement final	
41	3	Holiday	Holiday		
42	3	Holiday			
43	3	Holiday			
44	3	PDP	Personal Development Planning		
45	3	Practice	Practice Period 6 (continued) Part two: 4 weeks practice & 2 weeks negotiated study		
46	3	Practice			
47	3	Practice			
48	3	Practice			
49	3	Practice			
50	3	Practice			
51	3	PDP	Personal Development Planning		
52	3	Consolidation	Consolidation		

Appendix E - Participant invitation

The following message was copied and pasted on to the pre-registration nursing Blackboard® on-line learning portal. The participant information sheet was uploaded along with the message.

Dear Adult field student nurses

Kathryn Tennant, one of our Senior Lecturers, is researching student nurses' experiences of the clinical learning environment, specifically the association between expectations, satisfaction and learning. She is looking for some volunteers from the first and third year of the BSc (Hons) Nursing (Adult) programme who would be happy to be interviewed as part of a doctoral research study. Each interview will take no longer than an hour. Please read the attached information sheet and email her at [\[email address\]](#) if you are happy to be interviewed. Thank you.

Appendix F - Participant information sheet

Participant Information Sheet

Title of Research Project

Student nurses' experiences of the clinical learning environment – exploring the association between expectations, satisfaction and learning.

You are invited to take part in a research study. Before you decide whether or not you are happy to take part, it is important that you understand what the project is about, why I am inviting you to take part, and exactly what is involved. Please take the time to read the following information carefully.

What is the project about?

The aim of this research study is to investigate student nurses' experiences of the clinical learning environment. I wish to explore student nurses' expectations of the clinical learning environment, including their role, prior to undertaking clinical placements. On completion of the clinical placements I would like to explore student nurses' satisfaction with their placements and discuss what they feel they have learnt and whether they feel this learning has developed them as a student nurse.

Why have I been chosen?

You have been chosen because you are in undertaking the undergraduate pre-registration adult nursing programme at [] University and can provide information about your own experiences of the clinical learning environment.

What does it involve?

Taking part would involve you taking part in two face-to-face interviews with the researcher who is working on the project. One interview would be arranged prior to commencing clinical placements for the current year of your programme whilst the second would be scheduled following completion of all clinical placements in your current programme year. Each interview would last for approximately 45-60 minutes, and would take place at a time and location that is convenient for you.

Are there any risks or benefits?

Although you will be talking about your experiences within the clinical learning environment, this research has no effect on your progress on the course. Your participation is completely voluntary. If you change your mind, you can withdraw up to two weeks after the second interview and you don't have to give a reason for doing so. If you decide to go ahead, you will be asked to sign a consent form to make sure that you fully understand what you are agreeing to. The research has been approved by the Staffordshire University Ethics Committee.

There is a minute possibility that participation in this study may cause emotional distress or anxiety for some people. If this occurs then you will be able to choose to stop the interview. Should support be required following the interview please contact the Student Centre on [] to arrange a confidential meeting.

There are no personal benefits for the people who take part, but any knowledge that is gained as a result of the research will be made available to the School of Health and Social Care teaching team involved in your programme of study, to consider how they might do things differently to improve the experience of students in future academic years. If there are any questions in the interview that you would prefer not to answer, you do not have to answer them.

Will I be identified in the report?

No. None of the information that you provide will identify you, or be attributed directly to you in the final report. The anonymity of everyone who takes part will be protected in the final document.

Any personal information that you provide will be confidential and accessed only by the researcher. Transcripts of the interviews will be stored securely whilst the research is being undertaken and will be destroyed in accordance with University procedures that are in force when the project is completed.

General Data Protection Regulation 2016 (GDPR)

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR). The data controller for this project will be Staffordshire University. The University will process your personal data for the purpose of the research outlined in this information sheet. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest'. You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you. You have the right to access information held about you. Your right of access can be exercised in accordance with the GDPR. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to the Staffordshire University Data Protection Officer. If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

FOR FURTHER INFORMATION

This research is being undertaken for the purpose of completing a Professional Doctorate in Education at Staffordshire University. If you have any queries or questions related to this research, please contact me, Kathryn Tennant, by email at t031872f@student.staffs.ac.uk. If you have any concerns about this research, please feel free to contact my supervisor Dr. Gillian Forrester. Her email address is gillian.forrester@staffs.ac.uk

Thank you for taking the time to read this information sheet.

Appendix G - Participant consent form



Participant Consent Form

Project Title: Student nurses' experiences of the clinical learning environment – exploring the association between expectations, satisfaction and learning.

Please read each statement, and tick the box next to it to indicate that you are in agreement with the statements

I have read the participant information sheet and the nature and purpose of this research has been explained to me.	<input type="checkbox"/>
I understand that my participation in this project is voluntary, and that if I change my mind, I can withdraw up to two weeks after the second interview. I can do this without prejudice and without giving a reason.	<input type="checkbox"/>
I understand that I do not have to answer every question if I do not wish to and I don't have to give any explanation.	<input type="checkbox"/>
I understand that confidentiality will be maintained throughout this project, and that I will not be identified in the final report.	<input type="checkbox"/>
I confirm that quotations may be used in the report, provided that the quotations are anonymised and do not reveal my identity.	<input type="checkbox"/>
I confirm I have been given the opportunity to ask questions about the project and my participation in it.	<input type="checkbox"/>
I have read the information sheet regarding the General Data Protection Regulation 2016 (GDPR) and I give my consent for my data to be processed in accordance with the GDPR.	<input type="checkbox"/>
I confirm that anonymised data may be used in research publications, conference presentations, and for teaching purposes.	<input type="checkbox"/>
I agree that any interview that I take part in may be audio recorded.	<input type="checkbox"/>
I confirm that I agree to take part in this research project.	<input type="checkbox"/>

Should I wish to receive a copy of a summary of the study findings I will provide my contact email in the address box below *	
Participant Name (please print)	
Signature	
Date	
Researcher Name	
Participant Email Address * optional	

Appendix H - Initial thoughts on data

First years

Unconscious expectations vs conscious reality

Process of becoming more conscious?

How do we manage student expectations?

Does calling them 'skills' weeks lead students to feel they will be doing 'skills' during placement and then get disappointed when they don't do what they perceive as 'skills'.

Students concerned with physical/practical prep such as where to go/park, get changed/uniforms, entry cards

Learning styles

Balance of not wanting to be seen as a nuisance but wanting to be (and appear) enthusiastic

Assertiveness, self-propelling, grab opportunities, use personal influence/initiative

Trust/relationships

(perceived) learning value of placements – [Redacted] Village

Students comparing placements beforehand, so some start off with a negative feeling of theirs isn't as good as their friends

Sense of belonging

Barriers

Increased confidence

Increased number of students/other students affecting learning opportunities

Mentors: all 'lovely', friendly, supportive, sense of humour

? relationship between student nurses and HCAs

Popular ward allocations

Ward envy – but based on what?

Third years

Increasing awareness over the three years:

1st year – didn't worry as they knew they (placement area) wouldn't expect much!

Transition between years and expectations

Concerned more re placement's expectation of knowledge/competence

Uni – theory, predictable/planned

Clinical – unpredictable/varied/'out of our control'

Mentor: experienced, boost morale, coached, approachable, planned, listened, student-centred, emotional intelligence/pre-empt needs and feelings, 'had faith in me'

experience of mentor i.e., time as a nurse – does this make a difference?

Mentor was 'lovely' - ?definition

Felt included/part of team

Not like a 'nuisance'

Student nurse expectations vs anxiety re mentor's expectations

Anxious about people/team rather than the work

People's reactions when you say what year you're in change from 1st year through to 3rd year

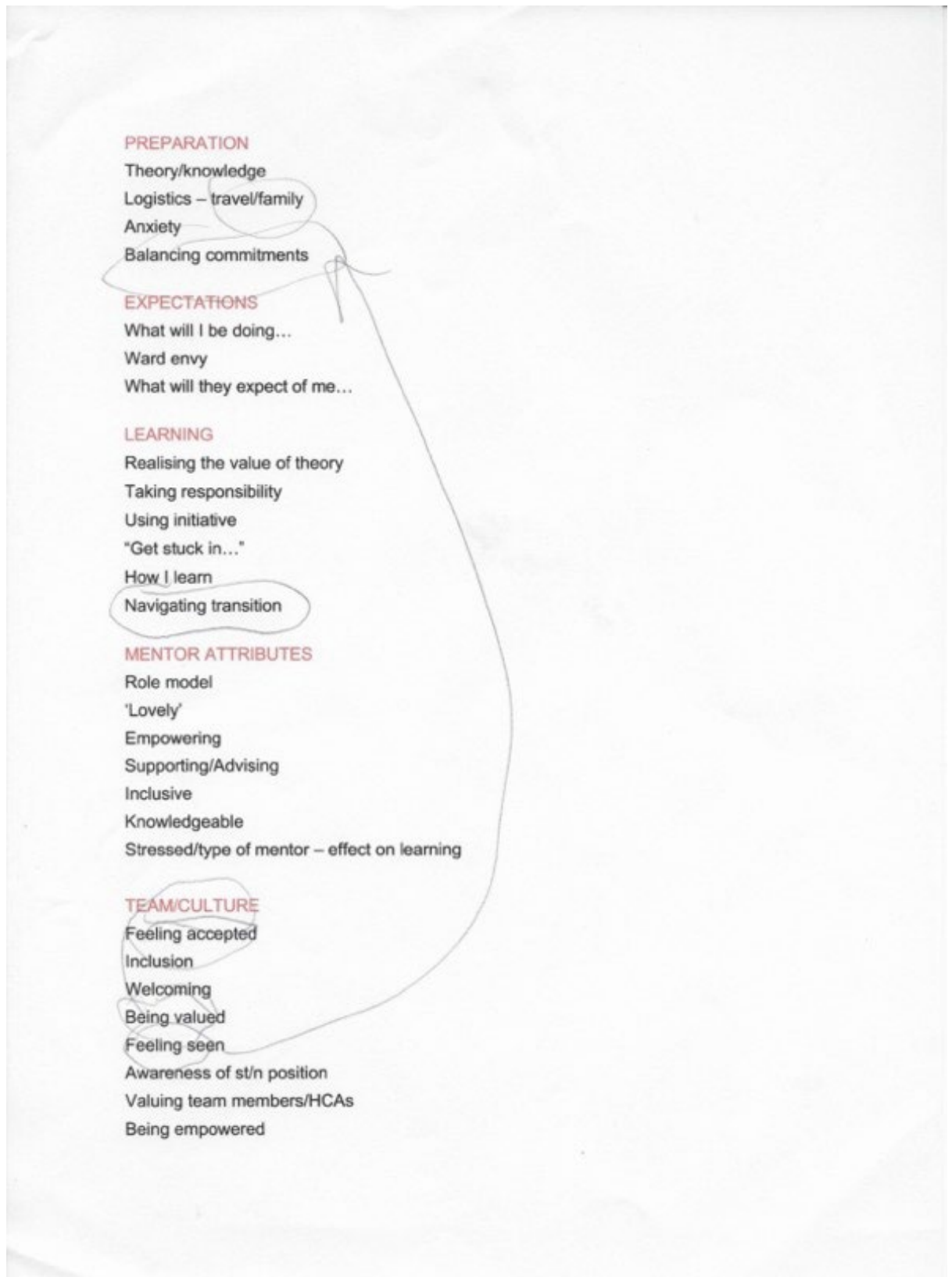
Appendix I - Initial codes

No recognition of prior experience	Mentor shifts changed; student not told	Mentor's EQ
difference in transition from second year to third year	Showing commitment to do nursing	Resilience
Transferable	Burden	Becoming more autonomous
Transition	Continuum of development	mentor helped identify worries
Role model/trust/support	Manage time/workload	Mentor identified specific learning opportunities to student need
Confidence/competence	Decreased expectations	increased anxiety due to previous experiences
Third years able to compare/relate to previous placements	Learning about MDT	friendly vs professional
Decreased expectations	Learning skills	I've never felt so out of my depth
increased anxiety due to previous experiences	Learning knowledge	different stuff but same routine
Put in a position	Feeling useless	Good impression
Someone who isn't approachable or friendly	Realisation of level of knowledge	Value of preparation
Building trust/relationship/support	Not threatening	'lovely'
relationship building	Mentor empathy	Extra body
Familiarity	Home/work balance	First impressions
Learning knowledge vs hands on care	Distance to placement	Helpless/useless
Decreased value	No guidance/direction	Using initiative – creating own learning opportunities

Unfriendly	Helpful/friendly	Feeling lucky as greeted warmly
Transferability of knowledge	Negative impression	No advice re prep
Being a nuisance	appreciation of workload	Time for me
Increased questions vs enthusiasm	Their expectations of me	Expectations of self
Negative comments from previous students	Role of student	finding the balance
Not 'brushed off'	Turned away	Pressure of completing paperwork
Clinical = uniform	Locations of placements	More anxious when don't know what to expect
Defending choice to family	Being strong/committed	Needed money
Portrayal of NHS in media affecting feelings about role	Feeling like she doesn't belong	need for more joined up thinking
Seeing it in practice makes it sink in a bit more	Why am I here	I didn't think they worked as independently as they do
Didn't realise how extremely knowledgeable they are	I kind of thought the doctors did that well it's wrong	I was like 'wow'
It's very daunting	Having no care experience, it was hard	They seem to know all this stuff
Just be nice	It sticks in rather than just being words on paper	Do a test run, go see the ward
I'm never going to know that much	The nurse basically does everything	Thought it was going to be boring, but it wasn't
Self-doubt	Support for choice of profession	Assuming mentors have chosen to be mentors
Not wanting to get in the way	Finding a balance	Learn by observing

Mentor as gatekeeper	Academic vs practical learning	Feeling part of the ward team already
Didn't know what to do	Feeling helpful	Distance/travel
Comparison to previous students	Read a few things that I'd been advised to (on ARC)	Different learning opportunities on different wards
I really enjoyed it, didn't think I would but I did	You learn a lot about yourself	Skills dependent on placement area
Developing, maturing	Positive feedback	Competing patient demands in hospital
pushed barriers of comfort zone	Professionalism	Having a plan
Bought notebooks – I know I'll be writing a lot of notes	Workload vs learning	

Appendix J - Initial themes & sub-themes



St/n having EMPATHY vs INQUIRING

Awareness of workload

Not wanting to be a 'nuisance'

Wanting to appear motivated to learn

SATISFACTION

What I learnt – processes

Feeling competent/increased confidence

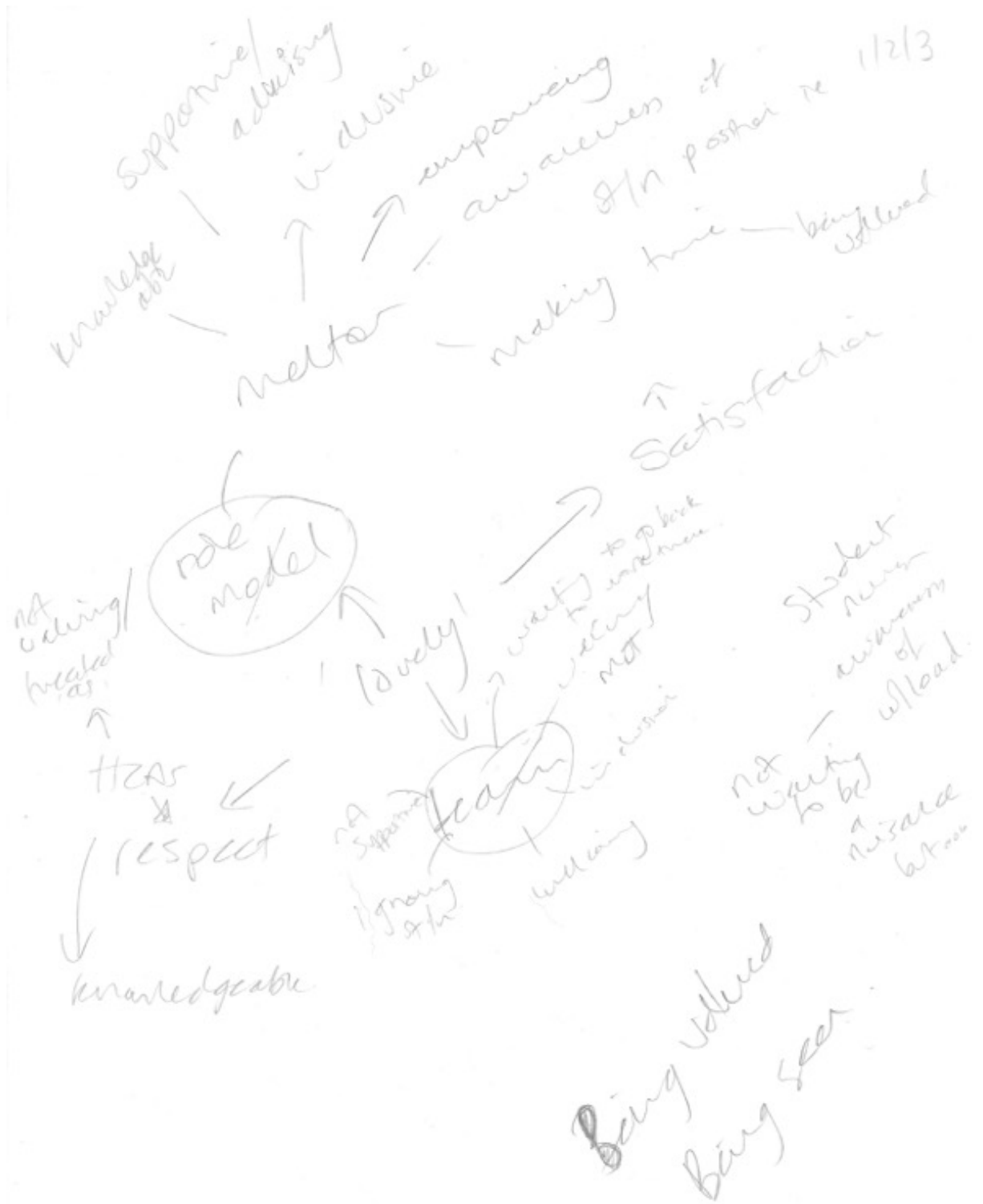
Expectations met

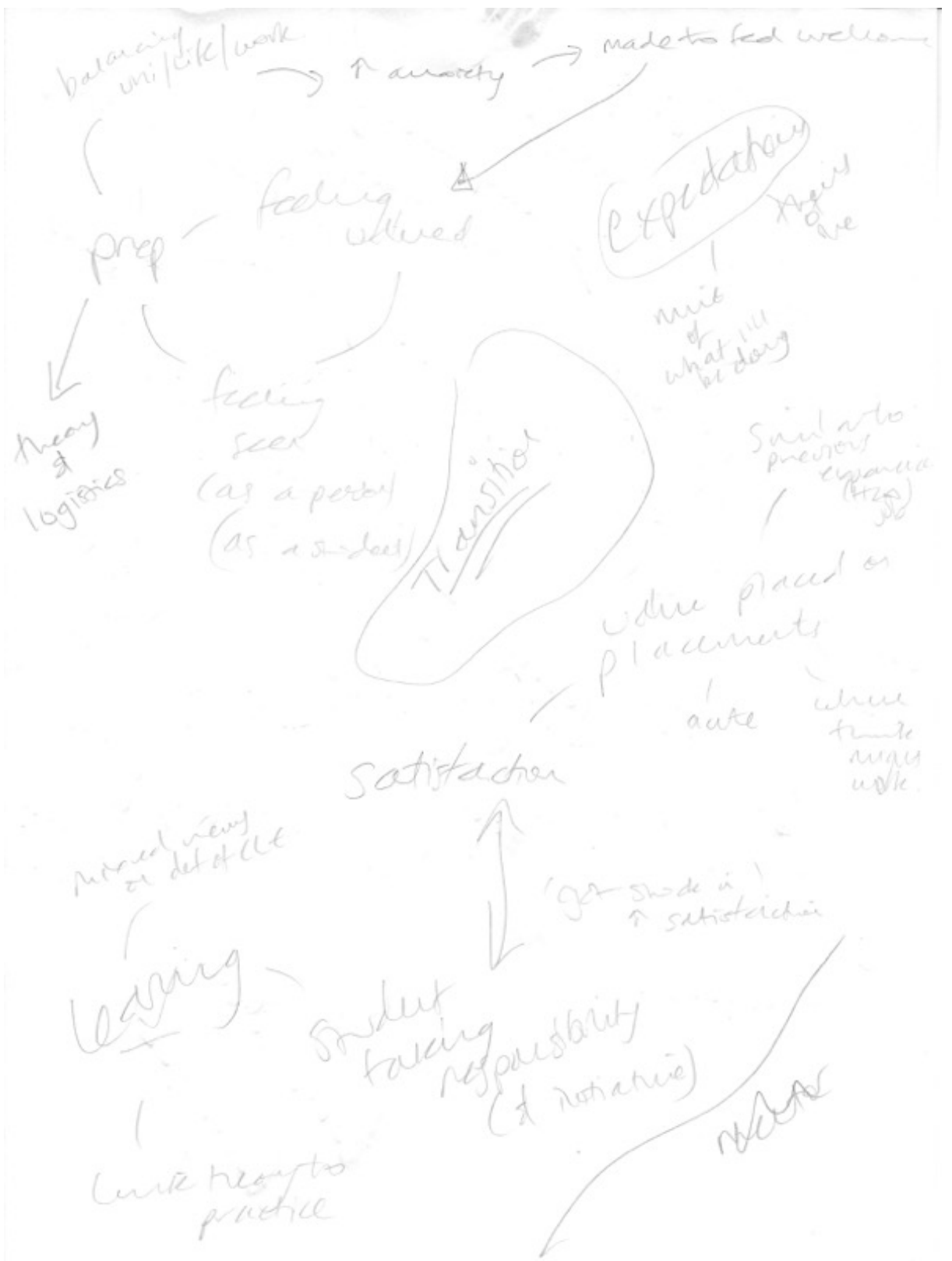
DEVELOPING (PROFESSIONAL) IDENTITY

Definition of CLE

Concept or role/media portrayal

Appendix K - Mind map





Appendix L - Redeveloped themes

Definition of CLE

Feeling seen

As a student

Familiarity/Visiting beforehand – reassurance, anxieties:

Ownership/belonging - taken under someone's wing? Someone taking responsibility for student

Not wanting to be seen as a nuisance

Realistic expectations

Time for paperwork/recognition that it needs doing

Age

Beyond/behind the student nurse uniform

Having previous experience

As a person with commitments

Feeling valued

As a learner – 'Why am I here?'

Why am I here?

In the numbers /pair of hands/student objectives take second place/haven't got time/workload prioritisation

Learning/type of ward/placement area

Taking responsibility for own learning/"Get stuck in..."/Using initiative

Being empowered

Mentor relationship/attributes, mentor 'helper'

As a team member – ‘Just be nice’

Integrating into the team, being welcomed, just be nice

Perceived ideas/hearsay

Not feel part of the team/working together

Feeling useful?

Developing identity/Navigating identity transition

Along the student continuum

Transition/progression

Transition from being HCA

Becoming autonomous/Developing competence and confidence

Being noticed/treat differently