



Literature Review – **NURSING (Southampton)**

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Methods

Articles were identified that focused specifically on the first clinical placement of nursing students on traditional nursing student programmes. Articles were excluded if they related to other parts of the early transition phase of this transition, e.g. second or subsequent placements during the first year, or other transitions e.g. the graduate student transition to registered nurse. The following search engines were used to identify relevant articles: British Nursing Index, Medline, Embase, ERIC, BEI and Google Scholar.

Inclusion and exclusion criteria

Publications were included that:

- Referred to the initial clinical placement
- Were published since 2000
- Comprised only original research; grey literature, reviews and commentaries were excluded
- Originated in any country of publication
- Were written in the English language (for pragmatic reasons of time).

Articles were excluded that were related to:

- Mental health or midwifery nursing training
- Accelerated nursing programmes for graduates
- International clinical placements
- Other.

Search process

Three phases of searching were undertaken.

Databases were initially searched using the following search terms: Nurs* AND Student AND Placement OR Clinical practice and the inclusion and exclusion criteria. The search term 'transition' was not employed in the initial search process as it significantly limited the number of eligible papers. Duplicates were removed and the abstracts were then reviewed to identify potential papers relating to the study aims. In particular, papers that addressed the following aspects were sought: Student transition to clinical practice; Workplace learning and student transition; Teaching in clinical placements; and Orientation to clinical placement. 1296 publications were identified.

In the second phase, full text publications of the selected abstracts were obtained and read to identify relevant papers related to the initial clinical placement. Papers were excluded where:

- It was not possible to identify to which student year the papers referred (n=10).
- Longitudinal studies compared placements in the first year of study to subsequent years, but did not clarify which placement was being assessed in the first year.
- Studies of initial placement were compared to subsequent placements, but it was not possible to extract data solely relating to the initial placement.
- Studies assessed 'early' placements i.e. the second placement or placements over the whole of the first year of clinical study.

Finally, citation tracking was also undertaken.

In total, 21 original papers were identified that specifically related to the initial clinical placement. Most were published in Australia and Europe (predominately the UK), as well as Taiwan, USA and Jordan.

The review process

Where possible, articles relating to the four research questions were identified and summarised, that is:

1. How do student nurses experience transition?
2. How is the workplace changing and what is the impact of these changes on students' transition?
3. What strategies do students employ to cope with changes in this transition period?
4. What approaches and strategies are common to thriving/struggling students?

Articles that related to any other aspect of the initial transition not covered by the study aims were also summarised. This may have included, for example, topics covered in the Medicine report.

How do student nurses experience transition in their initial clinical placement?

Summary

In total, 14 articles were identified with extractable data relevant to student experience of their first clinical placement. Eleven qualitative studies employed focus groups, interviews or observation to understand students' experiences of their first placement. Four quantitative studies used self-report questionnaires to explore students' experiences of their first placement. Two assessed stress and coping (Sheu *et al.* 2011; Shaban *et al.* (2012) and two were longitudinal studies assessing learning experiences (Lofmark *et al.* 2001; Andrew *et al.* 2009). Only data relevant to the initial clinical placements were extracted from the longitudinal studies.

The findings confirmed that students experience anxiety, stress and uncertainty during their first clinical placement. They report a range of challenges during this transition that are summarised in Table I. These include challenges related to caring for patients, practical issues, and professional and personal concerns, as well as difficulties associated with adapting to the culture of the ward. Common stressors associated with the first placement include their lack of clinical knowledge and skills, concerns about caring for patients and fear of making mistakes. Their stress was manifested through experiencing anxiety and difficulties in making decisions. Students report two phases of their transition process, as they move from being a 'passive observer' to an 'active participant'. In the initial stage of the first placement, referred to as 'the observation phase', students quickly become aware of their knowledge and skills limitations and are uncertain about their role. They are keen to learn the skills and knowledge, recognising that this is essential in order to be accepted as a valuable member of the nursing team. As the placement progresses, their anxiety reduces as they learn new skills and acquire knowledge through 'doing' and become more confident working with patients. However, managing this transition is more difficult for some students and learning is impeded. For them, common factors appear to be related to inadequate support from their mentor or nursing team, lack of learning opportunities or poor coping mechanisms to manage the stress of transition.

Detailed findings from the qualitative studies are reported initially, followed by the findings from the surveys.

Qualitative studies

One key paper is a PhD thesis which specifically reports on the experience of transition in 20 student nurses in the UK during their first clinical placement (Melling 2011) (5). Significant detail is reported on this study, given its importance. Whilst described as a mixed methods study, only data relating to the qualitative semi-structured interviews were reported in the thesis. Four themes were identified and described as follows.

Student struggles	Description	Aspect	Study citation
Uncertainty about roles and responsibilities	Knowing what their roles were and what they were expected to do Feeling lost, useless or in the way		Melling 2011; Andrew 2009 Dalton 2005; Lemonidou <i>et al.</i> 2004; Chesser-Smyth 2003; James & Chapman 2005; Melling 2011
Adjusting to the new environment	Practical issues	Coping with shift work Managing paperwork, compromising patient care Learning medical terminology	Melling 2011; Shaban <i>et al.</i> 2012 Melling 2011; Pearcey & Draper 2008 Melling 2011; Sheu <i>et al.</i> 2002

		Adjusting to new routines and practices	Melling 2011
	Professional	Challenges in becoming part of the team	James & Chapman 2005; Chesser-Smyth 2003; Dalton 2005; Melling 2011
		Observing poor staff behaviour e.g. unethical behaviours, medication errors, poor hygiene, unprofessional behaviour (arguments, staff talk loudly, keeping patients awake)	Pearcey & Draper 2008; Lemonidou <i>et al.</i> 2004; Melling 2011; Yildiz & Akansel 2011; Parry 2011
	Cultural	Adjusting to a new culture e.g. 'rites of passage'	Chesser-Smyth 2003; Melling 2011
		Negative ward atmosphere e.g. not welcomed, discouraged from asking questions	Yildiz & Akansel 2011
	Personal	Accepting a 'lesser role'	Melling 2011
		Disillusioned with nursing; staff less caring and respectful than expected	Lemonidou <i>et al.</i> 2004
		Feeling isolated	Lemonidou <i>et al.</i> 2004; Melling 2011
		Not valued by staff	James & Chapman 2005; Melling 2011
Adapting to self-directed learning		Learning changes from passive acquisition of knowledge to more active and self-directed learning	Lemonidou <i>et al.</i> 2004; Melling 2011; Grealish & Ranse 2009
Applying knowledge		Perceived limitations in skills and knowledge	James & Chapman 2005; Chesser-Smyth; Dalton 2005; Parry 2011; Grealish & Ranse 2009; Sheu <i>et al.</i> 2002
		Difficulty in applying theoretical knowledge in clinical practice and takes time	Melling 2011; Jonsen <i>et al.</i> 2012
		Mismatch between theory and practice	Melling 2011; Parry 2011
		Lack or minimal effort of teaching staff to address theory practice gap or ethical issues	Jonsen <i>et al.</i> 2012
Working with patients		Clinical issues	James & Chapman 2005; Melling 2011
		Fear of making mistakes, fear of harming patients,	Sheu <i>et al.</i> 2002
		Difficulty making clinical decisions	James & Chapman 2005; Chesser-Smyth; Dalton 2005; Yildiz & Akansel 2011; Melling 2011; Parry 2011; Sheu <i>et al.</i> 2002; Shaban <i>et al.</i> 2012
		Lack of confidence in their knowledge and skills to perform clinical tasks on patients	James & Chapman 2005; Melling 2011
		Feeling responsibility of caring for patients	Lemonidou <i>et al.</i> 2004; Yildiz & Akansel 2011
		Uncertain how to communicate with patients or relatives	James & Chapman 2005; Melling 2011
	Emotional aspects	Concern for the patients' well-being, feeling helpless	James & Chapman 2005; Lemonidou <i>et al.</i>

		Dealing with death, feeling unprepared. inadequate in talking to relatives, emotionally challenging	2004; Yildiz & Akansel 2011 James & Chapman 2005; Melling 2011; Yildiz & Akansel 2011; Parry 2011
Adapting to new teaching styles and relationships with senior staff	Stressful interactions with senior medical staff	Dealing with illness – emotionally challenging, over-empathising	James & Chapman 2005; Yildiz & Akansel 2011 Sheu <i>et al.</i> 2002;
	Perceived lack of commitment of teaching staff to teaching (e.g. interruption/cancellation of teaching sessions)		Jonsen <i>et al.</i> 2012
	Negative attitude to learning, using evidence-based care		Jonsen <i>et al.</i> 2012
Organisation, observation and feedback	Used as a 'spare pair of hands'. Given work with no educational value		Chesser-Smyth 2003
	Insufficient supervision during patient examination or other clinical tasks		James & Chapman 2005; Chesser-Smyth 2003; Jonsen <i>et al.</i> 2012
	Lack of or erratic feedback		Jonsen <i>et al.</i> 2012
Facilitation	Lack of opportunity for reflective learning		Jonsen <i>et al.</i> 2012
	Completing a portfolio for the first time		James & Chapman 2005; Melling 2011
	Mentor	Unclear of the role of the mentor	Andrew 2009
		Lack of or no consistent mentor, or difficulties working with mentor	Melling 2011; Parry 2011; Jonsen <i>et al.</i> 2012
		Mentor had inadequate skills or provides inadequate support	James & Chapman 2005; Melling 2011; Parry 2011; Jonsen <i>et al.</i> 2012
		Mentor is a poor role model	James & Chapman 2005; Melling 2011
	Preceptors	Lack of commitment or inadequate skills	James & Chapman 2005; Jonsen <i>et al.</i> 2012
		Limited or no opportunity for reflection	Jonsen <i>et al.</i> 2012
		Lack of or minimal attempts to address theory practice gap or ethical issues	Jonsen <i>et al.</i> 2012

Table 1: Student struggles during early clinical experiences

The stress of transition

Students reported high levels of anxiety and isolation in the initial few days. They described various steps to prepare for their placement (e.g. placement visits, researching the speciality, using information on school website, talking to colleagues and family and friends), but still felt unprepared. They considered that their clinical skills preparation sessions had limited use and they struggled to link theory with their practice. Those having previous experience e.g. as a healthcare assistant (HCA) felt better prepared and could use their prior experience, knowledge and skills. The educational link tutors appeared to have a limited role in supporting students and staff during the first placement.

Culture shock – how the nursing culture affects student behaviour

Students expressed fear and anxiety, uncertainty about their role, feeling an outsider and isolated, unprepared and unsure of how to cope with difficult situations, e.g. the very ill or dying patients, and had to learn how to control their emotions. Many aspects in placement were unfamiliar, requiring adjustment to new routines and practices. The responsibility of caring for 'real' patients and learning medical terminology as well as coping with paperwork and shift patterns was also challenging. To become part of the team, they adjusted their behaviours (e.g. initially taking a low profile, being a 'passive observer' following staff, being quiet, reserved and refraining from asking questions). Over time, they increased their engagement, with nurses adopting many of the team's actions, symbols and language so that over time they came to feel part of it.

Coping with transition

The success of transition depended upon how well the student managed the process. They sought support from numerous sources, e.g. nursing staff, family, friends and tutors, but mentors were most influential. Those who had more successful transitions had mentors who were good role models, and who gave them time and encouragement so they could learn new skills. Those who struggled typically had no mentor, or no consistent mentor, or a mentor with whom they found difficult to work. Such students would 'latch on' to others for support e.g. junior members of staff or peers. Students rated how successful they were in managing the transition when they appraised they had learnt and become competent in new skills and received positive feedback from the mentor. Some rated the ability to make links between theory and practice was also indicative of their success. They would identify themselves now as nursing rather than university students. They changed their behaviour to become part of the team, pushing themselves forward, using their initiative and helping their mentor by offering to do basic tasks. Coping strategies employed included talking with relatives, friends and peers and keeping their thoughts and emotions under control.

Managing transition: the struggle to acquire capital

Students rely heavily upon building human, social and identity capital in order to manage transition successfully, and used a variety of strategies.

- They prepared for transition by researching the ward area and its nursing specialties; visiting the ward and talking to colleagues, family and friends.
- They built social capital by doing the jobs no-one else wanted to do.
- They built their repertoire of skills and practices to become part of the nursing team. They would 'latch on' to their mentors, watching them closely. They engaged in social conversation with other nurses, needing to be seen as part of the nursing 'team'. Those students who had previous skills and experience felt better prepared for professional socialisation.
- They used their social skills to gain access to nursing skills, pushing themselves forward to engage with others in 'the joint enterprise' of learning new nursing skills
- Measured their success in terms of learning new skills, or the way they worked alongside staff members as part of the 'team'.

Similar findings were reported by Chesser-Smith, who conducted in-depth interviews with ten Irish student nurses immediately after their initial clinical placement. The authors identified five themes related to their experiences of the first placement:

Self-awareness

In the early weeks students didn't know what to expect, felt inadequate, uncomfortable, that they were getting in the way and useless; being welcomed improved their self-esteem. Similar to the findings in Melling (2011) their 'observation phase' lasted approximately two weeks and demarcated a transition between 'knowing a little and feeling useless' to becoming a competent novice striving to become part of the team, recognising that their competence needed to be demonstrated before being fully accepted. They noted that

mature students were treated with more respect than younger students. Their good interpersonal and communication skills were seen as advantageous in accelerated team acceptance.

- *Confidence*. Students became more confident by acquiring new knowledge, 'doing' and being 'active'. Building knowledge was a cyclical process resulting from integration of theory with practice via reflection. Having previous experience of working in healthcare also increased confidence.
- *Anxiety*. Students without previous work experience were more anxious than those who had worked before. Strategies to reduce their anxiety included seeking guidance from staff nurses. Their anxiety reduced through gaining knowledge and becoming socialised into the team, and once their anxiety reduced students changed from being 'passive observers' to 'active participants'.
- *Facilitation*. Level of supervision was variable, and some described being used as workforce, and given tasks with no education value. Intuitively, students made links between 'becoming a nurse' and 'doing'.
- *Professional issues*. Clinical skills were seen as essential to provide holistic care and most students felt their theory was relevant to their needs and learning experiences in their first placement.

Similar themes were identified in the small study reporting the experiences of six nurse students on their first placement in an acute setting in Australia (James & Chapman 2005). Students in this study had already had a fortnight placement in a care home, but this was their first experience of a placement in an acute clinical setting and was therefore included. Like other studies, the students reported being overwhelmed when confronting illness and pain, aware of the limitations of their skills and the challenge of seeing patients, for the first time, as people. They highlighted the importance of the preceptor in helping students develop their confidence.

Grealish and Ranse (2010) also described experiences of students being confronted by the limitations of their clinical skills in the early days of their placement. Their findings demonstrate how being supported to work independently by nursing staff provided students with an important learning opportunity and that this experience, although challenging, improved their confidence and confirmed their commitment to the nursing profession. The qualitative study conducted narrative analysis of written accounts of the students' experiences of clinical practice. 49 first year nursing students took part in the UK study. The findings reported here related only to their initial clinical placement.

An 'observation phase' early in the initial placement has also been reported in a small but in-depth ethnographic study of five first-year undergraduate students in Australia during their first placement of two weeks. The study, conducted by Dalton (2005), describes the journey novice students make from observing to doing nursing over their initial placement. It describes the initial stage where the students are on the periphery, observing staff nurses and are anxious and lack confidence yet are keen to learn skills and directly work with patients until they become comfortable and confident to participate.

Students have differentiated between a good or poor initial clinical placement. The qualitative study by Jonsen *et al.* (2012) based in Sweden and Finland focussed on three aspects of initial placements: preceptors, reflection, and the link between theory and practice. Focus groups were conducted with 22 nursing students after initial clinical placements ranging from three to ten weeks. A good initial placement was defined as one where: the preceptor is available, stimulating, provides safety and security and encourages them to use their initiative; an environment where they have opportunity to reflect on their experiences either with their preceptor or in a staff group; and there is support and opportunity to link theory and practice, and to research and implement evidence-based practice in practice. A poor initial placement was characterised by: preceptors who are neither available, have adequate supervision skills, nor supportive or interested; a negative atmosphere to students and learning e.g. where staff and preceptors did not know what to do with students what the students should do, with a lack of, or erratic feedback; where there is limited availability for reflection with the preceptor; where minimal or no attempt is made to link theory with practice, and a negative attitude of staff towards research and evidence-based practice or to discussing ethical principles or dilemmas.

One small study explored nursing students' experiences of being allocated to a cancer ward for the first placement and identified the main challenges experienced (Yildiz & Akansel 2011). Thematic analysis of diaries written by four student nurses in Turkey during their initial placement covered five challenging topics: perceptions about haematology clinic; patients in the haematology clinic; communication with cancer patients; treatment and care practices in the clinic; and the operation of the clinic. Students' initial placement experiences were stressful and, although students reported trying to prepare psychologically before starting their placement, they experienced a number of challenges. These included: anxiety (which diminished over time); worry about caring for severely ill patients; feeling helpless and over-empathising with patients; not knowing how to communicate effectively with the cancer patients; and they reported observing negative practices related to patient care and treatment.

Similar themes relating to facing death, ethical issues and disillusionment and were identified in the next three qualitative studies. Parry (2011) explored students' experience of death during their initial placement. Focus groups were conducted with five UK student nurses who reported shock and anxiety at the suddenness and the reality of facing death. They felt inadequately prepared, regardless of previous experience of death. They needed support to cope with death, especially with the death of patients with whom they had established good relationships. Conducting last offices was a negative experience for them. They lost confidence in their skills they had learnt in class and felt inadequate communicating with relatives/other patients. They were shocked at nursing staff's lack of respect. Support from their mentor was variable.

Ethical dilemmas experienced by nursing students on their first placement were explored by Lemonidou *et al.* 75 novice nursing students in Greece completed a journal reporting their experiences during their initial placement as part of their clinical assignment. Although no specific topic was given for the coursework, ethical conflict was the issue most frequently raised. The key finding of the study was the evident development of moral awareness in the nursing students. Empathy for the patient was central in guiding their unease about an unethical issue. Students could empathise and justify nurses' sub-optimal ethics, but not physicians. Students experienced severe disillusionment when they observed incidences where patients' rights were violated or a code of ethics not adhered to. This shattered their expectation and image of nursing and they re-examined their decision to become nurses. For some, such experiences were revelatory and a moral awakening to them, and triggered the development of their own professional morality. They did report nurses' unethical behaviours but rarely reported instances of unethical conduct legitimised by the unit. They reflected that they gained significant satisfaction from working ethically, seeing others working ethically and receiving gratitude from their patients.

Another qualitative study highlighted student nurses' disillusionment with the profession as a result of their experiences on their initial placement. Semi-structured interviews were conducted with 12 UK nursing students after their initial clinical placements. For the majority this was their first clinical placement, although some (numbers not reported) had had two fortnight-long placements (Pearcey & Draper 2008). The students, none of whom had previous experience of hospital nursing, were disillusioned with the reality of clinical nursing and their expectations were not met. They considered nursing was not as caring as they had expected and that patient contact and communication were compromised by paperwork, completing tasks and meeting targets.

Quantitative studies

Four quantitative studies relating to the initial placement were identified. All were self-reported questionnaire surveys. Two retrospectively assessed stress and coping during the initial placement (Sheu *et al.* 2002; Shaban *et al.* (2012). Two prospective longitudinal studies reported learning experiences during the initial placement. One survey assessed students' perception of changes in knowledge, skills and attitudes as well as their perceived ability to work independently (Lofmark *et al.* 2001). The other assessed student and mentor roles in facilitating learning experiences during the first placement (Andrew *et al.* 2009).

Two cross-sectional surveys assessed stress and coping during students' initial clinical placement using self-report questionnaires. Both identified that students experienced moderate levels of stress during their initial placements and were anxious and had difficulty in making decisions. They identified that stress commonly arose from their perceived lack of clinical knowledge and skills, coursework and caring for patients. Effective coping mechanisms to situations causing stress included being optimistic and using problem solving approaches.

The first survey by Sheu *et al.* (2002) assessed 561 nursing students in Taiwan using validated questionnaires on the last day of their first clinical placement to identify the types and levels of stress, responses to stress, coping behaviours and how they affect stress responses. During the initial placement the students' stress levels were identified as moderate, with students reporting anxiety and difficulties in making decisions. The most common stressful events encountered were lack of experience and ability in providing nursing care and making clinical judgement. Stress from workload, assignment, teachers, nursing staff, clinical environment, peers or daily life was rarely identified. Coping behaviours included being optimistic, problem solving, transference, being confident, maintaining good lifestyle behaviours, and using methods of relaxation (TV, exercise). Effective coping mechanisms that helped them manage stress included staying optimistic, which reduced stress responses and improved problem-solving behaviours. Avoiding stress, on the other hand, did not help them manage their stress and led to increase stress-related symptoms.

The second survey was conducted by Shaban *et al.* (2012) in Jordan. The level and types of perceived stress and coping strategies of 181 nursing students were identified using standard validated questionnaires during their initial clinical practice (it was unclear at which point data was collected). Students' main source of stress arose from the clinical environment (early shifts and the quality of clinical practice), assignment work and stress from interaction with nursing staff and teachers. Unlike the findings in Sheu *et al.* (2002), stress related to caring for patients was rated as low. 31% of students experienced two types of stress, while 55% of students experienced more. The most common coping strategy used by students was problem-solving behaviour, followed by staying optimistic and transference. Avoidance was the least frequently used strategy.

Two prospective longitudinal surveys reported findings related to nursing students' transition across the first placement. Findings from the first survey contradict other research, as students in this study considered they were capable of working independently of supervision from the start of their first placement (Lofmark *et al.* 2001). The study was conducted with 60 Swedish nursing students in Sweden who recorded weekly assessments of their ability to work independently, and changes in knowledge, skills and attitudes. Most students (two-thirds) had previous healthcare experience. Data was collected during their initial and final placements. Over the initial placement, students rated that their knowledge, skills and attitudes improved. Surprisingly, the majority of students considered they were able to work independently of supervision at the start of their initial placement. *Post hoc* analysis confirmed this was not attributable to having previous work experience.

The second longitudinal study of learning experiences, conducted by Andrew *et al.* (2009) in the UK, contradicted the findings from Lofmark *et al.* (2001). The majority of students in this study reported clear understanding what their role was as nursing students during their first placement. However, they were unclear about what was expected of them regarding learning and also unclear about the role of their mentor in achieving their learning outcomes. Their study consisted of two phases. Phase 1 consisted of a questionnaire survey completed by students at the end of their first clinical placement. Phase 2 reported findings from a subsequent workshop where the data was presented to major stakeholders in first year nursing. 418 students (75% response rate) completed the Phase 1 survey, completing questionnaires immediately after their first placement to assess their understanding of their role as a student nurse, the role of their mentor, learning outcomes and assessment of placement, as well as identify support that would have been helpful. Unlike previous studies, most (76%) students had not been worried about the placement at the outset. They reported that they soon learnt what was expected of them; 41% were clear at outset, and this rose to 84% by the second week. After three weeks on placement, 92% of students understood the nature and type of evidence needed to satisfy the clinical criteria of the module, and by the end of the placement

most understood a range of terminology (between 76% and 92%, depending on the terminology). Contradictory findings relate to students' perception of their role in terms of achieving learning outcomes. 69% of students considered that outcomes were achieved through working with their mentor, but only 31% thought the outcomes were their responsibility, or were unclear about whose responsibility it was. This contradicts the finding that most students claimed to understand the role of their mentor (89%) and that, by Week 2, 82% indicated they understood what was expected of them as a new student nurse. By this point only 60% understood the role of their practice education facilitator.

In Phase 2, the suggested additional support for students included: additional mentor support and education, and increased online resources. Student feedback included that a good first clinical placement was the key to a successful first year; that they wanted to be involved and part of the team; and that they needed high quality mentoring, considering this was a 'make or break' component of the first placement. Feedback from the practice education facilitators included: *legitimate peripheral participation* to involve students actively from the start to help them belong and develop a professional identity and the mentors played a pivotal role in this. Academic feedback concentrated on learning development in both academic and practice environment, to develop support mechanisms in the practice environment.

How is the workplace changing and what is the impact of these changes on students' transition?

No articles were identified that related to the impact of change in the workplace on students' transition during the initial clinical placement.

What strategies do students employ to cope with changes in this transition period?

A number of studies have reported strategies that students employ to cope with their transition during their first clinical placement. Strategies were identified from qualitative studies where students described approaches that helped them cope with this transition period (Melling 2011; Morgan 2002). Data from two surveys were also included that described successful coping approaches (Sheu *et al.* 2002; Shaban *et al.* 2012).

A number of strategies were employed related to four aspects of the transition process that students find challenging. These are summarised in Table 2 and described below.

Pre-placement preparation

Pre-placement preparation generally helped reduce students' anxiety prior to starting their first placement. Students report how, prior to their placement, they took steps to familiarise themselves about the ward and the medical speciality (Melling 2011), but also tried to prepare psychologically to cope with caring for seriously ill patients (Yildiz and Arkansel 2011). The thesis by Melling reported in detail the range of ways that students prepare to familiarise themselves with the ward and the medical condition; this aspect was one theme example, researching the ward and its specialties; accessing school information; making use of the school preparation for practice sessions and talking to the friends and nursing colleagues. These attempts at familiarisation were generally positive in helping reduce anxiety, but not always, for example when the staff were not friendly or when colleagues reported negative aspects of a ward. In addition, the qualitative study by Yildiz and Akansel (2011) in Turkey identified that students allocated to care for cancer patients on their first placement tried to 'psychologically' prepare themselves to cope with very ill patients.

Becoming part of the nursing team

Students want to be part of the nursing team and recognised as a valuable competent member. Three strategies were reported by students to help their professional socialisation.

Improving their skills

Students recognised that developing competence in nursing skills was vital to becoming a valuable member of the team. Two strategies were reported that helped students achieve this.

Gaining access to skills practice through building relationships with nursing staff: ‘Doing’ and being ‘active’ was seen as the best way to develop their skills (Chesser-Smyth 2005). Building relationships enabled students to gain access to opportunities to develop their nursing skills. In the study conducted by Melling (2011), students described how they gained access to learning opportunities to enable them to develop their skills through social conversation. Students would identify common ground with the nursing staff to initiate conversation that could provide them with the opportunity to either be offered, or ask for, opportunities to practice their skills.

Strategy	Description	Study citation
Pre-placement preparation	Familiarise themselves with the ward and medical speciality e.g. through research, use school resources, talk to colleagues and friends, use school preparation sessions	Melling 2011
Becoming part of the team	Psychologically prepare for working with seriously ill patients Improving their skills <ul style="list-style-type: none"> - <i>Gaining access to skill development through building relationships with nursing staff</i> - <i>Developing competence through repeated practice</i> 	Yildiz & Akansel 2011 Melling 2011; Morgan 2002
Seeking support	Adapting their behaviour to fit the nursing culture Developing social capital From their mentor <ul style="list-style-type: none"> - <i>Develop a close working relationship</i> - <i>Become a valuable asset</i> From the nursing team or their peers <ul style="list-style-type: none"> - <i>‘latch on’</i> 	Melling 2011 Melling 2011 Melling 2011
Managing stress	Using positive coping styles e.g. being optimistic, problem solving, transference Control their thoughts and emotions <ul style="list-style-type: none"> - Being confident Talking to relatives, friends and peers Healthy lifestyle Recreational activities	Melling 2011; Sheu <i>et al.</i> 2002; Shaban <i>et al.</i> 2012 Melling 2011; Sheu <i>et al.</i> 2002 Melling 2011 Melling 2011; Sheu <i>et al.</i> 2002

Table 2: Strategies nursing students use to help them cope with changes in this transition period

Developing competence through repeated practice: Having the opportunity to repeat skills enabled students to ‘get to grips’ with and improve that skill. Students in the study by Melling (2011) described how opportunities to repeat basic nursing tasks increased their confidence so the skill became second nature. Irish students on their first placement who took part in the small qualitative study (n=6) conducted by Morgan

(2002) also reported that repeating procedures accelerated their ability to become a productive member of the ward.

Adapting their behaviour to fit with the nursing culture

Melling (2011) described how students alter their behaviour to help integrate themselves into the team. Initially they tried to take a 'low profile', watching and listening but asking few questions. They became quiet and reserved and tried not to draw attention to themselves. Often they would follow staff quietly and try not to interfere with nursing tasks. Gradually, students adopted many of the actions, symbols and language of the nurses with whom they came into contact.

Developing social capital

Melling (2011) also described how students' interactions with their mentor and nursing team enabled them to become an accepted member of the team. They worked to develop 'social capital' with both their mentors and nursing staff, taking opportunities to build good relationships. They were willing to take on any task and would offer to do basic tasks or jobs that no-one else wanted to do. They would use their own initiative where possible or do things that would help their mentor, ensuring they became a valuable resource. They pushed themselves forward to appear motivated to learn. They would build their repertoire of skills and practices and understand ward routines in order to become part of the nursing team. Initially, students would 'latch on' to their mentors and/or nursing staff and follow them around, watching closely to learn.

Seeking support

Students sought support to help them cope with the transition to clinical learning from their mentor, other staff members, their personal tutor and peers. Mentors were seen as a valuable asset so, to get their support, they became an important resource to them and invested heavily in developing a close relationship with them (Melling 2011). They would work closely with their mentor, using them as a role model to learn new skills and behaviours and would undertake tasks to help their mentor (Melling 2011). Students who were not able to gain adequate support from their mentors, for a variety of reasons, would instead 'latch on' to other staff members, such as junior nurses, or their peers to gain support (Chesser-Smyth 2005; Melling 2011).

Managing stress

Managing stress effectively helped nursing students cope with the transition during their first placement. Data from two surveys confirmed that two particular coping styles, being optimistic and using a problem-solving approach helped students during their first placement (Sheu *et al.* 2002; Shaban *et al.* 2012). Other strategies included: controlling their thoughts and emotions (Melling 2011); being confident (Sheu *et al.* 2002); talking to friends, relatives and peers (Melling 2011); ensuring they maintained a healthy lifestyle, e.g. sleeping, exercise (Melling 2011; Sheu *et al.* 2002); or making time for recreational activities (Melling 2011; Sheu *et al.* 2002).

What approaches and strategies are common to thriving/struggling students?

No studies have specifically explored approaches and strategies common to thriving and struggling students.

However, Melling proposed that what differentiated students who thrive and those who struggle is their ability to build social capital. Information, norms and resources are key types of capital goods in which social capital can be invested; differences in how students build these capital goods affect how successful they were in their transition.

Students who were successful in the transition period were those who relied heavily upon their ability to build social capital. This was seen in how, before the placement, students gained knowledge through visiting the ward, researching the speciality and finding information out from colleagues. They worked to become part of the norm. They quickly learnt the language and symbols of the nursing culture and would push themselves to engage in practice. They engaged in behaviours to create the right impressions for example, altering the

way they behaved, spoke, and the language they used. They paid attention to their uniform, to time keeping and the way they engaged with their mentors. They also developed resources to build social capital, as demonstrated by building their skills and practice and latching on to their mentor or staff to learn. Those students who had previously worked as HCAs used their existing capital (knowledge and skills) and found the transition less challenging.

In contrast, the students who struggled and faltered during the initial placement appear to be those who lacked the skills or support they require build capital successfully.

Factors that inhibit or enhance student learning during the initial clinical placement

A number of factors have been reported that impact on how students learn during their first clinical placement. These are described below. The majority of the factors were identified from studies reporting students' experiences of their first placement, but additional papers were also identified.

Factors that enhance learning include those related to the learning environment (i.e. being given appropriate opportunities for experiential learning; provision of quality supervision from both the mentor and nursing staff; and the opportunity to integrate theory and practice), as well as student-specific factors (i.e. previous experience of working in a healthcare setting; being older; using positive coping styles and being confident). Conversely, factors associated with the learning environment that inhibit learning include: lack of appropriate opportunities for experiential learning; inadequate supervision from mentor and nursing staff; and lack of opportunity to integrate theory and practice. In addition, student-specific factors that inhibit learning include: students coping with language barriers; no previous experience of working in a healthcare setting; using negative coping styles; and lack of confidence in their skills).

The opportunity for experiential learning and supervision

Being provided with opportunities for experiential learning whilst on the first placement is essential to the learning process. Students' learning was enhanced where nursing staff were supportive and provided opportunities to practice skills (James & Chapman 2009; Melling 2011; Grealish & Ranse 2009; Ehrenberg & Häggblom 2007). This included the chance to work independently once students were able and which resulted in students feeling more confident in their skills (Grealis & Ranse 2009). Being denied opportunities held students back (James & Chapman 2009; Melling 2011), for example, being asked to undertake clinical tasks that had no educational value (Chesser-Smyth 2005).

The quality of supervision from mentors and nursing staff

Having a good quality relationship with their mentor enhanced students' learning beyond those who had poor or non-existent relationships (James & Chapman 2009; Melling 2011; Parry 2011; Jonsen *et al.* 2012). Receiving adequate supervision from nursing staff also enhanced learning experiences during the initial placement (James & Chapman 2009; Melling 2011; Grealish & Ranse 2009; Ehrenberg & Häggblom 2007). Conversely, receiving inadequate supervision impeded students' learning (James & Chapman 2009; Melling 2011).

Addressing theory practice gap

Several factors affected how well students were able to integrate their theoretical knowledge with their practical experience. This included: the consistency between theory received and what they saw in practice (Melling 2011; Parry 2011); the degree to which this was discussed during supervision, or having dedicated time for reflective practice, or being encouraged to engage in reflective practice by their mentor/nursing staff

(Jonsen *et al.* 2012; Ehrenberg & Häggblom 2007); and, finally, students' own capability to translate and apply theory to their practice (Melling 2011; Jonsen *et al.* 2012).

Previous experience of working in a healthcare setting

Having previous experience of working in a healthcare setting generally had positive benefits for the students as they could rely on their previous skills and were less anxious, more confident and took more initiative at the beginning of first placement (James & Chapman 2009; Melling 2011). However, having previous experience did not automatically make the transition smooth. Students with previous experience did report more struggle in adjusting to their role of being a nurse and also perceived nursing staff had greater expectations from them than from those without prior experience (Melling 2011). Students not having previous experience, in contrast, reported greater anxiety, less confidence and being less likely to take initiative (James & Chapman 2009; Melling 2011), and this hindered their learning.

Personal characteristics of the student

Three factors were reported that affected students' transition in their first placement:

- **Age:** Being an older student was seen as having positive benefits, with nursing staff being more respectful than to younger students (Chesser-Smyth 2005).
- **Language barriers:** Students who did not speak English were at a disadvantage. Both students and nursing staff considered that their poor English affected their ability to communicate with patients and staff. Students reported struggling with medical terminology, understanding instruction from nursing staff and not being able to understand their patients' needs, and therefore were a significant barrier to learning and affected their confidence (Miguel *et al.* 2006). They also felt lonely, isolated and excluded from the nursing team and frustrated that their learning was impeded (Rogan *et al.* 2006).
- **Ability to cope with stress of the initial placement:** Using positive coping styles e.g. being optimistic, problem-solving, and transference, enabled students to cope better with transition (Melling 2011; Sheu *et al.* 2002; Shaban *et al.* 2012). Students who use avoidance as a coping style were not able to cope as well (Sheu *et al.* 2002; Shaban *et al.* 2012).

Confidence

Confidence was an important factor that enabled students to learn their skills, develop their knowledge and integrate into the nursing team. Improving confidence positively promotes learning. A range of factors enhances students' confidence. These include receiving regular feedback from mentors and nursing staff (Jonsen *et al.* 2012), being in a positive learning environment (Jonsen *et al.* 2012), being valued (James & Chapman 2009; Melling 2011); learning to make links between theory and practice (Melling 2011); and having a supportive mentor. All have been cited as improving students' confidence.

Curricular approaches to ease transition to clinical learning

Five articles evaluated six curricular approaches employed to help students during their first clinical placement. The approaches assessed were those using: clinical skills laboratories (Morgan 2002); problem-based learning and an enhanced supervision model (Ehrenberg & Häggblom 2007); clinical demonstrator (Hilton & Pollard 2005); clinical peer mentoring (Sprenkel & Job 2004); and repeated skills training (Karabacak *et al.* 2012). Three approaches were aimed at improving clinical skills learning (Morgan 2002; Ehrenberg & Häggblom 2007; Hilton & Pollard 2005); and two on reducing students' stress (Sprenkel & Job 2004; Karabacak *et al.* 2012). Two involved some (Hilton & Pollard 2005) or all (Morgan 2002; Karabacak *et al.* 2012) pre-placement training.

All but one approach, that is, repeated skills training (Karabacak *et al.* 2012), was deemed effective in helping the transition of students to clinical learning in their first placement. However, this approach was evaluated at the end of Day 1 of the first placement, and may have been too early to assess its impact. The approaches and findings are reported in detail below.

Clinical skills laboratories – enabled integration of theory

Morgan (2002) conducted a small qualitative study in Ireland (n=6) to evaluate whether clinical skills laboratory training given prior to students' first placements helped students integrate theory with practice during their first practice placement. The training consisted of teaching basic nursing e.g. recording vital signs and hygiene. The participants confirmed that sessions taught in the clinical skills laboratory prior to placement enabled them to integrate theory with practice during their first practice placement.

Problem-based learning and an enhanced supervision model: improved independent learning and clinical interactions

A study in Sweden evaluated nursing students' and their preceptors' experiences of problem-based learning (PBL) and a new model for enhanced clinical supervision during the students' first clinical placement (Ehrenberg & Häggblom 2007). The study identified that PBL enabled students to become more independent in their learning, as well as enhancing their ability to interact with patients. In terms of the enhanced supervision model, this approach was seen to improve how students learnt clinically, by learning through reflective practice as well as through being given the opportunity to take more responsibility clinically.

The key components of the project were: PBL as an educational method, guided reflection and a supervision model supporting the preceptors. Support was provided for preceptors including training in PBL, reflection and techniques for literature search for nursing research. Students were assigned to a personal preceptor who supervised and supported students' self-directed learning during their first clinical placement of 11 weeks. The preceptor was responsible for supervision, supporting self-directed learning, and support socialisation into the nursing role as well as helping student reflect on their clinical learning and their own behaviours and attitudes. Four head preceptors were also responsible for weekly group student supervision session focussing on theory practice integration.

At the start of the clinical placement, students identified their individual curriculum goals. In total, 45 students and 30 preceptors took part and evaluated this model through questionnaires. The questionnaire assessed students' and preceptors' knowledge of goals, content and accomplishment of clinical education and learning; expectations in terms of knowledge, organisation of how the goals of the curricula were to be met; attitudes to PBL and reflection, assignments, grading and students own responsibilities; the integration of theory and practice; cooperation between clinical units and the university; and the supervision model. Open-ended questions were analysed using content analysis. Interviews were also conducted with head preceptors.

Evaluation of PBL was generally positive. Students reflected that PBL made them more responsible for reaching their clinical studies goals and helped them become more independent learners. It also improved their ability to interact with patients. However, some were less positive, reflecting that PBL impeded their clinical training; some did not value the group meeting or teaching assignments. Positive benefits reported by the preceptors included: their knowledge of PBL was improved; seeing the benefits of reflection on learning; being able to offer students individual supervision; and having a new teaching approach to offer students.

Students and preceptors positively evaluated the new model of enhanced supervision. Students found their learning was enhanced by: their preceptor trusting them and giving them responsibility, field notes from their preceptor/clinical lecturer assisted their learning through reflection, and peer group reflection enhanced their learning about patient care. Preceptors valued having allocated supervision time and recognition of their role, but were challenged by competing work commitments and the intrusion of students' coursework.

Clinical demonstrator – supportive, reduced stress, increased confidence and eased their transition

Employing clinical demonstrators was an effective approach to tackle students' lack of confidence and ability to perform core clinical skills during their initial placement. A clinical demonstrator is a clinician seconded to the university for a fixed period of time to provide additional support to neophyte students in the classroom, laboratory and clinical settings. An action research study conducted by Hilton and Pollard (2005) in the UK recruited both novice nursing students before their first clinical placement and more senior students. Evaluation confirmed that the clinical demonstrators were effective in helping nursing students on their first clinical placement, as detailed below.

Before placement: Clinical demonstrators offered struggling students extra sessions to those already timetabled, and the novice students reported feeling less stressed and more confident when starting their first placement.

During the placement: Clinical demonstrators were able to *allay students' fears* on their first placement when they realised how little they knew but how much they needed to know. Their main concerns were fitting into the ward team and adapting to their new role. Clinical demonstrators planned regular meeting to discuss their concerns. In addition, they were able to 'fill gaps', being more available than mentors, and were able to help the novice students quickly with any issues they had, which reduced their anxiety.

The two following studies both evaluated approaches aimed at reducing the stress students experience during their first clinical placement. One study assessed the benefit of clinical peer mentoring (Sprenkel & Job 2004) that successfully reduces student's anxiety and stress in their first clinical placement. The other study evaluated the benefits of repeating the standard skills training that students receive as part of their curriculum in preparation for their first clinical placement (Karabacak *et al.* 2012). Repeating training did not reduce students' stress levels, but it did reduce their reliance on using optimism as an approach to coping with stress. It should be noted that this study evaluated students at the end of their first day of placement and thus may have been too early to assess its overall impact.

Clinical peer mentoring – reduces anxiety and stress

The first prospective study, set in the USA, assessed the impact of providing clinical peer mentoring to reduce anxiety during students' first clinical placement (Sprenkel & Job 2004). Second year nursing students acted as mentors for novice students over the period of their first clinical placement. Both students and mentors reported that the novice students were less anxious and found the clinical learning environment less stressful as a result of the mentoring.

Repeated skills training – did not reduce stress

The experimental study conducted by Karabacak *et al.* in 2012 assessed the effect of repeated skills training prior to nursing students' initial placement to see if it helped reduce students' stress. Stress levels and coping styles were assessed at the end of the *first* day of clinical practice in both groups of first year nursing students in Turkey. The control group (n=26) was taught laboratory-based fundamental nursing clinical skills for five days prior to students' first placement as part of the standard curriculum. Those in the experimental group (n=26) had repeated the laboratory skills training sessions, thus receiving ten days' training prior to their first clinical placement. No group difference in stress levels was identified, but repeated skills training did help students cope with stress. Those receiving the repeated training relied less on an 'optimistic' approach to coping on their first day of their first clinical placement compared to those receiving the standard training. Repeated training did not affect other coping styles, i.e. self-confidence, helplessness, being submissive or seeking social support. Models for experience-based learning

Only one paper was identified that reported a model for experience-based learning during the initial clinical placement. The model was based on providing enhanced clinical supervision during students' first clinical placement described previously (Ehrenberg & Häggblom 2007). The preceptors, who had dedicated

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supervision time, were given training in PBL approach, reflection and techniques to conduct literature searches for nursing research. Head preceptors oversaw preceptors and also provided weekly group supervision for students focussing on theory practice gaps. Details of the study are reported in the previous section. The evaluation showed that providing enhanced clinical supervision was effective in enhancing students' clinical learning, with students reporting improved learning through being given more clinical responsibility and through reflective practice.

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