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An exploration of pre-registration adult student nurses' experiences of learning whilst on placement

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Declaration

I hereby declare that this thesis is my own work and effort and that it has not been submitted elsewhere for any award. Where other sources of information have been used, they have been acknowledged.

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Abstract

Title: An exploration of pre-registration adult student nurse's experiences of learning whilst on placement.

Aim and objective: This study was carried out to explore the experiences of third-year student nurses' learning whilst on placement within the clinical setting. The findings will be used to support the learning experiences of student nurses whilst undertaking the practical component of the pre-registration nursing programme within a small district hospital.

Methods: This qualitative study was conducted within the philosophical underpinnings of hermeneutic phenomenology due to its concern with the human lived experience. A purposive sample was recruited and included in the results. Data was collected through semi-structured interviews and analysed following Braun and Clarke's (2006) 6-stage analysis.

Findings: Key findings were identified as influencers to the student learning experience whilst in practice. These were categorised into the following themes: the learning environment, feeling respected and accepted, work versus learning and not belonging.

Conclusion: Students' experience of learning and their well-being can be significantly affected when they are left feeling as though they do not belong or are not part of a Community of Practice. There is a need for a greater emphasis on assessors and supervisors in welcoming students into the placements Communities of Practice.

Keywords Student nurses, learners in practice, practice environment, placement environment, belonging, not belonging, Situated Learning, Communities of Practice

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Chapter 1: Introduction and Background

1.1 Introduction

This research aimed to explore the experiences of student nurses learning whilst on placement, who were undertaking a Bachelor of Nursing (BN) within an approved local Higher Education Institute (HEI). This chapter will provide a background to student learning within the clinical environment, including a brief history of nurse education, the role and purpose of supervision and assessment whilst on placement and the significance of the learning environment. It will set the scene for the multiple learning components for student nurses whilst on placement.

1.2 Background

Placement is a critical component of nurse education, reflected by the allocation of 50% of the programme, 2300 hours on placement within the clinical environment (Mckenna et al, 2019, NMC, 2018d, Arkan et al, 2018). At the time of undertaking this study, locally, student nurses attended placement in an audited clinical learning environment. Placements are delivered in blocks, supporting delivery of the theoretical component of the nursing curriculum also being delivered in blocks (McKenna et al, 2019), a model also adopted in other countries, such as Australia. A qualitative explorative study undertaken by Birks et al (2017) identified that when students felt part of the team, this positively supported their learning experience of being on placement. The student nurse learning experience whilst on placement is essential to me as a lecturer and second-year Adult Nurse Pre-Registration Lead within a local Higher Education Institute (HEI). My interest in nurse education is the student learning experience within the authentic environment, specifically whilst on placement which led to my exploration of this phenomenon.

1.2.1 Nurse Education

Throughout nursing history, nurse education has gone through significant changes and is now recognised as an all-graduate profession (McKenna et al, 2019., Kitson, 2001). Kenny (2003) suggests that economic and political drivers were the initial influencers for changes in nurse education delivery. Before the 1990s, entry into the nursing profession was through an apprenticeship which later became Project 2000. Project 2000 introduced the nursing profession at a higher education level (Andrews & Wallis, 1999), with further developments making it an all-graduate profession (Purssell & McCrae, 2021). This was supported by the

Department of Health's (1999) *Making a difference* paper emphasising the urgency for a competency-based approach to assessing skills, knowledge, and attitudes, an area Project 2000 was criticised for not providing. However, not long after the change, concerns were raised that the existing challenges remained (Kenny, 2003). Kenny (2003) suggested that a return to an apprenticeship model could effectively tackle some of those existing challenges, including alleviating the ongoing theory-practice gap (Mudd et al, 2020., Monaghan, 2015., Ironside, 2006). More recently, Purssell and McCrae (2021) argue that the move to an all-graduate profession has still not provided the expected benefits and suggest that introducing the nurse associate training route is re-introducing the apprenticeship model to nurse education. However, although there is a shift towards returning to apprenticeship models, the Council of Deans recognise that not all students on the nursing associate pathway will be appropriate to continue becoming registered nursing professionals (Neilsen, 2017), thus providing a safeguard for all graduate profession.

Students of the traditional apprenticeship model were employed by healthcare providers where they undertook all their training in a school of nursing where living and working together as a community (Roxburgh et al,2008., Dyson, 2018). However, a criticism of nurses qualifying by apprenticeship were perceived as not being appropriately skilled for delivering contemporary healthcare (Dyson, 2018., Stacey et al, 2015) described by Henderson et al (2012) as being a ritualistic, task-orientated profession during this time. This provided a shift toward competency-based knowledge and technical skills acquisition (Roxburgh et al, 2008). The former nursing and midwifery regulatory body, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), supported that nursing skills required uplift to meet the changing public needs. However, not all healthcare professionals, including nurses, agreed with the changes to the delivery of nurse education implemented to 'modernise' nursing in the 1990s (Mckenna et al, 2019) with the concept of 'too posh to wash' surfacing (Stacey et al, 2015). It was argued that even with the changes, it is not an easy task to apply theory into practice (Birks et al, 2017., Stacey et al, 2015., Bendall, 2006). Salifu et al (2018) suggest that registered nurses also often pose barriers to the student learning experience whilst on placement by taking shortcuts when caring, basing on their own experiences and not necessarily on evidence. The impact can be significant especially as student nurses learn a large proportion of what it is to be a nurse including the nursing identity whilst on placement (Soerensen et al, 2023). This barrier can result in students finding it challenging to apply theory into practice.

Panda et al's (2021) systematic review identified the theory-practice gap as a common theme in 14 other studies included in their paper. The current imbalance of classroom teaching against what is learnt on placement causes significant stress among students (Panda et al, 2021., Purssell & McCrae, 2021., Mudd et al, 2020). McBride et al (2015) suggest the emphasis and responsibility are on HEIs and placement areas to maintain an enhanced level of communication and coordinated approach in supporting students with applying theory into practice. In many instances, it is also suggested that this is partly due to a lack of understanding of the expectations of students' learning needs in the practice setting.

Kitson's (2001) literature review identified resistance amongst staff to changing their 'outdated' ways of working as being a barrier. Henderson et al (2012) recognise that this challenge remained a decade later, with a subsequent literature review by Harrison-Blount et al (2019) identifying a personal lack of understanding of evidence-based practice as a barrier impacting students learning whilst on placement. However, regardless of the challenges, changes to the delivery were necessary particularly as it improves the safety of patients and the quality of care (McKenna et al, 2019., NMC, 2018a). Gupta et al (2017) considered introducing methods of how to unlearn the old instead of teaching how to learn the new is described as being similar to the first stage of Kurt Lewin's (1947) change theory of unfreezing. In nurse education, this approach would help to support the implementation of the NMC's Standards of Proficiency for Registered Nurses (2018b), which underwent development to ensure the curriculum remained dynamic, adapting to the changing needs of the public (Purssell & McCrae, 2021., Pearson & Wallymahmed, 2020., Dyson, 2018). However, as with any change implemented, there have been challenges to overcome (Gupta et al, 2017) particularly as the standards reflect the role and expectations of all nurses delivering care today (NMC, 2018b) including locally where this research was undertaken.

For students to achieve the standards and proficiencies set out by the NMC (2018a), student support whilst on placement is essential, as the primary component of the programme focuses on applying theory to practice (Panda et al, 2021; Stone et al, 2021). This was acknowledged by the NMC (2018b), which amended how student support on placement was delivered. The role of the mentor is now superseded by the supervisor and the role of an assessor (NMC, 2018c), phasing out the term mentor completely (Pearson & Wallymahmed, 2020). The assigned supervisor takes on the responsibility of the overall learning experience with an ability to be subjective. In contrast, the assessor can remain objective when assessing student knowledge and competence (Leigh & Roberts, 2018). The significance of objectivity when

performing assessments was identified in much earlier seminal work by Duffy (2003), who focused on failing students. Duffy's (2003) qualitative study identified multiple reasons failing to fail students existed especially once a supportive relationship had been established. Reasons included perceived distress to the mentor and additional stress to the student whereby a feeling of guilt would be present if they failed (Duffy, 2003). A later survey conducted in Australia by Hughes et al (2019) proposed why this phenomenon continues. Although both studies cite a duty of care to the public, both Duffy (2003) and Hughes et al (2019) established that whilst professionals understood their role as gatekeeper to the profession, many admitted allowing students to pass at least one aspect of their assessment although they had failed, thereby giving them 'benefit of the doubt'.

The COVID-19 pandemic in 2019 saw changes to the delivery of the BN programme (NMC, 2020., Stone et al, 2021., Fitzgerald & Konrad, 2021., Joo & Lui, 2021). First-year student nurses were withdrawn from practice in the United Kingdom (UK), for their own protection as it was argued that as novices, they would be at an increased risk of exposure in the healthcare setting (Cushen-Brewster et al, 2021, NMC, 2020). Internationally this was also considered the most appropriate action (Godbold et al, 2021., Aslan & Pekince, 2021). This was supported by a small-scale American study by Fitzgerald and Konrad (2021) which invited first-year student nurses to complete an anxiety symptom checklist tool during the pandemic. First year students were targeted due to their perceived limited experience of working in health, suggested by earlier studies and professional bodies such as the NMC (NMC, 2020). The findings identified a significant level of fear-induced anxiety at the prospect of being on placement, contracting or bringing home COVID-19 during the first wave of the pandemic (Fitzgerald & Konrad, 2021). The significance of the pandemic was due to the timing of this study conducted as the participants were first year student nurses who commenced the BN during the first wave of the pandemic.

1.2.2 Clinical learning environments

Students spend significant time on placement, which is necessary to prepare them with the skills, knowledge and attitude expected of a nurse (Soerensen et al, 2023., NMC, 2018b., Arkan et al, 2018., Shivers et al, 2017). There are many quality assurance processes in place to ensure placements provide quality experiences enabling student nurses to fulfil the NMC requirements (2018a) such as an audit on a local level, NMC assessments on new programme areas who are seeking approval, follow-up annual reports from AEI's and NMC placement area visits (NMC, 2022). Locally, placements are periodically audited by the HEI to ensure

students are exposed to a breadth and depth of different clinical environments in preparation for registration. However, due to the everyday challenges of a significantly under-resourced and understaffed workforce, even with these processes in place students are exposed to an inappropriate learning environ (Williamson et al, 2020).

The clinical learning environment for student nurses is a sociocultural setting where the attitudes and behaviours of a nurse are learnt (Soerensen et al, 2023., Cant et al, 2021., Shivers et al, 2017., Murphy et al, 2012). Resilience skills, including being able to voice concerns and demonstrate leadership, whilst delivering safe care, are necessary to teach students in preparation for exposure to the social-cultural placement setting (Lee et al, 2023). However, a qualitative study performed by Bril et al (2022), specifically focusing on assertiveness whilst on placement, identified through semi-structured interviews that assertiveness needed to be a taught theoretical component. The experiences of 12 participants concluded that student nurses who attended placement were underprepared for the social challenges associated with the working environment. Bril et al (2022) identified that a lack of social preparedness could directly impact the development of a nurse. Shivers et al (2017) earlier established that the environment can also pose significant barriers to the development of the nurse such as staffing levels, staff mix and placement preparedness for students. A limitation of Bril et al (2022) was that the study was conducted in only one University and may not represent curricula offered within other UK Universities where assertiveness may already be a taught component. Bril et al (2022) also recognised that following a significant dropout following recruitment, there was further potential for bias with the participants who chose to continue with the study. The complexities of learning within the placement setting are the area of interest and the focus of the research undertaken for this study.

1.3. Conclusion

This chapter has provided a background to the complexities of students learning whilst on placement which has led to the exploration of this phenomenon. To appreciate contemporary nurse education, it was necessary to provide a historical background. There is also a significant expectation of students whilst on placement, such as the applying theory into practice with the additional untaught elements of the identity of a nurse, including the social aspects that can only be observed whilst on placement within the clinical setting. The next chapter will review the literature in more detail regarding the debates surrounding student nurses' learning experiences whilst on placement. The theoretical positioning for this study,

Situated Learning (SL) will then be explored in Chapter 3. Chapter 4 will discuss the methodological approach and a rationale for how this study aligns with hermeneutic phenomenology. Lastly, this chapter will demonstrate the process of collecting data to maintain confidence and trust in the findings. Chapter 5 will then discuss the main findings from the data, analysed following Braun and Clarke's (2006) framework approach. Chapter 6 will review the findings in detail, exploring how the results fit in with the knowledge already known. This chapter will also discuss implications for future practice and the dissemination of results. Finally, Chapter 7 with provide an overall conclusion to this research undertaken.

Chapter 2: Literature review

2.1 Introduction

This chapter aims to review the literature focusing on key topics associated with contemporary nursing and the student experience of learning within a clinical placement. Initially, a brief overview of the search strategy will be outlined with a rationale for looking at the literature critically. This will then be followed by a review of the literature identified from the search, specifically focusing on contemporary nurse education, and learning within the clinical environment.

2.2 Search strategy

A literature review was undertaken to demonstrate existing knowledge as well as any gaps in the knowledge regarding student nurses' experiences of learning whilst on placement (Aveyard et al, 2021). Pautasso (2013) suggests conducting a thorough literature review, even if similar systematic reviews exist, as a different perspective and critical eye might yield further information irrelevant to the initial research inquiry. Cronin et al (2008) suggest that critically appraising the literature may also result in questions of the primary research outcomes.

The SPIDER framework was first used to support the structured literature review approach. This tool allowed search terms to be visibly broken which were then used to conduct the literature search (appendix 10). Methley (2014) proposed other frameworks, such as PICO or PICOS, that could have been used and conducted a review to establish the most effective framework. It was identified that the SPIDER framework missed relevant papers when searches were conducted using the PICOS, PICO and SPIDER (Methley, 2014). However, it was earlier identified by Cook et al (2012) that the results yielded from using the SPIDER were far more sensitive to the topic explored. Taking this into consideration and the simplicity of the tool, the SPIDER tool was found to be most relevant to this study undertaken.

Table: 2.1 Formulation of literature review search terms (Cook, 2012)

Sample	Student nurs* OR learner* OR undergraduate OR Pre-registration OR
Phenomenon of **I**nterest	Learning on placement OR Learning in practice OR learning in clinical practice
Design	Semi-structured questionnaires
Evaluation	Experie* OR percep* OR View OR Understand* OR opinion OR attitude
Research type	Qualitative, quantitative, mixed methods

To avoid the risk of eliminating relevant papers, more than one database was used as they can lend themselves to being subject-specific (Aveyard et al, 2021) therefore an understanding of databases chosen is essential. Bettany-Saltikov (2012) highlight geographical settings can add bias suggesting that MEDLINE is an example of this with over 50% being American publications. For this review, CINAHL complete and MEDLINE were used, identified by Harris et al, (2018) as being the preferred nursing databases. Additional searches were also conducted on peer-reviewed journal databases such as the British Nursing Index as well as the Royal College of Nursing (RCN) database. It is also essential to consider the spellings and synonyms used when devising broad search terms (Cronin et al, 2008). Boolean operators were incorporated to support the elimination of irrelevant papers (Hewitt-Taylor, 2017) by increasing the sensitivity of papers identified (Bettany-Saltikov, 2012). Furthermore, Purssell and McCrae (2020) recommend that as a minimum, searches must be replicable, meaning they must have a clear strategy that is inclusive of search terms.

Primary research focused on student nurses' learning experiences in the authentic learning environment and published in English to avoid incorrect translations that could impact the research findings. Further papers were excluded that solely focused on simulated practice or did not reference the student learning experiences whilst on placement. Although simulated learning is highly recognised as important to the student nurses' overall learning experience (Watson et al, 2021) it was not relevant to this study which was to explore students'

experiences of learning whilst on placement. Additional papers were also excluded if they were conducted in settings dissimilar to those found within the local placement portfolio as well as papers conducted in countries where nurse education held no similarities. Lastly, papers that were not published in English, opinion pieces, and editorials were also excluded. Papers not included in the critical analysis contributed to the background of this research (Cronin et al, 2008). Papers published in the last decade were targeted however, seminal papers were also considered as they continue to remain relevant. It is important to demonstrate a degree of flexibility during the literature search and reviewing process (Purssell & McCrae (2020).

The initial literature search yielded 45 papers–of which 16 were identified as appropriate following the inclusion and exclusion criteria as well as removal of duplications (Appendix 10). The reference pages were also searched to identify any further relevant articles. Further searches were conducted throughout the research process during data analysis which uncovered further articles relevant to this research. Additional papers were also identified throughout the research process.

2.3 A review of contemporary nurse education

The NMC (2018a) promote lifelong learning and effective future leaders with a focus on developing a resilient and critical-thinking workforce. This is indicative of changing public expectations and contemporary care delivery. The NMC (2018a) standards require nurses to maintain current evidence-based knowledge to deliver safe and effective care incorporating reflective practice to remain on the professional register. There has been a shift away from traditional methods of learning where students learnt by observing registrants in practice (Materne et al, 2017). Tebogo and Downing's (2020) concept analysis support the change implemented by the NMC (2018a) identifying that the traditional model impacted the student's ability to challenge practice and to deal with unforeseen circumstances or apply critical thinking. The traditional approach to learning was to simply follow instructions without an explanation and no opportunity for further exploration or discussion (Tebogo & Downing, 2020). In contrast, Perry et al (2018) suggested that although the transition to a degree-based profession was necessary it also resulted in learners being less exposed to practice-based learning situations. The transition has therefore not been without it challenges including staff resistance to change.

Stacey et al's (2015) longitudinal qualitative case study of 8 student participants found that graduate entry student nurses commenced their placement with a preconceived negative stereotype. It highlighted that those perceived to be academic were deemed less able to demonstrate practice skills by their practice educators. Stacey et al (2015) highlighted that the students commenced placement prepared for this barrier attending with the necessary communication tools to help them overcome the perceived threat to their learning. This study demonstrated the ability for students to develop their own resilience supported by having knowledge of the public and professional criticism the programme faced during this time (Stacey et al, 2015). A limitation acknowledged was the small sample size from one university. Resilience is a common theme throughout the literature and is a theme emphasised by the NMC (2018a). Its purpose being to improve the learning experience in practice and therefore supporting the development of safe practitioners on the professional register, promoting the safety of service users.

Salaman and Warshawski (2022) conducted a cross sectional survey focusing on student satisfaction whilst on placement and identified that by preparing students to be resilient and having the courage to question practice resulted in an improved level of student satisfaction. The convenience sample recruited was 131 2nd and 3rd year student nurses. A limitation of this study was that in view of the methodology being quantitative, further exploration of student experiences and perceptions was not possible. The participants were from one university and therefore could not be generalised to the larger population as it was not known what other university curricula offered. However, Salaman and Warshawski (2022) demonstrated that employing a consistent clinical instructor, whose sole purpose was to support students on placement, had a profound positive effect on the student's sense of belonging resulting in increased placement satisfaction. These findings support Cooke et al's (2021) literature review of nursing home placement experiences. Multiple studies supported the opportunity for students to engage in reflective discussions on placement as it positively impacted the overall student learning experience (Cooke et al, 2021).

Rodriguez-Garcia et al (2018) ethnographic study focused on students' critical thinking development and reflective practice. Although conducted in Spain the findings are relevant to the purpose of this study and support the need to develop the future nurse to be a critical thinker who can appropriately challenge practice. What was identified from the semi-structured interviews was the students to undertake positive risk-taking whilst on placement with support from well-prepared supervisors. For this to be replicable to other settings meaningful support

for placement areas is needed. This will provide confidence in assessors and supervisors in allowing students to be supervised to undertake skills and interventions.

2.4 Learning in the clinical environment

In a qualitative study exploring 15 student nurses' experiences of undertaking placement in a nursing home setting, Laugaland et al (2021) identified the student learning environment significantly impacted the student learning experience. Participants felt that nursing home placements were often insufficiently prepared for students and in almost all instances were understaffed. This led to some students consistently working with Health Care Assistant's (HCA). Laugaland et al's (2021) findings support an earlier investigation by Moquin et al (2018) whose research was similar. The findings conveyed hierarchical challenges amongst the student nurses and HCAs impacted by the student nurses predominantly assigned to work with HCAs due to significant staff shortages. Rather than see this as a possible learning opportunity from working with other members of the wider team this was instead perceived this as a hindrance as they felt as though they were held back from developing hands on 'technical' skills by not working with nurses.

Nordiquist et al's (2019) exploration of the overall clinical learning environment identified external and internal factors affecting student learning across all disciplines. For example, healthcare has seen a surge in applicants due to the nature of roles with job security as well as workforce planning drivers (Williamson et al, 2020). Due to a global nursing shortage, placements must also develop to accommodate larger cohorts but increasing placement capacities could impact the quality of learning for the student (Williamson et al, 2020). In view of these challenges, HEI's have begun implementing alternative placement experiences allowing students to undertake a simulated placement experience away from clinical placement. Simulated experience still allows students to achieve the necessary outcomes otherwise achieved in an authentic environment, with supervisor and assessor support (Taylor, et al 2021). Locally, this adaption has not yet been implemented in view of how the programme is delivered with the current university partner.

A qualitative study conducted in Denmark by Soerensen et al (2023) explored the high attrition rates associated with nurse education. Out of 15 participants who agreed to be interviewed, following their withdrawal from the programme, the clinical learning environment was one of the most common reasons. In contrast to Williamson et al (2020), Soerensen et al (2023)

argue that high attrition rates in nurse education further impact the global shortage for nurses. It was also identified that students perceived the learning environment as being on par with the 'social' environment and that the two entities coexisted as one. Many students raised the concern that they were not prepared for the realities of learning within a functioning clinical environment caring for patients alongside the challenges of not feeling as though they belonged. A limitation of this study expressed by Soerensen et al (2023) was that all data was included in the analysis including students who withdraw partway through.

An earlier explorative study by Feeney and Everett (2019) also identified nurse education and the nursing profession as having high levels of attrition. A literature review conducted by Koch et al (2015), focusing on the diversity of nursing student characteristics and the impact on clinical placements found that students who did not speak English as a first language were associated with higher attrition rates and less satisfactory placement experiences. Chronic understaffing, low morale, bullying, and burnout also contribute to students leaving the profession even before joining the register (Soerensen et al, 2023., Nordiquisit et al 2019). Hamshire et al's (2018) cross-sectional study identified a significant theme of high attrition rates, the clinical practice environment and culture. The surveys were completed by over 1000 participants based in the UK. It was identified that there were no significant differences nearly a decade later once changes had been implemented. Henderson et al (2020) and Hansen et al (2018) suggest that students who observe positive role models, and compassionate care and who are made to feel as though they belong are crucial factors for them to remain in the programme to completion.

2.4.1 Socialisation and belongingness

McAvoy and Wait's (2019) qualitative study investigated the experiences of student operating department practitioners (OPD) and their perception and experience of belongingness. All participants described feeling 'left out' or 'like being at school'. This feeling impacted their experience and their overall learning. An earlier study by Levett-Jones et al (2009) identified the same phenomenon of a lack of belongingness, impacting the student's learning experiences with findings further supported by a systematic review undertaken by Cant et al (2021). Cant et al (2021) found that acceptance is an essential part of students learning whilst in clinical practice. The students in this study identified a need to be a part of the team and to feel like they belong in the broader social context (Cant et al 2021). Failure to be accepted increases anxiety and decreases confidence, directly impacting a student's cognitive ability to learn (Hamshire et al, 2018). The findings from Perry et al's (2018) integrative review concur

suggesting that inclusion into the social sphere of the practice environment actively encourages student participation within a teamwork approach positively reinforcing student satisfaction. Soerensen et al (2023) further supports the negative impact of not belonging and a feeling of isolation on student learning outcomes. Some students cited this as being one of their main reasons to withdraw from the programme. Soerensen et al (2023) recommended that further research be undertaken expanding to include students who considered leaving the programme but then chose to remain. By excluding students from the workplace culture and social environment or assuming the student's ability to participate results in minimised opportunities for learning (Perry et al,2018).

Jack et al (2017) and Panda et al's meta-synthesis (2021) recognised not belonging as being a continuous global barrier to student experience of learning in practice. Students identify assessors and supervisors as enablers in supporting them in bridging the practice-theory gap phenomenon considering them as role models (Mathisen et al, 2022). Nordiquist et al (2019) exploratory study associated events such as bullying whilst on placement resulting in negative and suppressed learning experiences for students. This is further reinforced by Pienaar et al's (2022) integrative review of the literature which focused on supportive clinical learning environments in the healthcare setting. A theme identified from the findings suggested that poor relationships with practice support within the confinements of an unsupported learning environment, limited the learning opportunities and increased unnecessary stress amongst students. DeWall et al's (2008) experimental study established a correlation between participants' fear of social exclusion and their ability to detect signs of social acceptance. Overall, the study found that participants would be drawn to attitudes and behaviours perceived as an opportunity or gateway to being accepted. For example, being greeted with a smile was observed as an act of kindness and acceptance, resulting in the participants willingly giving their attention and time. Jack et al's (2017) research concurs and identified that students who had enthusiastic practice support performed better as well as demonstrated positive overall well-being. Pienaar et al (2022) acknowledged this and recommended peer learning amongst students, support those who supported learners and allow supernumerary status to enable meaningful and dedicated time to students. Sporadically, within the studies identified from the integrative review, these steps in supporting practice educators and students positively impacted the student's sense of acceptance and belonging which in turn ultimately influence the positive student learning experience (Pienaar et al, 2022).

Materne et al's (2017) longitudinal study of 1176 participants, identified that with continuous practice support including regular open and responsive communication between HEI's and

clinical managers, positive student feedback was eventually gained with data collected from a Clinical Learning Culture Survey. The survey was conducted at 1 year, 2 year and at 4 years. Change was only evidenced at the 4-year data collection period where students who completed the survey felt positive about the learning environment with a feeling of a greater sense of social inclusion and belonging. Demonstrating that a whole team multi-faceted approach is required in ensuring students feel as though they belong, a necessary attribute to successful learning. Further research by Laugaland et al (2021) additionally acknowledged a discrepancy between how supervisors in practice supported student nurses, the differences in how students were greeted and managed, and the expectations of students. During focus group discussions, participants from two groups expressed that these factors made them feel vulnerable and anxious supporting findings from McAvoy and Wait's (2019) explorative study. The study highlighted that participants who did not feel welcomed directly related this to poor learning outcomes and limited opportunities during placement. This was further supported by Nordiquist et al (2019), who suggested a feeling of not belonging shifted learners' away from what is essential, instead diverting their attention to solely getting through the task at hand. It is important to consider is that at the point of entering the NMC register, all nurses are expected to take on the role of a supervisor regardless of following the organisational preparation (Leigh & Roberts, 2018).

It is during placement that students consolidate theory and learn new skills and value their supervisor‘s support in enabling them to do so (Pienaar et al, 2022., Materne et al, 2017., Lambert & Glacken, 2005). The supervisor is expected to dedicate time to the student's learning needs and managing their caseload of patients (Leigh and Roberts, 2018., NMC, 2018b). It is therefore essential that supervisors and assessors are also provided with an additional support network and preparation to effectively carry out their supportive roles (NMC, 2018b). Nationally, practice supervisors and assessors are supported by practice education facilitators (PEF) who are employed by the trust to improve quality learning (Scott, et al, 2017). The significance of this role was earlier identified by Lambert and Glacken (2005) as being essential in bridging the practice theory gap.

2.5 Conclusion

This chapter has identified some key literature focusing on student nurses' learning whilst on placement. It has demonstrated a shift from traditional methods of nurse education to contemporary nursing today in developing the 21st-century nurse. The future nurse is expected to be a resilient and reflective critical thinker who can shape their practice on prior

experiences. It was recognised that the theory-practice gap continues, a phenomenon not new to nursing education and the impact this has on student learning. The rationale and purpose of a clinical learning environment were also explored alongside the roles of facilitators supporting students learning within the authentic environment. Belongingness and acceptance were key findings from the literature supporting this review. The next chapter will briefly examine the concept of SL alongside Communities of Practice (CoP) and its relevance to nursing education, specifically student learning whilst on placement within a clinical setting.

Chapter 3: Situated Learning

3.1 Introduction

Having explored the literature on student experiences of learning in practice, this chapter outlines the theoretical positioning beginning with a brief introduction to the learning approaches in nurse education. This includes an overview of Carper's (1978) ways of knowing and Benner's (1982) concept of novice to expert. The chapter then explores how individuals learn, specifically the theory of Situated Learning (SL) and its application to pre-registration nurse education.

3.2 Nature of Knowledge

Carper (1978) proposed four ways of knowing to help understand the uniqueness of nursing, specifically in supporting nurse education and practice, both essential elements of the nursing profession. Carper (1978) describes scientific knowledge as knowledge obtained from an empirical methodology that provides objective findings that fit within a positivist paradigm to inform best practices (Moule et al,2016). The following proposed way of knowing is aesthetic knowing. Described by Carper (1978) as being the art of nursing and considers knowledge alongside the clinical and physical skills expected of a nurse in how care is delivered. It incorporates the patient's needs and adapts the approach to care to meet those needs (Russell & Williams,2017). Carper's (1978) way of knowing is through personal knowledge, which focuses on the person's strengths and weaknesses. It requires reflexivity to establish whether their opinions and views might influence the overall outcome (Rafii et al,2021). Lastly is ethical knowledge helping nurses to establish what needs to be done and how they will go about doing so. The proposed four ways of knowledge offer an insight into the thought process of decisions made by a nurse.

Benner (1982) offers a conceptual framework to understand how learning is undertaken within the nursing profession. It is suggested that knowledge is embedded in expertise and that expertise can only develop through experience and exposure (Murray et al, 2019). The first two levels of competence outlined within the framework are novice learners and advanced beginners, learning through trial and error and beginning to apply theory into practice (Ozdemir, 2019). The next stage is a competent practitioner, where nurses are expected to feel less anxious about continuing their learning within an authentic environment and will require no prompting (Quick, 2016). Following is the proficiency level and finally the expert,

whereby the nurse has a solid technical foundation (Dracup & Bryan-Brown, 2004). A criticism of Benner's work is the lack of a definition of an expert (English, 1993). Murray et al (2019) suggests that a positive of this framework, applied to students, is a foundation of what is expected of them throughout their programme, beginning with being a novice learner. To expect a student to be able to be a master after very few attempts would be an unrealistic proposition.

As previously discussed in Chapter 1, the theory-practice gap phenomenon within nursing has been an area of increasing investigation among nurse education researchers globally (Maben & Latter, 2006., Zeiber & Wojtowicz, 2019). Vosoughi et al (2022) suggest various methods of overcoming this dilemma have been developed, yet the gap remains (Reginere, 2014., Tsimane & Downing, 2020). Vosoughi et al (2022) highlighted shortcomings in communication between clinical practice and the HEI. Tang and Chan (2019) concur, both studies identified that a two-way relationship with clear communication is necessary when coordinating the education process, given that the delivery is on multi-sites. Earlier work by Bendall (1976) identified this shortcoming that what was taught in the classroom did not always relay to what was taught or expected of the student nurses when in practice. Having explored some of the epistemological and ontological concepts of the nature of nursing knowledge, the following focuses on how nurses learn. While there are several theories of learning, such as Piaget, Vygotsky, Gesalt, and Asubel, within this study, the focus will be on Lave and Wenger's (1991) theory of SL.

3.3 Situated Learning

Lave and Wenger's (1991) SL framework was developed to explain how people learn within an authentic social environment and suggest that separating the theory from the authentic environment can inhibit the learning experience. Therefore, it is argued that learners should be immersed within the authentic environment to enable meaningful learning (Terry et al, 2019) and is recognised to help to minimise the theory-practice gap discussed in Chapter 1. In addition to the theoretical framework of SL, Lave and Wenger (1991) further developed their theory of Communities of Practice (CoP), focusing on how the learner progresses from Legitimate Peripheral Participation (LPP) to complete immersion. Cleland and Durning (2019) suggest the theory was further developed to tackle existing challenges to explain the concept of learning whilst in practice alongside a community of experts.

Lave and Wenger (1991) describe this learning theory as one that relies on multiple elements, including the person themselves and what they bring to the experience and the social aspects. It refers to learning that occurs within an authentic environment reinforced by social interactions as well as a process of critical reflection (Kleef & Werquin, 2012). Terry et al (2019) further suggest that SL is a process where individuals encounter ongoing negotiations, learning from experiences they were exposed to before making sense of any new knowledge. Lave and Wenger (1991) propose that a positive learning culture within a supportive environment positively impacts a learner's experience. Cant et al (2021) further add that social elements of learning within an authentic environment can positively or adversely affect the student learning experience; therefore, attention must be taken. An awareness of this potential to impact aims to mitigate adverse effects on the student's emotional well-being or the risk of attrition (Perry et al, 2018).

3.4 Legitimate Peripheral Participation

Lave and Wenger (1991) state that LPP is the expected stage a novice learner would enter that learning experience. Benner et al (2009) define the student at this stage as not having sufficient prior knowledge to understand what they are exposed to. Over time the student would develop to become an experienced practitioner within the CoP. Novice learners are expected to learn through active participation but to do so, Lave and Wenger (1991) recognise that there is a level of peripheral observation that must be undertaken first. Learners are expected to observe the practice undertaken by an experienced professional or 'Master' combined with how they are perceived within their field of practice (Lave & Wenger,1991). Attrill et al (2018) propose that the learning process within the area is dynamic, and therefore there must be an element of fluidity. The learner enters the experience as a newcomer but eventually becomes an 'old timer'. So, the continuum of CoP endures meaning that learners would become experienced professionals supporting new learners.

3.5 Community of Practice and Student Nurses

In practice, student nurses are objectively assessed on skills and expected to learn the social elements whilst developing their nurse identity. Once registrants of the NMC, the student will join a new CoP with like-minded professionals sharing practice and knowledge (Lave & Wenger,1991). Additionally, students may also form their own CoP to support their socio-cultural learning. A study by Orsmond et al (2022) exploring medical students' professional identity found students were typically immersed in two CoPs, the wider Medical CoP and the

student CoP. Each CoPs supported the formation of their professional identity (Orsmond et al, 2022). This is relatable to student nurses who are exposed to authentic learning environments where through a process of LPP, they become part of a CoP. Student nurses are not permanent members of the CoP when on placement and are described by Wenger et al (2002) as transient members on the periphery. Kleef and Werquin (2012) refer to nursing students as having less power within a CoP engaged only in LPP and whose core members will have overall control of that community. Wenger (2009) suggests that being part of CoP is a basic membership for those working within a healthcare setting as it supports safe, best practices through information sharing as well as own personal development and a feeling of belonging. A CoP does not exist without challenges, for example nursing is a transient profession and education differs between countries. With these differences cultural and social differences also exist. When new members enter a new community, the CoP can feel threatened and close off (Wenger, 1998).

There are criticisms of Lave and Wenger's (1991) conceptual framework. Fuller et al (2005) highlight that the theory fails to recognise learners' influence on experienced professionals. The CoP is interested in how continuous learning occurs within practice communities and supports a socially constructed approach to learning (Wenger et al, 2002). It considers the relationships with others that develop over time and the respect and trust that also develop that further help supports a positive learning environment (Lewis and Kelly, 2018). Wenger-Trayner (2015) suggests that the framework supports an understanding of how learning takes place. However, meaningful learning does not always happen. Lave and Wenger (1991) identify a difference in members viewpoints or practices as being barriers to the CoP. For example, in relation to this research, nurses are members of multiple CoP such as a nurse CoP and an environment CoP of which they are situated. If a placement area is staffed by disproportionate number of agency nurses, then organisational values as well as practices undertaken may differ and so will priorities. From a student nurse perspective, the outcome of achieving learning objectives through being a member of the CoP will not always be within their control (Kleef & Werquin, 2012).

Terry et al's (2019) systematic review and meta synthesis explored barriers to CoP for novice nurses and student nurses identifying 3 key themes preventing learning to take place. They were marginalisation, feeling of alienation and frustration and work pressure. These themes refute that all CoP provide positive learning for students. It was highlighted that for students to gain LPP, placement areas must be adequately prepared to allow key members of that CoP

to the role of accepting and supporting peripheral members such as student nurses. It was also highlighted that students who did not feel accepted or listened to when attempting to participate became less active in their own learning therefore impacting the student experience of learning whilst on placement.

3.6 Conclusion

The chapter provides a theoretical underpinning to students' experiences of learning whilst in practice. Thus, providing a brief rationale for using Lave and Wenger's (1991) SL theory as a theoretical lens to demonstrate student learning. It also provided insight into the process of LPP and how student nurses will form part of another CoP beyond their current position of being a student CoP as well as the significant barriers to student learning. The next chapter, the methodology for the research undertaken, will provide a rationale for why the theory and methodology were chosen to explore student nurses' experiences of learning whilst in practice.

Chapter 4: Research design and methodology

4.1 Introduction

Having established the theoretical underpinning of SL in the previous chapter, this chapter will justify the proposed research design to answer the research question. It will demonstrate the research process and understanding of methodologies. Parahoo (1997) suggests that research is essential in nursing as it informs practice by supporting necessary change. This research aims to inform practice education by understanding student learning experiences within the authentic learning environment.

4.2 A Hermeneutic inquiry

This research is an exploration of third-year student nurses' experiences of learning in practice, generating new knowledge through understanding students' lived experiences. Campos et al (2021) describe learning as perceiving, processing, and retaining information developed through multiple exposures. The methodology fits within the interpretivist research paradigm whereby there is no shared meaning or single reality to knowledge; a collective school of beliefs supports the researcher, guiding them through the necessary steps of conducting the research, data collection, and data analysis, specific to the philosophical school of thought (Ryan, 2018). A paradigm consists of ontology, epidemiology, and methodology (Houghton et al, 2012); it is essential to understand these and their purpose. Interpretivism assumes multiple variables that lead to an individual's experience, such as culture and previous experiences (Ryan, 2013).

Hermeneutic phenomenology fits with a Heideggerian ontological philosophical perspective considering the potential sensitivity of information shared by participants (Damsgaard, 2020) considering this research aims to establish a deeper understanding and meaning of how students interpret their experiences within the learning environment (Ryan, 2013). Heidegger's philosophy views underpinning his methodology are well-known and used within nursing research. It is suggested that most nursing research is based on the human experience, uncovering or revealing ordinary everyday existence (Horrigan-Kelly et al., 2016).

Heidegger's interpretative phenomenology stems from earlier work by Husserl (Standing, 2009). Heidegger believed interpretation of the world is shaped by feelings, previous

experiences, views, and an awareness of one's consciousness. His philosophy considers a person's being, not their knowing (Wilson, 2014). Factors such as upbringing, family values, and life experiences contribute to their interpretation of a phenomenon. One person's view of a situation can differ significantly from another's due to their previous experiences and life events (Standing, 2009), affecting an individual's perception of events (Flood, 2010).

4.3 Research design

An explorative research design and methodology were chosen based on their application to the research inquiry (Jolley, 2020). Qualitative research design is emergent allowing flexibility and change (Polit et al., 2020., Jolley, 2020). An earlier inquiry by Silverman (2005) supports this characteristic of qualitative design being less structured. Qualitative research is subjective as data obtained is influenced by researchers' and participants' perspectives and life experiences (Nestel et al, 2019). These are attributes of Heideggerian phenomenological methodology compliment the exploration of the journey to becoming a nurse recognising the importance of taking time to reflect on previous experiences (Laverty, 2003). Tufford and Newman (2010) suggest this positive process can add to the richness of the analysis and results. Fidaa and Lubna (2018) further suggest that this perspective can also be applied to all professions. Meriam and Tisdell (2015) concur and encourage reflection as it identifies potential bias. Polit and Beck (2001) suggest the researcher must respond and adapt to situations as they unfold which include the acceptance of own life experiences and the impact this may have as data is generated. In view of these qualitative methods are only sometimes replicable which can also be perceived as a challenge for novice researchers as it follows a less structured approach (Alsaigh & Coyne, 2021).

An essential characteristic of a phenomenology design is that the overall goal is to uncover the attributes of the proposed phenomenon. As Cronin et al (2014) suggest, it does not seek to find the cause and effect of an answer but instead offers an interpretation. Silverman (2005) suggests that life could be interpreted as 'one big interview' based on the person's experiences. Participants are expected to have personal views, resulting in a non-prescriptive answer.

4.3.1 Sample/participants/setting

A purposive sample, also called a judgemental sampling (Mateo & Foreman, 2014), was used and included inclusion and exclusion criteria (Table 4.1). This is a commonly used sample

technique in qualitative research as the researcher can approach participants who have experienced the phenomenon of interest (Ames et al,2019., Ryan et al, 2013). Due to time constraints and easy accessibility to participants, this non-probability sampling technique was considered most appropriate. Those invited to participate were third-year student nurses studying within the local campus. It was a deliberate sample that suited the purpose of this inquiry (Newell & Burnard, 2011., Bowling, 2009). Other researchers suggest this can be a source of potential bias (Taylor & Francis, 2013). The rationale for targeting third-year student nurses was their experience of being out in practice. It was anticipated that third-year students would have a greater understanding of what was expected due to previous placement experience of learning whilst in practice.

(Table 4.1 Participant Inclusion/exclusion criteria)

Included	**Excluded**
Third year student nurses	1st and 2nd year student nurses
Student nurses on the local degree programme	Student nurses enrolled in other settings
	Student nurses on a break from study

4.3.2 Participants

All 13 participants in their third year of study were invited to partake in the research. If they all chose to participate, it was recognised there may have been a significant time allocation required to conduct initial interviews and the potential for requests for further interviews. Opening the sample to include second-year student nurses was considered. However, it was decided that due to being the second-year lead, there was a greater risk of power imbalance and bias (Holloway, 2016). Carter et al (2014) support individual interviews for obtaining depth of knowledge, suggesting recognition must be made of the time required to transcribe the data. Given this, an appropriate allocation of time to transcribe the recordings was set aside during the planning phase.

Initially, four participants were recruited out of a possible thirteen. Of the four, one participant was excluded as the participant took an interruption of study, meaning they were no longer available to schedule an interview. In qualitative research, Newell and Burnard (2011) suggest it is difficult to specify the appropriate sample size and could be as small as one participant. Polit et al (2001) propose that a sample size equal to or less than ten is sufficient for a

phenomenological inquiry, given the uniqueness of individual perceptions. Data saturation must also be considered during recruitment, as no new knowledge may be uncovered even after two interviews (Ryan et al, 2007). Because of the potential for sharing personal information, participants were made aware that if they felt they had other valuable experiences and views to share, then a follow-up interview would be offered. However, this was not required (Thomas & Magilvy, 2011).

4.3.3 Methods

Participants chose the location and time of their interviews. Allowing participants to decide how the interviews were conducted aimed to negate any position of power as an academic educator.

4.3.4 Methods of data collection techniques

Semi-structured interviews were used for data collection as they favour open-ended questions (Silverman, 2005). It was essential to consider that there could have been a shift toward emotive responses due to the nature of the proposed questions. The purpose of using open-ended questions allowed participants to expand upon their answers and provide in-depth insight into what they felt was appropriate to the question. For example, the opening question was broad and purposeful with the intention of getting participants to consider learning in practice generally without misleading or providing any direction or ideas. It was anticipated that participants had considered what they believed learning in practice to be before data collection as they were given information on the purpose of the research before consenting to be included (Appendix 5).

Semi-structured interviews were chosen to allow the participant to lead the interview, with some guidance on topic focus, particularly when elements were shared but benefited from further insight. Bowling (2009) suggests guiding participants as being a cost-effective method as it results in time saved at the end for transcribing recordings. Cronin et al (2007) suggests the researcher encourages participants to expand upon answers with prompts. Additionally, having prompts available can support data collection particularly for novice researchers as it helps to maintain a constant flow (Standing, 2009., Aslaigh & Coyne, 2021). For example, I could loosely follow a timeline devised during the planning phase and a requirement for ethical approval. The timeline was essential in keeping me focused even though I could not control some stages to the predetermined time scale (Parahoo, 1997).

4.4 Quality assurance and ethical issues

The overall goal of undertaking research unearthing new information (Parahoo, 1997) with qualitative inquiries aiming to uncover data where there needs to be more pre-existing knowledge (Bowling, 2009). For further knowledge to be identified, the findings must be trustworthy, and to achieve this, research must be conducted ethically (Merriam & Tisdell,2015). For this research, a scientific review was required from the university (Appendix 1) to ensure all processes were adhered to and clear steps were undertaken. This was a rigid process that required a further review validity of the study and rigour of the results. It was also a requirement to obtain a favourable research ethics opinion from the local Research Ethics Committee (Appendix 2). Potential participants were emailed to inform them of the research. This was followed up with a member of the academic department inviting interested participants, providing information and a consent form.

Throughout this journey, I needed to demonstrate reflexivity. Dodgson et al (2019) suggest this process can be challenging for novice researchers and recommend practising this early. My role within the department as a lecturer had the potential to affect the study's rigour and being a registered practitioner known to most placement areas students had undertaken their experience in. Beutow (2019) explored how nurses can unconsciously demonstrate apophenia, a term used to describe how someone can develop a pattern recognition with unrelated elements or events, affecting the trustworthiness of research findings. Because of this, as well as regularly demonstrating reflexivity, written consent must be obtained from the head of Health and Community Services Higher Education Department (Appendix 3) and the Pre-registration Nursing Degree Programme Lead (Creswell, 2009). Written consent was also obtained from participants before participation (Appendix 6). Participants were respected, and their needs seen as highly important. It was essential to keep records as they provide legal protection should there be any untoward concerns or complaints at the time of conducting the research or later (Bell, 2008).

Participants were approached and given an information pack. Within the pack was a cover letter (Appendix 6), a participant information sheet (Appendix 7) as well as a separate consent form (Appendix 8). The steps ensured that the biomedical's four main ethical principles of justice, beneficence, autonomy, and non-maleficence were considered (Jolley, 2020). If a participant were to become overwhelmed with past undealt experiences, there was an agreed-upon plan for pastoral support. Other measures to protect participants included ensuring confidentiality was upheld where possible. The participant information sheet provided the

steps of how confidentiality would be. This was further discussed again with participants when they attended the agreed interview place and with the opportunity to ask any questions.

4.5 Confidentiality

Participants were coded as 1, 2, and 3 with interview audio files uploaded onto a password-protected computer and saved within files with coded titles. Once the files were securely saved, these were deleted from the audio recorder to ensure data protection per Data Protection (Jersey) Law (2018).

Audio files from interview recordings were sent electronically to a reputable and confidential company to be transcribed verbatim. Participants did not identify themselves by name and were introduced on audio as participants 1, 2 and 3 adding to the anonymity of the research process. Initially, I had planned to transcribe the recordings, a recommendation suggested by Newell and Burnard (2011), as it promotes the researcher's submergence in the findings. However, it was decided that a reputable transcribing company would be more suitable. Braun and Clarke (2012) suggest that it is not necessarily a flaw in data analysis for the researcher not to transcribe. Instead, they suggest that audio files are listened to again and that transcripts are repeatedly read.

Complete anonymity cannot be guaranteed, either at the time of the interview or if the participant chooses to disclose their participation to someone else. Ensuring complete anonymity can be complicated, mainly when the sample approached is already small in numbers and could be easily identifiable (Petrova et al, 2014). Before commencing the interviews, this ethical concern was discussed on how the participant would choose to proceed in the potential event of this occurring. Deductive disclosure was also considered, given the demographical area participants were students and where they had experienced a clinical placement. To avoid this, participants were made aware of where and how their data would be shared (Kaiser, 2009). Kaiser (2009) offers an alternative approach to deductive disclosure, suggesting a post-interview consent form is completed. This would allow participants to agree upon the information shared in the findings. In doing so, it might also identify data that participants feel is necessary to share but had otherwise been deemed by the researcher as too sensitive. Unfortunately, this was not possible as participants were unavailable due to being at the end of their degree programme.

All possible avenues were explored, and great care was afforded to ensure confidentiality was upheld. As a registrant of the Nursing and Midwifery Council (NMC) professional body, there was a duty of care to maintain and enforce public protection (NMC, 2018a). The participation information sheet (Appendix 7) informed participants that any information they shared directly or indirectly, affecting patient safety would be escalated and dealt with in accordance with the NMC (2018a).

Undertaking nurse education within a small geographical area can carry its anxieties for students. There is a potential for participants to feel uncomfortable sharing experiences whereby they may feel they could be identified by others leading to a fear of reprisal. Aburn et al (2021) suggest that for some participants, being interviewed by a researcher with insider information about the challenges can be perceived as relieving. However, Haahr et al (2014) argue that there is also a risk of the researcher becoming too distant from the participants. It was reiterated to students through the participant sheet, and consent form that the information shared would be for the purpose of the research and any subsequent publication. Before data collection, it was anticipated that the semi-structured interview could bring up uncomfortable emotions and experiences from practice (Creswell, 2009). In view of this it was neccessary to have a planned support network available during and after the interview times.

4.6 Data reduction and analysis

Analysis of qualitative research requires the researcher to follow an approach best suited to their research design therefore the Braun and Clarke's Framework (2006) consisting of 6 clear stages was used (Braun & Clarke, 2006). Data analysis was carried out simultaneously with ongoing data collection, as recommended by Ashtin and Turner (2021); this is characteristic of qualitative data analysis. Various other methods can be adopted to help with the process of analysis. For example, Pope and Mays (2020) suggest the process of using software to store the transcribed data from interviews. However, this does not offer a finalised analysis compared to software used for quantitative data. Qualitative data analysis is an inductive process, with the researcher interpreting the meaning of the data by putting data into codes and then into themes. As proposed by Noble and Smith (2014), a positive of using data analysis software is the ability to manage large volumes of data with easy steps to retrieve critical themes quickly. However, for the purpose of this research, it was decided that due to the small sample size, the use of a computerised software package was deemed unnecessary.

4.7 Conclusion

This chapter has provided a rationale for choosing a methodological approach for this research. Given the nature of this qualitative inquiry, hermeneutic phenomenology was most suitable as the aim was to explore third-student nurses' experiences of how they learn in practice with the recognition that it is not possible to separate my own experiences. This research aimed to give students a voice that would be heard and have meaning, adding to the body of knowledge in the world of research. The hermeneutic philosophical concept supports the use of semi-structured interviews chosen for data collection due to their suitability within the Hermeneutic school of thought that there is not one existence or one answer to the meaning of the world. This data collection method allowed participants to expand upon their responses to the questions asked.

This chapter also highlighted that ethics remains a fundamental part of the process. Safety measures were implemented, such as having an agreed person of contact independent of the study on standby during the interview for the participant contact should any experience any unwanted emotions from previous experiences. The next chapter will discuss the findings from the research undertaken, following Braun and Clarke's (2006) six-phase approach to thematic analysis to identify themes generated.

Chapter 5: Findings

5.1 Introduction

This chapter presents the research findings of student nurses' experiences of learning whilst on placement. A section on the analysis process illustrates how following the six steps of Braun and Clarke's Framework (2006) enabled the emergent themes. These findings will be structured as themes, and each will be explored in detail with quotations from transcripts as illustration.

5.2 Data Analysis

Braun and Clarke's (2006) thematic analysis approach was chosen for data analysis (Table 5.1). This method must be completed in a methodological order making data analysis a guided and more straightforward process for novice researchers (Scharp & Sanders, 2018). The first stage requires the researcher to become immersed in the data, achieved by making continuous notes and questioning what the information is saying. The initial codes were generated in stage two with an emphasis on anything relevant. An ethical consideration within research is maintaining participant anonymity. Given the small pool of participants and number of included participants, this is particularly important as there is a potential for identification. Therefore, to maximise the anonymity, participant extracts are identified as Participants 1, 2 and 3. Braun and Clarke (2006) emphasise the need to read and reread the transcripts verbatim to make sense of the results first. The recordings were also listened to again thus to ensure the recordings were accurately transcribed. During this process, notes were continuously made and later used for the next stage of generating initial codes.

Table 5.1: Braun and Clarke's 6 Phases of Thematic Analysis *(Braun & Clarke, 2006)*

Phase 1	Familiarisation with data
Phase 2	Generating initial codes
Phase 3	Generating themes
Phase 4	Reviewing potential themes
Phase 5	Defining and naming the themes
Phase 6	Producing the report

Braun and Clarke (2006) recommend avoiding single words for codes and avoiding rushing into themes. The clarity of this step provided flexibility to identify a code freely and not just focus on applying a one-word theme. This illuminated obvious or surface meanings. The next phase was to generate themes from codes. This process was conducted by hand using sticky notes (Appendix 9). This way, it was easier to move codes around and to cluster codes that had shared meanings. Throughout this process, the central purpose of the research was returned to, to avoid navigating away from the research aim, removing codes not relevant to the primary purpose whilst reviewing potential themes. Initially, themes were broad, which were refined further in phase 5 (Table 5.2). Data analysis was carried out through the lens of SL as well as my own experiences and prior knowledge.

Table 5.2: Generation of themes

Codes	Emerging themes	Final themes
The learning placement or placement area	The authentic learning environment	The authentic learning environment
Healthcare assistant role Not getting paid Free labour	Unpaid labour	Work versus learning
Supervisors and assessors The team 95% supportive Attributes of a great assessor	Practice support	Feeling respected to feeling accepted
Feeling a burden Not wanting to return Considering leaving the programme Just that student	Feeling useless	Not belonging
Covid-19 Missed placement Unequal opportunities One placement short of feeling prepared	Impact of a pandemic on learning opportunities	*Whilst the findings were acknowledged they did not form a theme*

5.3 Themes

Emergent themes are used to structure the chapter. For clarity, I used the following for transcription within the interview extracts:

- A full stop: to indicate a pause in speech.
- [ ] to identify when words are excluded for confidentiality reasons or because they were inaudible in the recording.
- ( ) to identify when I have added my own words to make something clearer.
- Three dots between square brackets […] to indicate omitted sections of text for brevity to make a point or that the extract starts or ends in the middle of further talk.

5.3.1 The authentic learning environment

All participants identified at least one practice area where the authentic environment posed a barrier to their learning rather than being an enabler. Participant 1 felt that when on placement

in a specialised area[1], to what skills they could undertake, given the specific focus of the placement. There was restricted opportunity for exposure to partake in skills, and they felt this might impact them when qualified.

> *"Basically, nothing you were allowed to touch except patient observations" (P1).*

Considering the changes proposed in the Future Nurse Standards (NMC, 2018), students were not always exposed to learning opportunities and were restricted to carrying out skills learned in the first year of their programme only. Participant 2 experienced two placements with limited opportunity to demonstrate 'hands-on' nursing skills,

> *"you didn't really learn a lot, you didn't really, it wasn't hands-on" (P2).*

with a further placement described as

> *"it was very theory-driven, so that was sit and listen, you didn't really do a lot" (P2).*

Participant 3 felt that learning experiences were dependent on the environment.

"*Sometimes you go into placement and feel like you're the annoying student*" *(P3)*

When asked to expand further, they suggested that staffing levels and workload were factors in learning.

> *"it's very busy, so obviously and staffing issues and things like that are going to make a difference" (P3).*

On one ward placement, Participant 3 explained how they struggled to 'fit in' with the team

> "*I just didn't click; I enjoyed the job, but I just didn't really click with the people" (P3)*.

Considering this was their placement of choice they felt that not having a sense of belonging within the team hindered their learning and the 'authenticness' of developing as a nurse was not easy.

> *"That hindered my learning quite a lot, I just didn't want to go in and would work minimum hours" (P3).*

Multiple factors, such as the clinical setting speciality, ward culture and patient-to-staff ratio, must be considered within the learning environment. The participants' responses demonstrate how their experiences of undertaking learning in some practice placements had negatively impacted their overall learning experience. Participant 2 experienced pressure when staffing

[1] This is a specific area specialising solely in one area of care. For example, oncology, the Emergency Department, Intensive Care Unit.

levels were low and felt more was expected of them. The effects of inadequate staffing were observed through the stress the rest of the team felt, which in turn had a knock-on effect on how they spoke to her as a student.

> *"They were all in a complete kafuffle because they were so busy, they had so many patients" (P2).*

Although there were inhibitors to learning within the placement, there were also positive experiences, including the wider team.

> *"I loved the people I worked with, the people I worked with are really good" (P2).*

The participants expressed they had more authentic learning when they were able to be actively involved. This was not due to individual practitioners and their methods of support but was sometimes limited to the speciality of the learning environment. For example, where minimal hands on patient care is delivered.

> *"It was an excellent ward for the first placement because it was all about communicating really" (P1).*

Participant 3 expressed that having the opportunity to choose a learning environment supported her understanding of the opportunities in nursing.

> *"I think that really helps just to see different aspects of where you can go" (P3).*

Although there was evident appreciation for the team and the environment, the positive experience helped to rationalise her preference to be in an environment where more hands-on care is delivered.

The impact of COVID-19 on their learning opportunities was shared by all participants and was perceived as a barrier to learning within the authentic learning environment. Before COVID-19, there was nothing comparable that the participants had previously experienced. Participant 1 suggested that the effects of missing one placement in the first year were still impacting them at the time this study was conducted, just before the final placement of their programme.

> *"I feel that it has impacted in that I do not feel that I have had enough practical experience" ….. I could do with another placement to have practical skills because really it is what we should be having for three years" (P1).*

In contrast to this, Participant 2 suggested when talking about the impact of COVID-19.

"*how do you know you've missed out when you haven't experienced it?" (P2).*

Participant 3 felt that COVID-19 impacted not only the opportunity of a hub placement, which is the main placement focus, but also learning opportunities that would have otherwise been available.

"I feel like we have been cheated out of certain things" (P3).

It was suggested that on a particular placement area, they felt held back from learning opportunities that would have previously been made available to them.

"I couldn't go into any of the exams or anything because of a certain amount of people allowed in the room, obviously because of COVID" (P3).

Participants expressed disappointment that, due to the pandemic, they were denied external visits that previous cohorts had experienced. In contrast, Participant 2 recognised it changed the dynamics of their experience but saw it as a positive experience on a personal level. The missed placement allowed them to spend more time at home.

"YES, COVID came and hit, and I loved COVID" (P2).

5.3.2 Work versus learning

Participant 3 discussed the impact of the ward environment workload on how they felt as a member of the ward team. When offering to participate in the medication round to further their learning, they experienced being 'brushed off', being told, "*oh, I'll do that* (myself)". The registered nurse intimated that it would be quicker to do it themselves rather than have the student nurse assistance.

"*They were things going on, and they'd just be getting on with it and tell me you can go and make a bed" (P3).*

It was felt during a particular placement that they were a burden, comparing themselves to free labour.

"It's not that I don't want to do it, but I don't want to feel like I am just being an HCA[2]. A free one that's not getting paid. I am not learning anything" (P3).

Participant 3 described when they were informed a complaint had been lodged against them for questioning why a team member had been sent home when from their perspective, the

[2] HCA is the abbreviation used to denote a Health Care Assistant. This is a paid role (currently unregistered) and is someone who works in a hospital, residential setting, or in a patient's home. They provide clinical support to the multidisciplinary team with responsibilities based on their own training and education.

shift was busy. The participant felt that it had been interpreted amongst the team that a student, although in a supernumerary capacity, could fulfil the role of the health care assistant who had been sent home. This negatively impacted the participants learning during this shift as they interpreted the rest of the shift as being seen as a 'pair of hands' undertaking another individual's role but not being paid to do this. Subsequently, the participant questioned their decision about continuing with the programme.

> *"… like I said before, it just makes me know what type of nurse I want to be, I want to be like someone where students can come to me, and I want to be hands-on and I want them to be like excited to come to work" (P3).*

Reasons for unsatisfactory experiences felt by students ranged from inadequate staffing levels and staff attitudes that appeared to be acceptable amongst the wider team. Limited understanding of the student role was also a hindrance to learning, as participant 3 experienced when she felt she was replacing a HCA. The findings also highlight the impact on a personal level for the participants involved.

> "*It really made me drop in my confidence" (P1)*.

5.3.3 Feeling respected to feeling accepted.

The experiences of how assessors and supervisors[3] impacted their feelings and the learning opportunities this presented were a theme that came across in all the interviews. Common aspects included negative attitudes expressed towards students when in practice. Contributing factors to negative attitudes included a poor understanding of their roles as either a supervisor or assessor and the workload of the authentic learning environment. These all impacted how the participants perceived their treatment at the time and went on to have a lasting impact on participants' experiences demonstrated in each of the interviews. At one point during the three years of their programme, participant 1 and 3 both experienced the feeling of not wanting to return to a particular placement for subsequent shifts.

> "*Am I doing the right thing? (P3).*

> *"it took me a few weeks of feeling awful and not wanting to be there" (P1).*

[3] The roles of the assessor and supervisor were produced as part of the NMC '5 Pillars of education and training' (NMC, 2018). Within the 5 pillars, Part 2; Standards for Supervision and Assessment (SSA) clearly define the roles of assessors and supervisors with emphasis on their separation, whereas previously these roles were identified together as the role of the mentor. Guidance depicts the role of the assessor to remain objective and conduct timely assessments based on student performance as well as feedback from supervisors. The supervisor's role is a supportive, supervising role acting as a role model demonstrating safe and effective practice to the future nurse.

Participant 2 experienced placements where they perceived that their supervisor did not want to work with *them.*

"He'd point blank refuse to work with me" (P2).

Whereas Participant 1 and Participant 3 experiences were that their supervisors were ignoring and avoiding them.

"...my supervisor quite didn't want me there and didn't want to teach me" (P1).

"She avoided being with me basically, she talked to everyone else but me" (P3).

The participants were asked whether they felt comfortable sharing their ability to undertake specific skills and apply theory into practice. Participant 3 referred to the benefit of practice simulation, suggesting that this had helped to develop their confidence in communication and structure.

"Yes, I do find really helpful the simulation days, that's like so helpful to me" (P3).

While participants experienced assessors and supervisors as barriers to their learning at different times, they also described positive experiences where they enhanced their learning. Participant 1 felt that planning for placement in advance, identifying the clinical area speciality and having a basic understanding of what care was delivered enabled them to make a plan which subsequently supported staff in facilitating their learning needs.

"When you're more organised with your planning and objectives, and you know what you want to learn, I think it helps them" (P1).

Although barriers existed, Participant 1 felt that most of the team were willing to support their learning, making them feel respected and part of the team. Participant 1 elaborated and reflected on working with a newly qualified nurse. It was suggested that they provided valuable, realistic advice on time management and receiving handover whilst on placement in a speciality area. Staff were eager to share their knowledge even though there were limitations on the skills they could undertake as a student nurse.

"… what I did get of placement A was that they all really wanted to teach you lots in there" (P1).

Participant 3 also mentioned positive role modelling, suggesting they had a good support network eager to teach them. During a short placement that the participant chose, she explained that she was welcomed into the team and treated as part of the team; this motivated her to want to learn.

"I didn't want to leave. It was just nice, and feeling appreciated as well" (P3).

Participant 3 felt that being involved in decisions and providing care encouraged them to work harder.

> *"Just like being really hands-on, letting you get involved in everything. Treating you like you are already a staff nurse, they will ask you personally, you will be involved in everything" (P3).*

Participant 2 felt that their supervisor frequently questioned them and showed an interest in their learning. The supervisor requested examples and in-depth discussions of when skills were obtained.

> *"You need to give me an example of every single skill" (P2).*

If Participant 2 could not have a further in-depth discussion, they were required to carry out the skill again before being signed off. This was identified as a motivator to learning and a positive experience. All participants shared positive experiences with supervisors and assessors at some point throughout their programme. It was recognised that these experiences made them feel respected and wanted, enabling them to identify learning opportunities. There was a clear tone of enthusiasm, particularly when they could recall specific accounts. Excluding the negative experiences, Participant 3 highly related practice support for the rest of the placements.

> "*So, the rest of them have been amazing" (P3).*

5.3.4 Not belonging

Participant 1 suggested their learning experience was blocked during their first placement by their assessor. On further exploration, the participant described no parity between how they were supported and another student by the same assessor. Participant 1 stated there was an element of favouritism as the assessor gave the other student time and additional learning materials, which left the participant feeling excluded. Participant 1 explained that they felt the need to challenge their assessor at this point.

> *"It took a few weeks of me feeling awful and not wanting to be there at all and feeling as if I wasn't learning because to follow someone around, you know, like your ten or something when you are a mature student. I just felt stupid" (P1).*

Participant 1 described how they were again made to feel they did not belong during a later placement. They were asked to write care plans and had voiced that they had yet to experience doing so. They were sent to a room on their own.

> " (I felt) *totally out of my depth" (P1).*

They recounted how they were later informed by other team members that the placement area uses templates. They described how they were made to feel as though they were useless and not part of the team where this information was known.

Participant 2 described how they were repeatedly told that their offer of help was not needed but then could see that another student was being treated more favourably and was being fully included by other members of the team. They explained that they had been reduced to tears on more than one occasion.

> *"he made me cry a few times, which was quite hard" (P2)*.

Even upon challenging why the assessor would exclude them and not work with them, the participant did not feel they found a resolution and instead was advised by other members of the team to ignore it, implying this was the assessor's 'accepted' behaviour.

Participant 2 shared a different situation that hindered their learning when they were assigned to work alongside another team member due to staff shortages. They explained that on more than one occasion, the staff nurse refused their offer of support. They described feeling like they did not belong when they wanted to enhance their learning. They thought they were being held back.

> *"So, she really didn't want me to help her, and then at meds time she oh, it's medication now, I said shall we do it together, and she was like no, it's fine, I'll do it" (P2).*

5.4 Conclusion

Following Braun and Clarke's (2006) six-phase approach to the analysis of the findings, the student nurse learning experience is affected by multiple factors, some within their control and others out of their control. Participants described motivators and obstacles to their learning whilst on placement, and the impact of a pandemic declared at the start of their programme. A theme identified by all participants was the significance of feeling respected and belonging, which affected their experience of learning. They thought it was encouraging to feel needed and that it motivated them to participate actively. The clinical environment, although at times arguably a reason for challenging learning experiences, was also perceived as a positive motivator. The participants valued the diversity of practice placements as it demonstrated the scope of the nursing profession.

Additionally, participants appreciated an active participatory role in their learning. The next chapter will discuss the findings identified within this chapter alongside current practice and literature. This will continue to follow Braun and Clarke's (2006) six-phase approach as the report is the opportunity to justify and support claims unearthed from the literature review.

Chapter 6: Discussion

6.1. Introduction

Key findings identified in Chapter 5 will be summarised in this chapter with consideration of the research focus. The themes of authentic learning environment, work versus learning, not belonging, and feeling respected to feeling accepted will be considered in relation to insights from current literature. Although all participants referenced COVID-19, this was not identified as a theme but instead was aligned to the authentic learning environment. The implications for student nurse learning experiences will be considered within the theoretical framework of SL and specifically CoP to aid understanding of learning in clinical practice placements. Finally, this study's limitations and implications for future practice will be discussed.

6.2 Situated Learning and Communities of Practice

SL is not solely a cognitive process but occurs from authentic exposure as well as from within a social context (Choi & Ahn, 2021). Lave and Wenger (1991) identify the social context that links SL to that of CoPs. They suggest this supports the learner's community identity development. A CoP attracts those with similar ideas, knowledge, and backgrounds and can be found anywhere (Lave & Wenger, 1991). The purpose of a CoP is to share and develop the community through members' experiences, providing a supportive learning environment (Cope et al,2008).

CoP provides an understanding of how novice learners move from a peripheral position to a central position through social engagement and collaborative working (Palsson et al,2021). The feeling of belonging that comes with being a part of a CoP is essential for students to feel accepted and valued. As members of the student CoP ideas are shared, and knowledge is generated. Within their own CoP, they can support each other on a suitable level due to their proximity of learning and socialising together with similar challenges and anxieties. The participants in my study reported feeling part of a student community and referred to supporting one another during difficult clinical placements. When challenges occurred, the common goal for all participants was to persevere with the knowledge that placements were only short.

Within this research, students were also a part of the clinical area CoP but as peripheral members (Wenger et al, 2002). However, blurring exists where student nurses are more

often aligned with the HCA COP. Within this CoP, participants had trouble engaging with the registered nurses CoP feeling they disengaged with them. My findings illustrated that while participants might be more aligned with the HCA CoP, they did not always view HCAs as having knowledge and practices to aid their learning, and this led to them feeling disgruntled. Thus, students feel as if they do not belong to either CoP.

6.3 Themes through the lens of Communities of Practice

Through a lens of CoP, the themes of authentic learning environment, work versus learning, not belonging, and feeling respected to feel belonging emerged from my data. When a CoP works well, and there is an authentic learning environment, the socialisation of the members improves best practices and the dissemination of knowledge (Kleef & Werquin, 2012., Ranmuthugala et al, 2011). Novice learners, such as student nurses, learn from the experiences of older members of the CoP. Eventually, they become a central part of the CoP (Lave & Wenger, 1991).

6.3.1 Authentic learning environment

The authentic learning environment was identified in this study as being both conducive to and a barrier to learning. This can ultimately affect student nurse attrition rates in an already significantly reduced workforce (Panda et al, 2021., Lopes et al, 2018., Levett-Jones et al, 2007). A study by Parker and Grech (2018) found that student's expectations of placement learning were often unrealised. They identified that difficulties predominantly arose from students learning within the non-controlled authentic environment. The study considered implementing a simulation model to reduce the theory-practice gap and prepare them for the realities of placement. Lopez et al's (2018) qualitative study found that under-preparedness for the realities of the clinical environment also contributed to significant stress for first-year students. This was overcome with appropriate support and information before commencing placement, negatively impacting student well-being and mental health.

Lave and Wenger's (1991) theoretical framework of SL supports the authentic learning environment as influencing student learning experiences. A literature review (Mathisen et al 2022) exploring the role of the Practice Education Facilitator (PEF) in practice identified that ward culture, specifically the workload, had a direct correlation with students' experiences and ability to apply theory into practice. Mathisen et al's (2022) review support my research findings, whereby participants felt the ward environment impacted the quality of their learning.

This was identified as the clinical area workload, specifically the number of patients alongside reduced staffing levels. Rather than the busy environment being viewed as an opportunity for a variety of practice learning opportunities applying theory into practice, it became an excuse for RN's to offload their responsibilities for supporting student learning. Laugaland et al's (2022) explorational study of first-year student nurses' experiences of practice placement within nursing homes concurs with Mathisen et al's (2022) findings. There is a significant impact on student learning when staffing levels are low, affecting the student experience. Focus group discussions further identified that high sickness levels were a barrier to student learning as the student was utilised as unpaid help (Laugaland et al, 2022).

Hindi et al's (2022) exploration of student pharmacists' experiences of learning whilst on placement identified that overall, students felt supported and welcomed by their supervisors and other team members and felt a part of the team. This supports recommendations by Lave and Wenger (1991) whereby a CoP should be inclusive of all, including learners. This is essential to get the best results from newcomers, so they become experienced members of the group eventually. Encouraging a practice of supporting learners in the placement setting reinforces the student's feeling of belonging, a basic human need to feel accepted, needed, and part of a team (Grobecker, 2016., Levett-Jones et al, 2009). Students are on an already challenging journey of completing an intensive programme of study in nursing without the additional stress of not feeling accepted. Hindi et al (2022) found that by adopting the concept of CoP, students felt more prepared for the clinical environment as they felt supported and were eager to perform simple tasks through legitimate peripheral participation.

The feeling of acceptance supports the important socialisation of being a nurse and enables students to establish their nurse identity (Levett- Jones et al, 2009). Acceptance will positively impact the student's emotional well-being and mental health, supporting positive practice experiences and academic achievements (Grobecker, 2016). This is further supported by Cant et al's (2021) review of the literature, where it was found that the quality of learning experienced by students is not necessarily explicit to the exposure to clinical tasks. Instead, it was a result of the collaborative supervision of students and the support offered collectively by the community.

6.3.2 Work versus learning

An explorative study conducted by Harrison-White and Owens (2018) identified that lecturers felt students were only sometimes recognised for their student capacity and their requirement to fulfil competencies. Lecturers interviewed felt that students were treated as unpaid labour and a part of the workforce employed to undertake patient care. This supported the findings from my study, where it was identified that, on occasion, they were included in the numbers. On one occasion, a decision was made to send a HCA home early. It was considered that they would not be required for their complete shift. The implications of sending a HCA home early meant that their role fell on the student, as reflected in my participants' experiences. One participant made a specific reference to how they felt this impacted their learning, reporting that they could not observe and participate in valuable learning experiences as they were required to attend to the patient's fundamental needs. These needs were described as supporting nutrition, hydration, and answering call bells. This resonated with similar experiences in my study, where participants suggested that they sometimes felt like unappreciated free labour. A review of the literature by Terry et al (2019) identified significant stress and frustration among students when they were denied the opportunity for SL and were not valued as learners in practice. Students felt like an extra pair of hands rather than a learner with objectives to achieve. In contrast to this, students should also be encouraged to see these as learning experiences. Morrell-Scott's (2022) findings support this identifying that the majority of 98 participants interviewed appreciated working predominantly with HCA's. It was through this partnership working they felt they were able to establish the identity and role compared to working with their assessors.

6.3.3 Not belonging

Unfortunately, CoPs do not always have the desired outcomes. The membership continuously changes, with new members and old ones leaving. Each member will bring their values and ideas, which may only sometimes align with that community's shared values and goals, resulting in a lack of mutual engagement or agreement. Jeon et al (2011) suggest that reciprocity can significantly impact the dynamic of the CoP. For example, when someone is continuously sharing knowledge whilst others are not this can result in members limiting further information sharing amongst the CoP. Iverson and McPhee (2008) further suggest that these misalignments within a CoP contribute to a sense of not belonging, a theme identified from my findings. The participants in my study indicated that this feeling of not belonging resulted in them disengaging from the learning experience supporting current literature that not all

students feel a sense of belonging when on placement (Kleef & Werquin, 2012., Iverson & McPhee, 2008).

A feeling of belonging is essential as it enhances learning, supporting students to succeed in their programme and later, as a nurse (McLeod et al 2021). An observational study performed by Liljedahl et al (2016) conducted over three Swedish sites identified that student nurses reported a reluctance to participate with the community if there was a disagreement in values between themselves and the team. Liljedahl et al (2016) found that an inadequate sense of belonging affected student learning, impacting their well-being with a participant crying on several occasions. When considering the findings from my study, one participant felt they were not respected and were treated poorly. When the participant raised this with their placement, it became apparent that the CoP accepted this behaviour as they were advised to ignore it. Fortunately, on further discussion, the student elaborated that they were fully supported by their Academic Assessor and had escalated this concern at the time. However, given the significance of the claim, I obtained verbal consent at the end of the interview to discuss it with their Year Lead. My rationale to the participant was to ensure the welfare of future students within that placement setting. Unfortunately, research highlights that this behaviour, identified as a culture of bullying within nursing, has been an ongoing phenomenon to the extent that student nurses will either become a victim or witness (Minton & Birks, 2019., Budden et al, 2017, Bak et al, 2020). Courtney-Pratt et al (2018) further suggest that hierarchical status can affect how students are addressed within clinical practice.

As previously discussed in Chapter 1, developing resilience amongst learners is essential for our future nursing workforce. Research has demonstrated that a bullying culture is evident in the profession (Minton & Birks, 2019; Budden et al, 2017; Bak et al, 2020). Whilst this should not be accepted, this is something HEI and placement providers must collaboratively strive to overcome, especially if the impact is not only on the learner's well-being but the quality of those learners at the point of registration and the contribution this has on high attrition rates (Bril et al, 2022).

6.3.4 Feeling respected to feeling accepted

My findings identified that participants viewed practice support from their supervisors and assessors as significantly influencing their learning. For positive success, it is essential that students feel respected and accepted, as this will improve any self-doubt and lack of

confidence (Levett- Jones, 2007). My findings identified that, in some instances, the role of the supervisor or assessor needed to be better understood or that there was a reported disinterest in supporting the student. This directly impacted the student's well-being and self-worth, leading to reported unnecessary stress. Maslow (1987) supports that this lack of acceptance affects a person's self-esteem. The ward culture informs the CoP, and within my study, one participant experienced a lack of respect as a standard feature across multiple placement experiences.

Seibel's (2014) literature review suggests that accepting repetitive negative behaviours can become standard culture within a setting, which presents a challenge. My participants verbalised feeling deflated and having low self-worth. One participant who considered raising their concern over their perceived lack of support thought it better than causing a potential for further misery on placement in the hope that they would eventually be accepted into the CoP. Levett-Jones et al (2007) concurs that students who were opposed to conforming and spoke up were subjected to significant emotional and physical effects. This included physical feelings of ill health, such as nausea or headaches, crying, and anxiety. Rationalising why students ignore negative behaviour by adapting rapidly to the culture of the CoP for their placement allocation.

Bak et al's (2020) qualitative study found that stress in practice was a significant factor in unhealthy lifestyle choices. Bak et al (2020) suggested that overhauling the general clinical environment and implementing a reflective period at the end of a shift would reduce stress and associated poor health choices. It was identified that staff supporting students were subjected to stressful situations such as inadequate staffing, limited or lack of reflective time, and poor adherence to breaks impacting their ability to provide adequate support to students, causing concomitant levels of stress amongst learners (Bak et al, 2020). This was reflected in the findings of this study. Each participant experienced this phenomenon at least once over the three years of their programme, where the learning environment significantly impacted their well-being.

A meta-analysis by Panda et al (2021) added further insight into unwelcoming staff and those with poor knowledge of the role of student practice support, negatively impacted the student's placement learning. The participants felt that this limited their access to SL opportunities expected of that placement. My research findings support Panda et al (2021), with one

participant exposed to the constant dilemma of their assigned assessor not wishing to acknowledge their presence. The participant experienced anger, hurt, and frustration, becoming disengaged in the learning process as they did not feel respected or accepted. A successful CoP embraces newcomers and learners, supporting their growth and development (Wenger, 2009). However, as the literature and my findings have demonstrated, the experiences of negative staff attitudes act as a barrier to learning, resulting in students wishing the time on their placement away, with a reluctance to participate.

6.4 Limitations of the research

My research was a small-scale study completed during a pandemic. The students were from one cohort, and placements were undertaken in the same general hospital and community setting. Due to the time constraints of an MSc study, only interview data was collected. Other methods of data collecting, such as student diaries, were not considered due to the allocated timeframe. The students also knew me as part of the teaching faculty, which could have impacted their shared accounts.

The small sample posed a potential limitation. The original pool of participants was 13. However, there were difficulties in recruiting. Hennink et al (2017) suggest that although the definition of data saturation in qualitative research is unclarified, it is agreed that if a sample size is too small, it might not fully capture a phenomenon to its full extent. A larger sample may have generated more data and ensured data saturation. A method developed by Guest et al (2020), which incorporates base size, run length, and new information, suggests that a minimum of 6-7 semi-structured interviews are required to validate results. Nevertheless, Jolley (2020) indicates that data saturation occurs when there is no further knowledge to add to the analysis, regardless of size. Weller et al (2018) agree that it is not always accurate to assume sample size as a data saturation marker. Nonetheless, they suggest it is the experience of the researcher in being able to probe the participant's answers Strategies such as this help to mitigate inexperience (Guest et al,2020). My novice researcher role is acknowledged as a potential limitation.

The pandemic was an unforeseen limitation of my research. It is possible that participant experiences of learning in practice would have been on par with students' pre-pandemic experiences. The possibility that participants were exposed to different experiences due to the necessary rapid changes in health during that time cannot be excluded. A further limitation of

conducting this study during a pandemic is the participants' availability to participate during data collection.

6.5 Reflexivity

It was essential to maintain a reflective stance when conducting my research and is recommended at each stage of the research process (Allen & Arber, 2018., Hand, 2003). This study posed the potential risk of participants not being fully open to sharing their lived experiences with me, given the proximity of my relationship as a lecturer within the department. However, making the precise parameters of my role explicit at the beginning of the study helped to overcome this potential barrier (Allen & Arber, 2018). Dodgson et al (2019) suggest that researchers must be aware of their reactions and the impact that they can have on participants. Aburn et al (2021) recognise a further potential limitation for students to only disclose information they thought I hoped to uncover to achieve a perceived outcome. There was also the added potential for participants to assume that I knew what they were describing or referring to without going into depth because of my proximity with them. To overcome this, recruitment was carried out by a third party who gave potential participants an information sheet clearly defining the purpose of the study highlighting my role as a student researcher. Participation in this research was voluntary and would have no impact on their position as third-year student nurses.

As recommended by Hands (2003), I took a step back at each part of the process and questioned my role as a researcher and someone with similar experiences to the participants. For example, while analysing my findings, I was aware that my own experiences might unconsciously lead my findings down a particular route. As well as repeatedly going back to read the transcripts, I also sought support from my supervisor to help eliminate this potential bias.

6.6 Implications for practice

My research identified that a significant contributor to the student's overall experience and well-being was a sense of belonging and respect as a student nurse. When they did not feel accepted, this impacted their willingness to participate, their well-being, and their ability to recognise learning opportunities. Although this research was conducted in a small district hospital, the findings demonstrated similarities to larger-scale studies. Due to the demographical size of the learning environment and the smaller student ratio in the practice

where the research was undertaken, it is acknowledged that the experiences may have differed from studies conducted on a larger scale and over more significant demographical regions. Considering this, further research would be beneficial in exploring the perspectives of assessors and supervisors assigned to support students learning in practice. This would help to establish what they believe are enhancers for learning and what areas they perceive to be barriers preventing them from effectively supporting learners. Additionally, the small sample size, although yielding rich data, will not have achieved data saturation. Furthermore, the impact of the pandemic may have also altered the learning experiences previously available to students due to limited exposure to some clinical areas and different learning environment challenges due to staff deployment and a higher-level absence due to isolation periods.

Lastly, an important consideration is the potential long-term implications for students not welcomed into a CoP. The literature and study findings have identified that students who do not feel they belong become disengaged, negatively impacting their well-being. The risk is that students may later exhibit the same learned behaviours projecting these onto future student nurses as they develop within the nurse CoP.

6.7 Dissemination of findings

The purpose of conducting research is to share findings that contribute to the body of knowledge of what is already known (Holloway & Galvin, 2016). In nursing, this is essential as it supports the delivery of best practices ensuring a holistic approach through insight gained from qualitative studies (Oermann et al, 2007). The findings from this small study will inform how pre-registration student nurses are supported locally whilst on placement within a small district hospital. These research findings will be shared with the research participants, the education department faculty, and with clinical practice educators through assessor and supervisor workshops. Submitting this study online to peer-reviewed databases to support other researchers is also a consideration.

6.8 Conclusion

This chapter has identified that the findings from this research are similar to research already undertaken. The small sample could still provide rich data exploring the individual experiences of students learning within an authentic environment. This has offered meaningful, valuable insight into the experiences of those learning in practice in a small district hospital. Although

students are not key members of the registered nurse CoP, feeling a sense of belonging and being respected can have a lasting impact on the students' experience, developing identity as a registrant and overall physical and mental well-being. The findings have demonstrated participants' experiences of being part of the CoP, allowing students to enter as peripheral members of the community. The findings, further supported by the literature, also identify what deters students from wishing to participate in learning, preventing them from developing their knowledge skills and attitudes. The identified barriers to learning can result in students finishing their programme of study under-prepared or exiting the programme, which is far from ideal in a climate where there is already an overstretched and under-resourced nursing profession.

Chapter 7: Conclusion

Following the discussion of results in Chapter 6, this next Chapter will draw a conclusion for this overall study.

This research explored third-year student nurses' experience of learning whilst on placement. The initial literature review identified this phenomenon to be an area of academic interest. Nurse education has undergone dramatic and necessary changes in recent years, transferring from the apprenticeship model and into HEI. This study has identified multiple variables from learning whilst on placement impact an already complicated journey, whereby students will ultimately achieve a degree and a professional registration. Nurse education remains high on the national agenda with further expectations of student nurses, particularly with the changes to the SSA (NMC, 2018a).

Following a Heideggerian phenomenological theoretical underpinning and using the lens of SL, the research yielded rich data providing insight into the individual experience of learning in practice within a small local district hospital. The findings demonstrated the challenges students faced while learning in the practice area. Although the sample size was small, the findings supported previous similar studies discussed. The key themes of authentic learning environment, work versus learning, not belonging and feeling respected to feel belonging fit within the theoretical framework of SL and CoPs. What was apparent during the data collection phase was that participants remembered clear accounts of influences that affected their learning experiences, regardless of where in their programme these were experienced. A positive finding was that this also reflected specific areas where students were embraced as peripheral members of the CoP. Students who related their experiences to being encouraged and wanted to participate.

Student nurses are adult learners who have chosen to undertake a professional degree to become a nurse. The participants' experiences and feelings have demonstrated that they wish to be acknowledged for their roles as learners and accepted and respected as part of the team. Although only briefly, these variables shape students' overall learning experiences within an authentic learning environment and their developing identity as registered nurses.

During placement, students are socialised as they learn the values of being a nurse and applying theory to practice.

Although this was a small-scale study, my contribution to new knowledge is reflected in seeking to support students to see the benefits of each CoP as a learning experience. This would incorporate drawing out the positive, beneficial learning component within the authentic environment and making sense of learning opportunities when expectations still need to be met. This study also highlights the need for an emphasis on assessors and supervisors, welcoming students into the clinical area CoP and ensuring learning opportunities are made available. We must nurture our future nurses to become competent, safe, and compassionate practitioners who will provide the same meaningful, valuable support to prospective cohorts of student nurses. Whilst this study recognises the small sample size, it is hoped that the findings from this research will support the wider local education team to support student nurses undertaking a pre-registration BN. Lastly, this study provides a steppingstone for conducting similar larger-scale inquiries locally.

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Appendices

Appendix 1. University Ethics approval

Faculty of Health and Social Care
Riverside Campus
Castle Drive
Chester
CH1 1SL
Email: hscethics@chester.ac.uk

AF/BH

31 January 2023

Sharleane Le Heuze
[redacted]

Dear Sharleane

Project Title: An exploration of pre-registration adult student nurses' experiences of learning clinical skills whilst on placement
Chief Investigator: Sharleane Le Heuze
Educational Supervisor: Moyra Journeaux

I am pleased to confirm that the above research project has been subject to an independent scientific critique carried out by the Research Ethics Sub-Committee of the University of Chester's Faculty of Health and Social Care. The review included consideration of the research question, methodology, target group and plans for the recruitment of participants.

Overall, the reviewers considered the project worthwhile and of scientific merit, and that the protocol describes appropriate plans for the successful completion of the research.

Yours sincerely

A.P. Finnegan

Professor Alan Finnegan
Chair, Faculty Research Ethics Sub-Committee

cc Research Knowledge Transfer Office
cc Academic Supervisor

Appendix 2. HCS Ethics favourable opinion

Health and Community Services

Government of JERSEY

Health and Community Services
Research Ethics Committee
General Hospital | Gloucester Street | St Helier
Jersey | JE1 3QS

Private and Confidential

Sharleane Le Heuze,
Harvey Besterman Education Centre,
St Helier
JE1 3QS

Please note: This is a favourable opinion of the REC only and does not allow you to start your study at the research site until conditions are met and until you receive organisational permission to do so.

29/11/2021

Dear Ms Le Heuze,

Study title: **An exploration of a pre-registration adult student nurses' experiences of learning clinical skills whilst on practice placement.**
REC reference: **2021/HCSREC/07**

The HCS REC reviewed the above application on 26 November 2021.

Ethical Opinion
The members of the committee gave a favourable ethical opinion of the above research on the basis of the research described in the application and supplementary documentation. This opinion is subject to the following conditions being met prior to the commencement of this study.

Conditions of Favourable Opinion
The HCS REC favourable opinion is subject to the following conditions being met.

1. In response to the feedback form the University of Chester Scientific Review and the request for more information to be provided on how the researcher would avoid the risk of coercion given the lecturer/student relationship. Please provide this information.
2. The HCS REC will require a copy of the University of Chester sponsorship letter and indemnity document.

You should notify the HCS REC once all conditions have been met and provide copies of any revised documentation with updated version numbers. Revised documents should be submitted to the HCS REC Administrator [redacted]
HCSResearchEthicsCommittee@gov.je

Please note, it is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study.

Membership of the HCS Research Ethics Committee in attendance:
The members of the committee present are listed as:

[redacted]

Santé et Sèrvices à la C'meunauté Gouvèrnément d'Jèrri

[redacted]

Reviews were also received from absent committee members:
[redacted]

You should let us know if there are any significant changes to the proposal that might raise any further ethical issues.

Please let us have a brief final report to confirm the research has been completed.

Yours sincerely

[redacted]

[redacted]

[redacted]

Appendix 3. Departmental written consent

30/09/2021

Government of Jersey
Health and Community Services
Nursing, Midwifery and Allied Healthcare Education Department
Peter Crill House, Gloucester Street
St Helier
Jersey
JE1 3QS

Dear J[redacted]

I am writing to you to request permission to undertake a research study within your department, the final part of my MSc in Professional Studies.

Title: An exploration of third year pre-registration adult student nurses' experiences of learning clinical skills whilst on practice placement

The aim of my study is to explore third year student nurses' perceptions of how they feel they learn clinical skills whilst out on placement. I feel this study is timely in view of the new NMC standards and the greater emphasis the new proficiencies with additional skills have on developing the future nurse. There is the potential for this study to also benefit my role as an educator within pre-registration nurse education by gaining a greater understanding of the student experience.

I will follow all necessary steps in ensuring the safety and welfare of our students throughout and will also be kindly supported by my colleagues should any student disclose any information requiring escalation or additional PAT support. My role will be made clear throughout that this research study is being undertaken in my capacity as MSc student and not as a senior lecturer.

If you wish to discuss anything element of my proposed study any further, then please do not hesitate to contact me. If you are happy for me to proceed with this study within your department, please respond to this letter at your earliest convenience.

Yours sincerely

Sharleane Le Heuze

MSc Student

Email: 1721911chester.ac.uk

30/09/2021

Government of Jersey
[redacted]
Health and Community Services | Education Department
Peter Crill House, Gloucester Street
St Helier
Jersey
JE1 3QS

Hello Sharleane

Thank you for your letter requesting permission to access the 3rd year student nurses to explore their perceptions of how the gain/develop clinical skills in practice. I support your request.

Good luck with your study, I look forward to reading the outcomes of the research.

[redacted]

[redacted] – Head of Nursing, Midwifery and Allied Health Professional Education – 30/09/2021.

Appendix 4. University Sponsorship

University of Chester
Faculty of Health and Social Care
Tel 01244 511000
Fax 01244 381090

21st January 2022

To whom it may concern

Sponsorship letter for student project on taught programme

Project:	An exploration of pre-registration adult student nurses' experiences of learning clinical skills whilst on placement
FH&SC Ethics No:	RESC1021-1067
Student Name:	Sharleane Le Heuze
Student Number	1721911
Course of Study:	MSc Professional Education
Academic Supervisor:	Moyra Journeaux

The University of Chester is willing to take on the responsibilities of Sponsor for the above student research project, subject to ethical approval being obtained from the relevant NHS REC to which it is being submitted.

This project has been independently internally reviewed by the Faculty Research Ethics Sub Committee who has confirmed that the project is worthwhile and of scientific merit, and that the protocol describes appropriate plans for the successful completion of the research.

Yours faithfully

Professor Angela Simpson, Executive Dean
Faculty of Health and Social Care

Cc: Student, Academic Supervisor
Research and Knowledge Transfer Office
Deputy Bursar

Appendix 5. Email to participants

Government of Jersey
Health and Community Services | Education Department
Peter Crill House, Gloucester Street
St Helier
Jersey
JE1 3QS

Dear Student,

I would like to invite you to participate in a research study that I am undertaking.

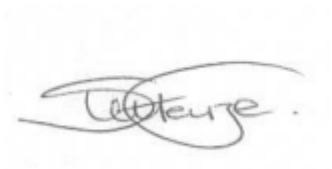
Title: An exploration of third year pre-registration adult student nurses' experiences of learning clinical skills whilst on practice placement

The research study is being carried out as part of my Masters studies as a Masters Student and not in my capacity as a lecturer as you may know me by.

Please take time to read the attached information sheet which outlines the purpose of the research study. This will help you decide if you would like to participate in this study. If you have any questions, then please do not hesitate to contact me directly by email or by telephone. However, if you are satisfied with the information provided in the participation information sheet and would like to partake in the study, please complete the consent form and return to me either directly or via email.

Yours sincerely

Sharleane Le Heuze



Email: 1721911@chester.ac.uk

Tel: [redacted]

Appendix 6. Participant cover letter

Government of Jersey

Health and Community Services | Education Department

Peter Crill House, Gloucester Street

St Helier

Jersey

JE1 3QS

Dear Student,

I would like to invite you to participate in a research study that I am undertaking.

Title: An exploration of pre-registration adult student nurses' experiences of learning whilst on placement

The research study is being carried out as part of my MSc studies as a master's Student and not in my capacity as a lecturer as you may know me by.

Please take time to read the attached information sheet which outlines the purpose of the research study. This will help you decide if you would like to participate in this study. If you have any questions, then please do not hesitate to contact me directly by email or by telephone. However, if you are satisfied with the information provided in the participation information sheet and would like to partake in the study, please complete the consent form and return to me either directly or via email.

Yours sincerely

Sharleane Le Heuze

Email: 1721911@chester.ac.uk

Tel: [redacted]

Appendix 7. Participant information sheet

University of Chester

Government of JERSEY

Appendix 5

Participant information sheet

An exploration of pre-registration adult student nurses' experiences of learning whilst on practice placement.

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If there is anything that is not clear or if you would like more information please do not hesitate to contact me by email or by telephone, details provided at the end of this document. Please take time to decide whether you wish to take part.

Thank you for reading this.

What is the purpose of study?
Learning whilst on placement is a fundamental part of the Bachelor of Nursing with 50% of nurse education allocated to clinical practice learning and applying clinical skills, how students are supported to learn is important. This leads to the aim of the study which is to explore the views and lived experiences of a third-year student nurse learning whilst on placement. The reason why third year student nurses like yourself have been chosen is because of the prior learning experience you have been exposed to, having successfully completed your first and second academic year of studies. In addition to this, you will have gained a clearer understanding of what is expected from both yourself as a student and from your practice supervisors and assessors.

It is hoped that the information collected will be used to support practice partners who in turn support our students in practice. A written report will be produced at the end of the study. The findings from the study will be used to inform the future development of pre-registration clinical skills delivery.

Why have I been chosen?
You have been chosen because you are a third-year adult student nurse completing a programme of study in Jersey.

Do I have to take part?
It is up to you to decide whether to take part or not. If you decide to take part be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time prior to taking part or during the study and without giving a reason. It is important to also know that a decision to withdraw from the study, or a decision not to take part, will not affect your programme of study as my role as a lecturer is not associated with my role in this study, a student researcher. You can withdraw from the study up to 3 weeks following your interview

What will happen to me if I take part?
If you decide to take part, you will be asked to sign the provided consent form. You will then be invited to attend an interview. At this interview, you will have the opportunity to raise and discuss your views and experiences relating to clinical practice. The interview will last

approx. one hour and will be audio taped. No-one will be identifiable in the final report. Should you decide at the end of the allocated time for the interview that you wish to add further information, then we can arrange another suitable day, time and place to continue with our interview.

Will my taking part in the study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential so that only the researcher carrying out the research will have access to such information. Information will be also be coded as a measure of ensuring anonymity and files will be saved electronically within a password protected system.

What will happen to my data?
All information gathered from you will be transcribed anonymised and password encrypted. If it is decided that assistance to transcribe the data will be beneficial then a reputable transcription service will be employed to transcribe the digital recording. The anonymised information will be accessed by the researcher and the university supervisors as part of the professional master's research supervision process. Participants should note that data collected from this study may be retained and published in an anonymised form. Your rights are protected under the Data Protection (Jersey) Law 2005. By agreeing to participate in this study, you are consenting to the retention and publication of data.

What are the possible disadvantages and risks of taking part?
There is the potential for this research study to bring about previous unpleasant experiences from practice. Please be assured that in this instance there will be a member of the pre-registration team, Dr Hazel McWhinnie available during the agreed interview time and for an hour after your interview. She will be available either in person or via TEAMS to provide you with support.

What are the possible benefits of taking part?
As a current student it is possible that you may welcome the opportunity to share and discuss your views and experiences with other students. By taking part, you will be contributing to the development of the student support and learning experience through sharing your experiences, with the aim of benefiting students in future cohorts.

What if something goes wrong?
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact either:

Professor Angela Simpson, Executive Dean, Faculty of Health and Social Care, University of Chester, Riverside Campus, Castle Drive, Chester, Cheshire, CH1 1SL. Tel: 01244 513380. Email: angela.simpson@chester.ac.uk
[redacted]
or
[redacted]
Julie Mesny, Head of Nursing, Midwifery and AHP Education/Team Jersey Lead, Health and Community Services HE Department, Peter Crill House, St Helier, JE13QS, Jersey. Tel: 01534 442746. Email j.mesny@health.gov.je

There is a local Government of Jersey complaints process if you wish to complain about any aspect of the study. You can do this by:
calling +44 (0) 1534 444444

Should you decide at the end of the allocated time for the interview that you wish to add further information, then we can arrange another suitable day, time and place to continue with our interview.

Will my taking part in the study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential so that only the researcher carrying out the research will have access to such information. Information will be also be coded as a measure of ensuring anonymity and files will be saved electronically within a password protected system.

What will happen to my data?
All information gathered from you will be transcribed anonymised and password encrypted. If it is decided that assistance to transcribe the data will be beneficial then a reputable transcription service will be employed to transcribe the digital recording. The anonymised information will be accessed by the researcher and the university supervisors as part of the professional master's research supervision process. Participants should note that data collected from this study may be retained and published in an anonymised form. Your rights are protected under the Data Protection (Jersey) Law 2005. By agreeing to participate in this study, you are consenting to the retention and publication of data.

What are the possible disadvantages and risks of taking part?
There is the potential for this research study to bring about previous unpleasant experiences from practice. Please be assured that in this instance there will be a member of the pre-registration team, Dr Hazel McWhinnie available during the agreed interview time and for an hour after your interview. She will be available either in person or via TEAMS to provide you with support.

What are the possible benefits of taking part?
As a current student it is possible that you may welcome the opportunity to share and discuss your views and experiences with other students. By taking part, you will be contributing to the development of the student support and learning experience through sharing your experiences, with the aim of benefiting students in future cohorts.

What if something goes wrong?
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact either:

Professor Angela Simpson, Executive Dean, Faculty of Health and Social Care, University of Chester, Riverside Campus, Castle Drive, Chester, Cheshire, CH1 1SL. Tel: 01244 513380. Email: angela.simpson@chester.ac.uk

or

Julie Mesny, Head of Nursing, Midwifery and AHP Education/Team Jersey Lead, Health and Community Services HE Department, Peter Crill House, St Helier, JE13QS, Jersey. Tel: 01534 442746. Email j.mesny@health.gov.je

There is a local Government of Jersey complaints process if you wish to complain about any aspect of the study. You can do this by:
calling +44 (0) 1534 444444
email feedback@gov.je

University of Chester

Government of JERSEY

Or in writing to Compliments, Complaints, Comments PO Box 55, JE4 8PE

The university does not accept responsibility for any harm experienced apart from that which is proven to have been caused through its negligence. In the unlikely event that you experience harm through your participation in the research, and this is due to the negligent conduct of the researchers, then you may have grounds to bring legal action. If you choose to bring such action, you may incur legal costs.

What if I talk about my experience and something upsets me?
The Programme Lead for the pre-registration nursing degree will be available to contact throughout the interview process and following this. She will be happy to support you and direct you to further support should you require or request this. The programme lead contact details are:

Dr Hazel McWhinnie, Programme Lead for Pre-Registration Nursing Degree, Health and Community Services HE Department, Peter Crill House, St Helier, JE13QS, Jersey. Tel: 01534 442740. Email h.mcwhinnie@health.gov.je

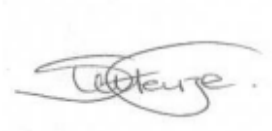
What will happen to the results of the research study?
The results will be written up into a report. It is hoped that the findings will be used to improve the experience for prospective student nurses learning clinical skills whilst on placement. The results may also be used to inform future publications and conference presentations. Individuals who participate will not be identified.

Who is organising and funding the research?
The research is being conducted as part of an MSc Programme and is being organised by myself, Sharleane Le Heuze, an MSc student studying with the Faculty of Health and Social Care at the University of Chester.

Who may I contact for further information?
Please note that there will be a two-week window from being asked if you would like to partake in the study to providing your written consent. If you would like more information about this research study before you decide whether or not you would like to take part, please contact:

Sharleane Le Heuze
Email: 1721911@chester.ac.uk
Tel: [redacted]

Thank you for your interest in this research.



Appendix 8. Participant consent form

University of Chester

Government of JERSEY

Consent form

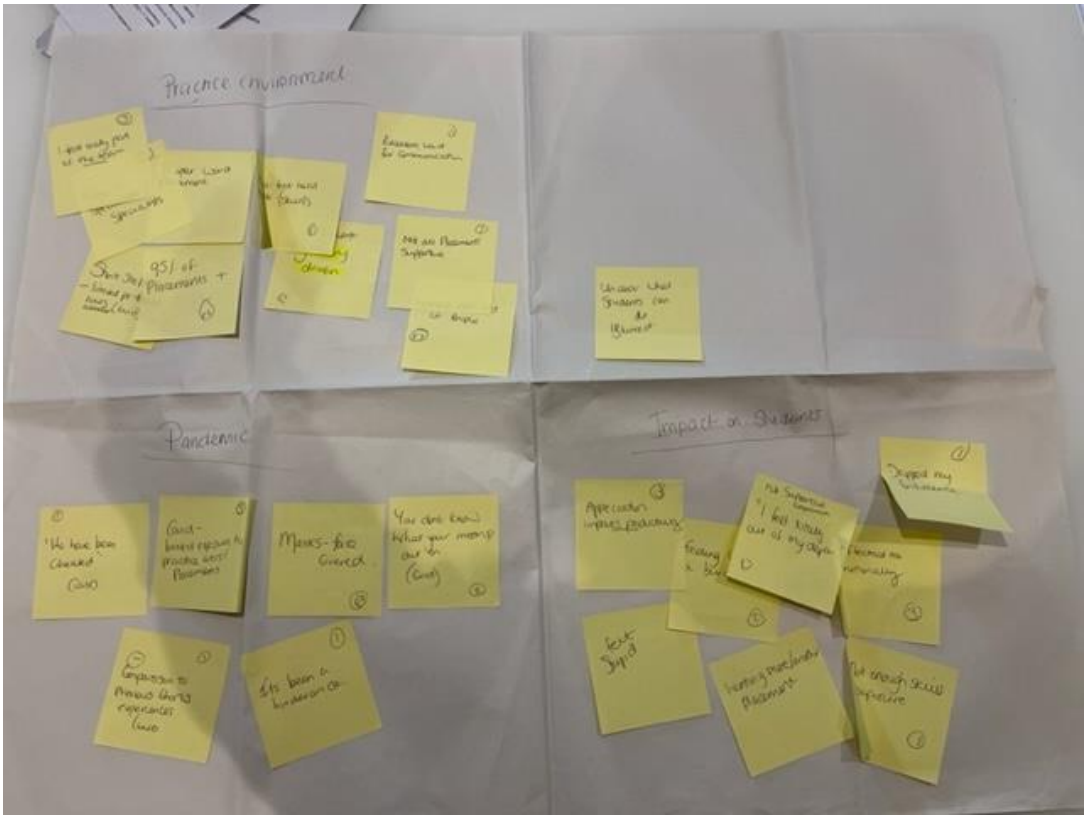
Title of Project:	**An explorative study of student nurses' experiences of learning whilst on placement**
Name of Researcher:	**Sharleane Le Heuze**

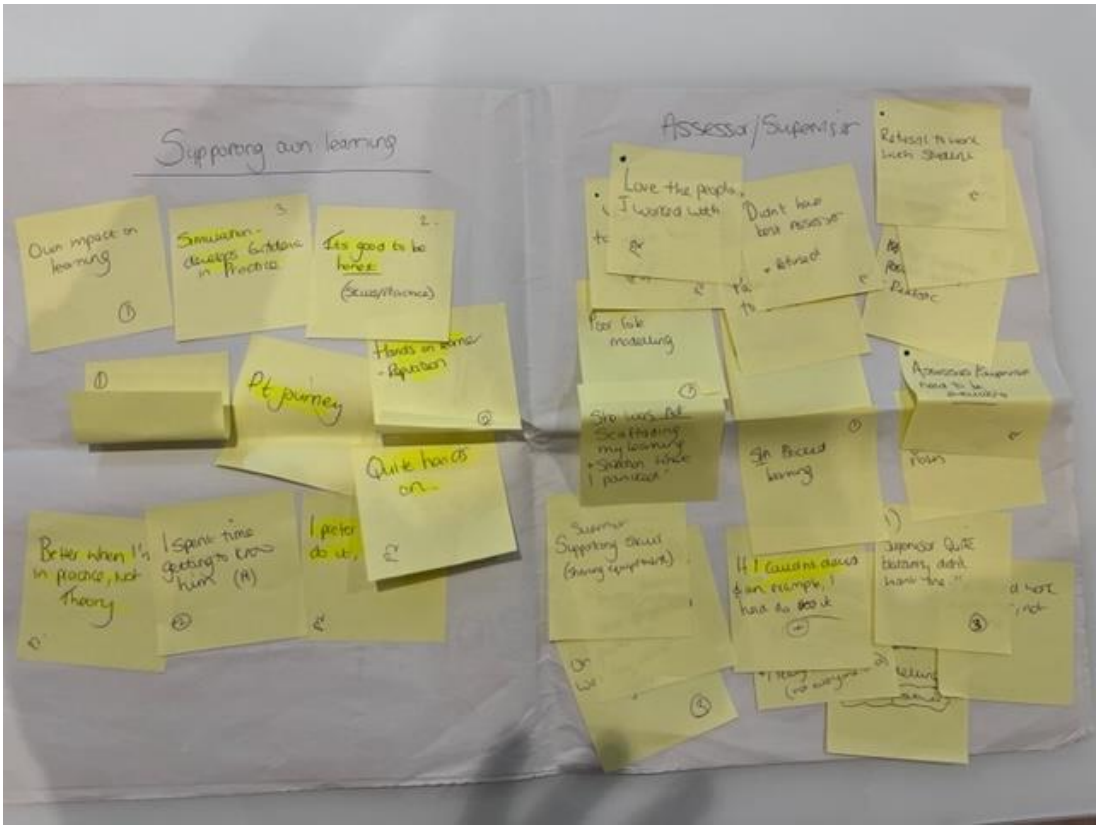
Please initial box

1. I have read and understood the participant information sheet and I have had the chance to ask questions.	
2. I understand that that the interview will take place face to face at an agreed time and date and in a mutually agreed location	
3. I understand that my participation is voluntary and that I am free to withdraw my information up to 3 weeks following my interview. After this point I understand that once it has been included withdrawing will not be possible. I am aware that I also do not have to give any reason.	
4. I understand that the interview will be audio-recorded.	
5. I understand that the data gathered in this study will be written up as part of a report. I understand that the information relating to me and the organisation that I work in will be anonymised.	
6. I understand and agree that the data collected from this study will be stored securely and agree that data collected from this project may be retained in an anonymised form.	
7. I understand that the information gathered in this research study including direct quotations may be used in publications and conferences.	
8. I agree to take part in the above study.	

Name of Participant	Date	Signature
Researcher	Date	Signature

Appendix 9. Theme identification





Appendix 10: Literature search Table

Search no. (SX)	Search string	Results found in database: CINAHL with full text	Results found in database: MEDLINE
S1	Student nurs* OR learner* OR undergraduate OR Pre-registration	48, 045	65, 968
S2	Learning on placement OR Learning in practice OR learning in clinical practice	185	768
S3	Experie* OR percep* OR View OR Understand* OR opinion OR attitude	841, 193	2, 016, 470
S4	**S1 AND S2 AND S3**	72	184
S5	Situated Learning	155	207
S6	Belonging Or sense of belonging OR sense of community	11, 912	103, 805
S7	**S1 AND S2 AND S5**	2	2
S8	**S1 AND S6**	242	456
S9	**S1 AND S5**	12	54