Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: The theory of Doing the Right Thing

Carina Claudia Anderson

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Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: The theory of Doing the Right Thing

A thesis submitted in fulfilment of the requirements for the award of the degree

DOCTOR OF PHILOSOPHY

From

University of Wollongong

By

Carina Claudia Anderson RN, BN, AssocDipOutdoorEd.

School of Nursing

Faculty of Sciences, Medicine and Health

2017
Statement of originality

CERTIFICATION

I, Carina C. Anderson declare that this thesis, submitted in partial fulfilment of the requirement for the award of Doctor of Philosophy, in the Department of School of Nursing and Midwifery, Faculty of Sciences, Medicine and Health, University of Wollongong, is wholly my words unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Carina C. Anderson

30 January 2017
Abstract

Registered Nurses in Australia are expected to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. The expectation to be involved in the professional development of nursing students is indicated within nursing standards which are, in turn, embedded within the licence to practice as a Registered Nurse. This research aimed to explore Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. Using a Grounded Theory approach, fifteen Registered Nurse participants from the state of Queensland, Australia, were interviewed. Consistent with Grounded Theory methodology, data from the semi-structured interviews was analysed using a constant comparative method to develop a substantive theory. The substantive theory, grounded in data, developed as a result of this research is Doing the Right Thing. The core category that emerged as a result of rigorous data analysis is the right thing to do and is informed by four elements, namely; ‘sense of responsibility’, ‘an added extra’, ‘choice’ and ‘nursing standard’.

The theory of Doing the Right Thing describes how Registered Nurses provide professional development to pre-registration nursing students by teaching and supporting them on their clinical placements because they believe it is the right thing to do. The theory is unique and offers new knowledge regarding the professional development of nursing students in the clinical environment. The theory could be used by both tertiary institutions and health care facilities to understand why Registered
Nurses provide professional development to pre-registration nursing students and teach and support them during their clinical placements. Understanding the social processes involved, as described in the theory of *Doing the Right Thing*, could be beneficial to health care service management and tertiary institutions to understand behaviour by Registered Nurses towards nursing students. It is therefore anticipated that this theory can be used to ultimately improve pre-registration nursing students’ clinical placement experiences. The expectation to provide professional development to pre-registration nursing students by teaching and supporting them on their clinical placements is written into many countries’ nursing standards and because of this, the theory of *Doing the Right Thing* may be translatable to Registered Nurses not only in Australia, but also to Registered Nurses in other countries.
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A big thank you to my special PhD buddies. We shared this journey together. I am truly grateful for your friendship, support and our wonderful philosophical and methodological discussions over many a lunch.

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Finally, I would like to dedicate this PhD to my sister Dr Vera Hansper. Vera you are my inspiration. They say little sisters want to be like their big sisters and I am no different. Doing this PhD was a natural progression to follow in your footsteps.
Publications and conference presentations arising from this research

Peer reviewed publications


Accepted publication


Conference presentations


### Table 1: Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Terminology</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN</td>
<td>Australian College of Nursing</td>
<td>Established in 2012, this national professional nursing organisation has a focus on nursing leadership</td>
</tr>
<tr>
<td>AIN</td>
<td>Assistant in Nursing</td>
<td>An employee who has completed an Assistant in Nursing Certificate III. An AIN works under the direct supervision of a Registered Nurse</td>
</tr>
<tr>
<td>ANCI</td>
<td>Australian Nursing Council Incorporated</td>
<td>An organisation established in 1992 to coordinate nursing education and develop national nursing standards</td>
</tr>
<tr>
<td>ANF</td>
<td>Australian Nursing Federation</td>
<td>Now known as the Australian Nursing and Midwifery Federation (ANMF). The largest nurses’ union in Australia</td>
</tr>
<tr>
<td>ANMC/ANMAC</td>
<td>Australian Nursing and Midwifery Council/ Australian Nursing and Midwifery Accreditation Council</td>
<td>The organisation responsible for developing nursing and midwifery accreditation standards and accrediting nursing and midwifery education programs within Australia</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
<td>The organisation responsible for the National Registration and Accreditation Scheme for registered health practitioners across Australia</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Terminology</td>
<td>Definition</td>
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<tr>
<td>--------------</td>
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</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
<td>A national agency that produces independent and authoritative health and welfare information and statistics</td>
</tr>
<tr>
<td>Bachelor’s degree in nursing</td>
<td>An academic degree in the science and principles of nursing, granted by an accredited tertiary education provider. The course of study is typically three or four years. Bachelor’s degrees in nursing include: Bachelor of Nursing, Bachelor of Nursing Science, Bachelor of Science in Nursing and Bachelor of Health Science in Nursing</td>
<td></td>
</tr>
<tr>
<td>CN</td>
<td>Clinical Nurse</td>
<td>A Registered Nurse who is mainly involved in the care and treatment of patients, as well as the supervision and management of clinical nurses</td>
</tr>
<tr>
<td>Clinical placement</td>
<td>Supervised real life work experience for students in health care settings</td>
<td></td>
</tr>
<tr>
<td>the Commonwealth</td>
<td>Commonwealth Government of Australia</td>
<td></td>
</tr>
<tr>
<td>EEN</td>
<td>Endorsed Enrolled Nurse</td>
<td>A second level nurse who has undertaken 18-24 months of nursing education in the VET sector. An EEN works under the direction of a Registered Nurse</td>
</tr>
</tbody>
</table>
### Abbreviation | Terminology | Definition
--- | --- | ---
Facilitator | A Registered Nurse who oversees the supervision of a group of nursing students during their clinical placement. The facilitator is responsible for orientating, supporting and evaluating the students’ performance during their clinical placement.
Full-time equivalent | The equivalent of a full-time employee.
Generalist Nurse | See Registered Nurse.
GP | General Practitioner | A medical doctor who works in a general medical practice.
| General practice surgeries/general medical practice | A medical practice where General Practitioners (medical doctors) assess and treat patients.
Graduate nurse | A Registered Nurse in their first year of paid work after completing a bachelor’s degree in nursing.
Handover | The communication of a patient’s or patients’ nursing care and medical condition amongst health care professionals.
<table>
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<tr>
<th>Abbreviation</th>
<th>Terminology</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
<td>A federation of more than 130 national nurses associations representing more than 16 million nurses worldwide. ICN works to ensure quality nursing care, sound health policies globally and a competent nursing workforce</td>
</tr>
<tr>
<td></td>
<td>Licensed Nurse</td>
<td>See Registered Nurse</td>
</tr>
<tr>
<td></td>
<td>Mentor</td>
<td>An experienced Registered Nurse who provides professional development to nursing students by teaching and supporting them during their clinical placement</td>
</tr>
<tr>
<td>NMBA</td>
<td>Nursing and Midwifery Board of Australia</td>
<td>The independent accrediting body for nursing and midwifery in Australia</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
<td>The Nursing and Midwifery Council in the United Kingdom</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
<td>The state of New South Wales in Australia</td>
</tr>
<tr>
<td></td>
<td>Nursing student</td>
<td>Nursing student undertaking a bachelor’s degree in nursing</td>
</tr>
<tr>
<td></td>
<td>Preceptor</td>
<td>A Registered Nurse designated to provide one-on-one clinical teaching and support to a nursing student undertaking clinical placement</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Terminology</td>
<td>Definition</td>
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<tr>
<td>-------------</td>
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</tr>
<tr>
<td></td>
<td>Pre-registration nursing student</td>
<td>Undergraduate nursing student, student undertaking a bachelor’s degree in nursing</td>
</tr>
<tr>
<td>QLD</td>
<td>Queensland</td>
<td>The state of Queensland in Australia</td>
</tr>
<tr>
<td>QNU</td>
<td>Queensland Nursing Council</td>
<td>The industrial and professional organisation for nurses and midwives working in Queensland</td>
</tr>
<tr>
<td>RCNA</td>
<td>Royal College of Nursing Australia</td>
<td>A professional organisation representing nurses. In 2012 RCNA amalgamated with the College of Nursing Australia to form the Australian College of Nursing (ACN)</td>
</tr>
<tr>
<td>RCH</td>
<td>Royal Children’s Hospital</td>
<td></td>
</tr>
<tr>
<td>RMH</td>
<td>Royal Melbourne Hospital</td>
<td></td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
<td>A nurse who is on the register maintained by a nursing board within a particular country or state and is licenced to practice nursing as a Registered Nurse. The minimum educational requirement for a Registered Nurse is a three year bachelor’s degree from a higher education institution or equivalent from a recognised hospital-based program</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Terminology</td>
<td>Definition</td>
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<tr>
<td>--------------</td>
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<td>------------</td>
</tr>
<tr>
<td>Student nurse</td>
<td>Nurse employed as a student within a health care organisation</td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td>Tasmania</td>
<td>The state of Tasmania in Australia</td>
</tr>
<tr>
<td>Tertiary education/higher education/tertiary sector/university sector</td>
<td>Education following completion of secondary school. In Australia tertiary education refers to education undertaken at a university</td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
<td></td>
</tr>
<tr>
<td>USA/US</td>
<td>United States of America</td>
<td></td>
</tr>
<tr>
<td>USD</td>
<td>United States dollars</td>
<td>Currency used in the United States of America</td>
</tr>
<tr>
<td>VET</td>
<td>Vocational Education Training</td>
<td>Adult further education which enables students to gain qualifications and skills for careers and industries such as trades, office work, retail, hospitality and technology</td>
</tr>
<tr>
<td>VIC</td>
<td>Victoria</td>
<td>The state of Victoria in Australia</td>
</tr>
<tr>
<td>WIL</td>
<td>Work integrated learning</td>
<td>See clinical placement</td>
</tr>
</tbody>
</table>
CHAPTER 1

Research overview

Introduction

This PhD thesis presents results from a Grounded Theory study which explores Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. The nursing standards used in this study were the National competency standards for the Registered Nurse (Nursing and Midwifery Board of Australia, 2006). New nursing standards referred to as the Registered Nurse standards for practice took effect as of June 2016 (Nursing and Midwifery Board of Australia, 2016c). For Registered Nurses in Australia to obtain their initial registration and then maintain their annual registration, they are required to declare that they will comply with the nursing standards. Embedded within the Australian nursing standards are the expectations that Registered Nurses will contribute to the professional development of pre-registration nursing students who are undertaking their clinical placement experiences. Students studying to become Registered Nurses in Australia are required to undertake a minimum of 800 clinical placement hours and it is these placement hours that are to be supervised by Registered Nurses who are licenced to practice under the regulations of the Nursing and Midwifery Board of Australia (NMBA). This study, undertaken in an Australian context, explored Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and...
supporting them during their clinical placements.

The maps below offer a visual representation of the scope and location of this study. Figure 1 provides a comparison of the size of Australia in relation to the United States of America (USA). This research was positioned in the state of Queensland, Australia that can be seen in the upper right area of Figure 2.

![Map showing size of Australia compared to USA](State Library of Western Australia, 2015)

Figure 1: Size of Australia in comparison to USA

(State Library of Western Australia, 2015)
Impetus for this research

The researcher’s interest in this study originated whilst working as a clinical coordinator at an Australian university. At the time the spark was ignited the researcher’s role was to organise clinical placements for pre-registration nursing students and to provide telephone support to both the students and those Registered Nurses who were allocated...
nursing students. The researcher was surprised by the attitude that some Registered Nurses had towards nursing students when the students were undertaking their clinical placement experiences. The researcher’s perception was that students were sometimes lacking support from Registered Nurses. This observation propelled the researcher to want to gain insight into whether Registered Nurses understood that the nursing standards state that Registered Nurses are required to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements at healthcare facilities. This question prompted a desire to investigate this notion and as a consequence the researcher explored Registered Nurses’ understanding of the nursing standard requirement that they provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements.

**Organisation of thesis**

This thesis is organised into six chapters. The first chapter (this chapter) is the introduction. This chapter provides an overview of the research including the impetus for this study which was outlined above. Chapter 1 explains the organisation of the thesis including terms and conventions used and presents the research aim and research question as well as the rationale and significance of the study. Chapter 2 provides a background to the research and a preliminary literature review. Included in Chapter 2 is a discussion about experiences that nursing students have on clinical placements. In addition, competence and competency based education are defined and the expectation for other health-related professionals to provide professional development to students in
their respective discipline is explored. Chapter 2 continues on to consider expectations, from an international perspective, for Registered Nurses to provide pre-registration nursing students with professional development by teaching and supporting them during their clinical placements. The history of nursing education and the development of the Australian nursing standards, including the competency standard 4.3, are also discussed. Chapter 2 concludes by considering how Registered Nurses understand their role in relation to nursing students on clinical placements. The next chapter, chapter 3, begins by discussing qualitative research and explains the research design used for this research, Grounded Theory. Within this chapter the researcher’s perspective in this study is considered. The chapter continues on to fully explicate the specific research methods used in this study. Ethical considerations and details regarding participant characteristics, including how the participants were recruited are provided. Chapter 3 also explains data collection methods and the process of systemised and rigorous data analysis. Finally, theoretical sensitivity and the credibility of the research is elucidated. Chapter 4 continues to build on the thesis by discussing the findings of the research and describing how the core category, the right thing to do emerged from the data. Within the fourth chapter the themes and elements that inform the core category and the development of the substantive theory, Doing the Right Thing, are explained in full detail. Chapter 5 then discusses the relationship between the substantive theory and the literature. To do this the themes, elements and the core category are discussed by close engagement with the literature. For ease of reading the organisation of Chapter 5 is similar to the organisation of the previous chapter, Chapter 4. The final chapter is Chapter 6 which is the conclusion. The concluding chapter includes limitations to the
study and recommendations as a result of this research.

Terms used in thesis

The table (Table 1) provided preceding this chapter provides definitions of terms used in this thesis. A variety of terms such as mentor, preceptor, and facilitator are used for Registered Nurses who are allocated to nursing students in the clinical environment (Franklin, 2013). Throughout this study the term Registered Nurse refers to any licenced Registered Nurse, regardless of their designation. This research recognises that all Registered Nurses including those who are mentors, preceptors and facilitators must practice under the auspices of the nursing standards. For that reason no distinction has been made between Registered Nurses who are mentors, preceptors or facilitators and are all referred to as Registered Nurses in this study.

Conventions used in this thesis

For consistency the conventions as outlined in Table 2 have been used throughout this thesis.
Table 2: Conventions used in thesis

<table>
<thead>
<tr>
<th>Type</th>
<th>Convention used in thesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant quotes</td>
<td>italicised and indented</td>
</tr>
<tr>
<td>Substantive theory</td>
<td>Bold</td>
</tr>
<tr>
<td>Core Category</td>
<td>Bold and italicised</td>
</tr>
<tr>
<td>‘Elements’</td>
<td>‘Italicised and bold with single quotation marks’</td>
</tr>
<tr>
<td>‘Themes’</td>
<td>‘Italicised with single quotation marks’</td>
</tr>
<tr>
<td>Direct quotes (from published sources)</td>
<td>“As per APA 5th style double quotation marks”</td>
</tr>
<tr>
<td>Emphasis</td>
<td>‘single quotation marks’</td>
</tr>
</tbody>
</table>

**Research aim**

The aim of this research was to explore Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements.
Research question

The research question that guided this study was:

What are Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements?

Rationale and significance of the study

This study will provide insight into Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. It is posited that the findings from this research provide insight into what Registered Nurses understand their requirements to be with nursing students who are on clinical placements. The substantive theory developed from this study could be used to enhance Registered Nurses’ understanding of the integral role they have regarding nursing education. While research was found relating to Registered Nurses and student support, there was no evidence of theoretical models relating to Registered Nurses’ understanding of the nursing standard requirement to provide pre-registration nursing students with professional development by teaching and supporting them on their clinical placements. To place this research in context, the next chapter offers a background to this area of research.
CHAPTER 2

Background

Introduction

In accordance with Grounded Theory methodology, as suggested by Taylor, Kermode and Roberts (2006), a precursory review of the literature with regard to Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements was conducted at the commencement of this study. Therefore, in the early stages of the research only a preliminary literature review was conducted to avoid researcher bias and preconceptions which, according to Giles, King, and de Lacey (2013), could influence the development of the substantive theory.

The first part of this chapter will provide a background in order to contextualise the concept being studied. That is, Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. The chapter then continues on to discuss the significance of the study which serves to highlight the contribution to knowledge that this research makes. Further discussion is provided so as to identify experiences that nursing students have during their clinical placements. The chapter then elucidates competence as it relates to nursing and competency based assessment. In order to situate the issue under investigation within a broader context, expectations to support students within other health professions are also discussed. To
inform the reader about the context of nursing education nationally, an overview of nursing education within Australia is provided. The chapter then explores how nursing standards are related to Registered Nurses’ requirement to provide nursing students with professional development by teaching and supporting them during their clinical placements. The final part of the chapter synthesises the content by discussing results from the preliminary literature review in regards to Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements.

**Background**

Each year when a Registered Nurse renews their license to practice in Australia they must complete a self-assessment form (see Appendix E). When they sign this form they are declaring that they are competent to continue (or to commence) practice as a Registered Nurse under the national nursing standards (Nursing and Midwifery Board of Australia, 2006, 2013a, 2015b, 2016b). This type of national system for nurses to renew practice licences does not only occur in Australia. Internationally, many countries such as New Zealand, Canada and the United Kingdom (UK) also have registration systems in place whereby Registered Nurses must annually complete self-assessment forms as part of their licence renewal and state they are meeting the nursing standard requirements within their respective countries (Canadian Nurses Association, 2014; Heartfield & Gibson, 2005; Nursing & Midwifery Council, 2015a; Nursing Council of New Zealand, 2015).
In Australia national competency standard for the Registered Nurse number 4.3, which is the focus of this study, states that the Registered Nurse “contributes to the professional development of others…supports health care students to meet their learning objectives” and “participates where appropriate in teaching others including students of nursing” (Nursing and Midwifery Board of Australia, 2006, p. 5). ‘Signing off’ on their licence by a personal declaration implies that Registered Nurses have an understanding of this nursing standard requirement and it is an analysis of what Registered Nurses’ understanding of this standard is, that forms the impetus of this research. Figure 3 provides a visual representation of the national competency standards for the Registered Nurse and how competency 4.3 is embedded within the licence to practice as a Registered Nurse. The full version of the national competency standards for the Registered Nurse is found in Appendix G.

![Diagram](image.png)

**Figure 3: Nursing competency standard 4.3 embedded within the licence to practice**
Significance

In Australia bachelor degrees in nursing, which are the degrees that educate students to become qualified to become Registered Nurses, are built around the nursing standards for Registered Nurses. Nursing bachelor’s degree programs educate students to become Registered Nurses otherwise known as ‘Generalist Nurses’ (International Council of Nurses, 2003a). There are thirty-nine universities within Australia (Universities Australia, 2016) of which thirty-two offer bachelor’s degree courses in nursing (Australian Education Network, 2016). According to the most recent data available from Health Workforce Australia (HWA) (2014) there were a total 41,286 full-time equivalent nursing students in Australia in 2013. This was a four percent increase in the number of nursing students from the previous year (Health Workforce Australia, 2014). In comparison, in 2001 there were only 22,600 nursing students (Australian Bureau of Statistics, 2013a). The increase in the number of full-time equivalent pre-registration nursing students between 2001, 2012 and 2013 is depicted in a graph in figure 4, below.

![Figure 4: Comparison of number of full-time equivalent nursing students](image-url)
The increasing trend with regard to the number of nursing students is significant because in Australia it is required that, in addition to theoretical study, students undertake a minimum of 800 clinical placement hours during the course of their undergraduate study (Australian Nursing and Midwifery Accreditation Council, 2012). In 2013 a total of 10,873,566 clinical placement hours were provided to nursing students with their compulsory clinical placement experiences (Health Workforce Australia, 2014). Students must be provided professional development, by being taught and supported by Registered Nurses, during their clinical placements and the Australian Nursing and Midwifery Accreditation Council (2012), which is the organisation responsible for accrediting bachelor’s degree nursing programs, requires that students are exposed to a variety of clinical areas during their clinical placements. The Registered Nurse Accreditation Standards 2012 (Australian Nursing and Midwifery Accreditation Council, 2012, p. 18) assert the “program provider ensures that every student is given a variety of supervised workplace experiences conducted in environments providing suitable opportunities and conditions for students to attain the current National Competency Standards for the Registered Nurse”. As a consequence of the requirement to have exposure to a variety of clinical areas, pre-registration nursing students typically have several different Registered Nurses to whom they are allocated to throughout a range of different clinical placements.

According to the Australian Institute of Health and Welfare (AIHW) (2015), in 2015 there were 296,933 Registered Nurses in Australia. Of these, 253,010 Registered Nurses were in nursing employment (Australian Institute of Health and Welfare, 2015) and
more than 43,900 Registered Nurses were registered to practice but not employed in nursing. According to the Australian Bureau of Statistics (2013a) the total number of Registered Nurses in Australia increased by more than thirty-three percent between the years 2001 and 2011.

Many Registered Nurses are needed to ensure adequate and safe patient care (Australian Bureau of Statistics, 2013b) and the Australian Institute of Health and Welfare (2009) states that 1095 full-time Registered Nurses are required per 100,000 people. Similarly, the Queensland Nurses’ Union (2010) asserts that 1,107 Registered Nurses are needed per 100,000 people. At the time of writing, Australia’s population was estimated to be 24,129,585 (Australian Bureau of Statistics, 2016). With population forecasts in Australia to be over 36.8 million by 2061 (Australian Bureau of Statistics, 2016) and using the Australian Institute of Health and Welfare predictions, over 394,200 full time Registered Nurses will be needed to meet community demand by the year 2061. This demonstrates that a significant number of new graduate nurses are required each year in order to meet the demands of healthcare needs for future Australians.

According to the Australian Institute of Health and Welfare (2017) the average age of a Registered Nurse in 2015 was forty-four years, with more than thirty-seven percent of Registered Nurses being over the age of fifty. This means that in ten years’ time many of these Registered Nurses will be considering retirement. As these Registered Nurses retire they will need to be replaced by new graduates. Given that “the nursing profession is the largest single health profession in Australia” (Health Workforce Australia, 2014,
p.3) ongoing training and education of new recruits in nursing is critical. To ensure new graduate nurses are able to provide safe and competent nursing care they must be taught and supported on their clinical placements when they are still nursing students. Registered Nurses, who contribute to the professional development of nursing students by teaching and supporting them in the clinical environment, are an integral part of the students’ nursing education.

The nursing standards require that Registered Nurses not only teach and support students, but also that they contribute to the “professional development of others” (Nursing and Midwifery Board of Australia, 2006, p.5). Others is a comprehensive term that includes both health care students and colleagues (Nursing and Midwifery Board of Australia, 2016). This means the nursing standards expect Registered Nurses to contribute to the professional development of pre-registration nursing students, medical students, endorsed enrolled nurses (EEN), EEN students, assistants in nursing (AIN), physios and other allied health professionals and their respective students. In terms of the development of the nursing profession it is undergraduate nursing students that are critically important because it is those students amongst all the others that are reliant on developing their professional knowledge and professional identity as a result of the interaction and oversight of Registered Nurses (de Swardt, van Rensburg, & Oosthuizen, 2014). In the context of nursing, this standard is not only about the education of nurses, but also about passing on the profession of nursing. In other words this nursing standard requirement is not just about teaching students how to perform a skill, such as how to perform a wound dressing, but it is also about teaching nursing
students those intuitive skills such as how to perform and conduct oneself as a professional. The nursing standard is also about teaching nursing students professional attitudes and professional socialisation.

Professional socialisation of pre-registration nursing students is about students learning professional behavior, language and attitudes in nursing (de Swardt, van Rensburg, & Oosthuizen, 2017). Mariet (2016, p.1) describes how professional socialisation for nursing students is about learning ethical values and standards to develop their own “professional identity”. Nursing students identify with those Registered Nurses who have similar values and beliefs as themselves and they try to replicate their behaviours (Mariet, 2016). Clearly it is during clinical placements when students learn from Registered Nurses how to interact professionally with patients and other health care professionals alike (de Swardt et al., 2017). This is why research on Registered Nurses understanding of the nursing standard in relation to providing professional development to students by teaching and supporting them during their clinical placements is so important. Registered Nurses need to provide professional development to nursing students by teaching and supporting them on their clinical placements to ensure the students are able to practice safely and competently as new graduate nurses.

To ensure that future Registered Nurses are competent practitioners, nursing knowledge, nursing culture, nursing philosophies and nursing values need to be passed down from practising Registered Nurses to pre-registration nursing students as they learn and practise their profession during their clinical placement experiences (Ó Lúanaigh, 2016).
According to O'Brien et al. (2014) the Registered Nurses’ role in ensuring clinical competence and instilling confidence in students is an integral part of a successful future nursing workforce. The research reported in this thesis is important because Registered Nurses are required to provide professional development to nursing students by teaching and supporting them in the clinical environment. As such the research examined how Registered Nurses who participated in this study actually understand their licence requirements in relation to nursing students.

**Providing professional development to nursing students**

According to the Nursing and Midwifery Board of Australia (2006) a Registered Nurse contributes to the professional development of nursing students by teaching and supporting them. According to Oxford Dictionaries (2016, para. 1) to teach means to “impart knowledge to or instruct (someone) as to how to do something”. Teaching as it relates to the professional development of nursing students on clinical placements includes sharing nursing knowledge and instructing students in order to refine their clinical skills. Support, defined by Cambridge Dictionary (2016, para. 1), is giving “encouragement to someone or something because you want him, her, or it to succeed”. Support in the context of professional development of nursing students can be defined as giving encouragement and approval to help them to succeed (Cambridge Dictionary, 2016). According to the Nursing and Midwifery Board of Australia (2006) providing professional development to nursing students includes participating in the practice of teaching students and supporting them in their learning during their clinical placement experiences.
Students’ placement experiences

The experience nursing students have during their clinical placements is also an important aspect of this study. The following section will reflect on clinical learning environments for students, including the importance of students having a sense of belonging during their clinical placements. Then, from the student perspective, Australian and international examples of negative and positive clinical placement experiences will be considered.

Learning environments

Many studies have been undertaken to investigate nursing students’ experiences on clinical placements (Ford, Courtney-Pratt, & Marlow, et al., 2016; Hinton, 2016; McInnes, Peters, Hardy, & Halcomb, 2015; Thomas, Jinks, & Jacks, 2015; Walker et al., 2014). Kevin, Callaghan, Driver, Ellis, and Jacobs (2010) asserts that a successful clinical placement from a student’s perspective is directly related to the level of support that the student receives. Furthermore a student’s competence is affected by whether they are supported by clinical staff (Lejonqvist, Eriksson, & Meretoja, 2012; Ralph, Walker, & Wimmer, 2009). Daly, Speedy, and Jackson (2014) point out that nursing students rely on Registered Nurses to guide and teach them the art and science of nursing. Students depend upon the experience and knowledge of Registered Nurses to gain an understanding of their clinical surroundings (Rhodes, Meyers, & Underhill, 2012) and in order for students to learn effectively, a supportive and nurturing environment is vital (Ross, Mahal, Chinnapen, Kolar, & Woodman, 2014). Registered Nurses involvement with students is crucial for successful clinical education to take
place (Kevin et al., 2010) however earlier research conducted in the US by Polifroni, Packard, Shah, and MacAvoy (1995) found Registered Nurses do not consider the education of pre-registration nursing students as an integral part of their role. Furthermore, Ó Lúanaigh (2015, p. 451) describes how nursing students are “perceived as a burden and teaching not part of the Registered Nurse role.”

Clinical placement is an integral component of a bachelor’s degree in nursing education. Levett-Jones and Lathlean (2009a) describe how in order for effective learning to take place nursing students need to feel that they belong to a part of a team or group. Mohamed, Newton, and McKenna (2014) in their quantitative study investigated the sense of belonging in Registered Nurses ($n=437$) working in two Malaysian hospitals. They used a questionnaire with a four point Likert scale to explore the sense of belonging that nurses in Malaysia felt to their place of work. Their study found that without this feeling of belongingness heightened levels of anxiety and stress are experienced. Stress and anxiety inhibit learning (Auerbach & Miller, 2014) and can result in negative placement experiences for students.

**Negative placement experiences**

Contrary to the nursing standard requirements that Registered Nurses be supportive, students do not always feel supported during their clinical placements (Morrell & Ridgway, 2014). Throughout the literature there is evidence that many nursing students have negative experiences during their clinical placements. In Australia, research undertaken by Brammer (2006a), who explored Registered Nurses ($n=28$) roles in
relation to nursing students, indicates that the experiences nursing students have on clinical placement are not necessarily positive. Research, undertaken also in Australia by Jackson et al. (2011) investigated negative experiences students had on clinical placements. They used a qualitative analysis of open ended questions, posed to nursing students (n=231) via on-line surveys. The study focused on how students dealt with negative behaviours directed towards them by Registered Nurses. This study also found that students were often ignored, excluded, isolated and made to feel unwelcome when on their clinical placements.

Australian nursing students are not the only nursing students that have negative clinical placement experiences. Nursing students in other countries also report having negative experiences during their clinical placements. An example of this is also found in the Egyptian study by Kassem (2015) who examined how nursing students (n=338) deal with bullying and describes how the majority of students were exposed to bullying. Kassem (2015, p. 30) found when bullied by Registered Nurses the “highest coping strategies used by…nursing students…was pretending not to see the behavior”. Kassem (2015, p. 28) reports that students were yelled at, exposed to “rude or hostile behaviour” and “belittling or humiliating behaviour”. Indeed the literature identifies terms such as ‘nurses eating their young’, ‘horizontal violence’ and ‘bullying’ and describes behaviours such as “ignoring, gossiping, disrespect, undermining, sabotage” and “verbal attacks” (Baker, 2012, p. 9).

Foster, Mackie, and Barnett’s (2004, p. 67) New Zealand study (n= 40) used
questionnaires to examine “the prevalence of bullying of nursing students”. They used a three part questionnaire: the first part of the questionnaire established what kind of bullying the students were exposed to; the second part gathered information from the students about the bully; and the third part of the questionnaire gathered information from students who were not exposed to bullying during their clinical placements. Their study revealed ninety percent of nursing students experience bullying during the course of their clinical placements. There are examples reported in the literature (Clarke, Kane, Rajacich, & Lafreniere, 2012; Douglas, 2014) that one hundred percent of nursing students are exposed to forms of horizontal violence whilst undertaking clinical placements.

Arieli (2013), in an Israeli qualitative study, investigated the emotional challenges faced by twenty nursing students during their clinical placement experience. The study explains how the students coped when faced with emotional challenges during their clinical placements. Arieli (2013) describes how students on clinical placements were being yelled at by Registered Nurses and how this sort of treatment can make nursing students feel powerless. Supportive Registered Nurses are therefore important to students’ learning and consequently to the effectiveness of the nursing profession. The research in this thesis is therefore significant because Registered Nurses’ awareness of the requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements cannot be underestimated.
Hoel, Giga and Davidson (2007) conducted a study in the UK comparing the expectations that nursing students had about clinical placement at the commencement of their nursing studies to that of the actual experiences they had on clinical placements. Using ten focus groups (n=48), the study investigated negative behaviours directed toward the nursing students by Registered Nurses. Results indicated that nursing students are often ignored, or made to feel unwelcome during their clinical placement experiences. Pearson’s (2009) account of her experiences as a nursing student in England articulates that although she felt supported during some of her clinical placements at times she felt demeaned and isolated as a result of the unsupportive attitudes of some of the Registered Nurses with whom she was working.

Students often miss out on valuable learning opportunities as a result of negative behaviours that are directed towards them (Jackson et al., 2011). Longo (2013) reminds us of the role that an experienced nurse has in providing professional development to future generations of nurses. Longo (2013) concludes that some of the bullying behaviour that students are exposed to will be copied by them, that is, they too will become bullies and thus such behavior can become embedded within future generation of nurses. If the cycle of negative behaviour is repeated it threatens the effectiveness of learning in the clinical environment ultimately putting patient safety at risk (Jackson et al., 2011).

As seen from the above discourse students being exposed to negative clinical placement experiences is not only limited to the Australian context. International studies indicate
that nursing students’ negative placement experiences are a global phenomenon (Arieli, 2013; Kassem, 2015) however in the context of this research it has been researched from local perspective. That fact that nursing students overseas also claim to have negative clinical placement experiences helps to highlight the globalisation of the phenomena under investigation. This PhD research helps to understand why a Registered Nurse’s requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements is not always consistent with the professional standards.

**Positive placement experiences**

A successful clinical placement from a student’s perspective is directly related to the level of support that they receive (Kevin et al., 2010). Despite some evidence (Arieli, 2013; Jonsén, Melender, & Hilli, 2013) which suggests that students perceive themselves not to be supported by Registered Nurses during their clinical placements, many studies assert (Bisholt, Ohlsson, Engström, Johansson, & Gustafsson, 2014; Dadgaran, Parvizy, & Peyrovi, 2013; Stockhausen, 2005) that when Registered Nurses become involved in the student’s learning, then the students have a positive clinical experience. Given that providing nursing students with professional development by teaching and supporting them during their placements is a part of nursing competency in Australia, a definition of competence as it relates to nursing, requires explanation and will be discussed next.
Competence

In 2006 the Nursing and Midwifery Board of Australia (2006, p. 10) described competence as a “combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.” In its simplest form, competent practice could be described as the ability to perform a specific task, function or action. Healthcare organisations generally delineate competent nursing practice through clinical mastery (Meretoja, Eriksson, & Leino-Kilphi, 2002) but it can be argued that there is more to competence than simply performing a task successfully. According to Tippelt and Amoros (2003) social competency is also an integral component of professional competency. Tippelt and Amoros (2003, p. 14) describe social competency as being able to work “co-operatively with others and show team oriented behaviour and inter-personal understanding.” Being able to work co-operatively as a team in nursing is important because effective team work is required to deliver safe patient care (Polis, Higgs, Manning, Netto, & Fernandez, 2015).

Heartfield and Gibson (2005, p. 20) describe competency in nursing as “incorporating knowledge, skills abilities, values and personal qualities” into clinical practice. Nursing competence requires not only the ability to perform a particular psychomotor task or skill, but also involves making informed decisions and appropriate choices to determine the best possible outcomes for optimal patient care (Australian Nursing and Midwifery Council 2005). According to the Nursing and Midwifery Board of Australia (2016a) maintaining ongoing competence is the Registered Nurse’s personal responsibility. Registered Nurses are expected to maintain their own competence by various means.
which include engagement with and partaking in professional development activities. The Nursing and Midwifery Board of Australia (2016a, p. 1) states that a Registered Nurse “must complete a minimum of 20 hours of CPD [continuing professional development] per registration period”, a registration period being one year. Being able to provide safe, competent care to patients is rooted in the very foundations of the nursing profession (Australian Nursing and Midwifery Council, 2005, 2009; Australian Nursing Council Incorporated, 1997).

The Registered Nurse plays an integral role in the flow of knowledge and expertise within the nursing profession (McIntosh, Gidman, & Smith, 2014) and accordingly Registered Nurses should support and educate pre-registration nurses in order to assist these students to also become competent practitioners. Bachelor’s degree nursing students are expected to practice as competent practitioners from the time of their graduation (El Haddad, Moxham, & Broadbent, 2013). El Haddad et al. (2013, p. 233) argue whether nursing students are “adequately prepared for the challenges” of the “transition to practice” as Registered Nurses when they graduate. A Grounded Theory study undertaken in Australia explored the concept of practice readiness in relation to undergraduate nursing students from the viewpoint of nurse managers and program heads in nursing bachelor’s degree programs (El Haddad, Moxham, & Broadbent, 2016). Semi-structured interviews (n=16) were used to explore what practice readiness meant to the participants. The study found that, from a nurse managers perspective, nursing graduates are “expected to ‘hit the floor running’ from the commencement of their employment” (El Haddad et al., 2016, p.4). Given the expectation that in Australia
a newly graduated Registered Nurse (there is no intern year) has to “hit the ground running” (Woods, West, Mills, Park, Southern, & Usher, 2015. p. 359), it is valuable to examine if Registered Nurses understand their requirement to provide professional development to these nursing students by teaching and supporting them to ensure that when the students graduate they are competent practitioners.

**Competency based education**

Competency based education and training is not a new phenomenon. Competence based education and training can be traced back to the middle of the 1800s in Moscow, where the first task analysis approach was used (Biemans, Nieuwenhuis, Poell, Mulder, & Wesselink, 2004). Booth (2000) indicates that it was not long before this approach became global and training reform in the 1990s saw the beginning of competency based assessment in a variety of jobs and discipline areas throughout Australia.

The notion of competencies and competency based assessment styles are often aligned with trades (plumbing, brick laying, carpentry) and are closely aligned with the workplace (Australian Government, 2010). The Vocational Education Sector (VET), which offers technical education, provides the vast majority of trade and workplace training, offering qualifications at certificate, diploma and advanced diploma levels (Australian Government Department of Education, Employment and Workplace Relations, 2010). Trades people, such as those previously mentioned and workers in other industries, such as childcare and hairdressing, have mandatory requirements to achieve specified competencies inherent in their education (Australian Government, 2010). Many
vocations and professions use a competency based training and assessment process that assesses the learner against professional standards and performance criteria which are set by industry (Australian Skills Quality Authority, 2016). Nursing is, of course, included in this grouping.

Nursing does not stand alone though in terms of professional standards. The Australian Association of Social Workers has Practice Standards for social workers which are “designed to guide social workers’ practice” (Australian Association of Social Workers, 2013, p. 4). Within these standards are the expectations that social workers will practice competently (Australian Association of Social Workers, 2013). Similarly, healthcare professions such as pharmacy and medicine also use competency based assessment (Australian Medical Association, 2010; Pharmaceutical Society of Australia, 2010). The medical profession uses a competence based assessment approach to ascertain competence in specialties such as residency training in anaesthesiology (Ortwein, Knigge, Rehberg, Hein, & Spies, 2011). As alluded to previously, to achieve competence, support is required from personnel already working within the profession. With that in mind, the expectations within other health professions’ standards to provide professional development to students will now be considered.

**Expectations in other health-related professions to provide professional development to students**

Nursing is not the only health profession that has an expectation to teach and support
students embedded within their standards. The National Competency Standards Framework for Pharmacists in Australia, standard 8.3, states that pharmacists must “Formally educate and train students and healthcare colleagues” (Pharmaceutical Society of Australia, 2010, p. 12). In a similar vein, the UK also has a competency framework for its pharmacists (Carrington, Weir, & Smith, 2011). The framework states that “pharmacists may also be involved in training pre-registration pharmacist trainees” (Competency Development and Evaluation Group, 2007, p. 76) and are expected to “accept responsibility… for those in training” (Competency Development and Evaluation Group, 2007, p. 48). The Republic of Ireland has core competency frameworks for pharmacists (The Pharmaceutical Society of Ireland, 2013) and stipulates the pharmacist must educate students.

In the UK the Common Competences Framework for Doctors specifically states that medical doctors must play an educational role within the healthcare team and be “willing to teach trainees” (Academy of Medical Royal Colleges, 2009, p. 82). According to the Common Competences Framework for Doctors (Academy of Medical Royal Colleges, 2009), medical doctors in the UK are required to act as mentors to not only medical trainees but also to Registered Nurses and other healthcare members. The Code of Conduct for Doctors in Australia (Medical Board of Australia, 2014, p. 23) emphasises the need for doctors to mentor, “provide support, assessment, feedback and supervision” to medical students.

Furthermore other professions, such as social work, also expect their students to be
supported by qualified members of staff. Embedded within the Australian social work practice standards (Australian Association of Social Workers, 2013) is the expectation that experienced social workers provide social work students with supervision, guidance and support. Social work practitioners have an obligation to participate in “education, training and supervision” of students (Australian Association of Social Workers, 2010, p. 13).

From the above discussion it is evident that providing professional development to students by teaching and supporting them on their clinical placements is not a concept limited to nursing as many professions have these expectations embedded into their practice standards. What follows is an exploration of the international expectations for Registered Nurses to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements.

**International expectations for Registered Nurses to provide professional development to nursing students**

The expectation for Registered Nurses to provide nursing students with professional development by teaching and supporting them on their clinical placements is also not just limited to Australia. Indeed it is expected across the globe. Globalisation can be defined as “the increased interconnectedness and interdependence of peoples and countries” (World Health Organization, 2016, para 1) and nursing is now considered a global profession (International Council of Nurses, 2015). Many professions, including
nursing, have been affected by globalisation (Hancock, 2004). The International Council of Nurses (ICN) “is a federation of more than 130 national nurses associations (NNAs), representing the more than 16 million nurses worldwide” (International Council of Nurses, 2015, para. 1). Global standards for nursing education have been developed by the ICN as a result of this interconnectedness of countries (Hancock, 2004; World Health Organization, 2009). Development of the global standards for nursing education commenced in 2005 and was undertaken over a period of three years (World Health Organization, 2009). The ICN developed the Framework of Competencies for the Generalist Nurse (Registered Nurse) as a collaborative effort of thirty-eight different countries (International Council of Nurses, 2003a). The World Health Organization (2009) states that international competencies are to be used as a guide for the development of nursing education world-wide. Any country can guide their own nursing profession by adopting the Framework of Competencies for the Generalist Nurse (International Council of Nurses, 2003b).

According to the ICN Framework of Competencies for the Generalist Nurse (International Council of Nurses, 2003a), a Registered Nurse is expected to participate in the professional development of nursing students. The ICN Framework of Competencies for the Generalist Nurse 3.1 and 3.3 are listed below. The ICN competencies that relate specifically to the Registered Nurses’ requirement to participate in the professional development of nursing students are highlighted in bold font:
3.1 Professional enhancement

a) Promotes and maintains the professional image of nursing.

b) Advocates for the right to participate in health policy, development and programme planning.

c) **Contributes to the development of professional nursing practice.**

d) Values research in contributing to development in nursing and as a means to improving standards of care.

e) **Acts an effective role model.**

f) Takes on leadership responsibilities where relevant in the delivery of nursing and health care…

3.3 Continuing education

a) Carries out regular review of own practice.

b) Assumes responsibility for lifelong learning and maintenance of competence.

c) Takes action to meeting continuing education needs.

d) **Contributes to the education and professional development of students and colleagues.**

e) **Acts as an effective mentor.**

f) Takes opportunities to learn together with others contributing to health care.

(International Council of Nurses, 2003a, p. 20)

The ICN (2003a) declares that all of the competencies are of equivalent bearing. The World Health Organization (2009) has published a document titled: Global standards for
the initial education of professional nurses and midwives. One of the principles within this document states that Registered Nurses are “to supervise and teach students…” (World Health Organization, 2009, p. 26). Following are examples of how some countries (and their respective jurisdictions) have embedded within their standards the requirement that Registered Nurses should provide professional development to nursing students by teaching and supporting them during their clinical placements.

There is an expectation in Canada that the Registered Nurse “acts as a mentor and preceptor for nursing students” (Canadian Nurses Association, 2015, p. 8). The Canadian Nurses Association (2014, p. 2) states:

“The registered nurse: …shares knowledge and provides constructive feedback to colleagues (e.g….nursing students…”

A national licensing system does not exist in Canada so “each province or territory licenses nurses within each individual jurisdiction” (Canadian Nurses Association, 2016, para. 3). The regulatory bodies within these jurisdictions expect Registered Nurses to provide professional development to nursing students. For example, in Ontario, Canada, Registered Nurses “have a professional obligation to support learners to develop and refine the competencies needed for safe, ethical and effective practice” (College of Nurses of Ontario, 2009, p. 3). Similarly, in British Columbia, also in Canada, the practice standard titled Regulatory Supervision of Nursing Student Activities (College of Registered Nurses of British Columbia, 2012, p. 1) states “nurses
have a professional responsibility to provide regulatory supervision of nursing student activities that may affect clients” and that “the purpose of the process is to ensure public protection.” Furthermore they declare that Registered Nurses have a professional obligation to “provide appropriate regulatory supervision of nursing student activities (College of Registered Nurses of British Columbia, 2012, p. 4).

Finland has the Nurse Competence Scale. Item number 16 states that the Registered Nurse is required to be:


In the Republic of Ireland Registered Nurses are also required to provide professional development to nursing students on clinical placements by teaching and supporting them. The New Code, which is a guide for Registered Nurses in the Republic of Ireland to “understand their professional responsibilities” (Nursing and Midwifery Board of Ireland, 2014, p. 8), states that as a practicing Registered Nurse:

5. You must support junior colleagues and nursing, midwifery and other healthcare students in the learning and on-going development of their professional values, and conduct.

6. In your role of guiding and directing student nurses or midwives, you must take responsibility for the care they provide. This involves supporting learning,
teaching, supervising, assessing practice and taking action to address concerns where they are identified (Nursing and Midwifery Board of Ireland, 2014, p. 27). Similarly, the standards that relate to Registered Nurses who are practicing in the UK state that they are required to:

“support students’ and colleagues’ learning to help them develop their professional competence and confidence" (Nursing and Midwifery Council, 2015b, p. 9).

This elucidation of international expectations demonstrates that it is not only Australian nursing standards that have an inbuilt expectation that a Registered Nurse will provide professional development to others, including nursing students and be involved in teaching and supporting them during their clinical placements. In order to understand the origins of the requirement for Registered Nurses to provide professional development to pre-registration nursing students during their clinical placements by teaching and supporting them, as found in the Australian nursing standards, a brief overview of the history of nursing education will now be provided.

**History of nursing education**

Nurses have been passing down the art of nursing to junior nurses since Florence Nightingale’s time (Pheil, 2003). During Nightingale’s era nurses were considered to be inferior and subservient to medical staff (Pugh, 1936). Practical Nursing, written by a medical superintendent in 1936 (Pugh, 1936, p.6), highlights the superior attitude
medical staff had towards nurses by declaring “To the Medical Attendant a nurse’s first duty is obedience…She should learn to receive orders with deference and politeness”. Nurses during this era were not considered knowledgeable and therefore the theoretical content of nursing was written and taught by medical staff (West, 1854, as cited in Pfeil, 2003). Pfeil (2003, p. 32) describes how, in the mid 1800’s the:

“‘Home Sister’ was responsible for the probationers' ‘educational and moral good’, any ‘theoretical instructions’ were provided primarily by medical staff. The ward sisters were, under matron's directions, charged with the ‘practical teaching’”.

The expectation for ward sisters (Registered Nurses) to teach students continued on over the years. The 1958 Scales Handbook for Ward Sisters highlights the responsibility that Registered Nurses have to teach nursing students (Scales, 1958, cited in Pfeil, 2003). As it was clear that much of a nursing student’s learning was done in the clinical environment alongside Registered Nurses (Alexander, 1983) the teaching of students was integrated into Registered Nurses’ role descriptions (Pfeil, 2003) and eventually into nursing standards (Australian Nursing and Midwifery Council, 2006). The Australian nursing standards were developed when nursing education transitioned into the tertiary sector (Grealish, 2013). In Australia this transition occurred in the mid 1980’s.
History of nursing education in Australia

Prior to the mid 1980s Registered Nurses in Australia were trained in hospitals and worked as paid employees within their training hospital (Daly et al., 2014). During this apprenticeship style approach to nursing education, Registered Nurses had multiple responsibilities toward student nurses. Such responsibilities included participating in and being supportive of student nurses’ clinical education. During this era, student nurses were included on the roster as staff members and the Registered Nurse was expected to supervise and provide professional development to these students as an integral part of their everyday work (McGrath et al., 2006).

New Zealand was the first country to introduce university education for nurses in the 1920s (World Health Organization, 2009). North America (US) moved nursing education into universities in the 1950s (World Health Organization, 2009) and in Australia the mass movement of nursing education to the tertiary sector from hospital based training occurred in the mid-1980s. As a result of the move to the higher education sector, nursing students were no longer employees of a particular healthcare facility and were supernumerary when they attended their clinical placements. This meant that nursing students were not part of the roster, as they had been when they did their hospital training, and that they simply attend their clinical placements as dictated by their degree curriculum. As a consequence of no longer being trained by a particular hospital, neither the student nor the institution had a strong sense of belonging to the other (Levett-Jones & Lathlean, 2009a). Registered Nurses found the supernumerary status of university pre-registration nursing students confusing (Brammer, 2002).
This professional move to the higher education sector, and what was considered an enormous cultural shift, was thought to have numerous positive outcomes. These included research driven nursing practice, the increased status of nursing as a professional career and the attainment of higher levels of academic qualifications available to nurses (Deans, Congdon, & Sellers, 2003; Grealish & Smale, 2011; Sellers & Deans, 1999). Despite many positive aspects of the educational transition, there may have also been a change to the Registered Nurse/student nurse relationship (Levett-Jones & Lathlean, 2009b) and a loss of understanding with regard to Registered Nurse participation in the latter’s education (Broadbent, Moxham, Sander, Walker, & Dwyer, 2014). Nursing students, studying at university, undertake their clinical placement in the facility where the Registered Nurse is employed, with Registered Nurses encountering many students from a variety of universities. In reality, Registered Nurses in the health care facilities see students come and go and the numbers of students who are placed in the wards, units and departments are not small. These numbers were identified earlier in the chapter. Given the ebb and flow of students, contemporary research suggests that they are perceived by the Registered Nurses in health care facilities to ‘belong’ to the university, and not to the facility (McGrath et al., 2006). According to McGrath et al. (2006) this lack of belonging has led to dissonance regarding who is responsible for the student. Beliefs related to who should provide nursing students’ clinical education when they are on placement may well be linked to who the student is perceived to belong to; the university or the health service.

From the above it would appear that the transition from hospital based training to
university education has resulted in confusion in regards to how Registered Nurses understand their requirements in relation to teaching and supporting pre-registration nursing students in the clinical environment and particularly in accord with the national nursing standards. Given the role the nursing standards play, a brief history of the development of the nursing standards for Registered Nurses within Australia will be provided next. The discussion will enable the reader to gain an understanding of the purpose of nursing standards.

**Development of Australian nursing standards**

In Australia, competency based education for nurses commenced in 1989 (Australian Nursing and Midwifery Council, 2006). In fact, in Australia the initial nursing competency standards were published in 1990 (Australian Nursing and Midwifery Council, 2006; Grealish, 2013). This coincided with the transition period from hospital based nursing education to university based education. It was recognised by nurse leaders of the time that nursing in Australia required improved regulation. This was happening during the time when the standards were being developed (Grealish, 2013). A steering committee was formed which included delegates from the Australian Nursing Federation (ANF) and Royal College of Nursing Australia (RCNA), (now the College of Nursing, Australia). As a result, the Australian Nursing Council Incorporated (ANCI) was established in 1992 (Australian Nursing Council Incorporated, 1997).

The ANCI was formed to “maintain national standards and processes for the regulation of nursing within Australia” (Australian Nursing Council Incorporated, 1997, p. 2). An
element of the ANCI’s function was the co-ordination of nursing education and the development of national standards for nursing registration (Australian Nursing Council Incorporated, 1997). The ANCI (1997, p. 7) declared that “national nursing competency standards are core standards which all nurses must possess”. It was affirmed that these would be the standards required in order to establish eligibility for nursing registration including annual nursing registration renewal. Nursing standards are a dynamic set of values which are regularly reviewed and updated to maintain currency within situations of ever changing customer demands, technological evolution and advances in medical developments (Heartfield & Gibson, 2005).

The competency standards were developed to uphold a high standard of nursing care to the general public (Australian Nursing and Midwifery Council, 2006). Public safety is at the core of nursing standards (Sherwood & Shaffer, 2014). In Australia the national competency standards for the Registered Nurse (see Appendix G) set the benchmark for the level of expertise required in order to first become, and then maintain, a license to practice as a Registered Nurse (Australian Nursing and Midwifery Council 2005). These documented quality principles “set the standard of practice, a level at which anything below the standard is unacceptable” (Australian Nursing and Midwifery Council, 2006, p. 5). The nursing standards provide clear direction for health professionals and to the general public regarding expectations of a Registered Nurse in Australia (Australian Nursing and Midwifery Council, 2009; Australian Nursing Council Incorporated, 1997). Some health service providers in Australia integrate nursing standards into their organisational documents (Australian Nursing and Midwifery Council, 2005) and
university curriculums are written in accordance with these standards. Incorporating the nursing standards into an organisation’s everyday practice assists the staff to meet the required standards (Australian Nursing and Midwifery Council, 2005).

The nursing standards are also used to assess nurses who apply to become Registered Nurses in Australia but have had their nursing education undertaken in another country (Nursing and Midwifery Board of Australia, 2006). Similarly the standards are used to assess competence in Registered Nurses who have had extended breaks from nursing practice (Nursing and Midwifery Board of Australia, 2006). Matters related to professional conduct also use the competency standards as a benchmark (Nursing and Midwifery Board of Australia, 2006) for acceptable nursing practice.

In 2010 the Australia Health Practitioner Regulation Agency (AHPRA) took on the role of supporting the fourteen national boards involved in regulating health professions within Australia (AHPRA, 2014). The fourteen boards supported by AHPRA are:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
• Optometry Board of Australia
• Osteopathy Board of Australia
• Pharmacy Board of Australia
• Physiotherapy Board of Australia
• Podiatry Board of Australia
• Psychology Board of Australia (AHPRA, 2016, para. 3)

“AHPRA's operations are governed by the Health Practitioner Regulation National Law” under the National Registration and Accreditation Scheme (AHPRA, 2014, para. 1.). The main roles of the boards are to develop policies and standards for registered health workers to abide by and to maintain patient safety (AHPRA, 2014).

In June 2017, AHPRA’s Agency Management Committee consisted of eight committed members, one who is a Registered Nurse (COAG Health Council, 2017). Two of the twelve AHPRA (2017) senior managers are Registered Nurses. The objectives of AHPRA’s Quality Framework (AHPRA, 2013) are:

“(a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered

(b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating
jurisdiction

c) to facilitate the provision of high quality education and training of health practitioners
d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners
e) to facilitate access to services provided by health practitioners in accordance with the public interest, and
f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.”


Clearly, as outlined in objectives c) and f) above, AHPRA has a role in maintaining a sustainable health workforce and generally overseeing the education of the fourteen boards, one of which is the Nursing and Midwifery Board of Australia. The Nursing and Midwifery Board of Australia is now the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. The Nursing and Midwifery Board of Australia has the following functions:

- registering nursing and midwifery practitioners and students
- developing standards, codes and guidelines for the nursing and midwifery profession
- handling notifications, complaints, investigations and disciplinary hearings
• assessing overseas trained practitioners who wish to practise in Australia
• approving accreditation standards and accredited courses of study. (Nursing and Midwifery Board of Australia, 2006, para. 2)

In 2010 the Australian Nursing and Midwifery Council (ANMC) competency standards for the Registered Nurse were adopted by the Nursing and Midwifery Board of Australia as part of their registration standards (Nursing and Midwifery Board of Australia, 2006). In 2013 the ANMC competency standards for the Registered Nurse were rebranded by the Nursing and Midwifery Board of Australia and retitled the national competency standards for the Registered Nurse (Nursing and Midwifery Board of Australia, 2013b). In 2016, a new version of the nursing standards were adopted, these are the Registered Nurse standards for practice.

National competency standard for the Registered Nurse, 4.3

The national competency standards for the Registered Nurse consist of ten competency standards. In 2002 the ANMC competency standards (Australian Nursing and Midwifery Council, 2002, p. 11) stated a Registered Nurse was required to: “enhance the professional development of self and others...” and “... contributes to the learning experiences and professional development of others”. The ANMC Competencies were revised in 2005 and the reference to supporting students remained unchanged in content but numerically differed. In 2010, when the national competency standards were rebranded, competency 4.3 remained the same as those reviewed in 2005 (published in 2006).
There are four domains within the national competency standards for the Registered Nurse. These are:

- Professional practice
- Critical thinking and analysis
- Provision and coordination of care
- Collaborative and therapeutic practice. (Nursing & Midwifery Board of Australia, 2010)

Standard 4.3, which is the focus of this study, is situated under the domain critical thinking and analysis. The domain critical thinking and analysis “relates to self-appraisal, professional development and the value of evidence and research for practice” (Nursing & Midwifery Board of Australia, 2010, p.2). Specifically, nursing standard 4.3 states that the Registered Nurse:

Contributes to the professional development of others:
- demonstrates an increasing responsibility to share knowledge with colleagues
- supports health care students to meet their learning objectives in cooperation with other members of the health care team
- facilitates mutual sharing of knowledge and experience with colleagues relating to individual/group/unit problems
- contributes to orientation and ongoing education programs
- acts as a role model to other members of the health care team
• participates where possible in preceptorship, coaching and mentoring to assist and develop colleagues

• participates where appropriate in teaching others including students of nursing and other health disciplines and inexperienced nurses… (Nursing and Midwifery Board of Australia, 2006, p. 5)

This nursing standard explains how Registered Nurses are expected to share their knowledge and expertise. In fact the nursing standard explicitly states that Registered Nurses are required to support students so they can “meet their learning objectives” (Nursing & Midwifery Board of Australia, 2006, p.5). In addition the standard specifies that Registered Nurses are required to and “contribute to orientation and ongoing education programs” Nursing & Midwifery Board of Australia, 2006, p.5). That being said, it is crucial that Registered Nurses provide nursing students with orientation at the commencement of their clinical placements at health care facilities (Lea, Andrews, Stronach, Marlow & Robinson, 2017). Registered Nurses are expected to be involved in “preceptorship, coaching and mentoring” (Nursing & Midwifery Board of Australia, 2006, p.5). Nursing students rely on Registered Nurses to teach them clinical skills as well as the values and philosophies of the nursing profession (de Swardt et al., 2017). In essence nursing students rely on Registered Nurses to teach them about the culture of nursing. The nursing standards also expect Registered Nurses to act as role models for members of the team. Nursing students on clinical placements are part of the team (Epworth Healthcare, 2012) and look up to Registered Nurses as role models and try to try to be like them (Mariet, 2016).
Furthermore the nursing standard distinctly states the expectation for Registered Nurses to participate in the teaching of nursing students (Nursing & Midwifery Board of Australia, 2006, p.5). This requirement has particular bearing during students’ clinical placement experiences because during their clinical experiences students rely on Registered Nurses to teach them the art of nursing in a supportive environment (McAllister & Lowe, 2011). Teaching students on clinical placements is not just about showing the students how to perform a skill or a task. Anyone could teach a student a skill. For example a doctor can teach a nursing student how to administer an intramuscular injection but a doctor cannot teach a student the art of nursing. It is during clinical placements that students learn from Registered Nurses how a Registered Nurse acts and the professional standard that is expected of a Registered Nurse.

At the time of writing this thesis, the Australian national competency standards for the Registered Nurse were reviewed again (Nursing and Midwifery Board of Australia, 2015a). The new revised standards, Registered Nurse standards for practice, were effective as of June 2016 (Nursing and Midwifery Board of Australia, 2016c). The inherent concept of providing professional development to pre-registration nursing students by teaching and supporting them during their clinical placements remains firmly incorporated within the nursing standards (Nursing and Midwifery Board of Australia, 2015c). Cashin, et al. (2016) developed the Registered Nurse standards for practice. This development was done in three phases; two online surveys (n=4413), field observations with telephone interviews (44) and then to validate the revised
standards more field observations ($n=35$) were undertaken using the new version of the standards. The Registered Nurse standards for practice are described by Cashin et al. (2016, p. 3) as defining “the practice and the standard of practice to be expected of all registered nurses”. The Registered Nurse standards for practice state that Registered Nurses “are responsible and accountable for supervision and the delegation of nursing activity to enrolled nurses and others” (Nursing and Midwifery Board of Australia, 2016c, p. 1), where others includes pre-registration nursing students. In these standards the word “people” also refers to nursing students (Nursing and Midwifery Board of Australia, 2016c, p. 6). There are seven standards within the Registered Nurse standards for practice. Within these standards it states that the Registered Nurse:

2.1 provides support and directs people to resources to optimise health-related decisions…

2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes…

2.7 actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care…

3.3. uses a lifelong learning approach for continuing professional development of self and others

6.4. provides effective timely direction and supervision to ensure that delegated practice is safe and correct

6.5. practises in accordance with relevant nursing and health guidelines,
The Registered Nurse standards for practice require Registered Nurses to supervise nursing students and to provide them with “education, guidance and support” (Queensland Nurses’ Union, 2016, p. 32). In brief, the Registered Nurse standards for practice that took effect in June 2016 also have the requirement that Registered Nurses provide professional development to nursing students and that they are supportive of students’ learning. Clearly, in Australia, nursing standards assert that Registered Nurses are required to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements.

**Registered Nurses and the professional development of nursing students**

According to Tremayne and Harrison (2012) the notion that Registered Nurses provide professional development to nursing students by teaching and supporting them during their clinical placements is unquestionable, a point that has been clearly made in the discussion so far. There is a presumption that Registered Nurses will be involved in the professional development of nursing students by teaching and supporting them when they enter the clinical field (Atkins & Williams, 1995; Brammer, 2002). Brammer (2002) suggests however that it cannot be assumed that Registered Nurses understand that teaching and supporting nursing students is part of their role. This current PhD research does not assume that Registered Nurses are aware of the requirement to teach
and support nursing students. Rather it examined Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements.

The literature speaks to the notion regarding the responsibility that Registered Nurses have to students during their clinical placement. The discourse asserts that participating in the students’ education through clinical teaching is inherent within the role. No research was found though to indicate if Registered Nurses actually understand their requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. Studies, however, were found that relate to nursing competencies in general. For example, Ying, Kunaviktikul, and Tonmukayakal (2007, p. 221) undertook a study in China to investigate how nursing competency relates to organisational climate. They included 243 Registered Nurses in their questionnaire. Using a five point Likert scale their study used fifty-eight items “to investigate the perceptions of staff nurses [Registered Nurses] about their level of nursing competency and the organisational climate and to examine the relationship between those two variables.” (Ying et al., 2007, p.222). The items looked at seven different areas related to competency; “critical thinking and research aptitude (10 items), clinical care (nine items), leadership (10 items), legal and ethical practice (eight items), professional development (eight items), interpersonal relationships (six items), and teaching and coaching (seven items)” (Ying et al., 2007, p. 222). Their results indicated that Registered Nurses believed they were competent at teaching and
coaching. Although they state that “nurses working in a university hospital have the responsibility to teach nursing students” they did not investigate Registered Nurses’ understanding related to their educational responsibility towards students.

Brammer (2006a) investigated the variations in support that Registered Nurses provide to students and how Registered Nurses react towards nursing students on clinical placement. Brammer (2006a) suggested that the informal role a Registered Nurse has with students has been overlooked and there is a need for more research in the area of understanding the requirement that a Registered Nurse has in relation to nursing students on clinical placements. Brammer did not investigate if Registered Nurses are aware of the requirement for them to provide pre-registration nursing students with professional development by teaching and supporting them on their clinical placements. Research undertaken by Walker and Godfrey (2008), utilising questionnaires, examined primary and community health nurses perceptions of what was required in order for them to demonstrate that they were meeting the ANMC competencies (which later were referred to as the national competency standards for the Registered Nurse and are now referred to as the Registered Nurse standards for practice). Using constructivist methodology, their Australian research (n=11) explored Registered Nurses’ awareness of the competency standards. During interviews participants were asked the following questions:

“1. Are you aware of the ANMC competencies? If so are you are aware of the revised competencies?"
2. Have you engaged in using the competencies in measuring your performance as a community nurse? If so how?” (Walker & Godfrey, 2008, p. 18)

Next they asked participants to complete questionnaires with the following questions:

“1. What do the competencies mean for your nursing role?
2. Are there any other competencies that guide your nursing role?” (Walker & Godfrey, 2008, p. 18)

The findings of their study indicated that the Registered Nurse participants had poor awareness and understanding of the ANMC competencies. Two of their participants were not sure what the ANMC competencies were. Nine of their participants had awareness of the competencies but according to Walker and Godfrey (2008, p. 20) “none were able to identify how many ANMC competencies there were or the content of the competencies”. Walker and Godfrey (2008) recommended the need for further research in this area. If the participants from the study by Walker and Godfrey (2008) had poor awareness and understanding of the competencies as a whole then that could suggest that they may not know about competency standard 4.3 in particular and their requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. The following studies highlight why having a supportive clinical placement is so important for student learning.
Research undertaken by Pollard (2009) aimed to explore students’ interprofessional communication whilst on clinical placement. Pollard’s UK study analysed interactions between practitioners ($n=20$) and students ($n=15$). Findings from this research revealed that if students are not supported during their placements then interprofessional communication and interprofessional engagement were effected. Of those unsupported students only those with enough self-confidence would engage interprofessionally. Interprofessional communication is key to sharing patient knowledge and prescribed treatment for the delivery of safe, effective patient care (Pollard, 2009). The study concluded a Registered Nurses’ role includes assisting students to learn effective interprofessional communication.

Charleston and Happell (2006) examined the relationships between nursing students and Registered Nurses working in mental health. This Australian qualitative study used individual and focus group interviews. The Registered Nurses ($n=9$) were interviewed individually and the students ($n=20$) were interviewed in focus groups. Findings revealed that the Registered Nurses working in mental health perceived their role with students was to help them gain an understanding of mental illness. The study found that a supportive clinical learning environment facilitated learning whereas unsupportive environments lead to students feeling “distressed and overwhelmed” (Charleston and Happell, 2006, p. 41).

In their Australian study, McGrath et al. (2006, p. 46) explored “issues relating to competence assessment processes in order to promote discussion and discourse between
educators, facilities and policy makers.” They found inconsistency between those Registered Nurses who assess students’ competence and those that teach and support students during their clinical placement. They claimed the assessor looks for areas of incompetence in the student whereas the Registered Nurse allocated to the student aimed to help the student to become competent. McGrath et al. (2006) highlights the responsibility Registered Nurses believe they have to act as gatekeepers to protect the public from students who may be deemed incompetent or unsafe to practice.

Engagement with the literature suggests that there have been numerous studies undertaken that investigate how Registered Nurses perceive their role toward students (Brammer, 2006a; Charleston & Happell, 2006; McGrath et al., 2006; Pollard, 2009). These studies are acknowledged as important but, within this plethora of research, no studies could be found to establish if Registered Nurses understand that providing professional development of pre-registration nursing students by teaching and supporting them on their clinical placements is a particular part of their nursing standard requirements.

**Conclusion**

Nursing standards within Australia require that Registered Nurses provide professional development to pre-registration nursing students by teaching and supporting them when they are undertaking their clinical placements. This requirement is not just limited to Australia. Many countries have embedded within their standards that nursing students on clinical placement will be provided professional development by Registered Nurses.
The literature revealed that students can often feel unsupported by Registered Nurses and thus have negative clinical experiences which are not conducive to learning. Failing to provide nursing students with professional development by not teaching or supporting them on their clinical placements contradicts licensing requirements and has potential implications for patient safety and the continued development of nursing practice and culture. As suggested above, the literature review did not uncover any research that addresses the research question that was the focus of this inquiry, that is, Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. This study will therefore, address this gap in the current literature and contribute to the discourse through the development of a substantive theory related to Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. Chapter 3 follows on to discuss the research design of this study.
CHAPTER 3

Research Design

Introduction

This chapter discusses the research design that framed and guided this study. It commences with an overview of qualitative research and why this approach was utilised for this study. It then describes Grounded Theory and justifies its choice as a methodology for this research. The chapter continues on to identify the methods used within the research and describes the approaches utilised for data collection and analysis. The researcher’s philosophical position is clarified and ethical considerations for this study are discussed. A detailed description of the participants of this study is also provided. The chapter concludes with a summary of the contents and clarification of salient aspects.

Qualitative research

Qualitative research is often referred to as social research and is not concerned with the use of statistical information or other types of quantification to generate results (Strauss & Corbin, 1998). Strauss and Corbin (1998) refer to qualitative research as a broad methodology that explores the feelings, emotions, cultural phenomena and lived experiences of others. Within qualitative research thought processes can be investigated in order to gain a better understanding of why people behave in a particular manner in certain social situations (Glaser & Strauss, 1967; Strauss & Corbin, 1998). With this
notion in mind, qualitative research is the research paradigm adopted in this study given that the aim is to explore Registered Nurses’ understanding of the professional requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. The qualitative approach used to guide this research, which will now be discussed in some detail, is Grounded Theory.

**Grounded Theory methodology**

Grounded Theory is a qualitative research methodology that was originally developed by Barney Glaser and Anselm Strauss in 1967 when they saw a need for a research approach to be developed for those interested in examining social phenomena (Glaser & Strauss, 1967). It was during research, which Glaser and Strauss (1967) conducted on the ‘Awareness of Dying’, that the development of Grounded Theory as a methodology first took place. Their seminal work examined the real life experiences of nurses and doctors who were caring for patients who were dying (Andrews & Nathaniel, 2015). Glaser and Strauss (1965) gained insight into how patients were cared for when they were dying and how nurses and doctors communicated with dying patients. When Glaser and Strauss analysed the conversations between the nurses, doctors and patients they “developed systematic methodological strategies that researchers could adopt for studying many other topics” (Charmaz, 2014, pp. 5-6). As such, Glaser and Strauss (1967) developed Grounded Theory as a methodology. Grounded Theory type qualitative studies were already being used by sociologists (Glaser & Strauss, 1967) however it was Glaser and Strauss who wrote the first official text on Grounded Theory.
Grounded theory methodology does not test a hypothesis but rather “generates or discovers or constructs a theory” (Liapputtong, 2009, p. 20). In Grounded Theory, data is collected and then analysed and a substantive theory is formed from the data, whereas in other research designs data is collected and then analysed to test a theory or hypothesis (Glaser & Strauss, 1967). According to Glaser and Strauss (1967) Grounded Theory generates a theory rather than validating an existing or hypothesised idea. Strauss and Corbin (1998) describe Grounded Theory as a research approach which culminates in the development of a substantive theory that is firmly grounded in data. That is, the theory emerges as a direct result of participant involvement and analysis of the data. Grounded theory is purported to be a methodology of choice when there is no known theory about a particular topic or when little research has been done exploring the issue or concept (Strauss & Corbin, 1998). Given that there is no known research relating to Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements, Grounded Theory is then an ideal methodology, as this inductive approach will generate new knowledge via the
development of a new substantive theory.

As indicated, an important component of Grounded Theory methodology is the development of a substantive theory. Formal and substantive theories can be generated from comparative analysis of the data (Glaser & Strauss, 1967). Formal theories are generated from sociological inquiry (Glaser & Strauss, 1967). Substantive theories often relate to areas such as “… patient care, race relations, professional education…” (Glaser & Strauss, 1967, p. 32). The aim of this research is to formulate a substantive theory related to Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. Development of a theory as a result of data collected in this research contributes new knowledge by gaining insight into this research question.

Grounded Theory aims “to provide understanding of a phenomenon that will ultimately inform practice in a given discipline” (Birks & Mills, 2011, p. 154). In this study, grounded theory was used to gain insight into the phenomenon being researched. Insight into this phenomenon will inform the practice of nursing by gaining understanding of why Registered Nurses provide professional development to nursing students and teach and support them on their clinical placements and concomitantly why they don’t. This, in turn, will be beneficial to the discipline of nursing because the future nursing workforce relies on experienced Registered Nurses to help them during their placements to develop professionally and to refine their clinical skills in order to become safe and
competent Registered Nurses themselves.

The traditional view of Grounded Theory, developed originally by Glaser and Strauss, is that the “theory will emerge from the data” (Mills, Chapman, Bonner, & Francis, 2007, p. 74). This view, also known as classical Grounded Theory, purports that the researcher is an unbiased observer and facts and values are detached entities (Morse et al., 2009). This type of grounded theory is often referred to as ‘Glaserian’ Grounded Theory (Cutcliffe, 2005). Glaser and Strauss, the founders of Grounded Theory, later developed differences regarding their view on Grounded Theory methodology (Glaser, 1992). Strauss believed that more action was required for theory generation to occur. Strauss along with Juliet Corbin created the evolution of a more action-focused approach for Grounded Theory (Strauss & Corbin, 1990) known as ‘Straussian’ Grounded Theory. Glaser has criticised the Straussian approach claiming that it forces the data into categories rather than allowing the theory to emerge from the data (Charmaz, 2006).

Second generation Grounded Theorists such as Charmaz have further modified approaches to Grounded Theory. Charmaz developed a constructivist approach to Grounded Theory (Bryant & Charmaz, 2007). According to Hall, Griffiths, and McKenna (2013, p. 20) in constructivist Grounded Theory “rather than discovering data and theories, the researcher constructs them.” Within the constructivist approach the researcher acknowledges that they are entwined in the research area being studied and it is their interpretation that constructs the theory (Bryant & Charmaz, 2007). For this PhD thesis the researcher chose to use constructivist Grounded Theory. A constructivist
approach was chosen because the researcher’s view is that data is influenced by the interaction between the interviewer and the researcher. Despite being open minded throughout the research process the researcher acknowledges that researchers inevitably become entwined with their research and that it is the researcher’s interpretation that will ultimately influence theoretical development.

The diagram below (Figure 5) provides a visual depiction of the various approaches of Grounded Theory since its origins by Glaser and Strauss in 1967.

![Diagram of various approaches of Grounded Theory]

**Figure 5: Various approaches of Grounded Theory**
*(Adapted from Morse et al., 2009, p. 17)*

According to Corbin and Strauss (2008), techniques and procedures used in Grounded Theory are tools used to decipher the data. The techniques and procedures used by the
individual researcher who is using Grounded Theory methodology do not have to be rigid but can be fluid and flexible to assist the overall analytical process (Morse et al., 2009). Birks and Mills (2011) suggest that it can be difficult for the novice researcher when it comes to choosing a particular perspective on which Grounded Theory approach to use. In fact they suggest that a Grounded Theorist researcher can choose to use a mixture of components from seminal Grounded Theorists when conducting research. There are though, certain core elements required to ensure that a study reflects the Grounded Theory approach. These are: comparative analysis, data saturation and memoing, with Grounded Theory researchers tending to adapt the tools to their individual interpretation of the methodology (Morse et al., 2009). The core elements of Grounded Theory as listed above have been implemented in this research. What follows is a description of the methods used within Grounded Theory research and how they have been applied in this research, including positioning of the researcher and the researcher’s perspective in regards to the area being studied.

**The researcher’s perspective**

According to Bryant and Charmaz (2007) having enough personal insight to recognise one’s own preconceptions and biases can be challenging. Researchers need to ensure that their own biases do not lead them to ignore the true content of the data. Strauss and Corbin (1998) describe how having preconceived ideas and not being open minded might hinder the process of deciphering the true meaning of the data. An objectivist Grounded Theory stance is when the researcher sits outside the research and its participants (Charmaz, 2006). The objectivist grounded theorist researcher can be
described as an impartial and detached onlooker that analyses the participants’ perspective from an outsider’s point of view (Bryant & Charmaz, 2007). A constructivist Grounded Theory approach acknowledges that the researcher’s interaction with both the data and the participants influence the research outcomes (Polit & Beck, 2012). For this study, the researcher acknowledges that the interaction with the data and the participants may influence the outcomes of the research. To minimise the researcher’s influence on the outcomes of the research the researcher was careful not to put forward the researcher’s own opinions and biases during the interviews. As part of the research process the researcher used a journal to write memos reflecting on her own feelings, assumptions, opinions and biases about the research. Writing such memos enabled the researcher to become aware of her own preconceptions, opinions and biases (Glaser, 2003). This awareness of her own opinions and biases helped the researcher to be mindful not put these forward during interviews. An example of a journaled memo demonstrating self-awareness of the researcher’s preconceptions is provided below:

16/09/17
At present I feel that RNs generally do not know they are required to support nursing students. I need to be mindful not to make suggestions of this during any of the interviews.

Also, prior to interviewing participants, many hours of interviewing practice was undertaken with the student’s supervisors both of whom are experienced qualitative researchers. Interaction with data was done objectively with the researcher constantly
questioning, “What is the data telling me?” during data analysis. In addition, the researcher’s supervisors were constantly checking the researcher’s methods to ensure the researcher was not influencing the data.

A qualitative researcher needs to be mindful of the research paradigm of inquiry they choose to use (Polit & Beck, 2004). Grounded Theory has both ontological and epistemological foundations (Mills et al., 2007). Ontology is “the nature of reality” (Polit & Beck, 2004). Epistemology is referred to as the “the relationship between the knower and what is known” (Vasilachis de Gialdino, 2009, para 8). This research takes into account the ontologies (realities) of the specific participants of this research who are Registered Nurses who have been allocated pre-registration nursing students on clinical placements. From an epistemological perspective the researcher had to be vigilant not to influence data collection and analysis with biases or any preconceived ideas or thoughts that the researcher held. This was particularly important, as the researcher had had previous contact with Registered Nurses who were involved in supervising pre-registration nursing students on clinical placements and is also a Registered Nurse herself.

The literature

One of the reasons Grounded Theory was selected for this research was because of the fact that little is known in the research area. Consistent with the accepted process of Grounded Theory the initial review of the literature did not occur other than to position the research as an area requiring scholarly enquiry. Apart from the initial literature
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review to ensure that this research was original, the literature was interrogated only on topics surrounding or outside of the specific area of research prior to theoretical development. For example, the initial literature review included areas such as Registered Nurses’ role with pre-registration nursing students, nursing standards and pre-registration nursing students’ experiences on clinical placements. The initial brevity of this literature engagement is therefore consistent with Grounded Theory methodology.

As suggested above, when a researcher is using Grounded Theory methodology the initial literature review is cursory and done only to become cognisant of the extent of knowledge in the area of study (Glaser, 1992). The researcher who uses Grounded Theory needs to be careful when conducting a literature review not to influence their own work by adopting other researchers’ ideas, interpretations or concepts (Glaser 1998). Therefore part of the process of monitoring the literature included scanning articles that related to competence and pré-registration nursing students. To that end, literature was not read in such a detailed manner that may have influenced theory development. Glaser (1992) suggests that the researcher should conduct the literature review outside the research area. It is imperative that the researcher keeps reading ‘outside’ their topic of research throughout the duration of the study so they are aware of the literature in their area of study that is being produced (Glaser 1998). As suggested by Glaser, an ongoing literature review was conducted outside this topic area during the course of the study. The literature review conducted towards the end of the research process in the substantive area of study was used to clarify and verify results, as

Grey data incorporated a portion of the literature review. Grey data or grey literature includes sources such as government documents and publications from associations (Okoroma, 2011). Grey data searches in this research specifically identified international key nursing regulatory nursing bodies and organisations and their respective current nursing standards. For example, examination of documents pertaining to nursing standards contained within organisations such as the Nursing and Midwifery Board of Australia, the Canadian Nurses Association, the Nursing and Midwifery Council (in the UK) and the Nursing Council of New Zealand were included in this review (Canadian Nurses Association, 2014; Nursing and Midwifery Board of Australia, 2014; Nursing and Midwifery Council, 2010; Nursing Council of New Zealand, 2011). A rigorous and in-depth literature review was undertaken only after completion of data collection and analysis and after the substantive theory had been developed.

**Methods**

**Ethical considerations**

The National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, 2007) outlines the four pillars of ethical conduct in human research. These are respect, research merit and integrity, justice and beneficence (National Health and Medical Research Council, 2007). An explanation of how these
four principles were applied to this research follows.

**Research merit and integrity**

Research merit and integrity consists of ensuring that research being conducted has a benefit to society (National Health and Medical Research Council, 2007). The nursing profession serves society by providing nursing care to members of the community (Duncan, Thorne, & Rodney, 2015, p. 27). Thus research about nursing, in turn, benefits society. This research benefits the nursing profession by its examination of Registered Nurses’ understanding of the requirement they have to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. Examining these processes will contribute to the body of knowledge by gaining insight into Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them when they are undertaking clinical placement experiences. This will benefit society because pre-registration nursing students in the clinical setting rely on the support and guidance of Registered Nurses to help them to develop professionally in order to become competent and safe practitioners to then provide quality nursing care.

As per the recommendations of the National Health and Medical Research Council (2007), the researcher was guided by experienced, qualified research supervisors. The research has been conducted with a commitment to integrity and honesty as per the National Health and Medical Research Council guidelines (2007). At all times the
Justice

According to the National Health and Medical Research Council (2007) justice is defined as “regard for the human sameness that each person shares with every other” (National Health and Medical Research Council, 2007, p. 11). Each participant in this study was treated fairly and with equality. The processes involved in the recruitment of participants for this research were done so on a purely voluntary basis. Participants were able to withdraw from the research at any stage without prejudice. Participants were able to indicate on their consent form if they wished to be sent research outcomes upon completion of the research. All participants who indicated that they would like to be advised of research outcomes were sent the results of the research written in clear, plain English (see Appendix F). The selection, inclusion and exclusion criteria of participants has been clearly outlined and described in the Participants section of this chapter.

Beneficence

The National Health and Medical Research Council (2007, p. 99) defines beneficence as “doing good to others...avoiding doing harm”. Any risk of harm or discomfort to a participant must be considered and any such risk to participants must be of benefit to the greater community (National Health and Medical Research Council, 2007). In addition
participants must be made aware of any potential risk of harm or discomfort to themselves prior to consenting to participate in research.

According to Mallinson, Childs, and Van Herk, (2013, p. 61) “all research carries risk”. Research risk can be defined according to the level of harm, discomfort or inconvenience it may cause participants (National Health and Medical Research Council, 2007). The National Health and Medical Research Council (2007) identify three levels of risk; negligible risk (inconvenience); low risk (discomfort); and high risk (possible harm). Negligible risk refers to “no foreseeable risk of harm or discomfort…” (National Health and Medical Research Council, 2007, p. 16). Low risk research means the only known risk would be that of discomfort (National Health and Medical Research Council, 2007). Finally, high risk is when the possibility of physical or psychological harm is likely. This research can be classified as having a low to negligible risk, meaning “the only foreseeable risk is one of discomfort” (National Health and Medical Research Council, 2007, p. 18). Although discomfort was not expected, as with any interview, there was a potential risk of the participant feeling discomfort if they disclosed sensitive or what they felt was upsetting information. Therefore included in the consent form (see Appendix C) was the acknowledgment that if harm or discomfort occurred to a participant then the researcher would cease the interview and if the participant remained distressed the researcher would organise access to counseling by a qualified counselor.
Respect

According to the National Health and Medical Research Council (2007, p. 11) respect means “recognising that each human being has value in himself or herself...” and includes valuing participants’ personal beliefs, customs and heritage. Written consent was obtained from participants prior to the interviews following the participant reading and discussing the content of the participant information sheet with the researcher. The discussion between the participant and researcher was to check for comprehension to ensure the participant understood the content of the participant information sheet. The participant information sheet was written in plain English (see Appendix C). After data was collected, names of participants were removed, the interviews coded and data was aggregated so as to ensure confidentiality and anonymity. The consent forms were kept in a locked filing cabinet away from any data that was collected from interviews.

The opinions and beliefs of each participant were treated with respect and the interviews were conducted in a non-judgemental way. This was demonstrated by the researcher being respectful of the participants’ own views, beliefs and opinions. Also the researcher was careful not to put forward her own views, beliefs or opinions to the participants. Transcripts made by the researcher did not contain any information that may have exposed a participant’s personal details. During the course of the research all data was kept on the researcher’s personal computer that was password protected in order to maintain confidentiality. Once the data, collected via digital recorder, was transcribed the recordings were deleted to ensure participants remained unidentifiable and the verbatim transcripts were kept in a locked filing cabinet in the researcher’s office. Research data such as original transcripts will be stored in a locked filing cabinet.
in the researcher’s office for a minimum period of five years after the completion of the research as per the University of Wollongong Human Research Ethics Committee policy. Respect was also given to participants by organising a time and place to conduct the interview that was convenient to them. Participants were thanked for their time and the researcher expressed gratitude for their involvement.

Ethics approval for this research was granted by the University of Wollongong Human Research Ethics Committee (Approval no H10/11-165). Collection of data did not commence without prior approval from the Human Research Ethics Committee. Ethical considerations and Human Research Ethics Committee guidelines were adhered to throughout the course of this research. Each stage of the research was carried out following the principles and values of research conduct as outlined in the National Statement on Ethical Conduct in Human Research as described above.

**Participants**

The approach taken for this research design deliberately privileges the Registered Nurses’ voices and, as such, a purposive sample was necessary. Purposive sampling is a deliberate selection of the type of participant to be invited who can best inform the research (Liamputtong, 2009). In purposive sampling, participants are sought on the basis that they are exposed to a particular phenomenon relevant to the area being studied (Palinkas et al., 2015). For this study it was determined that participants would be Registered Nurses who had been practicing for at least five years. These inclusion criteria (see Table 3) ensured that the Registered Nurse participants were those
clinicians who were likely to have had previous experience with pre-registration nursing students in the clinical setting. The inclusion criteria were outlined on the initial flyer inviting participation in this research (see Appendix B). Additionally, at the commencement of each interview the participants were also verbally asked if they met the inclusion criteria. Each participant in this research met the required inclusion criteria.

Table 3: Participant inclusion criteria

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
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<tbody>
<tr>
<td>Registered Nurse (licenced to practice within Australia)</td>
</tr>
<tr>
<td>5 years nursing post-graduation/training</td>
</tr>
<tr>
<td>Practicing as a Registered Nurse at the time of research</td>
</tr>
<tr>
<td>Prior experience with pre-registration nursing students in the clinical environment</td>
</tr>
<tr>
<td>18 years of age or over</td>
</tr>
</tbody>
</table>

Unlike some research paradigms that require power values, participant numbers were not pre-determined. According to Glaser and Strauss (1967) the number of participants used in research to develop a theory is not crucial. The social researcher does not need to know the whole field or to have all the facts from the sample. Thus the sample size used in Grounded Theory is usually only a small number in comparison to quantitative research methods (Burns, Grove, & Gray, 2011). In Grounded Theory the number of participants is considered to be appropriate when data saturation occurs. Data saturation is known to occur when no new data emerges (Liamputtong, 2009). When the same
patterns kept emerging and no new information was found in the data this was an indication that data saturation had been achieved. Details of how data saturation was achieved are explained further in the Data Analysis section of this chapter. Data saturation was achieved in this study following interviews with fifteen participants.

**Participant recruitment**

The participants from this research were from a variety of workplaces. Primarily participants were recruited from conferences. Flyers were left on the seats of conference attendees inviting them to participate in this research. Attendees who were interested in participating in the research approached the researcher during conference events to register their interest in participating in the study. Those who indicated that they were interested in being involved in this research were asked if they would mind if the researcher telephoned them after the conference events to finalise details to become involved in the research. The fore mentioned participants were followed up with a telephone call and sent a participant information sheet along with a consent form. Once the signed consent form was returned the researcher called the participant and organised an interview time that was convenient for the participant.

**Interviews**

Prior to the interview, participants were sent an information sheet and a consent form (see Appendix C). Once the completed consent form was returned to the researcher, the participant was contacted and an interview time and place that was convenient for the
participant was organised (an example of respect). Prior to commencing each interview, the information sheet was discussed in detail with the participant. This was done to ensure that the participants understood what was involved in the research, that their participation in the research was purely voluntary and that they understood that they could withdraw from the research at any time. It also afforded participants another opportunity to ask any questions that they had.

Semi-structured interviews were conducted as the means to collect data for this research. Semi-structured interviews utilise open-ended questions in order to gain the participants’ viewpoint (Morse, 2012). Using this approach enabled the researcher to guide the questioning according to the participant’s responses (Galletta, 2013). When necessary, the researcher was able to probe the participants’ responses in order to gain depth, clarification and further understanding of the participants’ responses (Galletta, 2013).

The first two interviews were conducted face to face. The first interview was conducted at the participant’s home as per the participant’s request and at a time that suited them. The second interview was also done face to face, with this participant choosing to have the interview at a café, which was close to their work. The participant and the researcher sat in a quiet corner of the cafe to conduct the interview. Due to the tyranny of distance and to minimise any inconvenience for participants, most of the remaining interviews were conducted via telephone; also at times and dates that were suitable for the participants. Telephone interviews are used often instead of face to face interviews
when geographical distance needs to be considered (Irvine, 2011). The distance across participants in this study was more than 1,370 km. Given the geographical expanse between the researcher and the participants telephone interviews were, as such, used. Telephone interviews are utilised more and more in qualitative research and this method of interviewing has many advantages (Glogowska, Young, & Lockyer, 2011). Some of the advantages of telephone interviews are that they tend to be more time efficient and can make it easier for the researcher to interview participants “who may not otherwise be available due to their location” (Block & Erskine, 2012, p. 430). Glogowska, Young, and Lockyer (2011) suggest that if telephone interviews are used it is ideal before the initial call to provide participants with details about the study. Accordingly, participants in this study received the participant information sheet and the consent form in the mail (electronically or via the postal service as per the participant’s preference) prior to partaking in interviews.

At the commencement of all interviews, after the formal introductions and checking for understanding of the participant information sheet, the recording commenced. During the interviews the participants were encouraged to express themselves and discuss their views. The researcher adopted an interested demeanour and an accepting, non-judgemental attitude facilitated this. Open ended questions that encouraged participant discussion rather than eliciting simple one worded responses (McCormack, Manley, & Titchen, 2013) were used and the participants’ responses led to further discussion. Open ended questions are often used in qualitative research (Harland, & Holey, 2011). An open ended question does not predetermine the answer a person will provide to a
question (Lindemann, 2015). Wasik and Hindman (2013, p. 304) define an open ended question “as a question or statement that generally has more than one correct answer and typically requires a multiple-word response. Open-ended prompts [questions] are often questions beginning with terms such as why and how but could also use words such as who, what, when, or where”. Open ended questions start with language such as “Tell me about what…” and “Describe how…” (Wasik & Hindman, 2013, p. 306). Some examples of open ended questions asked by the researcher during the interviews are:

**Researcher:** Can you tell me more about why you feel that every registered nurse has a responsibility towards students?

**Researcher:** Can you just tell me a little bit more about those?

**Researcher:** What do you mean by burning them out?

**Researcher:** So, you said that it’s actually the RN’s role. Why do you say that?

This type of open ended questioning was used to elicit in-depth responses from the participants because it encouraged further discussion and reflection. At the end of each interview the participants were thanked for their involvement in the research and if they had indicated that they wanted a copy of the results of the research, this was sent to
them at the completion of the research.

Interviews were digitally recorded and then transcribed verbatim after each interview. Glaser (1998) suggests that interviews should not be audio taped as he argues that it can produce too much superfluous data. Recordings however are useful to gather subtleties that may inform the theory (Charmaz, 2006). All interviews were digitally recorded in this study to ensure that as much data as possible was captured and that conversation would not be disrupted by note taking. It also ensured everything that was discussed was captured (Polit & Beck, 2004). Similarly the interviews were transcribed verbatim to ensure that the participants’ words and meaning were accurately noted down for data analysis (Josselson, 2013). Oliver, Serovich, and Mason (2005, p. 1) describe verbatim transcriptions as important because they “powerfully affect the way participants are understood, the information they share, and the conclusions drawn”. As such, verbatim transcriptions were utilised in this study.

**Data Analysis**

Data analysis was conducted using the constant comparative method as per Grounded Theory methodology (Polit & Beck, 2004). This systematised procedure of constant comparison (see Figure 6) is a rigorous process where data is analysed after the first interview and after each consequent interview (Strauss & Corbin, 1998). It is this rigorous process that gives quality to Grounded Theory research (Cooney, 2011). During this analytical technique, data is compared and similarities or differences are identified. It is this analysis, conducted after each interview, which compels new data
collection (Strauss & Corbin, 1998). The process of induction, leads to the development of a substantive theory, grounded in the data that is obtained during the research process.
Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: The theory of Doing the Right Thing

Figure 6: Constant comparative method of analysis (Anderson, 2016)
Given that data from the interviews was analysed systematically and progressively, it was the data that directed each phase of data collection and then subsequent analysis. This process is referred to as theoretical sampling (Burns et al., 2011) and is described by Glaser (1978, p. 36) as “the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data and decides which data to collect next and where to find them, in order to develop his theory as it emerges.” Theoretical sampling guides data collection and enables the researcher to verify the concepts being formed (Corbin & Strauss, 2008). As Corbin and Strauss (2008, p. 146) imply, the data analysis leads a “trail” to the next phase of data collection. With theoretical sampling this process is continued until no new information is collected (Burns et al., 2011). This is when the researcher can ascertain that data saturation has occurred. Data saturation can be “referred to the point in data collection when no new additional data are found that develop aspects of a conceptual category” (Francis et al., 2010, p. 1230). In other words, when the same patterns of data were found with no new information, data saturation had occurred. Figure 7 depicts the process from the collection of data during the interviews, the next phase of constant comparison and how this analysis drives the next phase of data collection using theoretical sampling.
Figure 7: Progression of theoretical development
(Adapted from Birks & Mills, 2011, p. 71)

Coding

As indicated throughout the discussion above, constant comparative analysis is a method used within the Grounded Theory methodology in order to code data that has been collected (Glaser, 1992). Comparisons are made of the research data that has been collected and then these results are systematically categorised (Strauss & Corbin, 1998). Codes are groups of words used to identify concepts and patterns found in the data and
the subsequent categories are made up of groups of codes (Birks, Mills, Francis, & Chapman, 2009).

During coding, gerunds or ‘doing words’ were used. When initially coding the data Charmaz (2006) recommends that data be recorded as actions by using gerunds. Gerunds are the noun version of a verb and are made by adding “ing” to the end of a verb (Charmaz, 2006, p. 49) and effectively make it an action. For example, when coding the data in the text box as illustrated in Table 4, the concept of worry emerged in the data. The gerund formed to code this data was *Worrying about students*.

<table>
<thead>
<tr>
<th>Participant’s voice</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>And I don’t know whether it’s the right thing to say or not, like its controversial and I don’t know whether others have said this to you as well, we actually worry about the nursing students (Participant 12).</td>
<td>Worrying about students</td>
</tr>
</tbody>
</table>

The process of coding the data as an action assists the researcher to find meaning to the content of data (Charmaz, 2006). “The idea is to understand what is happening at a deeper level than the surface observations or explanations” (Liamputtong, 2010, p. 107) that are provided by the participants. It is not simply the words that are coded but the actual meaning of the words that are uncovered during this process (Charmaz, 2006).
According to Strauss and Corbin (1998) there are three stages involved in the coding process (see figure 8) which will now be explained:

![Figure 8: Stages of the coding process](image)

1) **Open Coding** - is the first stage and occurs as concepts are derived from data (Strauss & Corbin, 1998). During this initial stage of data analysis groups of words, line by line, phrase by phrase or concept by concept are labelled or coded (Birks & Mills, 2011). These groups of words are referred to as ‘in vivo’ codes and often use direct words from the participants (Corbin & Strauss, 2008).

2) **Axial coding** - is the “process of relating categories to their subcategories…” (Strauss & Corbin, 1998, p. 123). This second stage is similar to cross referencing categories to other categories. Strauss and Corbin (1998, p. 124) refer to this as
“reassembling data that were fractured during open coding”. In other words, fractured data is reconnected (Birks & Mills, 2011).

3) **Selective Coding** is “the process of integrating and refining the theory” (Strauss & Corbin, 1998, p. 143). This is stage three and according to Strauss and Corbin (1998) is when refinement of the developed concepts takes place and a core category or major theme emerges. This is an integrative step where all of the other categories become subcategories of this core category.

Figure 9 below illustrates how a theory is developed as a result of the coding process. It provides a visual explanation regarding the process of combining and sorting data into categories which eventually leads to a core category that is common to all of the categories. This process of finding reoccurring patterns is that which leads to the development of the substantive theory.
Figure 9: The coding process for theory development using grounded theory

Glaser (2010) suggests that Grounded Theory suits the researcher who is able to conceptualise, cope with the confusion that occurs with the large amounts of data produced when using Grounded Theory and a researcher who is patient enough to allow the theory to emerge from the data. Qualitative research in itself produces large amounts of data but coding produces even more. This volume of data at times appears overwhelming. This feeling of being overwhelmed by the amount of data being produced is a common emotion felt by Grounded Theory researchers during the coding phases (Birks & Mills, 2011; Lawrence & Tar, 2013). Within Grounded Theory it can be useful to commence the process of data analysis manually (Birks & Mills, 2011). Data analysis for this research commenced on a word document but very quickly the researcher realised that the large amounts of data produced during the coding were proving too difficult to manage on a word document alone. After coding the third
interview all data and coding was transferred to the computer software program NVivo version 10 to help to manage the data.

The NVivo (2015) program used in this study made it possible to keep codes close to the data during the coding stages. Hunter, Murphy, Grealish, Casey, and Keady, (2011) emphasise how during analysis, researchers have to be cognisant that they are not forcing the data to fit into existing categories as forcing the data can alter the final results of the research (Polit & Beck, 2004). Glaser (1992) describes how it is wrong to force the data. Charmaz (2006) also stresses that forcing is not appropriate and that a grounded theorist should not force the data to fit the codes but instead they should make the codes fit the data. Keeping coding close to the data, according to Charmaz (2006), assists the grounded theorist to develop codes from the data and helps the grounded theorist logically discern what is actually happening in the data without forcing it. As Charmaz (2006) suggested, the researcher kept the codes close to the data to facilitate the process of coding and analysing data.

Bearing in mind the previous assertions about forcing data, during the open coding stage of this research, line by line coding was initially used. Charmaz (2006) recommends using line by line coding to start the coding process. To remain true to the data the researcher needs to reveal “What is actually happening in the data” (Glaser, 1978 p. 57) and “What seems to be going on here” (Strauss & Corbin, 1998, p. 148). Glaser (1998) points out that when interpreting data the researcher needs to be objective. Line by line coding helped to decipher what was happening in the data in an
objective and systematic way. Coding line by line in this research enabled the researcher to continually ask, “What is happening here?” As the novice student researcher became more experienced with data analysis and more familiar with deciphering what was happening in the data, coding that was undertaken concept by concept during the open coding phase eventuated.

Charmaz (2006) suggests that moving relatively quickly through the data helps to spur new ideas during the coding process. During the coding process the researcher should:

- “Remain open
- Stay close to the data
- Keep ... codes simple and precise
- Construct short codes
- Preserve actions
- Compare data with data
- Move quickly through the data” (Charmaz, 2006, p. 49).

Charmaz’s suggestions as outlined above were adopted and adhered to in the open coding phase. The researcher kept the data close during coding, remained open minded during the coding process and moved through the data quickly as it was analysed. Constant comparison of data was conducted throughout the data analysis phase.

The next stage involved axial coding where the recurrent codes were used to organise the vast amount of data produced (Charmaz, 2006). During the axial coding stage
concepts or themes that were identified during open coding were sorted into categories (elements) and were then linked and cross-linked to subcategories (themes). This was a rigorous process of constant comparison of codes and categories (Charmaz, 2006). The NVivo computer program used to manage the data enabled the researcher to store the codes as ‘nodes’. These nodes (codes) were then formed into ‘tree nodes’ or higher order categories. The constant comparison of data between nodes and tree nodes and the linking of some tree nodes with other tree nodes is synonymous with the axial coding phases of the data analysis. Figure 10 provides an example from NVivo of constant comparison between tree nodes (codes) with other tree nodes (codes).

Figure 10: Screen shot of NVivo showing constant comparison of tree nodes (codes) with other tree nodes (codes).
The final stage of coding was selective coding. It was during this final stage of coding that analytical paralysis happened. Clarke (2005) explains how analytical paralysis occurs when a researcher feels stuck and unable to find a way forward. Mind mapping proved to be a useful tool to move forward when the stage of analytical paralysis happened during this research. Mind mapping is a technique that uses visual representation of relationships and concepts, to assist comprehension and processing of information (Spencer, Anderson, & Ellis, 2013). The use of mind mapping helped to link all existing categories into one core category that informed the development of the substantive theory. Mind mapping and the rigour involved in Grounded Theory methodology enabled abduction to occur. Abduction is the concept of bringing something together that a researcher may never have thought had a connection (Reichertz, 2010). It was the process of abduction that produced the ‘Ah ha’ moment in the selective coding stages of this research.

To be a true Grounded Theory study the core category explains the phenomena that are being researched. As Glaser (2007, p. 107) suggests “researchers tend to see their core category everywhere.” Once the substantive theory was developed it was evident that the core category could be seen throughout the data.

In summary, as the codes from the data were analysed, these were compared to other data and then coded either into existing categories or formed new categories. The codes and categories then directed the collection of further data. Codes and categories were then constantly compared and categories (consisting of themes and elements) were
formed which ultimately became saturated, that is no new data emerged. Data saturation occurred and it was from the elements, informed by themes, that the core category emerged and the substantive theory developed.

**Memoing**

Memoing is one of the fundamental elements in Grounded Theory methodology (Thornberg, 2011). In order for Grounded Theory research to have credibility it must be congruent with Grounded Theory methodology (Bryant & Charmaz, 2007). Cooney (2011) advises having an audit trail in the form of memos to trace analytical decisions is a crucial part of the credibility of a Grounded Theory study.

Memo writing is a technique used by the qualitative researcher to enable reflection of coded data and to augment “theoretical sensitivity to the phenomenon in question” (Hoare, Mills, & Francis, 2012, p. 584). It is akin to making “notes to self” (Liamputtong, 2010, p. 119). Memos can be perceived as being a memory tool for the researcher. Memoing can be used to preserve thoughts that although may seem insignificant at the time, may later play an integral role in the research (Birks, Chapman, & Francis, 2008; Polit & Beck, 2004). Memoing can be done in the form of simple note taking (either hand written or typed into a computer) or by voice recording (Clarke, 2005). Which mode is used to create memos is not important, what is important is that memoing is undertaken (Corbin & Strauss, 2008). Clarke (2005, p. 85) refers to memos as “intellectual capital in the bank” as the memos may prove to be vital to the research at a later stage.
Memoing is a crucial component of Grounded Theory and should be used at all stages of the research process (Glaser, 2012). According to Glaser (1978) memoing can be used to decipher what is really happening in the data. Memos are used to assist in writing the theory that emerges from the data (Glaser, 2012). New ideas or concepts should be immediately memoed (Glaser, 1978). Memoing can alter the research outcomes by adding a new dimension to the interpretation of the data.

Birks and Mills (2011, p. 42) suggest to memo the following:

- “…feelings and assumptions…”
- Your philosophical position…
- Musings on books and papers…
- Potential issues, problems and concerns…
- Procedural and analytical decision making.
- Codes, categories and …developing theory.”

Memoing was conducted throughout this research and as suggested above, proved to have key concepts embedded within. Initially all memos were hand written and were used to spur on thoughts and impressions from interviews. After the third interview some memos were also stored in NVivo. NVivo enabled the functionality to link memos directly to the codes and categories which were being developed, and it was these memos that eventually aided theoretical integration. Examples of memos made during this research to assist theoretical development are provided in Table 5, below.
Table 5: Examples of various memos made to assist theoretical development

<table>
<thead>
<tr>
<th>Examples of memos</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>25/5/11</strong></td>
</tr>
<tr>
<td>This is all about being positive in regards to having a student. It is about providing positive learning environments and supporting the student when they come to the placement. It is not just about teaching them but actually doing actions that support the students learning experience.</td>
</tr>
<tr>
<td><strong>7/11/11</strong></td>
</tr>
<tr>
<td>Even though they believe student support is a Registered Nurses’ responsibility they don’t seem to know what the standard is: i.e. not aware of the ANMC competency standard.</td>
</tr>
<tr>
<td><strong>2/3/12</strong></td>
</tr>
<tr>
<td>Theme-Registered Nurses believe they should teach and support U/G nursing students to ensure that they (Registered Nurses) are cared for in their old age, not because it is a registration requirement.</td>
</tr>
<tr>
<td><strong>9/3/12</strong></td>
</tr>
<tr>
<td>Finding that if I haven’t used a gerund I find myself thinking “what is this code about?” Now I see the purpose of gerunds.</td>
</tr>
<tr>
<td><strong>7/7/12</strong></td>
</tr>
<tr>
<td>This participant is saying that the reason Registered Nurses are responsible for students is because of a contractual agreement the hospitals have with the unis. She is also saying that her responsibility to teach and support students is because she is employed by an organisation which says she must support students. She shows no indication or understanding of the expectation of the ANMC standards to teach and support students. She is saying that as an employee she must abide by the hospitals rules...</td>
</tr>
</tbody>
</table>
This node is about nurses being overwhelmed with information. These Registered Nurses have been saying that there is a glut of information out there and it makes it hard to find the important stuff. This includes making it hard to find the ANMC competency standards and find their significance.

19/7/12
Just been talking to [authors of a grounded theory text] about line by line coding. They say that line by line coding is the old Glaserian way of coding. They did however say it is often used early on to start forming categories without bias. One the authors stated they only code by concepts or at least sentences. The other said that by interview number 10 you should be doing concept coding. I have found that I have moved to concept coding naturally. Almost as though I have become more in touch with my data and where the data is heading. I think that as you become a better researcher it is easier to look at data without judgment. I still firmly believe that by initially using line by line coding it has kept my bias out of the interpretation of the data.

3/5/13
There seems to be a lack of awareness of competency standard 4.3 (accountability to students). However there is an innate sense of responsibility from one professional to another, also known as ‘good will’. A lack of awareness of Registered Nurses requirements toward students as defined in the competency standard 4.3 could cause gaps in student support. One of the recommendations from this study should be to educate Registered Nurses about the competency standard requirement 4.3. It seems as though Registered Nurses are teaching and supporting students out of good will.

5/6/13
When I go back into my data I find that Registered Nurses are nice.

The following memo provides an insight into the thought processes during the early stages of data analysis:
Table 6: Example of memo used in the early stages of data analysis

<table>
<thead>
<tr>
<th>Date</th>
<th>Memo</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/3/12</td>
<td>7/3/12: These are all positive comments to do with teaching. I have to sort these to see if they will inform the emergent theory- whatever that is....i.e. I don’t know what the theory is yet...</td>
</tr>
</tbody>
</table>

The following memo provides insight into the researcher’s feelings when a participant showed a lack of awareness of the nursing standards. This memo also describes the close link between ‘time’ and ‘workload’, which as a result of data analysis, emerged as two distinct categories.

Table 7: Memo describing the researcher's feelings in regards to the link between time and workload

<table>
<thead>
<tr>
<th>Date</th>
<th>Memo</th>
</tr>
</thead>
<tbody>
<tr>
<td>25/5/11</td>
<td>25/5/11: It gob smacked me when [the participant] said they hadn’t heard of the ANMC competencies before. I didn’t know what to do or where to go from here. Participant thinks students should be considered in workloads. Workload issues kept creeping back into the conversation. Participant was happy to have students but felt it was unfair 'time wise.' Workload issue.</td>
</tr>
</tbody>
</table>

The memos created by the researcher spurred the researcher to organise data between different themes that were emerging during data analysis. They helped to direct the next phase of data collection and analysis.
Storyline

Storyline has been used to assist the researcher to clarify the findings from the data. Strauss and Corbin (Corbin & Strauss, 2008; 1998) have described storyline as a technique used in Grounded Theory. As well as being a useful method to explain a researcher’s theory, storyline can be used to present findings from a Grounded Theory study in the form of a story (Birks & Mills, 2011). The action of writing the findings from this research in the form of a story made it easier for the researcher to verbalise the outcomes of this research to others. The storyline created by the researcher can be found in Table 8.

Table 8: Storyline written by researcher

<table>
<thead>
<tr>
<th>Storyline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5/6/13 This is my storyline...</strong></td>
</tr>
<tr>
<td>My research shows that participants/Registered Nurses do teach and support nursing students in the clinical environment and that participants/Registered Nurses believe they have a responsibility towards nursing students. The reasons behind why they believe to have a responsibility towards students are varied. This research has identified that Registered Nurses are not aware of ANMC competency standard 4.3.</td>
</tr>
<tr>
<td>There is an inherent belief amongst participants/Registered Nurses that they do the job of teaching or supporting students because it is the right thing to do from an internal or moral perspective. Also participants/Registered Nurses have a belief that they should be supporting students to ensure the ongoing future</td>
</tr>
</tbody>
</table>
workforce of nursing.

There are some Registered Nurses who do not feel comfortable teaching or are not good teachers. According to the participants in this research it is acceptable for these fore mentioned Registered Nurses to be excused or omitted from being involved with students.

Students are considered an added extra, so therefore if they have a student they should be recognised accordingly for the extra work they have performed.

The lack of awareness of ANMC competency 4.3 has led to participants/Registered Nurses having the belief that if a Registered Nurse does not want a student then this is acceptable as it is the individual’s choice as to whether or not they choose to have a student. This absence of insight into the professional responsibility to support students has possibilities of some nursing students being treated badly if the Registered Nurse does not ‘feel’ like having a student but is allocated one regardless. Some participants indicated that some students are treated badly.

If the reason why Registered Nurses support nursing students is addressed there could be a shift in thought so that there will be an expectation amongst Registered Nurses that all Registered Nurses are expected to support students regardless of how they ‘feel’ on the day.

My theory addresses the gap or provides a theory (backed by data) as to why some students are not supported by registered nurses when attending their clinical placement or work integrated learning (WIL).
Field notes

Observations that are scribed during or after interviews are known as field notes. Charmaz (2006) recommends that during the interview it is beneficial to not only record what the participants say but also to record their reactions and body language. Thus, field notes are a useful tool for recording details that are not able to be audio taped. Field notes were made immediately after some of the interviews with participants. One of the important field notes made after one of the interviews was ‘saying what you think the other person wants to hear’. This became evident during one telephone interview where it became obvious that the participant was reading directly off the Australian Nursing and Midwifery Accreditation Council website when she was being interviewed. This was apparent as the language, rhythm and tone of the participant’s voice changed when she started reading off the website. Keeping in mind that ‘all is data’, this field observation became a category on its own.

Theoretical sensitivity

Theoretical sensitivity refers to how the researcher sits or positions themselves in relation to the research. When a researcher chooses a topic they inevitably have some insight or previous knowledge surrounding the area they have chosen to research (Strauss & Corbin, 1998), or at the very least, an interest in the topic. The researcher’s perspective and personal experience should be acknowledged from the onset in order to keep the study transparent (Birks & Mills, 2011; Corbin & Strauss, 2015). Glaser (1992) suggests that to ensure the study is not influenced by the researcher’s preconceptions the researcher must keep an open mind.
The researcher in this study acknowledges that they had contact with pre-registration nursing students and has an interest in this particular topic. The researcher’s involvement with pre-registration nursing students meant the researcher needed to be mindful to stay objective and sensitive during the coding and data analysis phases to ensure that interpretation of the data was accurate and unbiased. Line by line coding, and eventually, concept by concept coding, by its very nature assisted the researcher to be objective in data analysis. Each time data was coded careful consideration was given as to “what is happening here?” Questioning what was actually happening in the data helped to keep the researcher objective. Doing only a brief literature review at the commencement of the study was to ensure the researcher was not influenced by the prior research during the data analysis. Another part of the process of ensuring the researcher was maintaining an objective stance was that the researcher’s supervisors would independently check the coding of the data to ensure that the researcher was unbiased and accurate in data analysis.

Limitations of research

All research has limitations (Creswell, 2003). In a Grounded Theory study it is important to acknowledge limitations and what impact they may have had on the final theory. Anyone referring to the research will then be able to understand any issues the researcher may have had with design, data collection or data analysis (Polit & Beck, 2004). Acknowledging limitations is also an avenue for the researcher to show that they were aware of any limits and that these have been taken into account for the course of the research and the subsequent findings (Strauss & Corbin, 1997). Limitations of this
study are discussed in the concluding chapter, Chapter 6.

**Credibility**

Credibility within qualitative research “is demonstrated by accuracy and validity of findings that are assured through documentation of researcher actions, opinions, and biases...” (Powers & Knapp, 2010, p. 192). Providing a clear account of how the methodology was used is integral to giving credibility to a research project (Cooney, 2011). Birks and Mills (2011, pp. 114) suggest that there are three essential factors required for a Grounded Theory to be developed:

“1) An identified core category
2) Theoretical saturation of major categories
3) An accumulated bank of analytical memos.”

As indicated in the above discussion it is evident that the vital factors to ensure credibility of this study were met. A core category was identified, theoretical saturation was achieved and an amassed bank of analytical memos has been kept. This chapter has provided a clear explanation of the methodology used in this research including researcher biases and ethical considerations of the research. These factors and the aforementioned methods and processes used in this study provide evidence that this study has credibility.
Conclusion

This chapter clearly elucidated the methodology and the methods adopted for this research. The research methodology used explored Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. Grounded Theory methodology was adopted for this study and how it was applied to this study was explained in this chapter. The principles and values of ethics in human research were adhered to during the course of this study and were also explicated above. The chapter explained how semi-structured interviews were used to collect the data and how the data was analysed using the constant comparative method. Open, axial and selective coding were used during the coding phases and memoing, a fundamental component of Grounded Theory, was undertaken during all stages of the research process. This chapter described how storyline was used by the researcher and an example was proffered. Theoretical sensitivity explained how the researcher positioned themselves in relation to the research. Finally, discussion within the chapter considered the credibility of the study. In summary, this chapter discussed the processes involved in this research in order to develop a substantive theory grounded in data. In short, the chapter explains what was done. The following chapter will discuss the findings of the research.
CHAPTER 4

Research Findings

Introduction

The previous chapter discussed the research design used for this study. This chapter continues the thesis narrative by presenting findings from this Grounded Theory study that aimed to explore Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. To gain an understanding of these factors, fifteen Registered Nurses were interviewed. Semi-structured interviews were used in order to deeply examine these Registered Nurses’ understanding. This chapter describes in detail the content of the data from these interviews. It explains how the data informs the themes, elements, and core category. In summary, this chapter describes the substantive theory and all that the theory contains.

Participants

This section presents the demographic details of the participants who were involved in this research. Insight into the kind of participants involved in this research, including an overview of their characteristics and their demographics, and an explanation in regards to the purposive sample of participants (van Hoeven, Janssen, Roes, & Koffijberg, 2015) used in this research are offered. It was determined at the commencement of this research that all participants should have extensive experience with pre-registration
nursing students in the clinical setting. This is therefore a purposive sample of participants. Fifteen participants with at least five years of experience as a Registered Nurse and with prior experience with pre-registration nursing students in the clinical setting were interviewed. Despite trying to recruit participants from multiple states and territories in Australia, all participants were currently working in the state of Queensland, Australia. That said, according to the state Queensland Government (2016, para. 1), Queensland has “an area of 1,727,000 square kilometres” and is “seven times the size of Great Britain”. Thirteen participants were female and two participants were male. This ratio is representative of the female/male proportions in the Registered Nurse workforce as described by the Australian Bureau of Statistics (2013b) that declares that ninety percent of nurses are female and ten percent are male. Registered Nurses who chose to participate in this research all had various levels of roles ranging from nursing management, clinical nurse educators to clinical nurses. An overview of the employment type of the participants who were involved in this study provides further insight into participant characteristics. Eleven (11) participants were clinical nurses (Registered Nurses who were working clinically), three (3) participants were nurse managers and one (1) participant was employed as a clinical nurse educator. Table 9 below provides a graphical representation of the types of roles the participants were employed in at the time of this study.
Table 9: Participant employment type

![Participants](chart.png)

Table 10, below, provides a graphical synopsis of the mode of nursing education the participants of this research had previously undertaken in order to become Registered Nurses. Six (6) of the participants had completed their education at a tertiary institution, seven (7) had undertaken hospital nursing training and (2) two participants did not indicate where they received their nursing education. Keeping in mind that nursing education moved from hospitals to universities between the years 1984 and 1994 (Health Workforce Australia, 2013), the table below illustrates that there was an almost equal ratio between participants who were hospital trained and those who were university educated. Nowadays in Australia education to become a Registered Nurse is conducted within the university sector. Currently in clinical practice settings in Australia some Registered Nurses in the workplace are hospital trained and others
university educated. To reflect what naturally occurs in the clinical setting participants from this study included Registered Nurses from both types of nursing education although recruitment did not deliberately set out to do this.

Table 10: Mode of participants' nursing education

<table>
<thead>
<tr>
<th>Mode of participants' nursing education</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>7</td>
</tr>
<tr>
<td>University</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>

What follows is an overview of the substantive theory that is: the theory of Doing the Right Thing. The substantive theory and its core category, elements and related themes that emerged as a result of data analysis from the voices of the participants will now be discussed.
Overview of the substantive theory: Doing the Right Thing

Findings from this study indicate that the Registered Nurse participants were providing nursing students with professional development by teaching and supporting them during their clinical placements primarily because of the belief that it is the right thing to do. The core category, the right thing to do, was evident throughout the data. The right thing to do was informed by perceptions that Registered Nurses had a sense of responsibility, considered students to be an added extra, believed that being involved with students was a choice and was influenced by participants’ awareness of the ‘nursing standard’ requirement to provide students with professional development.

Participants expressed a sense of responsibility toward students and that the right thing to do was to provide nursing students with professional development by teaching and supporting them. Despite students being perceived as an added extra, participants still did what they thought was the right thing to do and taught and supported students. Participants were of the belief that it is a Registered Nurses’ choice whether or not to contribute to the professional development of nursing students and that the right thing to do was to accept their colleagues decision whether or not to be involved with teaching and supporting students. Finally, most participants were unaware of the ‘nursing standard’ requirement to provide students with professional development by teaching and supporting them. Regardless of whether they were aware or not of this nursing standard requirement they still indicated that the right thing to do was to provide professional development to nursing students by teaching and supporting them during their clinical placements.
Figure 11: Theory of Doing the Right Thing: Core category, elements and themes that emerged as a result of data analysis
Figure 11, above, provides a visual representation of the substantive theory, Doing the Right Thing, and the core category, elements and themes that emerged as a result of data analysis. From the processes of data collection, constant comparative analysis, and theoretical sampling four distinct elements appeared from the core category. These elements were ‘sense of responsibility’, ‘an added extra’, ‘choice’ and ‘nursing standard’.

The element ‘sense of responsibility’ consists of a number of themes. These are:-

- professional;
- personal; and
- organisational.

The element ‘an added extra’ consists of themes. Namely:-

- time;
- workload; and
- wanting recognition.

The theme ‘choice’ consists of two themes:-

- unsuited to teaching; and
- respecting peers.

The element ‘nursing standard’ comprises of two themes:-

- aware; and
- unaware.
The core category that emerged from this study, the fore mentioned elements and their associated themes will now be explored.

**The right thing to do**

The following discussion provides an in-depth description of the core category *the right thing to do*. The core category, *the right thing to do*, reveals that participants believed that as a Registered Nurse *the right thing to do* was to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. The strength of this assertion was palpable throughout the data. The core category *the right thing to do* provides an explanation as to why the participants believed that they should provide professional development to pre-registration nursing students by teaching and supporting them. As mentioned previously, the core category was dominant as it emerged from the data. The four categories under the core category *the right thing to do* (‘*sense of responsibility*’; ‘*an added extra*’; ‘*choice*’; and ‘*nursing standard*’) will now be explained in greater detail.

**Sense of responsibility**

All participants expressed a *‘sense of responsibility’* to provide professional development to pre-registration nursing students by teaching and supporting them on their clinical placements. Participants indicated that the *‘sense of responsibility’* they felt to provide professional development to pre-registration nursing students and to teach and support them on their clinical placements was rooted from a personal belief...
system emanating from their own ideals and values. They also expressed that they felt they had a professional responsibility to ensure that the next generation of nurses were competent. Some participants verbalised that they also felt a sense of responsibility to the organisation in which they were employed to teach and support students. ‘Sense of responsibility’ consisted of the following three themes: ‘professional’; ‘personal’; and ‘organisational’. Figure 12 provides a visual representation of the themes that inform the element ‘sense of responsibility’. These themes will now be explored in greater detail.

![Figure 12: Sense of responsibility](image)

**Professional**

The ‘professional’ responsibility toward students, as elucidated by the participants, was
focused around the provision of professional development to pre-registration nursing students. The theme ‘professional’ includes the concept of providing professional development to nursing students by teaching and supporting them during their clinical placements because of a sense “responsibility to the next generation of nurses coming through” (Participant 10). Overwhelmingly the participants indicated that they felt that they contributed to students’ education by teaching them and also by providing support. Many comments about providing professional development to nursing students on clinical placements were positive. Participants perceived that they provided positive learning environments for students and that they supported students when they came to the clinical placement. Participants described perceptions of their role in teaching students.

There were affirmations from participants that clinical experiences afforded students the opportunity to apply the theory learnt at university to the practice setting. Participant 13 highlighted the importance of helping students translate theory to practice when on the clinical placement and to contextualise learning to a bigger picture.

*It’s important that you help them to understand some of the big picture stuff or it’s more than just your anatomy physiology, giving medication, so that kind of thing. And some of the things that we learn at university while we’re doing our nursing we talk about a lot of it but it’s putting it all together and I think that in practice and having somebody with experience that can say well look Mr. So and So is getting ready for discharge and looking at the family dynamics or that he lives alone or that kind of taking it that way or looking at the emotional status and kind of helping the students to look at the whole picture, the more holistic care or that kind of thing and picking up some of those cues, even though they’re learning the anatomy physiology, they’re dealing with sociology, psychology, all those things, it’s teaching to*
help them to put that altogether (Participant 13).

Emphasis was placed on providing professional development to students by teaching and supporting them when they were on clinical placement.

Working with students or teaching students, you’re teaching them the basics. Supporting the students, you’re there if they have issues or if they’ve seen something that you might think okay, they may not be used to this sort of stuff, let’s pull them aside, let’s chat with them, let’s and just supporting them if they have problems that they can go to any of the staff and discuss it rather than just being in the mode of teaching, if that makes sense. You’re more their -- supporting is more like an emotional and -- the way I perceive it. And being able to identify the -- if they need extra support, if they need extra -- and providing it at that time (Participant 9).

Spending extra time with the student at the end of the day as well as providing some professional advice was also considered part of contributing to the professional development of the student.

So I sat with the student later on in the day and just said look one of the things that I was told as a student was to accept that everybody does things differently and to take them all on board and as long as you know what you’re outcomes are supposed to be and you achieve those outcomes in -- like say it’s a technique, you achieve those outcomes in an appropriately aseptic technique, then you find your own way as well (Participant 10).

Ensuring that students are specifically buddied up with a Registered Nurse was thought to be part of teaching and supporting the students’ professional development.
Well with us we – they are all accompanied by a nurse facilitator on each – usually on each shift but they are – they’re buddied up with an RN (Participant 15).

Being supportive by providing an orientation to the work environment was also considered to be part of providing professional development to students:

Like orientation so that they know where everything is, debriefing, the ability to provide experiences to them in a safe environment...to the patient as well as the student, as well as any staff members (Participant 4).

Participant 6 indicated how they set aside extra time to talk to the students. Moreover the act of providing professional development to students by teaching and supporting them on their placements was deemed to be beneficial for the participants’ own professional development.

...I go out and I talk to student nurses for an hour. I sit down and I put that into my portfolio. Because it also is of benefit to me because I've had to learn stuff before I go in and teach it to the students for it to be accurate (Participant 6).

Being mindful of seeking out learning opportunities for students so they could meet their learning objectives was highlighted as part of the process of assisting students’ learning.

...the registered nurse can support their objectives and help them with those by saying, Okay, you said you wanted to take care of a post-op patient, well come on with me I’m going to get this person from theatre. We’ll get them,
bring them back and that kind of thing. So to help facilitate I guess. So support them in their learning objectives and meeting those... (Participant 11).

Participants spoke about seeking out opportune times to teach and support students. The following participant described that providing professional development by teaching and supporting a student could be done even without it being obvious.

You can teach an awful lot while you’ve got someone in the bathroom without making a scene like we’re teaching... You can pass on an awful lot of more information without it looking as though you’re teaching them (Participant 8).

Participant 13 described how part of the professional responsibility that Registered Nurses have towards student learning is to ensure that students work within their scope of practice.

So we are responsible to make sure that they’re sticking to their -- what their scope is for their placement (Participant 13).

Being supportive by assisting students to develop their clinical skills was understood to be part of contributing to their professional development. Helping students to perform clinical skills whilst they were on clinical placement was considered particularly important.

Yeah I suppose teaching though is just going through what they’re doing or helping them to stop and think about why they’re doing what they’re doing,
those kinds of things, like that critical thinking type stuff, it’s kind of more the teaching side of things, but helping them might be if they’re going to do a procedure, say catheterisation, and you’re just giving them some prompts or some direct in order to help them to get through that procedure, that kind of thing (Participant 11).

An example of providing a student with professional development by being supportive and teaching clinical skills was provided by Participant 1.

   So do you remember putting that syringe down before you then drew up your antibiotic? It’s not clean anymore. And then they go ‘oh of course’ (Participant 1).

It became evident that the participants felt professionally responsible for providing a positive learning environment to students.

   Yes, and we’ve got a -- we’ve got a responsibility to them to treat them so that they get a good -- a good experience in the clinical environment (Participant 4).

Providing professional development to students by teaching and supporting them was considered an important component of student learning. Part of being supportive of students’ professional development was checking for compatibility of personality types. There was acknowledgment that “personality clashes” (Participant 9) between Registered Nurses and students are a reality and that part of the process of providing professional development to students is to be cognisant of this when it occurs.

   Oh, most of us will, if we can see that -- in the team leader role, if you can
see the team struggling you will often pull the -- you can pull the student aside and go look okay, what do you need to do? What can we work on with you? Are you struggling with anything? How is it working out with your RN with who we’ve preceptor you with? Is that working out for you? Because we have had personality clashes in the past. So even if you don’t have the student and you can see maybe that there’s something else going on, you will pull them aside and have a chat and try and find out what’s going on (Participant 9).

Providing quality placement experiences was a main concern.

*I feel that it is part of our responsibility to help a student or teach a student or make sure that they’re getting some decent experience while they’re in the clinical areas* (Participant 11).

...that I’ve got to factor into my day to make sure a) they’re getting a good placement, and that they’re not left too much on their own you know (Participant 8).

*Most people, most people are focused on getting that student to have the best experience that they possibly can have* (Participant 15).

The provision of a good learning experience was deemed as being beneficial to more than just the student. Participants voiced that if the students had good learning experiences then it was hoped once the students were qualified Registered Nurses they, in turn, would provide good learning experiences for nursing students who came under their supervision. It is like “giving back by paying forward” (Steinert & Macdonald, 2015, p. 773).
And also if we give them a good learning experience well when they’re teaching someone else as time goes on themselves hopefully then that will be good for them too. That’s how it works hopefully its how it works. Yes you sort of hope for that sort of thing (Participant 5).

The following statements indicate that sometimes students acknowledge the contribution to their professional development by Registered Nurses who have taught and supported them by simple gestures of appreciation.

...I think as a general rule we’re pretty supportive of students. I know that the ones that I’ve been involved with in emergency I’ve had a couple of them, and this is a few years ago now, have come to me and thanked me or send a note to the department thanking everyone for the support they’ve got (Participant 12).

And we – we see that because we get cards from students to say our experience with you was fabulous. Or what's the word? What's the word they use? It's awesome. But that's what – that's what they say. So, so I honestly I think we're doing the right thing. I think we're doing the right thing because we get these accolades back from the students. They don't have to send us cards. They don't have to – some of them go over the top, buy chocolates and whatever and that's lovely (Participant 15).

Ensuring the next generation of nurses is skilled was identified as the rationale for why some of the participants felt they have a professional responsibility to teach and support students during their clinical placements. Some of the discourse pertaining to this belief includes:

Why the responsibility to look after the student? Probably because we’ve got to have a succession plan and as nurses like myself are getting older we
have to have younger people coming through and if we’ve got strong values I think we have to actually pass those on to the students so that in the future we’ll make nursing a stronger profession (Participant 6).

Yeah and I think that as registered nurses we have a responsibility to the next generation of nurses coming through as well (Participant 10).

...it makes you think well we’ve got a lot of older nurses out there and if we’re not supporting the younger ones coming through then we think we’ve got a nursing shortage now, what’s it going to be like in 10-years’ time when all of those -- the other end of the baby boomers all needing, or that hospital care as well? (Participant 10).

Yeah. That’s the nature of our business isn’t it? We always have to teach the ones coming up (Participant 12).

Similarly, Participant 4 stated:

Well because if we don’t look after the workforce that’s coming through there won’t be a nursing workforce (Participant 4).

Participant 4 went on to describe a professional sense of responsibility to the future generation of Registered Nurses:

....it’s also a professional responsibility. To, to treat our up and coming new members of the profession in the right way (Participant 4).

Some participants indicated that they should provide professional development to
nursing students and be involved in teaching and supporting them on their clinical placements to ensure that they (the Registered Nurses themselves) are cared for properly when they require care as a result of aging or illness. Participant 12 said:

But at the end of the day -- I guess if we don’t do it -- If we stick our noses in and say oh I can’t be bothered with these students it’s too hard, we’re going to be on the receiving end of that at some point possibly, so, I’d rather know that I did what I could (Participant 12).

Likewise, Participant 15 indicated that they had heard other Registered Nurses mention they were being supportive of students and contributing to their professional development to ensure that the students were competent and could care for them (the Registered Nurses) if they later required nursing care.

A lot of nurses of my vintage or getting up to my vintage say that they're looking after the students so that hopefully the students will look after them in the right way (Participant 15).

Another reason for providing professional development by teaching and supporting nursing students was again the notion of wanting to do the right thing but this was related to the team. Educating a future generation of Registered Nurses that were reliable and could work well within a team was identified by participants as being important. An illustration of this follows:

Because we’re all part of the team. We’re all part of the team and we’ve got to work in together (Participant 2).
Learning in the clinical field was considered by participants as being different to the type of learning that took place within universities. The following quote is an example of this. The participant believed that what students learnt from Registered Nurses whilst the students were in the clinical environment had the potential to shape the sort of Registered Nurses the students would finally become. There was also the perception that universities could not cover everything within their curriculum:

“Well you can’t expect the uni’s to teach them everything they need to know. And that coming to a clinical setting, it’s a completely different environment for them. They have to learn that from us as so we can -- we can have an impact on those students and how they turn out as a registered nurse and how they’re going to fit into the workplace (Participant 12).

Participant 9 described this from the perspective that providing professional development to nursing students by teaching and supporting them on their clinical placements ensured that future colleagues were dependable and collegiate:

*I want people I can work well with* (Participant 9).

**Personal**

As outlined, participants indicated that they felt they had a professional responsibility to provide professional development to nursing students by teaching and supporting the students during their placements. When probed about this during interviews, the participants specified that they had personal beliefs that made them feel like they
should, as professionals, teach and support them when they are on their placements. Some of the responses from further probing about why they felt they had a responsibility to students on clinical placements were as follows:

*It comes from my own thoughts* (Participant 5).

*Oh, no, no, no, no. No, no, not just -- I personally believe it* (Participant 8).

The following participant felt that teaching students and supporting students’ professional development for the profession of nursing was a Registered Nurses’ responsibility. This has been sorted into the theme ‘personal’ because the belief was based on the participant’s personal feeling.

*And just to -- for the profession and I feel that it is part of our responsibility to help a student or teach a student or make sure that they’re getting some decent experience while they’re in the clinical areas* (Participant 11).

Some participants considered providing professional development to nursing students by teaching and supporting them on their clinical placements was simply part of a Registered Nurse’s job:

*Part of your job. I just don’t know how to emphasise it to people to say that yes it is part of your job, you’ve got a student. I just don’t feel that we’re actually giving that Registered Nurse [who has the student] the education and support to do it* (Participant 7).

*I guess part of their job is to. I don’t know. I was a student nurse, that’s*
what you need the Registered Nurse to do (Participant 1).

When probed why this participant believed Registered Nurses were responsible for teaching and supporting nursing students on clinical placements, the response was:

*Yeah, I’m thinking, I -- well I believe it’s our responsibility as trained nurses with years of clinical experience to pass on that knowledge to the students. So that’s our responsibility* (Participant 12).

Participants expressed that they should provide professional development to nursing students by teaching and supporting them during their clinical placements because it was *the right thing to do* personally from an ethical and moral perspective. The following participant believed that providing professional development to nursing students was inherent within a Registered Nurse’s role. When questioned why they felt this way, the response was:

*I think it’s an ethical and a moral issue* (Participant 6).

Participants were asked whether there was anywhere in the nursing guidelines or nursing competency standards that stated that Registered Nurses have a responsibility toward students. Overwhelmingly the response was ‘no’ and that the sense of responsibility towards students was inherently based on moral values.

*No I think it just comes down to your moral fibre actually.* (Participant 13)
Participant 13 then provided an example of how they supported a student from a moral perspective. The participant was concerned about a student catching a train home after a late shift and felt that they had a moral obligation to get the student’s shift times changed so the student did not have to catch a train home late in the evening.

*I think that’s probably just morally something that I felt that you needed to do and it turned out that the facilitator arranged that their start and finish times were altered so even though she was still leaving at half eight, nine o’clock I think her train home that was better than a quarter to eleven* (Participant 13).

Registered Nurse participants were invited to respond to the question of who they believed was responsible for teaching and supporting pre-registration nursing students undertaking clinical placements in healthcare facilities. Participant 1, 5 and 8 responded respectively:

*The nurse looking after the student* (Participant 1).

*Well I think everyone that works with them really. That’s my feeling* (Participant 5).

*Well I guess I am yes* (Participant 8).

The sense of responsibility this participant felt towards students stemmed from their personal beliefs of life in general:

*But I guess -- I guess it’s just the way I think about life in general though. I*
mean if you’ve got certain skills then you pass them on. You don’t just keep them for yourself. That’s just how I feel about life in general (Participant 5).

When asked about what the role of the Registered Nurse was in relation to the nursing student Participant 15 described it as supervision.

Supervision. They have to – they must supervise... (Participant 15).

All participants expressed that they believed that as Registered Nurses they had a responsibility to teach and support nursing students during their clinical placements. In their responses they expressed that their sense of responsibility towards the professional development of nursing students were derived from personal beliefs.

I absolutely think it’s part of our role (Participant 1).

All of us. We’ve all got a responsibility to look after them (Participant 2).

Once they arrive on the ward it actually is the wards responsibility to nurture them, to supervise them and to inform them in how a ward runs and how it works. It’s the ward staffs responsibility. It really is (Participant 3).

Well whoever -- I mean they’re responsible for their own learning to a point but you’re still responsible for the teaching, the quality of the teaching and the quality of the time that you give to them (Participant 5).

Well my personal view is it’s up to the nurse to whom the student is allocated or it would be up to the service to accept that nurse, so basically the nurse who the student is allocated to (Participant 6).
So it’s up to that registered nurse on the floor to basically support that student, teach that student (Participant 6).

This participant described a collective responsibility toward students:

... as far as being responsible for the student’s wellbeing, psychological safety, all that sort of stuff, it’s everybody who is involved with the student. And as far as assessment pieces go, it’s generally the registered nurse who is supervising the student and ultimate responsibility then goes to the facilitator if there’s a facilitator attached. If there’s no facilitator attached that remains with the registered nurse (Participant 4).

Similarly the following participants also echoed that providing professional development to nursing students on clinical placements is a collective responsibility. They described a shared responsibility to teach and support students on clinical placements:

Oh I think everybody that they work with. I mean the registered nurse... (Participant 7)

Well I think all the staff on the floor (Participant 9).

I guess it’s everyone to ensure that they get their -- the experiences they need. I know we allocate them to staff and [the university name]... at the moment are -- we have like a preceptorship model where they’re teamed up with one or two staff on that floor they work with, and -- but the other universities, we try to team them up with the more senior staff on the day (Participant 9).
Participant 11 described how they believed all Registered Nurses had a responsibility to be involved with nursing students’ professional development.

...it’s every registered nurse’s responsibility to have something to do with the students... (Participant 11).

So I think it’s a bit of a two way street. It’s -- yeah I think everybody in the clinical setting is responsible for those students and to see that they’re doing the right thing, that we are supporting them, that we don’t let them flounder, yes... I think yeah we do have a responsibility to guide the students and help them. We do influence their practice (Participant 11).

Participant 12 also indicated a personal sense of responsibility toward students:

I guess that goes back to why we feel we’re responsible for them. We feel as though we really have to teach these guys how to do the job (Participant 12).

Overwhelmingly all participants indicated that they thought it likely that all Registered Nurses had a sense of responsibility for nursing students. Within this overarching sense of responsibility, some participants indicated that they had particular responsibilities. Participant 13 described this in terms of good nursing practice and how this also links to student safety.

I think from my personal perspective I would say yes, and just for the time of the shift but as I said it’s to show how there’s best practice and how to do things properly. And so it’s the nurses responsibility to make sure that she is actually doing best practice because obviously there are some around that are not and -- but I think just from my own personal point of view I would say that if I am working -- that if a student nurse is working with me then I am responsible for her safety as well to make sure that she is doing things
properly like either we’re taking out drains to make sure she’s got the proper personal protection gear on and that was the goggles, gloves and for looking after any infectious cases to make sure that she follows the procedures and policies, don’t just go in. So that’s where I think my responsibilities are (Participant 13).

An analogy between the responsibilities that a school teacher has towards students and the responsibility that Registered Nurses have to nursing students was made by the following participant:

*I think its -- I mean I suppose it’s like when you see a teacher at school they’re responsible for the welfare of the child because they’re actually ensuring the safety of that child -- you’re entrusting that child into the school where they’re going to be responsible* (Participant 13).

Participants suggested that both the Registered Nurse and the healthcare facility have a responsibility to provide professional development to nursing students who are on clinical placements.

*I think in some ways we have a responsibility whilst they’re on the ward. They’re asked to do things that their facilitator is overseeing their placement on the -- in the hospital and is responsible for them as well. I think it’s a bit of dual responsibility* (Participant 13).

From the participants’ voices it is evident that the sense of responsibility towards nursing students was derived from a ‘personal’ belief. Participants personally believed that they had a responsibility to teach and support students during their clinical placements. Next the theme ‘organisational’ will be explained.
Organisational

The theme ‘organisational’ relates to health care organisations having policies in place relating to Registered Nurses being required to provide professional development to nursing students by teaching and supporting them on their clinical placements. Some participants demonstrated an awareness of Registered Nurse job descriptions within their place of employment that specifically stated that one of the requirements of the Registered Nurses within the organisation was student supervision.

And also on a professional level as part of our performance criteria. Built into the job description (Participant 8).

The following participants reflected on some of their organisational policies in regards to supervising students. The awareness of policy made these participants feel a sense of responsibility to provide professional development to nursing students by teaching and supporting them during their clinical placements.

Its organisation policy, so all the staff members are aware of that policy (Participant 15).

Because we have a professional responsibility but the organisation also tell us that we do (Participant 8).

Participant 14 described that their organisational policy clearly stated that Registered Nurses are required to provide clinical support and education to nursing students on clinical placement.
Very clear. We also give them support so they also have clinical supervision access to our nurse educators to have any supervision, to support them when they’re supervising the graduates or students or post graduate students (Participant 14).

There was evidence that some facilities incorporate the requirement for Registered Nurses to provide professional development to nursing students into the Registered Nurses’ yearly appraisals:

Well in our job description which we get evaluated every year I guess, or get our performance appraisal done, that’s part of that. Just the same as looking after a patient, taking students is seen as part of your professional practice (Participant 8).

According to Participant 4, policies within the organisation direct how to treat others. Students were considered as staff members within this particular policy and therefore the Registered Nurses’ attitude toward nursing students doing their clinical placement experience was expected to be professional.

The registered nurse does too and its part of the usual -- from what I’m aware of the usual organisational policies and procedures about how to behave with other staff members, with patients, with other people in the organisation (Participant 4).

Participant 4 continued on to explain that nursing students were treated as staff members:
They’re treated as potential staff members (Participant 4).

There was also some awareness of contracts between organisations (universities and health care facilities) that made participants feel responsible for the professional development of nursing students on clinical placements.

Like they basically -- the general service is a contractual arrangement with -- where the University is at a high level with the universities and with [organisation name], to provide placements for students. So therefore as an employee of [organisation name] it’s our responsibility to fulfil that contract (Participant 8).

From these voices, it is evident that some participants were aware of specific organisational policies in their places of employment that embedded the expectation of supervising students into the role of the Registered Nurse. Being aware of this sort of policy made the participants feel responsible to teach and support them during their clinical placements.

The element ‘sense of responsibility’ had three themes which were; ‘personal’, ‘professional’ and ‘organisational’. The participants felt a strong sense of responsibility personally, professionally and organisationally towards providing pre-registration nursing students with professional development by teaching and supporting them on their clinical placements and this was demonstrated in some of the direct quotes from the participants. The following discussion describes the element ‘an added extra’.
An added extra

A reoccurring concept that emerged which became an element was that participants believed that providing professional development to nursing students by teaching and supporting them during their clinical placements was as ‘an added extra’ to their normal daily duties. This element was informed by three themes; ‘time’, ‘workload’ and ‘wanting recognition’. A diagrammatic representation of the element labelled ‘an added extra’, and its associated themes ‘time’, ‘workload’ and ‘wanting recognition’ is offered in figure 13.

![Diagram](image)

**Figure 13: An added extra**

Time

The theme ‘time’ refers to the participants declaring that the act of providing professional development to nursing students by teaching and supporting them on their
clinical placements takes ‘time’. It was articulated that participants would specifically spend extra time with students in order to teach and support them. Participants elaborated upon this when probed, and described how students would spend longer undertaking set tasks, and as a result of this, they would therefore utilise extra time of the participants. Participants expressed that they wanted acknowledgement that providing professional development to students by teaching and supporting them takes extra time and indicated that they [the participants] would like to be allocated less of a patient work load to help them to be able to teach and support the student.

When you’re explaining things to them, things relating to medications or procedures, it does take more time. For example if we’ve got to put in an IVC we know what we have to get, we just get it, we do it. With a student you have to walk through them step by step. So it can add an extra 20-minutes or 30-minutes to that procedure time (Participant 9).

When you are doing your teaching and your skills you go a little bit slower so that you might be demonstrating it to the students, when there may be actually taking that skill on board and trying it themselves, you’re going to go a little bit slower but they are teaching moments as well (Participant 10).

And trying to give -- I mean you might be able to do something fairly quickly but the poor old student when they’re learning, they’re learning. So it will take twice, three times as long...And if your time constraints are really limited that makes it hard. Where I am now, I mean our time constraints are still fairly -- we’ve got a certain amount of time we can really allocate to all of our patients that come through and that can change (Participant 5).

Participants 1 and 2 had similar reflections about the additional time required to provide professional development to nursing students. They reflected on how teaching and supporting students takes up their time.
Teaching takes a lot of time especially if you’re going to go into a little bit of the pathophysiology and a lot of our work now and our own education is leading more towards care of the deteriorating patient. So if you’re teaching that, that takes time (Participant 1).

Because having students does take up time. You’re explaining medications or how to give medications or why you’re giving medications, whereas if it was just you on your own you’d just go in and give them. You know why you’re giving them and when they’re due and why they are due then. But when you’ve got the students with you it does take you that little bit extra time to go through and do it (Participant 2).

Having time to dedicate to teaching and supporting nursing students during their clinical placements was described as difficult because of workload demands. Checking on students’ professional development was particularly challenging because of workload constraints:

And I know that you should go back and find if they’ve absorbed what you’ve learnt – if they – how they repeat it to you is how they – how they’ve internalised it. Well, it’s not easy to go back and revisit that especially when you’ve got patients here that do different things every minute of the day (Participant 3).

Trying to teach a student a clinical skill can make a nursing task take twice as long to do. This was described by Participant 8.

You know because you’re -- you can’t go and do for example, you can’t go and do a syringe driver with another RN, which, like for example, today I’ve done five of them. They take me on average 5-10 minutes, but with a student it can take you 25 minutes, because you’re actually getting them to draw up
the drugs, talking it through with them, explaining even which way you do it, even how to draw something out of an ampoule and -- so it can take you 25 minutes to do that, talking all the time and you know encouraging and yeah that’s right (Participant 8).

There were suggestions that the extra ‘time’ involved in providing professional development to students by teaching and supporting them during their clinical placements should be factored into a Registered Nurse’s workload. Participant 7 suggested that if a Registered Nurse has a student the employer should allow a workload allocation for a portion of that day to allow them extra time to teach and be supportive of the student’s professional development.

Well more time as in -- yes, cut out -- if we’ve got a student cut our workload down but yes there’s no fun in and compensate that, but yes, if they cut the workload say for example say if I’ve got 8/9 hours work, why can’t I just have 4 and 4. 4 hours like we do when we’re co-ordinating a shift, 4 hours clinical, 4 hours admin, why can’t the 4 hours admin be for students (Participant 7).

There were suggestions from other participants that Registered Nurses be allocated extra time in their day to be able to provide professional development to nursing students because teaching and supporting students takes time.

I think there needs to be time given for anyone that’s preceptoring to be able to do that with the student as opposed to the way that we do operate, it’s like okay, [NAME] you’re having the student today and you’re going, you don’t know what their skills are. So then you’ve got to start from the beginning as far as you’re concerned, because you haven’t seen them do anything. Does that make sense? (Participant 10)
I think that in the workplace when the students are there we need to be able to allocate time to them -- for the facilitators (Participant 2).

Extra 'time' was required when participants felt that perhaps the student didn’t understand the procedure they had just finished.

I can’t -- if they say, “look what are you talking about I don’t understand it?”. I say right, well let’s go here and find out here’s this --, things to be alert with this particular illness and there you go. But if they don’t speak up you can’t do it. Yes, but they’ve got to, they’ve got to talk up. They’ve got to know what they’re up to. I don’t have time to see if they’ve understood what I’m teaching them, they’ve got to -- they’ve got to speak up about it because it’s a whole new field really for them (Participant 3).

It was suggested that the act of providing professional development to a student by teaching and supporting them equates to around two hours of a Registered Nurse’s time on a given shift.

Unfortunately though I think it comes back to staffing sometimes and availability of staff. They just don’t have the two hours to give you to spend with the student, just to take that extra time out to explain why something’s done this way, or even if it’s to debrief with them something’s that happened on the ward that they’ve had trouble grasping or it’s been traumatic for them whatever (Participant 2).

An important part of providing professional development was demonstrating a skill to a student. Participant 10 indicated that taking extra time to demonstrate a skill was beneficial to the student:
Oh definitely. I mean sometimes yes, when you are doing your teaching and your skills you go a little bit slower so that you might be demonstrating it to the students, when there may be actually taking that skill on board and trying it themselves, you’re going to go a little bit slower but they are teaching moments as well (Participant 10).

Taking time to provide nursing students with professional development by clinically teaching them and being supportive of their learning was described by Participant 15.

And like you often – like if I take the time to take a student say come with me, I’m doing a dressing or doing a catheter or whatever you know, they are very appreciative of what you teach them (Participant 15).

Time also impacted on students’ overall clinical learning experience because sometimes Registered Nurses had to adjust the amount of hands on experience the students were getting because of time constraints.

Yes like we’re cutting them -- we’re only giving them one or two meds, getting them to do one or two because there’s no time (Participant 7).

Overwhelmingly participants expressed that providing professional development to nursing students by teaching and supporting on their clinical placements takes up the Registered Nurse’s ‘time’. Participants verbalised that because students take up their time, they [the Registered Nurses] should be allocated extra time in their workday if they are allocated a student. Next the theme of ‘workload’ which is related to the
concept of ‘time’ will be examined.

Workload

Participants considered that provision of professional development to nursing students by teaching and supporting them on their clinical placements was something in addition to their regular workload. ‘Workload’ and ‘time’ are closely linked as some participants indicated that the extra workload they considered to be associated with teaching and supporting a student should be compensated by being allocated a smaller patient load on the days that they were given students. Despite some similarities, workload and time differ in that one is about the concept that providing professional development to nursing students takes extra ‘time’, and the other is about how to equate the time that providing students with professional development takes, into the Registered Nurses’ ‘workload’.

Participants 1, 2 and 8 summed up their thoughts with the following statements:

*I don’t think we should have to have a full patient workload and a student-absolutely not* (Participant 1).

*When I worked on the wards sometimes it could be really hard because you’d get -- you’d just seem to be overwhelmed sometimes with the work that -- the work demands plus you’re trying to teach at the same time* (Participant 2).

*So, if you’re doing that and then you’re going on to the next procedure that*
you might be doing or the next thing, or debriefing, you might go and talk to a family that has a dying -- well the family of a dying person, so you’re dealing with that and then you come out and the person’s -- the student can may be see -- some of them have never seen a dying patient. So then you’re talking that through. So by the end of 8-hours you haven’t just done your 8-hours work, you’ve also done 8-hours of coaching. So to -- you have to be fair to the nursing staff. They are on shift work, they are carrying a heavy load and they’re also having students (Participant 8).

This participant considered providing professional development to nursing students by teaching and supporting them as an addition to their workload but did not view the extra workload as a hindrance.

Yes it does. We always had student nurses when I trained so I couldn’t draw from that experience, it was always first, second and third year nurses on the ward and if you were a second year nurse you looked after the first year nurses. If you were a third year nurse you looked after the rest. So, yes it does add to your workload but I wouldn’t say in a negative way (Participant 12).

Even though Participant 1 stated they were “happy to have students,” they did however feel that workload need to be adjusted if a Registered Nurse was to absorb the perceived additional workload.

Absolutely happy to have students. Really need to look at the workload if you’re given a student (Participant 1).

This participant described how teamwork was used as a way to decrease the perceived ‘extra load’ of having a student. Students at this participant’s facility were shared
amongst two staff members on a shift so ultimately the onus of providing professional development to the students and teaching and supporting the students did not fall on just one Registered Nurse.

Because I mean it’s an extra load when you’re trying to teach and it slows up your work process, but we try because what we tend to do where we work, we usually work in teams, there’s two of us at either end. Like we’ve got usually 10 patients and we might get to 20, sometimes depends on how many hours for each patient, but we could get 20 say on a really busy day 28 patients going through in a day, and we work in a -- there’s usually 4 of us on the floor well we work 2 of us together either end and if we’ve got a couple of students well one student one end and one student the other and then we’ll work together so that it tends not to just fall on one person all of the time. A lot of it depends on who’s having what and that sort of thing (Participant 5).

The statements below by Participants 13 and 15 reinforce the notion that teaching and supporting nursing students on clinical placements was considered ‘an added extra’ of the job and increased their workload.

Because you’re trying to motivate them as well as doing your own job and keeping an eye on your own patient load and that sometimes can be difficult but we get on (Participant 13).

...think it's an added extra, yeah (Participant 15).

A level of stress was expressed related to having a set workload to manage and then ‘on top of this’ trying to provide professional development to nursing students by teaching and supporting them.
You don’t have that time to stand back which is probably where my anxiety comes from wanting to do it for them and wanting them to make that connection a lot faster...You know instead of being able to stand back and let -- just watch. I want to do it for them because I still know that I’ve still got X, Y and Z to do and this is only T (Participant 1).

There was mention that some organisations have work processes in place to make it easier for Registered Nurses to provide professional development to nursing students:

*I actually think it’s easier [to supervise students] where I work now than when I was working in the wards because our work structure is different* (Participant 5).

It follows that workload, in general, impacted on a Registered Nurses capacity to assist nursing students to have ‘hands on’ clinical experiences.

*I think it’s related, that’s just my opinion that I think people’s ability to relate to the students and teach them well has really got a lot to do with the workload issues on the ward... Then they really struggle to slow down enough to allow the students. It becomes, rather than allowing the students to do stuff, to practise, they’re forced into a situation where it’s kind of like, oh just tag along after me and watch me. You don’t learn doing that very much, you’ve got to stay in there, you’ve got to do it yourself* (Participant 5).

As described by participants, students were perceived to be an added extra to a Registered Nurses ‘workload’. Part of the notion of students being ‘an added extra’ to their ‘workload’ was the theme ‘wanting recognition’.
Wanting recognition

‘Wanting recognition’ informs the element of ‘an added extra’ because participants indicated that providing nursing students with professional development by teaching and supporting them during their clinical placements was considered ‘an added extra’ to their work and accordingly they wanted recognition for the extra work, time and effort they put in when they contributed to students’ professional development. Participants desired receiving recognition for having a student. Some participants indicated that they would like recognition for their efforts with students as a way of saying ‘well done.’ Rewarding Registered Nurses for doing a good job of teaching and supporting students was considered good incentive.

You’re always going to get a few rotten eggs, but if you reward the people who are doing it really well I think that’s the key (Participant 4).

Participants suggested that acknowledgment was sufficient recognition and that they were not after monetary payments or gifts.

I think especially if they’re allocated a specific student for the whole duration and that student works the shifts that they work, I think there should be some -- it doesn’t have to be big recognition, but just a certificate to say that they have preceptored the student, or mind you the students are often recognising the staff they work with anyway...But, yes I think they do, they want recognition that they are doing this and I don’t think it’s so much monetary or like a gift or anything, just to be acknowledged that that’s what they’ve done...and you hear it when you’re in senior meetings and things -- the discontent or the concerns that staff raise so -- and in senior meetings
you tend to hear the same recurring theme as well, and it is things like you know we just want to be given some recognition that we are doing this with our students and especially when there’s some that don’t have students at all, so it’s -- the recognition thing I think is a big thing that staff -- and it would encourage staff to do it more often I think (Participant 9).

The researcher probed the notion of a receiving a certificate as a form of acknowledgement in order to clarify whether if a certificate would be considered an adequate form of recognition. Participant 9 responded:

Oh definitely. Just something that I can -- and more so for -- if you’re regularly doing it, I think it’s more so for career advancement, you can go well look guys I know it’s part of my job to do this, but look I’ve done this and I’ve done it well (Participant 9).

Echoing similar sentiments Participant 7 mentioned issuing of certificates as a reward for Registered Nurses who have been done an exemplary job with students.

Oh, I think we should be rewarding them like where I am one way I couldn’t -- at the end of the day funding was the biggest thing, how do we reward and now it’s like, okay, well we’ll give them a certificate to say yes, all these names were -- we give them a survey at the end of their -- say their prac and say okay you tell us who were outstanding members. So they jot all these names down and then these registered nurses would just get -- a certificate would be sent to the Ward just with their names on one piece of paper, but I think at the end of the day they should be rewarded with a really nice sort of certificate saying look, outstanding contribution to undergraduates placement (Participant 7).

Participant 7 continued on to describe the benefits of seeing someone’s name on a
Participant 15 mentioned what other participants had said by also suggesting that Registered Nurses want some sort of recognition when they have provided professional development to nursing students:

A lot of people – I think you just said the right word there, a certificate or a piece of paper to say that they have participated in a programme with the students (Participant 15).

Lastly, Participant 7 was adamant that Registered Nurses should be rewarded for their contribution to nursing students’ professional development:

And even some sort -- even if it was a pen or a notepad or something, but I hit brick walls with some -- who’s going to thank them for it at the end of the day, but at the end of the day the registered nurse has to be rewarded (Participant 7).

From the findings it is evident that while the participants considered teaching and supporting students on clinical placements as ‘an added extra’ to their workload they were still motivated to do so by a sense of ‘personal’, ‘professional’ or ‘organisational’ responsibility. Participants indicated that teaching students takes extra time and that they would like to be recognised for the extra time and effort involved when they teach...
and support students. Despite this they still considered providing professional development to nursing students by teaching and supporting them during their clinical placements was *the right thing to do*. Next the element ‘choice’ will be explored.

**Choice**

The element entitled ‘choice’ emerged from the notion that some participants considered it acceptable to choose not to be involved in the professional development of nursing students on clinical placements. Participants felt they should be able to say ‘no’ to having a student, dependant on the circumstances. The participants indicated that a colleague may be excused from teaching and supporting a student if a viable reason is given. Further, participants felt that not contributing to the professional development of nursing students by a select few is not only tolerated but preferable as they were considered unsuited to teaching students. The themes that inform the element ‘choice’ are: ‘unsuited to teaching’ and ‘respecting peers’. Figure 14 provides a visual depiction of this element and related themes. The following discussion elucidates these two themes.
Unsuited to teaching

The data under this particular theme indicated that it was generally accepted by participants that some Registered Nurses were unsuited to teaching students. In fact, it was highlighted that some Registered Nurses are practically excused from having to provide professional development to nursing students because of the Registered Nurse’s perceived lack of ability to teach.

Participant 1 stated:

...we shouldn’t let them near the students at all because some people have a
Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: The theory of Doing the Right Thing

gift for teaching and others don’t and that’s not fair on the student either. One person--you know they’re just--they get on a soapbox and they just say, and don’t and do and don’t and do and I just think, Oh my God you’re going to ruin that kid (Participant 1).

Likewise, Participant 9 was of the belief that it is better if students are placed with those Registered Nurses who want to teach students.

I think it’s better for the students if they’re placed with someone who wants to teach them, rather than someone who sees them as a major burden and really don’t want them there. You still try to get the staff to have students and sometimes they don’t have a choice, but feedback I’ve heard from students is they often have better experiences with the staff that want to teach them (Participant 9).

When probed further whether it is acceptable for Registered Nurses not to want students Participant 9 responded:

I don’t think it is fair for their colleagues, but you also have to weigh up if you gave them a student, how, what the experiences the student is going to have. I would rather tee them up with staff that would like to teach rather than staff who just go yeah, no not interested, don’t want to know about it, but at the same time they do still have a responsibility to these guys (Participant 9).

Sometimes there was overt acknowledgement that some Registered Nurses are simply not suited to teaching and supporting students.

Yeah, no. She’s just, yeah. I love her to death but as a student I would not want her as my preceptor. And she’s too old to look at her own self and say “Hey, they might actually take me the wrong way”, or, “Hey I can be a
little bit abrupt maybe I need to change how I interact with people.” You’ll never change her now. It’s too late. So I said we need to evolve people out (Participant 1).

There are – there are some older RN’s that you – that you wouldn't want looking after students because they've got bad habits and there's still a few of those around and like those sorts of people are more easily managed nowadays because you've got better guidelines for managing people that do the wrong thing (Participant 15).

There was also an indication of empathy for those Registered Nurses who really are perceived as not being comfortable with the concept of teaching students.

Yes, I know some people, yes, some people are really put off by it. They are just not comfortable doing it (Participant 2).

There was a sense of perhaps some Registered Nurses forgetting what it what like to have been a student.

I guess but then they seem to forget where they’ve come from. I don’t know what it is (Participant 4).

Another participant indicated that some Registered Nurses were disparaging and harsh to students.

But sometimes they're more critical of the students. So, like more destructively critical of the students (Participant 15).
According to the following participant, some Registered Nurses are simply not keen to have students while others can suffer from burnout.

"...but you’ve always got somebody who is not that keen on students and I think you’ve also got to -- you’ve also got to reveal and be mindful of well, being aware of who’s had students and not burning them out as well" (Participant 8).

Job related burnout from nursing in a holistic sense is well documented (Melvin, 2015). The concept of burnout in relation to teaching and supporting students was highlighted by participants. Participants indicated that burnout could cause Registered Nurses to become unsuited to teaching students. Some participants expressed feelings of being weighed down when they are expected to provide professional development to students and to teach and support them on an ongoing basis. Some participants acknowledged that although they enjoyed teaching and supporting students, they were susceptible to burnout from continuously having students.

"So if you’ve had say a student Monday to Friday for a week and you’ve given your heart and soul into it, and then the next Monday you’ve got a start all over again with a new student, eventually if you’re not carefully you’ll burn that person out" (Participant 8).

"And there are times when I know myself I’ve gone, Oh my God, not another student for goodness sake" (Participant 9).

"So we’ve never had anybody who doesn’t want, but maybe we get a bit jaded about having the students because it just seems to be that week after week after week there’s a new lot of students coming in or we just have some that are there for 4-weeks, they go, then the following -- we get
another lot of students and sometimes you know, I mean it’s good for us as it keeps us on our toes and makes sure that we’re kept up to speed and fresh about policies and doing the right things, don’t get into bad habits, but sometimes you just wish you didn’t have someone with you because it can be very draining especially if your shift is very, very busy (Participant 13).

One participant mentioned that having students is akin to having a houseguest. This analogy closely links the concept of having a student as ‘an added extra’ that can ultimately lead to a feeling of burnout.

I think again because we get the students so often and we appreciate that it’s a teaching hospital, I think it’s nice sometimes to actually just do your own work and have your own pattern. I mean it’s like when you have visitors in your own home, you accept them in your own home for a few weeks but it’s nice when they go and you can get back and get in your own routine. And I think that’s the same for the staff as well...I had my mother in law stay with me for six months so -- but yeah it’s just -- I think it’s just -- you don’t get that ohhhh, the students are here again. It’s -- I think it’s probably better for the students as well that you have a break and then you come back and you’re ready to teach again rather than -- I’m sure even teachers must think-- Oh I don’t want to go in today I’ve got that class again or whatever you know (Participant 13).

It was expressed during interviewing that for personal reasons sometimes participants just did not feel like having a student for the day. The following participant felt that they should be able to safely verbalise and express these feelings to their colleagues.

If I’m really ragged and I can’t -- and I know that I haven’t got perhaps as much patience or I just haven’t -- I’m not thinking as clearly as I’d like to, I’d always say that to my colleagues and I say look maybe not today, maybe today’s not a good day for me to do this. And we’ve talked about that as well at times because it’s not fair on the students if you try and take on that responsibility and then you’re not ready for it and that poor student will go
home at the end of the day and probably think to themselves right, I don’t really want to do this again (Participant 5).

There was suggestion that perhaps there were days when it was beneficial for the student not to be with a particular Registered Nurse.

It’s a tricky one because there are days where you might be better off not having a student and the student might be better off not being with you for that day (Participant 2).

In brief, participants explained how some Registered Nurses are simply ‘unsuited to teaching’ students. It was described how Registered Nurses sometimes suffered burnout from constantly having students. Participants explained how burnout from constantly having to teach and support students during their clinical placements could make a Registered Nurse be unsuited to be teaching students. Participants expressed it best not to allocate students to those Registered Nurses who are ‘unsuited to teaching’ students.

Another theme that emerged that informed the element ‘choice’ was ‘respecting peers’.

What follows next is a discussion on the theme ‘respecting peers’.

Respecting peers

‘Respecting peers’ is about some Registered Nurses consciously choosing not to provide professional development to nursing students and participants believing that the practice of individual Registered Nurses not being involved in student learning as being generally accepted. Participants indicated that they respected their peers’ decision to not
provide professional development to nursing students by not being involved in teaching or supporting them when they are on clinical placements.

In the scenario below, depicted by Participant 7, the nurse in charge would vindicate that it is acceptable for a Registered Nurse not to be allocated a student. This is slightly different from the theme ‘unsuited to teaching’ as this theme is related to Registered Nurses’ acceptance of other Registered Nurses choosing not to be involved with the professional development of nursing students by not teaching or supporting them on their clinical placements.

So, they avoid -- say for example the person in charge would avoid giving them to somebody that they know that wouldn’t teach them properly I suppose you could say (Participant 7).

Participant 2 indicated that it was reasonable to not want to be involved in the professional development of nursing students. They also described how some Registered Nurses simply do not want to be involved in teaching or supporting students in the clinical setting:

They’ve had students and they just don’t want to do it anymore. They’ve sort of -- well I’ve done my time, I’ve put in the time and it’s my time not to do it anymore, there’s other people that you can ask you know (Participant 2).

Similarly, it was recognised that sometimes Registered Nurses needed a break from students and this viewpoint was generally accepted.
We do need to be able to just have a breath, concentrate on our own practice and then get back into it again (Participant 10).

If you have students for 2 or 3 months and just about every shift you work you’re working with students, mentally it’s draining and sometimes it’s just nice to be able to go, okay I just want to do my work and not have to worry about a student. So yes, I do think they -- and it’s important for them, it’s important for the staff and the student that the staff aren’t becoming -- resentment towards the students, and come to work with the attitude of oh my God I’ve got a student again today (Participant 9).

It was voiced that Registered Nurses should be able to choose whether or not they would like to contribute to the professional development of nursing students and be involved in teaching and supporting them on their clinical placements. This is illustrated by:

So it should still be a choice but you would want to have a -- I would think that you would want to have a good reason for not wanting to be involved as a registered nurse (Participant 10).

Participant 15 stated that not all Registered Nurses choose to contribute to the professional development of nursing students by teaching and supporting them on their clinical placements even though they [the Registered Nurses] are aware that they should.

And you know I think they know it, whether they – whether they embrace it or not is different but they do know that they have to support these kids (Participant 15).
Sometimes participants considered there to be a shirking of responsibility when it comes to providing professional development to nursing students:

Yeah I think for some of them go, oh you know, they go the facilitator is supposed to be doing that, that’s their job not mine type thing (Participant 4).

Even though it was preferable to respect a peer’s choice not to be involved with students it was acknowledged that sometimes there was no choice but to allocate students to Registered Nurses who were not keen to contribute to the professional development of the student.

I mean you have to respect the individual and whether they’re feeling because if they’re not interested in having a student, the student is not going to get anything from it and it’s probably going to even put a student off going back to their second year or – you don’t want them to have bad experiences and if the nurse – registered nurse is not interested and not into it well then you know, I don’t think it’s fair to – that the student has to be submitted to that (Participant 11).

Some Registered Nurses choose to participate in teaching and supporting students more than others:

Some people do more, there’s some people more than others (Participant 15).

Even though Participant 14 accepted that one of the team leaders did not want students,
they were prepared to later investigate why the team leader felt this way.

And so I have got one team leader who has indicated that at the moment this is not -- the conversation was about, we don’t want any students at the moment, and my response was I respect your decision, I’d be very interested to sit down and just hear what is happening at the moment to see whether I can give you any support to prepare for the next round (Participant 14).

In closing, findings from the element ‘choice’ indicates that although there is an inherent belief that providing professional development to nursing students by teaching and supporting them during their clinical placements is part of a Registered Nurse’s role, participants reflected that it was a personal choice whether or not to teach or support students in the clinical setting. The findings from this research indicate that some participants believed that providing professional development to students by teaching and supporting them when they undertake clinical placements to be akin to doing a favour and was something done by choice as an addition to the Registered Nurses’ daily work requirements. There was acceptance that some Registered Nurses are unsuited to teaching nursing students. Furthermore this was justification that Registered Nurses should be able to choose when and if they contributed to the professional development of nursing students by teaching and supporting them on their clinical placements. This was specifically identified by participants indicating that they accepted that some of their colleagues purposefully chose not to contribute to the professional development of nursing students by not teaching or supporting them on their clinical placements. Participants were accepting of their peers’ choice whether or not to provide nursing students with professional development. In summary,
participants indicated there was awareness and general acceptance that it was
discretionary for Registered Nurses to be involved in the professional development of
nursing students and therefore Registered Nurses could choose whether or not they
wanted to teach and support nursing students during their clinical placements. Now the
element ‘nursing standard’ will be discussed.

Nursing standard

Nursing standards are “national standards which are an integral component of the
regulatory framework to assist nurses and midwives to deliver safe and competent care”
(Nursing and Midwifery Board of Australia, 2006, p. 1). The element of ‘nursing
standard’ consists of participants’ awareness (or not) of an external body declaring that
Registered Nurses are responsible for the provision of professional development to
nursing students by teaching and supporting them on their clinical placements. This
element is about awareness of the legislated standard stating that the Registered Nurse is
expected to contribute “to the professional development of others” (Nursing and
Midwifery Board of Australia, 2006, p. 5) including nursing students. Some participants
indicated that they were familiar with the nursing standards and a small number were
able to specifically identify competency standard 4.3. Most participants were unaware
of the mandated responsibility of the Registered Nurse towards the student.

‘Nursing standard’ has two themes: ‘aware’; and ‘unaware’. Figure 15 provides a
visual depiction of how this element and its related themes are connected.
In order to assist in the verification of the theory it was beneficial to briefly review the data from a quantitative perspective. Lin (1998) suggests that quantitative data can complement qualitative data to help to make sense of research findings. Briefly considering the quantitative perspective helped to conceptualise the findings and to clarify what the findings from this research meant. During the semi-structured interviews participants were questioned regarding their familiarity with the nursing competency standards and, in particular, competency standard 4.3 which requires Registered Nurses to provide professional development to nursing students by teaching and supporting them. Thirteen of the participants interviewed had knowledge of the existence of the nursing competency standards. Of these, only three (3) participants were specifically aware of the requirements within nursing competency standard 4.3. Eleven (11) participants were unaware of competency standard 4.3. One participant
presumed that the existence of the concept of competency standard 4.3 existed (see table 11).

Table 11: Graph showing participants’ awareness of nursing competency standard 4.3

The above graph was completed after data analysis and the development of the substantive theory. The development of the graph helped to confirm that there was indeed a general lack of awareness of nursing competency standard 4.3 amongst participants. The themes of ‘aware’ and ‘unaware’ will now be explained.
Aware

The theme ‘aware’ is concerned with having an awareness of the reference to students within the nursing competency standards, specifically standard 4.3 that states a Registered Nurse:

“Contributes to the professional development of others:
• …supports health care students to meet their learning objectives …
• participates where possible in preceptorship…
• participates where appropriate in teaching others including students of nursing…” (Nursing and Midwifery Board of Australia, 2006, p. 5)

Few participants knew about nursing competency standard 4.3 specifically. Being familiar with competency standard 4.3 also meant being aware of the national competency standards for the Registered Nurse.

Participant 7 regularly facilitated students and talked about their awareness of the nursing competency standards as a result.

*Because they’re so easy to understand, they’re just so black and white. There’s no hidden meaning behind it. I just find it so easy to understand at any level like you know, whatever level it may be* (Participant 7).

This participant went on further to say:
That’s how I practice. So when you’re looking at some of those, looking at some of the titles I don’t know, professionalism, and then it’s got say I don’t know ten little dot points within that, I practice with them then I go into collaboration teamwork. I practice within that and I’ve just written a thing on it. The other -- I can’t remember the rest of them. But yes, so that’s what I suppose our -- I don’t know at the end of the day I might call it my rules and regulations or my legalities, that’s my -- that’s what I adhere to, to practice legally (Participant 7).

To probe their understanding of the nursing competency standards more deeply the researcher asked the Participant 7 if there was a reference to nursing students in the standards to which they replied “Yes there is”. Participant 7 continued on to elaborate further:

as far as I know I thought it was just the teaching, showing -- I’m sure it was something about that.. But yes teaching others, acting professionally, professionalism, professional da de da de da (Participant 7).

Again, as a result of probing as to whether there was a reference to students specifically within the nursing competency standards the response was the same from participant 8:

Yes there is (Participant 8).

Participant 8 indicated awareness that providing nursing students with professional development was a registration requirement. They did however refer to the nursing council, yet nursing in Australia is governed by a nursing board, the Nursing and Midwifery Board of Australia.
I’m pretty sure the nursing council states it. I’m pretty sure they -- there’s something to do with our registration too. I’m pretty sure... I can’t -- I’m sure that I’ve read it in those documents too (Participant 8).

And finally to further illustrate the point, Participant 11 suggested:

It’s always, you know, you go to the [ANMAC] stuff, and look at our scope of practise and look at standards and things and in there it does talk -- mention some of those kinds of things... About encouraging or facilitating or that kind of students and that kind of thing (Participant 11).

Findings indicate that only a few participants were aware of the existence of competency standard 4.3 which requires Registered Nurses to provide professional development to nursing students by teaching and supporting them during their clinical placements. Despite their assertions they were aware of there being a reference to students in the standards, participants could not elaborate. Indeed the national competency standards for the Registered Nurse belong to the nursing board (Nursing and Midwifery Board of Australia) not the nursing council. The theme ‘unaware’ will be explained next.

Unaware

The theme ‘unaware’ consists of participants voicing that they were not familiar with the national competency standards for the Registered Nurse number 4.3. Many participants claimed to be familiar with the existence of the nursing competency standards. Being aware of the existence of the national competency standards for the
Registered Nurse however did not guarantee awareness of competency standard 4.3. Some were generally aware of the existence of the nursing competency standards however were only partially aware of the specific content within the standards. Analysis of the data revealed that there were varying degrees or levels of understanding of the content and meaning of the standards. Participants who had little to no understanding of the nursing competency standards were similarly unaware of competency standard 4.3.

Although aware of the existence of the nursing competency standards, the following participant was unable to recall the content of the standards:

“That its gone national -- that we’ve gone national and there’s national standards that we need to -- which I think’s great. I could never understand why each state had their own different standards anyway... But that it is a national, a national standard to be met now when we’re nursing, but what they are -- what each one is I don’t know until I open my envelope when I go home probably (Participant 2).

Similarly, Participant 6 also indicated that they were familiar with the national competency standards. Although they were not intimately acquainted with the standards they surmised that the national competency standards were similar to the national mental health standards. The Standards of Practice for Australian Mental Health Nurses (Australian College of Mental Health Nurses [ACMHN], 2010) do however differ from the national competency standards for the Registered Nurse.

*I don’t know very much about them because I -- well having said that, you see we’ve got mental health standards as well which are derived from the Australian and New Zealand College of Mental Health Nursing. Now both*
sets of standards should actually link in. Plus we also have the national mental health standards which are standards that we have to meet for mental health. Now whenever you look all sets of standards, all sets of standards should actually be -- shoot in the one direction, which they all do. The ones that probably are the most definitive which are broken down the most are probably the National Mental Health Standards. So we follow those and I think by following those then we will follow most of the standards for meeting the ANMC’s competency standards (Participant 6).

Similarly, participant 12 indicated that they had heard of the national nursing competency standards however when asked if they knew what was in the standards their reply was:

_No I haven’t read them, no_ (Participant 12).

Questioned further if they had a vague idea of the concept of the standards they answered:

_I’d have to say no, I’d make it up if I said anything else_ (Participant 12).

When queried on their understanding of the standards Participant 14 indicated:

_Just give me a moment to think. Those standards set that the minimum practice that we require by our workforce_ (Participant 14).

Participant 14 also provided an explanation about AHPRA and spoke about meeting competency standards. Participant 14’s understanding of the standards was only
superficial. Although they had awareness of the existence of national standards, a deep understanding of the actual content of the standards was not evident.

*I mean everybody is registered with the AHPRA, our Australian Registration Authority and within the scope of practice within registered nurses we clearly have an accountability that we all have to meet, clearly about teaching competencies that we all have to meet, we’ve got the national standards that we’ve all got to meet, if you look at all of that, and we then get our most advanced nurses working with other nurses through clinical supervision to get them up to the same level and so yes there are external expectations and external responsibilities that every registered nurse must meet. But we work with them inside our programmes (Participant 14).

When asked if there was a reference to nursing students in the competency standards the participant then responded with:

*I’m just putting myself into supervision when I worked with registered nurses and clinical nurses to bring them up to speed with what was required and I don’t recall anything in students and if there is then I’m not up to date, but I don’t remember doing that when I was working with the workforce...I’m just thinking of the current ones, I don’t remember there being (Participant 14).

Participant 10 expressed that they understood the national competency standards to be:

*A set of guidelines -- well not a set of guidelines, but I guess a set of standards by which we should be practising to cover emotional, ethical competency, like everything entwined (Participant 10)*

*Just standards by which we need to measure ourselves. So I guess for*
example am I practising in a culturally safe way where I'm not discriminating against anyone and everyone is getting the same care (Participant 10)

So they are standards by which govern the -- not necessarily the way you do a technical procedure but the way that you practise holistically (Participant 10).

Although familiar with the competency standards, when probed more deeply, Participant 10 was not able to recall a reference about providing professional development or teaching and supporting students in the national competency standards for the Registered Nurse:

I’m thinking novice type references between being like the novice and experience and stuff like that. Top of my head can’t recall (Participant 10).

Regular engagement with the nursing competency standards was described as by Participant 4 as:

Yes, Yes, I read them quite often (Participant 4).

When probed further about their understanding of the nursing standards Participant 4 elaborated:

So like the domains are like off the top of my head, they’ve got the critical thinking one, then nurse -- the patient care ones and all that sort of stuff (Participant 4).
Some participants displayed confidence in their knowledge of the content of the nursing competency standards in general, however, participants overwhelmingly indicated a lack of awareness of the national competency standard for the Registered Nurse number 4.3. Despite asserting that they read the competency standards frequently Participant 4 was definite that there was no reference to students in the national competency standards.

*It doesn’t specifically state nursing students* (Participant 4).

Participant 9 pointed out that they were familiar with the competency standards.

*You are responsible for your patients even if you are working with someone else and so I do have an understanding of them but I just can’t bring everything to mind at this instance* (Participant 9).

Even though Participant 9 indicated they did have some understanding of the standards when probed to ascertain if they were aware of the requirement to provide professional development to nursing students being embedded within the competency standards they responded with the following:

*Oh not off the top of my head* (Participant 9).

When questioned about whether they were familiar with the competency standards Participant 1 responded:
I don’t think so (Participant 1).

Participant 3 indicated too that they were unfamiliar with the competency standards. They mentioned nurses being overwhelmed with information, saying that there is a glut of information out there and making it “hard to find the important stuff.”

I, I -- honestly I just read so much that comes over the -- oh the computer, or wherever it comes, you know, fliers whatever, it’s hard to remember. The Australian Mid and Competency -- Australia Nursing and Midwifery (Participant 3).

A similar response of not being able to recall a reference to students in the standards was expressed by Participant 3:

I don’t think there was, nothing in that. I can’t even -- I wouldn’t know -- the copies are all at work at the moment (Participant 3).

The statements above were supported by the following comment regarding whether they thought other Registered Nurses were aware of the national competency standards for the Registered Nurse:

I don’t think they do unless -- what I see when people are reminded of it is their performance managed or there’s some sort of issue that they need to -- in some area there’s a fault in or that we need to look at their practice, that’s when they all come out. It’s like when you’re doing something bad or you’re doing something, your practice isn’t where it should be, that’s where I’ve seen it a lot lately and it’s come across in my eyes and also at undergraduate level when you’ve got students, but that’s only when you’re facilitating a group, it’s not when you’ve got one on the ward. You’d never
Although Participant 3 indicated they may have awareness of knowing the national competency standards they were still vague:

*I think I might have done that. Is that a whole pile of paperwork that you’ve got to do?*

Participant 15 said that they were familiar with the competency standards. When questioned whether they were aware of the competency standards stating that Registered Nurses had a responsibility to nursing students Participant 15 responded:

*Off the top of my head I don’t, but there is – there is something there about oh I don’t know what the numbers in the things are but there is something there about responsibility of care for the RN caring for that patient for that day* (Participant 15).

Although Participant 7 claimed they had an understanding of the nursing competency standards they were of the belief that most Registered Nurses had little understanding of the standards.

*I don’t think they do unless -- what I see when people are reminded of it is if their performance managed* (Participant 7).

*No, I don’t think they are. They’re there and we might get reminded at the beginning -- like through university you do as the under-graduate years, and I think if you do post grad study I think that we’re reminded there or*
you’re encouraged -- you need to know them, you need to go find them -- where to look for them, but I think the everyday nurse on the floor whatever level they are, I don’t think they’re -- they know they’re there but they wouldn’t be able to tell you what they’re for (Participant 7).

Clearly there were varying levels of understanding of the nursing competency standards. Even fewer participants had an understanding of the nursing competency standards and were also familiar with competency standard 4.3. In addition, many participants specifically denied any reference to students in the nursing competency standards. Participant 13’s response to whether there was a reference to students in the competency standards was a simple, “No”. Likewise, this participant was of the belief that there were no policies or standards relating to Registered Nurses being responsible for students:

There really isn’t. Not that I’m aware of (Participant 5).

When probed further about the whether any codes or guidelines existed that referred to Registered Nurses teaching and supporting nursing students they responded with:

No, there’s none. The only -- well really when you register the questions they ask you are to do with your own professional... But there’s never any mention of the students at all... I can’t recall anything mentioning ongoing education of people that are working with you...I can’t remember reading anything about students (Participant 5).

Although there was awareness of the existence of the national competency standards for
the Registered Nurse, there was a lack of awareness of the legislative requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements, which is embedded within the nursing standards. From the participants’ voices it was evident that only a few were aware that the nursing standards state Registered Nurses are to teach and support nursing students and that providing nursing students with professional development is a nursing standard requirement. An overall summary of results of this research follows.

**Summary of results**

In summary, findings from this research indicate that the Registered Nurse participants from this study provide professional development to nursing students by teaching and supporting them on their clinical placements predominantly because they perceive it to be the right thing to do. Findings indicate that participants felt ‘organisational’, ‘professional’ and ‘personal’ responsibilities toward nursing students undertaking clinical placements. ‘Professional’ responsibility toward students was underpinned by their own ‘personal’ belief that they have a ‘professional’ responsibility to students. Moreover, participants felt an overwhelming ‘sense of responsibility’ toward students surmising that providing professional development to nursing students by teaching and supporting them on their clinical placements was the right thing to do. Furthermore students were considered an added extra to their work. Participants indicated they wanted recognition (‘wanting recognition’) for the extra ‘time’ and extra ‘workload’ involved in teaching and supporting nursing students. Despite students being considered an ‘added extra’, participants still did what they believed to be the right thing and
provided professional development to students by teaching and supporting them during their clinical placements. The findings show that there was a general awareness of the existence of the national competency standards for the Registered Nurse however a lack of awareness ('unaware') amongst participants of the ‘nursing standard' that specifies Registered Nurses should indeed provide professional development to nursing students. Only a small number were ‘aware’ of nursing competency standard 4.3. Whether participants were aware of competency 4.3 or not they were still engaged in providing professional development to nursing students by teaching and supporting them on their clinical placements, as it was understood to be the right thing to do. And finally, it was perceived by participants that it was an individual Registered Nurses’ ‘choice’ whether or not to teach and support nursing students on clinical placement. Participants respected their peers’ ('respecting peers') decision not to be involved with students reflecting rather that it was the right thing to do to not allocate students to Registered Nurses who were not suited to teaching. Despite the reasons why, all participants believed that Registered Nurses should provide professional development to nursing students by teaching and supporting them on their clinical placements. To conclude, participants were predominantly providing professional development to nursing students by teaching and supporting them on their clinical placements because of the perception that they were Doing the Right Thing. Figure 16 provides a diagrammatic conceptualisation of the substantive theory that emerged from this research, Doing the Right Thing.
Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: The theory of Doing the Right Thing

Figure 16: Diagrammatic conceptualisation of the substantive theory
Conclusion

This chapter elucidated the research findings. In this study the opinions of the participants were sought and analysed, placing their perspectives and voices in the centre. Data analysis revealed a core category the right thing to do which facilitated the formation of a substantive theory regarding the Registered Nurse participants’ understanding of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements. The substantive theory that emerged from this research, is Doing the Right Thing, and describes how the Registered Nurses in this study primarily provide professional development to nursing students by teaching and supporting them during their clinical placements because they believe it is the right thing to do. As per Grounded Theory the substantive theory emerged from the data. The next chapter discusses the research findings and positions them in relation to the current literature in order to substantiate these findings.
CHAPTER 5

Discussion

Introduction

The preceding chapter discussed the findings of the research and how these contributed to the development of a new substantive theory. This chapter continues to build the narrative of this thesis. It considers findings from this research and relates these findings to the existing literature thereby highlighting how this research connects to knowledge which already exists. This chapter achieves this by discussing the substantive theory including the core category, the elements and the themes and how each of these interacts with the existing literature.

The substantive theory

A substantive theory is used to understand a phenomenon that is common to a specific group of people under specific circumstances (Glaser & Strauss, 1967). The substantive theory, developed as a result of this study, explains the Registered Nurse participants’ understanding of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements.

The substantive theory that was developed as a result of this research is: Doing the Right Thing.
The core category

A core category emerged after a lengthy and systematised process of analysing the data, which was explicated in Chapter 4 (Research Findings). The core category of the substantive theory that emerged from this study was *the right thing to do.* This core category describes how all participants overwhelming expressed that they believed they should provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements because it is *the right thing to do.*

The right thing to do

The participants from this study identified that they provided professional development to nursing students by teaching and supporting students who were allocated to their clinical area because of their own belief that it was *the right thing to do.* The expectation that Registered Nurses do the right thing is not just limited to the confines of this research.

It could be argued that the Commonwealth Government of Australia (the Commonwealth) has expectations that Registered Nurses will do the right thing. The Commonwealth has enacted the Health Practitioner Regulation National Law Act 2009 under which AHPRA must operate (State of Queensland, 2009). AHPRA (2016) governs the Nursing and Midwifery Board of Australia, therefore the Nursing and Midwifery Board of Australia is acting on behalf of the Commonwealth. In other words
the Commonwealth requires Registered Nurses to provide professional development to nursing students as part of their everyday practice. Ultimately Registered Nurses are required, by the Commonwealth, to do the right thing and teach and support nursing students on clinical placements.

Nurses have been expected to do the right thing and since the Nightingale era. This is reflected in the Nightingale pledge where nurses declare that they will do the right thing all the time:

“I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practise my profession faithfully. I shall abstain from whatever is deleterious and mischievous, and shall not take or knowingly administer any harmful drug. I shall do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. I shall be loyal to my work and devoted towards the welfare of those committed to my care” (Gretter, 1893, cited in Florence Nightingale pledge, 2015).

On top of this expectation to do the right thing, the nursing profession has a history of being subservient to medicine (Pugh, 1936) and being an oppressed as a profession (Dong & Temple, 2011). This still has implications to nursing today and how nursing is situated within the Australian healthcare system. Australia’s health care is funded by the

“to be able to provide a medical service that will attract a Medicare benefit, a health professional:

- must hold current registration with the Medical Board of Australia, and
- must meet eligibility requirements set out in the Health Insurance Act 1973”

Registered Nurses do not qualify under Medicare to claim the services they provide to patients. Given that the ratio of nurses to medical practitioners is 3.5:1 (Australian Institute of Health and Welfare, 2016) it is not in the Commonwealth’s financial interest to include Registered Nurses as one of the eligible health professionals under Medicare.

The omission of Registered Nurses being entitled to charge for their services under the Medicare scheme could well be a spin-off from nursing’s history of being oppressed by not only the medical profession, but ultimately by the Commonwealth. This becomes even more apparent when considering the financial incentives offered to GPs within general medical practice surgeries for taking on medical students compared to the fee
charged by general medical practice surgeries for taking on nursing students. The Australian Government Department of Human Services (2017) has a system in place where general medical practices receive a $200 payment for a three hour teaching session (three hour placement) for medical students. The department allows up to two teaching sessions per medical practitioner per day and each medical practitioner can claim up to two sessions per day. In other words general medical practices in Australia can claim up to $400 per day, per medical practitioner, if they provide teaching sessions for medical students. This teaching payment is increased if the practice is in rural or remote areas of Australia. The payment remains the same regardless of the number of medical students at the teaching session/placement (Australian Government Department of Human Services, 2017). In comparison, Registered Nurses in general practice surgeries do not get paid extra if they teach nursing students. In fact general medical practices in which Registered Nurses are employed charge the education provider over $54 per day per student (State of Victoria, Department of Health and Human Services, 2016). Undoubtedly the government places more value on the medical profession than on the nursing profession in this respect. While the GP’s are encouraged by being financially reimbursed by the government for teaching and supporting medical students in general practice surgeries, the nursing profession is simply expected to do the right thing and teach and support nursing students as part of their everyday practice.

In the literature there is discourse relating to Registered Nurses doing the right thing (Catlin, 2013; Dee, & Endacott, 2011; Cleary, Horsfall, Muthulakshmi, & Jackson, 2013; Horton-Deutsch et al., 2014; Newham, 2015). An analysis of the literature
revealed that Registered Nurses are expected to do the right thing morally, ethically and professionally when they are practicing (Holt & Convey, 2012; Smith & Godfrey, 2002; Tuckett, 1998) and according to Van der Elst, Dierckx de Casterlé, and Gastmans (2012, p. 93) a good nurse will make an effort to do “the right thing”.

Aydon, Hauck, Zimmer, and Murdoch, (2016, p. 2468), undertook a qualitative exploratory study, in Australia, that aimed to “identify factors that influence nurse’s decisions to question concerning aspects of medication administration within the context of a neonatal clinical care unit”. Participants (n=103) in their study were asked the following questions: “(1) can you describe a clinical example where you decided to question an aspect of medication administration; and (2) can you describe a clinical example where you decided not to question an aspect of medication administration” (Aydon et al., 2016, p. 2471). Analysis of the data they collected during the interviews revealed three themes: working environment, doing the right thing, and knowledge about medications. Their study found that Registered Nurses felt the right thing to do was to speak up when medication incidents occurred. According to (Aydon et al., 2016, p. 2468) Registered Nurses felt they had a “responsibility to do the right thing”.

Although Aydon et al.’s (2016) study relates to medication errors, not teaching and supporting nursing students, it reinforces the notion that Registered Nurses do try to do the right thing.

In the US, Smith (2012, p. 83) undertook a Parse method study to determine the “structure of the lived experience of doing the right thing”. Participants (n=10) were
asked one question only: “Please tell me your experience of doing the right thing” (Smith, 2012, p. 83). Data analysis revealed that doing the right thing was a personal decision and was influenced by personal values. Doing the right thing was shown to have positive impacts on self and others. Smith (2012, p. 88) found that participants were “standing up” to do the right thing. Similarly, participants in this PhD study revealed that they were doing what they felt was the right thing to do and provided nursing students with professional development by teaching and supporting them during their clinical placements.

In the US, Horton-Deutsch et al., (2014) undertook an interpretive phenomenological study that explored what risk taking meant to nurse leaders and their experiences with risk taking. Using fourteen “individual interviews and two focus group narratives” (Horton-Deutsch et al., 2014, p. 89), they found participants were “doing the right thing out of a sense of responsibility” (Horton-Deutsch et al., 2014, p. 90). Participants were “taking risks and doing the right thing by being responsible to their role” and following their own personal “codes and values” (Horton-Deutsch et al., 2014, p. 90). Although the for mentioned study is in relation to nurse leaders and risk taking, the findings are not dissimilar to this PhD study in that participants felt a sense of responsibility to do the right thing when it came to teaching and supporting nursing students.

Johansson, Andersson, Gustafsson, and Sandahl (2010) claim that being professional is part of being a good nurse. A good nurse is one who is professional, competent and knowledgeable (Fealy, 2004; Smith & Godfrey, 2002). Catlett and Lovan (2011)
conducted a study that was focused on the concept of “being a good nurse and doing the right thing” (Catlett & Lovan, 2011, p. 54). This US replication study involved interviewing twenty Registered Nurse participants from three different hospitals working in various clinical areas. They explored the attributes of a good nurse by asking participants to complete the following sentences:

- “A good nurse is one who is . . .
- A good nurse is one who is not . . .
- A nurse goes about doing the right thing by . . .
- A nurse goes about not doing the right thing by . . .”

(Catlett & Lovan, 2011 p. 57).

Their qualitative study found that good nurses have a reputation for doing the right thing in the workplace environment. This is not only with regard to patient care but extends to how they treat their work colleagues (Catlett & Lovan, 2011). Their study found that good nurses help each other (Catlett & Lovan, 2011). The findings from the studies cited above were in regard to nurses supporting co-workers, not Registered Nurses providing professional development to nursing students as in this research. Nevertheless the studies contribute to the notion that nurses, in general, strive to do the right thing.

As discussed in the previous chapter, the core category the right thing to do is informed by the elements: ‘sense of responsibility’, ‘an added extra’, ‘choice’ and ‘nursing standard’. Figure 17 (below) provides a visual depiction of the substantive theory Doing the Right Thing. This figure illustrates the connection between the core
category, the elements and their associated themes. Each of the elements that informed the core category will be examined individually in relation to the existing literature. To begin, the element ‘sense of responsibility’ will be discussed.
Figure 17: Connection between core category, elements and themes within the substantive theory
This Grounded Theory study found that participants felt a sense of responsibility towards pre-registration nursing students undertaking clinical placement.

*We feel we're responsible for them* (Participant 12).

‘*Sense of responsibility*’, as an element, is concerned with feeling “a moral duty or obligation” (Reysen & Katzarska-Miller, 2013, p. 860). It is about being personally responsible for a person or situation (Nowell & Boyd, 2014). Participants expressed
three fundamental reasons for feeling a sense of responsibility to nursing students on clinical placements: ‘professional’, ‘personal’ and ‘organisational’. A visual representation of sense of responsibility and its three connecting themes is provided in figure 18. The connection between the three themes is depicted in figure 19. Each of themes will now be discussed in greater detail.

![Figure 19: Sense of responsibility: professional, personal and organisational](image)

**Professional**

The literature supports the concept that Registered Nurses feel that they have a sense of professional responsibility toward students as they enter the clinical environment (McIntosh et al., 2014; Newton, Pront, & Giles, 2016; Omansky, 2010). Coyne and Needham (2012) undertook a study that aimed to gain insight into clinical placements
for students in specialty areas such as renal and oncology. Their Australian study, conducted on thirteen Registered Nurses and seven nursing students, used semi-structured interviews to collect data. A thematic analysis of the interview data revealed that not only did specialty areas offer valuable clinical experiences for students but also that Registered Nurses wanted their students to develop professionally. Furthermore having a deep sense of doing the right thing by the profession was one of the factors they found that was part of professionalism in nursing (Coyne & Needham, 2012). A US study was undertaken by Evans, Costello, Greenberg, and Nicholas (2013) used focus groups to investigate the experiences of thirteen Registered Nurses who were involved with teaching and providing support to nursing students in acute care units. Semi-structured interviews were used during the focus groups and a thematic content analysis was conducted on the transcriptions from the interviews. Six themes emerged from their study:

1. There is an extensive time commitment related to teaching nursing students
2. There is variability to the experience depending on specific pedagogy
3. The role of the school of nursing instructor and the link with the academic institution is critical
4. Teaching students likely affects patient outcomes
5. Professional Role development is key
6. The DEU enhances student flourishing. (Evans et al., 2013, p.70)

The theme “Professional Role development is key” (Evans et al., 2013, p. 70) revealed that the Registered Nurses believed it was important to demonstrate professionalism in
front of the students in order to help them to learn how to become Registered Nurses themselves. One of their participants stated:

“I sort of feel that there’s a professional responsibility that we all share [in] our profession and it’s to the next generation [of nurses] in our contract with society” (Evans et al., 2013, p. 72).

Participants in this research often spoke at length about the importance of providing pre-registration nursing students with quality clinical placement experiences to ensure the next generation of nurses are competent.

Students develop their clinical skills whilst they practice real-life patient care under supervision during their clinical placement experiences (Nielsen, Noone, Voss, & Mathews, 2013; Walker, Dwyer, Moxham, Broadbent, & Sander, 2013). There were affirmations from participants that clinical experiences provide students with the opportunity to apply the theory learnt at university into practice. Halcomb, Peters and McInnes (2012) undertook a qualitative study in Australia, across four different states, that explored the experiences of Registered Nurses employed in general practice surgeries who were also involved with nursing student supervision. General practices are private medical practices where General Practitioners (medical doctors) assess and treat patients. Using structured telephone interviews Halcomb et al. (2012) interviewed twelve Registered Nurses working in general practice. Data from the narratives from the interviews were analysed using thematic analysis. Their study found that Registered
Nurses working in general practice are keen to provide students with good quality clinical placements. This is consistent with findings from a mixed methods study by Courtney-Pratt et al (2012) who, in their Australian study, investigated the quality of second year nursing students’ clinical placements. Questionnaires using five point Likert scales were completed by 178 pre-registration nursing students and 185 Registered Nurses. Courtney-Pratt et al. (2012, p. 1380) found a “professional commitment of nursing staff to support the next generation of nurses”. In their study they acknowledged that although the primary role of a Registered Nurse is to deliver high quality nursing care to patients, Registered Nurses also felt they have a responsibility to teach and support nursing students undertaking clinical placements.

Participants of this research described how providing professional development to nursing students by being involved with teaching and supporting them was beneficial for the Registered Nurse’s own professional development. Nishioka, Coe, Hanita, and Moscato (2014) investigated the perceptions of US Registered Nurses working in wards that were deemed as being dedicated to teaching students. Their mixed methods study was conducted across four states in the US: Oregon, New York, South Carolina and Tennessee. Using focus groups \((n=124)\) and surveys \((n=69)\) Nishioka et al. (2014) established that Registered Nurses’ own practice improved when they were involved in teaching and supervising students. Participants, in the afore mentioned study by Halcomb et al. (2012), also revealed that teaching and supporting nursing students to be advantageous to Registered Nurses’ own professional development.
The in-depth literature review undertaken after data analysis led to a close examination of Brammer’s (2002) study titled *Understanding the role of the registered nurse in student learning*. Brammer (2002) established that Registered Nurses have varying levels of involvement with students. Brammer systematically categorised Registered Nurses levels of involvement with students and found that involvement varied from negligible to total commitment. This categorisation was a result of how they perceived their role with students (Brammer 2002). Brammer (2002, p. 236) claims that Registered Nurses “believe they have a role to support student learning” and subsequently avers that Registered Nurses perceive their roles with students in a variety of ways. This led to a conceptualisation of the way Registered Nurses understand their roles with nursing students into the following categories:

A. “The Facilitator…”
B. The Teacher/Coach…
C. Overseer-supervisor…
D. Peer support and role model…
E. The Instructor role…
F. The Manager/Foreman…
G. The Authority…
H. Resister/Dissenter…” (Brammer, 2006a, pp. 967-968)

Brammer’s study, although somewhat conceptually similar but methodologically different, did not investigate the relationship between Registered Nurses’ understanding of the nursing standard requirements in respect to providing professional development
to pre-registration nursing students by teaching and supporting them during their clinical placements. Nor did Brammer examine why Registered Nurses believed they had a role with students. Both studies use qualitative paradigms, however, this thesis uses Grounded Theory and Brammer’s used phenomenology. Similar to findings from this research, Brammer (2002) declared that Registered Nurses do believe they have a role with students. This supports findings from this research.

Duffield, Gardner, Chang, Fry, and Stasa (2011) discuss the role confusion that can occur in nursing. Role confusion in nursing can be defined as a “lack of having pertinent information to perform specific tasks” (Gray & White, 2012, p. 5). Role confusion can extend to Registered Nurses’ role in regards to teaching and supporting nursing students in the clinical environment (Sanderson & Lea, 2012). Brammer (2002, p. 252) found there was evidence that Registered Nurses believed “student education was not a part of the RN role”. The Australian national competency standards for the Registered Nurse, which were used for this study, explicate a Registered Nurse’s role in relation to nursing students. The standards state that a Registered Nurse “contributes to the professional development of” nursing students, “supports health care students to meet their learning objectives” and “participates…in teaching others including students of nursing” (Nursing and Midwifery Board of Australia, 2006, p. 5).

An Australian study by Grant, Ives, Raybould, and O’Shea (1996) surveyed 304 Registered Nurses in sixteen hospitals to explore their attitudes to teaching nursing students. Eighty-eight percent of the participants (n=267) “saw teaching students as a
part of their role” (Grant et al., 1996, p. 24). Similarly, the participants from this study also suggested that providing students with professional development by teaching them and being supportive toward them was part of their role.

Participants in this study indicated they taught and supported students to make certain the next generation of nurses were competent, safe practitioners. Participants described that they are able to shape and mould the future generation of nurses by providing students with professional development by teaching and supporting them in the clinical setting.

*These guys are our future. These are the people that we will be working with in a few years’ time and you want to be able to mould them to be the best nurses that they can be. So when they do work with you, you know that they’re -- they’ve got the skills there to be able to do what they’ve trained to do* (Participant 9).

Participants wanted Registered Nurses of the future that could be relied upon in the workplace. Registered Nurses are concerned with ensuring their students are competent enough to become qualified Registered Nurses (Coyne & Needham, 2012) who can be relied upon as future work colleagues (de Fulvio, Stichler, & Gallo, 2015). Halcomb et al. (2012) in their qualitative study that explored Registered Nurses’ experiences with nursing students also found that because nursing students were considered to be future work colleagues, Registered Nurses were prepared to spend time and effort in teaching and supporting them.
Concerned with future perioperative nursing workforce shortages, Gregory, Bolling, and Langston (2014) set up partnerships between nursing tertiary education providers and health providers in Virginia USA in order to provide perioperative clinical experience for nursing students. Between first and second year, students undertook 180 hours of perioperative clinical placement experience. Support was provided to the students by Registered Nurses to encourage recruitment into perioperative nursing. To help the students to become competent they “reviewed the patients’ history, physical, consent, site marking, and proposed surgical procedures” (Gregory et al., 2014, p. 100) alongside the Registered Nurses. To assist their learning, students met weekly to debrief about their clinical placement experiences. According to Gregory et al. (2014, p. 103) students “shared their positive experiences [about their placements] with their peers and friends” and which resulted in more students being attracted to perioperative nursing. In addition, both staff moral and retention rates increased. The partnership and successful clinical placement model were developed as a result of health care providers and tertiary education providers acknowledging the need to teach and support a future perioperative nursing workforce.

To prepare pre-registration nursing students to become competent future peri-operative Registered Nurses, Chappy, Madigan, Doyle, Conradt, and Tapio (2016, p. 104e2) developed a preceptored “clinical immersion program” at the Theda Clark Medical Center in Neenah, Wisconsin, USA. The program was set up to encourage students into perioperative nursing thereby a ensuring a future generation of perioperative nurses. Students near the completion of their undergraduate degree spent fourteen weeks in
perioperative clinical placements with the prospect of working as Registered Nurses in the perioperative environment immediately after they graduated. The program was successful not only because it was preparing the future generation of perioperative nurses, but also because there were significant cost savings related to hiring and orientating these students in the perioperative units after they graduated. The program, developed by Chappy, et al. (2016), was preparing students to ensure a future generation of competent perioperative nurses. This sentiment was also felt by participants from this thesis study who were providing professional development to nursing students by teaching and supporting them during their clinical placements to ensure a future generation of competent Registered Nurses. Additionally, participants described that providing professional development by teaching and supporting pre-registration nursing students on clinical placement ensured that the participants themselves would be well cared for in the future, if they were in need of nursing care.

Gale, Ooms, Sharples, and Marks-Maran (2016) reinforce the importance of preparing the Registered Nurses of the future. They undertook a pilot study in the UK to encourage nursing students (n=17) to consider future careers in general practice. Using “a survey evaluative research design” (Gale et al., 2016, p. 230) they evaluated the following areas of the students’ placement: engagement, impact, value, and sustainability. In the area of engagement, according to the students, the support they received from Registered Nurses was integral to their learning. Results revealed that the support students received from the Registered Nurses was better than they received from other clinical placements. The pilot study by Gale et al. (2016, p. 225) was
inspired by the desire “to prepare the Registered Nurse of tomorrow.”

The literature reveals that Registered Nurses endeavour to provide valuable clinical learning experiences for the next generation of nurses (Evans et al., 2013). Evans et al.’s (2013) study, undertaken in the USA, examined the attitudes of Registered Nurses involved with students in acute settings. The researchers used semi-structured interviews to gather data from thirteen participants. The qualitative study used focus groups and found that Registered Nurses were committed to teaching and supporting nursing students with participants saying that they had a responsibility to teach the next generation of nurses. Also, in the US, de Fulvio et al. (2015) used five focus groups (n=32) in their qualitative study which aimed to explore Registered Nurses’ perceptions of teaching pre-registration nursing students in the clinical environment. According to de Fulvio et al. (2015, p. 22) Registered Nurses “felt motivated in their desire to support future nurses, which is generated from both a sense of empathy and from a feeling of obligation and responsibility to give back to the profession”. Registered Nurses from their study were dedicated to ensuring a future generation of nurses.

The nursing profession relies heavily on teamwork (Beccaria, Kek, Huijser, Rose, & Kimmins, 2014; Tillott, Walsh, & Moxham, 2013). The need for teamwork in nursing was raised by participants as one of the reasons they were providing professional development by teaching and being supportive of, what they described as, the next generation of nurses. It is widely understood that teamwork plays a significant role in nursing and inclusion of nursing students into the team is important during their clinical
placement experiences (Chuan & Barnett, 2012; Coyne & Needham, 2012; Kevin et al., 2010; Levett-Jones, Lathlean, Maguire, & McMillan, 2007). An Australian study by Kevin et al. (2010) reviewed evaluations that students (n=39) provided of their placement experiences when they were placed in healthcare settings for blocks of one or more weeks at a time. Kevin et al (2010) found that being part of a team was highlighted as being significant by the nursing student participants. Another study conducted in Iran by Aghamohammadi-Kalkhoran, Karimollahi, and Abdi (2011) examined the attitudes of eighty-two Registered Nurses toward nursing students. Aghamohammadi-Kalkhoran et al. (2011) acknowledge the value of team work. Their results established that over sixty-four percent of Registered Nurses in their study thought of nursing students as part of the team.

Broadbent and Moxham (2014, p. 232), in their Australian ethnographic study, found that “collegiate presence” was a necessary component for nurses from different disciplines to understand and support each other. Participants in their study were triage nurses from two disciplines; emergency (n=28) and mental health (n=7) working in a regional hospital emergency department. They found that social conversations promoted connection between the emergency and mental health triage nurses. According to Broadbent and Moxham (2014, p. 231) “informal conversations and social chats were perceived as a way of caring for, and being involved with each other”. They also found that physical presence, rather than simply communicating over the telephone, beneficial for both disciplines. Physical presence allowed “knowledge and support” (Broadbent & Moxham, 2014, p. 232) to be exchanged between the two groups of triage nurses and
promoted “a deeper understanding of each other”. Broadbent and Moxham highlighted the value of communication and teamwork in nursing. Participants in this PhD study also talked about the value of teamwork in nursing and how it was important to make students feel they are part of the nursing team.

A Finnish-British systematic review undertaken by Jokelainen, Turunen, Tossavainen, Jamookeah, and Coco, (2011, p. 2854) examined “mentoring nursing students in clinical placements”. Using seven different data bases, “CINAHL (Cumulative Index to Nursing, Allied Health Literature), Medic, PubMed (Medline), ERIC (CSA Illumine), EBSCOhost and ISI Web in Science” (Jokelainen, et al., 2011, p. 2856) plus Cochrane Library, their original search included 2649 articles. Only journal articles that were published between the years 1986 to 2006 were included in the initial search and through a systematic analysis twenty-three articles were eventually included in the final review. Inductive content analysis was conducted on the final twenty-three articles. From their review, two themes were developed; “Facilitating students’ learning in clinical placements” and “Strengthening students’ professionalism” (Jokelainen, et al., 2011, p. 2855). As well as providing students with a positive learning environment, their review established that collegiality, treating students with respect and including them as part of the team was important. Furthermore they described how the quality of clinical placements is “crucial … to retain nursing students and reduce attrition” (Jokelainen et al., 2011, p. 2863). A different phenomenographic study by Jokelainen, Jamookeeh, Tossavainen, and Turunen (2013) found that British and Finish Registered Nurses made an effort to ensure students felt they belonged to the team. In particular the
British Registered Nurses "stressed the value of participation in the working team” (Jokelainen et al., 2013, p. 65). According to Zeller, Doutrich, Guido, and Hoeksel (2011) it is the strong teamwork ideology amongst the nursing profession that contributes to retention in the workplace including retaining the next generation of nurses. Participants in this PhD study indicated that they had a professional responsibility to include students as part of the team.

The studies described above affirm findings from this study where participants voiced they felt a professional sense of responsibility to provide professional development to pre-registration nursing students by teaching and supporting them on their clinical placements to ensure that the next generation of nurses are competent. They asserted that providing nursing students with professional development ensured a skilled nursing workforce in the future. Thus, as illustrated by the above discourse, the literature revealed that Registered Nurses do have a sense of professional responsibility to students (Aghamohammadi-Kalkhoran et al., 2011; Browning & Pront, 2015; Hilli, Melender, Salmu, & Jonsén, 2014; Pansavecchia & Pearce, 2014). Such studies are consistent with what the participants from this study asserted, that they felt that they had a professional responsibility toward nursing students. Having a professional sense of responsibility helps to ensure that students are given quality clinical placements which, in turn, ensures a competent future nursing workforce that ultimately can provide safe patient care. One could argue that if participants in this research believed that Registered Nurses have a professional responsibility toward nursing students then they should consider it unacceptable for their peers to not be involved in the professional
development of nursing students. This indicates discrepancy in the participants’ beliefs in regards to their professional responsibility to provide professional development to nursing students by teaching and supporting them on their clinical placements. Next the theme ‘personal’ will be explored as it relates to the existing literature.

**Personal**

Participants from this study voiced that they were providing professional development to pre-registration nursing students by teaching and supporting them on their clinical placements because of a perceived sense of professional responsibility. When probed it became apparent that their sense of responsibility towards students also emanated from a ‘personal’ belief that providing nursing students with professional development by teaching and supporting them was the right thing to do. Personal values and beliefs influence actions (Costa-Gomes, Huck, & Weizsäcker, 2014) and according to Doherty (2014, p. 12) personal “beliefs can lead to a sense of obligation to take action…” Personal beliefs influenced the actions and behaviours of participants of this study in relation to providing professional development of nursing students by teaching and supporting them during their clinical placements. The following discourse explains how the existing literature supports the findings categorised under ‘personal’.

The nursing profession has an inherent commitment to moral and ethical behaviour (Oh & Gastmans, 2015). The Code of Ethics for Nurses in Australia contains eight value statements:

1. Nurses value quality nursing care for all people.
2. Nurses value respect and kindness for self and others.

3. Nurses value the diversity of people.

4. Nurses value access to quality nursing and health care for all people.

5. Nurses value informed decision-making.

6. Nurses value a culture of safety in nursing and healthcare.

7. Nurses value ethical management of information.

8. Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing. (Nursing and Midwifery Board of Australia, 2005, p. 1)

The Code of Ethics specifies under Value Statement 2 that “Nurses supporting and mentoring students provide positive role models for future practice” (Nursing and Midwifery Board of Australia, 2005, p. 3). The Code of Ethics highlights the ethical components and expectations for Registered Nurses in regard to providing professional development to nursing students. Catlett and Lovan (2011, p. 61) state that when Registered Nurses personally choose to do the right thing they are using “ethical decision making”. To assist nurses in developing ethical decision making, the concept of ethics and ethical nursing is built into nursing programs world-wide (Wolf, 2012). Ethical nursing is about **doing the right thing** (Smith & Godfrey, 2002).

Registered Nurses are not only required to competently carry out skills or tasks but also need to have the ability to make ethical and moral decisions and be respectful of individuals (Australian Nursing and Midwifery Council, 2005). Providing professional
development to nursing students by teaching and supporting them when they are on clinical placements because it is perceived as the morally and ethically **the right thing to do** emerged as a factor within the findings of this research. Participants continually expressed that the reason they taught and supported students and provided them with professional development was as a result of their personal moral and ethical beliefs. An Iranian study investigated Registered Nurses attitudes towards nursing students and established that 98.57 percent of the seventy \( n=70 \) participants in their survey were in agreement that “nurses should be nice to nursing students” (Aghamohammadi-Kalkhoran et al., 2011, p. 479). Their findings support the concept of Registered Nurses personally wanting to do the right thing when they have nursing students. Similarly, this PhD study also established that moral and ethical values of participants were found to be an impetus for them to provide nursing students with professional development and to teach and support them during their clinical placements.

Davis, Schrader, and Belcheir’s (2012) exploratory study of 1144 Idaho nurses, conducted in the USA, examined the origins of the nurses’ ethical beliefs and the impacts of these belief systems on their levels of moral distress and views on conscientious objection within the workplace. Findings revealed that ethical views were influenced primarily by religious beliefs and family values. Such findings are in accord with findings from this research in that participants indicated that they were providing nursing students with professional development because of their own ‘personal’ beliefs (ethical views) that they should do so.

Tuckett (1998, p. 222) suggests that nurses tend to question “what ought I do?” in a
given situation. Participants in this research used a similar reflective process to question themselves about what they ought to do in relation to the professional development of nursing students on clinical placements. This reflection was demonstrated when they considered why they engage in the professional development of pre-registration nursing students and why they teach and support students during their clinical placements. It was also elucidated when they expressed that they personally believed that they should provide professional development to nursing students by teaching and supporting them on their clinical placements. Participants expressed that they provided professional development and taught and supported nursing students and because they were of the ‘personal’ belief that it was the right thing to do. Next the theme ‘organisational’ will be discussed in relation to the existing literature.

**Organisational**

Participants in this study were not only providing professional development to nursing students for personal reasons although it appeared to be a strong motivator. Organisational expectations were also offered as reasons for providing nursing students with professional development by teaching and supporting them during their clinical placements. Some healthcare organisations in which participants were employed had expectations that Registered Nurses must supervise nursing students who undertake clinical placements within the organisation. Participants described that when they had knowledge or were explicitly aware that the organisation had expectations regarding nursing student supervision, this made them feel obliged to provide professional development to students by teaching and supporting them. Subsequently,
‘organisational’ was identified as a theme under the element ‘sense of responsibility’.

Participants indicated that some health care organisations had explicit policies stating that one of the roles of Registered Nurses employed within their organisation was to provide professional development to nursing students. In addition it was identified that the expectation to provide nursing students with professional development by teaching and supporting them was sometimes made explicit within the Registered Nurses’ job description and could in fact be included as part of the Registered Nurse’s performance appraisal. Policies within organisations, they asserted, may also specify expected professional behaviour between workers. Participants described that when it is written into policy that nursing students are to be considered as staff members, then students accordingly needed to be treated in a professional and supportive manner during their clinical placements. This included being supportive of the student’s learning.

Clinical support for students on placements is considered by some to be a shared responsibility between health care facilities and universities (Burns & Paterson, 2005). As such, contractual agreements exist between education providers and health care organisations who agree to provide clinical placements for nursing students. Being cognisant of the contractual arrangements between universities and health care organisations that document students will be placed within that organisation was impetus for participants to provide professional development to nursing students and teach and support them on their clinical placements. Participants indicated that as an employee of a health care organisation a Registered Nurse would be bound to abide by
the terms of the contract between the health care organisation and the university. This, the participants said, made the Registered Nurse feel accountable for the professional development of nursing students and thus obliged to teach and support them during their clinical placements.

Organisational expectations of quality clinical supervision, which includes teaching and supporting nursing students, are found in various health care policies, guidelines and manuals (see table 12). In their student orientation manual, the Prince Charles Hospital (Queensland Health, 2009, p. 3) in Brisbane, Queensland, Australia declare, “We are committed to the provision of safe, high quality, clinical learning experiences for nursing students.” Similarly on their website, the Royal Melbourne Hospital (2016, para. 4-5) in Victoria, Australia state they provide “a positive learning environment for the students with the aim of meeting their clinical needs”. Furthermore, the Royal Melbourne Hospital undergraduate nursing student orientation manual articulates the organisational commitment to nursing students:

The aim of the RMH [Royal Melbourne Hospital] undergraduate nurse program is to provide learning opportunities for undergraduate nurses in an acute and sub acute care clinical setting, within a supportive environment. This is the opportunity for you to consolidate your knowledge and work towards clinical competency. Clinical education and supervision may be facilitated by university clinical teachers, hospital clinical nurse educators and ward-based preceptors. This support will provide you with feedback
about the development of your nursing knowledge and skills whilst in the practice setting (Royal Melbourne Hospital, 2016, p. 3).

Likewise, the Royal Children’s Hospital Melbourne, also in Victoria:

is committed to the undergraduate nurse program and to provide learning opportunities for undergraduate nurses in an acute and sub-acute care clinical setting, with a supportive environment. This is an opportunity for students to consolidate their knowledge and work towards clinical competency. Clinical education will be facilitated either by a ward based Preceptor, or Clinical Educator of RCH [Royal Children’s Hospital]. Nursing students are provided with the opportunity to care for children and families in a supportive learning environment. This support will provide students with feedback about development of their nursing knowledge and skills while in a practice setting (Royal Children’s Hospital, 2016, para. 2-4).

The Epworth Hospital in Victoria Australia highlights the role that Registered Nurses have in regards to including nursing students into the healthcare team. On their website Epworth Healthcare (2012, para. 5) state “The preceptors play an important role in developing students with the values of Epworth enabling students to build relationships with Epworth staff members and become a valued member of the Epworth team.”
The patient preadmission booklet from the North Shore Private Hospital (Ramsay Health Care, 2009, p. 9) in Sydney, New South Wales, states that the facility “prides itself in providing a learning environment for students who will be the future health care workforce.” The organisation St. Vincent’s Health Australia, which has private and public hospitals in the Australian states of Victoria, New South Wales and Queensland, assert their “nurse education programs range from undergraduate to postgraduate programs encouraging nurses to develop their careers and extend their clinical and research expertise” (St Vincent's Health Australia, 2015, para. 1). Additionally the Tasmanian Government which manages Tasmania’s public health care services, articulate on their website that “nurses are involved in education and development of the current and future health care workforce” (Department of Health and Human Services, 2015).

In regards to standards of practice, as discussed earlier, policy documents that identify roles and expectations regarding students are not confined to the Australian context. In Canada, the Mount Sinai Hospital declares:

The development and education of our nursing students is a key component of the Nursing Department. We value the opportunity to contribute to your growth as a nurse through clinical placements and working along side our outstanding staff. We believe today’s academic health science environments must focus on advancing nursing within the domains of practice, education, research and leadership. Our intent is to
provide you with a meaningful and professional clinical placement, and to help you become the best nurse you can be (Sinai Health System, 2015, para. 1).

Similarly, the U.S. Department of Veterans Affairs (2015, para. 1), which employs over 61,000 Registered Nurses, states the “Department of Veterans Affairs has a rich history of supporting nursing students in both their learning and career pursuits”. St Mary’s Regional Medical Centre (2016, para. 2) in Utah, USA asserts “our nursing personnel act as mentors, teachers, and professional colleagues, sharing their knowledge, experience, and dedication with nursing students of all levels”. In the UK, the Department of Health (2013) expects students to be provided professional development and be taught and supported during their clinical placements. Their policy states “students should receive the appropriate level of support to ensure that they are able to provide safe and effective prevention and care as part of their supervised training” (Department of Health, 2015, p. 15). The above examples demonstrate that there are global expectations to provide professional development to nursing students by teaching and supporting them on their clinical placements and that these are incorporated into health care organisational policy. The table below offers a summary of examples of these expectations.
Table 12: Organisational commitment to student support

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Commitment to student support</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Prince Charles Hospital, QLD</td>
<td>“…committed to the provision of safe, high quality, clinical learning experiences for nursing students” [Queensland Health, 2009, p. 3].</td>
</tr>
<tr>
<td>The Royal Melbourne Hospital, VIC</td>
<td>“The aim of the RMH undergraduate nurse program is to provide learning opportunities for undergraduate nurses in an acute and sub-acute care clinical setting, within a supportive environment.” [Royal Melbourne Hospital, 2016, p. 3].</td>
</tr>
<tr>
<td>The Royal Children’s Hospital, VIC</td>
<td>“…to provide learning opportunities for undergraduate nurses in an acute and sub-acute care clinical setting, with a supportive environment” [Royal Children’s Hospital Melbourne, 2016, para. 2].</td>
</tr>
<tr>
<td>St Vincent’s Private Hospital, NSW</td>
<td>“Our nurse education programs range from undergraduate to postgraduate programs encouraging nurses to develop their careers and extend their clinical and research expertise” [St Vincent’s Health Australia, 2015, para. 1].</td>
</tr>
<tr>
<td>Epworth Hospital, VIC</td>
<td>“The preceptors play an important role in developing students with the values of Epworth enabling students to build relationships with Epworth staff members and become a valued member of the Epworth team.” [Epworth Healthcare, 2012, para. 5]</td>
</tr>
<tr>
<td>Tasmanian Health. TAS</td>
<td>“…nurses are involved in education and development of the current and future health care workforce” [Department of Health and Human Services, 2015].</td>
</tr>
<tr>
<td>Organisation</td>
<td>Commitment to student support</td>
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</tr>
<tr>
<td>North Shore Private Hospital, NSW</td>
<td>“...presents itself in providing a learning environment for students who will be the future health care workforce” (Ramsay Health Care, 2009, p. 9).</td>
</tr>
<tr>
<td>Mount Sinai Hospital, Toronto, Canada</td>
<td>“The development and education of our nursing students is a key component of the Nursing Department. We value the opportunity to contribute to your growth as a nurse through clinical placements and working along side our outstanding staff” (Sinai Health System, 2016, para. 1).</td>
</tr>
<tr>
<td>U.S. Department of Veteran Affairs, Washington DC.</td>
<td>“Department of Veterans Affairs has a rich history of supporting nursing students in both their learning and career pursuits...” (U.S. Department of Veterans Affairs, 2015, para 1)</td>
</tr>
<tr>
<td>St Mary’s Regional Medical Centre, Utah, USA.</td>
<td>“Our nursing personnel act as mentors, teachers, and professional colleagues, sharing their knowledge, experience, and dedication with nursing students of all levels” (St Mary’s Regional Medical Centre, 2016, para 2).</td>
</tr>
<tr>
<td>Department of Health, UK.</td>
<td>“Students should receive the appropriate level of support to ensure that they are able to provide safe and effective prevention and care as part of their supervised training” (Department of Health, 2013, p. 15).</td>
</tr>
</tbody>
</table>

Practice standards in Canada also expect organisations to provide support for Registered Nurses so they [the Registered Nurses] have the resources to provide professional development to nursing students. The practice standards in British Columbia state “employers are responsible for providing the organizational supports and resources
necessary for nurses to provide regulatory supervision of nursing student activities safely” (College of Registered Nurses of British Columbia, 2012, p. 1). Clearly organisational expectations to provide professional development and support to pre-registration nursing students on clinical placement are important in ensuring nursing students are taught to deliver safe and effective nursing care.

In summary, participants indicated some awareness of organisational policies that specifically incorporated providing professional development, including teaching and being supportive of nursing students, into the Registered Nurses’ role. Awareness of such policies made participants feel obliged to do the right thing and manifested in being involved in the professional development of nursing students by teaching and supporting them on their placements. One could suggest that if participants fundamentally believed that they have to abide by organisational policies then they should not believe it acceptable for other Registered Nurses not to be involved in the professional development of nursing students. This, therefore, reveals differences and inconsistency in regards to the participants’ perceptions of the organisational requirement to provide professional development to pre-registration nursing students by teaching and supporting them on their clinical placements. Next the element ‘an added extra’ will be discussed in relation to the existing literature.
An added extra

Figure 20: The themes that inform the element an added extra

The participants considered that providing students with professional development by teaching and supporting them during their clinical placements as *an added extra* to their work. The impression that students were *an added extra* was a recurring topic in this research. Figure 20 above offers a visual representation of the element *an added extra* and its related themes.

Yonge, Krahn, Trojan, Reid, and Haase (2002) conducted an exploratory survey of Registered Nurses (*n*=295) who were preceptors in Alberta, Canada. Their study aimed to investigate stress related to teaching and supporting nursing students in the clinical environment and also to ascertain what support would be helpful to Registered Nurses in this role. Five hundred Registered Nurses were contacted and 295 agreed to
participate in the study. They used a questionnaire with a five point Likert scale to establish levels of stress related to teaching and supporting students on clinical placement. Their study established that 74.4 percent \((n=221)\) of the participants felt the role of teaching and supporting students to be “mildly, moderately, or very stressful” (Yonge et al., 2002, p. 24). The participants who found teaching and supporting students to be “mildly, moderately, or very stressful were asked to explain in more detail” (Yonge et al., 2002, p. 24). Results from the narrative comments indicated that Registered Nurse participants considered having a student to be an extra or added responsibility. Similarly, for the Registered Nurse participants in this study, the concept of having students as ‘an added extra’ was also raised as an issue.

Kevin et al. (2010) discusses an evaluation of an alternative model of clinical placements in Australia and points out that Registered Nurses are ‘asked’ (as though a favour) to assist in the professional development of nursing students by teaching and supporting them during their clinical placements. Registered Nurses are more willing to embrace their role with students if they are asked in advance if they would like to teach and support a nursing student rather than simply being delegated students on the day (Carlson, Pilhammar, & Wann-Hansson, 2010). Being asked to ‘assist’ or ‘help out’ with nursing students reinforces the notion that students are considered ‘an added extra’ and that providing professional development to nursing students by teaching and supporting them during their clinical placements is not necessarily viewed as a mandatory requirement of Registered Nurses. Participants in this study also talked about being ‘asked’, again, as though a favour, if they wanted to teach and support nursing
students on clinical placements. Teaching and supporting nursing students is often considered as less important than patient care and can therefore be overlooked (Bos, Silén, & Kaila, 2015; Browning & Pront, 2015; Cooper, Courtney-Pratt, & Fitzgerald, 2015; Henderson et al., 2010; Henderson & Eaton, 2013) and participants from this study also identified that patient care took a priority over the professional development of nursing students. In other words, direct patient care took precedence over teaching and supporting students.

**Time**

The first theme to be discussed under the element ‘an added extra’ is ‘time’. Participants indicated that providing professional development to nursing students and teaching and supporting them takes ‘time’.

_Having students does take up time. You’re explaining medications or how to give medications or why you’re giving medications, whereas if it was just you on your own you’d just go in and give them. You know why you’re giving them and when they’re due and why they are due then. But when you’ve got the students with you it does take you that little bit extra time to go through and do it_ (Participant 2).

As with a number of themes, ‘workload’ and ‘time’ were closely related in the findings but were categorised separately as participants indicated a difference between the concept of ‘time’ and ‘workload’. Participants were adamant that extra time was required to teach students. As such, they believed their workload should be decreased if they had a student to allow for the extra time they perceived was required to teach and
support the professional development of the student effectively.

There are numerous assertions in the literature proclaiming that, for a Registered Nurse, teaching students takes additional time. Sykes and Urquhart (2012), in their UK study, investigated the use of general practices (n=8) as settings for undergraduate nursing students’ clinical placements. Nine Registered Nurses (n=9) from eight general practice surgeries participated in their study. Although their study found that general practices offered valuable learning opportunities for students they also found that teaching and supporting students on clinical placement was time-consuming for Registered Nurses. Likewise, Andrews and Ford (2013) in their Australian study, which explored the experiences of Registered Nurses (n=30) involved with teaching and supporting nursing students on clinical placements, found additional time and effort was required to provide professional development to nursing students. Brammer (2006a) echoed the same sentiments and asserted that having students was considered as time-consuming by Registered Nurses. A Finnish study by Jokelainen et al. (2013) also found that Registered Nurses felt they did not have sufficient time to dedicate to students’ professional development and deduced that extra time needs to be allocated in order to teach and support students.

Evans et al. (2013) examined the attitudes of Registered Nurses in acute care settings who clinically teach and mentor nursing students. In their study, which was conducted in the USA with a sample size of thirteen, they ascertained that providing professional development to nursing students by teaching and supporting them on their placements
requires “an extensive time commitment” (Evans et al., 2013, p. 20). Similarly, in their survey of Registered Nurses, Broadbent et al. (2014) also found a lack of time to provide professional development to nursing students to be a major concern for Registered Nurses who are involved with teaching and supporting students in the clinical environment. Hallin and Danielson (2009) administered a questionnaire to two thousand Registered Nurses who were preceptors in Sweden. Their study also identified that teaching a student is considered as time-consuming and make the suggestion that Registered Nurses involved with students be allocated additional time in their day for teaching.

As can be seen above, the extant literature is consistent with the reflections from the participants from this study who purport that providing professional development to pre-registration nursing students by teaching and supporting them on their clinical placements, was considered time-consuming. The literature and studies cited provided examples of how time and workload are closely related. The theme titled ‘workload’ will now be discussed in relation to the literature.

**Workload**

According to the participants in this research study, an already high patient workload was an issue that was considered to be very challenging to a Registered Nurse’s capability to provide sufficient professional development and to teach and support nursing students. Participants articulated that their normal patient workload should be decreased to cater for the extra time and effort required to teach and support students on
clinical placements.

The Australian government spends a large portion of its health expenditure on employing and educating nurses (Health Workforce Australia, 2014). In fact according to Health Workforce Australia (2014) between 2011 and 2013 the Australian government spent $425 million just on clinical placement activities for nurses. Undoubtedly clinical placement is big business in Australia. This is suggestive that it is both in the government’s and healthcare organisations’ best interests financially not to reduce patient loads or pay Registered Nurses extra when they are allocated nursing students because this would only mean more expenditure to have the nursing profession recreated.

Registered Nurses face challenges trying to balance the workload of patient care and teaching and supporting students (Bahadori et al., 2014; Madhavanpraphakaran, Shukri, & Balachandran, 2014; Walker, Cooke, & McAllister, 2008). Numerous studies have found reoccurring themes of workload affecting effective teaching and support of nursing students (Chuan & Barnett, 2012; Courtney-Pratt et al., 2012; Halcomb et al., 2012; Löfmark, Thorkildsen, Råholm, & Natvig, 2012; Nielsen et al., 2013; O’Driscoll, Allan, & Smith, 2010). Nursing tends to be a profession where there are already heavy workloads (Duffield, Diers, O’Brien-Pallas, & Aisbett, 2011; Huybrecht, 2011) and managers often overlook the extra workload that having a student creates (Younge et al., 2002). From their study Yonge et al. (2002) maintain that having a student increases the existing workload for a Registered Nurse that can, in turn, ultimately have an
adverse effect on patient care. Younge et al (2002) recommend that if a Registered Nurse is required to teach and support a student then their workload should be adjusted accordingly. Participants in this research made the same recommendations.

Despite the literature supporting the view that workloads should be decreased for Registered Nurses who are allocated nursing students, studies show that in reality workloads do not get reduced (Hallin & Danielson, 2009; Henderson & Eaton, 2013). Regardless of professional, personal and organisational reasons for providing professional development to students and teaching and supporting them on their clinical placements, heavy workloads were a deterrent. Workload issues deter some Registered Nurses from wanting to become involved with the professional development of nursing students (Waldock, 2010). This, in turn, can ultimately result in some nursing students not gaining the necessary clinical skills and experiences during their clinical placements to learn how to deliver safe, effective nursing care. On top of this, nursing students can sometimes feel like a burden because of the way they are treated by some Registered Nurses (Eick, Williamson, & Heath, 2012). Jonsén, Melender, and Hilli (2013) undertook a study that explored the first clinical placement experiences of Finnish and Swedish nursing students. Their qualitative study used three focus groups. One focus group consisted of Swedish nursing students (n=6) and the other two focus groups consisted of Finnish nursing students (n=8 x 2). Qualitative content analysis revealed “two opposing themes: good quality in clinical practice and poor quality in clinical practice” (Jonsén et al., 2013, p. 299). The participants expressed how the Registered Nurses who they were allocated to were sometimes “invisible” and how others “were
physically present but uninterested” (Jonsén et al., 2013, p. 300) in supervising the students. One of the students in the Swedish focus group stated:

“I felt foolish sitting there, doing nothing, just looking: there was no kind of support” (Jonsén et al., 2013, p. 300).

According to Jonsén et al., (2013, p. 300) students described how in some clinical placements experiences “support and feedback was diffuse, and the staff and preceptors did not know why the students were there or what the students should do”. The nursing students also described how because of the Registered Nurses’ heavy workloads it was difficult to get feedback from them about their [the students’] clinical performance.

Clements, Kinman, Leggetter, Teoh, and Guppy (2016, p.20) undertook a qualitative study that explored “commitment, professional identity and support for nursing students”. In their UK study they used semi-structured interviews \( (n=9) \) and an open ended survey \( (n=171) \) to gather data from pre-registration nursing students. Thematic analysis revealed three intertwined themes; “a sense of professionalism was central to student identity, which together with support, was critical to promoting student commitment” (Clements et al., 2016, p. 22). They found that sometimes the relationship between Registered Nurses and nursing students can be negative with students sometimes not being included into the team. Some “participants blamed their lack of supervision on workload demands as staff had little time to spend with them” (Clements et al., 2016, p. 23). Nevertheless the nursing student participants acknowledged that
workload affected the Registered Nurses ability to provide them with professional development.

Participants in this PhD study felt that students not only took up their time, but also added to their daily workload. Participants also expressed that they wanted recognition for their time and efforts with students. Next the theme ‘wanting recognition’ will be discussed as it relates to the existing literature.

Wanting recognition

The theme ‘wanting recognition’ informs the element ‘an added extra’. Participants described that they would like some form of recognition when they contribute to a student’s professional development. They described how they wanted recognition for the extra time and effort it takes to teach and support students.

In senior meetings you tend to hear the same recurring theme as well, and it is things like you know we just want to be given some recognition that we are doing this with our students and especially when there’s some that don’t have students at all, so it’s -- the recognition thing I think is a big thing that staff want and it would encourage staff to do it more often I think (Participant 9).

Wanting recognition and the desire to be acknowledged for teaching and supporting nursing students is replete within existing literature (Griggs, 2012; Omansky, 2010; Usher, Nolan, Reser, Owens, & Tollefson, 1999; Zahner, Tipple, Rather, & Schendzielos, 2009). An example of research that asserts this is a study undertaken by Evans et al. (2013) in the USA on Registered Nurses involved in clinical teaching. The
aim of the study “was to examine the attitudes and experiences of registered nurses in acute care settings who clinically teach and mentor nursing students in order to understand pedagogical strengths, weaknesses, and opportunities” (Evans et al., 2013, p. 67). Using semi-structured interviews in focus groups ($n=13$), their qualitative study collected data about the behaviour and experiences of Registered Nurses working in acute care areas who were involved with teaching and supporting nursing students on clinical placements. Participants in their research declared:

“[Educating nursing students] was something I thought about doing but it’s hard enough to do your job on the floor sometimes without doing teaching too and you get no special treatment for doing it.” (Evans et al. 2013, p. 71)

Similarly, in their exploratory study ($n=5$), Walker, Cooke, and McAllister (2008) aimed to explore the buddy Registered Nurse experience. A buddy is a Registered Nurse who is:

assigned by nurse managers or shift coordinators to work with a student for a shift at a time. Registered nurses are usually chosen randomly from the staff working on the required shift, indicating that an RN Buddy can have a different student for each shift worked. (Walker et al., 2008, p. 761)

They found that these buddy Registered Nurses did not feel adequately acknowledged
by management or by education providers for their involvement with students. Likewise Raines (2012, p. 76) reminds us that this appears to be a reoccurring theme, that is, “acknowledge my efforts”. Raines (2012) claims that Registered Nurses want recognition from management and universities for the extra effort they put in when they are allocated nursing students.

The concept of wanting recognition for providing professional development to nursing students by teaching and supporting them is not limited to the Australian nursing profession. Research undertaken in the USA also revealed that “tokens of gratitude” (Leners, Sitzman, & Hessler, 2006, p. 11) for teaching and supporting students were an important factor for those Registered Nurses who are involved with students and monetary compensation was found by some to be a reasonable reward for providing professional development to students. In fact, it was an expectation that “preceptors supervising senior nursing student interns are provided monetary rewards” (Leners et al., 2006, p. 11). Leners et al. (2006) revealed that Registered Nurse preceptors were paid anywhere from USD $1.25 (AUD $1.64) to USD $3.00 (AUD $3.95) per hour extra for their added responsibility to teach and support a student on placement. Similar to findings from this PhD study, Leners et al. (2006) found that other tokens of gratitude, such as certificates, were also appreciated by those involved with providing teaching and supporting students on clinical placements.

The concept of Registered Nurses wanting recognition for their efforts with nursing students has been around for quite some time. In their Canadian study Yonge, Krahn,
Trojan, and Wilson (1995) identified that more than sixty percent of the 295 Registered Nurses they surveyed wanted recognition, preferably in the form of a letter of acknowledgement, for their efforts with nursing students. Likewise participants in this research also indicated that they would like some sort of recognition. They also said that they would appreciate a certificate of acknowledgement demonstrating that they were providing professional development to pre-registration nursing students. They wanted recognition for being involved with teaching and supporting students on clinical placements.

Outcomes from the studies described above are all consistent with findings from this research that indicated that participants wanted recognition for their involvement with students. The findings in this study are important because failing to acknowledge and provide recognition to Registered Nurses who have taught and supported nursing students can deter some Registered Nurses from wanting to contribute to their professional development (Evans et al., 2013). This in turn can impact on patient care because students rely on the expertise of Registered Nurses to support their learning and teach them the art of nursing in the clinical environment.

This concludes the discussion of the element ‘an added extra’ which includes the themes: ‘workload’, ‘time’ and ‘wanting recognition’. Participants in this research also expressed views around ‘choice’ in relation to providing professional development to nursing students by teaching and supporting them. Now the element ‘choice’ will be discussed.
Participants believed that it was the right thing to do to allow Registered Nurses to have a ‘choice’ when it comes to providing professional development to nursing students and teaching and supporting them on their clinical placements. Participants of this research indicated that it was acceptable for Registered Nurses to choose whether or not to contribute to the professional development of nursing students by choosing whether or not they want to teach and support students who are undertaking their clinical placements. The element ‘choice’ was influenced by the themes ‘respecting peers’ and ‘unsuited to teaching’. Figure 21 provides a visual representation of the element ‘choice’ and the two themes that inform this element. First the theme ‘unsuited to teaching’ and the theme ‘respecting peers’. 

**Figure 21:** The themes that inform the element choice
Unsuited to teaching

Participants in this research described a notion of being ‘unsuited to teaching’. Participants described that in their opinion some Registered Nurses were just not suited to teaching. Burning out as a result of constantly having to teach and be supportive of students was also a factor that could contribute to a Registered Nurse being considered as unsuited to teaching.

Participants spoke about how some Registered Nurses that they had observed and/or worked with were simply disinterested in students. Others were described as harsh and overtly critical of students. Koch, Everett, Phillips, and Davidson (2014) used surveys to examine clinical placement experiences of pre-registration nursing students. Both closed and open ended questions were used in their survey. Their Australian study, involving 704 pre-registration nursing students and 165 Registered Nurses, established that although some students have positive learning experiences during their clinical placement experiences others were exposed to harsh treatment such as verbal insults, discrimination and other unwelcoming and unsupportive behaviour. Wilson (2016) describes these types of negative behaviours towards nursing students as bullying. Using three data bases Wilson (2016) conducted a systematic literature review to explore bullying in nursing. Wilson (2016) found that nursing students were at risk of being bullied and ridiculed while on their clinical placements. Furthermore, Wilkins (2014, p. 284) asserts “the reality is that many students feel vulnerable and experience
humiliation and abuse at the hands of RN’s”.

The literature revealed that some Registered Nurses simply show disinterest in being involved with teaching or supporting nursing students on clinical placements. In their Australian study, using mixed method research, Croxon and Maginnis (2009) examined clinical placement experiences of twenty nursing students in acute care clinical placements. Their study established that some Registered Nurses are not keen to teach students (Croxon & Maginnis, 2009). Given that the quality of support given to students has been deemed as one of the most important factors to a student’s clinical placement experience (Walker et al., 2013) disinterest towards nursing students may have significant negative effects on their overall progress. If a Registered Nurse is willing to provide students with professional development by teaching them and being supportive of them, then a student’s clinical placement experience is much more likely to be positive (Koch et al., 2014; Mackay, Brown, Joyce-McCoach, & Smith, 2014). Thus it is imperative that Registered Nurses who engage with students are actually willing to teach and support them (Croxon & Maginnis, 2009).

As alluded to above, some students do not have positive experiences when they undertake a clinical placement (Brynildsen, Bjørk, Berntsen, & Hestetun, 2014; Courtney-Pratt et al., 2012; Esmaeili, Cheraghi, Salsali, & Ghiyasvandian, 2014; O'Mara, McDonald, Gillespie, Brown, & Miles, 2014; Pearcey & Elliott, 2004). ‘Nurses eat their young’ is a well-known phrase in the nursing profession in Australia (Frederick, 2014; Simons & Mawn, 2010; Thomas, 2010). This phrase is used
synonymously to describe negative bullying behaviour by nurses towards other nurses (Douglas, 2014). These negative behaviours include verbal abuse, insults, teasing, unreasonable “criticism or intimidation” and ignoring (Sauer, 2012, p. 43). Dismissive comments that suggest a lack of support of students’ professional development such as, “I did not sign up to work with a student today...” (Thomas, 2010, p. 301) are scattered throughout the literature.

A study in Turkey by Ünal, Hisar, and Görgülü (2012, p. 11) examined nursing “students’ verbal violence experiences, the effect of assertiveness on being subjected to violence, the behaviour of students after the violence and the experience of psychological distress during” clinical placements. They used the Rathus Assertiveness Schedule in a questionnaire on 274 nursing students. Their study found that thirty-two percent of students expressed that lack of support during their clinical placements caused them distress. According to Ünal, Hisar, and Görgülü (2012, p. 13) students recounted “experiencing humiliation in front of patients and staff, being given undesirable nicknames, having false allegations made about them... people reprimanding, shouting, threatening, forcing them to do a job affecting self-confidence and questioning their honesty and reliability.” In a Jordanian study Shoqirat and Abu-Qamar (2013) explored the clinical placements of twelve final year nursing students. Their qualitative study used an explorative approach in a focus group. Students described how unhelpful Registered Nurses and “poor communication from the side of nursing staff” (Shoqirat & Abu-Qamar, 2013, p. 53) made their clinical placements unpleasant. Students explained how they were sometimes simply ignored by Registered
Nurses. Moreover Shoqirat and Abu-Qamar (2013) found that lack of support from Registered Nurses could adversely affect a student’s confidence. Another Australian study (n=159) by Walker et al. (2014, p. 103) examined how nursing students “of a regional Australian university construct their identity” while undertaking clinical placement. They also established that bullying behaviours were found to negatively impact on student learning. They used an online survey to gain insight into how pre-registration nursing students establish their sense of identity during their clinical placement experiences. In their study the researchers discovered incidences of unsupportive behaviour by Registered Nurses such as ignoring students and displays of anger at the prospect of having to be involved with students (Walker et al., 2014).

A Turkish (n=222) study by Palaz (2013, p. 24) explored “bullying and harassment experiences of nursing students”. The study used the Negative Acts Questionnaire to investigate thirteen different types of bullying. The Negative Acts Questionnaire is “an instrument designed to measure exposure to bullying in the workplace” (Einarsen, Hoel, & Notelaers, 2009, p. 24). The study also revealed bullying types of behaviours by Registered Nurses, such as shouting, intimidation and ostracising, were directed at students. Furthermore, Palaz (2013) found that students were frequently exposed to bullying.

Chuan and Barnett (2012, p. 192) conducted an exploratory study in Malaysia that examined nursing students’ and Registered Nurses’ (including nursing university lecturers) perceptions of clinical placements to establish “factors that enhanced or
inhibited student learning”. They elicited responses via forty-four items on a questionnaire related to clinical placement. The questionnaire which was completed by 142 nursing students, fifty-four Registered Nurses and eight Registered Nurses who were also nursing lecturers. Registered Nurses’ attitude toward nursing students was found to be a factor which could enhance or inhibit student learning. The researchers reported that some Registered Nurses are unwilling to teach and be supportive of students and are consequently unfriendly toward them. This exclusionary type of behaviour toward students has the potential to adversely impact upon student learning (Levett-Jones & Lathlean, 2009a; Levett-Jones et al., 2007) ultimately putting patient safety at risk. Good relationships between the Registered Nurse and the nursing student are an essential part of the success of a clinical placement for the student (Dale, Leland, & Dale, 2013; Lofmark et al., 2012). Without this good relationship the student feels unsupported (Anthony & Yastik, 2011; Courtney-Pratt et al., 2012; Levett-Jones, Lathlean, Higgins, & McMillan, 2008). Behaviours described above would render a Registered Nurse ‘unsuited to teaching’.

Participants from this research described that although they were happy to provide professional development to nursing students and be involved in teaching and supporting them on their clinical placements, they were vulnerable to burnout from constantly having students. They expressed concern that this burnout had the potential to impact their attitude towards students in a negative way and make them unsuited to teaching. Burnout is described as psychological or emotional distress and can have an effect on an individual’s wellbeing (Gibbons, Dempster, & Moutray, 2011). The
literature confirms that burnout is not a new phenomenon for Registered Nurses who are involved with teaching and supporting students on clinical placements (Allen & Simpson, 2000; Courtney-Pratt et al., 2012). Haydock, Mannix, and Gidman (2011) claim burnout is closely linked to Registered Nurses not being allocated extra time to teach and support students and failure to have their patient workload reduced when delegated nursing students. The literature suggests that burnout from constantly having students can be and indeed needs to be managed by organisations. Management is commonly reported to overlook the extra workload that accompanies teaching and supporting students which results in staff feeling overworked and at risk of burnout (Brann & Gustavson, 2013; Smith, Corso, & Cobb, 2010). Recognising the extra effort required to provide professional development to nursing students on placements can be achieved by allowing additional time to teach and provide support to students by adjusting a Registered Nurse’s workload when they are delegated a student.

A Canadian study by Smith et al. (2010) examined why there was a problem finding sufficient placements for nursing students. It was identified that one of the reasons why universities were having difficulties finding clinical placements for nursing students was because healthcare facilities were sometimes refusing or reducing student placements because their staff were perceived to be suffering from burnout from constantly teaching and supporting students (Smith et al., 2010). Some specialist areas in nursing justify that they are unsuited to having students for clinical placements claiming that they are unable to provide students with sufficient supervision to teach and support them or offer enough variety to the student’s placement experience (Coyne
& Needham, 2012). According to Coyne and Needham (2012) specialist areas such, as renal and oncology, that make the ‘choice’ not to accept students are denying students valuable exposure and experience to specialist fields of nursing such as renal and oncology. Specialist areas that deny/refuse student access are in effect making a deliberate ‘choice’ not to provide professional development to nursing students.

In their Australian study Brown, Stevens, and Kermode (2012) examined Registered Nurses’ role in the social integration of nursing students into the clinical nursing environment. The qualitative section of their mixed methods study used semi-structured interviews with nursing students (n=7) and Registered Nurses (n=7). Results revealed seven domains which describe the role Registered Nurses have in the professional socialisation of nursing students; “Professional role concept…, Acculturation, Acquisition of knowledge, Acquisition of skill, Acquisition of professional values, Assimilation into the organisation, and Professional role modelling” (Brown, et al., 2012, p. 608). Their study found that sometimes students are not paired with a particular Registered Nurse because the Registered Nurse is deemed unsuitable to be teaching students. This is consistent with findings with from this research where participants reported that when possible students were deliberately not paired up with Registered Nurses that were deemed as ‘unsuited to teaching’ students.

The Registered Nurses that participated in this research described how they believed that some Registered Nurses are ‘unsuited to teaching’. Burnout was determined as a contributing factor for some Registered Nurses becoming ‘unsuited to teaching’. The
literature describes bullying behaviours displayed by Registered Nurses toward students is behaviour that is unsuited to teaching students. In addition the literature reinforced that burnout, from constantly having to teach and support nursing students, can make a Registered Nurse unsuited to teaching. Participants also described how they respected their peers’ choice not to teach and support nursing students. This phenomena is explained in the next theme, ‘respecting peers’.

Respecting peers

In addition to believing that some Registered Nurses are unsuited to teaching, the participants in this research described how some Registered Nurses with whom they worked, openly and assuredly voiced that they did not want to contribute to the professional development of nursing students or be involved in teaching or supporting them. Participants described how if a Registered Nurse did not want to contribute to the professional development of nursing students and/or be involved in teaching and supporting them on their placements then this was generally accepted and tolerated by peers.

‘Respecting peers’ is different to ‘unsuited to teaching’. ‘Respecting peers’ is about acceptance of others choosing not to provide professional development to nursing students. This was identified as common practice and participants indicated that despite professional, personal and organisational beliefs about doing the right thing, Registered Nurses could ultimately decide whether or not to provide professional development to pre-registration nursing students by choosing whether or not to teach or
support them on their placements. The participants from this research described that they had observed peers choosing not to be involved in the professional development of nursing students by not teaching or supporting them during their clinical placements. Participants indicated that they respected their peers’ decision not to contribute to the professional development of nursing students.

According to Luhanga, Billay, Grundy, Myrick, and Yonge (2010) not all Registered Nurses feel prepared or have the confidence to teach students in the clinical environment. This perceived lack of ability to teach students prevents some Registered Nurses from wanting to be involved in the professional development of nursing students (Mather, McKay, & Allen, 2015). In this PhD study participants described how some Registered Nurses are simply not comfortable with teaching and supporting students. Participants explained how if a Registered Nurse was not comfortable with teaching and supporting students, and therefore did not want to be involved in their professional development of students, then the Registered Nurse’s choice not to have students was accepted by his/her peers.

There is evidence of Registered Nurses accepting behaviour from their peers who openly choose not to provide professional development or teach or support students on clinical placements in the literature. Consistent with the findings from this study, Brammer (2008) found that some Registered Nurses are reluctant to be involved in supporting students in their learning. This excerpt from Brammer (2006b) illustrates peer acceptance of behaviour of others actively not wanting to be involved with
teaching or being supportive of students’ professional development. In the excerpt below a nursing student describes the discussion that occurred in front of her by Registered Nurses:

CN [Clinical Nurse] said ‘ok one of you have to have her’ and they all just went ‘No, not having her’... And they, none of them wanted any of us.
Two of us and it was like, ‘nup, no way’. So we’re just standing there going . . . ‘we kind of need someone!’...And eventually one of them just said ‘Oh, I’ll have one’ [negative tone]. (Brammer, 2006b, p. 700)

Similarly, Levett-Jones and Lathlean (2009a) reported that Registered Nurses would argue in handover in front of students about who would take the students because the Registered Nurses did not want to be given one. Levett-Jones and Lathlean (2009a, p. 2874) found that arguing over who would or would not have the students would sometimes go on for as long as “ten minutes”. This demonstrates behaviour of choosing not to teach or support the professional development of students as being accepted practice by some Registered Nurses.

The behaviours described in the above scenarios are commonly referred to as bullying. There is a plethora of literature about nurses and bullying. An Australian study by Curtis, Bowen, and Reid (2007) revealed that fifty-seven percent of their nursing student participants had been exposed to bullying during their clinical placements. A Canadian study by Clarke, Kane, Rajacich, and Lafreniere (2012) investigated
unsupportive and bullying behaviour toward pre-registration nursing students by Registered Nurses. Over eighty-eight percent of their nursing student participants experienced bullying and over forty percent claimed they were ignored or excluded during their clinical placement experience (Clarke et al., 2012).

In their Australian study, Budden, Birks, Cant, Bagley and Park (2017) undertook a cross-sectional survey design (n=888) that investigated pre-registration nursing students’ exposure to bullying during their clinical placements. Results revealed that over half of the participants (n=446) had experienced bullying during their clinical placements, whilst two thirds (n=545) had witnessed other nursing students being bullying during placements. The majority of the bullying toward nursing students was done by Registered Nurses. Participants reported they were “being harshly judged or unfairly criticised…neglected, ignored or denied learning opportunities” (Budden et al., 2017, p. 129). Alarmingly as a consequence of bullying, some participants felt “afraid to check orders” Budden et al., 2017, p. 130) whilst others considered pursuing a different profession altogether. Clearly the repercussions of bullying can effect patient safety and also effect the retention of a future nursing workforce.

Participants in this research described how bullying type behaviour toward students by Registered Nurses was generally accepted by peers. Negative, unsupportive behaviour toward students has the potential to be gradually accepted as the norm and to be enculturated by students. Eventually this unsupportive behaviour could pass on to the next generation of nurses thus creating an eternal cycle of Registered Nurses...
perpetuating unsupportive behaviour toward nursing students (Clarke et al., 2012). In this PhD study participants described how some of their peers exhibited the fore mentioned behaviours such as excluding, ignoring or being unsupportive of students. These sorts of behaviours, although not desirable, were accepted.

Brown et al. (2012) found that negative body language and almost hostile behaviour towards students during handover was particularly noticeable. Clinical teachers however tend to accept this behaviour and just try to help the students complete their placements (Brown et al., 2012). Students have reported negative unsupportive behaviour directed towards them being done in front of other Registered Nurse who in turn simply choose to ignore or brush off this behaviour (Thomas & Burk, 2009). A study in the USA, by Leners et al., (2006) explored educational concerns associated with clinic placements.

They used semi-structured interviews to explore the lived experiences of hospital staff that coordinated clinical placements for nursing students. Participants (n=15) revealed that they observed that some Registered Nurses simply refused to work with nursing students. Dickson, Walker, and Bourgeois (2006, p. 416) in their Australian phenomenological study, used a Hermeneutic approach to examine the lived experiences of Registered Nurses (n=5) who teach and support nursing students to understand “how facilitation actually takes place in the clinical environment”. They found that there is a tendency for clinical facilitators to actively avoid pairing students with Registered Nurses who they believed to have the attitude of “Oh no not students again!” (Dickson et al., 2006, p. 419). This is an example of clinical facilitators (Registered Nurses) surrendering to the negative behaviours of their peers toward
students. Similarly participants from this research voiced that they observed Registered Nurses being tolerant and accepting of the behaviour of other Registered Nurse choosing not to teach nursing students or be supportive of their professional development.

The findings and the substantive theory from this research provides explanation of why some students are not taught by or given support from Registered Nurses by indicating that providing professional development to a nursing student is believed to be more a choice made by the individual Registered Nurse rather than a mandated requirement. The belief that providing professional development to students by teaching and supporting them on their clinical placements is a choice contradicts what participants said in relation to describing having a sense of professional, personal and organisational responsibility to provide professional development to students. The findings are showing contradictory ideas in regard to providing professional development to nursing students by teaching and supporting them during their placements. Moreover it demonstrates inconsistency in the level of professional development, support and clinical teaching students are exposed to during their clinical placements. This is important because although nursing students are taught nursing skills in the university classroom setting, nursing students rely on Registered Nurses to contribute to their professional development by supporting them and teaching them these skills on real life patients during their clinical placements. Nursing students rely heavily on the expertise of Registered Nurses to help them become competent. This concludes the discussion related to the element ‘choice’. The element ‘choice’ consists of the two themes
discussed above; ‘unsuited to teaching’ and ‘respecting peers’. The element ‘Nursing standard’ and how its findings relate to the existing literature will be explored next.

**Nursing standard**

![Figure 22: Themes that inform the element nursing standard](image)

If participants indicated an awareness of nursing competency standard 4.3 they described feeling obliged to provide professional development to nursing students and to teach and support the students during their clinical placements because it was dictated to them [the participants] by this standard. This, again, appears somewhat contradictory to the belief that providing professional development to nursing students by teaching and supporting them during their clinical placements is a ‘choice’. The element ‘nursing standard’ and its themes; ‘aware’; and ‘unaware’, are illustrated in Figure 22.

Akin to this research, MacDonald et al. (2010) investigated just one nursing
Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: The theory of Doing the Right Thing

competency in particular. Their study, using semi-structured interviews as the method of data collection, investigated the inter-professional collaborative practice of twenty-four participants from various health care professions. Whilst MacDonald et al. (2010, p. 238) recognise that “all the competencies are important”, their US study focused specifically on one competency: knowledge of the professional role of others (Canadian Nurses Association, 2014). Nursing involves team work and collaboration with other health professionals (Merrick, Fry, & Duffield, 2014) and awareness of standards that allude to such a concept can help improve support for nursing students which can ultimately lead to better and safer patient care (MacDonald et al., 2010). Similar to the research described above, this PhD study also focuses on one competency in particular, Australian competency standard 4.3. Investigations into awareness and understanding of specific nursing standards and competencies such as competency standard 4.3 are important as they have the potential to improve the level of support and clinical teaching provided to nursing students during their clinical placements which will ultimately result in better and safer patient care.

Aware

The first theme of ‘nursing standard’ is ‘aware’. The element ‘aware’ emerged as only a few participants had knowledge specifically of the existence of the national nursing competency standard 4.3 that the Registered Nurse:

“Contributes to the professional development of others:

• …supports health care students to meet their learning objectives …
• participates where appropriate in teaching others including students of nursing...” (Nursing and Midwifery Board of Australia, 2006, p. 5).

To have an awareness of competency standard 4.3 in particular, participants first had to have an awareness of the national competency standards for the Registered Nurse. A search of the literature reveals that there have been no studies undertaken which explore specifically if Registered Nurses are aware of the Australian nursing standard requirement for Registered Nurses to provide professional development to nursing students by teaching and supporting them when they are on their clinical placements.

Given that nursing standards are used to measure nursing competence and nursing performance (Grealish, 2013) it is imperative that Registered Nurses are familiar with nursing standards. Every year in Australia Registered Nurses must declare that they practice within the guidelines agreeing to the following (see Appendix E):

“I undertake to comply with all relevant legislation, Board registration standards, codes and guidelines” (Nursing and Midwifery Board of Australia, 2015b, p. 11).

Under the Health Practitioner Regulation National Law Act 2009 (State of Queensland, 2010) the nursing standards have been enacted into law. In other words, it is legislated that Registered Nurses must practice in accordance with the nursing standards.
There have been various studies examining nursing competency standards as self-assessment tools (Andrew et al., 2008; Cowan, Wilson-Barnett, Norman, & Murrells, 2008; Takase & Teraoka, 2011). These studies investigated how Registered Nurses rate themselves according to nursing competencies. An Australian study by Cowin et al. (2008) compared the Australian competency standards to the Finish Nurse Competency Scale using a self-assessment scale. Cowin et al. (2008) analysed the results of a questionnaire eliciting perceptions regarding competency of recently graduated Registered Nurses (n=116). In their study, participants read a competency and then ranked themselves against that competency. Cowin et al. (2008) did not investigate specifically whether participants had prior knowledge and understanding of the competency standards. Nevertheless their research highlights the importance of Registered Nurses having awareness and understanding of the content of nursing standards as they relate to self-assessment in order to understand their professional requirements in relation to nursing students.

Their findings indicated that their participants rated themselves a mean of 7.75/10 for this competency. Andrew et al. (2008) highlights the value of nursing competency standards and Registered Nurses interactions with these standards. Similarly the participants from this study who were aware of the competency standard 4.3, in particular, relayed the value of Registered Nurses understanding the meaning and content of the nursing standards.

Takase and Teraoka (2011) developed a tool that measured nursing competence using self-assessment. Their Japanese study indicated that Japanese Registered Nurses assessed themselves generally as competent. However, they did not rate themselves highly in staff education including education of students (Takase & Teraoka, 2011). A study in China by Liu, Kunaiktitkul, Senaratana, Tonmukayakul, and Eriksen (2007) also examined nurse competencies using self-assessment. In general, the participants (n=252) rated themselves highly in nursing competence. Lin, Hsu, Li, Mathers, and Huang (2010) also developed a research instrument for measuring competencies in Taiwan. They tested their tool on 1431 public health nurses and resolved that the teaching of student nurses should have been part of the self-assessment. In a similar way, some participants in this research suggested yearly work appraisals include evaluations to assess if Registered Nurses have been meeting the nursing standards requirement in relation to nursing students.

There is a paucity of literature surrounding Registered Nurses awareness of the Australian national competency standard for the Registered Nurse 4.3. In summary
although awareness of the existence of the competency standards for the Registered Nurse was evident, there was only occasional awareness of the actual content of competency standard 4.3. According to the Nursing and Midwifery Board of Australia (2016c, p. 1) nursing standards “should be evident in current practice” so it is important that Registered Nurses are aware of the content within the standards. This leads on to the next theme, ‘unaware’.

**Unaware**

The theme ‘unaware’ describes that there was minimal awareness of the existence of nursing competency standard 4.3 by participants in this research. Although there was an overarching awareness of the existence of the Australian national competency standards for the Registered Nurse the awareness, in terms of the actual content of the standards, appeared to be only at a superficial level. Having little knowledge of the specific content of the overall standards inevitably meant there was minimal awareness amongst participants of the requirements of competency standard 4.3.

Similar to findings from this research, there is evidence in the literature that suggests Registered Nurses have a poor understanding of nursing standards (Walker & Godfrey 2008). According to Chiarella, Thoms, Lau, and McInnes (2008) Registered Nurses in general are aware of the existence of competency standards. Even if there is some awareness, their understanding of the purpose and content of the standards is limited. Over time though, Chiarella et al. (2008) suggest there has been a slow, but gradual, trend of some awareness by Registered Nurses of the actual content within the nursing standards.
Also, consistent with findings from this research Pearson, FitzGerald, and Walsh (2002) in their Australian study involving Registered Nurses \( (n=249) \) investigated continuing competence in nursing and found that although Registered Nurses are in favour of competency standards they do not have a clear understanding of what the standards actually entail. Their participants were questioned about their interpretation of nursing competence. The requirement to provide professional development to nursing students was not mentioned by their participants as being part of competence (Pearson et al., 2002).

A recent study by Terry, Stirling, Bull, and Fassett (2015) revealed that there is a mixed understanding amongst Registered Nurses of the nursing competency standards. Their Australian research used questionnaires \( (n=105) \) and semi-structured interviews \( (n=15) \) to gain insight into Registered Nurses’ understanding and application of the national competency standards for the Registered Nurse. Less than fifty percent (50%) of the graduate nurses in their study indicated that the nursing standards were “understood by the nursing profession” (Terry et al., 2015, p. 4). Moreover they describe how their “study demonstrated that a fragile and negotiable understanding of the standards exist” (Terry et al., 2015, p. 7). Similar to findings from this Grounded Theory research, their study concluded Registered Nurses did not have a good understanding of the national competency standards for the Registered Nurse.

Brammer’s (2002) study on the role of the Registered Nurse in student learning within the clinical environment presumed that Registered Nurses working with students knew
the competency standards. Her research also revealed a superficial awareness of the competency standards only. In order to thwart confusion where teaching and being supportive of nursing students’ professional development is concerned, the Nursing and Midwifery Council (2008b) in the UK developed an entire set of standards dedicated to supporting learning and assessment in practice. These UK standards are specifically designed to both assist and guide Registered Nurses in their important role with teaching and supporting students on clinical placements. The UK standards describe “the knowledge and skills nurses and midwives need to apply in practice when they support and assess students undertaking NMC [Nursing and Midwifery Council] approved programmes…” (Nursing and Midwifery Council, 2008b, p. 3). In Australia, the national competency standards for the Registered Nurse states that a Registered Nurse “participates … in teaching others including students of nursing” (Nursing and Midwifery Board of Australia, 2006 p. 5). The requirement of the Registered Nurse to provide professional development to nursing students by teaching and supporting them when they are undertaking clinical placements is highlighted not only in the Australian national competency standards for the Registered Nurse. Globally there are expectations written into standards that Registered Nurses will provide professional development to nursing students by teaching and supporting them during their clinical placements (American Nurses Association, 2010; Canadian Nurses Association, 2014; International Council of Nurses, 2003a; Nursing and Midwifery Council, 2002, 2008a).

The participants of this research perceived that they were providing professional development to students and teaching and supporting students in a manner that adhered
to the requirements outlined in competency 4.3 of the national competency standards for
the Registered Nurse (Nursing and Midwifery Board of Australia, 2006). Despite the
affirmations of participants claiming to teach and be supportive of students, there was
however, a general lack of awareness amongst participants with regard to the mandated
requirement to provide professional development to nursing students as specifically
outlined in competency standard 4.3. The inherent sense of feeling responsible to teach
students and be supportive of the professional development of nursing students
generally emanated from their own beliefs and not from the awareness of the regulatory
nursing body saying that it was a requirement to do so.

Nursing standards specify a minimum standard of practice for Registered Nurses
(Cashin et al., 2016). The International Council of Nurses (2013, p. 1.) declares “that
profession-led nursing regulation contributes to public protection and quality patient
outcomes through establishing, promoting and enforcing standards of practice”. Clearly,
nursing standards are important, and Registered Nurses should be aware of the content
of their nursing standards and practice according to these standards. Further, if
Registered Nurses are not aware of the content of the standards then they will not know
what is expected of them. If Registered Nurses are not aware of the content of the
nursing standards how would they be expected to know that providing professional
development to nursing students by teaching and supporting them during their clinical
placements is actually a nursing standard requirement?

A search of the literature did not reveal any studies that specifically investigated if
Registered Nurses are aware they are mandated by nursing standard requirements to provide professional development to nursing students by teaching them and being supportive of them during their clinical placements. Findings from this research indicate that there was minimal awareness of the existence of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them in the clinical setting by participants in this study. This completes the discussion of the element ‘nursing standard’.

**Conclusion**

Various studies have been identified which relate to the findings from this research and support the substantive theory developed as a result of this study. A discussion of the findings as they link to the literature supported the findings that Registered Nurses provide professional development to pre-registration nursing students by teaching and supporting them in the clinical environment because they believe that it is the right thing to do.

The substantive theory, **Doing the Right Thing**, that emerged as a result of this research is presented visually in the figure below (Figure 23). The concluding chapter that includes recommendations for further research as a consequence of this study is next.
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Figure 23: Visual summary of substantive theory
CHAPTER 6

Concluding statements and recommendations

Introduction

This research aimed to develop a substantive theory that would explain Registered Nurse participants’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. The substantive theory that emerged as a result of this research, Doing the right thing, explains the Registered Nurse participants’ understanding of the nursing standard requirement that they provide professional development to pre-registration nursing students by teaching and supporting them when they are undertaking clinical placement experiences. This final chapter discusses the theoretical contribution this research has made to nursing. The chapter considers the limitations of the research and makes recommendations to the nursing profession. To conclude with, the chapter will make recommendations for further research and offers a final reflection from the student researcher.

Theoretical contribution to nursing

According to Jirojwong, Johnson and Welch (2011, p. 121) an essential part of Grounded Theory is the “formulation of an explanatory theory”. The substantive theory that emerged from this Grounded Theory study adds to existing knowledge in the area of the Registered Nurse’s role in relation to nursing students. Prior to this research no
studies were found that explored Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. This research is original because it offers insight into a particular area of nursing which has not previously been studied. To understand why Registered Nurses engage in the professional development of nursing students concomitantly the theory also explains (Jirojwong et al., 2011) why sometimes Registered Nurses are reluctant to teach nursing students or be supportive of their professional development when they are undertaking their clinical placements. This study identified that participants had a general lack of awareness of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements and found that the participants were inclined to teach and be supportive of nursing students’ professional development on clinical placements because they believe it is the right thing to do.

Limitations

This study, as all studies do, has limitations (Creswell, 2003). As previously mentioned, in the Introduction Chapter, the researcher had previously worked as a clinical coordinator in an Australian university and could therefore have preconceived ideas about this area of study. In this previous role, as a clinical coordinator, the researcher had observed that sometimes Registered Nurses were unsupportive of students on clinical placements. The researcher therefore had preconceived ideas that sometimes Registered Nurses were not providing support or professional development to nursing
students. This bias was managed by being aware of this preconceived idea and being mindful to remain neutral during interviews. The researcher was careful not to imply or suggest that sometimes some Registered Nurses were not being supportive of nursing students during their placements. Furthermore the researcher was careful not to suggest that some Registered Nurses were unaware of the nursing standard requirement in relation to nursing students. The researcher was mindful throughout the duration of the research process to be objective and not to allow preconceptions or biases affect this study. In addition, this research was conducted by a novice researcher who was new to Grounded Theory research. The researcher was mindful of the need to be consistent with Grounded Theory methodology throughout the research to ensure research credibility, and efforts to do this was previously explained in Chapter 3. Other limitations of this study include that all of the participants from the study were from the state of Queensland in Australia and that the sample size was not large (n=15). It is important to recognise the substantive theory that was developed was with a specific group and the sample size means the theory is therefore not generalisable (Strauss & Corbin, 1998); that said, the researcher never set out to generalise finding in the quantitative sense. It should be noted however, that generalisation of findings from qualitative research focus on assessing the efficacy of theoretical constructs rather than on the transferability of statistics. Qualitative findings can be transferable but from a different perspective. Those who read qualitative research tend to relate to a finding, that is, the findings often resonate with them, and as such, this facilitates a kind of generalised understanding of the phenomenon. The findings from this research may resonate with Registered Nurses who will be able to relate this theory to their own
clinical practice.

**Recommendations for nursing education**

- The foremost recommendation from this study is to provide professional development for Registered Nurses to help them to become aware of their requirements in relation to nursing students. An educational program should be developed to educate/remind Registered Nurses of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements. In fact, Registered Nurses need continuing professional development (CPD) regarding the nursing standards overall.

- Educate and provide support to Registered Nurses in the role of teaching and supporting nursing students. Educational sessions such as workshops, seminars, and on line web resources to encourage and educate Registered Nurses how to provide professional development to nursing students and how to teach and support the students are needed. Educational sessions will assist Registered Nurses to fulfil the nursing standard requirement to provide professional development to nursing students on clinical placements.

- Incorporate into nursing bachelor’s degree programs a component where pre-registration nursing students are taught how to teach and support nursing students who are undertaking clinical placements. This will educate students how to fulfil the requirement to provide professional development to nursing students when they themselves graduate.
Recommendations for nursing practice

- Provide support and education for Registered Nurses so they can meet the requirements of the Registered Nurse standards for practice in relation to nursing students. This will facilitate positive learning experiences for students during their clinical placements.

- Ensure that Registered Nurses who are allocated nursing students have enough experience, are educated in the role and are confident enough to teach students.

- This research has revealed that Registered Nurses appreciate advance notice of being allocated nursing students rather than being advised during handover that they will be delegated a nursing student on that shift. The recommendation is to ensure Registered Nurses know beforehand, and are not just told at handover, that they will be expected to teach and support a nursing student.

- Support Registered Nurses who are involved with students by providing an allocation of time into their extra workload to teach, support and generally provide professional development to nursing students on clinical placements.

- A Registered Nurses’ patient load should be reduced if they are allocated a nursing student. This reduced workload will allow the Registered Nurse time to teach the student and to be supportive of the student’s professional development.

- Both tertiary education institutions and the management at healthcare facilities
should acknowledge the efforts of individual Registered Nurses when they contribute to the professional development of students. Recognition in the form of certificates of appreciation, for example, should be given to Registered Nurses who have provided professional development to nursing students and have taught and supported them during their clinical placements.

**Recommendations for further research:**

To extend this research the following research is recommended:

- A larger study using a more generalisable quantitative approach would be useful to establish if Registered Nurses understand the nursing standard requirement to provide professional development to nursing students by teaching and supporting students on clinical placements.

- A study to determine what form of reward or acknowledgement Registered Nurses would like in recognition of their efforts in regards to their contribution to the professional development of nursing students. In other words, the study should investigate what type of reward Registered Nurses would like for the extra time and effort they put in when they teach and support students on clinical placements.

- It would be beneficial to conduct a project to examine if additional time is being factored into Registered Nurses’ workloads when they are allocated nursing students and how much extra time is actually required.

- Research to investigate in-depth why Registered Nurses feel it is both tolerated
and acceptable to say no to being allocated a nursing student.

**Conclusion**

This research found that the Registered Nurse participants from this study provide professional development to pre-registration nursing students by teaching and supporting them on their clinical placements because they believe it is *the right thing to do*. The research revealed that predominantly there was a lack of awareness of the requirement, which is embedded within the ‘nursing standards’, to provide professional development to nursing students by teaching and supporting them when they are undertaking their clinical placements. Regardless of this lack of awareness, participants still did what they believed to be the right thing and taught and supported students. In addition, participants indicated they did have a responsibility towards nursing students. Accordingly, despite students being considered ‘an added extra’ to their daily workload they still did what they believed to be the right thing and provided professional development of nursing students by teaching and supporting them. Furthermore, participants expressed the belief that it is an individual Registered Nurse’s ‘choice’ whether they would like to contribute to the professional development of students and this choice of being either involved or excused from teaching and supporting students is accepted by peers. Accepting a peer’s choice in this respect was considered *the right thing to do*. Recommendations from this research suggest education of the nursing standard requirement to provide professional development of pre-registration nursing students by teaching and supporting them during their clinical placements is needed. The theory developed could be used by tertiary institutions and health care facilities to understand why Registered Nurses provide professional
development to nursing students and why they teach and support them on their clinical placements. An understanding of the social processes involved, as described in this theory, can be used to assist healthcare facilities and the tertiary sector to understand the behaviours of Registered Nurses towards pre-registration nursing students. This new knowledge regarding Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements will hopefully have a positive impact on students’ clinical placement experiences.
Final reflection

I am fortunate to have been able to undertake this qualitative research and explore an area in nursing that is close to my heart. Grounded theory methodology has allowed me to gain an understanding of why some Registered Nurses behave in the manner they do towards nursing students. The participants shared invaluable insights into why they were providing professional development to nursing students by teaching and supporting them. The words they shared during the interviews have been forever etched into my mind and into this research. It is from the participants’ thoughts and experiences that the theory of Doing the Right Thing emerged.

The research participants selflessly donated their precious time and shared their thoughts and feelings with me. I learnt how the participants feel when they are allocated nursing students and why they are motivated to teach and support nursing students. Concurrently, I learnt why some Registered Nurses are sometimes reluctant to teach and support students. Doing this research has highlighted to me that Registered Nurses are not always aware that they are actually required to teach and support nursing students.

During the course of this PhD my research skills grew and developed. For example, when doing Grounded Theory it is recommended that when you are coding you “move quickly through the data” (Charmaz, 2006, p. 49). Initially I was only able to code line by line. As I became more experienced at coding I became more confident in my ability to decipher the participants’ words. Over time I developed the skills to code concept by concept. The more experienced I became, the quicker I was able to grasp the concepts.
within the participants’ words. I found data analysis to be an enjoyable part of doing Grounded Theory research. Being immersed in the data (Corbin & Strauss, 2008), as one becomes when doing Grounded Theory, was very rewarding. I tended to lose myself in the data and lose track of time as I sorted and compared data with data. I found data analysis rewarding because it made me really understand the participants’ thoughts and feelings. Coding using constant comparative analysis allowed me to really ‘hear’ what the participants were saying.

Being a PhD candidate has taught me the principles of qualitative research. New opportunities have arisen following my research and I now look forward to being an active researcher in a variety of projects. I also hope to share the knowledge and skills that I have acquired while doing this thesis to help others on their higher degree research journeys.
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Appendixes

Appendix A: Ethics approval

INITIAL APPLICATION APPROVAL - Transfer
In reply please quote: HE12/141
Further Enquiries Phone: 4221 3386

28 May 2012

Mrs Carina Anderson
PO Box 1128
NCOOSAVILLE QLD 4366

Dear Mrs Anderson,

I am pleased to advise that the application below has been approved.

Ethics Number: HE12/141
Project Title: Registered Nurses’ understanding of their responsibilities under the ANMC competency standards in relationship to Bachelor of Nursing students.
Researchers: Mrs Carina Anderson, A/Professor Lorna Moxham, Mr Marc Broadbent
Approval Date: 12 April 2012
Expiry Date: 11 April 2013

The University of Wollongong/SLHD Health and Medical HREC has noted the previous Central Queensland University Human Research Ethics Committee approval (Project H10/11-165) and the transfer of the research to University of Wollongong.

The University of Wollongong/SLHD Health and Medical HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research. The HREC has reviewed the research proposal for compliance with the National Statement and approval of this project is conditional upon your continuing compliance with this document.

A condition of approval by the HREC is the submission of a progress report annually and a final report on completion of your project. The progress report template is available at http://www.uow.edu.au/uow/chirec/ethics/uow8920t165.pdf. This report must be completed, signed by the appropriate Head of School and returned to the Research Services Office prior to the expiry date.

As evidence of continuing compliance, the Human Research Ethics Committee also requires that researchers immediately report:

- proposed changes to the protocol including changes to investigators involved
- serious or unexpected adverse effects on participants
- unforeseen events that might affect continued ethical acceptability of the project.

Please note that approvals are granted for a twelve month period. Further extension will be considered on receipt of a progress report prior to expiry date,
If you have any queries regarding the HREC review process, please contact the Ethics Unit on phone 4221 3386 or email nio-ethics@uow.edu.au.

Yours sincerely,

Associate Professor Sarah Ferber
Chair, UOW & ISLHD Health and Medical Human Research Ethics Committees

cc: Professor Lorna Woodham
School of Nursing, Midwifery and Indigenous Health
Appendix B: Invitation to participate in this research

PO Box 1128
Noosaville QLD 4556

Invitation to participate in Research

I am undertaking research for my PhD which is aimed at ‘Understanding how Registered Nurses perceive their responsibilities towards nursing students’.

If you are an RN with 5 years experience I would really like you to participate in this study as I want to hear from the coal face.

What is required? -1 hour to do an interview at a time convenient to you. It can even be done over the telephone if that suits you.

If you are interested in helping me out and having your say please write your details on this form and drop it off to me at Poster Board Presentation No.15 between 12.10pm and 1.10pm today. Alternatively you can email the form back to me or send the form to the address above.

I will contact you and arrange a time most convenient for you to be interviewed.

Thank you for your potential interest in this research.

Yours sincerely

Carina Anderson RN

Name..................................................................................................................

Phone (work)................................ (home)......................................(mob)......................

Email Address: ..............................................................................................

Home Address................................................................................................
Appendix C: Participant information sheet and consent form

Participant Information Sheet

Principal Investigator: Carina Anderson
Address
CQUniversity
PO Box 1128
Noosaville 4566
Ph: 
Email

Research Project: Registered Nurses’ perceptions of their responsibilities to Bachelor of Nursing Students.

Thank you for taking the time to read this information sheet. The above research project is part of my Doctor of Philosophy program. Bachelor of Nursing students from a variety of universities attend clinical placements at health care facilities across Australia. This research will specifically examine how registered nurses see their responsibilities to these Bachelor of Nursing students.

What is required to participate?

Participation in this research is on a purely voluntary basis. You can withdraw from this study at any time. To withdraw from this study you need simply give me either verbal or written notification.

To be involved in this research you will have a one to one interview with me. This interview will be audio recorded and will be no longer than 1 hour. This interview will be conducted at a time and place which is convenient to you.

During this interview I will not make any judgments about your responses. I do not need any ‘personal’ information such as your home address or your date of birth. My interest is your responses relating to your experiences and perceptions of having a nursing student in the clinical environment.

Any information you provide will not be identifiable i.e. you and your comments will remain anonymous. If you happen to mention names of students or colleagues during the course of the interview, these will be removed when the data from the audio recording is transcribed onto paper. Taped interviews will be kept electronically on a CD and stored in a locked cabinet or alternatively kept on password protected computer in my office. This is to ensure your confidentiality at all times.
Results from this research will be written up in my thesis and will also be published in journal articles and included in conference proceedings.

**How to participate in this research**

To participate in this research please complete the attached consent form and post it back to me at your earliest convenience.

**Ethical Approval**

This study has been approved by the CQUUniversity HREC Committee. If you have any concerns about this study please contact the Office of Research at CQUUniversity on ph. 07 4930 9777

If you have indicated on the attached consent form that you would like to receive the results of this research, a summary of the finding will be sent to you on completion of the study.

Thank you for once again for taking the time to read this Participant Information Sheet. Please feel free to contact me on ph. or email if you have any questions about this research.

Yours Sincerely

Carina Anderson RN
CONSENT FORM

Researcher: Carina Anderson  
Address: CQUniversity Noosa  
PO Box 1128  
Noosaville BC  
Noosaville, 4566  
Telephone:  

Project Title: How Registered Nurses perceive their role in relation to Bachelor of Nursing students.  

I, ........................................................................................................................................ of (Address/Email).............................................  
...........................................................................................................................................................................................................................................  
agree to participate in this study about ‘How Registered Nurses perceive their role in relation to Bachelor of Nursing students’ This study has been explained to me by the researcher. I understand that to participate in this study I will have an hour long interview with the researcher and that the interview will be taped. I understand that my privacy will be protected at all times.  

I understand that:  

• Participation is purely on a voluntary basis and that I am able to withdraw from this study at any time without prejudice.  
• Any information that I provide during the study will not reveal my identity to an outside party i.e. I will remain anonymous  
• I have been given the opportunity to discuss this study with the researcher  
• I can contact the researcher (at the above contact details) if I have any questions about the study  
• The researcher will organise access to counselling by a qualified counsellor if required  

If you have any concerns about the way in which this research has been conducted please contact Office of Research at CQUniversity, phone  

Date: ........................................... ..........................................................  
Signature of participant  

Once this study is completed would you like to receive a summary of the results of this study.  

Yes□ No□
Appendix D: Screenshots of NVivo showing codes, themes, elements and core category development
Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements:
The theory of Doing the Right Thing
Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements:

The theory of Doing the Right Thing
Appendix E: Application for general registration (Nursing and Midwifery Board of Australia, 2015b) highlighting obligation to meet the requirements of the competency standards.

Appendix F: Research results for participants

Carina Anderson  
CQUniversity  
PO Box 1128  
Noosaville 4566

Dear

Thank you for volunteering to be a participant in my PhD research project that explored Registered Nurses’ understanding of the nursing standard requirement to provide professional development to pre-registration nursing students by teaching and supporting them during their clinical placements. You indicated that you would like to have a summary of results on completion of this project. Please find the research results attached.

If you have any questions or queries regarding these research results please feel free to contact me.

Yours sincerely,

Carina Anderson, RN, BN, PhD (cand).
Research Results

Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students on clinical placements: The theory of Doing the Right Thing

This grounded theory research revealed that participants were teaching and supporting nursing students because they believed it was the right thing to do. Four main themes emerged from the research, namely:

- Nursing standards
- Sense of responsibility
- An added extra
- Choice

The research revealed that predominantly there was a lack of awareness of the requirement, embedded within the nursing standards, to provide professional development to nursing students. Regardless of this lack of awareness, participants still did what they believed to be the right thing and taught and supported students. Participants indicated they had sense of responsibility towards nursing students. Despite students being considered an added extra to their daily workload the participants still believed the right thing to do was for Registered Nurses to teach and support students. Furthermore participants expressed the belief that it is an individual Registered Nurse’s choice whether they would like to contribute to the professional development of students and this choice of being either involved or excused from teaching and supporting students is accepted by peers. Accepting a peer’s choice in this respect was considered the right thing to do. In summation this research found that the Registered Nurse participants provided professional development to nursing students by teaching and supporting them on their clinical placements because
they believed they were **doing the right thing**.

Some of the recommendations from this research include:

- An educational program should be developed to educate/remind Registered Nurses of the nursing standard requirement to teach and support students.
- A Registered Nurses’ patient load should be reduced if they are allocated a nursing student. This reduced workload will allow the Registered Nurse time to teach the student and to be supportive of the student’s professional development.
- Provide support and education for Registered Nurses so they can meet the nursing standard requirements expected of them in relation to nursing students.
- Ensure Registered Nurses know beforehand, and are not just told at handover, that they will be expected to teach and support a nursing student.
- Acknowledge the efforts of individual Registered Nurses when they contribute to the professional development of students.
- Incorporate into nursing bachelor’s degree programs a component where pre-registration nursing students are taught how to teach and support nursing students who are undertaking clinical placements.

Findings from this research can be used to assist healthcare facilities and the tertiary sector to understand the behaviours of Registered Nurses towards nursing students. This new knowledge regarding Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing will hopefully have a positive impact on students’ clinical placement experiences.
Appendix G: National competency standards for the Registered Nurse (Nursing and Midwifery Board of Australia, 2006).