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Teaching and supporting nursing students on clinical placements: Doing the right thing

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Abstract

Problem: Pre registration nursing students do not always feel supported by Registered Nurses during their clinical placements. To help develop and refine clinical skills, in order to deliver safe, competent nursing care, nursing students rely on Registered Nurses to teach and support them in their clinical learning.

Background: Pre-registration nursing students in Australia must undertake a minimum of 800 clinical placement hours as part of their undergraduate nursing education. Registered Nurses are required to provide professional development and to teach and support students during these clinical placements. Little is known about Registered Nurses' understanding of this nursing standard requirement.

Aim: To explore Registered Nurses' understanding of the nursing standard requirement to provide professional development to pre-registration nursing students during their clinical placements.

Methods: A Grounded Theory study was used involving in-depth semi-structured individual interviews to gather data from fifteen Registered Nurse participants. Constant comparative analysis was used to analyse the data and it was from this data analysis that the substantive theory emerged.

Findings: The substantive theory developed as a result of this research is titled, **Doing the Right Thing**. The core category, *the right thing to do*, is informed by four elements; *sense of responsibility*, an *added extra*, *choice*, and *nursing standard*.

Conclusion: Registered Nurses are motivated to teach and support nursing students on clinical placements because they believe it is *the right thing to do*.

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Conclusion: Registered Nurses are motivated to teach and support nursing students on clinical placements because they believe it is *the right thing to do*.

Keywords: Clinical placement; nursing student; nursing standards; competence; teach; support; supervise.

Summary of Relevance:

Nursing students on clinical placements do not always feel supported by Registered Nurses. No prior research was identified that examined whether Australian Registered Nurses are aware that the nursing

standards require them to teach and support nursing students on clinical placements. This research examined Registered Nurses' understanding of the nursing standard requirement to teach and support nursing students. This research found that Registered Nurses are not aware that nursing standards require them to provide professional development to nursing students by teaching and supporting students when on their clinical placements.

Introduction:

Registered Nurses (RNs) are expected to provide professional development to undergraduate nursing students by teaching and supporting them on their clinical placements. In fact, RNs involvement in the professional development of nursing students on clinical placements is a nursing standard requirement (Anderson, Moxham, & Broadbent, 2016). In countries such as Australia, New Zealand and the United Kingdom nursing standards are embedded within the RN licence to practice (Nursing and Midwifery Board of Australia [NMBA] 2016b; Nursing & Midwifery Council, 2015; Nursing Council of New Zealand, 2015). This research explored RNs' understanding of the requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements.

Background:

In Australia when an RN renews their annual license to practice they are required to complete a self-assessment form. Within this form they self-declare competence to practice as an RN under the standards for practice (NMBA, 2016b). Annual licence renewal for RNs to practice occurs not only in Australia. Other countries such as New Zealand and the United Kingdom (UK) require RNs to annually complete self-assessment forms stating they are meeting the licence requirements, which include meeting the nursing standards within their respective countries (Heartfield & Gibson, 2005; Nursing & Midwifery Council, 2015; Nursing Council of New Zealand, 2015).

This study focused on RNs' understanding of Australian nursing standards that state RNs:

- are responsible and accountable for supervision and the delegation of nursing activity to enrolled nurses and others...

- 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...
- contribute to the [professional] development of others. (NMBA, 2016a, pp. 1-3)

In the Australian nursing standards the term ‘others’ includes nursing students. When RNs in Australia renew their licence to practice as a RN they are, in fact, making a personal declaration that they have an understanding of this nursing standard requirement.

Students, who depend on the RNs to teach and support them during their clinical placements, must be exposed to various clinical areas during their clinical placements (Australian Nursing and Midwifery Accreditation Council, 2012). According to the Australian Nursing and Midwifery Council (2012, p. 18) “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”. This means nursing students are exposed to a variety of clinical areas and students are often supervised by a number of different RNs during the course of their clinical placement experiences.

The RNs role with nursing students is integral to nursing students’ clinical education. RNs’ role with students helps to ensure a competent future nursing workforce (O’Brien et al., 2014). Sometimes however, nursing students do not have good learning experiences during their clinical placements (Morrell, & Ridgway, 2014). Nursing students rely on RNs to teach and support them during their clinical placements so they can become safe practitioners. This paper reports on the findings from qualitative research that examined Registered Nurses’ understanding of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements.

Methods

Methodology: Grounded theory was the methodology used in this study. Grounded theory guided an exploration to enable an understanding of the topic. There was no known research on RNs understanding of the nursing standard requirement to provide professional development to nursing

students by teaching and supporting them during their clinical placements. This methodology enabled a substantive theory to be developed to explain RNs' understanding of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements

Ethics approval:

Ethics approval for this study was granted by the University of Wollongong/ISLHD Health and Medical Human Research Ethics Committee (HREC) (Approval No: HE12/141).

Participants: This study was conducted in the state of Queensland, Australia. Fifteen participants were interviewed. All participants were RNs with at least 5 years' experience. These criteria were chosen because it is highly probable that an RN with at least 5 years' experience would have had contact with nursing students on clinical placements. These inclusion criteria ensured that participants could provide input based on their previous clinical placement experiences with nursing students. Thirteen of the participants were female and two of the participants were male.

Data Collection: Data was collected using semi-structured individual interviews. Each participant ($n=15$) was interviewed once. Interviews were approximately 45 minutes in duration. Interviews were digitally recorded and then transcribed verbatim. Data saturation, as a result of using the constant comparative data analysis technique, occurred after interviews with fifteen participants. Three interviews were conducted face to face and the remaining twelve interviews were conducted via telephone.

Data analysis

As per Grounded Theory methodology, data analysis was done using a constant comparative method. Data was analysed following the first interview and then after each consequent interview (Strauss & Corbin, 1998). Data was compared with data and was systematically categorised into codes. Codes were analysed, and compared and then coded either into existing categories or formed new categories. It was this analysis of data that compelled new data collection (Strauss & Corbin, 1998). Codes and categories were constantly compared with existing codes and categories. When no new data emerged categories became saturated, that is, data saturation had occurred. With data saturation a core category emerged and the substantive theory developed.

Findings

The substantive theory: Doing the Right Thing

The right thing to do emerged as the core category. It was evident throughout the data that the participants were teaching and supporting nursing studies on clinical placement because they believed it was *the right thing to do*. Participants in this study felt an overwhelming *sense of responsibility* to teach and support nursing students and expressed that providing such professional development was *the right thing to do*. The participants felt students to be *an added extra* to their daily work. Even though students were considered to be *an added extra*, the RNs did what they believed to be *the right thing to do* and provided professional development to nursing students during their clinical placements. Participants perceived it was a RNs' *choice* whether or not to be involved in providing professional development to nursing students on clinical placement. Participants were respectful of their peers' decision if they chose not to be involved with nursing students. Research findings indicated a lack of awareness of the *nursing standard* requirement to teach and support students. Despite whether participants were aware of this nursing standard requirement or not, they still provided professional development to nursing students by teaching and supporting them because they perceived it to be *the right thing to do*. Figure 1 below provides an illustration of the theory, **Doing the Right Thing**, including the core category and elements that emerged as a result of analysis of the data.

Insert Figure 1 here

As data was analysed the core category *the right thing to do* could be seen throughout the data. Four elements inform the core category: *sense of responsibility*, *an added extra*, *choice*, and *nursing standard*. An explanation of the four elements is provided below.

Sense of responsibility

All participants voiced that they had a sense of responsibility to provide professional development to students and to teach and support them during their clinical placements. Participants described feeling responsible for helping the next generation of nurses to become competent. In addition they discussed

how the sense of responsibility they felt to provide professional development to nursing students emanated from their own personal beliefs, ideals and values. The following participant explained how they felt responsible for providing a good learning experience for students on clinical placements.

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 (P 4).

The participants also felt responsible for giving the students quality clinical experiences. This participant explained how RNs have a responsibility to help and teach the students.

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 (P 11).

The responsibility felt by participants emanated from their own personal beliefs that they should provide nursing students with professional development. For example:

It comes from my own thoughts (P 5).

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

An added extra

Participants felt that teaching and supporting students was as ***an added extra*** to a RNs' work.

Providing professional development to nursing students took a significant amount of the participants' time. Extra time was spent specifically on teaching and supporting students.

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 (P 9).

Teaching and supporting students was considered to be an added extra; something in addition to the regular workload.

I don't think we should have to have a full patient workload and a student- absolutely not (P 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 (P 2).

Choice

There was an overriding belief that RNs should be able to say 'no' to having students. It was generally accepted that a peer could be excused from having a student if a valid reason is given. Additionally, not teaching and supporting nursing students by a select few appears to be not only tolerated but preferable practice because some RNs were considered unsuited to teaching students.

...we shouldn't let them near the students at all because some people have a 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 (P 1).

Participants respected their peers' choice not to teach and support nursing students and believed that the practice of individual RNs not providing professional development to students was generally acceptable.

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 (P 10).

The findings indicate that participants believe is that it is a RNs' choice whether or not they wish to teach and support nursing students.

Nursing standard

The element **nursing standard** is about the RNs' awareness of the nursing standard requirement to provide professional development to nursing students. Some participants were acquainted with the

nursing standards in general however only a few were aware that they were actually required to contribute to the professional development of nursing students.

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 (P 11).

Most participants voiced that they were unaware that the requirement to provide students with professional development was embedded within the nursing standards. Data analysis revealed various levels of awareness and understanding of the meaning and content of the nursing standards. Denial of any reference to nursing students within the standards was commonplace. Participant 13's reply to probing if there was a reference to nursing students in the standards was simply, "No". Similarly, Participant 5 believed there were no policies or nursing standards that relate to RNs having a responsibility to nursing students:

There really isn't. Not that I'm aware of (P 5).

Findings from this study indicated that the RN participants teach and support students on their clinical placements principally because they believe it is *the right thing to do*. Participants felt *a sense of responsibility* toward students however considered students to be *an added extra*. Participants believed it was a RNs' *choice* whether or not to be involved in students' professional development and lacked of awareness of the *nursing standard* requirement for RNs to provide professional development to students.

Discussion

Students rely on RN's to teach them how to apply the skills they have learnt at university on real live patients. According to El Haddad, Moxham, & Broadbent (2016, p.4) health care facilities expect students to be able to "hit the ground running" when they graduate. If RNs are hesitant to provide

professional development to nursing students because they believe that is a choice whether or not to teach and support students then how will the students learn how to be competent RNs on graduation?

This study found there was limited awareness by participants of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them. Research undertaken by Walker and Godfrey (2008) suggests that RNs understanding of the nursing standards in general is poor. Chiarella, Thoms, Lau, and McInnes (2008) also found that RNs tend to be aware that the competency standards exist however have limited knowledge of the actual content of the standards. Similarly Pearson, FitzGerald, and Walsh (2002) found that RNs have limited understanding of the content of the standards. If RNs are not aware of the content of the standards then they will not know that providing professional development to nursing students by teaching and supporting them is actually a nursing standard requirement?

This research found that even though participants had poor awareness of requirement to provide students with professional development they still believed the right thing to do was to teach and support students. The concept that RNs are trying to do the right thing is not just limited to the boundaries of this study. There is discourse throughout the literature that relates to RNs doing the right thing (Catlin, 2013; Dee, & Endacott, 2011; Cleary, Horsfall, Muthulakshmi, & Jackson, 2013; Horton-Deutsch et al., 2014; Newham, 2015). The literature revealed that there is an expectation that RNs do the right thing professionally, morally and ethically (Holt & Convey, 2012; Smith & Godfrey, 2002; Tuckett, 1998). For example Van der Elst, Dierckx de Casterlé, and Gastmans (2011, p. 93) describe how a good nurse makes the effort to do “the right thing”.

According to Johansson, Andersson, Gustafsson, and Sandahl (2010) being professional is simply part of being a good nurse. Good nurses are competent, professional and knowledgeable (Fealy, 2004; Smith & Godfrey, 2002). Catlett and Lovan (2011, p. 54) undertook research on the notion of “being a good nurse and doing the right thing”. Their research interviewed RN participants ($n=20$) who worked

in a variety of clinical areas in three different health-care facilities. As part of their study the attributes of a good nurse were investigated. Participants were asked to complete these 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 research found that good nurses have a reputation for doing the right thing in the work environment. According to Catlett & Lovan (2011) not only do good nurses do the right thing in regards to patient care but they also do the right thing when it comes to how they treat their peers. Their research surmised that good nurses help one another. Although this study relates to nurses supporting peers, not RNs teaching and supporting nursing students, it contributes to the concept that RNs try to do the right thing.

Horton-Deutsch et al., (2014) in their US study explored the concept of risk taking with nurse leaders. They used individual interviews and two focus group narratives to explore nurses leaders ($n=14$) experiences with risk taking. The study revealed that participants were “doing the right thing out of a sense of responsibility” (Horton-Deutsch et al., 2014, p. 90). The nurse leaders in their study were “taking risks and doing the right thing by being responsible to their role” (Horton-Deutsch et al., 2014, p. 90) and using their own ethical values. Although Horton-Deutsch et al.’s study relates to nurse leaders and risk taking, their findings support the findings from this research. Participants in this research believed they had a responsibility to do the right thing when it came to teaching and supporting nursing students.

In Australia, Aydon, Hauck, Zimmer, and Murdoch (2016, p. 2468) undertook an exploratory study ($n=103$) to “identify factors that influence nurse’s decisions to question concerning aspects of medication administration within the context of a neonatal clinical care unit”. They posed the following questions to the participants: “(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). The findings were that RNs believed the right thing to do was to speak up if there was a medication administration incident. Aydon et al. (2016, p. 2468) found that RNs believed they had a “responsibility to do the right thing”. While Aydon et al.’s (2016) research relates to medication administration errors it supports the concept that RNs do make an effort to do the right thing.

The substantive theory that emerged from this research, **doing the right thing**, has implications for nursing practice and nursing education. The theory reveals that educational programs are needed to educate and remind RNs of the nursing standard requirement to provide professional development to nursing students by teaching and supporting them during their clinical placements. This research also indicates that RN’s themselves need support to help them to meet the requirements of the standards in regards to nursing students. Participants in this study claimed that teaching and supporting students takes up time. Hospital managers should decrease RNs workloads if they are allocated students to give RNs time to teach and support the students. These recommendations will help to facilitate positive clinical learning experiences for nursing students.

Limitations

This research, as does all research, has its limitations (Creswell, 2003). When a call is made for research participants, it is likely that those who are interested in the research topic would volunteer to become participants. In the same way it is possible that RNs who were interested in students volunteered to become participants in this study. All of the participants in this research were from the state of Queensland, Australia. That being said, Queensland covers an area of 1,727,000 square kilometres, is seven times bigger than Great Britain (Queensland Government, 2014) and has a population of over 4,800,000 (Queensland Government, 2017). Another limitation to this study is that the substantive theory was developed with a specific group and a small sample and is therefore not generalisable (Strauss & Corbin, 1998). Findings from this study however are transferable. Those who

read qualitative research may find that they relate to the research in a generalised understanding. Therefore RNs may find that the substantive theory from this research may resonate with them and could influence their practice as a RN.

Summary

The participants in this study indicated that they teach and support students because they believe it is *the right thing to do*. Participants conveyed a *sense of responsibility* toward nursing students and believed *the right thing to do* was to provide nursing students with professional development by teaching and supporting them during their clinical placements. Even though students were considered to be *an added extra* participants still felt *the right thing to do* was to teach and support the students. It was perceived as a RNs' *choice* whether or not they want to contribute to the professional development of nursing students. There was a belief that *the right thing to do* was to accept their peers' decision whether or not they wanted to have a nursing student. Overall there was a lack of awareness of the *nursing standard* requirement to provide students with professional development. Regardless of whether they were aware or not of the *nursing standard* requirement the participants still believed that *the right thing to do* was to provide professional development to nursing students by teaching and supporting them during their clinical placements.

Conclusion

This research developed a substantive theory that would explain RNs' 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 how RNs provide professional development to students by teaching and supporting them on their clinical placements because they believe it is *the right thing to do*. This study highlighted that RNs were generally unaware that teaching and supporting nursing students is a nursing standard requirement. The lack of awareness of this particular nursing standard requirement has implications for students' competence and ultimately their ability to deliver safe patient care. Nursing students rely on RNs to help them to refine their clinical skills and to

become competent, safe practitioners. Students do not always feel supported during their clinical placements. A final recommendation from this research is that workshops are needed to educate and/or remind RNs about their nursing standard requirements in relation to teaching and supporting nursing students on clinical placements.

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Figure Legend

Figure 1: Theory of Doing the Right Thing: Core category, elements and themes that emerged as a result of data analysis.....5