



Mental health nurses' views and experiences of working with undergraduate nursing students: A descriptive exploratory study

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ABSTRACT

Background: The core of pre-registration nursing education is the learning that takes place during the clinical placement. However, despite the fact that registered nurse preceptors are key players in supporting students during their placements there is a lack of literature examining the views of preceptors working with nursing students in mental health settings.

Objectives: To explore mental health nurses' views and experiences of working with undergraduate nursing students and determine what factors influence this experience.

Design: A descriptive exploratory study approach using an on-line questionnaire was adopted for this study.

Settings: A specialist mental health service (SMHS) within one District Health Board in New Zealand.

Participants: 89 registered nurses who had been involved in working with nursing students participated in this study.

Methods: Data was collected using an online questionnaire.

Results: The majority of the respondents in this study reported that they felt confident and well supported in the work they did with nursing students and had a positive perception of this role. However, one significant negative factor identified was the extra stress and workload pressure they reported when working with students, when no allowance was made for this.

Another key finding was that engaging in some form of education related to the preceptorship role was positively correlated with nurses knowing what was required of them, feeling confident, the extent to which they planned clinical education, and feeling that they were sufficiently appreciated.

Conclusions: Ensuring nurses have access to education related to clinical teaching and learning increases their confidence in the work they do with nursing students and has also been shown to have a positive impact on how they view this role.

1. Introduction

The learning experience that occurs during clinical placement is recognised as being the core of nursing education and essential to the development of capable and competent nurses (Levett-Jones et al., 2006, p. 698). Preceptorship is integral to students' clinical placement learning experiences (Myall et al., 2008) as this facilitates the development of clinical competence. A preceptor can be defined as a competent, supportive role model who inspires and supports the development of the student nurse (Charleston and Happell, 2005a). Despite the recognition of the importance of this role there is limited international research which examines the preceptoring experience solely from the perspective of the nurse (Omansky, 2010, p. 698).

The clinical practice learning experience also has a significant

impact on nursing students' career choices (Mullen and Murray, 2002). Attracting comprehensively prepared registered nurses to the area of mental health is a major problem as mental health is not seen as a desirable career choice for undergraduate nursing students (Happell, 2001, p. 508; Hoekstra et al., 2009, p. 4; Kloster et al., 2007, p. 158; McCann et al., 2010, p. 34; Rushworth and Happell, 2000, p. 132). The more positive the clinical placement learning experience the more likely it is that the student will want to return to that environment on graduation (Andrews et al., 2005).

A positive clinical placement learning experience requires education providers and clinical areas to work in harmony to provide the best possible clinical experience for student nurses (O'Brien et al., 2008). To enable a harmonious relationship, it is essential to understand how registered nurses employed in the clinical environment view their role

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in relation to clinical education, what their experiences of working with students are and determine what factors influence this experience.

2. Background

It is apparent from the literature reviewed that there are many different terms to describe the role of the nurse who supports and educates undergraduate nursing students. These include mentor, assessor, supervisor, learning guide and preceptor, terms that are used interchangeably. For the purpose of this study the term preceptor has been adopted. A preceptor can be defined as a competent, supportive role model who inspires and supports the development of the student nurse (Charleston and Happell, 2005a). In New Zealand it is an expectation that every registered nurse provides guidance and support to nursing students. This expectation is outlined in one of the Nursing Council of New Zealand (NCNZ), indicators for practice for competency 4.1, *Provides guidance and support to those entering as students, beginning practitioners and those who are transferring into a new clinical* (Nursing Council of New Zealand, 2007). It is recommended but not compulsory that nurses working with undergraduate nursing students complete a clinical teaching and learning or preceptorship course.

The literature suggests that nurses hold a variety of different views about their role in working with nursing students. Many registered nurses believe that the clinical education of undergraduate nursing students is not their responsibility (O'Brien et al., 2008). Nurses report they are reluctant to work with students as they already have escalating demands placed on them due to increasing patient acuity and short staffing (Carlson et al., 2010; Cassidy et al., 2012; DeWolfe et al., 2010; Levett-Jones et al., 2006). Other nurses report feeling uncomfortable working with students as they think their practice may be under scrutiny. They describe needing to be careful when students were present (O'Brien et al., 2008). However, there are many nurses who are willing to adopt the extra responsibilities inherent in working with students (Levett-Jones et al., 2006, p. 63) and see this as a “natural extension” of their other educational responsibilities (Cleary et al., 2006).

Precepting is a complex function for nurses as they are required to juggle the competing demands of their clinical work as well as their teaching role with students. There are a number of conditions which have been identified which can either assist or limit this role (Carlson et al., 2010). Conditions which assist precepting include supportive colleagues and feedback from students and clinical teachers (Carlson et al., 2010). The importance of feedback to the function as a preceptor is also identified in other studies (Mårtensson et al., 2013; Omansky, 2010). This feedback needs to come from managers, education staff and students. Martensson et al.'s study identified other structural conditions that facilitated nurses' performance as preceptors. These included being able to prepare and plan the clinical education, receiving support from unit managers, and having specific supervision education.

However, there are several conditions which have been identified that negatively impact on the ability of nurses to carry out the precepting role. The major challenge identified in Carlson et al.'s study was the lack of allocated time for precepting. A lack of time for precepting was also reported in Hallin and Danielson's (2009) study. Trying to juggle the demands of clinical work and precepting was a significant challenge identified by the nurses in Hallin and Danielson's and Younge et al.'s (2008) studies. Omansky's (2010) integrated literature review also found that preceptors experience role ambiguity, role conflict and role overload. Whilst many nurses identified that there were intrinsic rewards gained from working with students, there are also a considerable number of others that report little or no satisfaction from working with students (Omansky, 2010). McClure and Black's (2013) integrated literature review examined the role of preceptors and similarly reported that preceptors felt unsupported, inadequately prepared to work with students, and lacked allocated time to fulfil this role. It is important to acknowledge these factors and find ways to address these challenges so that nurse preceptors feel prepared and supported to carry out this vital

role.

Despite the recognition of the importance of the clinical placement learning experience and the role of the nurse in supporting students, there is limited international research which examines the precepting experience solely from the perspective of the nurse (Omansky, 2010). There is even less international research, and no New Zealand research, which examines mental health nurses' views and experiences of working with nursing students.

McClure and Black (2013) suggest that if undergraduate nursing programmes continue to utilize nurse preceptors as adjuncts for clinical education then nursing programmes need to continue to advance research regarding the role of nurses in supporting nursing students. This paper reports on a study conducted to explore mental health nurses' views and experiences of working with undergraduate nursing students on their clinical placement learning experience in a specialist mental health practice setting.

3. Methods

3.1. Design

A descriptive exploratory study approach using an on-line questionnaire to better understand the nurses' views and experience of this role. The online questionnaire was used to enable all nurses working in the practice area to participate if they chose to, thereby potentially capturing a much larger range of nurses' views and experiences than would have been achieved through a qualitative design approach. No formal qualitative analytical model was used, however, quotes are included to provide depth and illuminate the quantitative results.

3.2. Participants

In an effort to expedite the research process a convenience sample was used, despite the inherent risk to results generalizability. The target group was all registered nurses (550 total) employed by a specialist mental health service (SMHS) for inpatient/facility work and/or for work in the community. They were all employed within one District Health Board in New Zealand invited to participate in the on-line questionnaire. The study was advertised via posters, face-to-face information sessions and e-mail. Valid responses were received from 89 registered nurse respondents (16% response rate).

3.3. Procedure

An email was sent to all registered nurses employed within the SMHS inviting them to participate in the study. The email contained a link to the on-line questionnaire. A reminder email was sent two weeks later to maximise the response rate. Data was collected over a four-week period via a 25-item questionnaire *Nurses' experience of working with undergraduate nursing students*. This questionnaire was adapted to the New Zealand context with permission from Hallin, of Hallin and Danielson's 2000 Swedish questionnaire, *Description of how the supervising nurses experience the supervisory function*. The questionnaire was developed, administered and analysed using Survey Monkey. Before the questionnaire was administered for the first time, it was piloted with a convenience sample of five registered nurses working in the SMHS to test for face validity in the New Zealand context. These participants reported that the questionnaire was easy to use and the questions were clear and easy to follow. Their responses were included in the final study.

3.4. Ethical Issues

Ethics approval was successfully obtained from ethics committees of both the education provider the lead researcher works for, and from the local district health board. No ethical issues or concerns were identified.

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