Dialogue and Monologue.

The relationship between student nurse and nurse clinician: The impact on student learning.

A thesis presented in partial fulfillment of the requirements for the degree of

Master of Arts

In

Nursing

At Massey University, Albany, New Zealand.

Sharon Rae Vallant

2004

Abstract

Student nurse learning that occurs in the clinical setting is an important aspect of the comprehensive nursing curriculum in New Zealand. While nurse lecturers have responsibility for student learning in clinical settings, it is the nurse clinicians that students rely on for the day-to-day facilitation of their learning. The purpose of this descriptive interpretive study was to explore the relationship between student nurse and nurse clinician in the clinical setting. The researcher was interested in student nurse perceptions of their relationships with nurse clinicians and whether the relationship impacted on student learning.

A cohort of 11 student nurses at the end of their three years of study participated in focus group interviews. Data gathered from the three focus groups were analysed using an inductive approach. Three themes emerged from data analysis and are represented using Buber's (2002) theory of relationships as a theoretical framework. The themes are 'A Monologue', 'A Technical Dialogue' and 'A Genuine Dialogue'. A story of student nurses relationships with nurse clinicians has been created, using the participants' words, in the form of journal entries. These entries provide insight into the nature of the relationship between the student nurse and nurse clinician.

The relationships between student nurses and nurse clinicians are not always positive. However when both students and nurse clinicians actively participate in the relationship and student nurses feel their learning is promoted and supported, student learning is enhanced.

Student nurses attitudes to learning and to remaining in the profession of nursing are influenced by the relationships they have with nurse clinicians. Therefore the relationships between the two impact on important issues for the profession of nursing. This study highlights the important links between a positive learning environment for student nurses during their clinical learning experiences, and the recruitment and retention of newly registered nurses in the clinical environment.

Acknowledgements

This thesis would not have been completed without the support of many people. Firstly I would like to sincerely thank the 11 participants, who willingly gave their time and shared their stories with me.

Secondly I would like to thank my supervisor Stephen Neville, who has consistently promoted and supported my learning over the last two years. I feel sure we have had a relationship of 'genuine dialogue'.

Thank you must also go to Associate Professor Denise Dignam who has given me valuable feedback in the latter stages of this study and to my friend and colleague Julianne who is always there for me.

Lastly I would like to thank my family, especially Michael, for truly believing in me and supporting me every step of the way. And thank you to my father for his invaluable help with proof reading and critique.

Table of Contents

Chapter One

Introduction

Nursing has always emphasized the importance of learning in the clinical environment. Spending time in the clinical setting exposes student nurses to the practice of nursing. This setting offers the opportunity to learn in the kinds of situations where student nurses will continue to perform once registered. However, while the clinical environment is rich with opportunities it is difficult to control, sometimes intimidating, and always full of surprises (Infante, 1985).

Students learning to be nurses in New Zealand spend half their course on clinical learning (Health, Education & Community Services, 2001). A large proportion of this clinical experience is spent in the practice setting. Throughout changes to nursing education the nurse clinician (see Key Terms) has remained the constant 'supervisor' of student nurse learning in practice settings. Student nurses are required to work under the supervision of a registered nurse and the reality of both the practice setting and nursing education today means nurse lecturers (see Key Terms) increasingly rely on the nurse clinician to facilitate and support student learning.

Given the central role of the nurse clinician in student nurse learning it seemed important to understand the relationship between the two parties. This study, therefore, is focused on the relationship between the nurse clinician and student nurse while in the practice setting. The background to this study is explored in this chapter, and includes discussion related to the history of nurse education and nurse regulation in New Zealand. The clinical context for student nurses participating in the current study is also included. This chapter concludes with an overview of the thesis. The following section presents the aims and significance of the study and the researcher's interest in the study.

The Research Question and the Aims of the Study

The aim of this study is to gain an understanding of the relationship between the student nurse and nurse clinician during the student nurse's clinical learning

experience. The researcher is interested in the student nurses' descriptions of the relationship and the impact that relationship has on learning. The research questions guiding this study are:

- What kind of relationships do student nurses have with nurse clinicians in the practice setting?
- Does the relationship between student nurse and nurse clinician impact on student learning?

Significance of the Study

Clinical learning is an important aspect of nursing education (Chan, 2002; Dunn & Hansford, 1997; Hart & Rotem, 1994; Lo, 2002; McAllister et al., Lincoln, McLeod & Maloney, 1997). The clinical setting provides opportunities for the application of knowledge, development of clinical skills, and in particular clinical decision-making. To gain registration student nurses in New Zealand are required by Nursing Council to have 1500 hours of clinical experience as part of their nursing education (Health, Education & Community Services, 2001). A large proportion of this clinical experience is provided for in a variety of different practice settings.

The nurse clinician is an important player in the student nurse's learning experience. The KPMG strategic review of nursing education in New Zealand recognized the importance of the relationship between the student nurse and nurse clinician in the practice setting by acknowledging the relationship as "a key contributor to the development of confidence and independence" in the student nurse (Health, Education & Community Services, 2001, p. 87).

While the day-to-day role of teaching and supervising student nurses in clinical settings generally falls on the nurse clinician, it is the primary role of the clinical nurse lecturer to support and evaluate student learning. Nurse lecturers are not only responsible for student nurse learning, they are interested in pursuing ways to improve nursing education. It is hoped that gaining insight into the way student nurses and clinical nurses relate to each other and the impact that relationship has on student learning will help nurse lecturers and nurse clinicians to ensure optimal learning in the clinical setting.

The Researcher's Interest in the Study

Qualitative researchers believe that it is not possible to maintain an objective stance in a research study. It is expected that the researcher will possess a set of assumptions about the topic being researched, and that these assumptions will be based on personal experience and beliefs (Minichiello, Fulton & Sullivan, 1999). Furthermore, the researcher will interpret the research findings through a personal perspective. The researcher's background is therefore closely linked to the study.

As a senior nurse lecturer in a School of Nursing, my role has been that of both classroom lecturer and clinical lecturer. For the past seven years I have consistently worked with student nurses in the last year of their BHSc (Nursing) degree leading to registration. Working with student nurses in the classroom, the demonstration room, as well as the clinical setting allows a nurse lecturer to get to know individuals very well, and this is certainly advantageous when supporting and guiding their learning.

My interest in clinical learning is what originally drew me to the position of nurse lecturer; however it is not obvious to me where that interest came from. It may be a lasting result of both unpleasant and positive memories of my own 'training' in a large hospital in Auckland in the 1970s. I realized at that time that the relationships formed with other members of the nursing team greatly affected the learning and working environment for me personally.

Listening to the stories of student nurses I have worked with over the last seven years made me aware that the practice setting is full of challenges for them. The relationships formed with the clinical staff are important to students. As a nurse lecturer working with students in the clinical setting I am aware that both the student nurses and I rely heavily on nurse clinicians. Student nurses rely on the nurse clinician on a day-to-day basis for support and guidance while in the practice setting. The nurse lecturer relies on the nurse clinician to facilitate student learning and provide input into evaluation of learning. Therefore the relationship between student nurse and nurse clinician is important to both the student and nurse lecturer. It is hoped this study will provide deeper insight into the student nurse clinical experience and offer the nurse lecturer ways to support both students and nurse clinicians during clinical learning experiences.

Background

In order to understand the context of this study a brief history of nurse education and nurse regulation in New Zealand is given. It seemed important to explore the roles of nurse lecturer and nurse clinician in student nurse clinical learning and this is included in this section. From my experience as a clinical nurse lecturer it has been apparent that there is no one model of clinical teaching used in the practice setting. This section includes a discussion of both the 'traditional model' and 'preceptor model' of clinical learning in order to clarify the differences and make clear the context in which student nurses in this study learn.

History of nursing education in New Zealand.

Historically, nursing both in New Zealand and internationally was carried out by unqualified, domestic-class women who staffed hospital wards in an effort to care for the sick. Formal nursing education was not introduced in New Zealand until the late 1800s. At this time matrons were trained under the 'Nightingale' system of nursing in England and following this were brought out to New Zealand. These Nightingale trained nurses established hospital training schools in Wellington and Auckland in 1883 (Board of Health, 1974; Workforce Development Group, 1988; Papps & Kilpatrick, 2002). The training of nurses in the hospital setting continued until the 1970s when the education of nurses began to occur in the tertiary education sector.

Since the 1920s leaders of nursing in New Zealand have recognized the need to improve nursing education. By 1969 it was apparent that New Zealand was lagging behind many other countries which, by that time, had university education for nurses (Allen, 1992). The number of schools of nursing, the quality of nursing education, and the high attrition rates of nurses in New Zealand were concerns that provided the impetus for change. In 1970 a World Health Organization (WHO) consultant Dr Helen Carpenter was contracted by the New Zealand Government to review the system of nursing education in New Zealand (Health, Education & Community Services, 2001). A major recommendation from this review was that pre-registration nursing education should take place in the educational setting (Workforce Development Group, 1988; Health, Education & Community Services, 2001; Papps & Kilpatrick, 2002; Taylor, Small, White, Hall & Fenwick, 1981). As

a result there was a gradual change from nurse training in hospitals to nursing education in polytechnics.

In 1973 two pilot programmes for a comprehensive nursing course commenced at Christchurch Technical Institute and Wellington Polytechnic (Workforce Development Group, 1988; Taylor et al., 1981). By 1989 fifteen polytechnics in New Zealand offered comprehensive nursing courses, however a dual system comprising both hospital training and polytechnic education continued to exist for several years (Health, Education & Community Services, 2001). The last Hospital School of Nursing closed in Auckland in 1992.

While apprentice style training puts emphasis on 'doing' (Papps & Kilpatrick, 2002; Taylor et al., 1981) the focus of the comprehensive education was intended to be the application of knowledge to practice (Allen, 1992). There was a need to prepare nurses for higher acuity patients and a diverse range of health care settings including the community. The comprehensive nursing course was intended to meet these needs. As Papps and Kilpatrick comment; "The shift from hospital training schools into the mainstream education system was intended to produce graduates who would be independent and autonomous practitioners with a clear nursing orientation, capable of caring for patients in a variety of clinical settings" (p. 9).

Until 1973 trainee nurses continued to be employees of hospital boards and provided the backbone of the nursing work force (Papps & Kilpatrick, 2002). It is reported that prior to this date trainee nurses made up at least 30% of total hospital nursing staff and in some areas were well in excess of this number (Hyman, 1985). Student nurses had therefore played an important part in staffing hospital services. However the move from hospital to educational setting resulted in full student status for those learning to be nurses in the polytechnic courses. With these changes, student nurses were no longer members of the staff and any service they provided was only as a result of their need to gain clinical experience (Workforce Development Group, 1988). The focus for the student in the practice setting was now intended to be on learning.

The regulation of nursing.

The enactment of the Nurses Registration Act 1901 provided for the regulation of nurse training, including the setting of clinical learning hours, under state supervision (Workforce Development Group, 1988). The training of nurses was formalized and state examinations that all student nurses had to pass were introduced. The Nursing Council of New Zealand is the current statutory body for nursing in New Zealand and among other things has responsibility for the registration of nurses and nursing education. Nursing education responsibilities include setting the requirements and standards for the preparation of registered nurses in New Zealand (Health, Education & Community Services, 2001). Entry to the New Zealand nursing register continues to be via the state final examination.

Since 2001 all nursing programmes leading to registration in New Zealand have been at degree level (Health, Education & Community Services, 2001); a small number of these are available in New Zealand universities. The majority of nursing programmes are offered through polytechnics. Nursing programmes currently need to meet the requirements for an undergraduate degree. Programmes also need to meet the Nursing Council's requirements of 1500 hours theory and 1500 hours clinical experience in order to qualify for registration (Health, Education & Community Services, 2001). Clinical learning therefore still makes up half the programme for an undergraduate nursing student.

Role of nurse lecturer and nurse clinician in student nurse learning.

Under the apprenticeship style of nursing education registered nurses in clinical practice were supposed to provide on-the-job training to student nurses (Taylor et al., 1981). However the learning experience of student nurses in the apprentice model was said to be limited to learning rules and routines that were introduced in order to avoid errors (Allen, 1992). The limited learning experience of student nurses was considered a result of constraints of the setting and, in particular, the limited numbers of registered clinical nurses available to supervise student nurses.

Transferring nursing education to the tertiary sector resulted in nurse lecturers being responsible for both clinical and classroom learning experiences of student nurses (Booth, 1997; Dyson, 1998; Turnbull, 2001). The intention of the new nursing programmes was to move the responsibility for supervising and organizing students

away from the clinical staff to the nurse lecturer (Allen, 1992; Turnbull). The role of the nurse lecturer in student nurse clinical learning is expected to be the guidance, facilitation, and assessment of learning experiences (Booth, 1997; Infante, 1985; Turnbull, 2001). However it seems that nurse clinicians frequently take responsibility for the conduct of student nurse clinical learning in the practice setting (Health, Education & Community, 2001; Orchard, 1999).

There is no doubt that both nurse lecturer and nurse clinician play a role in student nurse clinical learning. Anecdotal evidence and personal experience as a clinical nurse lecturer leads me to the conclusion that there is an increasing reliance on nurse clinicians to support student nurse learning in the practice setting. This mounting dependence on nurse clinicians by nurse lecturers appears to be due to a number of factors including; financial constraints within the tertiary sector, increased numbers of nursing students, reduced numbers of nurse lecturers, decreased confidence in the clinical competency of clinical lecturers, and the current pressure on nurse lecturers to participate in scholarly activities. While personal experience leads me to believe these factors have played a part in transferring the responsibility of student nurse learning in practice settings back to the nurse clinician they have not been pursued in this study.

It seems apparent that the nurse clinician is the predominant person for the student nurse during the clinical learning experience (Orchard, 1999; Macdiarmid, 2003). Nurse lecturers commonly supervise the clinical experience of a group of students, while each student nurse is 'buddied' with a clinical nurse (Dyson, 1998). Dyson refers to this model of clinical teaching as the 'traditional model'- and suggests that with this model students are taught by clinical staff in an informal, unplanned, and haphazard manner. Alternative models of clinical teaching include the 'preceptor model'.

The preceptor model.

A preceptor is typically defined as an experienced clinical nurse who works with a student nurse in a one-to-one relationship in the clinical arena for a pre-determined amount of time (Letizia & Jennrich, 1998; Peirce, 1991). The preceptor serves as a resource person and role model in order to socialize the student to the nursing role. There are various preceptor models utilized in nursing education; one is the

'tripartite model' and it was this model that was introduced in the mid-1990s into the school of nursing where this study took place.

The tripartite preceptor model is a three-way process between student nurse, preceptor (nurse clinician) and nurse lecturer (Dyson, 1998). While the tripartite involvement of student nurse, nurse lecturer and clinical nurses was shown to promote optimal clinical learning (Dyson & Thompson, 1996; Turnbull, 2001), this model was not successfully incorporated into the clinical education of student nurses at the school of nursing where this study has taken place and now it is the traditional model of clinical teaching that prevails in the practice areas currently being used for student clinical experience. The following discussion relates to the current context of clinical learning for student nurses in the school of nursing where this study took place.

Context of the Study

Currently student nurses enrolled in the school of nursing where this study took place participate in clinical experiences in a diverse range of settings, including public and private hospitals, community agencies, and private health care settings. Clinical experience for these student nurses occurs in blocks – each block is, on average, four weeks duration. Clinical learning for student nurses is not restricted to the practice setting; it also occurs in demonstration rooms and laboratories on the campus. This study was only concerned with the clinical learning that occurred in the practice setting.

Student nurses usually complete their clinical experience in practice settings between Monday and Friday. As they progress through the nursing programme there is an expectation that they will work morning and afternoon duties. In most areas student nurses work eight-hour shifts. In the practice settings, used by the school of nursing in this study, the less predictable nature of the nurse clinician's shifts and the change to twelve-hour shifts has impacted on the ability to maintain continuity in the allocation of nurse clinician to student nurse.

Nurse lecturers employed by the school of nursing have responsibility for student learning in both clinical and classroom settings. While in practice settings nurse lecturers have a student load ratio ranging from 1:12 to 1:20. The variation in

student loading reflects the level of the student nurse. In the first and second years of the course the student-to-lecturer ratios are smaller and reflect the greater learning needs of student nurses at this level. However, even a clinical load of twelve students is high and lecturers rely on nurse clinicians to provide the day-to-day support for student learning.

The clinical role of the nurse lecturer includes coaching student nurses on a one-to-one basis, facilitating reflection on practice, and evaluating practice. The amount of time nurse lecturers spend with each student nurse is approximately two to four hours a week.

Student nurse participants in this study often refer to the nurse clinicians they work with as 'preceptors' however most of the practice areas accessed by the school of nursing do not use a formal preceptor model. Some practice areas do make an effort to allocate between one and three nurse clinicians to any one student for the period of the clinical experience in order to afford some consistency, while others 'buddy' available staff to student nurses in an *ad hoc* manner. Therefore generally the experience of student nurses at this school of nursing is one of being 'buddied' with a nurse clinician during their clinical experience in an unplanned way. Decisions about who will work with the student are made on a daily basis by senior nursing staff. These decisions are reliant on the availability of staff on the day. The nurse lecturer generally has no input into these decisions. The student nurse always works under the supervision of a nurse clinician in the clinical setting.

Overview of the Thesis

Chapter One: Introduction.

Chapter One has introduced the research study. The significance of the study has been explained and the research question stated. Further a background to the study, which includes the history of nurse education and the role of nurse lecturer and nurse clinician in clinical teaching, has been presented. The researcher's interest in the study has been presented and an overview of the context for the study has been given.

Chapter Two: The literature review.

The literature review provides a critical exploration of the literature relating to student nurses in the clinical setting. Student nurse and nurse clinician perceptions of clinical learning have been sought. Literature relating to the clinical learning environment has been reviewed. This chapter highlights the important influence nurse clinicians have on student nurse clinical learning experiences.

Chapter Three: The research process.

Discussion and rationale for the methodology and methods used in this study are presented in Chapter Three. The ethical considerations for the study are addressed in detail. A descriptive interpretive methodology is the theoretical framework used to underpin this study and justification for the use of this methodology is given. Data arising from the study were analysed using a general inductive approach. Descriptions of the methods used for gathering and analyzing data are included in this chapter.

Chapter Four: A monologue.

This chapter is the first of three data chapters. It begins with an overview of the framework used to present the findings of this research. This framework comes from the work of Martin Buber (2002), who discusses relationships in terms of 'dialogue' and 'monologue'. Three relationships have been found to exist between student nurse and nurse clinician in the clinical setting. 'A Monologue' is the first relationship and is described in this chapter. The categories 'invisible in the relationship' and 'not stepping on toes' are included in this chapter.

Chapter Five: A technical dialogue.

Chapter Five presents a description of the second relationship identified between the student and nurse clinician. This relationship is described as 'A Technical Dialogue'. The category 'lost opportunities for learning' and the subcategories 'being with the patient is important' and 'interrupted relationships' are included in this chapter.

Chapter Six: A genuine dialogue.

'A Genuine Dialogue' is the last of the three relationships between student nurse and nurse clinician presented in the findings of the study. The categories 'a nurturing relationship' and 'a reciprocal relationship' are included in this chapter.

Chapter Seven: Discussion.

Chapter Seven begins with a brief overview of the findings presented in chapters four, five and six of the thesis. The findings are then discussed in light of the literature and current context of nursing practice. The discussion of the findings is presented in two sections. The first section discusses the three relationships and in particular addresses the influence of the interactions between student and nurse clinician on the type of relationship that forms between the two. The second section presents a discussion of the impact of the relationship between student nurse and nurse clinician on student learning. The issues of horizontal violence are addressed briefly in this section. The implications for nursing, recommendations, and limitations of the study are included. This chapter finishes with a concluding statement.

Summary

Nursing education takes place in both the tertiary education sector and in the practice setting. Student nurses in New Zealand spend half of the nursing programme gaining practical experience. A large proportion of this experience is gained in the practice setting, where students spend their time working alongside a nurse clinician. While the nurse lecturer plays an important role in supporting and evaluating student nurse learning, it is the nurse clinician who is the predominant person in the student's clinical educational experience. The aim of this study is to explore the relationship between the student nurse and nurse clinician in that practice setting.

This chapter has provided a brief history of nursing education in New Zealand and an overview of how the nurse clinician has come to play a major role in the student nurse's clinical learning experience is given. The aims of the study and the researcher's interest are stated. The following chapter presents a review of the literature in relation to student nurse clinical learning experiences.

Chapter Two

Literature Review

Introduction

Chapter One has introduced the current educational context for this study. Although the tertiary education sector is the umbrella nursing education provider, a large part of learning in nursing education takes place in the clinical setting. The clinical setting is where student nurses gain practical experience and have the opportunity to apply theory to practice. The nurse lecturer – while playing an important part in student clinical experiences – relies on the nurse clinician to support and facilitate student nurse learning on a day-to-day basis in the practice setting. The focus of this study therefore is the relationship between the student nurse and nurse clinician during the students' clinical learning experience.

A critical step in the research process is the review of existing literature in relation to the research topic (Burns & Grove, 2001). The purpose of the literature review is to present an integrated evaluation of previous research and theory (Roberts & Taylor, 2002). It is important to understand both the work that has gone before and where the current study fits within the body of knowledge. Therefore a review of the literature to ascertain what is known about the clinical learning experience for student nurses and their relationships with clinical nurses has been undertaken and is presented in this chapter. As the purpose of this research is to explore the relationship between student nurses and nurse clinicians in the clinical setting, literature pertaining to the clinical setting and the student nurse and nurse clinician within this setting has been reviewed. Literature on relationships was also sought as relationships are the focus of the present study. The following paragraph firstly introduces an outline of the literature review.

The first section of the literature review addresses the importance of clinical learning that occurs during the education of student nurses. The importance of learning in the practice setting is explored from three perspectives; that of education, student nurse, and nurse clinician. Literature pertaining to the student and clinical nurse emphasizes the importance of clinical learning in the socialization

of student nurses into the profession of nursing, therefore studies that explored professional socialization of student nurses are included in this section.

Clinical learning cannot be separated from the context in which it occurs and for that reason studies exploring the clinical learning environment for student nurses have been reviewed and are included in the next section of this chapter. It is apparent from the literature that student experiences in the clinical learning environment can be influenced by nurse clinicians and student nurses themselves. This section therefore also includes a review of the literature on the clinical learning environment from the perspective of student nurse and nurse clinician. While it is acknowledged the nurse lecturer has an important part to play in student nurse clinical learning and in the clinical learning environment, literature pertaining to the nurse lecturer has not been included. It is the relationship between student and nurse clinician that is the focal point of the current study and a decision was made to remain focused on these two parties.

The final section of the literature review addresses the concept of 'relationship'. No effort has been made to review the literature on relationships or to describe different relationships. Instead the literature has been used to explore the nature of relationships in order to provide a framework in answering the research question. The first section of the literature review now addresses the importance of clinical learning for student nurses.

Clinical Learning is Important

It is widely acknowledged in nursing literature that clinical learning is an important aspect of nursing education (Chan, 2002; Dunn & Hansford, 1997; Hart & Rotem, 1994; Infante, 1985; Lo, 2002; McAllister et al., 1997). Clinical education for student nurses takes place in the laboratory, demonstration room, and practice setting. Clinical education in the practice setting is defined by McAllister et al. as "a teaching and learning process which is student focussed. ... [and] occurs in the context of client care" (p. 3). Infante describes the opportunities for client contact as the "heart" of student nurse activities in the clinical setting. Importantly, clinical learning offers student nurses the opportunity to observe and practice the skills of nursing people (p. 28).

Clinical learning is also the opportunity for students to learn new skills. Learning in the practice domain is not only where new knowledge and skills are acquired, but where previously-acquired knowledge is recognized, applied, synthesized and evaluated (McAllister et al., 1997). Student nurses draw on knowledge from the classroom and apply it to the experiences they have in the clinical environment, enabling them to refine problem-solving and clinical decision-making skills.

Student nurses consider clinical learning important.

Two research studies reveal that student nurses themselves acknowledge the importance of their clinical learning (Cope, Cuthbertson & Stoddart, 2000; Dunn, Ehrich, Mylonas & Hansford, 2000). These studies considered the clinical experiences of student nurses as a result of changes from apprentice style training to tertiary education. Cope et al. presented the findings of their study which investigated the different experiences of two groups of students during their nursing education; one cohort had completed the last course of the 1982 curriculum in the United Kingdom based on an apprenticeship model. The other cohort were student nurses completing the first 'Project 2000' diploma course – their education had been in the tertiary sector. The 1982 curriculum included 20% theory and 80% clinical learning, while the Project 2000 course devoted 40% to theory and 60% to placement in the practice setting. Despite the different emphasis on clinical placements between the two programmes, the authors report that both groups perceived their clinical placements to be the most significant component of their respective courses. The student nurse participants considered their clinical placements were of importance to "their sense of becoming competent nurses" (Cope et al., p. 854).

An Australian study undertaken by Dunn et al. (2000) to compare the perceptions of students participating in clinical experiences in three distinctly different undergraduate degrees was reviewed. The authors of the study were interested in examining the clinical experiences of what they describe as "practice professions" (p. 1). Their interest in the health care and education sectors arose from the movement within these professions from an apprenticeship model of learning to tertiary education. One group in the study were student nurses enrolled in the Bachelor of Nursing Degree. Thirty-nine students participated in focus group

interviews – all of the participants were in the final semester of their respective degrees and had been in a variety of clinical placements. The experience of all three groups of students confirmed the value and centrality of the clinical component of their respective degrees. The students from all three groups perceived clinical to be a rewarding learning experience "that served as an important preparation for understanding and fulfilling the role of professional" (p. 10).

Nurse clinicians consider clinical learning important.

The findings of a recent New Zealand study indicate that nurse clinicians also consider clinical practice to be an important arena for student nurses to learn how to nurse (Macdiarmid, 2003). Macdiarmid claims nurse clinician participants in her study "believed that the clinical area was the best place" for those learning to be nurses, to learn how to nurse (p. 75).

Nurse clinicians nationally and internationally acknowledge that teaching is an essential part of their role (Grant, Ives, Raybould & O'Shea, 1996; Ives & Rowley, 1990; Macdiarmid, 2003) and specifically, that teaching undergraduate students is also part of their role (Dyson & Thompson, 1996; Grant et al.; Ives & Rowley; Macdiarmid, 2003; Orchard, 1999). Orchard undertook a study to explore New Zealand nurse clinicians' perceptions of the characteristics of the clinical role. Orchard's findings reflected a belief by nurse clinicians that they had a central role to play in the student learning process. However, acceptance by the study participants of this clinical education role was dependent on whether they recognized it as an integral part of their nursing role or saw it as an additional and separate responsibility.

In contrast to this, the findings of Macdiarmid's (2003) study indicate that nurse clinicians automatically accept teaching other nurses as part of their role. Macdiarmid claims nurse clinicians take their teaching role for granted and accept teaching students as part of their everyday work. In her study Macdiarmid found that nurse clinicians taught students how to behave like a nurse and there was a focus on socializing them into the profession of nursing.

Professional socialization.

Cope et al. (2000) argue clinical learning is critical for the maintenance of the profession. 'Professional socialization' is the label given to the process of becoming a professional. Professional socialization does not occur simply by learning theory or completing clinical experiences, but is made up of four important components; technical competence, professional interpersonal skills, knowledge of professional standards and ethical competence (McAllister et al., 1997).

Windsor (1987) analyzed data from qualitative interviews to better understand the clinical experience of student nurses. Findings from this study revealed student nurses move through three different stages of professional development in their clinical practice work. The first stage was where the student nurse reported being nervous and the focus was "just doing skills" (p. 152). During the second stage the student nurse became less occupied with skills and began to explore other aspects of nursing. In the third stage the student nurse became more confident and began to "feel like a nurse" (p. 152). Windsor does not expand on what feeling like a nurse meant to the students, however she said that students progressed in their professional socialization by observing nurses and participating in nursing functions to "learn how to act like a nurse" (p. 151).

Holland (1999) argues that a student nurse is not a nurse in the practice setting, but is, instead, a learner who is required to participate in nursing activities over a set period of time in order to be prepared for taking on the role of nurse in the future. Participating in nursing activities enables the student to gain skills and knowledge needed to be accountable for actions. Holland's ethnographic study exploring the nature of the transition experienced by student nurses in their journey to becoming qualified nurses revealed three main states of existence during the three-year course; becoming a student nurse, being a student nurse and becoming a qualified nurse.

This concept of student versus nurse is reported in a study carried out by Wilson in 1994. Wilson's study sought to explore and describe nursing students' experiences of learning in clinical practice. Data in this study were collected through ethnographic interviewing and observation. The findings of the qualitative analysis indicate that as student nurses accepted the responsibility of patient care, they

moved out of the student role into the role of nurse. "In the student role, they were responsible only for themselves; their learning behaviour had consequences only for their own lives. However, in the nurse role they were responsible for another person's life and well being" (p. 83). The student role was described by the participants as studying outside the clinical setting and time spent in clinical practice with the faculty instructor. The students perceived themselves to be in the nurse role when the patient was directly involved. The participants in this study believed that while they were in the clinical environment the nurse role was more important. The role of nurse was closely associated with the students' goal of helping the patient. The other major goals of the clinical practice experience – as perceived by the student nurses in this study – were; to cause no harm to the patient, to integrate theory-based knowledge into clinical practice, to learn clinical practice skills, to look good as a student, and to look good as a nurse (Wilson).

The Clinical Learning Environment

Literature available on clinical education clearly demonstrates the need to consider the clinical environment as it relates to student nurses' experiences of clinical learning. The clinical learning environment has been defined as "the interactive network of forces within the clinical setting that influence the students' clinical learning outcomes" (Dunn & Burnett, 1995, p. 1166). A review of the literature reveals that the clinical learning environment has been the focus of several studies. Findings indicate that the quality of the learning environment hinged on many factors including nature, type and relevance of the clinical setting, opportunities for learning, and relationships with other members of the practice area (Baillie, 1993; Campbell, Larrivee, Field, Day & Reutter, 1994; Cahill, 1996; Chan, 2001; Dunn et al., 2000; Dunn & Hansford, 1997).

A study carried out in Australia sought to describe the factors that influence undergraduate nursing students' perceptions of their clinical learning environments (Dunn & Hansford, 1997). The study included 229 undergraduate students in the second and third years of their nursing education. Five factors that impacted on the students' perceptions of their clinical learning environment were identified from the Clinical Learning Environment Scale (CLES); these were student satisfaction, hierarchy and ritual, staff-student relationships, nurse manager commitment, and

patient relationships. These five factors were used to guide the integration of the qualitative and quantitative data. Qualitative data analysis in Dunn and Hansford's study indicated students were somewhat responsible for the development of their own learning environment and they recognized the importance of being assertive in ensuring their own best learning outcomes.

Two earlier studies also found the way student nurses approach their clinical placement affected their learning (Baillie, 1993; Hart & Rotem, 1994). Student nurses in both studies recognized the importance of taking the initiative and showing an interest in learning. One further study undertaken in New Zealand supported this; student nurse participants identified that being proactive and motivated influenced their learning in clinical practice (Schroyen, 2001).

Dunn and Hansford's (1997) study highlighted the impact that a broad range of people have on the student nurses' perception of the clinical learning environment, including the nursing staff, unit manager, other staff, and the patients. The authors assert that of all the participants in the clinical learning environment, it is the nurse clinicians that had the greatest influence on student learning. Dunn and Hansford's intent in using both quantitative and qualitative methodologies to address the research question was to provide a more complete picture of the study and to validate findings through triangulation.

A review of the literature on clinical education demonstrates support for the findings of Dunn and Hansford's (1997) study. The outcome of eight other studies verified that the nurse clinician has a critical influence on student nurse experiences in the clinical learning environment (Atack, Comacu, Kenny, Labelle & Miller, 2000; Booth, 1997; Chan, 2001; Orchard, 1999; Peirce, 1991; Schroyen, 2001; Turnbull, 2001; Windsor, 1987). The eight studies reviewed used samples that covered a range of student nurses over the three years of their nursing education. The use of qualitative methodologies in each of the studies ensures a depth of understanding of student nurse perceptions however generalisability of results is limited as a consequence (Minichiello et al., 1999).

It is apparent from the literature reviewed in the previous section that the clinical learning environment and individuals within this setting play a critical part in student nurse learning. It seems important therefore to discover what is known

about the persons involved in the clinical learning environment. As the purpose of this study is to explore the relationship between student nurse and nurse clinician the literature pertaining to these two parties while in the clinical learning environment was reviewed and is presented in the following section.

The Student Nurse in the Clinical Learning Environment

Student nurse anxiety in clinical practice.

The presence of anxiety in nursing students whilst on clinical placements has been reported in several studies (Admi, 1997; Campbell et al., 1994; Cooke, 1996; Windsor, 1987). McAllister et al. (1997) argue that while mild levels of stress may enhance student performance, excessive levels of anxiety may produce negative outcomes. While no studies were found that specifically examined stress for student nurses in their learning after their first year of nursing education, two quantitative studies that examined stress and stressful situations for first-year nursing students were found (Admi; Cooke). Both of these studies examined the experiences of first-year students when it can be expected that they will experience high levels of stress as everything in the learning experience is new to them however the results are worth mentioning. Admi found there was a gap between the expected and actual stress of the students in their initial clinical experience – the total stress scores measured on a Nursing Student's Stress Scale (NSSS) were significantly higher at the beginning of the clinical practice component than at the end, and the students' perceptions of the same situations changed over time. It seems student nurses anticipate hostility from and difficulty in communicating with staff in practice, including nurse clinicians (Cooke). Cooke concludes from her study that student nurses find some clinical situations difficult and challenging.

Student nurse dissatisfaction with clinical practice.

It would appear from the literature that the negative attitudes of staff and the negative atmosphere created in the clinical learning environment cause feelings of vulnerability and inadequacy in student nurses (Campbell et al., 1994; Windsor, 1987). Student nurses frequently report negative experiences and dissatisfaction in the practice setting (Booth, 1997; Chan, 2001; Windsor). Booth reports on the findings of her action research study and states, "from the dialogue of the

participants of this study, the positiveness or negativeness of the experience could often be directly attributed to the behaviours of the personnel involved in the learning process" (p. 138). Booth specifically refers to the positive and negative interactions between student nurses and nurse clinicians they have been 'buddied' with during their clinical learning experience.

Studies that report negative experiences and dissatisfaction with clinical learning are those that have been undertaken in clinical areas where student nurses have been 'buddied' with nurse clinicians in an *ad hoc* manner. A review of the literature on 'preceptorship' reveals a different picture. Preceptorship is a model of teaching and learning in the clinical setting where nurse clinicians and student nurses work together in a one-to-one relationship. Typically, one preceptor is assigned to a single student nurse to foster student independence and skill development, provide role modelling, and support the student in developing confidence (Letizia & Jennrich, 1998). Student nurses who have been exposed to this model of teaching and learning in the clinical setting report positive clinical learning experience (Atkins & Williams, 1995; Dyson & Thompson, 1996; Peirce, 1991).

Schroyen's (2001) action research identified issues that influenced the current clinical learning and teaching situation for the student nurse participants. Student nurse/clinical nurse interactions were one of the main influences to emerge. Schroyen reports, "the nature of the relationship between the student and the staff nurse was continually highlighted by the students in the action group as the key to the quality of learning" (p. 81). Booth (1997) also reports from the findings of her study that the interactions between the student nurse and the nurse clinician greatly influenced student nurse learning and understanding of nursing practice. Turnbull (2001) suggests that optimum clinical learning is conditional on the establishment of active relationships between the nurse clinician and the student nurse. These three New Zealand studies are supported by the Canadian studies of Atack et al. (2000) and Campbell et al. (1994); as well as Chan's (2001) Hong Kong study, Dunn and Hansford's (1997) Australian study, Baillie's (1993) English one, and Savage's (1999) United Kingdom study all acknowledging the importance of the positive interactions between nurse clinicians in the clinical setting and the student nurse.

A review of the studies on student nurse learning in the clinical setting revealed the qualities that student nurses want in the nurse clinicians they work with. These have been identified and include; consistency, genuineness, respect, encouragement, clinical ability, positive attitude, willingness to teach, time to listen, and continuity (Cahill, 1996; Crawford, Dresen, & Tschikota, 2000; Schroyen, 2001; Turnbull, 2001). The key concepts relating to the qualities that student nurses want in nurse clinicians will now be discussed.

Continuity in clinical.

Continuity in the allocation of the nurse clinician working with the student nurse is revealed as being important to the student nurse in several of the studies reviewed (Booth, 1997; Dyson & Thompson, 1996; Schroyen, 2001; Turnbull, 2001). In a study to gain knowledge and understanding of the factors that promote optimal clinical learning from the student nurses' perspective, Turnbull used both qualitative and quantitative methodologies to explore the phenomenon of clinical learning. According to Turnbull 87% of the 30 respondents to the questionnaire viewed the concept of continuity of the nurse clinician/student nurse relationship positively. Twenty-six percent said that one of the most important factors in assisting clinical learning was each being able to work with their own assigned nurse clinician. The qualitative data for this study was gathered through focus group interviews. The interviewees all agreed that working with their own assigned nurse clinician was beneficial to their learning. There was general agreement from the focus group participants that working with a different nurse clinician every time had the potential to limit their clinical learning. Participants talked of "frustration and stress" in continually trying to earn the trust of a new nurse 'buddy' so that they could develop independence and progress in their nursing practice (Turnbull, p. 84).

Dyson and Thompson (1996) researched a pilot preceptor programme for second-year students during their seven-week surgical placements. They found that the consistency and continuity of the one-to-one relationship between student nurse and nurse clinician – which underpins the concept of preceptorship – was positive for the students and promoted their learning. Student nurse participants in Dyson and Thompson's study felt that their learning was extended as a result of working

mainly with one nurse clinician each – one who was interested and involved in their learning.

Some of the focus group participants in Turnbull's (2001) study acknowledged the potential disadvantages of being allocated to only one nurse clinician for the duration of their clinical practice, one reason being that it might limit the possibility of observing multiple methods of nursing practice. Turnbull also reports all the focus group members strongly agreed that while there were benefits from working with the same nurse clinician, it was equally important that the nurse was willing to be a participant in the clinical 'buddy' role. The participants in the focus group could all recount situations when they had been allocated to work with a nurse clinician who had not wanted to be a buddy, they said that this resulted in a negative impact on their learning. The findings of the focus group were validated by the quantitative data with 90% of the questionnaire respondents believing that being a buddy to student nurses should be optional for nurse clinicians.

Being part of the team.

Central to many of the studies reviewed was the desire for student nurses to be treated as part of the team while in the clinical placement (Atack et al., 2000; Chan, 2001; Cope et al., 2000; Dunn & Hansford, 1997; Windsor, 1987). Being part of the team for second-year student nurses in one study was synonymous with a sense of belonging (Atack et al.). The actions of the nurse clinician that made the student nurses feel welcome and included in practice helped them to gain a sense of belonging in the unit and in the nursing profession (Atack et al.). For the senior students in another study being made to feel part of the nursing team increased their sense of competence (Wilson, 1994).

The Nurse Clinician in the Clinical Learning Environment

The nurse clinician and student nurse learning.

There is overwhelming evidence in the literature that the nurse clinician has an important part to play in student nurse learning in the clinical setting (Atack et al., 2000; Campbell, et al., 1994; Chan, 2001; Dunn & Hansford, 1997; Dyson & Thompson, 1996; Hart & Rotem, 1994; Hwa, 1999; Orchard, 1999; Peirce, 1991;

Savage, 1999; Schroyen, 2001; Turnbull, 2001; Windsor, 1987). A review of the literature reveals the effects that nurse clinicians have on student nurse learning. It appears that nurse clinicians influence the ward learning environment through their attitudes and interpersonal characteristics (Booth, 1997; Cahill, 1996; Chan, 2001; Savage, 1998; Schroyen; Turnbull). Overseas research studies have identified interpersonal characteristics in nurse clinicians that enhance student nurse learning. These characteristics include; role modelling skills, patience, respect, consistency, genuineness, understanding, sympathy, being approachable, and having memory of being a student themselves (Cahill; Chan, 2001; Savage). Other characteristics of nurse clinicians identified in international and national research as enhancing student learning are; current knowledge and experience, effective management skills, and a willingness to teach (Atack et al; Baillie, 1993; Booth; Dunn & Hansford; Hwa).

Nurse clinicians support student nurse learning.

Turnbull's (2001) research focused on identifying factors that promote optimum clinical learning. This study revealed nurse clinician attitudes toward student nurses was a key factor in promoting student learning. Quantitative data analysis showed there was 100% agreement from 30 student nurse participants that active support from the clinical placement staff assisted them to achieve their learning outcomes. In an earlier study, Booth (1997) explored the factors that help or hinder students' clinical learning; she found support from the nurse clinician was extremely important to student nurses. For student nurse participants in Booth's study, support came from the nurse clinician in a variety of forms including; a willingness to work with the student, a readiness to demonstrate or supervise skills, a readiness to share experiences and expertise, and a willingness to trust the student. When students felt supported in these ways they were more comfortable within the clinical area and more confident in their learning. These two New Zealand studies support the findings of an earlier and larger study undertaken in Canada which found that optimum clinical learning was promoted when students felt supported by clinical staff (Campbell et al., 1994).

Role models.

Nurse clinicians working in the clinical setting have identified the characteristics needed for their role when working alongside student nurses. These characteristics include: providing clinical experience, support and guidance; teaching; supervising; and the development of practical skills (Atkins & Williams, 1995; Grealish & Carrol, 1998; Orchard, 1999; Schroyen, 2001). Role modelling stands out as the most prominent feature of the nurse clinician's function when working with student nurses – this identified by the nurse clinicians themselves (Atkins & Williams; Davies, 1993; Grealish & Carrol; Orchard; Schroyen), and by student nurses (Chan, 2001; Hart & Rotem, 1994; Hwa, 1999; Savage, 1999). Nurse clinicians in Orchard's 1999 study described role modelling as occurring when they guide, motivate, challenge, or support student nurses while they continue to deliver expert nursing care to the patients. Nurse participants also link role modelling to the notion of exposing student nurses to the real world of nursing practice (Grant et al., 1996; Schroyen).

The clinical education role increases the nurse clinician's workload.

Participants in Orchard's (1999) study found the teaching role tiring and described having difficulty with the constant explanations to students of what they were doing and why they were doing it. Nurses described their teaching role as time-consuming and hard work. A survey of nurse clinicians in Australia supports Orchard's findings. Of the 304 completed responses, almost a quarter indicated that the nurse clinicians found teaching students too time-consuming (Grant et al., 1996). Ten participants in Orchard's study were chosen from clinical areas that regularly had year one, year two, and year three undergraduate nursing students gaining clinical experience in the wards. Although Orchard does not discuss the teaching load within the clinical areas, it is likely to have been high to accommodate students from all three years of the programme. The diversity of learning needs of these students would also add to the workload for the nurse clinicians. Ives and Rowley (1990) surveyed 490 nurse clinicians from 21 hospitals in Australia and found that the nurses were more likely to think that teaching students made too big a demand on their time when they had large numbers of students in the ward and when students from different colleges were having simultaneous experiences.

Nurse clinician responsibility to the patient versus the student nurse.

The literature reveals a conflict for nurse clinicians between their responsibilities to the patient and responsibilities to student nurses (Atkins & Williams, 1995; Booth, 1997; Orchard, 1999; Schroyen, 2001). Findings of an action research study undertaken to improve teaching and learning in clinical settings indicated that the role of clinical teaching for nurse clinicians is influenced by increasing responsibilities and an expanding role in clinical practice (Schroyen). Clinical nurses are often required to maintain a full patient load as well as take responsibility for a student nurse (Orchard; Schroyen). Part of the responsibility to the student nurse is to ensure safety for both student and patient. For nurse clinicians who participated in two qualitative studies reviewed, this meant taking responsibility for student nurse practice to ensure that students were safe in the delivery of nursing care (Booth; Orchard).

Relationships

The focus of this study is the relationship between student nurse and nurse clinician and the literature reviewed in the previous sections has confirmed the importance of the relationship between nurse clinicians and student nurses in the clinical setting. For this reason it seemed important to explore the meaning of 'relationship'. The literature on behavioural psychology and interpersonal relationships was searched for an understanding of the concept 'relationship'. The literature on relationships generally focuses on describing different types of relationships and this was considered too broad a topic to include in this study. Therefore there is no attempt made to describe the diverse types of relationships portrayed in the literature; instead an effort is made to provide an explanation of the nature of relationships.

Relationships are arguably one of the most important parts of a person's life (Hind, 1996), and on a daily basis people interweave in a whole host of relationships (Auhagen & Salisch, 1996). A relationship between two people involves them relating to each other. The act of relating is defined as a connection between things; the position one person holds with regard to another (Thatcher, 1980).

A relationship is more than just an interaction between two people. A distinction is made in the literature between an interaction and a relationship. An interaction

involves minimal behaviour between two individuals and occurs in a limited in time frame (Hind, 1996). A relationship on the other hand involves one, many, or numerous types of interactions between two people who know each other (Hind). Relationships involve behaviour, emotions, and communication and, as Hind states, "are dynamic" (p. 10). A relationship is accompanied by emotional and cognitive properties and communication is considered its essence (Hind).

Relationships are distinguished from each other by considering the different interactions that occur in the connection. Hind (1996) suggests that it would be impossible to give a complete description of a relationship. Relationships can instead be described in terms of the nature of events in the interactions between the parties. The notion of describing relationships in terms of the interactions between student and nurse clinician fits well with the literature reviewed in the previous sections. The literature reviewed for the current study reveals that both nurse clinicians and student nurses recognize the nature of their interactions with each other impact on the learning environment.

Summary

The purpose of this study was to explore the relationship between student nurse and nurse clinician during the students' clinical learning experience. The literature reviewed for this study therefore was focused on the student nurse, nurse clinician and the clinical learning environment. A summary of the salient points from the literature review will now be presented.

The literature reviewed for this study highlighted the importance of clinical learning in the education of student nurses. It was apparent that student nurses – whether learning to nurse in an apprentice style course or in a tertiary programme – considered clinical learning a significant component of their education (Cope et al., 2000; Dunne et al., 2000). It was also evident from the literature that student nurses are not alone in considering learning in the practice setting as important; nurse clinicians also regard clinical learning essential for students.

Learning in the clinical setting offers opportunities for student nurses including the chance to apply knowledge to practice. According to the literature, students believe clinical is where they are socialized into the role of professional nurse. The

literature revealed two different notions with regard to the socialization of student nurses – that of 'being a student' and 'being a nurse'. While student nurses are only responsible for themselves they recognize they are in the student role and when students take on patient responsibilities, they perceive themselves to be nurses (Wilson, 1994).

The second section of the literature review considered the clinical learning environment. Factors that influence the clinical learning environment and student nurse perceptions of this environment were identified. However it was the attitudes of clinical staff and student nurses themselves that appeared to be a recurring theme in the studies reviewed. In particular, the nurse clinician was seen to have a critical influence on student nurse experiences in the clinical learning environment (Atack et al., 2000; Booth, 1997; Chan, 2001; Orchard, 1999; Peirce, 1991; Schroyen, 2001; Turnbull, 2001; Windsor, 1987).

Given the focus of the current study, it seemed important to consider what was known about the student nurse and nurse clinician in the clinical learning environment. There is evidence that first-year student nurses experience anxiety in the clinical learning environment, especially at the beginning of a placement (Admi, 1997). Although this is not unexpected, it was reported that one of the causes of anxiety in the student nurse is anticipation of hostility from the nurse clinician (Cooke, 1996). Student nurses are often dissatisfied with their clinical learning experiences and this was attributed by some authors to the attitudes of clinical nurses (Booth, 1997; Campbell et al., 1994; Windsor, 1987). A review of national and international research studies highlighted the importance of the relationship between nurse clinician and student nurse.

A large range of literature was reviewed for this current study, from which it is apparent that there has been a focus on clinical teaching and learning in nursing education in the last decade. Included in this literature were several New Zealand studies which have contributed to the body of knowledge surrounding clinical teaching and learning in the last decade. However no New Zealand study was found to specifically explore the student nurse/nurse clinician relationship.

Given the importance of clinical learning for student nurses and the evidence that interactions between student nurses and nurse clinicians have a critical influence on

student nurse learning, it seems important to find out the types of relationships student nurses have with nurse clinicians. Therefore the aim of this research is to gain an understanding of the relationships that student nurses have with the nurse clinicians they work with in the clinical setting. The researcher is interested in student nurses' descriptions of their relationships and whether those relationships have an impact on student learning.

The following chapter presents a detailed account of the descriptive interpretive methodology used in this study. Explanation of the research process and rationale for the methods used is also presented.

Chapter Three

The Research Process

Introduction

The previous chapter explored the literature with regard to clinical learning for the student nurse. This exploration revealed that clinical learning is important and is strongly influenced by the clinical environment. The literature provided evidence that relationships between the student nurse and the nurse clinician have a critical part to play in student nurse clinical learning experiences.

This chapter presents the methods used to answer the study questions. A descriptive interpretive methodology was chosen to underpin the study. Focus group interviews were used as the data collection method and the data has been analyzed using a general inductive approach (Thomas, 2000). The general inductive approach to data analysis provided a framework for coding the data and resulted in the creation of categories and themes. Ethical considerations for the study are addressed in this chapter.

The first part of the chapter provides a description of the methodology and methods used; rationale for decisions made with regard to methods is included. The second part of the chapter presents specific detail of the processes undertaken to answer the research question. The chapter begins with an explanation of the methodology and theoretical underpinnings of the study.

Methodology

The purpose of research is to find answers to questions and to generate knowledge. The research methodology refers to the theoretical assumptions that underlie the decisions made when choosing methods to generate that knowledge (Roberts & Taylor, 2002). The following discussion relates to how a descriptive interpretive methodology was chosen for this study.

A qualitative approach was utilized for this study because the focus of this form of research is on human subjectivity. Humans and their experiences are valued in the

qualitative research process (Roberts & Taylor, 2002). The ways in which people make sense of their experiences is of central interest to qualitative researchers (Munhall & Boyd, 1993) and it is through understanding the meanings and interpretations a person attributes to a situation that the researcher is able to grasp something of the person's reality (Leininger, 1985; Minichiello et al, 1999; Munhall & Boyd).

The aim of the present research is to gain an understanding of the relationships that student nurses have with the nurse clinicians they are 'buddied' with in the clinical setting. It was the student nurses' experiences I was interested in and so a qualitative methodology was considered the most appropriate approach as it gave voice to the student nurses. The subjective nature of qualitative research allows the research to present the students' side of the story.

Descriptive research designs can be either quantitative or qualitative. Descriptive studies are usually considered the first step in the research process. They are used to describe, compare and classify a phenomenon (Brink & Wood, 1998; Giorgi, 1992; Kane, 1991; Seaman, 1987). A qualitative descriptive study offers the opportunity to identify the nature and attributes of a phenomenon (Axford, Minichiello, Coulson & O'Brien, 1999; Seaman). Seaman states that descriptive research "seeks to describe accurately the characteristics of an individual, a situation, or a group" (p. 182). The descriptions arising from the study should be an accurate account of the event and an accurate account of the meanings participants attribute to the event (Sandelowski, 2000).

Qualitative description is often referred to as 'basic' research (Kane, 1991; Sandelowski, 2000; Seaman, 1987). Basic research in this instance refers to qualitative description that requires the presentation of the facts of the study in everyday language. It is an expectation of descriptive research that analytical accounts of the data will reflect the data in its original state (Coffey & Atkinson, 1996). There is no expectation in qualitative description that findings will be interpreted and described in terms of a philosophical or conceptual framework (Sandelowski, 2000).

Most researchers, however, would acknowledge that all description entails interpretation (Sandelowski, 2000). Interpretation of data occurs when

understanding and explanations are sought beyond the certainty usually associated with a descriptive account. Description, analysis, and interpretation are not mutually exclusive and it is argued they are the primary ingredients of qualitative research "from which different balances can be struck" (Woolcott, cited in Coffey & Atkinson, 1996, p. 9). Therefore it seemed valid to consider a descriptive methodology with interpretive overtones for this study.

While the aim of description is to describe what presents itself exactly as it is presented, the aim of interpretive research is to generate meaning or to make sense out of things of interest (Giorgi, 1992; Roberts & Taylor, 2002). Interpretation is the end product of analysis where the data is reconstructed in such a way that something new is created from it (Sandelowski, 1998). The goal of the researcher is to clarify the meaning of the experience or phenomenon under study. In clarifying meaning the researcher may link the ideas generated from the data to the ideas of others or to a theoretical perspective (Coffey & Atkinson, 1996; Giorgi, 1992). Ideas are created out of the data and these are presented in a way that allows the audience to see the experience or phenomena in a new way (Sandelowski, 1995). A framework or theoretical perspective was considered an appropriate way to represent the data that would come from an exploration of relationships between student nurses and nurse clinicians. A framework was not found until the analysis stage of this study. The framework was considered part of the interpretive process and therefore is introduced within the findings section.

Focus Groups

The focus group method was selected for this study because of the reported usefulness in providing insight into a range and depth of ideas and opinions about the topic being researched (St John, 1999). The primary function of a focus group interview is research; the goal is to collect data from a range of people across several groups on a topic that is of interest to the researcher (Kruegar & Casey, 2000). Sandelowski (2000) refers to moderately structured focus group interviews as a useful way of gathering data for a qualitative descriptive study and asserts that focus group interviews are typically used to gather a broad range of information about the topic being studied. For that reason a semi- structured focus group interview format was used to answer the research questions in this study.

Focus group interviews are known to capitalize on the interactions within a group and it is the active encouragement of group interaction that distinguishes the focus group from other group interviews (Webb & Kevern, 2001). St John (1999) implies that the responses, interactions, and reactions stimulated in group discussion foster a greater focus on the participants' point of view. The purpose of this research study was to explore the student nurses' perceptions of their relationships with nurse clinicians. As I was interested in the opinions of the participants and the data that would come from discussion and interactions between group members this form of data collection seemed appropriate.

Since data gathered in a focus group interview are elicited as members respond to each other, there is no expectation that there will be one exact reality to discover. Rather the goal of a focus group is to explore the variations in perceptions of the participants (Carey, 1995). The nature of group dynamics, therefore, is a consideration in the analysis of data.

Group dynamics can also be considered as a source of weakness in focus groups. It is argued that members of a focus group interview may tend towards conformity by modifying their statements as a result of discussion (Kidd & Parshall, 2000; Morgan, 1997). This is considered a problem if consensus is of primary importance in the research which it was not in this descriptive study.

There is also a risk with focus group interviews that the researcher (as moderator of the group) will influence the group interactions (Morgan, 1995; Morgan, 1997). The researcher "creates and directs" the interview when using focus groups and this can have consequences for the nature of the group (Morgan, 1997, p. 14). Any effort on the researchers' part to control the group or maintain a focus on the research topic will influence the group interactions (Morgan, 1995; Morgan, 1997). However Morgan (1997) argues researcher influence is not unique to focus groups and is an issue for all social science interviewers. On the other hand relying on the researcher's focus is also considered a strength of focus groups as it affords the opportunity to produce large amounts of data on the topic of interest (Morgan, 1997). Therefore while the focus group interview was considered an appropriate way to gather information from student nurses about their relationships with nurse clinicians, the strengths and weaknesses of the method were considered.

Data Analysis

A general inductive process.

Guided by the work of Thomas (2000), a general inductive approach was chosen as a means to analyze the data generated. Thorne, Kirkham and MacDonald-Emes (1997) endorse interpretive description as a method for nursing research and recommend the use of inductive analysis for this type of study. Additionally, inductive analysis was considered appropriate for the qualitative data collected in this study as the purpose of inductive analysis is to approach the data without preconceptions and to "see things as they are" (Axford et al., 1999, p. 20). Thomas states the general purpose of the inductive approach is to "allow research findings to emerge from the common, dominant or significant themes inherent in raw data without the restraints imposed by structured methodologies (p. 3). While Thomas acknowledges the general inductive process of data analysis is related to grounded theory, he states "the procedures and assumptions are not identical" (p. 1). Indeed the inductive approach does not employ saturation, theoretical sampling, or constant comparative analysis which are the basic operational strategies in data analysis for grounded theory (Corbin, 1986). Hence there was no attempt to consider this research as a grounded theory study.

When using a general inductive process the primary mode of analysis is the development of categories (Thomas, 2000). These categories form a "framework that summarises the raw data, and conveys key themes and processes" (p. 6). In order to identify patterns in the data a process of coding needs to occur. Coding is the method of organizing data into meaningful and manageable units (Coffey & Atkinson, 1996). The units of data are labelled to reflect the concepts of the research. Segments of data that relate to each other are then organised into categories (Coffey & Atkinson; Thomas).

Thomas (2000) refers to "upper level or more general categories" and "lower level or specific categories" (p. 8). Upper level categories are liable to be derived from the aims of the research and in this study will be referred to as themes. Specific categories arise from multiple readings of the raw data and in this study are referred to as categories and subcategories (Thomas).

Ethical Considerations

The following section presents the ethical issues that were addressed when seeking ethical consent for this study. Ethical issues have been attended to following the guidelines of Seaman (1987).

The rights of the participants.

The right not to be harmed. I acknowledge the potential for participant distress relating to the disclosure and discussion of sensitive issues. As an experienced registered nurse, I particularly looked for signs of participant distress during the focus group interviews. Participants were offered the opportunity to have the tape turned off at any stage during the focus group interviews.

I was prepared to offer initial support to any participant if needed during the focus group but was aware of the need to encourage any participants showing signs of distress to seek further outside help. The tertiary organisation that the participants are enrolled in offers counselling services and I was aware of these and able to help participants access these.

The right of self-determination. Participation in the research was completely voluntary. A colleague of the researcher – who had no personal interest in the study – was asked to recruit participants. No coercion of any kind was used to recruit participants. All prospective participants were given a copy of the participant information sheet (Appendix 1) containing full details of the study. Researcher contact details were included in the information sheet so that prospective participants could contact the researcher if any further clarification has been needed.

As the researcher in this study and a nurse lecturer in the same school of nursing the participants attended it was important that I acknowledged the potential conflict of roles. I had made certain that I had no involvement with student nurses in the final semester of the third year of study for the duration of the semester that coincided with data collection for this study. That was to ensure that there was no risk that participants perceived themselves to be in a dependent relationship with me. I had no part to play in either formative or summative assessments for the student nurses in their final semester.

Although there was a chance that I had been the clinical lecturer for some participants, the study did not look at the clinical experience but rather the relationship with the nurse clinician therefore there should have been no conflict.

The right to privacy. Arrangements were made for consent forms, taped interviews and transcriptions to be kept in a locked cupboard. All documents were only be seen by the researcher, her supervisor and typist. Taped interviews were destroyed at the completion of the study and transcripts kept for ten years and will then be destroyed by the researcher. All computer files are protected by password and will be deleted after ten years.

Confidentiality and anonymity. Information collected in the study was kept in the strictest confidence and not made available to anyone other than the researcher, typist, and supervisor. The names of the participants were not recorded with the data unless the participant gave permission. Participants were asked to choose a pseudonym for the transcript and written report. Participants were asked not to identify personalities or clinical placements whilst recounting their experiences. Participants were asked to keep the group discussions confidential.

The right to refuse to participate or withdraw without recrimination. Participation in the study was voluntary. Participants were informed that they could leave the study at any time up until their participation in the focus group interview, with no adverse consequences if they decided to withdraw. Participants were informed that they would not be able to withdraw after participating in the focus group. Consent to participate was gained in writing.

This research study conforms to the ethical standards of scientific inquiry. Ethical approval for this study was sought and granted by submitting a detailed ethics application to both the Massey University Human Ethics Committee (MUHEC) and the Auckland University of Technology Ethics Committee (AUTEC).

The following section presents the processes used for sampling, data collection, and data analysis. Any ethical issues that have been addressed in these processes are included in discussion. The final section of the chapter deals with rigorousness of the study.

Sample Process

In qualitative research the purpose of sampling is to select the most appropriate informants and it is important that the participants have experienced the phenomenon under study and are willing to talk about it (Field & Morse, 1985; Gillis & Jackson, 2002; Minichiello et al., 1999). Purposive sampling was chosen as the intention of this form of sampling is, "to provide 'information rich' cases for study in depth" (Minichiello et al., p. 176). The aim of this study was to seek student nurse perceptions of their relationships with nurse clinicians during clinical learning experiences. It was therefore important to select student nurses who were nearing the end of their nursing education and had experienced learning in the practice setting.

Sampling focused on the following criteria for selection – participants were selected from one cohort of 64 student nurses at the end of their third year of study. By the end of the third year of study in the Bachelor of Health Science (Nursing) Degree [BHS(N)], student nurses have had a variety of clinical learning experiences in many different clinical settings. This population were selected because they have all been exposed to working in several different clinical situations with different nurse clinicians over the three years of their nursing education.

Many students in the group had demonstrated a personal interest in the research topic through coursework; some had given oral presentations on the topic or had included discussion in relation to the topic in written work completed as part of their BHS(N) degree. An attempt was made to recruit students who had shown an interest in the topic under study by approaching them before approaching others from the cohort.

Recruiting Study Participants

The researcher felt it was appropriate to recruit participants in the period of time between sitting state exams and receiving results, as they would no longer be distracted with study and would not yet have started their careers as registered nurses. It was considered important that the participants were interviewed before they received their exam results and were themselves registered nurses. This was because the way people interpret their situations is influenced by where they are

placed at the time (Roberts & Taylor, 2002). As the participants were being asked about their experiences as student nurses it was important they still considered themselves as students.

A member of staff from the school of nursing agreed to recruit potential participants; she did this by ringing individuals and explaining the study to them. The voluntary nature of participation was stressed at this time. Potential participants were given a choice of dates and times to attend a focus group interview.

The names of 20 students who showed an interest in participating in the research were then passed on to the researcher. Everyone who had shown an interest was sent the information sheet and invited to join a focus group. The information sheet invited participants to ring the researcher if they required any further clarification of the study. None of the potential participants contacted the researcher for further clarification before the interviews began. Two of the students contacted the researcher to decline participation in the study.

Sample Size

Sample size was given careful consideration when the decision was made to use focus groups as the data collection method. The first consideration was the number of groups; there needed to be enough groups to make certain adequate data was produced and to ensure saturation was reached. The literature asserts that three to five groups is the rule of thumb as any more than this seldom affects saturation (Morgan, 1997). At least two focus groups would be needed to enable the researcher to compare and contrast data from the groups and look for patterns and themes across the groups (Kruegar & Casey, 2000).

Morgan (1997) argues the number of participants invited to participate in a focus group is one element of the research design that is controlled by the researcher. While small groups afford more opportunity to share ideas and are more appropriate when high levels of participant involvement is wanted, larger groups are likely to have a wider range of potential responses (Kruegar & Casey, 2000; Morgan, 1997). An advantage of smaller groups is that they offer each participant more time to express their views and ideas. In this case the researcher wanted the participants to

have the opportunity to be able to both tell and compare their stories in detail so smaller groups were deemed appropriate.

Three focus groups of four to five participants were planned. Seven to nine potential participants were invited to each group, working on the premise that over-recruiting is important to ensure enough participants attend the group (Morgan, 1995). Of the 18 student nurses scheduled to attend a focus group interview, 11 participated in the three groups. The first and second focus groups each had four participants; the third focus group had only three participants.

Data Collection

Conducting focus groups.

Three focus group interviews were conducted over a ten-day period. The researcher served as the group moderator for all three groups. All groups were given the same introduction and description of the research study as in the information sheet (Appendix 1). Participants were advised that the interview would be audio-taped and were made aware of their rights in relation to this. They were given the opportunity to ask any clarifying questions at this time. Written consent was gained at this time (Appendix 2) and each participant was asked to write their preferred pseudonym. The pseudonym was used for the transcripts and written report to ensure anonymity.

Environment.

The focus group sessions were held in a small, comfortable conference room on the campus where the participants were enrolled. The room was in a building that was separate from the areas that the student nurses were used to being in for lectures. Groups were scheduled at different times and on different days for the convenience of the participants who were mostly all working. The scheduled time for each interview was 60 minutes, with an extra 30 minutes to allow for introductions and conclusions. The total time therefore for each group was 90 minutes. Participants were seated around a table to facilitate discussion and refreshments were provided.

The Rights of the Participants

At the beginning of each interview the participants were welcomed by the researcher and thanked for agreeing to participate in the study. The confidential nature of the interviews was reiterated and participants were reassured that only the researcher, her supervisor, and the transcriber would have access to the taped interviews. Participants were asked to protect the anonymity of individuals and organizations outside of the group by not using names during the discussion. All of the participants agreed that discussion within the group would remain in the group. The researcher restated that the participants had the right to divulge as much or as little information as they wished and that the tape recorder would be turned off at any time if requested.

Interview Format

Students' views.

The purpose of the semi-structured focus group interview was to elicit students' views on their experiences with nurse clinicians. The broad question *"reflecting back over the last three years, could you tell me about the experiences you have had with registered nurses [nurse clinicians] in the clinical setting?"* was posed. The researcher occasionally sought clarification of points made by asking the group to *"tell me more about that"* or *"can you give me an example of what you mean by ...?"*.

Three questions designed to further guide the discussion were: *"what helped to make your relationships with registered nurses [nurse clinicians] positive?"*; *"what was challenging about your relationships with registered nurses [nurse clinicians]?*"; and *"can you tell me how your experiences with the registered nurses [nurse clinicians] in clinical settings affected your learning?"*. As the discussion drew to an end one final question was asked, *"of all the issues we have discussed, which is the most important to you?"*.

The discussion in all three groups was lively and tended to move naturally through these areas of interest. However each group was asked the same questions to ensure that everyone had the opportunity to contribute to the topic under study. There was

no attempt to rigidly adhere to a specific format as the researcher did not want to stifle spontaneous discussion.

Data Analysis

A general inductive approach.

The collection of data in qualitative research is not something easily separated from the data analysis (Ezzy, 2002). In this study data analysis began with the collection of data, and journal entries were also made by the researcher after each focus group interview to record reflections and insights. The taped interviews were then replayed several times allowing the researcher to listen carefully to the responses of the participants and to the content of the discussions.

When using a general inductive approach to data analysis it is expected that the data analysis will be determined by both the research objectives and the interpretations of the raw data (Thomas, 2000). The objective of this study was to explore the relationship between the student nurse and nurse clinician in the clinical setting. The data was read with a view to discovering the different kinds of relationships the participants described and to identify the themes that arose from the participants' descriptions of their experiences.

In order to explore the relationship between the nurse clinician and student nurse, the researcher turned to a theory of relationships. Relationships are considered infinitely diverse and therefore a complete description of any one relationship would be impossible (Hind, 1996). Hind suggests that in order to describe a relationship one could focus on the component actions and subjective phenomena within the interactions. Therefore a description in terms of the nature and diversity of events within the interactions between the student nurse and the nurse clinician was sought to provide a framework for analysing the relationships between the two. This fits with the interpretive theoretical underpinnings of this study. Interpretation requires the researcher to seek understanding of the phenomena under study and then offer explanation (Coffey & Atkinson, 1996). A framework for analyzing relationships would allow the researcher to describe and explain the relationships between the student nurse and nurse clinician.

Coding Procedures

Coding is a term used to describe the analytical process of interpreting data that results in the development of categories. The inductive coding procedures were carried out following the steps outlined by Thomas (2000). Coding procedures for this study included the preparation of the raw data and the creation of categories. Consideration was given to overlapping and un-coded text and categories were revised and refined. These processes will now be discussed in detail.

Preparation of raw data files.

Due to time restrictions, a professional typist transcribed two of the focus group interviews. The researcher transcribed the third interview making use of the opportunity to learn the process of transcription. Each interview was audio-taped using two tape recorders. This was so the researcher was able to listen to all three interviews on one set of tapes while the other set was being transcribed. This enabled the researcher to become very familiar with the interview data immediately after the interviews.

After listening to the tapes, the researcher made the necessary changes to the transcripts to ensure that they were a verbatim record of the focus group interviews. In the transcription of focus group data it is important that all recorded speech be transcribed, including all unfinished and interrupted speech and brief extracts of speech such as agreement with the main speaker. It is important that the transcripts are an accurate account of what was said in the group (Bloor, Frankland, Thomas & Robson, 2001).

The transcripts were formatted on size A3 paper to allow a large margin for recording notes. Backup files were made of each of the interviews. Each participant was allocated a code number. This code number identified the student and the focus group they participated in and it was entered beside each response the participant made. Listening to the taped interviews, transcribing and proofing the interviews, and reading the transcripts allowed the researcher to get a sense of the interviews as a whole. This process ensured that the researcher knew the transcripts thoroughly, was familiar with the content and had an understanding of the themes that were arising in the text (Bloor et al., 2001).

Creation of categories.

Categories are developed to summarize the raw data and to convey the key themes that arise from the data (Thomas, 2000). Specific categories are derived from the multiple readings of the raw data (Thomas, 2000). As the data was read and re-read, segments of the text were coded to allow the researcher to identify emerging themes and categories.

The coded data categories were identified and named; often using the words of the participants to describe the category, for example 'invisible' came from a participant stating she felt invisible. Other categories are a summary of what the participants appeared to be describing (Coffey & Atkinson, 1996). For example 'lost opportunities for learning' came from the participants' descriptions of times when they felt there was opportunity for learning but this opportunity was lost to them. Attention was paid to the relationship between categories and to the subject matter important to the participants.

Segments of text were grouped by category, in a process of cutting and pasting. The specific categories contain the concepts that were found repeatedly in the data and were labelled to reflect these concepts.

Eight specific categories were initially found:

- Lost opportunities for learning
- Not stepping on toes
- Invisible in the relationship
- Interrupted relationships
- Influential relationships
- A need to be with the patients
- A nurturing relationship
- A reciprocal relationship.

These eight categories were later reduced to five, and these were:

- Lost opportunities for learning

- Not stepping on toes
- Invisible in the relationship
- A nurturing relationship
- A reciprocal relationship.

Two of the original categories became subcategories, and these were:

- Being with the patient is important
- Interrupted relationships

'Influential relationships' was one of the original categories which was later merged with the remaining five categories. The following table is an example of the coding and categorising of data.

Label for category	A nurturing relationship.	Invisible in the relationship.
Description of category	Students and student learning supported and promoted. Active involvement by nurse clinician in student nurse learning.	Student descriptions of not being visible to nurse clinicians. Seen only as a 'student' not an individual.
Text associated with category	"I think it's nurturing, taking you under their wing and guiding you." "She just sort of bridged the gap." "They promote your learning and they support it."	"They just ignored me." "You're standing there, and what am I scotch mist?." "They didn't look at me as a person first, they just saw the student."

The upper level categories are usually derived from the research aims, and in this study are referred to as the themes. It seemed important to link the themes of this research to relationships, as the stated purpose of the study was to explore the relationships between the student nurse and nurse clinician. Relationship theories

were explored to this end and the three themes are presented in the following chapters.

Overlapping coding and un-coded text.

The data was read and re-read to identify segments of the text that fitted into more than one category. It is characteristic of qualitative data to have overlapping and intersecting categories reflecting the nature of conversational talk which does not fit in to neatly-bound packages (Coffey & Atkinson, 1996). The categories identified in this data analysis often overlapped. The category 'influential relationships' was found to overlap over all three of the upper level categories, so was removed as a category and has instead been addressed in the discussion of each of the upper level categories.

Continuing revision and refinement of the category system.

The categories derived from this research are embedded in an open framework (Thomas, 2000). There is no overt sequence to the categories, although they are closely linked and intertwined with each other. There is an implicit causal relationship in the three dominant themes as a result of the cyclic nature of the relationships described in the upper categories. For the purposes of representing the data the categories in each chapter reflect separate entities, however the participants' stories and reflections do not fit nicely into boxes, and the reader will be aware that there are overlaps as the data are presented. For example, the influential nature of the relationship between student and nurse clinician is evident in each of the themes and therefore addressed in each of the data chapters.

Writing the Findings

As this is a qualitative study it seemed important to represent the data in a format that was different from the mechanistic model of writing intended for quantitative research (Sandelowski, 1998). Sandelowski (1994) challenges authors of qualitative research to "celebrate the art" (p. 56). Celebrating the art, she says, allows researchers to experiment with forms of representing their data in order to convey the experiences of participants in the most appropriate way (Sandelowski, 1994). A narrative approach was considered the best way for this study.

A story of the student nurse's relationships with the nurse clinician has been created in the form of a journal entry and is included at the beginning of each of the three findings chapters. The construction of a narrative crafted from the data enabled me to see the experiences of the student nurse in a new light, "to step into the shoes" of the student nurse and this proved useful in the analytical process (Coffey & Atkinson, 1996, p. 129). As the student nurse participants are the authority (Sandelowski, 1994) in this research study, it was considered important to privilege their voices and points of view. The narrative is constructed using the original stories and words of the informants (where possible) and is presented as 'Mary's Journal' of experiences while on a clinical rotation. This is not Mary's story at all, of course, but the compilation of stories from Georgia, Petra, Nikki, Sally, Elle, Jane, Troy, Cassie, Mandy, Anna and Eamon. It is hoped that the narrative will provide the reader with an insight into the experiences of the student nurse participants in this research.

Each of the findings chapters is presented as one of the themes and contains the corresponding categories and sub categories. Appropriate quotes were selected to convey core themes and to demonstrate the essence of the categories; these are presented in the three findings chapters. While the narrative of 'Mary's Journal' will provide insight into the participants' experiences, the writing of the themes and categories was another opportunity to give them voice. Data has therefore been used selectively to illustrate the themes and categories generated in this study (Sandelowski, 1998).

While the analysis has concentrated on providing understanding of substantive issues in the data, attention has also been paid to group dynamics (Bloor et al., 2001). Interactions within the focus group are considered to have an effect on data elicited, therefore the effect of group dynamics is something that cannot be separated from the data (Carey, 1995). Paying attention to the interactions between group members also provides insight into what was important to the participants. The representation of data in this study therefore includes conversation between members, differing opinions and description of the social interactions where it is deemed important to the analysis.

Rigorousness of the Study

Rigor is the term used in qualitative research to describe the process that ensures a study reflects evidence of methodological accuracy and worthiness (Roberts & Taylor, 2002). Rigor is essential in the research process to ensure validity (Whittemore, Chase & Mandle, 2001). The categories for determining rigor are described by Roberts and Taylor as credibility, fittingness, auditability, and confirmability. These four categories are addressed in light of the current study.

Credibility refers to efforts made to establish confidence in the meanings that have been attributed to the data (Whittemore et al., 2001). Credibility is achieved if there is recognition of the phenomena when reading about it in the research report (Roberts & Taylor, 1998). It is hoped credibility will be established for the current study with the dissemination of the research results.

Fittingness refers to the extent to which those outside of the study recognize meaning and relevance of the findings to their own experiences (Roberts & Taylor, 1998). Cutcliffe and McKenna (1999) say fittingness, as described by Roberts and Taylor, is the most useful indication of credibility in a study. Findings from this study are included in the research report and will be disseminated through the appropriate nursing forums. Readers of this research study will be able to judge for themselves whether the findings are meaningful and relevant for them.

Auditability is established when the trail of decisions could be followed by another researcher; it allows the trail of decisions to be scrutinized with regard to method and processes. The decisions about methodology and method have been described in full detail in Chapter Three of this thesis. Rationale for the study and decisions made with regard to methodology and methods are also reported in detail. The presentation of "thick and faithful descriptions" has provided the reader of this research report with the ability to recognize the salient features of themes developed and provides evidence of the conclusions drawn by the researcher (Whittemore et al., 2001, p. 531). Confirmability is achieved when credibility, fittingness, and auditability are demonstrated and confirmed (Roberts & Taylor, 1998).

Summary

This chapter presented an overview of the research design for this study. A descriptive interpretive methodology was utilised to explore student nurse experiences of relating to nurse clinicians in the practice setting. A descriptive interpretive approach offered the researcher the opportunity to describe and explain the relationships formed between student nurse and nurse clinician.

Ethical approval was sought and granted. A purposive sample of 11 third-year nursing students was used. Data were collected through three focus group interviews. Focus group interviews offered the opportunity for group discussion and a focus on the participants' views on the topic. Data were then analyzed using a general inductive approach.

Three dominant themes, five categories, and two subcategories were found. These themes, categories, and subcategories are presented in the following three chapters. Chapter Four will introduce philosopher Martin Buber (2002) whose work provides a framework for the finding of this study. Following on from discussion of the framework the first theme titled 'A monologue' is presented. The chapter will include a description of the theme and the two categories that fall under this theme; an excerpt from Mary's Journal is also included to illustrate the data. The findings from the study are supported with dialogue from the participants.

Chapter Four

A Monologue

Introduction

Chapter Three presented the methodology and methods used in this study. The researcher's interest in the student nurses' description of their relationships is reflected in the methods chosen to gather data for the study. Data from the three focus group interviews were analyzed using a general inductive approach. Multiple readings and interpretation of the data resulted in the development of categories and themes that provided a summary of the key subject matter found in the data.

The following three chapters present the findings of the study. Each chapter includes one of the three themes and the corresponding categories and sub-categories. This chapter firstly introduces the framework that has been used to structure the findings of the current study.

The purpose of this descriptive interpretive study was to explore the relationship between student nurse and nurse clinician. Understanding was sought about the relationships formed between the two parties. Taking an interpretive theoretical stance to the study required the researcher to clarify the meaning of the participants' experiences (Giorgi, 1992). In analysing the data there is an expectation the researcher will speculate about the findings (Coffey & Atkinson, 1996). This speculation may include linking the ideas generated from the data to the ideas of others or to a theoretical perspective (Coffey & Atkinson; Giorgi). A theory of relationships developed by the philosopher Martin Buber (2002) was discovered during the final stages of analysis in this study. It seemed appropriate to use this theory as a framework for the findings because of the resemblance seen between the dominant themes in data from the current study and Buber's work on relationships. The following is a discussion of Martin Bubers theory of relationships.

Buber (2002) discusses relationships in terms of 'dialogue' and 'monologue'. These two forms of relationship evolve from Buber's belief that man has two contrasting primary attitudes to life (Friedman, 2002). Dialogue refers to a relationship of

"openness, directness, mutuality, and presence" (Friedman, p. xii). Monologue, in contrast, is considered a subject-object relationship; a relationship where the two partners do not consider each other at all (Buber; Friedman).

A relationship was defined in Chapter Two as the position one person holds with regard to another (Thatcher, 1980). It was established that relationships can be described in terms of the nature of events in an interaction and can be distinguished from each other by considering the different interactions that occur (Hind, 1996). Buber (2002) also describes relationships in this manner and refers to the life of dialogue as being more than mere interactions between people; rather that the quality of those interactions defines the relationship. He states, "the life of dialogue is not limited to men's traffic with one another; it is, it has shown itself to be, a relation of men to one another that is only represented in their traffic" (p. 9).

Buber (2002) uses the terms "inclusion" and "experiencing the other side" to describe the interactions in a dialogue relationship (Friedman, 2002, p. xiii). Buber says two people bound together in dialogue will have "turned to one another" (p. 9). Turning to one another is a reference to two people actively participating in a relationship and putting their whole selves into that relationship. There is genuine dialogue and technical dialogue. Genuine dialogue requires both parties to experience the other in their uniqueness, to be genuinely interested in the other (Friedman). This form of relationship cannot be produced by the will or action of one person but requires both parties to respond to each other in a mutual way (Friedman). In a technical dialogue the focus of the persons involved is on what is communicated between them. They are not concerned with each other; they have not "turned to one another" (Buber, p. 9).

Buber (2002) implies that two people can have a form of communication with each other without truly relating to each other. Buber refers to this form of communication as monologue. The parties in a monologue relationship are not aware of each other, they may converse with each other but there is no dialogue.

Three themes arose from the data in this study and these have been labelled according to Buber's (2002) realms of dialogue and monologue. The categories are; 'A Monologue', 'A Technical Dialogue' and 'A Genuine Dialogue'. These three

relationships will be explained further as they are introduced in the findings chapters. The following discussion relates to the first theme – 'A Monologue'.

This chapter presents data that relate to the theme 'A Monologue'. Buber (2002) refers to the realm of monologue as a form of communication between two people where there is no true relating from "being to being" (p. 24). Communication in this instance is disguised as dialogue, but does not have the essence of dialogue; there may be conversation, but the two people will not truly relate to each other. Buber says "He who is living the life of monologue is never aware of the other as something that is absolutely not himself and at the same time something with which he nevertheless communicates" (p. 23). Buber implies a selfish attitude on the part of the person living the life of monologue – there is no regard for others.

Participants in this study described some interactions with the nurse clinicians that reflect an absence of relating between them. Student nurse participants felt there were times when they were ignored, not acknowledged, or forgotten by the nurse clinician they were working with in the clinical setting. The attitude of the nurse clinician towards them as student nurses made participants feel pushed aside or marginalized. It seems the attitude of the nurse clinician resulted in the student nurse being caught up in a realm of monologue.

This chapter contains the categories 'invisible in the relationship' and 'not stepping on toes'. The metaphor 'invisible' is used to illuminate participant feelings of being ignored, forgotten, and invisible to the nurse clinician (Sandelowski, 1998). 'Not stepping on toes' refers to the balancing act that student nurses need to perform. They are balancing their learning needs against drawing attention to themselves. The following is an excerpt from Mary's Journal. It is intended to offer some insight into the monologue relationship between the student nurse and nurse clinician.

Mary's Journal

Dear Journal

This is my second week in the ward; this morning I arrived ten minutes before handover; parking was a bit easier today. I was on my own on the ward today; there were no other student nurses rostered on the morning duty with me.

I always get the flavour of a clinical placement as soon as I walk in the door; whether I am actually acknowledged makes a difference, today no one said hello or acknowledged me. But feeling shut out for the first week or so in a clinical area is what I expect.

Once again there was no chair available for me to sit on during report; I had to sit on the floor. Today I thought about sitting on the desk as then I would at least be at the same level as everyone else.

I haven't been allocated a preceptor to work with, so every day I have to wait for the coordinator to allocate someone for me to work with; they usually forget to do this. Today when I reminded the coordinator that I needed to work with a nurse clinician she asked the nurses "who wants to work with the student?". I don't know why they refer to me as the student; it's as if they don't know I have a name. Today it was the usual excuses for not working with me:

"Not me, I had students yesterday"

"Well I could but I'm relatively new myself"

"I've got really acute patients today"

"I've only been here a year".

The nurse that was allocated to work with me was someone I hadn't worked with before. By the time she asked me what I would like to learn today I was thinking to myself "nothing, I just want to go home; I really don't want to be here anymore".

At morning tea the nurse clinician decided to criticize some of the other nurses in front of me, but I made sure I didn't get involved in the conversation, I don't want to be labelled 'one of those people' for appearing to take sides. I still feel amazed; I didn't think they would pick on their own, I thought it was just the good old student nurse they picked on. I find I spend a lot of energy trying to get along with everybody; I think of this as my balancing act, I know as long as I don't step on anyone's toes I will get the support I need.

Today I stepped on toes. One of the patients needed a complex dressing to be done and I really wanted to be involved because I have just completed six weeks clinical experience with the District Nurse; I know that I learnt a lot about wound

assessment and the appropriate products to use during the placement and the good feedback I got from the staff at the end made me feel confident. Today when I suggested a dressing for the patient; the nurse clinician ignored me, it makes me feel like I should just keep my mouth shut, it feels like they are thinking "how dare she open her mouth, she's just the student nurse".

A good thing happened though, later in the duty when the ward got busy the nurse clinician appeared to forget about me so I used this moment of invisibility to spend with the patient, taking time to complete his bed bath without being rushed.

Invisible in the Relationship

Student nurse participants described themselves as invisible to the nurse clinician they were working with in the clinical setting. Invisibility to them was being ignored or forgotten. Invisibility in the relationship was also seen in the interactions with the nurse clinician that had resulted in students being marginalized or not acknowledged as individuals. In these interactions it was the nurse clinician's attitude toward the student nurse that was rendering the student invisible in the relationship. Sometimes it appeared as if it was the student nurse's learning needs that were invisible to nurse clinicians.

'Invisibility' in this instance was the absence of what Buber (2002) describes as 'presence' in a relationship. Participants in this study described situations where they had no presence in the relationship with the nurse clinician. As student nurses they felt the nurse clinician had no regard for them. It seems at least one member of the relationship was not responding to the other with their whole being (Friedman, 2002). This appeared to be particularly so at the beginning of a clinical day or early in a clinical placement.

For participants in this study the attitude of the nurse clinician toward them when they first entered the clinical setting was an important factor in defining the kind of relationship they would have together. There was general agreement amongst members of one focus group that the attitude of nurse clinicians towards them as student nurses was very important in their socialization to the ward, especially when they were new to an area, or when they first arrived on duty. The following quotes reflect what it was like for them as student nurses at the beginning of a placement:

> Sometimes you can get the flavour of a placement on the very first time you walk in, whether you are actually acknowledged. (Elle)
>
> Oh yeah, you're right. (Jane) (Int. 2, p. 5)
>
> Like the first week or so you feel shut out. (Petra, Int. 1, p. 6)
>
> It was about the second day and they were talking about us like right just practically in front of us ... it was terrible. (Anna, Int. 3, p. 10)

Student nurse participants in this study were assigned clinical placements for four weeks in each of the components of the curriculum, excluding their final placement. This final pre-registration placement was ten weeks in duration. The student nurses' visitor status and the short periods of time spent in clinical placements mean that nurse clinicians are unfamiliar with the students as individuals. This would perhaps explain participant perceptions that the beginning of a placement was when they particularly felt that nurse clinician's didn't relate to them. There was consensus amongst participants that feeling shut out by the nurse clinician occurs on a regular basis – especially in the early days of a clinical placement. The beginning of a duty was also a time participants felt nurse clinicians' attitudes impacted on their feelings of invisibility.

The beginning of a shift is an important time for the nursing team. This is when a formal handover of patients occurs; information about patients and their care is shared amongst the nurses. Handover is also a time when allocation of staff to patients occurs. Participants from all three groups spoke of the frustrations that occur for them at this important part of the duty. There is the frustration of not being included in the allocation of patients. While it is not an expectation that student nurses will take on the responsibility of patients, they are expected to take on the planning and management of patient care under the supervision of a nurse clinician – especially in their third year of study. In some areas, the student nurse will be allocated to work with a nurse clinician and will be assigned one or more of the nurse's patients. In other clinical areas the student nurse will be allocated a patient and will work with the nurse clinician who has ultimate responsibility for that patient. For participants of one group the frustrations of not being assigned a patient raised a lot of discussion:

> Everybody else gets dished out their patient load, and you're standing there and what am I, scotch mist? (Elle)
>
> Am I invisible? (Jane) (Int. 2, p. 5)

For others it was frustrating when they were not allocated a nurse clinician to work with. It is accepted that the work of nurse clinicians is increased when they are assigned a student nurse to work with. The clinical education role requires time and energy on the part of the nurse clinician (Orchard, 1999), and it is a role that may be imposed on nurses while it is a management expectation that staff will precept student nurses. In this instance what student nurses see is reluctance on the part of some nurse clinicians to take on a student nurse. The students consequently feel marginalized or "pushed aside" (McCleland, 1998, p. 40). A discussion between Mandy and Cassie demonstrates what it was like to feel marginalised:

> I think the worst part was when we went on to the ward every day and you're standing there, you've had handover and they're allocating patients and then they go, "oh who wants the student?". (Cassie)
>
> Oh yeah and they're all standing back like this, "no not me", "oh I had the student yesterday", you know it's ... (Mandy)
>
> Or they go "well I could but I'm relatively new myself". (Cassie)
>
> Yeah "I've only been here a year". (Mandy) (Int. 3, p. 14)

As a result of being 'invisible' at the time of handover, student nurses appear to have no input into decisions about what patients they would care for that day and they were not given the opportunity to voice their learning needs. The student nurses seemed unprepared to negotiate a patient load for themselves; what is unclear is whether this is a result of continual marginalization or a lack of negotiation skills on the part of the student nurse.

The behaviours that perpetuate the feeling of invisibility come from nurse clinician attitudes towards each other as well as their attitudes toward student nurses. Participants felt that power struggles between the nurse clinicians themselves affected their experiences. They described a feeling of being invisible to nurse clinicians as they talked freely about each other around student nurses. This resulted

in negative experiences for the participants; here three participants describe their similar feelings in different ways:

> They just made the whole experience worse, much worse than it could have been. (Mandy, Int. 3, p. 10)

> I remember being in tears. I remember ringing my lecturer in tears and saying get me out. (Jane, Int. 2, p. 3)

> That's the hard thing about nursing is there's these separate groups and people that just don't like each other and you just want to be in the middle and do your job. (Cassie, Int. 3, p. 9)

The participants did not elaborate on what behaviours they were referring to that led them to believe that nurses didn't like each other. They also made no overt links between the behaviour of nurse clinicians towards each other and their learning as student nurses. However the fact that the nurse clinician's behaviour had such profound effects on the student nurses' learning environment leads one to the conclusion that there had to be negative effects on student learning.

What the participants clearly recognized was the positive impact on learning when the attitude of the nurse clinician made them feel visible in the relationship. For Petra, being acknowledged and included in the handover resulted in a positive relationship with the nurse clinician and enhanced her learning. There was a feeling of being included and this gave her confidence:

> Probably from the very outset, like in the morning is actually being part in handover, you can actually participate in the actual handover, and they can kind of ask you questions and you feel as though you are part of it. (Int. 1, p. 6)

Focus group participants shared stories that revealed a sense of loss of identity as a person separate from the role of 'student nurse'. Nursing attracts a wide variety of people into the profession and a high percentage of student nurses are mature women and men who have chosen nursing as a career later in their working lives. These student nurses bring a variety of life experiences to their nursing education and nursing careers. There was a sense of invisibility in the relationship with the

nurse clinician when student nurses felt they were seen only as a 'student'. Jane explains:

> I think the biggest thing is that they didn't look at me as a person first, they just saw the student, saw the uniform, and treated me as such, that is how I felt. (Int. 2, p. 14)

The label of student denotes newness and unknowingness. Some participants felt that being labelled as a student rather than being seen as an individual and a member of the nursing team limited their learning. Jane felt that as a mature person she deserved to be treated with respect. She had another career behind her and felt her past life experiences were not acknowledged:

> Being older it was really hard to sit there and listen to somebody speak to me in that way, and refer to me in the way that they did to others, like just get the student. Excuse me I have a name, and I had the ability to do things and I think that was the thing that's very soul destroying to have to be looked at in that light and I can honestly say that it probably occurred on a regular basis throughout the three years, you know I was looked at as a student, and not appreciated for the person that I was. (Int. 2, p. 14)

Sometimes it seemed the participants were describing situations where it was their learning needs that were invisible to nurse clinicians. Some participants felt they were seen as just an extra pair of hands (Elle, Int. 2). When thought of in this light the "potential for exploitation" is heightened for the student nurses (McCleland, 1998, p. 40). The learner role of the student nurse is forgotten and participants saw this as limiting to their learning:

> I got referred to as the helper. Sometimes your preceptor is given a fairly decent load to work with, and you know timetables can be thrown out the window. One particular nurse came along to my preceptor and said "are you ready for morning tea I would like to go down", and she said "no I can't, I'm busy." "Well you've got a helper haven't you?" And I'm standing thinking, I am learning here, I am not a helper. (Elle, Int. 2, p. 14)

Discussion in all three focus groups highlighted the effects for student nurses when they felt they weren't visible to nurse clinicians as individuals with learning needs.

Participants used words like 'frustrating', 'soul destroying', and 'upset' to describe how it felt for them. There was also evidence of students being silenced, disempowered, and insulted when ignored or marginalized. The attitudes of the nurse clinician that left students feeling invisible were considered to impact on the learning environment and on student nurse learning. Students felt their learning stagnated in this environment. There was evidence that student nurse learning needs were sometimes invisible to nurse clinicians. This 'invisibility' on the student nurse's part fits with the nature of monologue. The participants were describing a relationship where the nurse clinician was not including the student nurse in the relationship; this occurred when student nurses felt ignored or pushed aside. Student nurses feeling like they weren't acknowledged as people separate from the student role was an example of the nurse clinician not being aware of the uniqueness of the student nurse. It would seem in this relationship of monologue that neither party was actively participating in the relationship.

The two male participants offered interesting insights into their experiences of feeling invisible. Troy had a strategy for making himself visible; it would appear that he was trying to balance the power between himself and the nurse clinicians:

> Yeah I would try and find a seat on the same level, so I wasn't on the floor. Sometimes I mean you had to end up on the floor, but even if I was sitting on a desk or something, and I don't particularly like sitting on desks, but I would sit so I would consciously be level with all these other people, so they are not talking through me, they are talking to me. (Int. 2, p. 5)

Troy's comments spurred Jane's thoughts on empowerment; she realized that as a result of being treated badly by a group of nurse clinicians she became a lot stronger. She felt the experience helped her to gain the strength to avoid being treated like that again (Int. 2, p. 5).

Eamon found being invisible worked to his advantage. He felt that the heavy workload of the nurse clinician meant student nurses are often forgotten, and this provided him with the opportunity to spend time with the patients. Student nurses realize that spending time with the patient offers them valuable opportunities for

learning. Having more time and not feeling rushed also allows them to think through what they are doing and enhances their learning:

> It's kinda nice to be invisible for half an hour so if you want to go and wash Mrs Jones' necrotic toenail, you can take two hours on it rather than you know sort of rushing, fumbling your way through it, you can really sort of [say] alright what am I really doing here. (Int. 3, p. 5)

The student nurse role in creating or perpetuating this monologue relationship is not obvious. However it is acknowledged that dialogue requires mutuality and this mutual action is not seen in the descriptions of this relationship. The next section 'not stepping on toes' shows signs of the student nurse actively withdrawing from the relationship.

Not Stepping on Toes

'Not stepping on toes' is the second category that falls under the monologue relationship. It was the participant descriptions of a need to tread carefully around the nurse clinician that led to the creation of this category. Participants in all three focus groups spoke of the need to tread carefully in the clinical setting. There was a need to maintain a balance between pushing their learning needs and standing back so as not to draw attention to themselves. Participants felt that by doing this they ensured a positive learning environment. Two participants referred to this as not stepping on toes:

> If you didn't step on any toes you could have a really good working environment. (Cassie, Int. 3, p. 7)

> I've found if you don't step on anyone's toes then everyone is very supportive. (Eamon, Int. 3, p. 2)

Nikki considered it a political act; she felt it was important to get along with everyone despite the fact that there are sometimes personality differences and differences in opinions. There was general agreement with Nikki's comments from other participants in the focus group.

The student nurses appeared to act in a manner that ensured that nurse clinicians maintained authority. If the student asserted him or herself the result was nearly

always negative. Nikki alludes to it when following on from her discussion of a need to be political, she states:

> That is the only way, because if you show that you're being tough, that's it for you, they won't like you. (Int.1, p. 5)

There seemed to be a belief amongst the student nurse participants that if they roamed into the domain of the nurse clinician, they were drawing attention to themselves and this would result in punishment.

Some participants considered that there was no room to put into practice what they were learning, especially when it conflicted with current practices on the ward. They appeared powerless to contribute ideas and were, in fact, being confronted with "their position in the established hierarchy of professional relationships and routinised practices" (Clare, 1991, p. 155). Sally explains:

> It's like I suggested a dressing and they just looked at me and in one placement they just ignored me. So I felt I should just keep my mouth shut. It was like "how dare you open your mouth you are just the student nurse". (Int. 1, p. 6)

In this instance when the student nurse showed initiative she was marginalized. Georgia felt the same way and described being treated as a troublemaker when she attempted to bridge the practice theory gap:

> Because if you are seen ... [as] a trouble maker, or that you stir things up a bit trying to get things how you want them, or how they should ideally be when the ward is so used to how they are, that almost puts a bad light on you. (Int. 1, p. 5)

Three participants recounted stories where the 'punishment' for perceived overstepping of the boundaries was extreme. For two participants the consequences were being ignored by the nurse clinician. Cassie recounts her story:

> I had a patient who was in a lot of pain and I was trying to wait for a doctor to sign it, and then this doctor came along and it was his doctor and I said "would you please just chart some pain relief". He said "yeah, yeah I will", so I was waiting for him to chart it and then my preceptor came along and said "what are you doing?", and I said "I'm just waiting

> for the doctor to chart some pain relief" and he turned around and swore at me ...
>
> The doctor turned around and shouted at me and swore at me, you know, "bloody students ... can't you just get off my back" ... There was no necessity for that whatsoever but anyway I turned to him and said "don't you bloody talk to me like that" ... and stormed off. And I shouldn't have reacted like that, but it was a shock and I thought how can you talk to me like that ...
>
> My preceptor came up to me and said to me I could get kicked out of my training if I talked to doctors like that, and then all the nurses isolated me, wouldn't talk to me until I apologized to the doctor and that's what I mean by not stepping on toes ...
>
> So I think we just have to, you know, go along ... with what they do ... (Int. 3, p. 8)

The powerful position of nurse clinicians is evident in this story, and in this instance the nurse used "that power to marginalize the student" (McCleland, 1998, p. 45). Invisibility in the relationship was punishment for stepping on the toes of the nurse clinician.

What is also apparent in Cassie's story is the medical dominance in that clinical setting. However medical dominance over nursing was not brought up by any other participants in this study and although it is worth noting this issue has not been explored further.

The attitude of nurse clinicians towards student nurses was seen to influence student decisions about coming back the next day and in the long-term about remaining in nursing.

> The way they treated you it definitely put me off staying in nursing. (Cassie, Int. 3, p. 2)
>
> My first experience was horrific, and I thought "my god if that's what a nurse is I don't ever want to be like that". (Elle, Int. 2, p. 1)

In this excerpt Mandy, Anna, and Cassie discuss the impact of nurse clinician attitudes to taking on a student, demonstrating how the impact can be both positive

and negative. This discussion was punctuated with lots of group agreement and laughter; it was an important issue for student nurse participants in this group:

> ... and then when the person that takes you goes "oh I'll take the student". (Cassie)
>
> Yeah. Yeah.
>
> ... "so what do you want to learn today?" (Cassie)
>
> It's like "nothing, I just want to go home, I don't really want to be here". (Mandy)
>
> I felt if I had a good preceptor I really looked forward to going to the placement the next day, it's good like that. (Anna)
>
> You don't take so many days off. (Anna)
>
> [general laughter]
>
> Some days you just totally didn't want to go. (Mandy) (Int. 3, p. 14)

When student nurses feel pushed aside and insignificant, their attitude to learning is affected. The attitude of the nurse clinician has a domino effect on the student and, as will be seen in the other data chapters student nurse attitude can then affect the nurse clinician.

Summary

This chapter discussed the nature of interactions between student nurses and nurse clinicians that reflected an absence of relating between the two parties. Invisibility on the students' behalf was the phenomenon that stood out in interactions described in this chapter.

Findings from this study indicated student nurses feel invisible in their interactions with nurse practitioners when they are ignored or not acknowledged as individuals. Student nurses referred to 'not stepping on toes' as a way of deflecting attention from themselves; in this way they are perpetuating a form of invisibility. When they do step on toes and attract attention it almost always results in an imposed invisibility.

Buber (2002) says a monologue relationship is a result of "modern existence" (p. 22). A monologue is the type of relationship in which the parties do not listen, do not regard the other, and do not give themselves to the relationship (Buber; Friedman, 2002). The interactions between student nurses and nurse clinicians that have been described in this chapter resemble the nature of monologue. The participants felt at times the nurse clinician did not acknowledge, listen, or relate to them in a meaningful way. While most of the participants' stories indicated a negative impact on learning, one participant suggested invisibility could be used to advantage. It was suggested being invisible to the nurse clinician meant gaining an opportunity to spend time with the patient and practice nursing cares. This concept of being with the patient is pursued in more depth in the next chapter.

It is important to acknowledge the wider implications of this relationship called a monologue. The implications for nursing as a profession are evident in this chapter. There is evidence that nurse clinician attitudes towards student nurses affect student thoughts about staying in the profession and this issue is explored further in the discussion chapter.

There is no evidence, nor is it implied, that the student nurse is always in the realm of monologue. Student nurses and nurse clinicians do have dialogue with each other and the following two chapters describe these relationships. The following chapter – Chapter Five – discusses the relationship between student nurse and nurse clinician that has been described as a technical dialogue.

Chapter Five

A Technical Dialogue

Introduction

Chapter Four presented descriptions of the relationship formed between student nurses and nurse clinicians that were described as a monologue. In that relationship student nurses felt invisible in their interactions with the nurse clinician. The invisibility of students results from being ignored, forgotten, or not acknowledged as individuals. There was no evidence of dialogue between the student nurse and nurse clinician in the monologue relationship. There was an absence of openness, directness, mutuality, and presence in the relationship between the two parties (Friedman, 2002).

This chapter presents findings from the data generated indicating that it is possible for student and nurse clinician to engage in a 'dialogue' with each other. However the relationship described in this chapter is one where two people communicate with each other but are not partners within the relationship. Student nurse and nurse clinician are engaged in a technical dialogue.

What causes the student nurse to move from the realm of monologue to the realm of technical dialogue is not explicit. What is evident is that student nurses feel visible to nurse clinicians in the realm of technical dialogue whereas in the realm of monologue the student felt invisible to the nurse. In a technical dialogue relationship it is the student nurses' learning needs that are not acknowledged.

Buber (2002) says, "there is technical dialogue, which is prompted solely by the need of objective understanding" (p. 22). In this realm of dialogue the two people in the relationship may communicate with each other but they are not concerned with each other. They do not get to know the uniqueness of the other. To engage in a genuine dialogue both parties in the relationship need to be truly interested in each other. In a technical dialogue the parties do not get to know each other and they do not take an interest in the other, although Buber claims "real dialogue is here continually hidden in all kinds of odd corners" (p. 22).

Data in this study revealed a relationship between the student nurse and nurse clinician that reflected the two were each concerned with their own goals and were unaware of the other in any real sense. Student nurses enter their clinical experience with goals for learning in mind, and these include a desire to provide nursing care to patients. While they are in clinical practice, students also identify and value other learning opportunities that arise. Students feel that nurse clinicians do not recognize and acknowledge their individual learning needs. Nurse clinicians, on the other hand, have a primary commitment to their patients and are often busy meeting those patient needs. The busyness of the nurse clinicians and their different ideas on what students should learn and participate in during clinical experiences all result in some learning opportunities being lost to student nurses. The data in this chapter therefore fall under the category 'lost opportunities for learning'.

Two sub-categories are included in this chapter. The first sub-category is 'being with the patient is important'. Student nurses consider time spent with the patient to be the most valuable opportunity for them to learn and refine their practice. When nurse clinicians are busy and ultimately responsible for the patient they seem less inclined to allow students to provide patient-centred care. Students consider not having the opportunity to spend time with patients is a learning opportunity that is lost to them.

The second sub-category presented in this chapter is 'interrupted relationships'. In order for student nurses to make the most of learning opportunities that arise in clinical practice, they need to prove themselves to nurse clinicians and gain their trust. The inconsistent way in which nurse clinicians are assigned to work with student nurses means that relationships between the two parties are interrupted. When students have to work with a different nurse clinician every day they spend a lot of time gaining the trust of a new person and the result is that opportunities for learning are lost to them. Here is the second excerpt from Mary's Journal. This fictional entry using actual phrases from focus group participants is intended to throw light on the experiences of the student nurse while in a technical dialogue relationship with the nurse clinician.

Mary's Journal

Dear Journal

Today I found some time to stop and answer a patient's question. When I caught up with the nurse I was working with she wanted to know where I had been, she said she looked behind and I wasn't there, she said I was to stay with her. She's really good the nurse I worked with today, she's very knowledgeable but she's very fast, she's bouncing here and darting there and I'm running around after her. But I want her to slow down a bit. I want to have time to answer the patients' questions; I want to stay and talk to them and say what can I do for you? I feel that all I am seeing is the back of the nurse clinician as she's running down the corridor. On reflection I think I learn more when I am able to take my time and talk to the patients.

I have worked with a different nurse clinician each day I've been in this clinical setting and I feel like I have spent the last two weeks trying to convince the nurse clinicians that I can do more than take observations.

Today I found out that while I was taking the patient's observations, the nurse clinician completed the discharge of the patient and I really wanted to be there to see that process. I felt like wow! I've missed out on so much here.

This week I have felt like I have had to force myself to learn. I wanted to remind the nurse clinician that the time for learning is so short in clinical and that I am there to learn. I realize that I could have told the nurse clinician that I would like to have done the discharge, but in the past I have found a lot of the times the nurse might not even acknowledge that; sometimes I get the impression that to go and find the student nurse is a hassle for the nurse, and I wonder if it's because they are so much faster than me.

If the nurse clinician had asked me what I wanted to do this afternoon I would have told her I want to be able to practice real nursing, I want to go and sit down with the patients that need a bit of TLC and talk to them. I would tell the nurse that I am happy to do the tasks but I want to be allowed to practice the other aspects of nursing as well. I realize that I need to prove myself to the nurse clinician, and until I'm accepted by the nurses in the ward I don't think I will have the opportunity to be a holistic nurse.

Lost Opportunities for Learning

The discussion generated in the focus group interviews indicated that student nurse participants considered the clinical setting an important arena for their learning. They recognized that there are many different learning opportunities that arise during their clinical experience. However it was evident from the focus group discussions that participants also felt there were issues impacting on their ability to take up all the learning opportunities that arose. The student nurse participants felt that some opportunities for learning were lost to them.

In the realm of technical dialogue student nurse and nurse clinician only know each other as a content of their experience together; they do not get to know the uniqueness of each other (Friedman, 2002). Student nurse participants in this study felt the nurse clinicians were not interested in them as individuals. When student and nurse did not get to know each other well, the nurse clinician was not aware of the learning needs of the individual students.

The student nurse is expected to achieve autonomy and self-direction as a goal of learning; however autonomy and self-directedness are processes of learning as well (McAllister et al., 1997). The promotion of these processes does not imply that the student nurse will be independent in learning, but that they will be interdependent. This interdependence means the student nurse relies on the nurse clinician as a resource and guide to practice development. If the nurse clinician is unaware of the student nurse's learning needs or not interested in supporting student learning, then the learning process will break down. Anna used strong words to describe her frustration at the difficulty she experienced when the nurse clinician did not show an interest in her learning:

> They didn't care about what you were learning, that's what I found, they just did not care at all or even bother which made things really difficult in the long run. (Int. 3, p. 15)

For Elle there was frustration that her learning needs were not acknowledged and that in the busy ward she was expected to pull her weight with the workload, rather than concentrate on learning:

> I think that it's a bit hard; you're seen as an extra pair of hands and legs to get through the shift ... rather than acknowledged for your learning. (Int. 2, p. 15)

The data gave a clear sense that some student nurses feel exploited when expected to complete the fundamental tasks while the nurse clinician is focusing on the patients needs. Sally described herself as a "lackey" (Int. 1, p. 3) when she felt the nurse clinician wasn't interested in her learning needs and did not show any guidance.

In order to support successful student learning, nurse clinicians need to structure tasks and control the student nurses' access to the learning situation (McAllister et al., 1997). Student nurses rely on this facilitation of their learning as many of the situations they encounter are new and knowing how to proceed may be unclear as student nurses:

> Sometimes you need directions ... you try to sort of motivate yourself to do something, but you think to yourself "oh well what can I do, how can I go about this?" and you need someone to sit next to you and say "right this would be really good if you looked into this". (Eamon, Int. 3, p. 15)

What Sally and Eamon also describe is a corresponding lack of motivation on their part. When the student nurse feels their learning needs are not being met, they feel they have to force themselves to learn.

However all student nurse participants recognized the need to make the most of their experience in the clinical setting. There was general consensus amongst participants that learning was limited when the focus of their clinical experience was on completing basic nursing tasks. Mandy elicits support from the group with her comments:

> You get one preceptor and all they let you do is obs [observations] all day, obs and showers and that's it, they won't give you, won't let you assist in dressings or anything like that.
>
> Yeah
>
> The day got pretty mundane after a while. (Int. 3, p. 15)

Participants did not elaborate on why they thought they were given the basic nursing tasks to do; it was something that they could not make sense of. A likely rationale for this is the heavy workload of the nurse clinician. There is some evidence that when nurse clinicians become too busy with their work they are likely to give basic nursing tasks to the student nurse (Orchard, 1999).

Insight into the nature of the relationship between student and nurse clinician is gathered when student nurses claimed nurse clinicians did not know them well enough to be familiar with their learning needs. Student nurse participants referred to a need to prove themselves to nurse clinicians in order to be able to do more than the basic tasks. It is evident the student and nurse clinician in this instance were in a relationship that was technical dialogue.

When there is a lack of understanding of the curriculum and of the level of student nurses competence, then facilitating and supporting learning is hindered. Georgia found it frustrating as a pre-registration student to be placed in a clinical environment where the nurse clinicians appeared ignorant to her abilities and learning needs:

> In my pre-reg placement it was just incredible they had never had a pre-reg student before, so I spent basically about six weeks trying to convince them all that I could do more than just take obs, that I could do different things. (Int. 1, p. 3)

The nurse clinicians' apparent unawareness of the students' abilities and learning needs may reflect the lack of formal preparation that nurse clinicians get for their clinical teaching role. This study has not established what preparation the nurses had before taking on a student nurse, but it is acknowledged that communication between the learning institutions and clinical areas is vital in ensuring nurse clinicians are informed of the learning needs of student nurses. The limited time the students have in the clinical practice environment does not allow for extended periods of 'proving themselves' on the students' part.

The members of one focus group interview felt there was an expectation that student nurses play a passive role in the clinical setting. While they acknowledged that this suited some student nurses, there was frustration for others if they liked to learn by doing. Experiential learning is congruent with the theory of adult learning

(Knowles, 1987), and it is not surprising that student nurses want to play more than an observational role in the clinical setting. The following group discussion highlighted their feelings:

> But I think I can see how easy it is to be a sponge, because some preceptors just think that you have a role as a student to watch. (Elle)
>
> Is to look, to observe. (Jane)
>
> And not do, and it takes the lecturer to come and back you up and say well I would actually rather so and so, the student, did this with your supervision. There's a lot of well I'll do and you just watch. (Elle)
>
> Yes there is because I think it's a time saving thing too. Do you think that? (Jane)
>
> Mmm. Yeah. (Troy)
>
> They are faster, and more economical with the dressings and whatever it is. (Elle)
>
> I think they need to realise too that we are there to learn, and our learning is so short in that clinical. (Jane) (Elle, Jane & Troy, Int. 2, p. 10)

The student nurses do not seem aware that role modelling is an important aspect of teaching. The participants in this instance have not acknowledged some of the positive aspects of student nurses observing nurse clinicians in practice.

Clinical learning can also be considered an opportunity for holistic learning (McAllister et al., 1997). Clinical learning is said to offer the opportunity to draw on previously acquired knowledge and apply it to practice as well as a chance to learn new skills and build on knowledge (McAllister et al.). When student nurses do not get the opportunity to fully participate in decision-making or providing client care, there is a feeling that their learning is fragmented. Troy reflects on his experience:

> They [the nurse clinician] will organize so much stuff in the background and you don't know it's even going on, because you're dealing with someone and they are up in the office organising a whole bunch of other stuff. ... The simple fact of maybe talking to another colleague you find out that they have done this stuff, and you're like wow, I've missed out

> on so much here, and you occasionally say "well I would like to do that", but you find a lot of the times they might not even acknowledge that ... and to go and find the student nurse and bring him back and get them to do it, it's just, "it's a hassle and we can get this done so much quicker with two of us working together". But it's a learning situation that's hard, because you are missing out on something. (Int. 2, p. 7)

Time was an issue that was raised by several of the participants. Troy, Jane and Elle recognized that time impacts on nurse clinician decisions about whether a student can participate in patient care. There was evidence that student nurse participants felt the nurse clinicians could carry out tasks and care faster than they could as student nurses and that the nurse clinician was slowed down by having a student to work with.

> ...because we slow them down, I acknowledge that. (Elle, Int. 2, p. 14)

The busyness of the nurse clinician was apparent to the student nurses. Eamon acknowledged that as a student nurse there were always a lot of questions to ask of the nurse clinician, especially early on in the clinical placement when everything is new to them. He felt like a hindrance and implied that articulating practice might both slow and irritate the nurse clinician:

> But I guess from the nurses' point of view, I mean they're really busy anyway, they've got a thousand and ten things to do in one hour and then there's a student sort of following around like a ... you know you're a lap dog when you first worked in a ward and you're sort of one step behind the nurse ... looking over the shoulders, and I guess for them [it] would be kind of irritating that if someone when they're really busy [is] saying "why are you doing that?". When it's an automatic skill ... and they have to stop, work out why they're doing it for a start, and go "oh alright this is why" and explain. (Int. 3, p. 19)

The speed at which nurse clinicians move was regarded with humour by the participants of the focus groups. Here three participants describe the busyness of the nurse clinician in similar ways:

> Sometimes all I used to see was the back of my preceptor as she's running down ... (Elle, Int. 2, p. 14)

> Some of them can sprint, eh. (Jane, Int. 2, p. 14)
>
> ... but she's very fast. She's bouncing here and darting there. (Petra, Int. 1, p. 8)

While participants could laugh at the speed with which the nurse clinician moved about the ward, some also found it frustrating. There was a sense that the nurse clinician was too busy to stop and answer questions or provide rationale for practice, and therefore the opportunity for learning in the situation was lost. Anna explains:

> Because it's so busy on the wards as well you know; when you have your preceptor [and you've] got to do things so fast, and you're trying to pick up everything and that really hinders your learning as well. You need someone to take that time and just explain, like say with IV medications, I mean that takes a bit of time and you know placement after placement I was still looking at them and going... (Int. 3, p. 16)

The main focus for the nurse clinician will always be to meet patients' needs and it seems apparent that sometimes the nurse clinician is unable to successfully meet the needs of both the patient and the student nurse (Orchard, 1999). Calling on the clinical lecturer to come and clarify or coach skill learning did not seem to be something the participants considered, it was not something they raised during the focus group discussion. This possibly reflects the reliance they have on the nurse clinician to facilitate their clinical learning. The high student load of the clinical nurse lecturer means that student nurses are not seen as often as is desirable to support their learning.

It has been established that a genuine dialogue requires mutuality in the relating between two people. Both parties need to be willing participants in the relationship and they will give their full attention to each other. A genuine dialogue can be prevented if one of the parties is not ready to respond or if they respond with anything less than their "whole being" insofar as the resources in that particular situation allow (Friedman, 2002, p. xiii). The interactions between student nurse and nurse clinician described in this relationship of technical dialogue indicate nurse clinicians at times do not respond to the students with their whole being. The heavy workload of the nurse, time constraints, and the necessity to meet patient

needs are all acknowledged as issues that impact on the nurse clinician's ability to respond fully to the student nurse.

Being with the patient is important.

'Being with the patient is important' is a sub-category of 'lost opportunities for learning'. Participants in this study felt very strongly that spending time with patients offered them valuable learning opportunities. When nurse clinicians deny student nurses the chance to provide direct patient care, students perceive they are missing out on learning opportunities. There are many issues that are likely to impact on nurse clinician decisions as to whether students can be involved directly with patients.

In this realm of technical dialogue student nurse and nurse clinician are both focused on meeting their own needs. They are communicating with each other, but they do not know each other well enough to understand the experience of the other. Friedman (2002) would say in this relationship between student and nurse clinician "the concern is only with what is communicated and not with the partners in the dialogue themselves" (p. xiii).

The student in this relationship of technical dialogue endeavours to prove him or her self to the nurse clinician in order to be trusted to be with the patient. Meeting patient needs provides the opportunity for experiential learning that is the very nature of clinical learning. It is therefore not surprising that student nurse participants in this study considered their interactions with patients as an important opportunity for learning.

While participants considered time to be the biggest impact on their altruistic motives, it was actually more likely to have been a focus on maintaining patient safety. Nurse clinicians consider it their responsibility to monitor student nurses while they are caring for patients; they consider monitoring patient safety as a personal responsibility (Orchard, 1999). This created a conflict of interest for the student nurse when, on the one hand he or she needed to remain under the supervision of the nurse clinician and, on the other hand, wanted autonomy to form a relationship with the patient:

> One preceptor was very good, and she is very knowledgeable, but she's very fast. She's bouncing here and darting there, and I'm running around after her, and then hey I want to slow down a bit, you know, I want to slow down. Or if a patient would ask me something I would want to stay and talk to her and say "what can I do for you?". But no she'd [the nurse clinician] say "well where were you?", she said "I looked behind and you weren't there". And I said "well I was just talking to Mrs so and so". "Okay well you have got to stay with me", she said. So I'm kind of darting here, but I learnt more, I think, taking my time and talking to the patients rather than running into the drug room, then running into the sluice room you know. Not so much haste. (Petra, Int. 1, p. 8)

The heavy workload of the ward means that there is little time available to spend with the patients. Again the participants refer to the focus on tasks; as student nurses they want to practice in a holistic manner, seeing the patient as a person with needs rather than focusing on the technical interventions. Cassie evoked agreement from the focus group members with her comments:

> There's no personalization with the patients any more, it's just do it, and I think it's important to focus not so much on the task but on what the person needs at that time, and why they need it. (Int 3, p22)

It was evident that the student nurses felt they were expected to focus on tasks while the nurse clinicians were doing what the participants described as 'real nursing'. The participants recognized the nurse clinicians practice as being holistic, but felt that their own limited contact with the patients prevented a holistic approach. The nurse clinicians were the gate keepers to the students' access to the patients. While time was an important constraint, being trusted to work with the patients was another:

> Acceptance by the other staff definitely, and that it's not task orientated, that you're allowed to be able to practice real nursing as well. Like it's real nursing, but you're allowed to practice the other aspects of nursing; you're not inhibited by tasks all day, you know every day. That you can be an individual nurse as well ... (Cassie, Int. 3, p. 20)

The participants in this study did not discuss or appear to consider the appropriateness of their practising nursing skills on sick patients without the

supervision of a nurse clinician. However they were student nurses at the end of their formal nursing education and most likely now considered themselves as safe practitioners.

What the student nurses did recognize was that nursing patients in a holistic manner is more than attending to the technical interventions. They valued caring as part of their practice and wanted the opportunities to incorporate this aspect into patient care. Cassie provides insight into what she considered was real nursing versus a task-orientated focus to practice.

> Just that you can go in and sit down with the patient that needs a bit of TLC and talk to them and spend some time with them, or just sit there and hold their hand without a nurse coming in [in a whisper] "oh you know there's three hundred patients waiting for showers". It's important that you can give them that time as well, 'cause that's a whole different aspect of nursing that's just as important ... and maybe more important when you get them to the shower, that they feel that you care. So it's acceptance by the ward and being allowed to be [a] holistic nurse as well. (Int 3. p. 20)

Developing a relationship with a patient in a professional manner is something that student nurses need to learn. While facilitating and guiding student learning are two important aspects of the nurse clinician's clinical teaching role, they are also role models to the student nurses. Student nurses need to be included in nurse/patient relationships so that they learn the appropriate behaviour when with patients (Orchard, 1999). It is therefore important that nurse clinicians don't exclude students when they are working with patients. Fragmenting patient cares and allocating tasks to the student nurse limits the opportunities for role modelling holistic nursing practice.

Interrupted relationships.

It could be argued that it takes time to form a relationship with another person, to know them in more than an objective sense. It would seem understandable that a student nurse needs to spend more than a single duty with a nurse clinician to allow the two to get to know each other.

Student placements in clinical areas are negotiated by middle management between the tertiary institution and the medical institution. It would be usual for student nurses to work in the clinical setting on set days during specific periods. On the other hand the rostered duties of the nurse clinician do not follow any such uniform pattern. These issues impact on the ability to maintain continuity in the allocation of nurse clinicians to student nurses.

The student nurse participants in this study worked across many different clinical areas, in several different medical institutions. There is no universal model for the supervision of students by nurse clinicians in the clinical settings. The students in this study will have been exposed to a myriad of different models. In some settings there are nurse clinicians who have been instructed in preceptoring students and the allocation of a preceptor to a student nurse may or may not be formalized; other areas allocate nurse clinicians to student nurses in an *ad hoc* fashion, often relying on the nurse clinicians to volunteer for the supervisory role. The assignment of student nurses to nurse clinicians is therefore often fragmented. The result is a lack of continuity in the student nurses' learning, the student nurses struggle to gain the trust of the nurse clinicians.

Participant stories indicate that there are inconsistencies in the allocation of nurse clinician's to work with which interrupted their ability to form a relationship with that person:

> That's where it gets hard again 'cause you have a different preceptor every day.
>
> You know it's a never ending-circle, you've always got to prove yourself and stuff. (Mandy, Int. 3, p. 13)

Without trust in the relationship the student nurse did not feel safe to ask questions and pursue understanding, thus learning was inhibited.

> If you're on a ward where you haven't had a steady preceptor and you've had a different one every day and every day you've got to teach someone that you can do obs and you can do this and you can do that. You don't feel like you can ask them questions, even if it's just a little question ... (Mandy, Int. 3, p. 13)

There is a significant impact on student learning when trust is not established between the nurse clinician and student nurse. The student nurse participants were aware that they needed to prove themselves to the nurse clinicians in order to be trusted to do more than tasks:

> I think if you have different preceptors every day, you have to keep proving yourself or else it inhibits your learning. I'd learnt to do suctioning with one nurse, and doing complete care of the patient, and then the next day you have a different one and she sort of restricts learning because she didn't know that you could do it, so you have to prove again. (Sally, Int. 1, p. 13)

Participants spoke of proving that they could do more than the fundamental skills and proving that they could be trusted to undertake the more complex tasks. They also spoke of needing to prove themselves to different nurses. For Anna it was not just the nurse clinician she was working with that she had to gain the trust of, she also needed to prove herself to the transfer nurse that was delivering her patient; a task that seemed impossible. Here Anna stimulates discussion and laughter in the group with her story:

> Yeah, I had an example where the staff were pretty good, I was doing patient loads and stuff and just doing the work that they were generally doing and then the transfer nurse would come on and say "no I really don't feel right handing over to you".
>
> And it's really frustrating. (Anna)
>
> Yeah it's frustrating. (unknown)
>
> You know I've been here for a while now, I know what I'm doing. (Anna)
>
> I'm ready to do it. (Mandy)
>
> Yeah exactly. (Anna)
>
> When the preceptor goes "this is such and such", it was like ...
>
> my patient, and she [the nurse clinician] goes like "that's her patient, hand over to her", but she [the transfer nurse] still talks to the other nurse. (Mandy)

[Laughter and agreement from the group.] (Int. 3, p. 4)

Elle acknowledged that proving herself to a nurse clinician is something that takes time. She valued the ten-week placement she had as a pre-registration student. She was also aware that trust is an important part of establishing a relationship with the nurse clinician:

> But you have to prove yourself to make a relationship, it takes time, I think. That is why the ten weeks was so good. It was a lot more stable, but you have to prove yourself ... (Elle, Int. 2, p. 19)

The interrupted relationship also had an impact on student motivation. Troy found that having to constantly reiterate his learning needs to a new nurse clinician every day was frustrating and he found himself "swept up in the ward" with no spark for learning left (Troy, Int. 2, p. 9). Troy is referring to the fact that students often spend time on the ward participating in nursing activities but do not have the opportunity to apply knowledge to those cares.

While the relationship with the nurse clinician is often interrupted because the student nurse is not always allocated one nurse to work with on a regular basis, the participants did recognize the up side of having many different nurse clinician buddies. This gave them a chance to observe the practice of different nurses and to identify the nurse clinicians that were more supportive towards their learning.

> After a while when you, if you have a new preceptor every day, for the first two weeks … there's not a single person you don't know.
>
> And they carry different skills. (Eamon)
>
> Yeah and you know who to look for and who not to look for.
>
> Yeah that's true, that's true if you've got a bad preceptor it's really nice to get a different one the next day. (Cassie)
>
> And it's quite nice to be picky and choosy. (Eamon)
>
> Yeah.
>
> Yeah. (Int. 3, p. 19)

Summary

This chapter described the nature of the relationship between the student nurse and nurse clinicians when they were considered to be engaged in a technical dialogue. In this relationship the student and nurse clinician did not know each other well. Student and nurse communicated with each other but there was no "experiencing of the other side" (Friedman, 2002, p. xiii). Both were focused on their own goals and were not aware of each other in any real sense.

For student nurses in this technical dialogue relationship, the focus was their clinical learning needs. They were aware of the many learning opportunities that arose in the practice setting and wanted to participate in these. Student nurses particularly wanted to have contact with patients and provide holistic patient-centred nursing cares. Participants felt there was an expectation from nurse clinicians that they focus on completing tasks or take a passive role in learning, while they themselves wanted to be involved in providing nursing care. The participants felt nurse clinicians did not adequately acknowledge their learning needs. The nurse clinician is not experiencing the student's side of the relationship. However 'dialogue' requires both parties to participate in the relating and there is evidence that in this relationship student nurses are not fully aware of the nurse clinician's side either.

Participant descriptions of nurse clinicians provided insight into the busyness and heavy workload of nurses when they are required to meet the needs of their patients and the students they are buddied with. When nurses are busy, student learning needs are not a priority for them. While the participants were aware of the busy nature of the nurse clinicians work they felt frustrated and exploited when this impacted on their learning.

These factors contribute to the dynamic relationship between the student nurse and the nurse clinician. When student nurses feel exploited and frustrated that they are missing out on learning opportunities their motivation for learning can be lost. For the participants the fragmented way they were assigned to a nurse clinician also impacted on their learning and motivation. When there is no continuity in the allocation of student to nurse clinician this interrupts the ability to form a

relationship between the two. Student nurses lose motivation for learning when they feel they have to prove themselves to different nurse clinicians each day.

In this realm of technical dialogue student nurses and nurse clinicians communicate with each other but they are not aware of each other in any real sense. They are both focused on their own needs and goals and are therefore not open to each other. When the student and nurse are open to each other and are able to fully participate in a relationship with each other this creates a mutual action. They both fully respond to each other and a relationship of genuine dialogue develops. The next chapter presents a description of the relationship of genuine dialogue between student nurse and nurse clinician.

Chapter Six

A Genuine Dialogue

Introduction

The previous two chapters described the nature of the interactions between the student nurse and nurse clinician that reflected limitations in their ability to relate to each other. In the realm of monologue there appears to be no dialogue between the students and nurse clinicians. The student nurse felt invisible in the relationship.

In the realm of technical dialogue the student nurse was able to relate to the nurse clinician, but the focus of the interactions was on the student nurse proving him or herself to the nurse in order to develop a trusting relationship. Up until the point that trust was established the student nurses felt that learning opportunities were lost to them.

When trust is established between the nurse clinician and student nurse and both are committed to student nurse learning, a mutual relationship develops. This chapter presents the nature and characteristics of the relationship between the student nurse and nurse clinician that reflect 'a genuine dialogue'.

Martin Buber (2002) identifies genuine dialogue as being more than conversation; it is communication that can be spoken or silent. In this realm of dialogue people truly relate to one another. Buber describes genuine dialogue as a turning towards each other "where each of the participants really has in mind the other or others in their present and particular being" (p. 22). In this realm of dialogue the student nurse and nurse clinician respond to each other and there is reciprocity in their relating (Buber).

Reciprocity implies a mutual action, or a giving and taking action, between two people. For the student nurse participants in this study there was recognition of the importance of reciprocity in their relationships with the nurse clinicians. The participants strongly valued the nurse clinicians who promoted and supported their learning; they commonly referred to this as a nurturing action from the nurse clinicians'. However the student nurses also recognized the importance of their own

attitudes towards learning. When both the student nurse and the nurse clinician are committed to student learning the relationship between the two becomes a mutual one. The mutual action creates a dynamic process as the student and nurse respond to the attitude and action of each other. This fits well with Buber's (2002) descriptions of genuine dialogue. A relationship based on genuine dialogue requires the two parties to respond to each other as it is not possible for one partner to create the relationship by their own will or actions (Friedman, 2002). This chapter contains the categories 'a reciprocal relationship' and 'a nurturing relationship'. The following is the third entry from Mary's Journal. This excerpt reveals the student nurse's experience of engaging in genuine dialogue.

Mary's Journal

Dear Journal

It is the end of my third week on the ward. At the beginning of this week I made the decision that as I have chosen to do this degree I now need to move towards my goal of achieving it. On reflection I realize that I have been lethargic in the placement. Well, I was until I was buddied with Trudy. Trudy is a nurse clinician working on the ward and I have worked with her each duty this week. What I do know is that this week Trudy has picked me up and taken me right under her wing.

On Monday Trudy said "right this is what you are good at and this is what I want you to be doing by the end of the week". I think this renewed my desire to learn because I know Trudy is interested in my learning. I think that when the nurse clinician is interested in what you are learning, you get more interested. For me this is something that is so important, because if they don't really care what you are doing then it's inevitable that you are not going to care what you are doing either.

But I also know that I have to show enthusiasm, otherwise the nurse can shut off from you. That's how I got to see that chest drain change on Wednesday, I made sure Trudy knew that I was keen to learn and so they came and grabbed me and said "look we are going to do this, do you want to come and have a look at it"? It was great.

I have also overcome my fear of giving injections this week. I had managed to get away for a long time without giving an injection. I've always had this feeling of it's

a needle and you are going to put it in someone, and it is a really scary thing. But having someone there who's like "ok you can do it, you can do this" really helped. I felt confident knowing that Trudy was going to follow me, and make sure I got it right. And now I have done it, given an injection.

Why have I had such a good week? It was a mutual sharing of "I've come here to learn, and here I am" and Trudy was of that same mind. She said, "ok I understand, I know what you have got to do, and I am going to help you" and that to me is a relationship and it is awesome if you can have that.

A Nurturing Relationship

Nurturing is a term that participants themselves introduced to this study; the participants of two of the focus groups brought it up repeatedly. Nurturing was used to describe positive situations:

> My last placement I found the whole area was really nurturing. (Sally, Int. 1, p. 3)

> They nurture you through that way. (Troy, Int. 2, p. 6)

Participants also used the term nurturing to describe what was missing in their relationships:

> They're not very nurturing. (Sally, Int. 1, p. 2)

> I think having one nurse, one or two nurses who are perhaps not friendly and are not nurturing... (Petra, Int. 1, p. 3)

Nurturing is defined as the act of nourishing (Thatcher, 1980). To nourish something is to support, foster, and cherish it (Thatcher). These seemed to be the qualities that the participants were describing when they spoke of being nurtured by the nurse clinicians.

The data indicated when nurturing is absent from the relationship between student nurse and nurse clinician, it may be replaced with fear. The presence of anxiety is normal for most student nurses whilst in clinical practice and it is expected that relationships with the nurse clinician will be a source of anxiety for them. It wasn't surprising, therefore, that participants spoke of anxiety as a result of their

relationships with nurse clinicians. Sally is discussing what it was like for her when the nurse wasn't nurturing:

> You are sort of scared of them really, and you're always wondering "what if I do something wrong?" (Int. 1, p. 2)

Overcoming their anxiety and gaining confidence seemed important to the student nurse participants, they considered the act of nurturing as one that instilled confidence. Elle and Troy describe ways that nurses helped them to gain confidence:

> Nurturing, they acknowledge where your fears are, and your weaknesses are but they won't let you stop there, they push you, they push you to get over this and then take on the next bit. (Elle, Int. 2, p. 6)

> I was thinking everyone's brought up the injection thing, and I think ... it is a needle and you are going to put it in someone, and it is a really scary thing, unless you have got someone there who's like ok you can do it, you can do this ... because they are going to follow you and make sure you get it, and they nurture you through that way. (Troy, Int. 2, p. 6)

Nurturing, to some participants, was part of the attitude of the nurse clinician. Student nurses felt that the attitude of nurse clinicians toward them affected their learning. Some participants felt when the nurse clinicians had a friendly attitude it set up a positive atmosphere for learning:

> The whole area was really nurturing and always finding something for you to learn, oh you know "come here we are going to cardiovert this person" and I thought this is the friendliest place in the hospital compared to all the other wards I had been in. (Sally, Int. 1, p. 3)

Petra reflects on what it was like when she considered the nurse unfriendly:

> I think having one nurse, one or two nurses who are perhaps not friendly and are not nurturing, I think can affect your whole placement and affects the whole environment. You can actually sense the change in atmosphere when that particular nurse might come into the shift, you can actually sense it. (Int. 1, p. 3)

It is acknowledged that 'turning to one another' as described by Buber (2002) is more than being friendly to another. However in 'turning to one another' the partners in a relationship need to reach out and be open to each other (Buber). The student nurses described it as 'being friendly' but what they were identifying was the nurse clinicians being open to them and attempting to reach out to them.

While participants spoke of nurse clinicians nurturing them personally as student nurses, it appeared that sometimes they were referring to the fact that nurse clinicians were nurturing their learning. The act of listening is the behaviour that most explicitly demonstrates to a student that a teacher really cares about them (Knowles, 1987). Listening is also an important attribute of dialogue, when the nurse clinician is listening to the student they are demonstrating presence in the relationship (Buber, 2002).

Participants in this study identified attributes of nurse clinicians that had positively impacted on their learning. It was important to student nurses that nurse clinicians paid attention to their learning needs. Anna explains:

> I suppose working together and like explaining your goals and actually having them respond to you [and] help you meet those. 'Cause yeah I mean some preceptors just kind of forget about that, [they] get on with their job and you always feel like you don't want to hassle them continuously by saying I've got to get this done. (Int. 3, p. 7)

What is also evident is when the nurse clinicians were nurturing student nurse learning, they were relating to student nurses in a meaningful way. The nurse clinicians were paying enough attention to the student to be aware of their strengths and weaknesses:

> Some of the most incredible, just incredible nurses who take the time; they know your weak points and guide you over them. (Elle, Int. 2, p. 1)

While student nurses were aware of the importance of having their learning needs acknowledged, they also recognized the importance of having nurse clinicians encourage, support, and promote their learning. What they were recognizing were the important skills of teaching.

When nurse clinicians included student nurses in ward activities students found these both facilitated and promoted their learning. Mandy reflects on what was for her a positive learning experience:

> Getting involved with lots of things, like if something is happening, even if it's not your patient, they'll say "you can go and help or do it or watch" or whatever. Just being supportive, "Where are you at?" "How are you going?" "What else do you want to learn while you are here?" (Int. 3, p. 3)

Promoting learning is more than simply facilitating learning and students were aware of the value of having someone to push them to achieve their learning goals and strive for more:

> They push you to get over this and then take on the next bit. (Elle, Int. 2, p. 6)

> Come on I am going to do this and I want you to watch. By the way before you do that I want you to go and look up da de da and tell me why we are having this drug. (Elle, Int. 2, p. 17)

There was evidence that when the nurse clinicians were actively involved in and promoting student nurse learning, student nurses felt like they were able to integrate and apply previously-acquired knowledge to their practice. Mandy describes it as "pulling it all together":

> My preceptor was giving me one disease a week to look at but then allowing me time to go and read about it and then actually look at a patient who's got it and look at indrawing and look at tracheal tug and all that sort of stuff. I don't know, just giving you that time to put your theory and practice together, instead of just … task-orientated you know, … you know just pulling it all together. (Int. 3, p. 21)

Promoting and supporting learning was also a source of motivation to the student nurse:

> I had one charge nurse that was great. … I was really lethargic in one of my placements and she picked me up and like she took me right under her wing and she would sit me down at the end, beginning of each week and she said "right this is what you're good at and this is what I want you

to be doing by the end of the week" and she would always make it just unattainable.

But she was great, she did that for the whole placement, like set these goals that were just unattainable, finally she set them that were attainable which was nice and she got me from not really wanting to be there and not really caring to driving all the way for an hour up north remembering that I forgot to write one patient's notes. Instead of calling [I] drove another hour back. (Eamon, Int. 3, p. 12)

A Reciprocal Relationship

Participants in this study appeared united in the belief that when nurse clinicians nurtured their learning the result was a positive learning experience for them as student nurses. Being in a relationship with the nurse clinician where she or he promoted, guided, and supported learning provided the impetus for the student to be proactive towards their own learning, thus creating the mutuality that is the nature of genuine dialogue. Anna and Cassie describe the reciprocal relationship:

When they take part in your learning, you kind of want to learn as well and when they're interested, yeah. (Anna)

When they're interested you get more interested because they want to help you get along and they want to help you learn and they're interested in what you are learning and that's so important, 'cause if they don't really care what you're doing then it's then it's inevitable that ... you will just get into that mode, oh ok if you don't really care, yeah. (Cassie) (Int. 3, p. 12)

What emerged from the data was a reciprocal action where student nurses responded in a positive way when nurse clinicians took an active interest in their learning and likewise nurse clinicians responded positively towards student nurses when they demonstrated enthusiasm in their learning:

I would just like to add enthusiasm; you have got to show enthusiasm. If you have a tired week nurses can shut off from you, but if you show enthusiasm they'll ...

I had a couple of tired weeks in my last placement and the nurses pretty much shut off, and the coordinator mentioned it to my lecturer and I was

> like I need some time off and then I came back and in the last couple of weeks I put a bit more enthusiasm back into it and I think the nurses picked up on it. (Troy, Int. 2, p. 19)

What was also evident was that both student and nurse had to be open to each other, both had to be willing participants in the reciprocal relationship; the attitude of one did not automatically influence the other. Participants were aware that no matter how enthusiastic they were to learning, some nurse clinicians were not prepared to support their learning. Elle feels strongly about this and implies that the attitude of the student nurse is not enough to change the attitude of the nurse clinician:

> But it doesn't matter how much enthusiasm you have, sometimes the dragons out there you will never get past. Guardian Kane, and you just cannot get in. (Int. 2, p. 20)

This supports the notion of the relationship between student nurse and nurse clinician being a genuine dialogue. Buber (2002) clearly states that genuine dialogue requires two parties to respond in equal ways to each other. The actions of one partner cannot produce a genuine dialogue "for it is really mutual only when the other comes to meet me as I him" (Friedman, 2002, p. xiii). The concept is taken further when the participants identified the importance of their own attitudes to learning.

While it is clear that the attitude of nurse clinicians significantly impacts on student nurse experiences in the clinical setting, it is apparent the attitude of student nurses is also a defining factor. Members of one focus group were united in their opinion that their own attitudes to learning as student nurses could make or break a clinical placement:

> I think sometimes you can go in with an attitude to a placement that's going to make that placement fail no matter, you know, you just don't want to be there or that's not your area of interest. (Cassie, Int. 3, p. 22)

While participants didn't ever label their positive relationships with the nurse clinicians as a reciprocal relationship; what they were describing was reciprocity. They described a relationship that was based on good communication, mutuality and a true relating to each other. They were in fact describing genuine dialogue. Here, two participants describe this relationship in different ways:

> ... and making an effort, like the preceptor and the student putting in some effort to make the relationship work. Because if you really try it does help so much, and when you don't understand something being able to tell the preceptor that. Being able to communicate how you feel about that and coming to an agreement point. (Georgia, Int. 1, p. 14)

> It was a mutual sharing of "I've come here to learn what I have to learn and what it was for me to attain what I need to learn and here I am" and they were of that same mind, and, "OK I understand, I know what you have got to do, and I am going to help you" and that to me is the relationship and it is awesome if you can have that. (Jane, Int. 2, p. 19)

There is no doubt that participants felt having a relationship with the nurse clinician was important for their learning. Troy, Elle and Jane discuss the impact of the relationship on their learning:

> Oh if you have got a good relationship you've just got that, it goes hand-in-hand, don't you reckon? (Jane)

> Like a flower in the compost. (Elle)

> You feed off it man. (Jane)

> But to have wonderful people who will nurture you, it is great, wonderful. (Jane)

> I feel very much the same too. Yes if you have got a relationship, even if it's not to be buddy buddy, but a good relationship, professional relationship, you just grow and blossom with that knowledge and the information you start absorbing as they're giving it out. (Troy) (Int. 2, p. 19)

Having a positive relationship with the nurse clinician, one where learning is nurtured, influenced student nurses in different ways; for some it ensured a positive attitude towards the placement and consequently their learning:

> I felt [if I] had a good preceptor I really looked forward to going to the placement the next day. (Anna, Int. 3, p. 14)

> With that positive feedback, and it also encourages us, you know like you feel motivated to do things, and come back another day. (Georgia, Int. 1, p. 7)

> It's the good ones that keep you going. (Cassie, Int. 3, p. 22)

In the first data chapter participants described the influential nature of a monologue relationship on their attitudes to learning and nursing as a career. Here participants discuss the impact of having a relationship with the nurse clinician that involves genuine dialogue:

> I think that support you get on the ... from the other nurses is really important, it's going to determine whether you actually stay. (Anna, Int. 3, p. 6)

The influential nature of relationships formed between student nurses and nurse clinicians is apparent in the participants' stories. Having a relationship based on genuine dialogue appeared to be a positive experience for the student nurse participants in this study.

Summary

This chapter described the nature and attributes of a genuine dialogue between student nurse and nurse clinician. Student nurse participants considered this relationship as a valuable and important part of their clinical experience. Student learning was enhanced when there was a reciprocal relationship between the two parties and when student nurses felt that nurse clinicians had a true interest in and understanding of their learning needs.

Nurturing and reciprocity in the relationship were important prerequisites in order for the student and nurse to be engaged in a genuine dialogue. When student nurses considered their learning was being nurtured it began a mutual action. If student nurses felt nurtured and motivated to learn, their enthusiasm was promoted; this in turn appeared to foster nurse clinicians' interest and participation in student nurse learning. This mutuality between the student nurse and nurse clinician is what enabled them to engage in a genuine dialogue with each other.

Participants in this study claimed they wanted to have positive relationships with the nurse clinicians they worked with in clinical settings. Participants were united in the belief that to work alongside a nurse clinician who is interested in their learning was always a positive experience for them. They identified the important attributes required of nurse clinicians if they are to nurture their learning as student nurses. These attributes were supporting, facilitating, and promoting learning. Student nurses were also aware that they needed to show enthusiasm and effort in order to make the relationship work. There needed to be reciprocity in the relationship between student and nurse.

I am aware that two of the findings chapters appear to reflect more negative experiences than positive for participants in this study. However the transcripts demonstrate that most participants had many positive experiences. Participants were very keen to assure the researcher that their experiences were not all negative. Petra opened the discussion in the first focus group interview by stating that the experiences she had had with nurse clinicians had been "basically very positive" (Int. 1, p. 1). At one stage during the second focus group Jane stated:

> My god I've been sitting here thinking it sounds so negative. (Int. 2, p. 15)

Later she and Elle reiterated their positive experiences:

> But there have been some awesome ones. (Jane)
>
> Fantastic. Gosh some of them you will never forget. (Elle) (Int. 2, p. 22)

Participants of the third focus group were thinking along the same lines. This conversation came at the end of the interview time and stimulated some laughter in the group:

> They're not all bad though. (Cassie)
>
> It sounds really negative but … (Mandy)
>
> I think there are lots of pluses though … (Anna) (Int. 3, p. 22)

It was noted that discussion was always enthusiastic when participants discussed their positive experiences. The reciprocal relationship was not only the ideal but it

was also attainable. Cassie provided insight into what seemed like a focus on negative experiences by participants:

> The bad stuff is really easy to talk about, because you remember it so clearly, but it's the good stuff that keeps you going. (Int. 3, p. 22)

The aim of this study was to gain an understanding of the relationship between the student nurse and nurse clinician during the student nurse's clinical learning experience. The three data chapters have presented the findings of this study, with each chapter providing insight into one of the three different relationships that arose from the data. Martin Buber's (2002) theory of relationships was used as a framework for the findings. Buber described relationships in terms of dialogue and monologue. Dialogue is a relationship of "openness, directness, mutuality and presence" (Friedman, 2002, p. xiii). Monologue by contrast is a relationship in which there is no dialogue between the parties. The relationships found to exist between student and nurse clinician resemble the ones Buber spoke of and have consequently been named according to the realms of dialogue and monologue. The three relationships were identified as 'A Monologue', 'A Technical Dialogue' and 'A Genuine Dialogue' and were presented in this order in the findings of the study.

There is no belief on the researcher's behalf that the three relationships described in this study are sequential. Rather, they are thought to be influential in their nature, with the attitude or behaviour of either student or nurse clinician being a trigger for each of the relationships. For example, a student losing interest in learning during the clinical experience will impact on the nurse clinician's attitude to student learning and in turn alter the relationship between the two. What is also apparent is that the relationships formed between student and nurse clinician strongly influence student nurse attitudes to learning and nursing.

A full description of the relationships identified between the student nurse and nurse clinician can be found in the three data chapters of this thesis. The following chapter will present an overview of the key findings. This overview is then followed by a discussion of the findings; relevant literature and the current nursing climate have been integrated into the findings from this study.

Chapter Seven

Discussion

Introduction

The aim of this study was to gain an understanding of the relationships between the student nurse and nurse clinician during the student nurse's clinical learning experience. The researcher was interested in the student nurses' descriptions of their relationships and the impact the relationships had on student learning. A descriptive interpretive study was undertaken to answer the research questions. Data were analysed using a general inductive approach (Thomas, 2000) and this resulted in the development of three themes and five corresponding categories. Chapters Four, Five, and Six presented a detailed description of these themes. This chapter will firstly present an overview of the major findings of the study. This overview will be followed by a discussion of the findings.

The discussion associated with the findings of the present study is presented in two parts. The first part is a treatise of the three different relationships between student nurse and nurse clinician that emerged from the data. Three key issues are addressed in this section and include the influential nature of the interactions between student and nurse clinician and the ongoing impact of these interactions on the type of relationship that is formed between the two; the suggestion that the monologue relationship between student and nurse clinician is more likely to occur at the beginning of a placement; and the requirement that both parties are willing and active participants in the relationship for a genuine dialogue to occur.

The second section addresses the impact of the relationships between the student nurse and nurse clinician on student learning in the clinical setting. The relationship between student and nurse influences student motivation for learning and nursing as a career. It is apparent that the attitude and enthusiasm of both student nurse and nurse clinician is important in creating a positive learning experience. Horizontal violence is an issue participants brought up and this is addressed briefly with regard to student learning. The interrupted nature of the relationship between student and nurse is also discussed in light of the current health climate. There are issues that

impact on a nurse clinician's ability to support student nurse learning in the practice setting and this is also addressed in this section. The chapter concludes with the implications and limitations of the study and a concluding statement. An overview of the key findings of the study is now presented.

Overview of Key Findings

The aim of this study was to explore the relationships between student nurses and nurse clinicians in the clinical setting. It was therefore appropriate to use a theory of relationships as the framework for the findings. Martin Buber's (2002) theory of relationships fitted well with the three main themes that emerged inductively from the data and was accordingly used as the theoretical framework for representing the findings. As previously introduced, Buber defines relationships in terms of the nature of the interactions between two relating parties. Relationships in this theory are described in terms of 'monologue' and 'dialogue'. Buber considers dialogue to be the essence of a relationship. There is genuine dialogue, a relationship based on mutuality and the true presence of each of the partners. In a technical dialogue the partners have an objective understanding of each other (Buber), they are said to be concerned only with what is communicated and not with each other (Friedman, 2002). Monologue by contrast involves communication, but there is no relating between the two parties. In monologue there is no experiencing of the other side of the relationship (Friedman).

'A Monologue' was the first relationship between student nurse and nurse clinician described in this study. In this relationship student nurses felt ignored or pushed aside by the nurse clinician; there was an essence of invisibility on their part. Invisibility was perpetuated when the student nurse felt a need to tread carefully around the nurse clinician so as not to draw unwanted attention. Invisibility in the relationship was the manifestation of the nature of monologue. Here the student and nurse communicated with each other in this relationship, but student nurses felt the nurse clinician did not have any regard for them as individuals. The lack of relating between the nurse clinician and student nurse in monologue has a negative influence on student attitudes to learning and their decisions about staying in nursing.

The second theme 'A Technical Dialogue' was the first of the two relationships that involved dialogue between the student nurse and nurse clinician. In the realm of technical dialogue the student and nurse clinician related to each other in an objective sense (Buber, 2002). Both parties were focused on their own, and consequently different, goals. Student nurses valued learning experiences that arose in the clinical practice setting; especially the opportunity to offer patient-centred care. Students in this relationship strove to prove themselves and gain the trust of nurse clinicians. Nurse clinicians on the other hand were busy and focused on meeting their responsibilities to patients. In this realm of technical dialogue neither nurse clinician or student nurse experiences the other side of the relationship (Friedman, 2002). Neither appears to be aware of the other's needs.

The nature of the interactions between the student nurse and nurse clinician influences future interactions, which is to be expected as this is the character of all relationships (Hind, 1996). When the student nurse and nurse clinician both maintain a 'presence' in the relationship and really have the other in mind a genuine dialogue is established between them and this influences their attitudes towards each other. The final theme to emerge from the data was the relationship described as 'A Genuine Dialogue'. In this realm of dialogue there is reciprocity in the way the student and nurse clinician relate to each other and the relationship is dependent on the attitude of both student nurse and nurse clinician. When the relationship between student nurse and nurse clinician is one of genuine dialogue, students are influenced in a positive manner towards their learning and nursing as a career. These three different relationships form the basis of the findings of the current study. The following section presents a discussion of these findings.

The Relationship between Student Nurse and Nurse Clinician

The first question guiding this research asked what kind of relationships do student nurses have with nurse clinicians in the practice setting? Findings from this study indicate there are three different relationships that the student nurse and nurse clinician may engage in during the student's clinical placement. Several key points have been established from the study and are as follows. Like all relationships the interactions that occur between student nurse and nurse clinician affect the ongoing

interactions between them and consequently the relationships that form. The relationships between student and nurse are not necessarily linear or sequential; they have only been presented in this manner for ease of explanation. However it appears from the data generated in this study that the student and nurse clinician are more likely to engage in monologue at the beginning of a placement. In order to establish dialogue between the student and nurse clinician both parties must be willing and active participants in the relationship, when this occurs they will engage in a genuine dialogue. These key issues will now be addressed.

Relationships are made up of interactions that occur between two people. Every interaction within a relationship can affect the course that relationship takes (Hind, 1996). Relationships are also accompanied by emotional and cognitive componants which play an important part in the perseverance of the relationship (Hind). Therefore the behaviour and attitude of both student nurse and nurse clinician will influence the nature of the relationship formed between them.

For student nurse participants in this study it was sometimes the behaviour of the nurse clinician that influenced the interactions and relationships that developed between them. Feelings of invisibility on the student nurses' behalf result from being ignored, forgotten, pushed aside, or not acknowledged as individuals. When student nurses describe feelings of being invisible to the nurse clinician the relationship between them is considered one of monologue. A monologue relationship results from the two not relating to each other in any true sense (Buber, 2002). The nurse clinician is not aware of the student as an individual and neither student nurse nor nurse clinician actively participates in the relationship.

There is some evidence this relationship described as monologue between student nurse and nurse clinician occurs when students are new to the practice area and when the nurse clinicians are not yet familiar with them as individuals. Student nurses enter the permanent culture of the practice setting as temporary visitors (Orchard, 1999). They are usually not placed in the same practice setting more than once during their course of study and are therefore strangers to the nurse clinician when they first arrive. Clinical placements for students at the school of nursing where this study took place are short in duration; being only four weeks on average. Placements are generally too short to allow students and nurse clinicians time to get to know each other well. Cope et al. (2000) and Campbell et al. (1994) reported

similar findings with respect to the impact of a new placement on student nurses. Campbell et al. found that it was during the student nurses' first two years of education that they felt least valued by the clinical nursing staff. Cope et al. also suggest that student nurse feelings of isolation and vulnerability are associated with starting a new placement and may result from having to interact with a number of strangers. In order to experience the other side (Buber, 2002), necessary for a relationship of dialogue, it would seem important for student and nurse to be familiar with each other. It is therefore not surprising that student nurses in this study described interactions that reflect monologue during the early part of clinical learning experiences when they were not yet familiar with the clinical nurses.

However, it is not just the attitude of the nurse clinician that impacts on relationships between students and nurses. Buber (2002) says for dialogue to occur between two people they must both be willing participants in the relationship. Findings from this study support this notion and indicate student nurse attitude in the clinical setting also influences the kind of relationship that will develop. Participants are aware they need to put effort into the relationship in order to make it work; they recognise the importance of mutuality in their relating.

A relationship of genuine dialogue cannot be produced by the will or action of one of the parties, it requires both persons to respond to each other in a mutual way (Friedman, 2002). Students in this study feel that enthusiasm on their part does not automatically mean the nurse clinician will respond in a positive way to them or their learning needs. Not all nurse clinicians working in practice settings consider clinical education as an integral part of their nursing role (Orchard, 1999). Some nurse clinicians consider teaching student nurses as an additional and tiring responsibility to their already heavy patient responsibilities (Orchard). Therefore it is not unexpected that student nurses will at times encounter nurse clinicians who are not willing to support their learning.

Buber (2002) acknowledges an open, mutual relationship that requires full participation from both partners is a rare thing. There are many issues that impact on an individual's ability to respond to another with their whole being (Friedman, 2002). For the nurse clinician the issues of time, workload, and patient needs all impact on their ability to respond fully to the student nurse. For student nurses,

sometimes the focus on attaining their learning needs is overriding and they too do not participate fully in the relationship with the nurse clinician. When these issues impact on the ability of the student and nurse clinician to be open with each other and to give their full attention to each other, the two are engaged in a technical dialogue. The relationships described here occur between the student nurse and nurse clinician during the student's clinical learning experience, therefore the impact on learning needs to be explored as well and this is discussed in the next section.

Impact of the Relationship on Student Learning

The second question guiding this research study asks whether the relationship between student nurse and nurse clinician impacts on student learning. It is therefore important to discuss the findings in relation to the impact of the relationship on student learning in the clinical setting. Findings from this study support the notion that it is important for students to have a relationship with nurse clinicians in the practice setting. Participants in this study are united in their belief that nurse clinicians are important to them and that having a positive relationship enhances their learning. This supports findings from three previous research studies, including a study carried out by Chan in 2001 that found nurse clinicians play an important part in student nurse clinical experiences. Like the current study, student nurse participants in Chan's (2001) study valued the positive relationships they had with clinicians. Atack et al. (2000) and Turnbull (2001) verify (from their respective studies) relationships formed between students and nurse clinicians have a critical influence on learning experiences of student nurses in practice settings.

In a monologue relationship student nurses feel they are not acknowledged in the relationship. In this relationship student and nurse do no relate to each other, there is no 'dialogue' between them. Therefore the student feels left out of the relationship. There is evidence student learning is also not acknowledged in this relationship. A monologue relationship impacts on student nurse attitudes to learning, when students feel invisible to nurse clinicians they lose interest in learning and this has the potential to impact on ongoing interactions with the nurse clinicians. This again reflects the nature of a relationship where it is expected interactions within the relationship will influence future interactions (Hind, 1996). The influential nature of

the interactions between student nurse and nurse clinician is evident in all three relationships.

The very nature of technical dialogue means student nurses feel opportunities for learning are lost to them. In this relationship student nurse and nurse clinician communicate with each other but do not relate to each other. The openness, directness, mutuality, and presence required for a relationship of dialogue are not present (Friedman, 2002). Instead the student nurse and nurse clinician only know each other in an objective way, they are not concerned with each other. Student nurses rely on nurse clinicians to guide and facilitate their learning while they are in the practice setting. When the nurse clinician is not aware of the individual student's learning needs and has other patient responsibilities, students can be left feeling their learning needs are not being acknowledged and that they are missing out on learning opportunities. Student nurses report a lack of motivation when they feel their learning needs are not met. Students also realise their own attitudes to learning impact on the nurse clinician.

Student nurses recognize the importance of showing interest while participating in the practice setting. They are aware nurse clinicians are more likely to be interested in their learning when as students they demonstrate enthusiasm. This is supported by the findings of two other New Zealand nurse researchers who found nurse clinicians more likely to accept and help students who were enthusiastic and motivated to learn (Booth, 1997; Orchard, 1999). The suggestion that student nurse and nurse clinician both need to show an interest in the other in order to develop a positive relationship supports Buber's (2002) theory of relationships. What is being described here is the mutuality and presence that Buber says is necessary for a relationship of genuine dialogue.

It is apparent from the findings of this study that when both student and nurse clinician are interested and enthusiastic about student learning then a positive learning experience develops for the student. When nurse clinicians support, facilitate, and promote student nurse learning students feel like they are being nurtured. Furthermore, when students feel nurtured by nurse clinicians they are more inclined to put effort into the relationship and into their learning. Thus the mutual nature of the relationship between student and nurse clinician is evident in

the relationship described as a genuine dialogue. Interactions between student nurse and nurse clinician in this relationship reflect "inclusion" and "experiencing the other side" (Friedman, 2002, p. xiii). There is a true relating of one to the other (Buber, 2002). The attitude of each member of the relationship influences the attitude of the other and consequently the future interactions between the two, in the true manner of a relationship.

The relationship between student nurse and nurse clinician was seen to impact on student learning in two additional ways. In the relationship of monologue student nurses are aware there are times when they purposefully avoid 'stepping on the toes' of the nurse clinician in order to be accepted. When students do not conform there is evidence they are marginalized by nurse clinicians. In the relationship of technical dialogue student nurses acknowledge the interrupted nature of their liaison with nurse clinicians is a factor that contributes to forming this relationship and to limiting their learning opportunities. These two matters will now be addressed.

When a student nurse and nurse clinician are engaged in a monologue relationship there is no regard for each other. Monologue implies a selfish attitude to others; there is no inclusion of the other in the relationship (Buber, 2002). For student nurses in this study being in the realm of monologue results in their feeling left out of a relationship with nurse clinicians. In an effort to be accepted by nurse clinicians, participants in this study spoke of a need to be compliant in the clinical setting. As student nurses they purposely avoid 'stepping on the toes' of the nurse clinicians to ensure their own acceptance. This is supported by other research. For example, student nurse participants in Hart and Rotem's (1994) study also made calculated decisions to conform to the culture of the practice setting in order to be accepted. Hart and Rotem's research findings were similar to this study as their participants felt that if they behaved in a radical, nonconforming manner the nurses would not accept them. Cahill (1996) had similar findings; she referred to student nurses not wanting to rock the boat for fear of how they would be treated if they did so.

Nevertheless, there is evidence in the current study that there is more than a feeling of negative consequences from nonconformity. There is evidence that when students don't conform to the ideas of the nurse clinician they are consequently

marginalized. The literature refers to these issues of power and disempowerment in nursing as horizontal violence. Horizontal violence has been defined as "the overt and covert non-physical hostility" that occurs between nurses (Farrell, 2000, p. 6). Horizontal violence is a topic that has been addressed fully in New Zealand literature recently; it will therefore not be pursued in this study. However, it is acknowledged horizontal violence impacts on student learning in the clinical setting. In particular it is the behaviour of nurse clinicians that result in student nurses feeling a need to 'conform' that impact on student learning. Student nurses want to be accepted as part of the nursing team, yet they feel isolated in a monologue relationship and when they realize that they have to 'bite their tongues' they know that they will only ever partly fit in (Miers, 1999).

The second issue is that of the interrupted relationship between student and nurse. There is evidence in this study that the interrupted nature of the liaison between student nurse and nurse clinician influences the type of relationship that is formed between the two. At the time of this study, clinical areas accessed by the school of nursing did not use any specific model of clinical teaching; students at all stages of their nursing courses are likely to be assigned to a nurse clinician on an unplanned, day-to-day basis. Thus there is rarely any consistency in the pairing of a student to a nurse. In addition, the nurse clinician may have no choice as to whether they take on a student that day; there is no guarantee that the nurse is a willing participant in student learning. Participants in this study feel that the inconsistency in the allocation of a nurse clinician inhibits their ability to form a relationship. The 'interrupted relationship' contributes to a relationship of technical dialogue where the student nurse and clinical nurse are unable or unprepared to give their full attention to each other.

The interrupted relationship also negatively impacts on student motivation towards learning. This finding is supported by two previous New Zealand studies which found a constant one-to-one relationship between student and nurse enhances student learning, confidence, and motivation (Dyson & Thomson, 1996; Turnbull, 2001). Nevertheless there are indications that the current practice climate does not make it easy for a constant one-to-one liaison between student and nurse to occur. There are apparent issues for nurse clinicians in the current health care climate that are likely to impact on their ability to form open mutual relationships with student

nurses and to facilitate their learning in the practice setting. These issues include low job satisfaction, stress, staff shortages, and heavy workloads (Cassie, 2002; Gerritsen, 2002; Holloway, 2000).

There is an indication from a survey carried out in 2001 that nearly a quarter of New Zealand nurses are burnt out (Cassie, 2002). At the time of this research study it is being reported that one in four New Zealand nurses intend leaving the profession (Gerritsen, 2002). Currently, there is a worldwide shortage of nurses (Holloway, 2000) and this is reflected in New Zealand figures. There is no capping of nurse:patient ratios at present, with the result that nurse clinicians carry high patient loads. Because so many nurses are leaving the profession, clinical areas are often predominantly staffed by junior staff nurses or temporary staff in the form of bureau nurses. All these issues impact on the kind of relationships nurse clinicians will have with student nurses. As a consequence of the nature of the relationship that develops between the two parties these factors also influence the nurse clinician's ability to facilitate student nurse learning.

Facilitating learning of nursing students is a role over and above the responsibility nurses have for their patients. Nurse clinicians will always meet patients' needs as a priority over meeting student needs (Macdiarmid, 2003; Orchard, 1999). Macdiarmid found that as nurse clinicians' workloads increase they become more task-focused and spend less time with students. Macdiarmid argues that the "extent to which active teaching occurs will always be dependent on what is happening on the ward each day" (p. 77). Participants in this study are aware of the busyness of nurse clinicians and the impact that has on time available for them as students. The participants are critical of the nurses' focus on completing tasks and the opportunities for learning that are lost to them. The current study does not establish whether the participants are aware of the political and professional climate for nurses in New Zealand at present. While these issues are addressed as part of the curriculum for the school of nursing, personal experience as a nurse lecturer leads me to think that student nurses are not ready to assimilate these ideas before they practice as nurse clinicians.

Finally relationships between student nurses and nurse clinicians influence student nurse decisions about remaining in the nursing profession. In particular, the attitude

and behaviour of nurse clinicians in the monologue relationship can impact negatively on student decisions to pursue a career in nursing. The student nurse participants in this study recognize that nurse clinicians do not always treat their colleagues with respect, and their personal experiences of feeling invisible to nurse clinicians leave some with the feeling they will not stay in nursing. However student nurses acknowledge positive relationships with nurse clinicians in the form of genuine dialogue encourages them to stay in the nursing profession.

Implications for Nursing

The influential nature of the relationship between student and nurse clinician could be considered significant in light of acute problems in recruitment and retention of nurses in New Zealand. Nursing is already struggling to make itself an attractive career option in New Zealand as the high level of student debt, lack of scholarship opportunities, and low pay rates are all issues associated with attracting and retaining nurses (Nursing manifesto, 2002). Add to these issues the socialization of student nurses by nurse clinicians and the problem of retaining nurses is magnified. Student nurses in this study were influenced in their decisions about staying in the profession of nursing by the kind of relationships they had with nurse clinicians.

This study has shown that student nurses feel their learning is enhanced when they are engaged in a relationship with the nurse clinician that is 'nurturing'. When nurse clinicians are friendly and actively promote student nurse learning in the clinical setting, students feel they gain confidence and are able to integrate and apply knowledge to practice thus achieving the goals of clinical learning. Having nurse clinicians promote and support their learning is also a source of motivation to students; they are more inclined to say they will stay in nursing as a result of these positive relationships.

Nursing leaders in practice and education need to address issues that impact on the experiences student nurses have as part of their clinical experience. At present nurse clinicians in New Zealand have little preparation to teach student nurses (Macdiarmid, 2003). Orchard (1999) found nurse clinicians believed their lack of preparation for teaching students in clinical "did not foster a professional desire to teach students they were allocated" (p. 106). The current study has confirmed Orchard's and Macdiarmid's findings. In order to improve relationships between

students and nurse clinicians in the clinical setting, nurses need to be prepared adequately for the role of clinical teaching and they need to be supported in the role. New Zealand nurse researchers for at least the last five years have been calling for a review of models of clinical teaching and the clinical education role of nurse clinicians (Dyson, 1998; Orchard; Macdiarmid). This review now appears overdue.

The KPMG report to the Nursing Council in 2001 made two recommendations that support this view. The recommendations were that education providers establish programmes and service providers be required to ensure clinical nurses are prepared and supported in their clinical teaching role (Health, Education & Community Services, 2001). Education and service providers need to work together to achieve these goals. Adequately preparing nurse clinicians would include offering study days that inform them of the curriculum content and the goals for student nurse clinical experiences. However, preparing nurse clinicians for their teaching role is only half of the equation. Service providers also need to be prepared to support nurses in the teaching role and nurse clinicians need to be given time to attend study days.

The preceptor model of clinical learning is one way to meet the needs of student nurses and nurse clinicians as it has been found to create a positive learning environment for students in clinical settings (Dyson, 1998). The utilization of this model would address the issues raised by student nurses in the present study because frequently they do not get the opportunity to work with a nurse clinician in a consistent manner. However the main health care setting accessed by the school of nursing where this study took place has recently declared the preceptor model will no longer be used by them. This is a result of the service area changing to team nursing; student nurses will be expected to fit into this new model.

Recommendations

Recent research has focused on the role that both nurse clinicians and nurse lecturers play in student nurse clinical learning experiences. This study has highlighted the need to research nurse clinician perceptions of their relationships with student nurses. A need to know what preparation and support nurse clinicians currently get for their teaching role has been identified. Knowing what preparation and support nurse clinicians need to have would help nurse lecturers in ensuring a

consistently positive clinical experience for student nurses. A positive clinical experience may, in part, assist with retaining newly registered nurses in the clinical environment.

Limitations of the Study

This study was carried out in one school of nursing, the sample of students was very small and the ability to generalize results from this study to other student nurse populations is not possible. As this study has only established the student nurses' perspective of their relationships with nurse clinicians this is also considered a limitation. However this study has provided insight into the relationships student nurses have with nurse clinicians and the way these relationships impact on the learning environment for students. Further research focusing on the nurse clinician's perceptions of their relationships with student nurses is now needed.

Concluding Statement

This descriptive interpretive research study has presented a thematic framework for the understanding of relationships between student nurses and nurse clinicians in the clinical setting, drawing on the theoretical work of Buber (2002). Student nurse perceptions of their clinical experiences and in particular their relationships with nurse clinicians were sought. Focus group interviews were the method of data collection, and three one-hour focus groups were held in 2002. The 11 participants were a cohort of student nurses who were about to sit their state registration examinations at the time of the study. Data were analyzed using an inductive approach and three dominant themes were found.

Three different relationships between the student nurse and nurse clinician are identified in the present study and are defined according to Buber's (2002) theory of relationships. These relationships are 'A Monologue', A Technical Dialogue' and 'A Genuine Dialogue'. Dialogue is a mutual relationship in which both parties "experience the other side" (Friedman, 2002, p. xiii). Monologue on the other hand is a relationship in which the parties communicate but do not consider each other.

It is the attitude and behaviour of both student nurse and nurse clinician that shapes the relationship between the two parties. In monologue the attitude of the nurse

clinician toward the student results in a feeling of invisibility on the student nurses behalf. In this relationship there is no relating between the two and students feel left out of the relationship. When students feel that there is no relationship formed with the nurse they can lose interest in the clinical setting and their learning.

While a monologue relationship lacks dialogue between the two parties, the present study indicates student nurses and nurse clinicians can have relationships of dialogue with each other. To establish a genuine dialogue both student nurse and nurse clinician need to be open to each other and actively participate in the relationship. A genuine dialogue requires mutuality, with both parties responding to each other. However this form of relationship cannot be produced by the will or action of only one person (Friedman, 2002).

Issues of time restraints, heavy workloads, and patient responsibilities all impact on the nurse clinician's ability to give full attention to the student nurse. Equally student nurses are sometimes so focused on meeting their learning goals they do not fully understand the experience of the nurse clinician. These factors all contribute to the development of a relationship of technical dialogue between student and nurse. In this relationship each is focused on their own goals and there is no mutuality in their relating. However when both student and nurse clinician "turn to one another" and have a common goal a genuine dialogue is entered into (Buber, 2002, p. 9).

The relationship of genuine dialogue enhances student learning. In this relationship student nurses feel they and their learning are nurtured. When learning is nurtured it is promoted, facilitated, and supported. There is a mutual action occurring in this relationship of genuine dialogue. When student nurses consider their learning is being nurtured their enthusiasm for learning is promoted, this in turn fosters the nurse clinician's interest and participation in student learning.

The attitude of both student nurse and nurse clinician has a vital influence on the relationships formed between the two. It is important that student nurses enter the practice setting with a positive attitude to learning. They need to be open to the nurse clinicians. The findings from this study also indicate that the attitude of nurse clinicians towards student nurses is very important in establishing a positive clinical learning environment. Nurse clinicians need to welcome students into their practice

settings, they need to be aware of the learning needs of student nurses and be prepared as professionals to fulfil their teaching responsibilities.

This study provides insight into the relationships between student nurses and nurse clinicians in the clinical setting. In particular the present study highlights the influential nature of the relationship between the two parties. Student nurse attitudes to learning and to remaining in the profession of nursing are influenced by the relationships they have with nurse clinicians. These relationships are not always positive. The reintroduction of the preceptor model in all health care environments would be a constructive step in creating the positive clinical experience for student nurses and equally importantly this move could assist in the retention of newly registered nurses.

Appendix One: Information Sheet

1. My name is Sharon Vallant, I am a Nurse Lecturer at the Auckland University of Technology. I am currently completing my Master of Arts (Nursing) Degree at Massey University. This research study will form the basis of my Masterate Thesis. My supervisors for this study are Stephen Neville and Dr Mary Finlayson.

A major part of my role as a nurse lecturer is working with student nurses in the clinical setting. The purpose of this study is to explore the relationship between the student nurse and registered nurses they work with in the clinical setting and how this relationship impacts on the student nurses learning. This is a qualitative study because I am interested in the student nurses perception of this relationship and the impact on learning. It is hoped that the research study will offer insight for nurse lecturers into the kind of relationships student nurses have with registered nurses in the clinical setting and how these relationships impact on the student nurses learning. This information could guide decisions about future clinical experiences.

I would like to invite you as a student nurse near the end of your nursing education to be part of this study. This is because by now you will have been exposed to a variety of clinical learning experiences in many different clinical settings.

2. If you choose to be involved in this study, you can contact me, either by phone, email or in writing to the contact details listed below. If you need further clarification, my supervisors, Stephen Neville and Dr Mary Finlayson or I would be happy to discuss any issues with you.

Contact Details for myself and my supervisors are as follows:

Sharon Vallant
Nurse Lecturer
School of Nursing and Midwifery
Auckland University of Technology
(09)9179999 ext 7282
SVallant@aut.ac.nz

Stephen Neville
Lecturer
School of Health Sciences
Massey University
(09)4439700 ext 9065
S.J.Neville@massey.ac.nz

Dr Mary Finlayson
School of Health Sciences
Massey University
(09)4439700 ext9167
M.P.Finlayson@massey.ac.nz

3. As a study participant I would like you to take part in one focus group interview. The focus group interview will involve approximately six other student nurses and myself, and will last for one hour. You will be given a choice of day and times to come to a focus group interview. The interview will be like an informal conversation, you are encouraged to share your thoughts and opinions. However you have the right to divulge as much or as little information as you wish. You will be free to leave the interview at any time. The interviews will be audiotaped and the data that is likely to be used in the study will be returned to you to enable you to make changes or to request withdrawal of anything you do not wish to be made public.

4. If you consent to take part in this study you do have the right to withdraw at any time up until your participation in the focus group interview. You will be unable to withdraw from the study after you have participated in the focus group. If you decide to withdraw from the study this will in no way affect your ongoing study at AUT.

   During the focus group interview you may decline to answer any questions. I will respect your decision and not seek to persuade you otherwise.

5. As student nurses it is important that you understand that your participation in this study is voluntary. There is no connection between this research study and the papers that you are enrolled in for your nursing degree. I will not be involved in any papers or assessment points that you will encounter in the remainder of your study.
6. You may find the opportunity to discuss your clinical experiences is therapeutic. However it is possible that discussion of your clinical experiences may raise issues for you personally. If any emotionally distressing situations occur, I can support you at the time but would expect to refer you to appropriate counselling services if necessary.
7. The information gathered from the focus groups will be used in the writing up of my thesis and the findings may be shared with other nurse lecturers through journal publications and conference presentations.

   A summary of the research findings will be given to you when the thesis has been written.

8. The focus group interview will be audiotaped. A transcriber, who will be asked to sign a confidentiality agreement, will transcribe the tapes.
9. The information I gather will be confidential and the only people who will have access to it will be myself, my thesis supervisors, Stephen Neville and Dr Mary Finlayson and a confidential typist.

   With your consent the audiotapes will be destroyed once the work is completed, the data will be destroyed after ten years.

10. To ensure your privacy and confidentiality, the information you give will be coded and no identifying names of participants, institutions or third parties will be used. I will ask you to choose a pseudonym for the transcript and written report. Only you and I will know your true identity. All of the study data and the audiotapes will be kept in a locked cupboard. Computer files will be protected by a password. I am the only person who will hold the key and password.

11. Your name will not be used during the focus group interview unless you ask otherwise. I will ask you to choose a pseudonym that you will be known by. I will ask that you do not identify personalities or clinical placements while you are recounting your experiences.

I will ask that participants of the focus group keep discussions confidential. It will be expected that any information arising from the group will remain within the group.

It is unlikely that you will be identifiable in the final report.

12. As a participant in this study you will have the right;

- ☐ to decline to participate;
- ☐ to refuse to answer any particular questions;
- ☐ to ask any questions about the study at any time during participation;
- ☐ to provide information on the understanding that your name will not be used unless you give permission to the researcher;
- ☐ to be given access to a summary of the findings of the study when it is concluded.
- ☐

This project has been reviewed and approved by the Massey University Regional Human Ethics Committee, Albany Campus, Protocol MUAHEC 02/036. If you have any concerns about the conduct of this research, please contact Associate-Professor Kerry Chamberlain, Chair, Massey University Regional Human Ethics Committee, Albany, telephone 09 443 9799, email K.Chamberlain@massey.ac.nz."

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor. Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, madeline.banda@aut.ac.nz ,917 9999 ext 8044.

Approved by the Auckland University of Technology Ethics Committee on 11 July 2002 AUTEC Reference number 02/54

Appendix 2: Consent Form

The student-staff nurse relationship and the impact on student nurse learning

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand that I will be able to withdraw from the study at any time before I participate in the focus group, and that if I do so this will in no way affect my study at Auckland University of Technology

I understand I will be unable to withdraw from the study after participating in the focus group interview.

I understand that I have the right to decline to answer any particular questions and to ask for the audio tape to be turned off at any time during the interview.

I agree to provide information to the researcher on the understanding that my name will not be used without my permission.
(The information will be used only for this research and publications arising from this research project).

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed:

Name:

Date:

References

Admi, H. (1997). Nursing students' stress during the initial clinical experience. *Journal of Nursing Education, 36*(7), 323-327.

Allen, N. R. (1992). *A framework for nursing and midwifery education in New Zealand.* Wellington: Vision 2000 Committee.

Atack, L., Comacu, M., Kenny, R., Labelle, N., & Miller, D. (2000). Student and staff relationships in a clinical practice model: Impact on learning. *Journal of Nursing Education, 39*(9), 387-395. Retrieved August 23, 2001, from the ProQuest database.

Atkins, S., & Williams, A. (1995). Registered nurses' experiences of mentoring undergraduate nursing students. *Journal of Advanced Nursing, 21*(5), 1006-1015.

Auhagen, A. E., & Salisch, M. v. (1996). Introduction. In A. E. Auhagen & M. v. Salisch (Eds.), *The diversity of human relationships* (pp. 1-4). Cambridge: Press Syndicate of the University of Cambridge.

Axford, R., Minichiello, V., Coulson, I., & O'Brien, A. (1999). Research in health: an overview. In V. Minichiello, G. Sullivan, K. Greenwood & R. Axford (Eds.), *Handbook for research methods in health sciences* (pp. 1-14). Sydney: Addison Wesley Longman Australia Pty Limited.

Baillie, L. (1993). Factors affecting student nurses' learning in community placements: A phenomenological study. *Journal of Advanced Nursing, 18*, 1043-1053.

Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus groups in social research.* London: SAGE Publications.

Board of Health. (1974). *An improved system of nursing services for New Zealand.* Wellington: Government Printer

Booth, W. (1997). *Towards partnership for praxis.* Unpublished Master of Arts in Nursing, Victoria University, Wellington.

Brink, P. J., & Wood, M. J. (1998). *Advanced design in nursing research* (2nd ed.). California: SAGE Publications.

Buber, M. (2002). *Between man and man* (R. G. Smith, Trans.). London: Routledge Classics.

Burns, N., & Grove, S. K. (2001). *The practice of nursing research. Conduct, critique, & utilization* (2nd ed.). Pennsylvania: W.B. Saunders Company.

Cahill, H. A. (1996). A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing, 24*, 791-799.

Campbell, I. E., Larrivee, L., Field, P. A., Day, R. A., & Reutter, L. (1994). Learning to nurse in the clinical setting. *Journal of Advanced Nursing, 20*, 1125-1131.

Carey, M. A. (1995). Comment: Concerns in the analysis of focus group data. *Qualitative Health Research, 5*(4), 487-495.

Cassie, F. (2002). Most New Zealand nurses satisfied with their courses. *New Zealand Nursing Review, 3*(6), 1.

Chan, D. (2001). Combining qualitative and quantitative methods in assessing hospital learning environments. *International Journal of Nursing Studies, 38*(4), 447-459. Retrieved July 17, 2002, from the Science Direct database.

Chan, D. (2002). Development of the clinical learning environment inventory: Using the theoretical framework of learning environment studies to assess nursing students' perceptions of... *Journal of Nursing Education, 41*(2), 69-79.

Clare, J. M. R. (1991). *Teaching and learning in nursing education: A critical approach.* Unpublished Doctor of Philosophy, Massey University.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data. Complementary research strategies*. California: SAGE Publications.

Cooke, M. (1996). Nursing students' perceptions of difficult or challenging clinical situations. *Journal of Advanced Nursing, 24*, 1281-1287.

Cope, P., Cuthbertson, P., & Stoddart, B. (2000). Situated learning in the practice placement. *Journal of Advanced Nursing, 31*(4), 850-856.

Corbin, J. (1986). Qualitative data analysis for grounded theory. In W. C. Chenitz & J. M. Swanson (Eds.), *From Practice to grounded theory* (pp. 91-101). California: Addison-Wesley Publishing Company.

Crawford, M. J., Dresen, S. E., & Tschikota, S. E. (2000). From 'getting to know you' to 'soloing': The preceptor-student relationship. *NT Research, 5*(1), 5-20.

Cutcliffe, J. R., & McKenna, H. (1999). Establishing the credibility of qualitative research findings: the plot thickens. *Journal of Advanced Nursing, 30*(2), 374-380.

Davies, E. (1993). Clinical role modeling: uncovering hidden knowledge. *Journal of Advanced Nursing, 18*, 627-636.

Dunn, S. V., & Burnett, P. (1995). The development of a clinical learning environment scale. *Journal of Advanced Nursing, 22*(6), 1166-1173. Retrieved February 7, 2003, from http:/80-gateway2.ovid.com.ezprozy.aut.ac.nz:2048/ovidweb.cgi

Dunn, S. V., Ehrich, L., Mylonas, A., & Hansford, B. (2000). Students' perceptions of field experience in professional development: A comparative study. *Journal of Nursing Education, 39*(9), 393-403. Retrieved May 18, 2002, from the ProQuest database.

Dunn, S. V., & Hansford, B. (1997). Undergraduate nursing students' perceptions of their clinical learning environment. *Journal of Advanced Nursing, 25*, 1299-1306.

Dyson, L. (1998). *The role of the lecturer in the preceptor model.* Unpublished Master of Arts in Nursing, Massey University.

Dyson, L., & Thompson, L. (1996). *Preceptorship- staff and student experiences*: Auckland Institute of Technology.

Ezzy, D. (2002). *Qualitative analysis. Practice and innovation*. New South Wales: Allen & Unwin.

Farrell, G. (2000). Danger! Nurses at work. *Australian Journal of Advanced Nursing, 18*(2), 6-7.

Field, P. A., & Morse, J. M. (1985). *Nursing research. The application of qualitative approaches*. London: Croom Helm.

Friedman, M. (2002). Introduction. In M. Buber (Ed.), *Between man and man*. London: Routledge Classics.

Gerritsen, J. (2002). One in four nurses intend leaving the profession. *New Zealand Nursing Review, 2*(8), 1.

Gillis, A., & Jackson, W. (2002). *Research for nurses: Methods and interpretation.* Philadelphia: F. A. Davis Company.

Giorgi, A. (1992). Description versus interpretation: Competing alternative strategies for qualitative research. *Journal of phenomenological psychology, 23*(2), 119-135.

Grant, E., Ives, G., Raybould, J., & O'Shea, M. (1996). Clinical nurses as teachers of nursing students. *Australian Journal of Advanced Nursing, 14*(2), 24-30.

Grealish, L., & Carroll, G. (1998). Beyond preceptorshop and supervision: A third clinical teaching model emerges for Australian nursing education. *Australian Journal of Advanced Nursing, 15*(2), 3-11.

Hart, G., & Rotem, A. (1994). The best and the worst: students' experiences of clinical education. *The Australian Journal of Advanced Nursing, 11*(3), 26-33.

Health Education and Community Services. (2001). *KPMG strategic review of undergraduate nursing education. Final report to the Nursing Council.*

Hind, R. A. (1996). Describing relationships. In A. E. Auhagen & M. v. Salisch (Eds.), *The diversity of human relationships* (pp. 7-35). Cambridge: Press Syndicate of the University of Cambridge.

Holland, K. (1999). A journey to becoming: The student nurse in transition. *Journal of Advanced Nursing, 29*(1), 229-236.

Holloway, K. (2000). The future for nursing education: UKCC review has relevance for New Zealand. *Nursing Praxis in New Zealand, 16*(2), 17-24.

Hwa, Y. L. (1999). Learning needs and expectations in the clinical learning unit. *Curationas:South African Journal of Nursing, December*, 24-28.

Hyman, P. (1985). Some controversies in the education of nurses in New Zealand, Great Britain and the United States, with reference to the impact of economic and social factors. *Studies in Higher Education, 10*(2), 205-222.

Infante, M. S. (1985). *The clinical laboratory in nursing education.* New York: John Wiley & Sons.

Ives, G., & Rowley, G. (1990). A clinical learning milieu: Nurse clinicians' attitudes to tertiary education and teaching. *The Australian Journal of Advanced Nursing, 7*(4), 29-35.

Kane, E. (1991). *Doing your own research. Basic descriptive research in the social sciences and humanities*. London: Marion Boyars Publishers.

Kidd, P. S., & Parshall, M. B. (2000). Getting the focus and the group: Enhancing analytical rigor in focus group research. *Qualitative Health Research, 10*(3), 293-308.

Knowles, M. S. (1987). *The modern practice of adult education*. Englewood Cliffs: Prentice Hall Regents.

Krueger, R. A., & Casey, M. A. (2000). *Focus groups. A practical guide for applied research* (3rd ed.). California: SAGE Publications.

Leininger, M. (1985). Nature, rationale, and importance of qualitative research methods in nursing. In M. Leininger (Ed.), *Qualitative research methods in nursing* (pp. 1-25). Philadelphia: W. B. Saunders Company.

Letizia, M., & Jennrich, J. (1998). A review of preceptorship in undergraduate nursing education: Implications for staff development. *The Journal of Continuing Education in Nursing, 29*(5), 211-218. Retrieved February 7, 2003, from the ProQuest database.

Lo, R. (2002). Evaluation of a mentor-arranged clinical practice placement. *Collegian, 9*(2), 27-32.

Macdiarmid, R. (2003). *Teaching on the run: An ethnographic study of RNs teaching other nurses.* Unpublished Master of Health Sciences, The University of Auckland.

McAllister, L., Lincoln, M., McLeod, S., & Maloney, D. (1997). *Facilitating learning in clinical settings*. Cheltenham: Stanley Thornes (Publishers) Ltd.

McCleland, J. (1998). *The learning experience of nursing students in a clinical setting: An emancipatory praxis study.* Unpublished Master of Arts, Deakin University.

Miers, M. (1999). Nursing teams and hierarchies: Nurses working with nurses. In G. Wilkinson & M. Miers (Eds.), *Power and nursing practice* (pp. 64-80). London: MacMillan Press Ltd.

Minichiello, V., Fulton, G., & Sullivan, G. (1999). Posing Qualitative research questions. In V. Minichiello, G. Sullivan, K. Greenwood & R. Axford (Eds.), *Handbook for research methods in health sciences* (pp. 35-56). Sydney: Addison Wesley Longman Australia Pty Limited.

Morgan, D. L. (1995). Why things (sometimes) go wrong in focus groups. *Qualitative Health Research, 5*(4), 516-523.

Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). California: SAGE publications.

Munhall, P. L., & Boyd, C. O. (1993). *Nursing research. A qualitative perspective.* New York: National League for Nursing Press.

Nursing Manifesto. (2002). *New Zealand Nursing Review, 3*(4), 8.

Orchard, S. H. (1999). *Characteristics of the clinical education role as perceived by registered nurses working in the practice setting.* Unpublished Master of Philosophy in Nursing, Massey University.

Papps, E., & Kilpatrick, J. (2002). Nursing education in New Zealand - past, present and future. In E. Papps (Ed.), *Nursing in New Zealand. Critical issues. Different perspectives* (pp. 1-13). Auckland: Pearson Education New Zealand Limited.

Peirce, A. G. (1991). Preceptorial students' view of their clinical experience. *Journal of Nursing Education, 30*(6), 244-250.

Roberts, K., & Taylor, B. (2002). *Nursing research processes. An Australian perspective* (2nd ed.). Southbank Victoria: Nelson Thomson Learning.

Sandelowski, M. (1994). The proof is in the pottery: Toward a poetic for qualitative inquiry. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 46-62). California: SAGE Publications.

Sandelowski, M. (1995). Qualitative analysis: What it is and how to begin. *Research in Nursing & Health, 18*, 371-375.

Sandelowski, M. (1998). Writing a good read: Strategies for re-presenting qualitative data. *Research in Nursing & Health, 21*, 375-382.

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*, 334-340.

Savage, E. B. (1998). The ward learning environment for student nurses. A study to determine the influence of staff nurses. *Nursing Review, 16*(3/4), 82-86.

Schroyen, B. P. K. (2001). *Clinical teaching and learning. An action research study.* Unpublished Master of Arts in Nursing, Massey University, Albany.

Seaman, C. H. C. (1987). *Research Methods. Principles, practice, and theory for nursing* (3rd ed.). Connecticut: Appleton & Lange.

St John, W. (1999). Focus group interviews. In V. Minichiello, G. Sullivan, K. Greenwood & R. Axford (Eds.), *Handbook for research methods in health sciences* (pp. 419-430). Sydney: Addison Wesley Longman Australia Pty Limited.

Taylor, A. J., Small, D. K., White, J. E., Hall, P. M., & Fenwick, P. R. (1981). *An evaluation of nursing courses in technical institutes*. Wellington: Department of Education.

Thatcher, V. S. (Ed.). (1980). *The new Webster encyclopedic dictionary of the English language*. Chicago: Consolidated Book Publishers.

Thomas, D. R. (2000). *Qualitative data analysis: Using a general inductive approach*: Department of Community Health, University of Auckland.

Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health, 20*, 169-177.

Turnbull, J. D. (2001). *Listening to the learners: Factors that promote optimum clinical learning.* Unpublished Master of Health Sciences (Nursing), University of Otago, Dunedin.

Webb, C., & Kevern, J. (2001). Focus groups as a research method: a critique of some aspects of their use in nursing research. *Journal of Advanced Nursing, 33*(6), 798-805.

Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in qualitative research. *Qualitative Health Research, 11*(4), 522-537.

Wilson, M. E. (1994). Nursing student perspective of learning in a clinical setting. *Journal of Nursing Education, 33*(2), 81-86.

Windsor, A. (1987). Nursing students' perceptions of clinical experience. *Journal of Nursing Education, 26*(4), 150-154.

Workforce Development Group. (1988). *Nursing education in transition. The transfer of nursing education to the general system of education. 1973-1988: the Department of Health's perspective*. Wellington: Department of Health.

Key Terms

The following terms are used in the study:

Student nurse: a student of nursing at any stage during their three-year course.

Nurse clinician: a nurse who has completed a three-year nursing course and has passed the state examination. This term has been used to denote the registered nurse working in the health care setting providing a nursing service to patients and playing a supervisory role with student nurses.

Nurse lecturer: the title used to describe a registered nurse employed by an educational institution. The role of the nurse lecturer is that of classroom teacher and clinical tutor.

Preceptor: a label used to describe a registered nurse allocated to work with a student nurse in the clinical setting.

Buddy: a label used to describe the registered nurse allocated to work with a student nurse in the clinical setting.

Clinical setting: Refers to health care environments including wards, clinics and units in both public and private sectors. Student nurses are placed in these settings for a set period of time to gain clinical learning experience. This term is used interchangeably with the 'practice setting'.

Practice setting: Refers to health care environments including wards, clinics and units in both public and private sectors. Student nurses are placed in these settings for a set period of time to gain clinical learning experience. This term is used interchangeably with the 'clinical setting'.