Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

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Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university of other tertiary educational institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where du reference has been made in the text.

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Table of contents

List of tables

Table of figures

Abstract

Background

Nursing schools prepare nurses for their future career, therefore academic nursing programs need to be well-developed and structured with both theoretical and practical components to ensure they graduate competent nurses. Clinical placement is an essential component in nursing education that integrates theoretical knowledge with clinical nursing skills which cannot be gained by classroom education alone. The first clinical placement can be an extremely stressful experience for some undergraduate nursing students which may lead to negative consequences for students, the profession, healthcare settings or patients.

Objectives

The aim of this study was to identify factors that enable a positive experience of the first clinical placement for first year undergraduate nursing students. This aim was achieved by adopting three research objectives including: identifying factors from the literature that were facilitators or barriers to first clinical placement for first year undergraduate nursing students; identifying a framework in which to explore and discuss how first year undergraduate nursing students coped with their experience of their first clinical placement and identifying coping strategies first year undergraduate nursing students used to overcome any barriers or to prevent negative experience of their first clinical placement.

Significance of the study

Results of this research will offer academics in nursing schools further insight regarding coping strategies of nursing students in their first clinical placement, which in turn, will assist in supporting these students to cope with the experience of their first clinical placement, continue with their studies and enter the nursing profession.

Method

This study adopted a concurrent mixed method design and was conducted using an online questionnaire that involved both quantitative and qualitative questions. Adaptation and content validity was assessed by piloting the questionnaire in order to ensure that the tool was understandable, relevant and well-designed. The study participants were all first year undergraduate nursing students at a higher education facility in South Australia. There were no ethical considerations or risks associated with this study.

Findings

There were fifty-eight first year nursing students of one hundred and fifty-four that responded to the questionnaire. The majority of participants were female, aged less than twenty years old, local students with no previous work experience as healthcare professionals. Most participants had a level of anxiety ranging from moderately to extremely anxious about their first clinical placement due to several reasons. These reasons included being worried about making mistakes that could harm patients, providing direct care and speaking to patients for the first time. Some participants were also worried about being assessed by nursing staff and clinical lecturers, as well as inadvertently breaking the rules of clinical placement institutions.

Factors that assisted participants to cope with their anxiety and have a positive experience of the first clinical placement included supportive clinical lecturers and nursing staff, co-operative patients, adequate preparation before the clinical placement, effective communication between nursing schools and clinical institutions, and constructive feedback from nursing staff and clinical lecturers.

Participants developed different strategies that assisted them to cope with their first clinical placement, including talking to different people about the experience of the first

clinical placement, adopting positive attitudes, asking nursing staff questions, providing help to nursing staff and asking for help if unsure about their competence in their nursing task.

Conclusion

There are a range of strategies that can be put into place by the nursing students, clinical lecturers and nursing staff that will enable nursing students to cope well with their first clinical placement and to have a positive experience. The research shows that preparation for the first clinical placement is very important for all concerned. Once on placement, then support and encouragement by clinical lecturers and nursing staff is critical in building the nursing students' confidence in the new work environment. It is also essential that nursing students are provided with opportunities to reflect and debrief with colleagues and with friends and family about their experiences during their first clinical placement, being mindful of patient confidentiality.

This study confirms the findings of other research of the importance of using a range of supportive approaches for nursing students undertaking their first clinical placement to enable them to have a positive experience that will boost their confidence as they commence their career in nursing.

CHAPTER 1 – INTRODUCTION

Introduction

This chapter introduces the study, including the background of the study, research problem, research question, aim, objectives and study significance. The key terms used in the study are defined in this chapter. The chapter concludes by providing a succinct summary of the thesis chapters.

Background

Nursing schools prepare nurses for their future career, therefore, academic nursing programs need to be well-developed and structured with both theoretical and practical components to ensure they graduate competent nurses. Nursing education programs need to combine theoretical science with clinical skills because the main goal of nursing studies is to apply acquired knowledge in practice. Clinical placement is an essential component in nursing education that provides nursing students an opportunity to apply theoretical knowledge into practice which cannot be applied by the classroom education alone (Forneris & Peden-Mcalpine 2009; Lamont, Brunero & Woods 2014; Mann, Gordon & MacLeod 2009; Wallin, Fridlund & Thorén 2013). Robinson and Cornish (2015) reported that academic and clinical lecturers in nursing schools, and nursing staff in clinical placement institutions need to collaborate their efforts to assist nursing students successfully completing their clinical placements.

Nursing students are required to undertake clinical placements for a minimum of 800 hours in a variety of healthcare settings during the academic nursing programs as required by the Nursing and Midwifery Board of Australia (2015). Clinical lecturers play an important role in enhancing the clinical placement experience for nursing students. According to Braine and Parnell (2011) and Melling (2011), supporting undergraduate nursing students in clinical

practice by their clinical lecturers reinforces the relationship between these students and their clinical lecturers, which in turn, prevents negative experiences during clinical placement. Nursing students must be supervised by registered nurses at all times during clinical placements in order to teach these students, monitor their performance and build their confidence (Sengstock 2009).

Clinical placement is essential not only to integrate the knowledge with the practice, but also to expose the undergraduate nursing students to the real world of the nursing profession by experiencing the positive and the negative aspects of this profession (Zilembo & Monterosso 2008). Henderson et al. (2012) pointed out that clinical placement engages nursing students with the environment of nursing care and educates them about the norms of nursing care delivery practice.

The first clinical placement usually starts at the first year of the academic nursing programs and the subsequent clinical placements continue until the end of the program. The first clinical placement provides undergraduate nursing students an impression about the nature of the nursing profession, particularly if they have not had previous experience. Huggett, Warrier and Maio (2008) stated that early clinical placement can affect the student perceptions about the nursing profession. Therefore, the negative experience of students regarding clinical placements may be one of the most critical issues contributing to the shortage of nursing professionals in which some students may not cope with these stressors and then withdraw from nursing education programs.

Research problem

I worked as a teaching assistant in the Emergency Medical Services (EMS) department at a university in the Kingdom of Saudi Arabia. The position of teaching assistant is the first degree to be a faculty member at any University in the Kingdom of Saudi Arabia.

As a healthcare educator, my area of interest in this research is to explore the factors that assist undergraduate nursing students to cope with their first clinical placement experience. When supervising students during clinical placements, I noticed that many students appeared anxious and stressed, which impacted on their clinical performance and attitudes towards their profession and patients. I am concerned that this experience may go on to affect their future learning because their anxiety may inhibit their ability to acquire the essential clinical skills and knowledge which is enabled through clinical placements.

Aim and objectives of the study

The overall aim of this study was to identify strategies that enable a positive experience of the first clinical placement for first year undergraduate nursing students. This aim can be achieved by accomplishing the following research objectives:

- To identify factors from the literature that are facilitators or barriers to the first clinical placement for first year undergraduate nursing students.

- To identify a framework to explore how first year undergraduate nursing students cope with barriers in their first clinical placement.

- To identify coping strategies first year undergraduate nursing students used to overcome the barriers to the first clinical placement.

Research question

The research question in this study is:

What are the factors that assist nursing students to cope with the experience of their first clinical placement?

Significance of the study

This study will offer academic professionals in nursing schools further insight regarding coping strategies of nursing students in the first clinical placement. The ability to

provide students with a range of tools that enable coping and recognition that it is a challenging and unpredictable experience will help nursing academics to support students to continue with their studies and enter the nursing profession. In addition, the findings of this study will assist nursing schools to plan the curriculum of the first clinical placement.

Assumptions

Students may be subject to both positive and negative experiences during their first clinical placement which will impact on their decision whether or not to remain in the nursing profession.

Definition of terms

Clinical placement

Clinical placement is the practice of providing nursing care to patients in healthcare settings by nursing students with direct supervision from nursing staff in that healthcare setting and/or their clinical lecturers from their nursing school. Clinical placement can be implemented in different clinical settings such as 'hospitals, healthcare centres, and community care' (Jonsén, Melender & Hilli 2013).

Coping

Coping in the context of this study is the efforts that assist nursing students to adjust to the stressors of the first clinical placement. Coping is defined as efforts undertaken by individuals to control particular external and/or internal stressors, or to decrease distress voluntarily or involuntarily (Carver & Connor-Smith 2010). Similarly, Nicholls and Polman (2008) and Gárriz et al. (2015) define coping as 'thoughts and behaviours' that individuals enact in order to control a stressor or reduce its impacts and to adapt to changing situations using different strategies. Coping involves the attempt to manage a particular stressor, whether this attempt is effective or not (Nicholls, Holt & Polman 2005). The aim of this study

was to explore effective attempts of nursing students to cope with stressors in their experience of the first clinical placement.

Clinical lecturer

Nursing clinical lecturers are professionals working in nursing schools to train students in clinical nursing skills either in the schools' clinical laboratories or in clinical placement settings. Baxter and Rideout (2006) pointed out that a clinical lecturer is a faculty member whose role is to support students, facilitate learning and provide constructive feedback about students' clinical performance.

Outline of the thesis

This chapter has provided an introduction to the study. Chapter two details the literature search and review with a focus on the first clinical placement for the first year undergraduate nursing students. The third chapter on methods and methodology explains how this study was implemented. After explaining the study methods and methodology, chapter four presents the results of this study. Finally, chapter five discusses the results in line with the research question, and recommendations for practice and future studies are provided based on this discussion.

Conclusion

Nursing education involves theoretical and praxis learning. Clinical placement is the application of theoretical nursing science in clinical fields. The first exposure of the novice undergraduate nursing student to the clinical environment can lead to negative experiences for some students due to different factors. Some students manage the experience of the first clinical placement by following some coping strategies. Therefore, this study focuses on the strategies that undergraduate nursing students develop to cope with the experience of the first clinical placement. The results of this study will assist academic professionals in nursing

schools to enhance the experience of the first clinical placement for the first year pre-registered nursing students which, in turn, will motivate students to continue to study nursing. As this chapter provides a brief introduction about the study, the following chapter presents an extensive review of the literature that discusses the first clinical placement for nursing students.

Introduction

An extensive literature review was conducted to identify documents examining the experience of the first clinical placement for undergraduate nursing students. Seven themes emerged from the literature review. This chapter discusses the search methods and details of emergent themes.

Method of search for literature

Search strategy

Four databases were searched for documents relating to the topic of this research. The first database utilised was PubMed because it provides the best coverage of the leading nursing journals (The University of Adelaide 2015). The second database was the Cumulative Index to Nursing and Allied Health Literature (CINAHL) as it includes a wide range of international nursing journals addressing multiple topics relating to nursing and other allied health specialities (The University of Adelaide 2015). Thirdly, Scopus was utilised because it is the largest database of abstracts and citations and has the widest coverage of existing literature, including healthcare sciences, from more than 4,000 global publishers (The University of Adelaide 2015). The last database was Educational Resources Information Centre (ERIC) as it enables comprehensive access to literature relating to educational affairs (The University of Adelaide 2015). The aim of using these databases was to retrieve the maximum number of documents to accomplish an extensive literature review for this study.

The targeted keywords searched in these databases were 'first clinical placement' and 'nursing students'. These keywords were used in a certain way in each database because each database works differently. PubMed and CINAHL use specified indexing terms, therefore, keywords and Boolean operators were used to search in these databases, as detailed in

Tables 1 and 2. In Scopus and ERIC, the keywords entered in search fields and the Boolean operator were ("first clinical placement*" OR "first placement*" OR "initial clinical placement*" OR "first clinical practice*" OR "first clinical practis*" OR "initial clinical practice*" OR "initial clinical practis*") AND ("nurs* student*"). The search was extended to titles, abstracts and keywords in Scopus and 'anywhere' in ERIC using the advanced search. The search was limited to ten years to ensure review of contemporary papers.

Table 1 - The terms, abbreviations and symbols used to search in PubMed

First Clinical Placement	Nursing Student
first clinical placement*[tiab] OR first placement*[tiab] OR initial clinical placement*[tiab] OR first clinical practice*[tiab] OR first clinical practis*[tiab] OR initial clinical practice*[tiab] OR initial clinical practis*[tiab]	Students, Nursing[mh] OR nurs* student* [tiab]

Table 2 - The terms, abbreviations and symbols used to search in CINAHL

First clinical placement	Nursing student
TI "first clinical placement*" OR TI "first placement*" OR TI "initial clinical placement*" OR AB "first clinical placement*" OR AB "first placement*" OR AB "initial clinical placement*" OR TI "first clinical practice*" OR AB "first clinical practice*" OR TI "initial clinical practice*" OR AB "initial clinical practice*"	MH Students, Nursing+ OR TI "nurs* student*" OR AB "nurs* student*"

Assessment of document quality

The number of documents identified by applying the described search strategy were 46 documents in PubMed, 41 in CINAHL, 37 in Scopus and one paper in ERIC. Some documents were identified in more than one database. Titles and abstracts of the documents were read to ensure they are related to the topic of this study. Papers including secondary research, of qualitative and quantitative paradigms, were accepted in this literature review.

The quality of the included papers was assessed by focussing on four points: title, journal, authors and date of each paper. These points were critiqued by answering the following questions which were obtained from Ingham-Broomfield (2014): is the title clear and accurate to describe the study? Was the study published in a peer-reviewed journal? Are the members of the editorial board from a broad range of academia and practice? Do the authors hold sufficient qualifications? Does this paper present a recent piece of work? Is it relevant to current practice? Following this critique, a total of 22 documents were considered eligible to be included in this literature review.

Literature review themes

Seven themes emerged from the literature review including: student anxiety regarding first clinical placement, difficulties facing students during the first clinical placement, preparation for first clinical placement, student experiences in specialised areas on first clinical placement, patient safety during first clinical placement, implications of first clinical placement experiences, and positive first clinical placement.

Student anxiety regarding first clinical placement

Anxiety was reported in the literature as a major issue encountered by first year undergraduate nursing students in their first clinical placement (Andrew et al. 2009; Chesser-Smyth & Long 2013; Christiansen & Bell 2010; Khalaila 2014; Levett-Jones et al. 2015; Morley 2015; Stunden, Halcomb & Jefferies 2015; Thomas & Bhattacharya 2012; Venkatasalu, Kelleher & Shao 2015; Yildiz & Akansel 2011). Anxiety is an emotional condition characterised by feelings of dread, nervousness, stress and concern associated with some physiological changes, such as an increase in breathing or heart rates (Spielberger 2010). The literature identifies some causes for anxiety related to the first clinical placement for first year undergraduate nursing students including lack of self-confidence due to having

insufficient clinical experience for some nursing students (Chesser-Smyth & Long 2013; Christiansen & Bell 2010; Khalaila 2014; Stunden, Halcomb & Jefferies 2015), concern about not meeting expectations of clinical staff (Levett-Jones et al. 2015; Stunden, Halcomb & Jefferies 2015), fear of making mistakes that could affect patient safety (Levett-Jones et al. 2015), commencing the first clinical placement with no previous experience of providing healthcare (Morley 2015; Watson 2014), and lack of effective communication skills with patients (Yildiz & Akansel 2011). Additionally, Christiansen and Bell (2010) point out that attending an unfamiliar and busy work setting may trigger a significant level of anxiety for first year nursing students.

Student anxiety during the first clinical placement can lead to negative consequences, such as distracting the student attention from patient care to focus on reducing anxieties and thereby affecting patient safety (Levett-Jones et al. 2015). In addition, the clinical performance of nursing students who are unable to manage anxiety levels during the first clinical placement can also be affected, which may hinder these students from meeting the academic requirements of the first clinical placement (Levett-Jones et al. 2015). The anxiety of the first clinical placement may also lead to 'social isolation' for these students as they may feel they were not welcomed into the clinical units (Christiansen & Bell 2010).

The literature also identified that anxiety is not an absolute negative, instead anxiety can be a positive motivation for students to improve performance during clinical placement (Fidment 2012; Stunden, Halcomb & Jefferies 2015). Anxiety may provide nursing students with essential coping mechanisms and prepare them to manage stressful situations during the first and subsequent clinical placements (Fidment 2012; Stunden, Halcomb & Jefferies 2015). However, unmanageable levels of anxiety can distract student attention from required tasks of the clinical placement to focus on how to manage anxiety (Levett-Jones et al. 2015). Therefore, the first clinical placement for first year undergraduate nursing students can

provoke anxiety which can be positive or negative according to level of anxiety and extent of ability to control it.

Difficulties facing students during the first clinical placement

There is evidence in the literature of difficulties first year nursing students face during their first clinical placement. According to Christiansen and Bell (2010), nursing students encounter many challenges when they move from the education setting to learning in complicated healthcare environments. Challenges reported in the literature include: turbulent and overwhelming experiences (Levett-Jones et al. 2015; Morley 2015; Watson 2014), distrust of the nursing students' clinical competence and knowledge about diseases or treatment procedures (Bland & Ousey 2012; Türk, Tuğrul & Şahbaz 2013), lack of cognitive skills that enable them to made clinical decisions (Türk, Tuğrul & Şahbaz 2013), inchoate critical thinking abilities (Türk, Tuğrul & Şahbaz 2013), limited experience and knowledge about patient care (Yildiz & Akansel 2011), and ambiguity about their roles in the first clinical placement and what they are expected to perform (Andrew et al. 2009).

Some first year undergraduate nursing students experience a poor quality clinical placement because of limited support and supervision received before and during the clinical placement (Andrew et al. 2009; Bland & Ousey 2012; Jonsén, Melender & Hilli 2013; Leducq et al. 2012). Other studies revealed that nursing students were exposed to bullying and harassment during the first clinical placcment (Levett-Jones et al. 2015; Timm 2014). Moreover, some first year nursing students pointed out that they were worried about 'working outside their scope of practice' because they had been left alone in the clinical practice environment (Levett-Jones et al. 2015, p. 308). In addition, students from 'non-English speaking backgrounds' encounter language and cultural difficulties during the first clinical experience because they came from different backgrounds (Rogan et al. 2006, p. 73).

Preparation for first clinical placement

Another common theme identified in the literature is the need to prepare first year nursing students before they commence their first clinical placement (Bland & Ousey 2012; Cooper, Courtney-Pratt & Fitzgerald 2015; Kameg et al. 2010; Khalaila 2014; Levett-Jones et al. 2015; Venkatasalu, Kelleher & Shao 2015). In particular, novice undergraduate nursing students with no previous healthcare experience need to be prepared before starting their first clinical placement (Morley 2015; Watson 2014).

Preparing first year undergraduate nursing students for the first clinical placement can be achieved in different ways, such as training in practical nursing skills, building emotional capacity and providing feasible strategies to assist them cope with their first clinical placement. Clinical simulations can be helpful to train students in clinical nursing skills before asking them to provide the nursing care directly to patients (Chesser-Smyth & Long 2013; Kameg et al. 2010; Khalaila 2014). Another strategy is to prepare nursing students emotionally and behaviourally to assist them to overcome difficult situations in the clinical practice setting, such as enabling these students to attend dying patients (Levett-Jones et al. 2015; Venkatasalu, Kelleher & Shao 2015). Moreover, before initiating the first clinical placement nursing school staff can advise undergraduate students on how to establish and maintain professional relationships with nursing staff in clinical placement settings, (Cooper, Courtney-Pratt & Fitzgerald 2015; Morley 2015), such as asking nursing staff questions about the care provided to patients (Morley 2015; Watson 2014) and to introduce themselves to patients in order to become comfortable with them before providing care (Watson 2014).

There are many advantages in preparing first year nursing students before assigning them to the first clinical placement. These advantages include: reducing anxiety levels regarding clinical placement (Khalaila 2014; Venkatasalu, Kelleher & Shao 2015), students

practising their clinical skills in safe environments (Khalaila 2014), confronting unexpected 'clinical eventualities' (Venkatasalu, Kelleher & Shao 2015, p. 184), and increasing student self-confidence to achieve successful clinical performance (Chesser-Smyth & Long 2013; Khalaila 2014).

Student experiences in specialised areas on first clinical placement

Most first year undergraduate nursing students have had stressful experiences when observing or providing care for the first time during clinical placement, particularly when working with patients who have specific conditions (Bland & Ousey 2012; Gould, MacLennan & Dupuis-Blanchard 2012; Kameg et al. 2010; Thomas & Bhattacharya 2012; Venkatasalu, Kelleher & Shao 2015; Ward 2011; Yildiz & Akansel 2011). Patient conditions that can cause stress to nursing students during the first clinical placement include mental illnesses (Kameg et al. 2010; Thomas & Bhattacharya 2012; Ward 2011), cancer (Yildiz & Akansel 2011), aging (Gould, MacLennan & Dupuis-Blanchard 2012) and dying patients (Venkatasalu, Kelleher & Shao 2015). To avoid negative experiences for first year undergraduate nursing students, different strategies can be utilised, such as assigning them to general units or to clinics that do not require particular treatment interventions or specific patient care during the first clinical placement (Yildiz & Akansel 2011), or by preparing these students adequately before allocating them to specialised areas during the first clinical placement (Venkatasalu, Kelleher & Shao 2015). The decision by lecturers to assign students to specialised areas for their first clinical placement was identified in the literature as being problematic because of the students' lack of professional skills and knowledge to provide care in the specialised setting (Ward 2011; Yildiz & Akansel 2011). Other factors include inadequate support and supervision of students by clinical mentors (Venkatasalu, Kelleher & Shao 2015), empathic feelings towards these patients (Yildiz & Akansel 2011), and fear of dealing with mentally ill patients (Ward 2011). Hence, providing care for patients with

Page | 13

mental illnesses, cancer, elderly or dying patients during the first clinical placement can be an especially stressful experience for some of the first year undergraduate nursing students.

Patient safety during first clinical placement

Student concern about patient safety during the first clinical placement was also outlined in the literature. Patient safety in healthcare systems involves protection of patients from harm associated with healthcare practices (Emanuel et al. 2008; Walton et al. 2010). A recent study found that first year nursing students were worried that, due to insufficient clinical experience, they may make errors during the first clinical placement that could harm or kill patients (Levett-Jones et al. 2015). Assisting first year nursing students to maintain patient safety during the first clinical placement can be enhanced by training students in nursing skills using clinical simulation before commencing first clinical placement (Kameg et al. 2010; Khalaila 2014).

Implications of first clinical placement experiences

Different experiences of the first clinical placement have led to various implications being reported in the literature. The experience of the first clinical placement can be an influential juncture in terms of the nursing students' decision whether to continue studying or drop out of the nursing program (Leducq et al. 2012; Levett-Jones et al. 2015). The first clinical placement shapes the nursing students' perception of the nursing profession and enables them to validate their decision about their future career (O'Brien, Mooney & Glacken 2008). Thus, this perception about the nursing profession can contribute to the attrition rate of nursing students after the first clinical placement (Leducq et al. 2012; O'Brien, Mooney & Glacken 2008).

Positive first clinical placement

The first clinical placement is not always a negative experience for first year nursing students, rather some literature identifies positive experiences during first clinical placements (Ääri et al. 2008; Andrew et al. 2009; Cooper, Courtney-Pratt & Fitzgerald 2015; Jonsén, Melender & Hilli 2013). Enthusiasm for attending clinical placement may help create a positive first placement and there are other factors that may also assist. In particular, a supportive clinical atmosphere with positive attitudes of nursing staff towards the nursing students helps to build a positive student experience (Ääri et al. 2008; Cooper, Courtney-Pratt & Fitzgerald 2015; Jonsén, Melender & Hilli 2013). Other factors that influence positive first clinical placement experience include feeling welcomed into the clinical setting by designated preceptors (Cooper, Courtney-Pratt & Fitzgerald 2015) and receiving adequate preparation before starting the clinical placement (Jonsén, Melender & Hilli 2013). Furthermore, offering small group tutorials with nursing students, their mentors and teachers assisted students to discuss and solve clinical issues that may arise during clinical placement (Ääri et al. 2008). In addition, accessible registered nurses who closely supervise and support nursing students and high quality mentoring are strategies that assist undergraduate nursing students to have a positive first clinical placement (Andrew et al. 2009; Jonsén, Melender & Hilli 2013). Thus, the literature identified a range of approaches used by nursing schools or clinical institutions to enable first year nursing students to have a positive experience of the first clinical placement.

Conclusion

The literature identified that the first clinical placement can be a negative and anxious experience for many first year undergraduate nursing students as they confront a range of difficulties for which they may not be adequately prepared. The emergence of these experiences, and flow on effects to attrition rates, highlights the need for educators to better

prepare first year undergraduate nursing students for their first clinical placement. However, it is noted that not all nursing students' first clinical experiences were negative. The experience of the first clinical placement can influence the nursing students' impression of the nursing profession and their decision to continue their training. The literature revealed that different nursing schools have adopted strategies to assist students to cope with the experience of the first clinical placement, such as providing adequate preparation and advice and closely supervising and supporting nursing students during their first clinical experience. However, the literature did not identify strategies developed by first year nursing students themselves to assist them to cope with the first clinical placement. Therefore, this study aims to address this gap in research by exploring strategies adopted by nursing students to help them cope with anxiety they experience in their first clinical placement. The following chapter explains the methods and methodology used for conducting this research.

CHAPTER 3 – METHODS AND METHODOLOGY

Introduction

This chapter presents the methodology and methods utilised in this study, including a summary of study design. Detailed information about tools used for data collection and analysis is provided. Ethical considerations associated with this study are also discussed in this chapter.

Study design

This research adopted a concurrent mixed method design and was conducted using an online questionnaire that involved both quantitative and qualitative questions. Mixed method study design involves gathering, analysing and elucidating qualitative and quantitative data in a particular study or in sequential studies that examine similar basic phenomenon (Leech & Onwuegbuzie 2009). The idea of combining qualitative and quantitative data was first implemented in 1979 by a social science researcher, Todd D. Jick (Östlund et al. 2011). The aim of adopting the mixed method design in this research was to integrate quantitative results with qualitative findings in order to strengthen the outcomes of the research. According to Fetters, Curry and Creswell (2013), there are many advantages of integrating quantitative and quantitative data. That is, both types of data can assist each other in refining and validating the study instrument and facilitate interpretation of results (Fetters, Curry & Creswell 2013).

There are multiple approaches that can be adopted in a mixed methods study. Leech and Onwuegbuzie (2009) discuss three main dimensions of classifying mixed method study designs: (1) degree of combining data, 'partially vs. fully mixed' (2) time of research study phases, 'concurrent vs. sequential' (3) the priority of the study components, i.e. quantitative or qualitative study components, 'equal vs. dominant status' (Leech & Onwuegbuzie 2009, p. 268). Criss-crossing these three dimensions generates a matrix of eight categories of mixed

method study designs (Leech & Onwuegbuzie 2009). This study adopted the fully mixed concurrent equal study design as quantitative and qualitative items were integrated into a single questionnaire and all respondents were asked to complete both items. According to Leech and Onwuegbuzie (2009), this category of mixed method study design requires combining quantitative and qualitative study components at the same stage and maintaining an equal priority of both components.

Data Gathering Instrument

A comprehensive literature search for an existing tool that could assist in answering the research question and achieve the study aim and objectives was performed. As no existing tool was identified in the literature, a research tool for this study was developed.

The tool used to collect data for this study was an online questionnaire (see Appendix 2). The questionnaire consisted of four parts: demographic data, experience of the first clinical placement, factors that may influence student experience of their first clinical placement and finally an open-ended question about coping strategies that first year undergraduate nursing students have adopted to cope with the experience of their first clinical placement.

Development of this questionnaire was informed by key issues identified in the literature that related to the first clinical placement for the nursing students. In the first part of the questionnaire, demographic data items were collected as the independent variables that provided detailed characteristics of the participants. These variables were introduced to assess their influence on the participants' experience of the first clinical placement. Part two of the questionnaire identified the experience of the first clinical placement for the first year nursing students, and was divided into different items to make this part more understandable. Part three of the questionnaire was developed to identify factors that may be facilitators or barriers

of the first clinical placement for the first year nursing students. Part four was the qualitative section of the questionnaire that provided the participants an opportunity to write about the coping strategies they have adopted to cope with their experience of the first clinical placement. This question aimed to gain a deeper understanding on how the first year nursing students cope with the first clinical placement experience.

Validity and reliability of the instrument

Validity and reliability of the developed questionnaire was verified before commencing this study in three steps. Firstly, the questionnaire was based on the research question and objectives. The questionnaire was refined through a process of multiple reviews with a statistician from the School of Nursing, The University of Adelaide. These reviews included creating, analysing and re-drafting the questionnaire.

The second step involved meeting with a clinical lecturer at the School of Nursing in the participating University to confirm that the questionnaire complied with the curriculum of first clinical placement and was relevant to real-life of this clinical placement. The clinical lecturer provided the researcher information about the objectives of the first clinical placement and tasks that undergraduate nursing students are required to perform during this clinical placement.

The third step was piloting the tool with the third year undergraduate nursing students at a tertiary education institution in South Australia. Contact and recruitment to pilot the questionnaire occurred at the participating site through convenience sampling. The coordinator of the third year undergraduate nursing students was contacted in the first week of second semester 2015 regarding permission for the researcher to access the third year undergraduate nursing students at the end of a lecture to pilot the questionnaire.

At the end of a third year nursing lecture, the researcher was able to provide students with a brief summary of the study and aim of the pilot. Ten student volunteers remained after the lecture to pilot a hard copy of the questionnaire. Each volunteer received a copy of the Information Sheet (see Appendix 3) and a copy of the questionnaire (see Appendix 4). Pilot participants were asked to complete the questions and comment on the time it took to complete the survey, ease of completing the survey, overall format and flow, space provided to write, cultural barriers, language used, ability to understand the questions, difficulty with questions and any other comments. Questionnaires were returned in unmarked envelopes, provided by the researcher, and placed into a sealed box carried by the researcher.

Recommendations for change were analysed and the questionnaire was amended accordingly (see Appendix 5). Modifications to the questionnaire were applied in consultation with a statistician in the School of Nursing and research supervisors to maintain a balance between responding to comments of pilot volunteers and addressing the aim and objectives of the study. As changes to the questionnaire were minor, no amendment were required for ethics approval.

The final version of the questionnaire was transformed to an online questionnaire using Google Forms and Survey Monkey. Utilisation of two different online survey systems ensured an alternative in case of emerging issues with one online survey. Online surveys in both systems were tested firstly by the research supervisor. Responses received from the supervisor were deleted before surveys were sent to study participants. To avoid the online survey being undertaken more than once by the same participant, an option of allowing one response only from the same computer was introduced.

Population

The study population was first year undergraduate bachelor of nursing students. The sample was all first year undergraduate nursing students at a University in Adelaide , with the only exclusion criterion being students who had not commenced their first clinical placement prior to or during the data collection period. The total target sample was (n=154) students.

Data collection

After the online questionnaire was ready to send to study participants, the researcher sought permission to speak directly to first year nursing students in order to explain the study, the content of the questionnaire and the length of the survey, and to provide the opportunity to ask questions. Students were assured anonymity during and after the study period. Hard copies of the Participant Information Sheet (see Appendix 6) were distributed to students at the end of the presentation. This initiative was undertaken to increase the response rate, as a major challenge of online questionnaires is low response rate (Jones et al. 2008).

The online Survey Monkey questionnaire was emailed to first year bachelor of nursing students by School of Nursing administration staff using the university email system. A copy of the email is attached in the Appendices (see Appendix 7). The Participant Information Sheet (see Appendix 6) was attached to the email to provide the participants detailed information about the study. A link to the survey was provided in the email. One week after the initial email, a follow-up email was sent as a reminder to participate in the survey (see Appendix 7). The survey was closed at the end of the second week. However, students were provided a final opportunity to participate by reopening the questionnaire for more seven days and sending a last opportunity email (see Appendix 7). After this seven day period, the questionnaire was closed and data analysis was undertaken.

Data cleaning

Participant data was cleaned before commencing data analysis to ensure analysis of correct and valid data. Data cleaning is the process of inspecting responses of each study participant individually for missing data, abnormal values, and extreme or outlier scores. Extreme and outlier scores are questionable values that noticeably deviate from other values. There are many statistical issues of including extreme or outlier scores in data analysis, such as increased risk of statistical error, decreased power of the statistical test and influencing overall study results (Osborne 2010).

Data Analysis

Analysis of quantitative survey data was descriptive and performed using appropriate statistical tests. The variables were categorical, such as gender, age group and previous work experience, as they were not measured using numbers, but were identified by selecting from predetermined categories. Therefore, Chi-square was used to determine the relationship between these variables. These tests were computed using the Statistical Package for the Social Sciences (SPSS). Assumptions for applying the Chi-square test included: no more than 20% of the contingency table cells contain values less than five, no cells have values less than one, and the availability of two variables that they should be categorical variables (Bolboacă et al. 2011; McHugh 2012). Where there were violations of these assumptions, an appropriate alternative test was used, namely Fisher's exact test (Bolboacă et al. 2011; McHugh 2012).

The method of analysing qualitative texts was 'directed content analysis' as described by Hsieh and Shannon (2005, p. 1281). The 'directed content analysis' indicates that an 'existing theory' about a phenomenon guides coding analysis of qualitative texts (Hsieh & Shannon 2005, p. 1281).

Ethics and ethical considerations

Ethics approval was obtained from the Human Research Ethics Committee (HREC) at The University of Adelaide on 29th of June 2015, approval number H-2015-139 (see Appendix 1).

Safety

The study used an online questionnaire, and did not involve any harmful procedures. However, anticipated burden on participating students was time spent answering the questionnaire which ranged from five to ten minutes for study participants. To mitigate this burden, study participants were provided a three week period to complete the questionnaire according to their free time. Participants were advised that if they felt distressed due to completing the questionnaire they could visit a University counsellor. Contact details of the University Counselling Service were included in the Participant Information Sheet (see Appendix 6).

For the pilot group, time required to complete the survey was longer than for study participants because the pilot group were asked to comment on the questionnaire after completion. To manage this burden, pilot volunteers were informed about the approximate time required to complete the pilot questionnaire and provide comments before volunteering. This time was also explained in the Participant Information Sheet (see Appendices 3 and 6).

Autonomy and Free of Harm

Participation in the pilot and actual study was entirely voluntary. Volunteers were informed that their consent to participate in piloting the questionnaire was implied when they returned the envelope to the box. Study participants were notified that their consent was implied when they clicked on the survey link, answered and submitted the questionnaire. There was no association between the survey and student course work. The role of

coordinators and lecturers during the process of piloting the questionnaire and the meeting session with participants was only to enable access and allow contact between the researcher and students. Participants were assured that their decision of whether to participate or not would not affect academic assessment, course mark or clinical placement. The researcher did not have any authority to influence students to participate nor to complete the questionnaire for the pilot and the study as there was no contact with students in an academic context. Participants were informed that they were free to answer or ignore the questionnaire without concern of implications (see Appendices 3 and 6).

Anonymity and Privacy

Participants in the pilot and the study were anonymous and no one was able to identify them at any stage of this study including research team members. The demographic data section was presented in a way that participants could not be identified. Participants were advised that their information could not be withdrawn once submitted because they were anonymous and no one could retrieve their information (see Appendices 3 and 6). The researcher did not access personal details or email addresses. Recruitment for piloting the questionnaire and conducting the survey did not require the researcher to access personal or contact details of participants. Participant electronic data was stored on a password-protected computer network at the School of Nursing in the participating University. Hard copies of questionnaires were stored in a locked filing cabinet in the School of Nursing at the University offices. These data will be stored for at least five years based on the policies of the National Health and Medical Research Council Australia (2007).

Conclusion

This chapter provided detailed information about the methods used to conduct this research. This study adopted a concurrent mixed method design using an online questionnaire. The validity and the reliability of this questionnaire were verified by meetings with a statistician and clinical lecturer, and piloting this questionnaire. The population of this study was first year undergraduate nursing students and the sample was obtained from a nursing school at a higher education facility in South Australia. . The next chapter will present the results of this study.

CHAPTER 4 – RESULTS

Introduction

This chapter reports on results of this study. The study aimed to identify strategies that enable a positive experience of the first clinical placement for the first year undergraduate nursing students. The chapter commences with an explanation of how data was cleaned before presenting results of data analysis.

Data cleaning

Performing data cleaning in this study resulted in the exclusion of one participant as the response indicated that first clinical placement had not commenced prior to or during the data collection period. For question 6, which asked about type of clinical placement setting, one participant responded 'other – Mental Health' which is deemed 'Mental Health Hospital'. Therefore, this response was moved to the predetermined answer 'Mental Health Hospital'. For question 7, which asked about the unit of the hospital in which the respondent had spent their first clinical placement, one participant responded 'surgical' and another answered 'ENT'. Therefore, these two responses were moved to the predetermined response 'Hospital Ward'.

Part 1: Demography of the participants

Participant demographics were represented by gender, age group, local or international student, previous work experience, and type and category of clinical placement institution. These items constituted part 1 of the questionnaire.

The total number of first year nursing students enrolled in the program during data collection period was (n=154) students. The number of participants who responded to the survey was (n=58) students which constitute 38% of first year nursing students at the School of Nursing in the engaged University. The majority of the respondents were female (95%, n=

55) and local students (95%, n= 55). The age group for most respondents was less than twenty years (73%, n= 42), while 24% (n= 14) of participants were aged between twenty to thirty years, and only 3% (n= 2) of respondents were aged more than thirty years. A large number of respondents (90%, n= 52) had no previous work experience as healthcare providers before enrolling in the undergraduate nursing program. Respondents practised their first clinical placement in different types of clinical institutions including acute hospitals (81%, n= 47), mental health hospitals (10%, n= 6) and aged care (9%, n= 5). All clinical institutions were metropolitan and most (72%, n= 42) were public. All respondents who practised the first clinical placement in acute hospitals were trained in general hospital wards. Figure 1 summarises the demographic data of study participants. The results of international students are not reported individually in this study as reporting these results may violate anonymity and privacy of these participants.
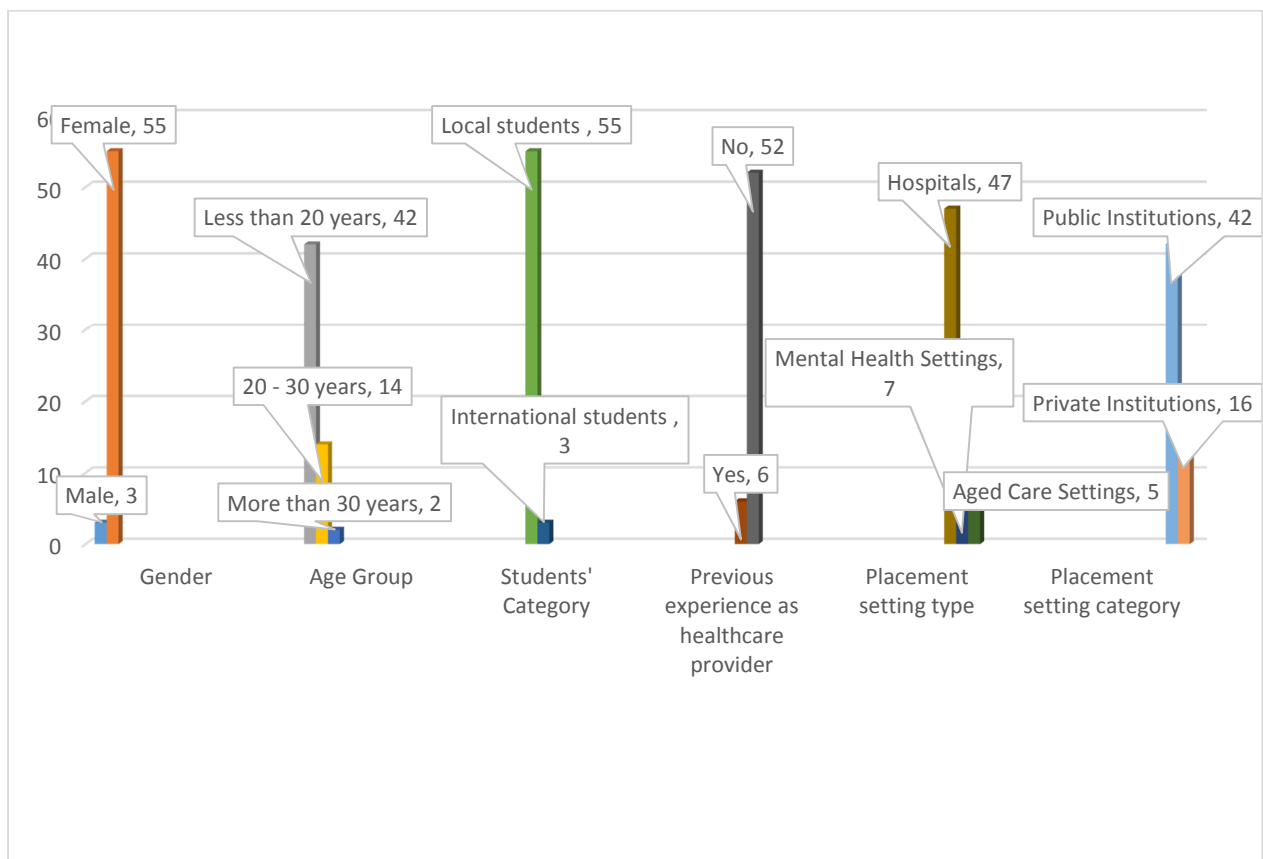
Figure 1 - Demography of the participants

Part 2: Experience of the first clinical placement

The experience of students' first clinical placement was examined by asking participants to rate their anxiety level during their first clinical placement, explain the causes of anxiety and evaluate their experience of different items related to the first clinical placement. These three questions formed part 2 of the questionnaire.

The first question in part 2 asked participants to rate their anxiety level during their first clinical placement. The scale included not anxious, moderately anxious, anxious and extremely anxious. One participant did not complete this question. Results of anxiety level during the first clinical placement show that most ranged between moderately anxious (46%, n= 26) and anxious (31%, n= 18). The remaining participants were either extremely anxious during their first clinical placement (14%, n= 8) or not anxious (9%, n= 5). Figure 2 demonstrates the anxiety level during the first clinical placement.
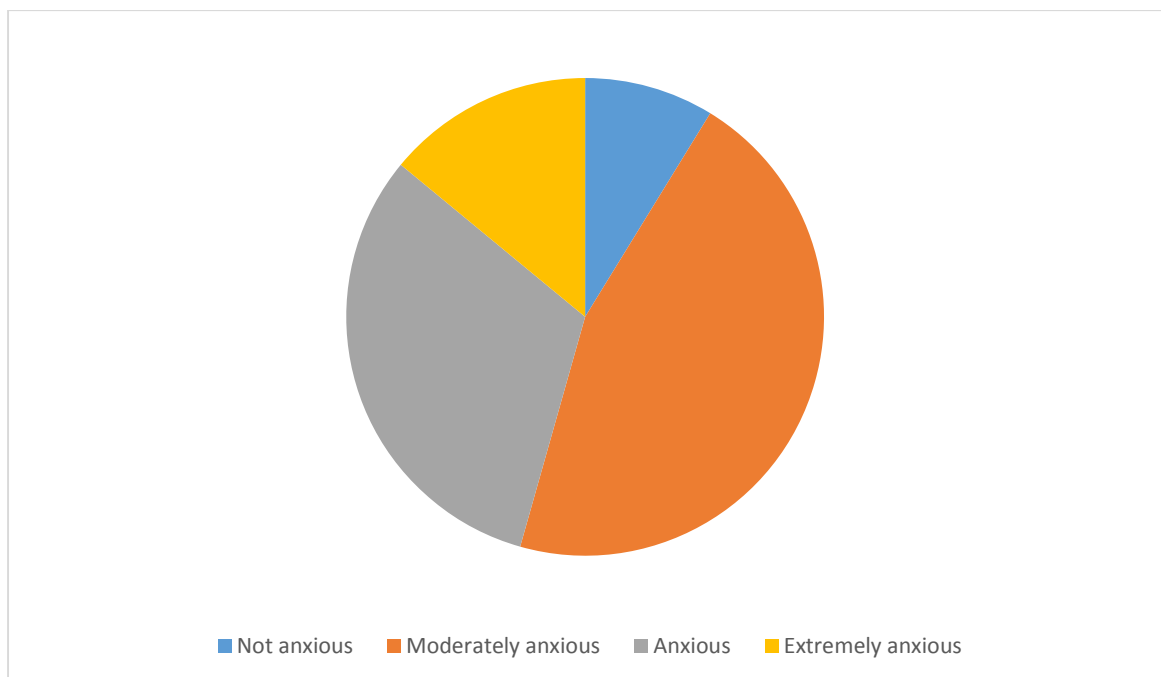
Figure 2 - Anxiety level during first clinical placement

The second question in part 2 asked participants to indicate the causes of anxiety during the first clinical placement. This question provided two ways in which the participants

could respond. Firstly, a predetermined list of causes based on findings from the literature review was provided from which respondents could identify causes of anxiety relevant to their experience. Secondly, space was provided for respondents to describe causes not included in the predetermined list.

For predetermined causes most respondents (77%, n= 44) reported anxiety about making mistakes that could harm or kill patients, and 74% (n= 42) were anxious because it was the first time for them to have contact with, and provide care to, patients. Some respondents (65%, n= 37) were anxious about performance assessment during the first clinical placement by nursing staff, and others (42%, n= 24) were concerned about assessment by clinical lecturers. Fear of violating the rules and instructions of clinical placement institutions was a cause of anxiety for some participants (30%, n= 17).

Six participants (n=6) provided other causes of anxiety during the first clinical placement that were not included in the predetermined list. These causes were qualitative data which were grouped into four themes, which included uncertain roles and knowledge, patient privacy, personal stressors, and other stressors.

Uncertain roles and knowledge indicate that students were not clear about what they were required to perform in the first clinical placement. The following responses explain this point:

> *'I wasn't sure what to expect with my role and what occurs in that ward and what others would expect of me'*

> *'my anxiety/worry stemmed from lack of knowledge and what I could do, or what was part of a nurse's day'*

Concerns of intruding on **patient privacy** was another cause of anxiety related to the first clinical placement, as described by:

'I had anxiety about going into people's houses'

There were some **personal stressors** that resulted in anxiety during the first clinical placement. Personal stressors resulting in anxiety was revealed by:

'… I also think I expected too much of myself so I put extra pressure on myself …'.

Students' life stressors contributed to the anxiety of the first clinical placement, as declared by this student:

'travel time, expenses, assignments'.

Other stressors included difficulties respondents experienced to assimilate fundamental nursing activities in the clinical placement environment. One student mentioned that:

'… basic activities, such as listening to handover, using a BP machine, understanding the nursing lingo – I found overwhelming, because it was so far removed from my limited knowledge of nursing'.

Another student reported that *'my safety'* was a reason for anxiety during the first clinical placement.

The anxiety of some students was derived from feeling that they are unfamiliar with the clinical placement settings. A respondent articulated anxiety as a result of:

'… being in a new work environment and meeting new people'.

The third question in part 2 of the questionnaire asked participants to evaluate their experience of different items related to tasks and activities of the first clinical placement. These items included learning new clinical skills, communication with patients, communication with nursing staff, first impressions of providing patient care or observing

nurses doing so, support that nursing students received from clinical placement institutions, and similarity between what students have learned in classes with what they have encountered in clinical practice. These items were obtained from the literature. The scale provided to rate the experience of these items included: extremely positive, positive, negative or extremely negative. One participant did not respond to this question. A large number of respondents reported positive experiences for most first clinical placement items. Extremely positive responses for each item of the first clinical placement included 42% (n= 24) for learning new clinical skills, 44% (n= 25) for communicating with patients, 30% (n= 17) for communication with nursing staff, 37% (n= 21) for first impressions of providing patient care or observing nurses doing so, 35% (n= 20) for support that nursing students received from clinical placement institutions, and 17% (n= 10) for similarity between what the students have learned in classes with what they encountered in clinical practice. Positive answers for each item of the first clinical placement included 51% (n= 29) for learning new clinical skills, 47% (n= 27) for communicating with patients, 54% (n= 31) for communication with nursing staff, and similar response (54%, n= 31) for first impressions of providing patient care or observing nurses doing so, 53% (n= 30) for support that nursing students received from clinical placement institutions, and 66% (n= 38) for similarity between what students have learned in classes with what they encountered in the clinical practice. This indicates that the experience of the first clinical placement was positive for most study participants. Table 3 summarises these results.

Table 3 - Experience of the first clinical placement

Items of the first clinical placement experience	Extremely positive	Positive	Negative	Extremely negative	Not applicable	Total
Learning new clinical skills.	24 42.11%	29 50.88%	2 3.51%	2 3.51%	0	57
Communication with patients/residents.	25 43.86%	27 47.37%	5 8.77%	0	0	57
Communication with nurses.	17 29.82%	31 54.39%	7 12.28%	2 3.51%	0	57
First impressions of either delivering patient care or observing nurses delivering patient care.	21 36.84%	31 54.39%	4 7.02%	1 1.75%	0	57
Support you have received from clinical placement settings.	20 35.09%	30 52.63%	5 8.77%	1 1.75%	1 1.75%	57
Similarity between what you have learned in classes and what you have experienced in clinical settings.	10 17.54%	38 66.67%	6 10.53%	2 3.51%	1 1.75%	57

When performing statistical tests to assess the relationship between student experiences of the first clinical placement with other variables, the extremely positive and positive responses were integrated as positive experience, and the extremely negative and negative answers were combined as a negative response in order to facilitate data analysis. The experience of the first clinical placement for first year nursing students was influenced by some factors related to clinical placement context. For example, the type of the clinical placement institution, such as hospital, mental health hospital or aged care, played an important role in influencing the experience of the first clinical placement for some participants. That is, there was a relationship between type of clinical placement institution and experience of learning new clinical skills *(Fisher's exact test p= 0.0005),* communication with nurses *(Fisher's exact test p= 0.0006),* first impressions of providing nursing care or observing nursing staff doing so *(Fisher's exact test p= 0.002),* support received by students in clinical placement settings *(Fisher's exact test p= 0.0008),* and association between what students are taught in classes and what they experienced in clinical practice *(Fisher's exact*

test p= 0.00001). To explain these relationships, all participants (100%, n= 46) who practised their first clinical placement in hospitals and 80% (n= 4) of respondents who practised in aged care had a positive experience of learning new clinical skills, while 60% (n=3) of participants who practised in mental health hospitals had a negative experience of learning new clinical skills. Moreover, 93% (n= 43) of respondents who practised their first clinical placement in hospitals and 60% (n=3) of participants who practised in aged care had a positive experience of communicating with nursing staff, whereas 60% (n=3) of participants who practised in mental health hospitals had a negative experience of the same task. These explanations summarise the influence of the type of clinical placement institution on the first year nursing students' experiences of the first clinical placement.

Part 3: Factors that were barriers or facilitators of the first clinical placement

Part 3 of the questionnaire aimed to identify the influence of some factors on participant experience of the first clinical placement which is one of the study objectives. The factors that may influence the experience of the first clinical placement were obtained from the literature, which included clinical lecturers, nursing staff, patients, preparations before clinical placement, communication between clinical placement institutions and the nursing school, feedback from nursing staff and feedback from clinical lecturers. Participants described the influence of these factors by selecting from a rating scale of extremely helpful, helpful, unhelpful and extremely unhelpful. One participant did not answer this question. The listed factors were helpful for most study participants. Extremely helpful replies for each factor included 46% (n= 26) for clinical lecturers, 33% (n= 19) for nursing staff, 33% (n= 19) for preparations in clinical labs, 21% (n= 12) for patients or residents, 9% (n= 5) for communication between nursing schools and clinical institutions, 40% (n= 23) for feedback from nursing staff, and 28% (n= 16) for feedback from clinical lecturers. Positive responses for each factor included 46% (n= 26) for clinical lecturers, 54% (n= 31) for nursing staff,

75% (n= 43) for patients or residents, 58% (n= 33) for preparations in clinical labs, 70% (n= 40) for communication between nursing schools and clinical institutions, 47% (n= 27) for feedback from nursing staff, and 45% (n= 37) for feedback from clinical lecturers. These results indicate that all listed factors facilitated the experience of the first clinical placement for most study participants. Table 4 presents these results.

Table 4 - Factors that influence the experience of the first clinical placement

Factors	Extremely helpful	Helpful	Unhelpful	Extremely unhelpful	Not applicable	Total
Clinical lecturers	26 45.61%	26 45.61%	5 8.77%	0	0	57
Nursing staff in clinical placement settings	19 33.33%	31 54.39%	7 12.28%	0	0	57
Patients/residents	12 21.05%	43 75.44%	2 3.51%	0	0	57
Preparation in clinical labs before commencing your first clinical placement	19 33.33%	33 57.89%	2 3.51%	1 1.75%	2 3.51%	57
Communication between your school and clinical placement settings	5 8.77%	40 70.18%	10 17.54%	0	2 3.51%	57
Feedback you have received from nursing staff	23 40.35%	27 47.37%	7 12.28%	0	0	57
Feedback you have received from your clinical lecturer	16 28.07%	37 64.91%	2 3.51%	2 3.51%	0	57

When using the statistical test to assess the relationship between these factors with other variables, the extremely helpful and helpful answers were collated as a helpful answer, and the unhelpful and extremely unhelpful responses were integrated as an unhelpful response to facilitate data analysis. A relationship was identified between type of clinical placement setting and influence of nursing staff on participant experience of the first clinical placement (*Fisher's exact test = 0.00007*), and the feedback that participants received from nursing staff *(Fisher's exact test = 0.002).* The majority of participants (98%, n= 45) who undertook their first clinical placement in a hospital reported that nursing staff were helpful,

while most participants (67%, n= 4) who trained in mental health hospitals identified that nursing staff were unhelpful.

Part 4: Student coping strategies with the first clinical placement

Part 4 of the questionnaire was an open ended question that asked participants about strategies they developed to cope with the experience of the first clinical placement. Forty-three of fifty-eight participants responded to the question in part 4. Some responses to this question were only a few words, while others provided more detailed response. All responses were read several times and notes were taken. Results show that respondents developed various strategies to assist them to cope with the experience of the first clinical placement. These strategies were grouped into six themes, namely the power of talking, being positive and active, asking questions, asking for or providing help, attitudes of nursing staff, observing or being observed. Each of these themes are discussed below.

The power of talking

The power of talking was the predominant theme to emerge from participant text analysis. The power of talking in this context means that speaking with other individuals about difficulties or anxiety was a leading strategy that assisted first year nursing students to cope with the first clinical placement. Most participants identified discussing anxieties encountered during the first clinical placement with different people, including clinical lecturers, other students, nursing staff and family members:

'... *Talking to* [name of the clinical lecturer] *was a massive help. She has been a great support and role model ...*',

'*Spoke to my clinical lecturer about what was stressing me*'

'... *Spoke to my clinical lecturer if I was having any issues*'.

Talking to clinical lecturers can assist nursing students find solutions to issues that may cause anxiety during the first clinical placement:

> *'When I had an issue with a particular staff member on the ward I contacted my clinical tutor who in turn contacted the school of nursing and this issue was dealt with …'.*

Speaking with other students was a way of coping with the first clinical placement as student may share similar experiences:

> *'Talk to other first year nursing students about your experiences. Everyone is in the same boat. …'.*

> *'Made friends with the other students on placement in the same ward as me, because we were all in the same situation it was easy to get together and talk about any concerns we may have had'.*

Nursing staff were other individuals that nursing students talked with during the first clinical placement. Nursing staff are the closest professional group to nursing students who contribute to teaching and training these students during the first clinical placement:

> *'Talk to my lecturer, other students, family or the ward nurse'.*

> *'Talking it out with nurses and clinical lecturers'.*

> *'… Talk to the nursing staff …'*

In addition, some study participants talked with family members about the clinical placement. While nursing staff and clinical lecturers are the closest professional group to nursing students, the families of nursing students are the closest social group who can provide emotional support during stressful situations related to the first clinical placement:

'I became stressed about the overall placement experience and starting becoming extremely anxious before my shifts started, wanting to call in sick. It helped talking to people I trust e.g. my parents and my boyfriend, they encouraged me to go and ensured everything would be okay, and once I got to my shifts everything was fine …'

'Talk with family and friends …'.

Being positive and active

The other leading theme to emerge from text analysis was nursing students being positive as a way to assist them in coping with the experience of the first clinical placement. Thinking positively about the clinical placement and working hard was suggested by some participants as a coping mechanism:

'Thinking a head to a time in the future where I will get paid to do this work …'.

'…trying to be positive and hardworking'

'…Focus on staying positive … think of the positives to outweigh the negatives'.

Being prepared and organised for the first clinical placement was another approach that assisted participants to cope with the first clinical placement. This approach can reduce student stress and anxiety:

'Trying to be as prepared as possible …'

'I tried to keep organised. I hesitated from arranging too many activities for myself …'

'… prioritising my uni commitments and most importantly clinical placement over work and social life …'

Some of the nursing students reported that they independently searched for the meaning of difficult terms and diagnoses. Nursing students are not expected to capture all nursing knowledge and skills in the first clinical placement. Therefore, some study participants reported that searching independently for knowledge assisted them to cope with the first clinical placement:

> '… writing down in a notebook what I didn't know and then investigating those terms later really helped too …'

> '… Research the different diagnoses. … write down any new thing that I learned, and also jot down topics that I wanted to research later'

> '… I researched a lot …'

Some participants indicated that establishing and maintaining relationships helped them cope. These relationships were with patients or other nursing students:

> '... Forming relationships with other students on placement'

> '… Maintain good relationships with the patients as I found that this made placement more enjoyable.'

> 'Learn about the conditions I was faced with; Become friends with the other students at my placement …'

Some participants identified that they adopted some positive emotional approaches to assist them cope with the first clinical placement. These approaches depended on the personalities of the participants:

> 'I learned to cry and talk about it at an appropriate time. Rather than ignore my emotions, to accept them, deal with them naturally and then move on …'

'I started drinking coffee'

Participants identified a range of different activities that helped them cope with the first clinical placement. Some nursing students accomplished tasks they considered would be beneficial in reducing their anxieties of the first clinical placement:

'I oriented myself to the placement. When I had learnt how things were done in that setting, where things were, the names of the other staff, I felt less anxious …'

'… use MIMS to learn about different drugs and their function. The main lesson I learned is be proactive in my learning approach …'

'… strived to find humour in situations to make myself comfortable'

Asking questions

Asking questions was another common theme that emerged from text analysis. Some participants reported that to cope with the first clinical placement they asked many questions. Participants asked their clinical lecturers and/or the ward nurses questions to clarify some nursing skills as first year students have insufficient clinical experience. This point is clarified by:

'Asking a lot of questions to my nurse and my clinical instructor …'

'I always found myself asking a lot of questions. I was very inexperienced and this caused me to be anxious and nervous …'

'Just ask questions when you don't know what something is or how to do it …'

Asking for or providing help

Asking for help before providing nursing care to patients was a strategy that contributed to enabling nursing students to cope with their first clinical placement. Asking for

help indicated that nursing students were concerned about providing appropriate care to their patients and avoiding negative complications for patients, clinical institutions or nursing schools. This can be explained by:

'… I had also to keep asking for help on basic things which occasionally made me feel a little useless but I knew I couldn't do it alone …'

'… so asking for help …'

'… asked the nurses for help …'

Providing help, where needed, to nursing staff assisted nursing students to feel that they were useful, which in turn, may reduce the nursing students' anxieties and stresses of the first clinical placement. Participants indicated that they provided help that they felt capable of providing in order to avoid negative consequences. Providing help demonstrated that the nursing students were willing to practice and learn:

'I made myself available at all times, so if they ever needed help they knew I was capable and available'

'… I actually helped them in some way so that they could finish everything and/or have breaks on busy shifts. That made me feel useful and not so much like a waste of space and useless shadow'

'… Asked to help out other pods if the daily load was slow that way I meet more staff and can help out others'

Attitudes of nursing staff

Attitudes of nursing staff can influence student coping with the first clinical placement because nursing students and nursing staff work closely together. Nurse attitudes can encourage or discourage nursing students and can influence student performance

positively or negatively during the first clinical placement. Positive influence of nursing staff attitudes on nursing students is shown in these responses:

> '… One thing which made me feel good was when the nurses I worked with said positive things about what I did …'

> '… also thinking about nurses who inspire me to remind myself why I'm studying nursing and doing this placement'

> 'I found nursing staff in my ward to be very encouraging, supportive and educational during my first placement. They actively included me in procedures…'

The influence of the negative attitudes of some nursing staff is indicated by:

> 'When I was put with a nurse who was uninterested in helping me learn I would try to place myself with a nurse more willing to help me learn'

Observing or being observed

Nursing students reported they were interested to watch nursing staff providing nursing care or preferred to be observed when they provide care. By watching nursing staff provide nursing care to patients, nursing students can familiarise themselves with nursing care practices, which in turn, can enable them to emulate nursing staff in delivering nursing care. Being observed by nursing staff when providing patient care enabled staff to monitor student clinical skills to assist them to provide high-quality nursing care. Participant responses in this regard were:

> '… observe for a few days to see the routine within the institution'

'… Therefore to begin with I watched how the nurses undertook the tasks that I was able to perform, then tried it myself so I felt more comfortable that I had some guide to go off'.

'…Asked to watch another nurse perform the procedure if I was unsure of the technique or have the nurse watch me do it and assist'

Conclusion

The majority of participants were female, aged less than twenty years old, local students with no previous work experience as healthcare professionals. Most participants had a level of anxiety ranging from moderately to extremely anxious about their first clinical placement due to several reasons. These reasons included worried about making mistakes that could harm patients, providing care and contacting patients for the first time, being assessed by nursing staff and clinical lecturers, and inadvertently violating the rules of clinical placement institutions. Other causes of anxiety included uncertainty about the role of the student in the first clinical placement, concerns of violating patient privacy and personal stressors, such as life stressors and student safety. A large number of participants had a positive experience of different tasks of the first clinical placement. Factors that assisted participants to have a positive experience of the first clinical placement included supportive clinical lecturers and nursing staff, co-operative patients, adequate preparation before the clinical placement, effective communication between nursing schools and clinical institutions, and constructive feedback from nursing staff and clinical lecturers. Participants developed different strategies that assisted them to cope with the first clinical placement, including talking to different people about the experience of the first clinical placement, being positive and active, asking questions related to patient care and nursing skills, asking for or providing help to nursing staff, positive attitudes of some nursing staff, and observing

nursing staff providing care or being observed. The following chapter discusses the main aspects of these findings.

Introduction

This study explored the strategies and factors that assist nursing students to cope with the experience of their first clinical placement. A coping strategies framework used by Carver and Connor-Smith (2010), Cohan, Jang and Stein (2006) and Smith et al. (2015) guides the discussion in this chapter. Study limitations, summary of key issues and recommendations are outlined in this chapter.

Introduction to Coping Strategies Framework

The first clinical placement can be a negative and anxiety provoking experience for some undergraduate nursing students which may impede these students from continuing to study in the nursing program (Sengstock 2009). However, some nursing students adopt strategies to assist them to have a positive experience and cope with the anxiety of their first clinical placement. The aim of this study was to identify the factors related to enabling nursing students to have a positive experience and cope with their first clinical placement.

Coping comprises repeated 'cognitive and behavioural' endeavours undertaken by individuals in order to control extreme stressors whether they are internal and/or external (Gillespie, Chaboyer & Wallis 2007, p. 129). There is no single approach for categorising coping strategies agreed upon in the literature (Carver & Connor-Smith 2010). However, it is acknowledged that coping strategies are divided into three main approaches (Carver & Connor-Smith 2010; Cohan, Jang & Stein 2006; Smith et al. 2015), namely 'avoidance-oriented', 'task-oriented' and 'emotion-oriented' coping (Carver & Connor-Smith 2010; Cohan, Jang & Stein 2006, p. 274; Smith et al. 2015). Individuals who apply an avoidance-oriented coping strategy carry out activities aiming to escape from the stressful conditions such as alcohol or drug use, 'wishful thinking' or denial (Carver & Connor-Smith 2010, p.

685; Cohan, Jang & Stein 2006; Smith et al. 2015). People who adopt the task-oriented coping strategy are characterised by endeavouring to obtain solutions for distressing situations (Cohan, Jang & Stein 2006; Smith et al. 2015). For instance, studying hard from the beginning of the semester to avoid being stressed before the exams. Those who utilise emotion-oriented coping strategies attempt to balance negative effects triggered by stressors through performing activities concerned with regulating emotions, such as relaxation, crying or seeking social-emotional support (Carver & Connor-Smith 2010; Smith et al. 2015).

The type of coping strategy that individuals choose to adopt is determined by personality type. Carver and Connor-Smith (2010) and Connor-Smith and Flachsbart (2007) mention that personality traits influence individuals' coping strategies through direct or indirect ways. The direct influence of personality on coping strategies focuses on individuals by assisting or restricting them from utilising specific coping strategies (Connor-Smith & Flachsbart 2007). In contrast, the indirect influence of personality on individuals' coping strategies focuses on the stressors rather than people through influencing the severity and the nature of these stressors (Connor-Smith & Flachsbart 2007). For instance, people who are predominantly characterised by extrovert and agreeable personality traits tend to adopt the social support coping strategy by engagement in social networks and 'orientation toward others' (Carver & Connor-Smith 2010, p. 688). Furthermore, individuals who are predominantly distinguished by conscientious and optimistic personalities tend to utilise the task-oriented coping strategies by considering positive outcomes (Carver & Connor-Smith 2010). This framework helps to understand how people apply different coping strategies and guides this discussion of the factors that assisted nursing students to cope with the experience of the first clinical placement.

Factors and strategies that assisted nursing students to cope with their first clinical placement

This study assumed that the first year undergraduate nursing students will experience either positive or negative events during the first clinical placement, which can then impact on their decision to enter the nursing profession. Most study participants entered their first clinical placement reporting that they experienced anxiety levels ranging from moderately anxious to extremely anxious. However, findings confirmed that most participants reported having a positive experience of their first clinical placement. This indicates an ability to cope with anxiety and the challenges of a new situation through a range of strategies adopted by the participants, lecturers and nursing staff. This finding supports the study by Fidment (2012) and the systematic review of Stunden, Halcomb and Jefferies (2015) which concluded that anxiety can assist in supporting nursing students to have positive experiences by equipping them with essential coping mechanisms to overcome stressful situations. That is, anxiety can assist the nursing students to cope by focussing their attention on managing, adapting and acclimatising to new situations through applying a range of strategies (Fidment 2012; Stunden, Halcomb & Jefferies 2015). The strategies and factors that assisted the study participants to cope with their anxiety of the first clinical placement will now be discussed.

Avoidance-oriented factors and strategies

Avoidance-oriented coping strategies were not included in the above diagram because this concept is not relevant to these particular study participants as this strategy would result in students not attending clinical placements.

Task-oriented factors and strategies

    Nursing Students

Task-oriented coping factors that assisted participants to cope with the first clinical placement involved participants getting ready and organised. This means that students prepared themselves for the first clinical placement by *'prioritising'* the clinical placement over other responsibilities, such as *'social life'* or university *'commitments'*. The task of preparing for the first clinical placement included students seeking to orient themselves to the clinical placement. This approach is essential for first year nursing students because Christiansen and Bell (2010) warn that entering unfamiliar environment for the first time leads to a significant level of anxiety, and *'being in a new work environment'* was one of the causes that increased the anxiety level during the first clinical placement for some study participants. O'Malley (2011) recommended nursing students prepare themselves for their first clinical placement by arriving early to the clinical placement wards in order to have sufficient time to introduce themselves to the clinical nurse manager and to orient themselves to the new environment, such as locating emergency trolleys, fire exits and becoming comfortable with the physical layout of the ward before starting the clinical placement.

The other strategy students identified as helping them to cope with their first clinical placement was asking lots of questions about patient care with a focus on learning as much as they could from the experience. A number of study participants identified feeling anxious because of the fear they may cause harm to patients due to a lack of knowledge and skill which is congruent with the findings of Levett-Jones et al. (2015). The strategy of these participants was to ask registered nurses as many questions as they could about diagnoses and treatment procedures, and to actively ask for help from nursing staff or clinical lecturers before providing direct nursing care. Knowing that help was close by provided the reassurance they needed to feel less anxious about delivering direct patient care and

contributed to improving student self-confidence as students, and gain immediate feedback to prevent distress or harm to patients. The strategies of asking questions and asking for help were congruent with recommendations by Morley (2015), O'Malley (2011) and Watson (2014) on coping with the first clinical placement.

As well as asking questions and for help when first providing care to patients, some study participants actively sought out experienced nurses to observe competent delivery of patient care. This fact is reported by Levett-Jones et al. (2015) who stressed the importance of observing nursing students during the first clinical placement to decrease the students' anxieties, and to increase their self-confidence and clinical competence.

A strategy reported by some participants was to actively provide help to nursing staff on activities with which they felt they could assist. For instance, being *'available'* to the registered nurses *'at all times'* and being *'capable'* to perform basic nursing care, such as showering or feeding of patients, enabled some participants in this study to decrease the *'daily load'* of some registered nurses. This approach assisted these participants to cope because they felt that they were being helpful to the nurses by making themselves useful. Watson (2014) advised nursing students to offer help to nursing staff and healthcare assistants as this help is appreciated. Thus, participants were able to apply different strategies that assisted them to successfully overcome difficult situations during the first clinical placement and assisted them to cope.

Clinical Lecturers

Clinical lecturers also play a pivotal role in assisting nursing students to cope with the first clinical placement by applying different strategies. Study participants identified that they were satisfied with the preparation and support provided by clinical lecturers in the nursing school prior to the first clinical placement. The main preparation was refinement of basic

clinical skills. The importance of preparation was frequently reported in the literature discussing the use of simulation to build confidence in nursing students' basic clinical skills, such as measuring blood pressure (Bland & Ousey 2012), and to improve their critical thinking (Khalaila 2014) and communication skills (Kameg et al. 2010) before the first clinical placement.

Nursing Staff

Nursing staff, together with clinical lecturers from the nursing school, assisted the participants to cope with the first clinical placement through effective communication between them. This ensured that nursing staff in clinical placement areas asked first year nursing students to perform tasks they had been taught in nursing school. Emanuel and Pryce-Miller (2013) asserted that robust cooperation between clinical lecturers in nursing schools and nursing staff in clinical institutions can influence the nursing student experience positively, which in turn, contribute to coping with the first clinical placement.

The strategies of students to be prepared before the clinical placement and then to positively engage with nurses and clinical lecturers in the clinical setting are essential to manage the students' anxiety and cope with the new experience of a clinical environment.

Emotion-oriented factors and strategies

Nursing students

A majority of participants reported the coping strategy of talking about their experiences with clinical lecturers, nursing staff, other students or family members. Expressing their feelings about the first clinical placement and establishing collegial relationships are crucial coping strategies to assist nursing students to cope with their first clinical placement by balancing the stressful experiences of this clinical placement through seeking social support. Morley (2015) and Watson (2014) recommended nursing students

establish good rapport with nursing staff and patients during their first clinical placement to build confidence in communicating with a range of people and enable a more fulfilling, positive experience.

Clinical Lecturers

Most participants in this study revealed that clinical lecturers were supportive and assisted nursing students to cope with the first clinical placement by listening to them when they expressed their feelings and by helping them to work through solving their issues. This strategy reassured the participants that their clinical lecturers are keen to assist them cope with the first clinical placement. These findings were similar with previous studies of Andrew et al. (2009) and Jonsén, Melender and Hilli (2013) who stressed the importance of close mentoring of nursing students during the first clinical placement by their academic preceptors.

Nursing Staff

Study participants identified that most nursing staff were supportive as demonstrated through positive attitudes and constructive feedback from nursing staff to nursing students. This supportive approach by nursing staff to nursing students contributed to assisting these students to cope with the experience of their first clinical placement. For example, some study participants mentioned that nursing staff provided positive support to nursing students by praising the performance of the nursing student and by *'inspiring'* them to be positive during their first clinical placement. This support created a positive learning atmosphere for participants which assisted them to cope with the stressful experiences during the first clinical placement. This finding is in line with Cooper, Courtney-Pratt and Fitzgerald (2015) who emphasised the importance of a positive learning culture created by the nursing staff within clinical settings in assisting nursing students to have positive experiences during their first

and subsequent clinical placements. In addition, the positive attitudes of nursing staff is essential in reinforcing the relationship between the nursing staff and students, which is critical for first year nursing students to cope with the experience of their first clinical placement (Cooper, Courtney-Pratt & Fitzgerald 2015). Overall, the participants were satisfied with the support and attitudes of nursing staff in clinical placement settings.

The emotion-oriented strategies used by nursing students included discussing how they felt about their experience with highlighting the importance of both the clinical lecturers and nursing staff in mentoring and supporting first year nursing students, including good communication, and being friendly and helpful.

Other coping factors and strategies

Results of this study show that participants undertaking their first clinical placement in a hospital were assigned to general hospital wards as per the advice of Yildiz and Akansel (2011) who recommended that nursing students practice their first clinical placement in units that do not necessitate specialised treatment procedures or specific patient care. This approach of commencing in a less complex workplace environment is essential to nursing students having a positive experience and cope with their first clinical placement. That is, observing or providing care to patients who need specialised health care such as mental illnesses (Kameg et al. 2010; Thomas & Bhattacharya 2012) or cancer (Yildiz & Akansel 2011) during the first clinical placement increase the anxiety level for some undergraduate nursing students, especially those who have not had previous work experience as healthcare providers.

Limitations

A study limitation is the time gap between the first clinical placement and data collection. Nursing students usually undertake their first clinical placement starting in April

while data was collected in August. This time gap may have led to students forgetting aspects the first clinical placement experience. This issue can be avoided in future studies by starting data collection immediately after the first clinical placement is completed.

Another limitation was the low response rate which is common for online surveys. The small sample size made it difficult to analyse using Chi-square because of violating some assumptions of Chi-square. Another issue of small sample size is difficulty generalising study results. Strategies that can be adopted to avoid this limitation in the future are two-fold. Firstly, the questionnaire can be distributed to participants in hard copy form with incentives for those who complete and submit the questionnaire in order to encourage participation. Secondly, all first year nursing students in all universities of South Australia could be invited to participate in future studies.

Moreover, the question that asked the participants to rate their anxiety levels of the first clinical placement was presented in a way that made it difficult to test any relationships between demographic variables and levels of anxiety. That is, it was difficult to divide the anxiety levels into two categories to enable using Chi-square or Fisher's exact test to identify any relationships between demographic variables and levels of anxiety. This issue can be avoided by amending this question in a way that enable dividing the responses of this question into two groups, for example, anxious and not anxious.

Furthermore, the study was undertaken in a specific context, which highlighted a number of processes that clearly supported the nursing students in their first clinical placement, enabling, as the data shows, a positive experience. There may be other education and workplace environments where the strategies to support first year nursing students may not be so well embedded, and these students may have a negative experience of their first clinical placement. Therefore the findings of the study related to the students' experience may

differ across different education providers. However the strategies will be applicable for educators, students and nursing staff supporting nursing students to improve the overall experience of the first clinical placements.

Conclusion

Overall, participants in this study had a positive first clinical placement experience due to several factors related to the actions taken by the nursing students themselves and the approach of clinical lecturers and nursing staff. The key factors that enabled students to cope and have a positive experience of their first clinical placement are preparation, debriefing, support and good communication.

The nursing students had a number of debriefing strategies that helped them to cope, such as talking to clinical lecturers, trusted friends and family about their experience of the first clinical placement. Clinical lecturers prepared students well before the first clinical placement and supported students during clinical placement by having a regular and supportive presence. Also, clinical lecturers communicated effectively with nursing staff.

Nursing staff in clinical institutions were positive and supportive of nursing students. These factors summarised the answer of the research question for this study. Having identified these factors and strategies, there are some recommendations for nursing schools and clinical institutions to assist nursing students cope with the first clinical placement.

Recommendations

Recommendations for practice

To enable a positive experience of the first clinical placement for first year nursing students, some recommendations are concluded from the study findings. When planning the schedule of the first clinical placement, nursing schools need to consider assigning more than

one first year nursing student together in the same ward/unit, so they can support, converse and assist each other to cope.

Clinical lecturers should encourage first year nursing students to talk about their experiences of the first clinical placement and the issues they encountered during their experience with clinical lecturers, nursing staff, other students undertaking a first clinical placement, or family members, whilst being mindful of patient confidentiality. Nursing staff and clinical lecturers can work with nursing students to build their knowledge and experience and assist them to cope by providing a supportive workplace environment, while other nursing students and family members can provide emotional support.

Nursing students should be encouraged by the clinical lecturers and nursing staff to introduce themselves and speak with patients as this assists nursing students to become comfortable with patients and reduces student anxieties regarding providing nursing care to patients.

Nursing schools could consider to engage the families of nursing students who are about to undertake their first clinical placement by providing families information about the issues that may confront nursing students during clinical placement. This recommendation is essential to assist these families provide appropriate support and advice to the nursing students from their family members.

Nursing students have to be encouraged to ask questions about patients' diagnoses, nursing interventions and treatment procedures before providing nursing care in order to have sufficient information about what could benefit or harm patients.

 Nursing staff in clinical institutions should communicate effectively with academic staff in nursing schools and must be educated in how to supervise nursing students undertaking their first clinical placement because the study findings identified that attitudes

of nursing staff affect students' coping with the first clinical placement. Box 1, below, summarises the recommendations.

Box 1 – Recommendations For Practice

Nursing Schools:
- Assigning more than one first year nursing student in a clinical placement together
- Encouraging students to talk about first clinical placement experience being mindful of patient confidentiality
- Encouraging nursing students to introduce themselves and speak with patients
- Encouraging students to establish collegial and personal social networks
- Engaging families to support nursing students
- Encouraging students to seek help and ask questions before providing nursing care when they are unsure.

Clinical institutions
- Communicating effectively with nursing schools.
- Educating nursing staff about how to supervise the first year nursing students.

Recommendations for further research

This study adds to the literature base of the first year nursing student experience of their first clinical placement by identifying the factors and strategies that assist nursing students to cope with the experience of their first clinical placement. However, there are some gaps which have not been addressed that may need to be explored in future studies. Firstly, this study may be repeated by involving participants from other countries, because different cultures, contexts, backgrounds or religions may influence coping strategies of nursing students. Furthermore, a future study to explore the lived experience of nursing staff assigned to support nursing students undertaking their first clinical placement may be of value. Future research could also explore the role of the nursing students' families on coping with the first clinical placement. Families in this context is referred to parents, brothers, sisters or partners (husbands, wives, boyfriends or girlfriends). Finally, a future study could be undertaken to investigate the lived experience of patients cared for by nursing students during their first clinical placement as patients assigned to first year nursing students may influence students positively or negatively.

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Appendices
Appendix 1 – Ethics Approval

THE UNIVERSITY *of* **ADELAIDE**

29 June 2015

Dr L Cusack
School: School of Nursing

Dear Dr Cusack

ETHICS APPROVAL No:	**H-2015-139**
PROJECT TITLE:	**Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement**

The ethics application for the above project has been reviewed by the Low Risk Human Research Ethics Review Group (Faculty of Health Sciences) and is deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* involving no more than low risk for research participants. You are authorised to commence your research on **29 Jun 2015**.

Ethics approval is granted for three years and is subject to satisfactory annual reporting. The form titled *Project Status Report* is to be used when reporting annual progress and project completion and can be downloaded at http://www.adelaide.edu.au/ethics/human/guidelines/reporting. Prior to expiry, ethics approval may be extended for a further period.

Participants in the study are to be given a copy of the Information Sheet and the signed Consent Form to retain. It is also a condition of approval that you **immediately report** anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants,
- previously unforeseen events which might affect continued ethical acceptability of the project,
- proposed changes to the protocol; and
- the project is discontinued before the expected date of completion.

Please refer to the following ethics approval document for any additional conditions that may apply to this project.

Yours sincerely,

Sabine Schreiber
Secretary, Human Research Ethics Committee
Office of Research Ethics, Compliance and Integrity

Applicant: Dr L Cusack

School: School of Nursing

Project Title: Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

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The University of Adelaide Human Research Ethics Committee
Low Risk Human Research Ethics Review Group (Faculty of Health Sciences)

ETHICS APPROVAL No: H-2015-139   App. No.: 0000020515

APPROVED for the period: 29 Jun 2015 to 30 Jun 2018

Thank you for the detailed response dated 26.6.15 to the matters raised. It is noted that this project will be conducted by Yousef Alshahrani, Masters student.

Sabine Schreiber
Secretary, Human Research Ethics Committee
Office of Research Ethics, Compliance and Integrity

Appendix 2 – Data Gathering Instrument

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Instructions

This is a four part survey about your first clinical placement in first year nursing and each part includes instructions on how to complete it. The first part is demographic data. The second part is about your experience of the first clinical placement. The third part is about some items that might influenced your experience of your first clinical placement. The last part is an open-ended question about the strategies that you adopted to cope with the experience of your first clinical placement. It will take 5-10 minutes to complete the survey, please complete all four parts. Please be assured that your anonymity is ensured and the demographic data section will not be presented in a way that may be used to identify you.

1

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 1. Demographic Data

Please select one option for each section of the following

* 1. Sex

◯ Male

◯ Female

* 2. Age group

◯ Less than 20 years

◯ 20 – 30 years

◯ More than 30 years

* 3. Are you:

◯ Local student

◯ International student

* 4. Have you had previous work experience as a healthcare provider? For example healthcare assistant, nursing aid, enrolled nurse or any other healthcare speciality.

◯ Yes

◯ No

* 5. Have you started your clinical placement?

◯ Yes

◯ No

2

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 1. Demographic Data

Please select one option only and complete all related fields of that option

* 6. What best describes the settings of your first clinical placement:

◯ Hospital

◯ Aged Care

◯ Mental Health Hospital

◯ General Practice

◯ Other (please specify)

3

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 1. Demographic Data

* 7. In which unit of that hospital was your first clinical placement

○ Hospital ward

○ Emergence department

○ Intensive care unit

○ Operation theatre

○ Other (please specify)

4

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 1. Demographic Data

8. What is the name of the institution?

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 2. Your experience of the first clinical placement

The first clinical placement moves undergraduate nursing students from routine classroom education to clinical environment, which might lead to negative or positive experiences for some students.

* 9. Please rate your anxiety level during the first clinical placement using the following scale:

	Extremely anxious	Anxious	Moderately anxious	Not anxious
Your anxiety level of the first clinical placement	○	○	○	○

* 10. If you felt anxious during the first clinical placement, what contributed to the anxiety? Please tick all that apply

☐ It was the first time that I have contacted and provided care to patients/residents

☐ I was worried about making a mistake that could affect patients'/residents' safety.

☐ I was worried about violating the rules and the instructions of the clinical placement institution.

☐ I was worried about the placement staff's assessment of my performance.

☐ I was worried about the clinical tutor's assessment of my performance.

☐ I do not remember.

☐ Other (please specify)

6

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 2. Your experience of the first clinical placement

* **11. Please rate your experience of your first clinical placement in terms of:**

	Extremely positive	Positive	Negative	Extremely negative	Not applicable
Learning new clinical skills.	○	○	○	○	○
Communication with patients/residents.	○	○	○	○	○
Communication with nurses.	○	○	○	○	○
First impressions of either delivering patient care or observing nurses delivering patient care.	○	○	○	○	○
Support you have received from clinical placement settings.	○	○	○	○	○
Similarity between what you have learned in classes and what you have experienced in clinical settings.	○	○	○	○	○

7

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 3. Some factors that might influenced your experience of your first clinical placement

* **12. Please describe the influence of the following factors on your first clinical placement:**

	Extremely helpful	Helpful	Unhelpful	Extremely unhelpful	Not applicable
Clinical tutors	◯	◯	◯	◯	◯
Nursing staff in the clinical placement settings	◯	◯	◯	◯	◯
Patients/residents	◯	◯	◯	◯	◯
Preparation in clinical labs before commencing your first clinical placement	◯	◯	◯	◯	◯
Communication between your school and clinical placement settings	◯	◯	◯	◯	◯
Feedback you have received from nursing staff.	◯	◯	◯	◯	◯
Feedback you have received from your clinical tutors	◯	◯	◯	◯	◯

8

Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

Part 4. Coping strategies

In this part, please feel free to write in your own words in any style you prefer (e.g. dot-points or paragraphs).

13. Nursing students may adopt different strategies to assist them overcome and cope with stressful situations. If you have experienced stressful situations in your first clinical placement, what strategies did you adopt to help you to cope with this experience? In other words, what did you did to cope with your first clinical placement experience?

9

Appendix 3 – Information sheet for the piloting

INFORMATION SHEET (Piloting of questionnaire)

PROJECT TITLE: Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER:	H-2015-139
PRINCIPAL INVESTIGATOR:	Dr. Lynette Cusack.
STUDENT RESEARCHER:	YOUSEF ALSHAHRANI
STUDENT'S DEGREE:	Masters

Dear third year undergraduate nursing student,

It is our pleasure to invite you to participate in piloting the questionnaire of the research project described below.

What is the project about?
This study is titled "Factors that assist undergraduate nursing students to cope with the experience of their first clinical placement". The overall aim of this study is to enhance the experience of the first clinical placement for the first year undergraduate nursing students to enable a positive experience. Some studies have indicated that the first clinical placement may be stressful and a negative experience for some nursing students. There is also evidence that some students adopt different strategies to cope with this experience. Therefore, this study aims to explore the coping factors that first year undergraduate nurses may have adopted to cope with their first clinical placement. Taking part in this survey will assist the researchers to edit the survey form based on comments you will provide. Your kind participation is highly appreciated.

Who is undertaking the project?
This project is being conducted by YOUSEF ALSHAHRANI. This research will form the basis for the Master of Nursing Science at the University of Adelaide under the supervision of Dr. Lynette Cusack and Dr. Philippa Rasmussen.

Why am I being invited to participate?
Before conducting any study, it is essential that researchers test the tool that will be used to conduct the study in order to ensure a well-established and understandable tool.

What will I be asked to do?
You are asked to answer and provide feedback about a questionnaire. The feedback includes comments on the time it takes to complete the survey, the ease of completing the survey, the overall format and flow, the spaces provided to write, any cultural barriers, the language used, ability to understand the questions, difficulty with any of the questions and

any other comments. After answering the questionnaire, you are requested to return it in a sealed collection envelope provided by the researcher. After all participants return the questionnaire, you will be asked to discuss any issues about the form for 5 to 10 minutes. All questions in the form are about your first clinical placement and you will not be asked to disclose any personal information. The questionnaire contains four parts only: demographic data, your experience of your first clinical placement, some factors that may influence your experience of your first clinical placement and finally an open-ended question about coping strategies that you adopted to cope with the experience of the first clinical placement. Please be assured that your anonymity is ensured and the demographic data section will not be presented in a way that may be used to identify you.

How much time will the project take?

The time you may spend in answering this survey will range from 5 to 10 minutes. The discussion after returning the questionnaire may range from 5 to 10 minutes. After that you will not be contacted or asked to do any other tasks.

Are there any risks associated with participating in this project?

The only anticipated burden on you by participating in this study is the time you spend in answering the questionnaire and attending the discussion. The total time you will need for answering this questionnaire, writing your comments and attending the discussion will not exceed 20 minutes. Your participation is entirely voluntary. You will be anonymous and no one will be able to identify you at any stage of this study including the research team members.

What are the benefits of the research project?

The results of this research may provide academic professionals in nursing schools an insight about factors that you will explain, which, in turn, may enable these academics to communicate these factors to other new undergraduate nursing students in order to take advantage of them. Furthermore, this may enable nursing schools to adjust the plan of the first clinical placement based on the results of this study.

Can I withdraw from the project?

Participation in this pilot is completely voluntary. If you agree to participate, you can withdraw from the study at any time. Please be advised that your information cannot be withdrawn once they are submitted, because you are anonymous and no one will be able to identify your information. You are free to answer or ignore the questionnaire without any implications.

What will happen to my information?

Your information will be accessed by members of the research team only. Your data will be used to inform the refinement of the questionnaire, which will then be distributed to first year students. Your information will be saved based on the policy of the University of Adelaide for five years.

Who do I contact if I have questions about the project?

For more information or details about the study do not hesitate to contact:

1. Dr. Lynette Cusack.
   Principal supervisor, Senior Lecturer School of Nursing
   Emil: lynette.cusack@adelaide.edu.au
   Telephone: 83133593

2. Dr. Philippa Rasmussen.
   Secondary supervisor, Senior Lecturer School of Nursing
   Emil: philippa.rasmussen@adelaide.edu.au
   Telephone: 8313 3866

3. YOUSEF ALSHAHRANI
   Student researcher, School of Nursing
   Emil: a1649935@student.adelaide.edu.au
   Mobile phone: 0497861111

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2015-139). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. Contact the Human Research Ethics Committee's Secretariat on phone +61 8 8313 6028 or by email to hrec@adelaide.edu.au. if you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?

If you are interested to participate in this piloting, all you need to do is just to fill in the questionnaire, return it to the researcher and attend the discussion after returning this form.

Yours sincerely,
Dr. Lynette Cusack
Dr. Philippa Rasmussen
YOUSEF ALSHAHRANI

Appendix 4 – The questionnaire for piloting

Pilot questionnaire

Instructions

This is a four part survey about your first clinical placement in first year nursing and each part includes instructions on how to complete it. The first part is demographic data. The second part is about your experience of the first clinical placement. The third part is about some items that may influence your experience of your first clinical placement. The last part is an open-ended question about the strategies that you adopt to cope with the experience of the first clinical placement. It will take 5-10 minutes to complete the survey, please complete all four parts. Please be assured that your anonymity is ensured and the demographic data section will not be presented in a way that may be used to identify you.

Please answer all parts of this questionnaire and then write your comments at the end of this questionnaire based on the format provided.

Part 1. Demographic data:

Please select one option for each section of the following

A. sex	o Male
	o Female
B. Age group	o Less than 20 years
	o 20 – 30
	o More than 30
C. Are you	o Local student
	o International student
D. Have you had previous work experience as a healthcare provider? For example healthcare assistant, nursing aid, enrolled nurse or any other healthcare speciality.	o Yes
	o No
E. Have you started your clinical placement?	o Yes
	o No

If your answer is 'No' for question E, thank you for your time and no need to complete the survey. If 'Yes' please continue.

What best describes the settings of your first clinical placement:

Please select **one option only** A, B, C, D or E by circling the letter and complete all related fields of that option

A. Acute hospital

In which unit of that hospital was your first clinical placement	o Hospital ward
	o Emergence department
	o Intensive care unit
	o Operation theatre
	o Other (please specify)
	…………………………………………………………..……………
What is the name of the institution?	…………………………………………………….……......................
	…………………………………………………….……....................

B. Aged care

| What is the name of the institution? | …………………………………………………….……...................... |
| | …………………………………………………….……...................... |

C. Mental health hospital

What is the name of the institution?	…………………………………………………………….…….................... …………………………………………………………….…….....................

D. General practice

What is the name of the institution?	…………………………………………………………….……..................... …………………………………………………………….…….....................

E. Other (please specify)

…………………………………………………………………………………….…

…………………………………………………………………………………….………

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Part 2. Your experience of the first clinical placement

The first clinical placement moves undergraduate nursing students from routine classroom education to clinical environment, which may lead to negative or positive experience for some students.

Please rate your experience of your first clinical placement in terms of:

(Please select **<u>one option only</u>** for each category)

	Extremely positive	Positive	Negative	Extremely negative
A. Learning new clinical skills.				
B. Communication with patients in clinical placement settings.				
C. Communication with nurses in clinical placement settings.				
D. First impression of either delivering patient care or observe nurses delivering patients care.				
E. Support you have received from clinical placement settings.				
F. Similarity between what you have learned in classes and what you have experienced in clinical settings.				

Part 3. Describe the influence of the following factors on your first clinical placement:

(Please select **<u>one option only</u>** for each factor)

Factors	Extremely helpful	Helpful	Unhelpful	Extremely unhelpful	Not applicable
A. Clinical tutors					
B. Nursing staff in the clinical placement settings					
C. Patients					
D. Preparation in clinical labs before commencing your first clinical placement					
E. Communication between your school and clinical placement settings					
F. Feedback received from nursing staff or clinical tutors					

Part 4: Coping strategies.

In this part, please feel free to write in your own words about this question. You can write in dot-points, paragraphs or any style you prefer.

4.1. What strategies that you adopted to help you cope with your first clinical placement experience?

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Comments

Please write your comments on the questionnaire in terms of:

    A. The time it takes to complete the survey:

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    B. Ease of completing the survey:

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    C. Vocabulary used:

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D. Overall format and flow:

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E. Space provided to write about part 4.1:

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F. Any cultural barriers:

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G. Language used:

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H. Was this survey form easy to understand?

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I. Did you have any difficulty with any of the questions if yes which ones?

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J. Do you have any other comment?

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Thank you for your kind cooperation and we wish you all the best in your studies.

Dr. Lynette Cusack
Dr. Philippa Rasmussen
YOUSEF ALSHAHRANI

Appendix 5 – Feedback from the pilot participants

Instructions

This is a four part survey about your first clinical placement in first year nursing and each part includes instructions on how to complete it. The first part is demographic data. The second part is about your experience of the first clinical placement. The third part is about some items that may influence your experience of your first clinical placement. The last part is an open-ended question about the strategies that you adopt to cope with the experience of the first clinical placement. It will take 5-10 minutes to complete the survey, please complete all four parts. Please be assured that your anonymity is ensured and the demographic data section will not be presented in a way that may be used to identify you.

Please answer all parts of this questionnaire and then write your comments at the end of this questionnaire based on the format provided.

Part 1. Demographic data:

Please select one option for each section of the following

B.	sex	o Male	1
		o Female	9
C.	Age group	o Less than 20 years	
		o 20 – 30	9
		o More than 30	1
D.	Are you	o Local student	10
		o International student	
E.	Have you had previous work experience as a healthcare provider? For example healthcare assistant, nursing aid, enrolled nurse or any other healthcare speciality.	o Yes	3
		o No	7
F.	Have you started your clinical placement?	o Yes	10
		o No	

If your answer is 'No' for question E, thank you for your time and no need to complete the survey. If 'Yes' please continue.

What best describes the settings of your first clinical placement:

Please select **one option only** A, B, C, D or E by circling the letter and complete all related fields of that option

A. Acute hospital 9

In which unit of that hospital was your first clinical placement	o Hospital ward 8 (Gastro intestinal surgery, ENT) o Emergence department o Intensive care unit o Operation theatre o Other (please specify) 1 (23 hour short stay unit)
What is the name of the institution?	Calvary North Adelaide. Royal Adelaide Hospital. Lyell McEwin Hospital. Not mentioned. Lyell McEwin Hospital. Calvary Central Districts. Royal Adelaide Hospital. Royal Adelaide Hospital. Calvary Wakefield Hospital

B. Aged care

What is the name of the institution?	………………………………………………….……...................... ………………………………………………….……......................

C. Mental health hospital

What is the name of the institution?	…………………………………………………..……..................... …………………………………………………..…….....................

D. General practice 1

What is the name of the institution?	Adelaide Medical Solutions Seaten

E. Other (please specify)

…………………………………………………………………………………..…

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Part 2. Your experience of the first clinical placement

The first clinical placement moves undergraduate nursing students from routine classroom education to clinical environment, which may lead to negative or positive experience for some students.

Please rate your experience of your first clinical placement in terms of:

(Please select **one option only** for each category)

	Extremely positive	Positive	Negative	Extremely negative
A. Learning new clinical skills.	***	*******		
B. Communication with patients in clinical placement settings.	*****	*****		
C. Communication with nurses in clinical placement settings.	******	***	*	
D. First impression of either delivering patient care or observe nurses delivering patients care. (No. 9 left empty)	****	*****		
E. Support you have received from clinical placement settings.	**	*******	*	
F. Similarity between what you have learned in classes and what you have experienced in clinical settings.	*	********	*	

Part 3. Describe the influence of the following factors on your first clinical placement:

(Please select **<u>one option only</u>** for each factor)

Factors	Extremely helpful	Helpful	Unhelpful	Extremely unhelpful	Not applicable
A. Clinical tutors	****	*****	*		
B. Nursing staff in the clinical placement settings	****	****	**		
C. Patients	**	********			
D. Preparation in clinical labs before commencing your first clinical placement	****	****	**		
E. Communication between your school and clinical placement settings		*******	**	*	
F. Feedback received from nursing staff or clinical tutors	****	****	**		

Part 4: Coping strategies.

In this part, please feel free to write in your own words about this question. You can write in dot-points, paragraphs or any style you prefer.

8.1. What strategies that you adopted to help you cope with your first clinical placement experience?

- o Debriefing after MET CALLS
- o Having objectives and goals helped with struggles
- o Tutors were supportive, but could has been more accessable

———————————————————————————————————————

- o Taking to nursing colleguaes about rough times I had that day.
- o It was great to have a buddy to work with on my ward until she dropped out.
- o It also talked to my parents about situations I didn't like or funny remarks.
- o Finally I pray for the patients I care for.

———————————————————————————————————————

- o Utilising my assigned clinical facilitator from uni to debrief about situations or experiences and ask for help / clarification.
- o Using the resources on the ward to gain a better understanding of the ….. and ideology of the ward.
- o Gaining the confidence to communicate with the nursing team and ask for help.

———————————————————————————————————————

- o Taking constructive crtitisicm
- o Learning initiative + being proactive
- o Being responsible + reliable
- o Engaging + conducting development of clinical shifts

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- o Discussed any …. with the nurses I was working with + my clinical tutor
- o Documented any things I was unsure or did not know so I could research them later
- o Where able whilst ……. confidentiality discussed how I was feeling with my family.

———————————————————————————————————————

- o Becoming more assertive – asking questions when appropriate
- o Learning to rely on others – dealing with certain situations were difficult + I had to rely on on nurses + tutors for support.
- o Being able to accept criticism + take it on board.
- o Understanding everybody has their own ways of doing difficult things.

———————————————————————————————————————

- Time management
- asking for help and clarification
- Proactive
- relationships – other students as coping mechanism because all going through the same thing
- Enthusiasm + confidence is what I look into my first placement. I locally was so excited to be able to utilise my skills to help patients.
- I assessed each nurse I worked with + chose the best patients of each one to try to formulate a process for myself to carry out my nursing care

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- Decided to be more proactive and more useful with little jobs I could do on my own -eg- making beds, emptying linen, tidying rooms, vital signs
- If a nurse ignored me or did not acknowledge if I had done something good, I tried to not to make it to heart and I would vent/discuss with my family member or friend to make me feel better

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- In my first clinical placement I showed initiative to show staff that I was willing to learn and in turn they gave me lots of support and lots of information
- I tried at times to mimic and model the activity and manner of some of the best nurses I worked with.
- I ensured that on each shift if I had any concerns I discussed them with nursing staff or my clinical tutor.
- Maintaining professionalism helped me to cope with some of the unfortunate situations that occurred for patients on my placement.

Comments

Please write your comments on the questionnaire in terms of:

A. The time it takes to complete the survey:
1. Great, dot points are effective and easy to assess
2. The time was sufficient to complete the survey
3. Within the time frame recommended 10 – 15 minutes. potentially range depending on the extent of details presented.
4. Quick + easy to navigate
5. 5 – 10 minutes was nice + short
6. 5 minutes
7. 5 minutes
8. Didn't check the time specifically but it was only a short time
9. 10 – 15 minutes
10. Completed in approx. 10 minutes. Early boxes where you tell is helpful

B. Ease of completing the survey:
1. Affective in getting accross what information was needed
2. The survey was easy to follow, and complete the first years will like it.
3. Very easy and …… . The use of tables were efficient in gaining concise responses.
4. Easy to read, simple layout, clear instructions
5. Easy
6. Very easy
7. heaps easy
8. Very Easy – nice to reflect on placement
9. quite easy
10. yes survey was straightforward and easy to complete

C. Vocabulary used:
1. Easy and consice.
2. The vocabulary was one point and easy to understand
3. Direct and easy to understand
4. Precise + not confusing
5. Good, clear + precise
6. appropriate + easy to understand
7. was easy to understand
8. Distinct + to the point
9. good
10. Vocabulary used was adequate in relation to the topic of survey

D. Overall format and flow:
1. Useful tool of tables and ticks.
2. The format and the flow was consis and easy to follow.
3. Easy to follow and respond to.
4. Good, flows approperiatly
5. Flowed well, may be helpful for the first question which asked for the institution to have all options on first page.
6. Very good
7. Excellent

8. Thought more questions could have been incorporated to develop a better picture of my first placement
9. relevant
10. format of survey ….. well. Perhaps ask about any specific scenarios students have experienced in 1ˢᵗ placement (good or bad)

E. Space provided to write about part 4.1:
1. Great.
2. There was more than enough space available.
3. More than enough room, particularly to respond about first year experiences. If we were to write about third year experiences, potentially more room would have been utilised.
4. a lot of space, lots of room to write
5. Good, enough there
6. Plenty
7. Enough
8. More than adequate (could have been broken into more categories to reveal a better picture of what it was like on my first placement
9. plenty
10. probably slight too much space as I feel I didn't have a great deal to write about.

F. Any cultural barriers:
1. Not for me.
2. Non that I could see. I am a South African and your presentation was impecable.
3. Questiones ask do not exclude any cultures / religious beliefs, can be used for all students.
4. No
5. No
6. None – evident
7. No
8. Nil
9. nil
10. No cultural barriers

G. Language used:
1. Simple and explained very well.
2. Your language was fine.
3. Concise and clear. Clearly identified what is asked and needed for responses.
4. Clear + precise
5. Good, was all very clear
6. Appropriate
7. easily understandable
8. Nearly the same questions as (not necessary
9. appropriate
10. adequate to survey purpose

H. Was this survey form easy to understand?
1. Yes, good explanation at the begining.
2. Yes
3. Yes it follows nicely and is direct with what is needed.
4. Yes, followed well + direct
5. Yes
6. Yes

I. Did you have any difficulty with any of the questions if yes which ones?
1. Q4 was difficult as what do you mean by strategies? perhaps more explanation or an example.
2. Nope thanks
3. No, all are relevant to first year clinical experience.
4. No, no difficulties
5. The coping strategies, more just due to my uncertainty not the question itself.
6. No
7. No
8. No
9. perhaps having part 1 question about where my first placement was – having all options on one page to make it clearer of all options available
10. No difficulties

J. Do you have any other comment?
1. Very easy and simple questionnaire.
2. Thank you for taking an intrest in first years we were all these ones an it was kind of scary. Thank you.
3. Good study to undertake. good luck.
4. No.
5. –
6. No
7. No
8. Needed to be in greater depth to develop and create more useful data to which research could be drown from
9. perhaps instead of having boxes to tick which range from extremely positive to extremely negative, and extremely unhelpful to not applicable, it would be easier to have a scale ranging from in between perhaps numbered 0 – 10 as there were some questions where I would have liked to tick in between boxes.
10. Good luck

Thank you for your kind cooperation and we wish you all the best in your studies.

Dr. Lynette Cusack
Dr. Philippa Rasmussen
YOUSEF ALSHAHRANI

Appendix 6 – Participant information sheet

PARTICIPANT INFORMATION SHEET

PROJECT TITLE: Factors that assist undergraduate nursing students cope with the experience of their first clinical placement

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER:	H-2015-139
PRINCIPAL INVESTIGATOR:	Dr. Lynette Cusack.
STUDENT RESEARCHER:	YOUSEF ALSHAHRANI
STUDENT'S DEGREE:	Masters

Dear first year undergraduate nursing student,

It is our pleasure to invite you to participate in the research project described below.

What is the project about?

This study is titled "Factors that assist undergraduate nursing students cope with the experience of their first clinical placement". The overall aim of this study is to enhance the experience of the first clinical placement for the first year undergraduate nursing students to enable a positive experience. Some studies have indicated that the first clinical placement may be stressful and a negative experience for some nursing students. There is also evidence that some students adopt different strategies to cope with this experience. Therefore, this study aims to explore the coping factors that you as a first year undergraduate nurse may have adopted to cope with your first clinical placement. Taking part in this survey will assist in communicating these strategies to the future first year nursing students in order to take advantage of them. Your kind participation is highly appreciated.

Who is undertaking the project?

This project is being conducted by YOUSEF ALSHAHRANI. This research will form the basis for the Master's degree in Nursing Science at the University of Adelaide under the supervision of Dr. Lynette Cusack and Dr. Philippa Rasmussen.

Why am I being invited to participate?

You are invited because, all first year undergraduate nursing students at the School of Nursing in the University of Adelaide who have attended their first clinical placement are included in this survey.

What will I be asked to do?

You are asked to answer a short online questionnaire. All questions are about your first clinical placement and you will not be asked to disclose any personal information. The

questionnaire contains four parts only: demographic data, your experience of your first clinical placement, some factors that may influence your experience of your first clinical placement and finally an open-ended question about coping strategies that you adopted to cope with the experience of the first clinical placement. Please be assured that your anonymity is ensured and the demographic data section will not be presented in a way that may be used to identify you.

How much time will the project take?
The time you may spend in answering this survey will range from 5 to 10 minutes. After submitting your questionnaire, you will not be contacted or asked to do any other tasks.

Are there any risks associated with participating in this project?
The anticipated burden on you by participating in this study is the time you spend in answering the questionnaire. This can be managed by providing you two weeks period of time to answer this questionnaire according to your free time. You will not need more than 10 minutes to answer this questionnaire. If you feel distressed during completing this questionnaire because of any reason, please be advised that you can visit a counsellor at The University of Adelaide Counselling Service. You book an appointment to visit a counsellor by calling the phone number +61883135663. The University of Adelaide Counselling Service is located in the ground floor, Horace Lamb Building, North Terrace campus. The Counselling Service is free to all enrolled students and for more information about The University of Adelaide Counselling Service, you can visit the Counselling Service website at https://www.adelaide.edu.au/counselling_centre/. Your participation is entirely voluntary. You will be anonymous and no one will be able to identify you at any stage of this study including the research team members.

What are the benefits of the research project?
The results of this research may provide academic professionals in nursing schools an insight about factors that you will explain, which, in turn, may enable these academics to communicate these factors to other new undergraduate nursing students in order to take advantage of them. Furthermore, this may enable nursing schools to adjust the plan of the first clinical placement based on the results of this study.

Can I withdraw from the project?
Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time. Please be advised that your information cannot be withdrawn once they are submitted, because you are anonymous and no one will be able to identify your information. You are free to answer or ignore the questionnaire without any implications.

What will happen to my information?
Your information will be accessed by members of the research team only. A statistician at the University of Adelaide may also have access to the data to assist or provide advice on the quantitative analysis. Your information will be saved based on the policy of the University of Adelaide for five years.

Who do I contact if I have questions about the project?

For more information or details about the study do not hesitate to contact:

1. Dr. Lynette Cusack
   Principal supervisor, Senior Lecturer School of Nursing
   Emil: lynette.cusack@adelaide.edu.au
   Telephone: 83133593

2. Dr. Philippa Rasmussen.
   Secondary supervisor, Senior Lecturer School of Nursing
   Emil: philippa.rasmussen@adelaide.edu.au
   Telephone: 8313 3866

3. YOUSEF ALSHAHRANI
   Student researcher, School of Nursing
   Emil: a1649935@student.adelaide.edu.au
   Mobile phone: 0497861111

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2015-139). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. Contact the Human Research Ethics Committee's Secretariat on phone +61 8 8313 6028 or by email to hrec@adelaide.edu.au. if you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?

If you are interested to participate in this research, just open the link provided with this email which is "https://www.surveymonkey.com/s/first-clinical-placement" to access the questionnaire. Once you finish answering, click on "Done" to submit the survey. The survey will remain open for two weeks only from receiving it. After one week from receiving the invitation email, you receive an email to remind you about the participation in the study. At the end of the second week from receiving the invitation email, the survey will be closed and you will not be able access it.

Yours sincerely,
Dr. Lynette Cusack
Dr. Philippa Rasmussen
YOUSEF ALSHAHRANI

Appendix 7 – Copies of the emails that were sent to the first year undergraduate nursing students

1. An email to invite the first year undergraduate nursing students to participate in the research

Subject: Invitation to participate in a study project

Dear first year undergraduate nursing student at the University of Adelaide,

You are invited to take part and participate in a research project titled **"Factors that assist undergraduate nursing students to cope with their first clinical placement"**. The overall aim of this study is to enhance the experience of the first clinical placement for the first year undergraduate nursing students to enable a positive experience. Please find the attached Participant Information Sheet for more information about the study.
To participate in this study please click on this link "https://www.surveymonkey.com/s/first-clinical-placement" to access the questionnaire of the study. Once you finish answering the questionnaire, please click on "Done" to submit your questionnaire and exit the system. Please be advised that your consent to participate in this study is provided when you complete and submit the questionnaire. Please note that the questionnaire will be open from 17/08/2015 to 30/08/2015 and you will not be able to access it after this date.

For further information you can refer to the attached Participant Information Sheet or please feel free to contact:

Dr. Lynette Cusack
Principal supervisor, Senior Lecturer School of Nursing
Emil: lynette.cusack@adelaide.edu.au
Telephone: 83133593
OR
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Mobile phone: 0497861111

Thank you in advance for your kind cooperation and we wish you all the best in your studies.

Dr. Lynette Cusack
Dr. Philippa Rasmussen
YOUSEF ALSHAHRANI

2. The reminder email

Dear first year undergraduate nursing student at the University of Adelaide,

We would like to remind you to participate in the research project titled **"Factors that assist undergraduate nursing students to cope with their first clinical placement"**. If you have submitted your survey before, please ignore this email. The overall aim of this study is to enhance the experience of the first clinical placement for the first year undergraduate nursing students to enable a positive experience. Please find the attached Participant Information Sheet for more information about the study.

To participate in this study please click on this link "https://www.surveymonkey.com/s/first-clinical-placement" to access the questionnaire of the study. Once you finish answering the questionnaire, please click on "Done" to submit your questionnaire and exit the system. Please be advised that your consent to participate in this study is provided when you complete and submit the questionnaire. Please note that the questionnaire was opened on17/08/2015 and will be closed on 30/08/2015 and you will not be able to access it after this date.

For further information you can refer to the attached Participant Information Sheet or please feel free to contact:

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Thank you in advance for your kind cooperation and we wish you all the best in your studies.

Dr. Lynette Cusack
Dr. Philippa Rasmussen
YOUSEF ALSHAHRANI

3. The last opportunity email

<u>**Subject:**</u>

THE VERY LAST OPPORTUNITY to participate in a study project!!

Dear first year undergraduate nursing student at the University of Adelaide,

We would like to inform you that the online survey for the research project titled **"Factors that assist undergraduate nursing students to cope with their first clinical placement"** is reopened for those who still did not participate to give them a chance to participate. If you have submitted your survey previously, please ignore this email. The overall aim of this study is to enhance the experience of the first clinical placement for the first year undergraduate nursing students to enable a positive experience. Please find the attached Participant Information Sheet for more information about the study.

To participate in this study please click on this link "https://www.surveymonkey.com/s/first-clinical-placement" to access the questionnaire of the study. Once you finish answering the questionnaire, please click on "Done" to submit your questionnaire and exit the system. Please be advised that your consent to participate in this study is provided when you complete and submit the questionnaire. Please note that the questionnaire was opened on17/08/2015 and the new closing date is Wednesday 09/09/2015 at 7:00 am.

For further information you can refer to the attached Participant Information Sheet or please feel free to contact:

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Thank you in advance for your kind cooperation and we wish you all the best in your studies.

Dr. Lynette Cusack
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