

Greater than the sum of its parts: transition into the first year of undergraduate nursing

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Article Title

GREATER THAN THE SUM OF ITS PARTS: TRANSITION INTO THE FIRST YEAR OF UNDERGRADUATE NURSING

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Abstract

In 2006 the School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, introduced an action research initiative; The Enhance Project. Originally designed to provide academic support for first year undergraduate nursing students, this project has evolved to encompass a second spiral of activity, investigating how prepared students are, both professionally and socially for year one of an undergraduate nursing programme, with particular reference to the first clinical placement. Initial findings indicate that, while the majority of students appear to understand their role as nursing students, their understanding of what is expected of in the first placement is less clear. There is also a lack of clarity regarding their role and that of the mentor in the achievement of clinical placement learning outcomes. This paper discusses the importance of *getting it right* at the start of the journey and comments on the development of professional identity in nursing.

Introduction

In response to the current Quality Assurance Agency (QAA Scotland 2005a) enhancement theme, focussing on the first year experience in higher education, a team of academics at the School of Nursing, Midwifery and Community Health (NMCH) at Glasgow Caledonian University, introduced a comprehensive approach to induction in the first year of learning. The *Enhance Project* is an action research initiative that utilises a multi-method approach to data collection and evaluation. Action

research is grounded in practice; involves change and enhancement and is founded on collaborative working. It is an approach to, rather than a specific method of research, concerned with 'the D end of research and development' (Meyer 2006 p274). Action research is commonly used in applied professions, such as nursing to change or improve practice (Tolson et al 2005). This approach requires close collaboration between the researcher and the researched. In contrast to traditional approaches, action research is a democratic and participatory process, involving collaborative working with service users and providers. The researcher is not the expert and all views are of equal importance. An eclectic approach to data collection is acceptable and researchers use whatever methods best address the problem to be solved (Meyer 2006). Waterman et al (2001) state that 'knowledge may be advanced through reflection and research, and qualitative and quantitative research methods may be employed to collect data' (p11). Reflecting this approach, a number of qualitative and quantitative evaluative interventions are in progress. These include a first year experience conference involving representation from staff, students and practitioners, focus groups with students and staff, and simple questionnaires.

The project has successfully completed the first activity phase. The School Research Ethics Committee granted ethical approval for the project. Reflecting the issues raised by Meyer (2006), ethical approval has been secured over time, in a staged and planned manner as the activity spirals have evolved. Further details of the history, background, implementation and evaluation of the original pilot project can be found in Andrew (2007a). Information on the implementation, evaluation and impact of the first activity spiral, consisting of a dedicated academic skill building programme, is detailed in Andrew et al (2007b). This paper focuses on the outcomes of the second activity spiral which investigated the preparedness of nursing students for their first clinical placement, through analysis and discussion of a student focussed questionnaire and discussion groups undertaken with all first year stakeholders.

First year in higher education

First impressions count in higher education and directly influence the ability of the student to adapt to a new learning environment. Life at university presents challenges for all students, however, the multi-factorial and complex needs of beginning students indicates that they should be regarded as a discrete population (Edward 2003). In Scotland, within the 'new' (as opposed to traditional) University sector, there is a diverse student population on campus, with common requirements and specialised, discipline related needs (QAA 2005a). The Quality Assurance Agency (QAA 2005a) identifies key issues in first year, including integration, preparation, perception and personal characteristics. The landscape of Scottish Higher Education is changing and the population increasingly diverse. In order to respond to a growing number of non-traditional students, universities have to equip first year students with the skills and knowledge required to act as 'autonomous and independently motivated learners' (QAA 2005b:1). Analysis of why individuals withdraw from University shows that it is not solely down to academic failure. Pitkeithly and Prosser (2001) suggest that many students leave from second and third year because of 'events that occur in the first year'. They conclude that in order to

minimise attrition rates in first and subsequent years of tertiary education 'a process of social and intellectual change in first year teaching' may be required (p186).

Nursing is essentially a practice based discipline and 'a supportive learning environment has been identified as pivotal for the transfer of learning into a clinical context' (Henderson et al 2006 p 564). There is literature available on the first year experience in higher education and the student nurse experience; however, there is a paucity of material focussing on the first year in nursing education. The QAA (2005a) highlight the need to identify sub-groups within first year, such as, school leavers, international and mature students. The current first year are from a broad range of backgrounds. These include School, Further Education, University (not necessarily post-graduate), second career and entrants (mainly mature), from the general population. Their ages range from 17-55 years, the majority are female aged from 17-25 years (65%) and have entered from School (30%) or Further Education (28%). An increasing number are now mature entrants (22%).

Developing professional identity

In nursing, first year students have to become accustomed to new ways of learning in both the clinical area and the classroom environment. The importance of preparation for clinical practice cannot be underestimated. Producing a competent practitioner involves the student in *legitimate peripheral participation*; a term coined by Lave and Wenger (1991), to illustrate the need for learning to take place in real life situations. A report from the conference, 'Improving the Student Experience' (Scottish Executive 2006), concluded that adequate preparation for practice of both students and their mentors is regarded as very important. Carr (2005) suggests that learning and teaching in the clinical area is both 'complex and challenging' and that in the first year, students need to begin to develop and articulate practice knowledge. She believes that the 'development of the ability to articulate knowing in practice is essential' to the development of professional identity (p333). Durkin and Main (2002) suggest that induction should be subject related at all stages to introduce the student to the discipline as well as to the academic expectations of the institution.

Turner (1969) used an ethnographic approach to the study of rituals, such as the cultural rites of passage associated with the transition from boyhood to manhood. He used the term *liminality* to 'characterise the transitional space/time within which these rites were conducted' (Meyer and Land 2005 p375). Meyer and Land (2005) liken liminality, to the transitional space occupied by students throughout a period of learning, where individuals move from one state (accepted knowledge) to another state (transformed knowledge). As the result of participating in the ritual, they can potentially acquire 'new knowledge and subsequently a new status' within the [nursing] community (p375).

The move into nursing is akin to a *rite of passage*, involving a transition from one way of life to another; 'demarcating new status and new roles' (Barton 2006 p345). Students need to learn to behave like nurses. Meyer and Land (2003) maintain that it is not enough to teach students' mechanical processes and behaviours, they need to see the, 'big picture'. If the required professional or academic behaviours are not set in context, then students may 'have learned a bunch of

techniques, but to them they are just that, a bunch of techniques' (Kennedy 1998 p142). Without the complete view, fragmentation occurs and the subject becomes incoherent; 'discreet aspects are unproblematic but there is no organising principle' (Meyer and Land 2003:5). This echoes the findings of Wood (2006) who believes that nurses' understanding of research, is reduced to a similar 'bunch of techniques' if the process is not seen through the lens of real 'real' nursing. In professions such as nursing, a lot of learning is centred on a *way of being*, or tacit knowledge, which, although not explicit, is often the way that individuals develop professional ways of knowing (Eraut 2000, Booth et al 2007).

Method

The broad aim of the second activity spiral was to firstly investigate, using a simple questionnaire, the experience of nursing students in their first clinical placement and then to broaden the investigation to include, through group discussion, the view of all first year stakeholders.

The project researcher collaborated with the clinical practice development representative, project leader and the project research advisor to ensure that the questionnaire was both valid and appropriate. The questionnaire focussed on defined aspects of the first clinical experience in nursing (Appendix 1). Five academic colleagues provided feedback on the readability and clarity of the questionnaire. Murphy-Black (2006) states that questionnaires need to be designed for their purpose 'which is to collect specific information' (p367). Anonymous questionnaires were issued to all first year nursing students on completion of their first clinical experience (n=555). They were distributed via a network of first year academics and 418 were returned to the project researcher. There was a 75% response rate. Murphy-Black (2006) suggests that researchers normally aim for an 80%, as a low level of response can significantly impact on both the usefulness and transferability of the findings. No pressure was put on the students to complete the questionnaire and consent was confirmed by the return of a completed form. The response rate, although not optimum, was considered large enough to be useful. The results were analysed using SPSS (Statistical package for the Social Services).

Findings

Table 1 provides a summary of the key findings:

Table 1-Summary of Key Findings

Question area	Findings
Looking forward to the first placement	76%
<i>Anxiety</i>	19%
<i>Dread</i>	3%
<i>Not really bothered</i> (Question 4)	3%
Understanding of what was expected	
<i>At the outset</i>	41%

<i>Second week</i> (Question 5)	84%
Understanding of the role of the mentor (by the second week of placement) (Question 6)	91%
Understanding of how to collect evidence for clinical placement by the end of the:	
<i>Second week</i>	63%
<i>Third week</i> (Question 7)	92%
Responsibility for achievement of outcomes	
<i>Partnership with mentor</i>	69%
<i>Own responsibility/unclear</i> (Question 8)	31%
Understanding of assessment terminology (by end of placement)	
<i>Level of performance</i>	91%
<i>Professional Standard</i>	92%
<i>Quality of performance</i>	91%
<i>Aspect of performance</i>	76%
<i>Outcomes/Competencies</i>	89%
<i>Action planning</i> (Question 9)	86%
introduced to the concept of: (by the end of the placement)	
<i>NES Quality Standards for Practice Placement</i>	48%
<i>The role of the new student nurse</i>	82%
<i>Supernumerary status</i>	42%
<i>The role of the mentor</i>	89%
<i>The role of the Practice Education Facilitator</i>	60%
<i>Legal and Professional accountability</i>	72%
<i>Reflective practice in the clinical area</i>	85%
<i>NMC Publications</i>	76%
<i>Evidence based practice</i>	78%
<i>Team working</i>	97%
<i>Planning Care</i> (Question 10)	87%

Overall the findings indicated that the majority (76%) of students looked forward to their first clinical placement (Appendix1-Question 4), however 19% expressed anxiety and a small minority expressed a feeling of dread (3%). Only 3% claimed that they were 'not bothered' about their first placement experience. The end of the first three weeks of the placement represented a major benchmark in practice learning. At this point, students appeared to understand the type and nature of the evidence required to satisfy the clinical criteria of the module (Appendix1-Question 7). The majority of students also reported that, by the end of the placement, they understood the terminology (Appendix1-Question 9) and had been introduced to the major practice based concepts (Appendix1-Question 10).

The majority of students (82%) claimed to understand the role of the new student nurse (Appendix1-Question 10), however when asked specifically about their understanding of what was expected of them in placement, only 41% reported an understanding of what was expected at the outset, although by the second week this had risen to 84% (Appendix1-Question 5). The majority (91%), claimed to understand the role of the mentor by the second week (Appendix1-Question 6) and 92% claimed to understand how to collect the evidence required for the clinical assessment document by the third week (Appendix1-Question 7).

A significant and somewhat contradictory result however, was the student's perception of their role in achieving the learning outcomes (Appendix1-Question 8). Although 69% stated that outcomes were achieved by working with the clinical mentor, 31% thought it was their own responsibility, or were unclear about whose responsibility it was. This finding appears to contradict the responses in question 6 (Appendix1), where the overwhelming majority claimed to understand the role of the mentor and in question 5 (Appendix1), where 82% indicated that they understood what was expected of them by week two.

Limitations

It should be noted that the project and questionnaire were implemented primarily for practical reasons, as part of a local, although fairly substantial, educational evaluation initiative. From the outset, there was an expectation that the findings would probably broadly reflect the literature, rather than contradict or challenge it to any great extent. The variation of length of undergraduate placement meant that although the majority had received a visit from a member of academic staff, a few were scheduled after the questionnaire had been distributed. The team also had no locus of authority regarding where the students were placed.

There are limitations to using this method of data collection. The questionnaire was designed to be simple to promote completion; however it provides micro rather than macro feedback. This lack of 'a big picture' is illustrated by a conflict of findings; where students express majority agreement in one question and then appear to contradict it in another. Questionnaires need to be fit for purpose, however, in order to maximise responses, (for practical educational applications), the meaning may become fragmented and focus more on the parts, than the whole (Meyer and Land 2005). To address this issue, some key findings formed the basis of discussion groups held as part of the project dissemination strategy.

Dissemination and feedback

Key findings were presented by the project team at a one-day conference that focussed on '*The First Year Experience in Nursing*'. The conference brought together all the major stakeholders in first year nursing; Academics, Students, Mentors (clinical), Practice Education Facilitators (clinical/practice education) and Senior Managers. The Scottish Executive and NHS Education for Scotland (NES) were also represented. Group discussion formed a pivotal part of the event, to allow participants to

explore and expand on the information provided by the questionnaires. Workshops were facilitated by a member of academic staff. The remit of the facilitator was to both to launch the session and to introduce the three pre-determined questions with the aim of stimulating discussion and debate (Appendix 2). The groups were uni-disciplinary. Notes were taken on flip charts; these charts were then analysed by the project leader and the findings verified independently for validity by the project researcher.

The findings from all groups overwhelmingly indicated that effective support for first year student nurses, from clinicians and from academics, was the priority. The groups felt that although a range of support mechanisms to support first year students existed (Appendix2-Question1), including academic staff, mentors, ward team and the Enhance Project, some additional mechanisms should be considered (Appendix2-Question2). These included additional mentor support and education, increased on-line resources and further exploration of the first year student experience involving all stakeholders. The project team are currently investigating the creation of an online resource as part of ongoing educational development.

Students were asked what their overall impressions were of the first placement (Appendix2-Question3a). They strongly believed that a good first clinical placement was the key to a successful first year; they wanted to feel involved and part of the team. The students repeatedly stressed the importance of high quality mentoring, finding it a 'make or break' component of the first placement. They also stressed the importance of academic/social support to promote acclimatisation in the first year at university.

All the other groups were asked to consider and discuss key elements for a successful first year (Appendix2-Question3b). The requirement for student friendly leadership was highlighted and all participants agreed that first year students had to be supported by both the university and the clinical areas working in partnership, to facilitate successful transition into first year and beyond. A key area that emerged from the workshops was the need for protected time for mentors. This is also highlighted by the Scottish Executive (2006). All stakeholders believed that adequate socialisation into the profession was important and that it was vital that all those concerned with first year nursing had realistic expectations of what to expect within each role. This reflects the findings of Pitkeithly and Prosser (2001), who state that a successful first is a key indicator for progression.

The Practice Education Facilitators discussed the concept of *legitimate peripheral participation*, stating that they thought that this encompassed the need to be part of the university and be inducted into the role of the nurse, from the stage of novice onwards (Lave and Wenger 1991). They felt that new students had to become actively involved, however peripherally, in practice from the very beginning. Mentors felt that they had a pivotal role in this process as they were providing leadership from the very start of the student experience. Students themselves expressed a need to belong. They wanted to be part of the profession, to develop a sense of professional identity. This finding reflects

the literature, re-enforcing the need for individuals to feel part of a professional group from an early stage in their development. In nursing a lot of learning is undertaken in the practice area, allowing students to begin to develop a sense of professional identity (Booth et al 2007).

Academics stressed the importance of learning within an academic and practice environment. Mentors and students focussed on the need to develop support mechanisms within the practice environment. This finding reflects current literature, where there is a perception that practitioners and academics operate largely within separate environments (Andrew and Wilkie 2007). The students, although recognising the need for academic support, strongly identified with the practice role. The Practice Educators, who have a foot in both camps, stressed the importance of the broader learning environment. The need for effective communication between Universities and Service Providers is highlighted by the Scottish Executive (2006).

A perceived need for integrated support at the point of care delivery was a theme that emerged in all group discussions. All stakeholders thought that although there were good mechanisms already in place, support in first year could be more effectively expressed as an enhanced approach, through the provision of a seamless, continuous and targeted integrated package. The Practice Education Facilitators and academics stressed the need to develop such a system collaboratively, with clinicians and academic staff working in partnership, focussing on the overall experience of the first year experience in nursing.

Conclusion

The Enhance Project has arisen from an identified need to promote the development of both academic and clinical skills that engage and involve the student in both practice and educational contexts. The project currently incorporates two main spirals of activity underpinned, by an action research framework. This is evolving as a blended, hybrid approach to applied educational research.

Students undertake a steep learning curve when they enter University. In undergraduate nursing programmes, they are drawn from a diverse range of backgrounds and they are increasingly likely to be mature individuals. All nursing students have to adapt to and span both an academic and a professional environment and they have to do this quickly. If it does not happen within the early stages of first year, then it may not happen at all, leading to problems with progression and attrition later on. Students also have to feel that they belong and that they are increasingly behaving like nurses. This type of learning is more tacit than explicit. Often students learn through engagement with the job of nursing and it can be argued that this can really only be achieved through legitimate peripheral participation.

Students need to feel professionally involved and they identify with the practice role from an early stage in their education. The questionnaire responses give some indication of the student's feelings about defined and fairly limited aspects of their first clinical placement. The conference organised to disseminate these findings, broadened this to encompass the needs of students in the first year of a

nursing programme. The literature identifies that, as well as generic needs, first year students also face discipline related challenges. All stakeholders were aware of the need for a high quality experience. Students themselves identified their initial exposure to the profession as crucial for their motivation to continue. All groups felt that part of this process must include realistic expectations of both mentors and students, so that each new what to expect of the other. Both educators and clinicians recognised the need to work collaboratively, to promote integration and enhance the learning environment.

There are currently opportunities for a third spiral of activity, exploring the role of online working and socialising to support students in practice, This builds on the work already undertaken in both activity spirals, promoting academic and practice integration. The project team remain committed to working collaboratively with students, peers, clinical and academic colleagues to further identify and address the needs of nurses in their first year of undergraduate education.

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Appendix 1: Participant Questionnaire

When completing this questionnaire please choose the most appropriate answer for you. Where there are spaces to make comments please feel free to do so.

1. What was your background immediately before coming to study nursing at GCU? (please tick the most appropriate box)

Please Tick

- School Leaver
- Further Education College
- University
- Mature Student
- Other.....

2. How old are you?

Please Tick

- 16 – 25 years
- 26 – 35 years
- 36 – 45 years
- 46 – 55 years
- 56 – 65 years

3. What programme of nursing are you studying?

Please Tick

- Adult Diploma/BN
- Child Diploma/BN
- Mental Health Diploma/BN
- Learning Disability Diploma/BN
- BA Nursing Studies

4. Please indicate, from the following choices, what best describes your feelings before going on your **first clinical placement**. Please tick all that apply.

Please Tick

- Excited
- Looking forward to it
- Not really bothered
- Stressed & Anxious
- Dreading it

5. At what stage **during your first clinical placement** did you begin to understand what was expected of you as a student nurse? Please **circle** the time frame that applies to you.

At the outset 2 weeks 3 weeks 4 weeks Was always unsure

6. When did you begin to understand the role of the mentor **during your first clinical placement**? Please **circle** the time frame that applies to you.

At the outset 2 weeks 3 weeks 4 weeks Was always unsure

7. At what stage, **during your first clinical placement**, did you begin to understand how to collect evidence for the clinical assessment document? Please **circle** the timeframe that applies to you.

At the outset 2 weeks 3 weeks 4 weeks Was always unsure

8. By the **end of your first clinical placement** what was your understanding of your role in achieving the learning outcomes in the clinical assessment document?

Please Tick

- I had to work together with my mentor
- It was my responsibility
- It was my mentor's job
- Didn't understand my role

9. Which of the following terms did you understand by the end of your **first clinical placement**?

	Yes	Unsure	No
Level of Performance		----	----
Professional Standard	----	----	----
Quality of Performance	----	----	----
Aspect of Performance	----	----	----
Outcomes/Competencies	----	----	----
Action Planning	----	----	----

10. Had you been introduced to the concept of any of the following by the **end of your first clinical placement**? Please tick either Yes, No or Unsure for **all** available choices:

	Yes	Unsure	No
NES Quality Standards for Practice Placements	----	----	----
The role of the new student nurse	----	----	----
Supernumerary Status	----	----	----
The role of the Mentor	----	----	----
The role of the Practice Education Facilitator	----	----	----
Legal & Professional Accountability	----	----	----
Reflective Practice in the clinical area	----	----	----
NMC Publications	----	----	----
Evidence Based Practice	----	----	----
Team working	----	----	----
Planning Care	----	----	----

11. On reflection, what information would have helped you **during your first clinical placement**?

Thank you for taking the time to complete this questionnaire.

Appendix 2 - Workshop Questions

Number	Question	Feedback From:
1.	What support mechanisms do you think are already in place to support first year student nurses?	<ul style="list-style-type: none">• Students• Mentors• PEF's• Academics
2.	What additional support mechanisms do you think are required?	<ul style="list-style-type: none">• Students• Mentors• PEF's• Academics
3a.	What are your overall impressions of working in the clinical areas in first year?	<ul style="list-style-type: none">• Students
3b.	What, in your opinion, are the key elements required for a successful first year in clinical practice?	<ul style="list-style-type: none">• Mentors• PEF's• Academics