

Dimensions of Critical Care Nursing

Senior Nursing Students' Perceptions of their Readiness for Practice prior to Final Year Internship Part 2 - a qualitative perspective.

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Abstract:	<p>Introduction Preparing nursing students for their role as future registered nurses is an essential and complex endeavour. It is a responsibility that is shared between academic and clinical healthcare organisations. Arguably, the prevailing economic climate places additional pressures on the fiscal and manpower aspects of healthcare management. Maintaining a quality practice learning environment for students against this backdrop has become increasingly challenging. Indeed students themselves have raised these concerns. The authors sought to explore these concerns further with the students, and this paper will present the qualitative findings of a study exploring final year students' perceptions of their readiness for practice in one School of Nursing in the Republic of Ireland.</p> <p>Methods Two open-ended questions were included on a quantitative survey which sought to ascertain students' self-reported level of readiness for oral medication administration. A convenience sample of 24 final year students undertaking a four year BSc (honours) in General Nursing programme was involved. Content analysis was employed to explore and elicit the key components of participants' written responses to the open-ended questions.</p> <p>Results Participants highlighted the constraints, that they have witnessed in some practice areas, the consequent impact on the availability of particular learning opportunities, and their level of preparedness for practice. Three key areas of concern emerged including medication management, patient caseload management, and communication. A recurring issue centred on the delegation of the more fundamental nursing tasks to students by qualified nurses, to the detriment of students' experience of the more complex aspects of holistic patient care. This proved quite exasperating for these participants.</p> <p>Conclusion This study demonstrates that final year undergraduate nursing students in one school in the Republic of Ireland are concerned about their readiness for practice. Specific areas of concern for students relate to their capacity to develop competence for registered practice. These findings provide both a timely reminder and opportunity for those charged with the responsibility of preparing nurses for registration, in both clinical and academic settings, to raise awareness of factors that can impact on the student</p>

experience and learning in practice. They highlight the importance of a collaborative approach to addressing the issues that emerged, if competence and patient safety are to be safeguarded and maintained in the future.

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Introduction

Preparing nursing students for their role as future registered nurses is an essential and complex endeavour. It is a responsibility that is shared between academic and clinical healthcare organisations. Arguably, the prevailing economic climate places additional pressures on the fiscal and manpower aspects of healthcare management. Maintaining a quality practice learning environment for students against this backdrop has become increasingly challenging. Indeed students themselves have raised these concerns. The authors sought to explore these concerns further with the students, and this paper will present the qualitative findings of a study exploring final year students' perceptions of their readiness for practice in one School of Nursing in the Republic of Ireland.

Methods

Two opened-ended questions were included on a quantitative survey which sought to ascertain students' self-reported level of readiness for oral medication administration. A convenience sample of 24 final year students undertaking a four year BSc (honours) in General Nursing programme was involved. Content analysis was employed to explore and elicit the key components of participants' written responses to the open-ended questions.

Results

Participants highlighted the constraints, , that they have witnessed in some practice areas, the consequent impact on the availability of particular learning opportunities, and their level of preparedness for practice. Three key areas of concern emerged including medication management, patient caseload management, and communication. A recurring issue centred on the delegation of the more fundamental nursing tasks to students by qualified nurses, to the detriment of students' experience of the more complex aspects of holistic patient care. This proved quite exasperating for these participants.

Conclusion

This study demonstrates that final year undergraduate nursing students in one school in the Republic of Ireland are concerned about their readiness for practice. Specific areas of concern for students relate to their capacity to develop competence for registered practice.

These findings provide both a timely reminder and opportunity for those charged with the responsibility of preparing nurses for registration, in both clinical and academic settings, to raise awareness of factors that can impact on the student experience and learning in practice. They highlight the importance of a collaborative approach to addressing the issues that emerged, if competence and patient safety are to be safeguarded and maintained in the future.

Background

Recent years have witnessed new and immense challenges for health services on a global level. A key driver has been the global economic crisis and its associated impact on the healthcare services. The organisation and delivery of healthcare has undergone monumental changes with fewer frontline workers struggling under more difficult conditions, to maintain and sustain services¹. Technological and medical advances, such as those that have influenced the longevity and quality of life, for example, while welcome, have resulted in new challenges to the health service². Demographic changes, including population migration, an aging population, along with a greater and much needed shift in focus to community-based primary healthcare also place additional pressures on an already burdened system². Coupled with this, there is a sense of heightened responsibility and accountability in relation to the delivery of high standard, evidence-based patient care to protect the public³⁻⁵. The impact of this is felt by all who work within the healthcare arena including management, frontline workers, students and ancillary staff.

Student nurses, whose preparation involves extended periods of time in these clinical environments, are not immune to these pressures. Those charged with the responsibility of educating and preparing future generations of nurses and healthcare professionals are acutely aware of the reality and complexity of the clinical environment, and its impact on their students^{6,7}. The clinical practice setting is an integral component of nurse education, presenting a unique environment and opportunity for students to encounter and experience the complexities and realities of patient care^{8,9}. Ensuring that students receive the theoretical and clinical support necessary to enable them to grow and respond to the complexities of practice, so that, upon graduation, they are adequately prepared and competent in their role as registered nurses is paramount¹⁰. However, safeguarding an appropriate degree of preparedness among student nurses under the current circumstances is becoming increasingly difficult⁹. This is a situation that cannot be ignored if high standards of patient care and patient safety are to be maintained. This paper will consider the factors influencing the preparedness of student nurses for practice and will report the qualitative findings of a study exploring final year students' perceptions of their readiness for practice in a number of areas, in one School of Nursing in the Republic of Ireland. Quantitative results were reported in a previous issue of DCCN¹¹.

Educational Context

Historically, nurse education in Ireland was based on the apprenticeship model with schools of nursing being hospital-based and more of a focus on 'learning on the job' rather than an academic emphasis. Since 1995 nurse education in the Republic of Ireland, has undergone huge change, moving from the apprenticeship model through diploma to an all graduate, university based programme of education in 2002¹². This programme is a four year BSc

(Hons) in Nursing degree with students receiving no less than 81 weeks of clinical instruction and 63 weeks of theoretical instruction in line with European Union Directives¹⁰. With the move to an all graduate programme of education, it may be reasonable to assume that workplace expectations of graduates emerging from such programmes have similarly increased¹³. Conversely, there is an emerging discourse that questions the preparedness of graduate nurses and the meaning of 'preparedness'^{9,13,14}. This can place pressure on those responsible for the preparation of nurses for practice and indeed be a cause of anxiety and apprehension for students approaching graduation^{9,13,15}.

In an effort to yield graduates who are practice-ready, in addition to other teaching and learning approaches, the current BSc (Hons) in Nursing degree programme is designed to maximise students clinical exposure time. In the first three and a half years of the programme, all clinical placements undertaken by students are supernumerary in nature. 'Supernumerary' in the Irish context means that the students are "surplus to the rostered complement of nurses"^{10(p135)}. Their final supernumerary placement (8 weeks in duration) occurs at the beginning of year 4, followed by eight weeks theory and shortly thereafter their internship. The internship is a 36-week rostered placement in clinical practice and is the final component of the programme occurring after all theoretical components have been completed. It is designed to "consolidate the completed theoretical learning and support the achievement of clinical competence within the learning environment"^{10(p127)}. The student is a paid employee of the health service for the duration of the internship and is considered to be part of the rostered nursing team. While no longer supernumerary, during this period a number of support mechanisms are put in place for each student. These include named clinical preceptors and clinical placement coordinators, who are exclusively based in the clinical setting. The role of the clinical preceptor is to support and supervise student learning in practice and assess the student's achievement of clinical learning outcomes and competence¹⁰. Clinical placement coordinators (CPCs) further contribute and support the facilitation of learning, and assessment of competence among undergraduate student nurses in practice¹⁰. As such, CPCs offer support not only to the students but also to the preceptors. From an academic/faculty perspective, support personnel include practice module coordinators and personal tutors. Practice module coordinators plan, coordinate and manage the learning experience and outcomes of the clinical placement for students. Furthermore, they provide support and guidance to students, preceptors and CPCs as needed. In this regard practice module coordinators are similar to clinical faculty in the United States. Although they visit the clinical setting in this role, practice module coordinators are based in the academic setting and do not necessarily have a role in active clinical practice. The role of personal tutor is held by university-based nursing faculty and provides support to students in the form of pastoral care and guidance. They are not attached to any specific modules or clinical placements. Personal tutors are assigned to students in year 1 for the duration of the programme. They are a resource that their allocated students can turn to in relation to any aspect of the student's journey through

their programme. The current study focused on one cohort of students who had just completed their final supernumerary placement and had returned to college. Anecdotally, students at this stage (in advance of their internship where support mechanisms are considerably altered), often voice particular concerns and anxieties around the impending responsibilities that will confront them both in their internship and as newly qualified nurses. The cohort under focus was no exception in this regard. Recurring areas in relation to their preparedness for practice that they expressed particular concern around were medication management and patient caseload management. They were acutely aware of the responsibility that these areas would bring going forward. This provided the impetus to explore these students' perceptions of their preparedness for practice in greater detail.

Methods

Study Design

This was a descriptive study that was undertaken in 2016 and the primary research design used was quantitative, comprising a cross-sectional survey. However, the researchers elected to include a small qualitative component comprising two open response questions to afford participants the opportunity to provide supplementary and/or any additional insights around the whole area of preparedness for practice. This approach has been gaining momentum in recent years¹⁶⁻¹⁹ and can range from the inclusion of open response questions within a quantitative study, as in this case, to an actual full-scale mixed methods research study. The use of quantitative and qualitative approaches in a research study facilitates a wider array of information to be elicited, and this was the researchers' desired goal.

Sample and Setting

A convenience sample of twenty four final year general nursing students (out of a possible sample of 87) in one Department of Nursing who were soon to embark on their internship was involved. These students had just completed their last supernumerary placement of their programme and therefore were well positioned to comment on their perceived level of preparedness for their internship and inform this study. All 24 students responded to both qualitative questions.

Ethics

Ethics approval to conduct the study was obtained in advance from the Research Ethics Committee of the Higher Education Institute in which the study took place. An invitation including information about the study was emailed to the student cohort of interest. Students were informed that participation in the study was entirely voluntary and that responses were anonymous, with no identifying information sought. They were advised that they could contact the researchers or the relevant Research Ethics Committee should they

have any question(s) about the study or their involvement in it. Submission of completed written responses was deemed to be students' consent to participate.

Data Collection

Two open-ended qualitative questions generated by the researchers were administered alongside the 'pen and paper' quantitative survey described in part 1¹¹. The quantitative survey preceded the open-ended questions, which were:

- Are there areas in your practice that you feel well prepared for, as you embark on your internship?
- Are there areas in your practice that you do not feel well prepared for, as you embark on your internship?

The open-ended questions explored aspects around students' perceptions of their preparedness for practice. This allowed participants to provide free-text responses in which they could elaborate on aspects relating to the quantitative tool. This afforded them the opportunity to highlight areas of personal concern that may not have been addressed (or 'address-able') by items in the survey alone, allowing them to overcome the constraints of the structured survey, thereby giving them their own voice¹⁹⁻²¹.

The inclusion of more than a single method of data collection can yield many benefits. The secondary data obtained in this way can be 'embedded' within the context of the primary dataset^{22,23}, offering an additional, often different, perspective on the phenomenon of interest. This supplementary information can offer deeper insight, explanation, or clarification on aspects of the quantitative findings, thereby producing a more comprehensive, broader lens of understanding. Other researchers adopting this approach experienced many such benefits from doing so. These included the discovery of information that quantitative methods alone had not produced¹⁷, explication and/or corroboration of information that quantitative methods had produced²⁴, and an enhanced overall understanding of participants perspectives and insight into the nuances of the local context²⁵. It was anticipated that the findings yielded from the inclusion of qualitative open questions would supplement findings yielded by the quantitative survey employed.

Data Analysis

Qualitative data analysis in this study comprised data derived from two open response questions. Content analysis informed consideration of the participants' open responses. While the volume and depth of data yielded by this approach was less than that typically produced by other qualitative data collection approaches such as face-to-face interviews, there was nonetheless a large degree of rich, descriptive material generated. This type of qualitative data has been described as 'manifest content'²⁶, which largely consists of visible content and actual words. The analysis of such narrative data requires systematic reading in order to identify recurring words or phrases to elicit a sense of what the data is revealing. Content analysis is an unobtrusive technique that offers a useful framework to guide and inform the management of this type of data, facilitating extrapolation of meaning from

narrative data²⁷. It was therefore felt that content analysis presented a good fit to underpin the analysis of the responses to the qualitative questions in this study.

Content analysis has been described as “codified common sense”^{28(p352)} that lends itself to the analysis of open questions, particularly those included as a supplementary method of data collection. Analyses were performed by both researchers independently in the first instance, and were then reviewed jointly to consider the key messages emerging from the participants open responses. Content analysis facilitates the extrapolation of the key points or messages from the data, their summary and reporting. In addition, content analysis is ideally suited to exploring the type of phenomena of interest to nursing and healthcare professionals²⁹. It offers benefits in its approach in terms of flexibility, affording greater insight and understanding, coupled with content-, and context-sensitivity²⁸. Six clear steps to guide the process of content analysis have been offered by Creswell^{22,23}, as outlined in Table 1.

Table 1: Steps of Content Analysis (Creswell, 2009)

Step 1	Organise and prepare data for analysis
Step 2	Read through all data
Step 3	Code the data
Step 4	Generate a description of the setting, the people, categories and themes for analysis.
Step 5	Decide on how the themes will be presented.
Step 6	Make and interpretation of the data.

Findings

Twenty four participants completed the open-ended questions. Three main themes emerged from the responses to these questions. These areas, which will be elaborated on, comprise:

- Medication management
- Caseload management
- Communication

Medication Management

Twenty two participants cited medication management as an area of practice that they felt unprepared for. The resounding issue expressed by participants concerned the lack of opportunity afforded to them in clinical practice to participate in or accompany a registered nurse on drug rounds. Students attributed this to a variety of reasons. Staff shortages were frequently mentioned;

“Due to staffing issues and lack of support, students are not given the chance to do drug rounds” (Participant 10).

“Medications – don’t feel prepared in this area – in administering medications”
(Participant 2)

The busyness of the ward also featured in comments, as a hindrance to opportunities to undertake drug rounds with a registered nurse. Students felt that they slowed activities down and were therefore not encouraged/invited to participate in drug administration, as the following narratives demonstrate.

“Despite numerous requests to do a drug round [administration of drugs] it was always too busy or too few staff” (Participant 5).

“I don’t feel competent with medication management, I have not had much experience in participating in drug rounds” (Participant 4)

“I feel that RN do not like students doing med rounds as it “takes too long””
(Participant 21)

Nursing at its core is about the delivery of holistic patient care and meeting a patient’s fundamental needs is paramount and part of the role of the nurse. However, some students reported that they are repeatedly assigned tasks relating to the more fundamental areas of patient care, such as bed baths and assisting with feeding, as a result of ward pressures. Whilst these aspects of patient care are essential, they did appear to reduce the scope for other learning opportunities to present for students, such as managing medications. One participant illuminates this issue when he/she says:

“We as students understand that staff shortages are rampant but we’re completely taken for granted in these situations and its impossible to get education as everyone is too busy, and you are often left to do the washes etc” (Participant 20).

“Medication management is not given adequate clinical teaching time” (Participant 3).

This potentially can have a very debilitating impact on the breadth of learning opportunities available to students. As one participant recognises:

“The non-exposure to (doing), observing, drug rounds means my skills are lacking hence my confidence and competence are not good enough” (Participant 16).

“On the wards, the nurses are too busy or won’t allow students to shadow them on the medication rounds, which affects our learning in the senior nursing years”
(Participant 24).

Skills relating to medication management were also raised by participants as areas of concern and areas that they did not feel prepared for. Such skills included drawing up intravenous solutions, administration of intramuscular injections, medication administration (generally) and drug calculations. From a theoretical perspective, many students were of the opinion that there is inadequate pharmacology content during the course of their nursing preparation programme and that their drug knowledge is poor. This is evidenced by the following quotes:

“Too little pharmacology, classes too quick” (Participant 9).

“I feel there was not enough lectures and support in university around medication management” (Participant 21).

“The pharmacology module in university was an important module rushed in 8 weeks, it was not effective in preparing us, we should study pharmacology every year, likewise we need more time participating in drug rounds” (Participant 12).

Some positive opinion was offered around existing teaching strategies that are in place, as the following quote demonstrates:

“I feel prepared as in the knowledge of five rights and calculations. Learning and doing drug templates on my 8-week supernumerary [placement] has given me a good insight into regular meds used” (Participant 21).

Caseload management

More than half of the participants ($n=13$) highlighted caseload management in relation to their preparedness for practice. It is clearly considered an area of pertinence by students in this regard. Aspects that were cited in this area include patient assessment, observation, and patient education. There were mixed experiences in this area. Nine participants felt adequately prepared to manage a caseload of patients.

“Our supernumerary especially has prepared me well to manage a patient caseload effectively” (Participant 12).

“I feel the 8 weeks supernumerary I had to go it alone, and hit the ground running. Its effective in that now I feel confident handling a caseload of 6 [patients] independently, because I had no choice” (Participant 5).

Four participants reported that they do not feel prepared to manage a caseload of patients. Staff shortages played a role in this as some students felt unprepared for the greater patient caseloads that they had to carry as a result.

“Patient caseloads are increasingly hard to manage as wards are so short-staffed, often left on your own most of the time” (Participant 8).

“I feel unprepared in management of a full caseload of patients and time management/prioritising” (Participant 19).

Similar to issues emerging in relation to medication management, some students felt that they were stymied in their attempts to provide holistic care for their caseload of patients, as registered nurses tended to undertake the more intricate aspects of care and delegate the less complex aspects of care to the students. This is evident in the following comment:

“Student nurses are left to do other tasks such as washes, feeds, etc while nurses dispense medications” (Participant 10).

“Staff nurses do not encourage students to carry out the full nursing care for a particular set of patients. They want the basic care completed while they do the complex needs without explaining” (Participant 6).

Communication

It was evident from the responses that the area of professional communication is one that the majority of students feel confident in and were keen to articulate their perceived capabilities in this area. They generally reported that they felt satisfied in their ability to communicate, negotiate and liaise with other members of the multi-disciplinary team (MDT) and patients in relation to patient care.

“I feel my communication with patients, nursing staff and all members of the MDT have greatly improved. I would consider myself to be confident once orientated to the ward” (Participant 18).

“I believe my communication and observation skills are up to the standard required for internship” (Participant 12).

However, it is important to be mindful that this is also an area that some students can be apprehensive about, as the following participant, who expressed concern in this area, clearly articulated:

“Handing over information to night staff- lacking confidence speaking” (Participant 16).

Discussion

This study sought to explore the perceptions of fourth year undergraduate nursing students of their level of preparedness in advance of their internship placement in one School of Nursing in the Republic of Ireland. This was pre-empted by much anecdotal evidence from students in recent times at a similar stage of their programme of education that suggested that students were very anxious, apprehensive and concerned about their readiness for their internship placement. At this stage of their programme, most students are acutely aware of the change in expectations of them as they move from their role as supernumerary students to 'interns' at which point they become paid and rostered employees in the clinical setting. They recognise the increased responsibility that this brings, further adding to their anxiety and concerns. Indeed, a number of areas have been reported in the literature where the level of preparedness perceived by students for their role as nurses is in doubt. Medication management, meeting employers' expectations, lack of confidence and lack of ability are among the areas highlighted^{13,30,31}. Similar areas emerged from the cohort under focus in this study, with medication management at the fore-front of these concerns. This carries implications for all those involved in the preparation of undergraduate nursing students, in academic and clinical settings alike. Students traverse a variety of clinical areas in the course of their programme, including general medical and surgical, obstetrics and gynaecology, the emergency, and operating rooms, critical care areas and community settings to mention a few. Each of these clinical areas has its own unique culture, complexities, and systems of work. Common to all of them, however, are the students who are navigating their way through these areas on route to registration/licensure. Sometimes the challenging healthcare environment and conditions which clinical nurses can find themselves grappling with can overshadow the needs of the students. Three major areas of concern to students that emerged from the data analysis in this study comprise 'Medication Management', "Patient Caseload Management" and "Communication". These will now be discussed.

Medication Management

Upon graduation, nurses are expected to have achieved and be able to demonstrate "competence with regard to all aspects of medication management, ensuring that her/his knowledge, skills, and clinical practice are up to date"^{32(p8)}. This was a particular area of concern among the participants in this study, with twenty two of them expressing their lack of preparation/competence in this regard. A striking feature was the reported lack of opportunity and/or denial of opportunity (despite student requests in some cases) to participate in or even observe drug rounds in clinical practice. This was largely attributed to staff shortages and the busyness of the clinical environment. Students also reported that this resulted in them being routinely assigned to undertake the more basic or fundamental patient care responsibilities such as assisting patients with hygiene and feeding, at the expense of exposure to or experience of drug rounds. This clearly has the potential to limit the breadth of learning opportunities that can be availed of by students and therefore potentially jeopardise their ability to achieve competence in these and indeed other crucial

areas of practice. Some students went on to elaborate on specific medication management related skills where they felt they lack competence due to limited opportunity to engage with them. These included administration of intramuscular injections, preparation of intravenous solutions, drug calculations and medication administration generally. These are skills that can be (*and are*) successfully introduced and supported in a simulated environment but the 'hands on' experience with actual patients can only truly be gained in the clinical environment with all its complexity and unpredictability^{9,13}. It is imperative that clinical staff responsible for guiding nurse education in practice do all in their power to ensure that student nurses receive ample exposure and experience in all areas of patient care, including the more complex aspects such as medication management³³. It is equally crucial that healthcare services management endeavour to provide the organisational supports and systems of work to facilitate the clinical staff in their role as educators, which is a responsibility of every nurse and is enshrined in respective codes of conduct^{8,34}. This also serves as a timely prompt to remind clinical preceptors of the support mechanisms that are available to them such as the CPCs in the practice setting, and the practice module coordinators in the academic setting, on whom they can call for guidance and advice.

Nurse education is a shared responsibility between institutes of higher education and healthcare organisations where students undertake clinical placement^{35,36}. In a similar vein, students also recognised that aspects of their theoretical instruction in this area were not meeting their needs. There was a general consensus that there was an inadequate amount of pharmacology and medication management related theory delivered in their programme, and that what was provided was sporadic in nature and not consistently delivered across the four years of the programme. This is a common theme in the literature³⁵⁻³⁷. Participants expressed a need to have more pharmacology content and to have it in each year of the programme on an incremental basis. The regular practice and testing of drug calculations, maths tutorials, face to face tutorials and the use of calculation workbooks have been shown to improve student nurses' skills in this area³⁸⁻⁴¹. This is an area that clearly needs re-visiting in nursing curricula. Clinical competencies in this area to be achieved by students offer further opportunity to re-evaluate the best means to foster and sustain these essential skills.

Patient Caseload Management

As an undergraduate student, possessing the confidence and competence to independently manage a caseload of patients is the ultimate aspiration⁹. From a professional perspective this is a requirement in order to meet the criteria for registration with the relevant professional body and ensure safe patient care delivery^{8,34}. As professional nurses, these students will be accountable to their profession, to their employers and to the public, therefore adequate preparation for this role cannot be underestimated. Patient caseload management was deemed an important indicator of the participants' level of preparedness, with over half of them highlighting this aspect. Of these participants, nine perceived

themselves as being adequately prepared to manage a patient caseload. Within patient caseload management, aspects such as undertaking patient assessment, patient observations and patient education were areas where these participants felt particularly confident. It appeared, from their repeated mention, that participants clearly deemed these aspects as the core pillars that constitute patient caseload management. Four participants, on the other hand, expressed concerns around their perceived level of preparedness in this area, echoing findings and concerns from a similar study exploring undergraduate nurses' self-reported preparedness for practice⁹. Participants in the current study articulated similar concerns and experiences in relation to this area as were expressed with regard to medication management. They stated that they felt stymied in their attempts to deliver holistic patient care with staff nurses taking on the more intricate aspects of patient care while leaving the students to carry out the less complex aspects. This seemingly task-orientated approach to nursing care would minimise the scope for the student to experience the delivery of holistic patient care. As a result, their capacity to broaden and build on their experience in this area is limited and the long-term implications are that students will not have the confidence to manage large caseloads of patients holistically and independently⁴². The clinical environment is the only place where competence in these skills can truly be honed and where complex aspects of patient care can be fostered⁹. It is therefore paramount that students are facilitated in this learning in clinical practice and accommodated, in as far as possible, with appropriate patient care experiences ranging from the fundamental to the more complex. Again, it is essential that clinical staff who are involved in the education of student nurses are supported and facilitated with training opportunities and protected time, to provide clinical teaching and student mentorship. Close collaboration with nurse academics in partner universities is an invaluable resource that clinical partners can and should avail of^{43,44}. Such collaboration offers enhanced familiarity with the curriculum, practice placement learning outcomes, and resources that will enhance their confidence to support and educate student nurses in practice.

Communication

Communication plays an integral role in clinical practice and the smooth running of organisations generally^{45,46}, and indeed is a core principle set out in the Code of Professional Conduct and Ethics³⁴. Good interpersonal communication skills not only impacts the effective functioning of teams, it is also integral to positive patient experience and outcomes⁴⁵⁻⁴⁷. This point was not lost on our participants. The majority of participants perceived themselves to be adequately prepared and confident in the area of communication. They cited this in relation to their ability to communicate with other nurses, patients and other members of the multi-disciplinary team. Despite this, it is important to consider that it can be an area that some students struggle with, as exemplified by a number of our participants. Indeed, if students are not getting sufficient opportunities to gain confidence in caring for a caseload of patients including the more complex aspects, as these participants have reported, then their capacity to communicate the more complex

patient needs will similarly be thwarted. This, in turn, could have detrimental consequences for their confidence in communicating the needs of a large or complex group of patients, potentially jeopardising patient safety. It could also be argued that if communication channels are less than optimal for whatever reason, this might go some way towards explaining why students report that they are denied certain learning opportunities. In a study that explored students' perceptions of their preparedness for practice¹³, it was found that when students were more actively involved in all aspects of patient care (rather than being on the periphery) and felt integrated in the ward team, they got a greater insight into the role of the registered nurse. It is essential to foster an environment that actively encourages open communication and questioning to promote and develop good interpersonal communication skills among student nurses⁴⁷. This demonstrates the importance of investing time and effort to ensure that students are actively encouraged and involved as a valued member of the ward team and who are recognised for the valuable contribution that they can and do make. It is incumbent upon all registered nursing staff that find themselves supporting or working alongside student- or newly licensed nurses to ensure their involvement and inclusion. In turn it is incumbent upon the organisation to put in place systems of work and resources necessary to enable licensed nurses to fulfil the educational remit of their professional role, alongside their patient-care commitments^{8,34}. After all, these students are the practitioners and nurse educators of the future.

Conclusion

A pre-registration undergraduate nursing programme is a rewarding, yet challenging programme to embark on. Ensuring that students emerge from these programmes sufficiently prepared to meet both societal needs and regulatory body requirements is crucial. As a practice based profession, not only do nursing students have a substantial body of academic learning to contend with, they also have the practical experience in the workplace that they must master. This presents additional challenges for them as students as they progress towards impending licensure. This arguably heightens anxieties and concerns for students around their perceptions of their level of preparedness to fulfil the role of a registered nurse upon graduation. Future employer expectations also weigh heavily on their minds. In an effort to understand these anxieties and concerns we undertook this study to explore final year students' perceptions of their level of preparedness for practice in advance of their internship. Interesting findings were yielded. In particular, three themes emerged from the students' data. Medication management, and patient caseload management and the responsibilities that they bring were highlighted. In addition, aspects around interpersonal communication presented challenges for some students. In order to enhance student preparedness for practice, and to safeguard the integrity and quality of pre-registration nurse education into the future, the support and education of student nurses in the clinical practice setting, must be protected.

This presents challenges and indeed opportunities for educators/faculty, clinicians who support students in practice, and their respective organisations. This study would suggest that this is something that merits closer scrutiny. Students have clearly indicated that, at an operational level, this final supernumerary placement is falling short of meeting their needs. They have also articulated the predominant antecedents leading to this situation, such as staff shortages, and a consistent scarcity of exposure to level-appropriate nursing responsibilities including medication administration, and patient caseload management. It is incumbent on the key stakeholders pay attention to this message and to consider the very real impact that such contextual factors, can bring to bear on students' experience and learning in clinical practice. Furthermore, those responsible for supporting students in clinical practice must themselves be supported by their organisation with resources and systems of work that facilitate their integral role in this regard if patient safety is to be sustained. From an educational perspective, students have similarly identified shortfalls in their educational preparation their clinical placements. In particular, they have expressed a need for increased pharmacology and medication management content threaded consistently and incrementally throughout the programme. This too should be level-appropriate and constructively aligned across all four years of the programme. Finally, there must be agreement between the key stakeholders to ensure coherent alignment of prioritised, level-appropriate, student-centred learning opportunities in practice for students. This will ensure that students are afforded quality exposure to the RN role in preparation for their impending licensure and careers as future nurses.

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