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## ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

### Enabling nursing students to have a voice in designing a learning resource to support their participation in a clinical placement

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#### Abstract

*Background:* There appears to be a gap in the literature with regard to nursing students' participation in designing learning resources to prepare them for the reality of clinical placements. In addition, the existing research on preparation focuses on skills competency and overlooks the emotional preparation required to navigate the practice context, while preparation of early-year students is not prioritised.

*Aim:* This study had two aims: to provide nursing students with processes and tools to give them a voice in the development of learning resources to prepare for clinical placement; and to address some of the power imbalances between nursing students and clinical supervisors.

*Methods:* This action research study was undertaken collaboratively with students and academic staff as co-researchers and was underpinned by the theoretical perspectives of transformational learning and person-centredness. It used a range of creative methods, such as workshops, critical creativity and critical dialogue.

*Conclusion:* Emotional connection and vulnerability were found to enhance healthful (supervisory) relationships. The co-researchers developed a Student-Led Conversation Form and a process to support students to undertake and lead a conversation with their clinical supervisors and create shared values. Significantly, emotional preparation for clinical placements was found to be important for nursing students facing the reality of practice.

*Implications for practice:*

- Innovative approaches to curriculum development are enabled when academic staff authentically engage with nursing students
- First-year nursing students experience a sense of empowerment when they engage in student-led learning
- Person-centred learning requires academic staff and nursing students to be challenged to develop emotional literacy skills

**Keywords:** Student-led, supervision, person-centred curricula, emotional preparation, clinical placement, values

## Introduction

The research presented in this article was a study undertaken in the exploratory phase of a larger PhD study, entitled *An Exploration of How Healthful Relationships Between Students and Clinical Supervisors Influence Transformational Learning: A Person-centred Inquiry*. This exploratory phase action research study was conceptualised following a conversation with nursing students and the principal researcher – and PhD candidate – (MM), in which the students questioned why they did not have the same level of preparation as their clinical supervisors. This conversation led to a disorienting dilemma (Mezirow, 2000) between learning and teaching practice and the philosophical person-centred underpinning of the curriculum (McCance and McCormack, 2017).

The study was completed at a metropolitan university in New South Wales, Australia. The pre-registration nursing degree is offered across six geographically disparate campuses on the south coast of the state. Students undertake 840 hours of clinical placement throughout the degree and, in accordance with accreditation requirements, placements must be supervised and assessed by a registered nurse, referred to as a clinical supervisor (Australian Nursing and Midwifery Accreditation Council, 2012).

The action research study was situated within the critical theory paradigm (Habermas, 1987) and was influenced by the theoretical underpinnings of transformational learning (Mezirow, 2000) and person-centred practice (McCance and McCormack, 2017). From a critical theory perspective, it can be argued that there is an imbalance of knowledge and power that may inadvertently disadvantage and disempower nursing students. Mezirow (2000, pp 7-8) argues that learning through disorienting dilemmas provides higher-order knowledge that creates a new learning perspective or worldview. He defines transformational learning as: ‘...the process by which we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mindsets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true and justified to guide action.’ From a person-centred perspective, healthful cultures in this context arise where decision-making is shared, staff [and student] relationships are collaborative, leadership is transformative and innovative practices are supported (McCance and McCormack, 2017, p 60).

## Background

Haraldseid and colleagues (2016) note that the literature offers little evidence about student participation in the development of learning and teaching resources in preparation for clinical placement. Ghasemi et al. (2020) argue that students are more successful and motivated to learn when they are engaged in their learning. They add that identification of effective learning and teaching strategies to engage them in their learning remains a challenge for nursing academics.

Overall, the literature has focused on calls for clarification about clinical placement expectations (Spoliotopoulou, 2007; Levett-Jones et al., 2015), marking criteria (Spoliotopoulou, 2007) and clarification of language used in competence-assessment documents (Helminen et al., 2014). Students’ involvement in the development of such resources in nursing curricula is not clearly articulated. An example of where early student involvement could have been beneficial was the development of an online resource to enable students in a range of healthcare professions to prepare for the ethical and emotional challenge of clinical placements (Grace and O’Neil, 2014; Grace et al., 2016). The students appreciated the resource but criticised its design; clearly, student input at the development stage could have helped address this. Other examples of pre-placement preparation programmes include a semester-long preparation for practice course for nursing students (Levett-Jones et al., 2015), a week-long workshop for dietetics students (Ross et al., 2017) and a four-week programme for occupational therapy students (Spoliotopoulou, 2007).

The emphasis in the literature is on preparing later-year students for practice. Bradshaw et al. (2012) argue that preparation for students is not prioritised early in their courses because they are thought to have enough to cope with before their first placement, as well as a lack of context in which to situate pre-placement information. Grace and O'Neil (2014) implemented their preparation intervention with third- and fourth-year nursing students but it was subsequently argued by the student participants that the information was less relevant at those later stages because by then they are more familiar with placement processes and environments. In another study, Barrington and Street (2009) chose to implement learning contracts in the second academic session, as at this stage nursing students had completed semester one and successfully achieved learning objectives. The literature appears to be silent on preparation for clinical placement for first-year students.

The existing research on preparation for practice focuses on skills competency and overlooks the emotional preparation required to navigate the complexity and reality of the practice context. Bradshaw and colleagues (2012) highlight the need to prepare nursing students and clinical supervisors for the competency-assessment process. They recommend refreshing nursing students' preparedness for this assessment as expectations of competency increase and, based on their research, have implemented annual orientation workshops for students. Preparation is largely approached in a technical way, with emotional preparedness seeming to be neglected.

### ***Student empowerment***

While nursing students' accounts of empowerment and disempowerment on clinical placements have been reported (Bradbury-Jones et al., 2007), accounts of empowerment specific to clinical assessment processes appear to be lacking from the literature. Further, nursing student empowerment is discussed as being directly influenced by three factors: negotiating learning opportunities; using existing skills; and using initiative (Bradbury-Jones et al., 2007). Each of these factors is said to be enabled by clinical supervisors understanding students' capabilities and monitoring their progress. Therefore, effective clinical supervision with continuity is argued to contribute to student empowerment in the practice context. Lack of support during clinical placements or witnessing bad practice were factors identified as contributing to disempowerment (Bradbury-Jones et al., 2007) and nursing student attrition (Eick et al., 2012).

There have been calls for student-centred approaches to learning and teaching that are built on adult learning principles (Bradshaw et al., 2012; Levett-Jones et al., 2015). The application of such principles in the negotiation and assessment of learning plans is reported to enable more individualised student learning, self-reflection, open communication, mutual respect, student ownership and a shift in power from faculty towards the student (Bailey and Tuohy, 2009; Barrington and Street, 2009). From a broader higher education perspective, Bovill and colleagues (2016) argue that academics and students benefit when they work in partnership to develop learning and teaching resources. Those authors further explore how such co-creation approaches face resistance because they challenge institutional norms. They warn that, alongside the benefits of co-creation, it is important to ensure students do not become overburdened and that their role in learning is respected.

Many nursing students find clinical placements demanding and stressful (O'Mara et al., 2014). The literature acknowledges that students preparing to undertake clinical placements can experience degrees of anxiety and stress that impact on their performance (Levett-Jones et al., 2015; Stunden et al., 2015; Ross et al., 2017). Structured preparation may help relieve anxiety and stress by addressing expectations about placements, offering coping strategies such as mindfulness, and suggesting methods for working with less person-centred staff (Spoliotopoulou, 2007; Levett-Jones et al., 2015). Students will benefit from person-centred teaching and learning strategies that focus on providing the knowledge and skills needed to contribute to creating healthful cultures in clinical placements (McCormack and Dewing, 2019) but it is important to equip them for less favourable environments.

Overall, the literature offers scant evidence on the inclusion of the voice of nursing students in developing and evaluating learning and teaching resources, with the dominant voice being that of the academic. To address this gap, this action research study considered the question '*How does the collaborative development of a learning resource enable nursing students to be active participants in their clinical placement?*' It aims to:

- Provide nursing students with processes and tools to give them a voice in the development of learning resources in preparation for clinical placement
- Address some of the power imbalances between nursing students and clinical supervisors

The university where this research was conducted is in the process of implementing a revised person-centred nursing curriculum (McCormack and Dewing, 2019). Therefore, it was timely to undertake this study to explore the importance of the student's voice in this revised curriculum.

## **Methodology and methods**

### ***Participants***

The participants in this study all agreed to be co-researchers and were involved in all aspects of the research process, from planning to implementation, synthesis and dissemination (Kemmis et al., 2013). The nursing students will therefore be referred to as student co-researchers; they were all first-year students at a small regional campus, who had completed their initial clinical placement in the first academic session of their degree and were eligible for their second. The campus was chosen as the principal researcher (MM) is an academic staff member on this site. All students eligible for allocation to a clinical placement at the campus were emailed an invitation to participate. Six of a possible 15 students accepted and went on to participate as student co-researchers. There were five females and one male, with ages ranging from 24 to 45 years. All were of white Australian or European descent.

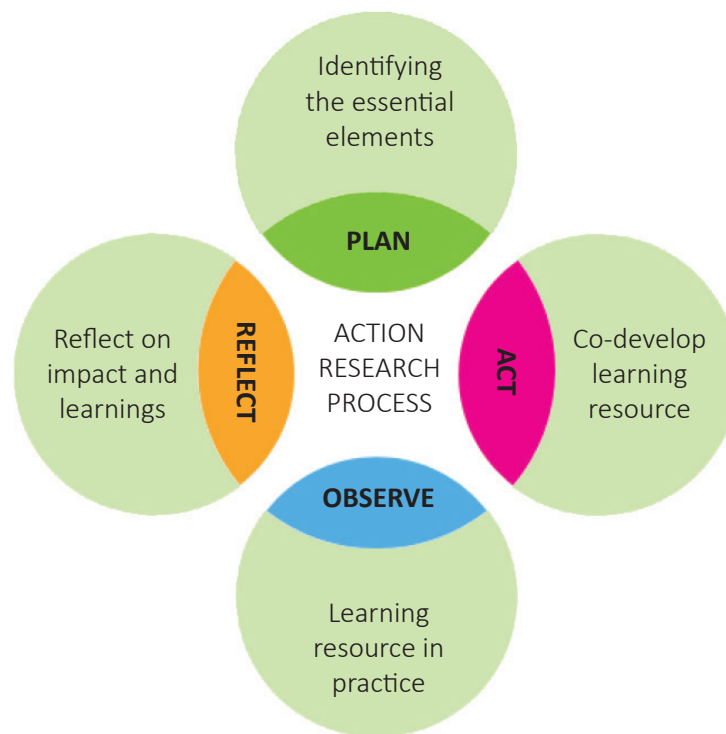
### ***Ethical approval***

Ethics approval was granted via the university's Human Research Ethics Committee. A significant ethical issue that was considered and explored was perceptions of power, since it was possible the participating students would have some affiliation with at least one of the researchers, given that two researchers work at the university. The principal researcher (MM) holds a leadership position in the School of Nursing and provides governance for the clinical placement portfolio. To mitigate this, all correspondence regarding participation information and consent was sent through a research assistant. In addition, a second academic co-researcher (CJ) was present for all meetings to ensure there were no issues of coercion or bias (Polit and Beck, 2017).

### ***Methodology***

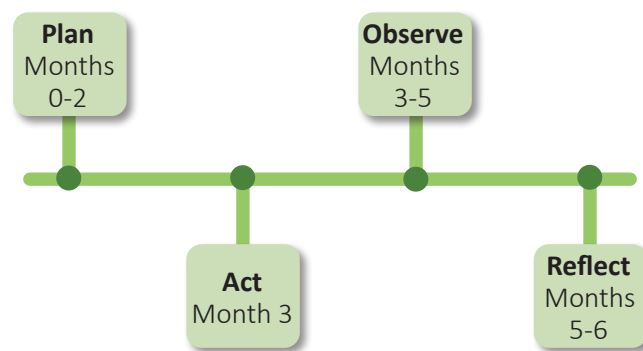
This study adopted action research methodology within the critical paradigm (McNiff and Whitehead, 2011). Action research was chosen as it is an iterative process enabling practitioners to explore their own practice. The nursing students were insider co-researchers, or the practitioners within the clinical practice context, and the academic staff were the outsider co-researchers within the educational practice context (McNiff and Whitehead, 2011). The methodological principles include active participation (Kemmis et al. 2013), active learning (Dewing, 2010), self-development and democratic processes (Piper and Lazar, 2018). Action research is a cyclical process of plan, act, observe and reflect (McNiff and Whitehead 2011; Figure 1).

**Figure 1: Action research process (McNiff and Whitehead 2011)**



The action research process was conducted over six months. The timeline (Figure 2) was largely determined by the allocation of clinical placements for the student co-researchers.

**Figure 2: Action research process timeline**



### **Methods**

A range of creative methods was used, such as workshops, critical creativity using cards, paper, pens and stickers (McCormack and Titchen, 2006) and critical dialogue (Habermas, 1987). This section differentiates academic co-researchers from student co-researchers; the former facilitated the research workshop and process and the latter were active participants in both.

### **Planning phase**

At the planning phase, co-researchers collaborated to identify the elements (Figure 1) of a learning resource for the preparation of students for clinical placement. Kemmis et al. (2013) argue that participation in action research should include the co-researchers being involved in planning the study from the outset. This began with a group of potential co-researchers (all of whom met the inclusion criteria), meeting with the academic researchers at a workshop to develop the methods. The research question was agreed on, then collectively, we moved to address the following questions: *What methods*

*could be used to collect information to answer this question? and What methods could we use to understand (or synthesise) the information collected?* The information from this workshop was used to support the application for ethical approval.

The second part of the planning phase followed ethical approval. In the workshop, various participatory active learning exercises (Dewing, 2010) were used to facilitate relationships in the group and enable open, wide-ranging, and authentic contributions. The workshop began with students identifying their understanding of the term 'healthful relationships'. This was undertaken using critical creativity (McCormack and Titchen, 2006) to achieve mutual consensus (Habermas, 1987). The principal researcher invited the participants to describe and expand on what they believed was required in preparing nursing students for clinical placement, by undertaking an individual critical-creative reflection. A group critical dialogue (Habermas, 1987) among the student co-researchers then took place to unearth a deeper understanding and challenge participants to grow and develop as a part of the process from the experiences and views raised, their meanings and implications (McCormack and Titchen, 2006). The workshop concluded with the students highlighting the elements that enabled them to create a healthful relationship with their clinical supervisor.

### ***Acting phase***

All co-researchers attended a subsequent workshop to reflect on their learnings from the previous one and develop the learning resource. The academic co-researchers were present but did not use their voices as the aim was for the student co-researchers to inform the development of the resource. Critical dialogue (Habermas, 1987) was used to create a shared story of their understanding of what needed to be included in the learning resource. The principal researcher then produced a sample of the learning resource and the student co-researchers had the opportunity to review and modify this. The resource developed was the Student-led Conversation Form and an agreement was reached on how it would be used, emphasising that nursing students lead a conversation on their values, expectations, and fears with their clinical supervisor.

### ***Observing phase***

The observing phase included the student co-researchers learning in practice from using the Student-led Conversation Form with their clinical supervisor. They then undertook a 10-day clinical placement, after which a third workshop was held where the students provided feedback on their experience. They began by sharing their experiences individually, using creative materials to tell their stories. Finally, critical creativity (McCormack and Titchen, 2006) was used by the student co-researchers collectively to create a shared story that represented their collective understanding of their experiences. This story was developed around the study's overall research question '*How does the collaborative development of a learning resource enable nursing students to be active participants in their clinical placement?*'

### ***Reflecting phase***

In the reflecting phase, the co-researchers collectively considered the impact and learnings from the overall study. Following reflection on the learnings from the action research process and the creation of the shared story, minor changes were made to produce the final Student-led Conversation Form (Figure 3).

**Figure 3: Student-led Conversation Form**

**Establishing ways of working between nursing students and clinical supervisors**

This page has intentionally been placed at the beginning of the Assessment in Practice document to provide you, the nursing student with an outline to introduce yourself to your clinical supervisors. Most important is that you have the opportunity to share your values and how you are feeling about this placement, and establish ways of working with your clinical supervisor. Clinical supervisors can reciprocate and introduce themselves to you too. This is intended to be part of a conversation led by you, the nursing student.

In starting the conversation, it is expected that the clinical supervisor provides time to sit quietly with the nursing students, either individually or as a group, and allows the nursing student(s) to start the conversation and share their values, feeling and expectations. This conversation should occur on **Day 1** of the placement.

**Suggested way to start the conversation**

*As part of the requirements for my placement it would be really helpful to me for us to have a conversation about my values and how I am feeling about my placement.*

*I would really appreciate if we could spend a few minutes going over this form as it will guide us both through a process of sharing our thoughts about nursing and working with people in clinical practice.*

**Hello, my name is:** .....

I value the following when I am in the role of a nurse caring for people in practice:

- .....
- .....
- .....

I have the following feelings about this workplace experience placement:

- .....
- .....
- .....

I have the following expectations of my experience of clinical supervision during this workplace experience placement:

- .....
- .....
- .....

Please share with me your expectations of me as a nursing student during this workplace experience placement:

- .....
- .....
- .....

The following are our agreed ways of working together:

- .....
- .....
- .....

### ***Synthesis of information collected***

All workshops were audiotaped and later transcribed. The second academic co-researcher (CJ) also took handwritten notes to capture any moments that might not stand out in the audio recordings.

The fourth workshop included information synthesis, with the co-researchers collectively using a creative hermeneutic process (McCormack and Titchen, 2006). To ensure the voice of the student co-researchers was heard, they individually reviewed all the workshop transcripts and creatively represented their interpretations. All co-researchers then came together collaboratively and created a shared story of the learnings from the overall research process.

### **Findings**

Five core elements emerged from the action research process:

- The beginning of a definition of healthful (supervisory) relationships between nursing students and clinical supervisors
- The development of the learning resource – the Student-led Conversation Form
- A feeling of connection through vulnerability
- A need for emotional preparedness for clinical placement
- The benefits of nursing students' participation in curriculum development

The names used in reporting these findings are the actual names of the student co-researchers. All agreed they wanted to use their real names rather than pseudonyms. The overall findings from this research study reflect that students led the development of a resource that is now an embedded part of clinical placements for more than 1,500 nursing students.

### ***The beginning of a definition of a healthful relationship between a nursing student and their clinical supervisor in clinical placements***

The contribution to defining a healthful relationship between nursing students and their clinical supervisors is the key finding from our research. Figure 4 portrays the nursing students' representation of this relationship. The student co-researchers initially took time planning the research process to consider what they thought a healthful relationship with the clinical supervisor looked and felt like for them. They drew a representation of this and used it to explain their perspective of an ideal supervisory relationship.

For this group of students, the healthful relationship included *'being able to have a voice even when you are shaky'* (Sally-Anne) or having the courage and confidence to be heard, to speak out loud, even when you are scared and anxious. It also includes an environment where it is *'OK knowing you are going to make mistakes'* (Alicia), and where students feel comfortable and supported to learn through these. Feedback is an important part of the supervisory relationship and the students agreed they need *'someone sincere with their feedback'* (Tanya), rather than someone who simply says what they think the student wants to hear. *'Ultimately, you need to have the courage to be true to your values and create a relationship that is authentic for both of you'* (Collective shared story of the student co-researchers).



**Figure 4: Nursing students' creative representation of a healthful supervisory relationship**



In Figure 4, the eyes and hearts are portrayed as being open to seeing other perspectives and the purple wavy lines represent the complexity of clinical practice. On the inner circle, the lines symbolise the issues that can arise and the swirls represent the flow of support to the centre, where the healthful relationship supports both the student and clinical supervisor to be the best they can be.

#### ***The development of the learning resource – the Student-led Conversation Form***

The second finding was developing the Student-led Conversation Form (Figure 4). During the planning part of the action research process, the co-researchers collectively agreed to co-create a process that would enable the early development of a healthful (supervisory) relationship.

The university has approximately 1,500 students across six campuses. Therefore, to ensure the learning resource could be understood across a diverse student population, a template was designed. The form is set out to incorporate critical areas for exploration and discussion. These topics were organised under the following headings: clarification of values, placement expectations and fears. The premise was for the nursing student to initiate and lead the conversation with the clinical supervisor, share their prepared thoughts and feelings, have a conversation about the supervisor's expectations and finally come up with shared ways of working together.

Students reported that they thought the process of developing the learning resource would open up communication and provide an opportunity to break the ice and ask questions of each other. The quotes below demonstrate that students gained confidence from finding the courage to use their voice:

*'Not to be too confident but to have the courage to be confident...'* (Sally-Anne).

*'So basically having confidence in my abilities and it does say in here that we build self-confidence as we learn from our mistakes and improve for the better. Confidence brings strength to try new things and gain mastery through practice. So for us going out, or for myself going out, have that confidence in my skills and my abilities that I've learnt in my class and to put that into practice.'* (Tanya).

The students wanted clarity about expectations and who to go to if they needed assistance or support:

*'If I'm having any issues, what do I do, who do I see?'* (Ionna).

From the reflection on the observation phase, minor changes were proposed and agreed on, based on feedback from the workshop. Knowing how to start the conversation was described as one of the most challenging aspects. Student co-researchers agreed that a written introduction should be included at the beginning of the form as a prompt if required. The statement below is now included within the learning resource:

*'As part of the requirements for my placement, it would be really helpful to me for us to have a conversation about my values and how I am feeling about my placement. I would really appreciate it if we could spend a few minutes going over this form as it will guide us both through a process of sharing our thoughts about nursing and working with each other in clinical placement'* (Alicia).

The student co-researchers then moved to consider the learning support students and supervisors might need in terms of the wider implementation and sustainability of the process. Learning from the experience of being in clinical placement and using the Student-Led Conversation Form was reported to generate a sense of confidence and courage for students by helping them feel heard and validated.

### **Connection through vulnerability**

The third finding was the validation that showing vulnerability enables a connection between persons at a human level. In the context of creating healthful relationships, nursing students shared a sense that showing vulnerability helped them to connect in this way with the clinical supervisor and contributed to being seen not 'just' as a nursing student, but rather a person who has their own uniqueness. It also helped them understand that the supervisor is not superhuman and is doing the best they can to help everyone achieve the most from their placement. The issue of vulnerability also extended to the concept of belonging, or fitting in. There was a reference to a ward or service being like a family and that nursing students are not familiar with the ways of being in that family and therefore may feel they do not belong:

*'...hope that you'll be accepted into this family. It's quite a tricky situation, especially on the first day. You know, just even them looking at you and they know that you're a new face and you're in your student uniform, they've already got their family unit, and they've already got their conversations that they've had from the week before or asking each other about the weekend, and it's really hard to engage in those conversations as students because, obviously, we've never met them before'* (Dan).

Vulnerability was considered in both workshops as being an aspect of connecting with the clinical supervisor on an authentic level. The discussion below demonstrates this:

*'We did talk about how even though we're in a professional capacity we're still able to be vulnerable and 'cause we're all just, you know, still just people'* (Ionna).

*'So we did talk about that. And everyone agreed, yeah, it's okay. It's okay. We can say we're scared or nervous or whatever'* (Louise).

*'I was the same 'cause on there you write how you're feeling and I had written that I was nervous about giving medications – and so I think it gives the clinical supervisor an area, okay, Sally-Anne's nervous about medication so maybe this is where we focus... I needed more support for that'* (Sally-Anne).

*'I think it allowed the clinical supervisor an opportunity to come down to this, like, really, not come down, like to be in this real human moment'* (Louise).

### ***Emotional preparedness for clinical placement***

The fourth finding was the realisation that pre-placement preparation is required for nursing students and clinical supervisors to be emotionally 'ready' to connect within a healthful relationship. The student co-researchers spoke about how they were not prepared for creating a relationship with their clinical supervisors or for the emotional challenge that clinical placement often involves. They felt they were prepared for the technical skills within their scope of practice, but not so well for engaging with their clinical supervisor:

*'We spoke a lot about our scope of practice before we went on our first placement, that was really drummed into our heads but we weren't prepared with knowledge of what to expect when engaging with our clinical supervisor' (Tanya).*

They also shared that they were not prepared for the emotional challenges that occur in the reality of clinical placement. This was described as: *'Being prepared to have bumps in the road'* (Dan).

The participants felt that hearing from their peers in the second and third years of the degree programme would help them to be better prepared for practice:

*'I think that maybe some of the students from second or third year could maybe speak to the first years about their experience... we did speak to someone in their third year the week before we went, and I think that was helpful' (Ionna).*

### ***The participation of nursing students in the development of curriculum***

The fifth and final finding was the benefit of nursing students having a voice in the development of learning and teaching resources. Participants summarised their experience of participating in this study with the statements below. This demonstrates the learning about themselves and their ability to contribute and grow that came from having the courage to participate in a research study.

The participants shared that they gained insight into the value of having an active role in creating relationships and also improved their self-confidence by contributing to a resource that will also benefit many other nursing students:

*'Being a part of this Student-Led Conversation project aimed at developing a new clinical placement assessment document has provided us with great insight not into our own fears about nursing placements, but has also enabled us to be involved in this project to assist the new first year nursing students in undertaking clinical placement. It is our belief that this tool will enable more open and empathetic communication between clinical supervisor/educators and nursing students, and in turn leading to a more harmonious and understanding working relationship, which we feel was broken or lacking originally' (Louise).*

*'We believe that this communication bridge can be achieved by understanding your own values and ethics, as well as openly communicating your goals and what you hope to learn from your time within the facility. We believe that by implementing these small communication changes, it will lead to a drastic but positive impact upon the way first year students view their clinical placements. It is our hope that by implementing these small changes with the new approach to clinical placement that we can enable open communication and shine a light on the stresses and fears of those initial placements' (Alicia).*

### **Discussion**

This research aimed to give nursing students a voice in the development of learning resources and the findings demonstrate that students can make meaningful contributions to the curricula in this respect. The study also sought to address the power imbalance between students and clinical supervisors, and

shows that students can be active partners in initiating and shaping that relationship. These findings, which focused on students in the first year of their pre-registration nursing degree, challenge the suggestion of Bradshaw and colleagues (2012) that preparation for clinical placement should occur in the later years of study.

The findings highlight that student co-researchers were empowered, and felt valued as persons and more confident in their interactions with clinical supervisors. This concurs with Levett-Jones and colleagues (2015), who advocated a shift to a more person- (or student-) centred approach to learning and that creative approaches to learning are required to prepare for clinical placement. A recent European project highlighted the need to include students as active participants in their learning (McCormack and Dewing, 2019; Dickson et al., 2020), while evidence also indicates that when nursing students feel valued and heard, it enhances their confidence in their ability and a sense of belonging during their clinical placement (Eick et al., 2012; Levett-Jones et al., 2015). This is not to overlook the many fears that nursing students have when entering practice settings (Levett-Jones et al., 2015). This research demonstrates that nursing students can better connect with their clinical supervisor by acknowledging and sharing their concerns and expectations through creating healthful (supervisory) relationships. Significantly for the nursing profession, an increased sense of confidence and being valued within clinical placement is closely associated with satisfaction and willingness to complete a pre-registration nursing degree and continue in the profession (Eick et al., 2012).

Brown (2018, p xvii) defines vulnerability as 'having the courage to show up and be seen when we have no control over the outcome. Vulnerability is not weakness; it's our greatest measure of courage'. This study suggests that the courage to show vulnerability is key to nursing students' ability to create human connections with supervisors. The Student-led Conversation Form is shared only between the nursing student and the direct clinical supervisor; no other registered nurses see it, as it is important that any vulnerability expressed by the student on the form remains confidential so the student is protected. Having a process and form as a tool to be used as part of a clinical placement helps to emphasise the importance of the 'being' or caring aspect of nursing and is considered an essential component of person-centred learning (O'Donnell et al., 2017). Further, it has been consistently argued that the creation of personalised student learning experiences increases motivation, trust and mutual respect (Knowles, 1986; Soloman, 1992; Ghasemi et al., 2020). This study demonstrates that vulnerability has a role in crafting of healthful relationships.

The need to educate and support nursing students in their emotional preparedness for the reality of practice is underlined by the findings here. Brackett (2019) argues that education is required to enable the understanding of emotions and the development of emotional literacy skills. Baron (2017) claims pre-registration nursing curricula are currently teacher led and focused on the technical preparation for acute care practice. A key realisation for academic staff was that the School of Nursing had in place learning and teaching strategies that included emotional preparedness for the clinical supervisors – but not for the students. Tuenissen and Westerman (2001) assert that preparing nursing students for placement enables them to consider potential challenges and develop coping skills. Ross and colleagues (2017) suggest the preparation of nursing students prior to clinical placement can reduce stress and anxiety; while their research relates to final-year students, this study contends the same applies to students at earlier stages of their degree. On reflection, the lack of emotional preparedness strategies for students inadvertently contributed to power imbalances and affected the ability of nursing students to prepare and understand their requirements in creating healthful relationships with their clinical supervisors.

In summary, there is little in the literature about the impact of healthful relationships with supervisors on nursing students' ability to flourish in their learning. The concept of healthful relationships is embedded in the theory of person-centredness and the creation of healthful cultures (McCance

and McCormack, 2017). This study creates the foundation for further research to explore healthful relationships in the context of clinical supervision. The student co-researchers reported that having their voice respected in this relationship gives them the courage to share their concerns in situations where they feel stressed or anxious, and enables them to be authentic to their values and beliefs. It is hoped that healthful (supervisory) relationships that enable nursing students to feel empowered will contribute to creating a caring environment for them and their clinical supervisors to flourish to their full potential (Bradbury-Jones et al., 2007; McCance and McCormack, 2017).

### Limitations

This study was undertaken at a single site with a limited number of participants, and the findings' relevance beyond the research setting are not clear. However, this limitation can be expected within an action research methodology, where research is concerned with shared exploration of what people know, and how they learn to transform their social conditions. The critical paradigm in which this research study is embedded recognises that research is place based and the findings therefore are relevant to the context of the research (McCormack et al., 2017). It is hoped that moving forward, the findings from this research study may inform educational practice more broadly.

### Conclusion and implications for practice

In conclusion, this study highlights the need for nursing students to be more active participants in the development of learning and teaching resources aimed at their preparation for clinical placement. The Student-Led Conversation Form has now been implemented in all three years of the pre-registration nursing degree, with more than 1,500 nursing students now having student-led conversations with clinical supervisors. The study also challenges the assumption that first-year nursing students are not ready to undertake preparation for clinical placement. There is a need for further research into the impact nursing students can have as participants in developing resources to support their learning needs in non-classroom settings; specifically, it would be beneficial to explore what constitutes a healthful (supervisory) relationship between nursing students and clinical supervisors in the context of practice.

### References

- Australian Nursing and Midwifery Accreditation Council (2012) *Registered Nurse Accreditation Standards*. Retrieved from: [tinyurl.com/ANMAC-RN-accred](https://tinyurl.com/ANMAC-RN-accred). (Last accessed 20<sup>th</sup> June 2021).
- Bailey, M. and Tuohy, D. (2009) Student nurses' experiences of using a learning contract as a method of assessment. *Nurse Education Today*. Vol. 29. No. 7. pp 758-762. <https://doi.org/10.1016/j.nedt.2009.03.012>.
- Baron, K. (2017) Changing to concept-based curricula: the process for nurse educators. *The Open Nursing Journal*. Vol. 11. pp 277-287. <https://doi.org/10.2174/1874434601711010277>.
- Barrington, K. and Street, K. (2009) Learner contracts in nurse education: interaction within the practice context. *Nurse Education in Practice*. Vol. 9. No. 2. pp 109-118. <https://doi.org/10.1016/j.nepr.2008.10.004>.
- Bovill, C., Cook-Sather, A., Felten, P., Millard, L. and Moore-Cherry, N. (2016) Addressing potential challenges in co-creating learning and teaching: overcoming resistance, navigating institutional norms and ensuring inclusivity in student-staff partnerships. *Higher Education*. Vol. 71. pp 195-208. <https://doi.org/10.1007/s10734-015-9896-4>.
- Brackett, M. (2019) *Permission to Feel*. London: Quercus Publishing.
- Bradbury-Jones, C., Sambrook, S. and Irvine, F. (2007) The meaning of empowerment for nursing students: a critical incident study. *Journal of Advanced Nursing*. Vol. 59. No. 4. pp 342-351. <https://doi.org/10.1111/j.1365-2648.2007.04331.x>.
- Bradshaw, C., O'Connor, M., Butler, M., Fahy, A., Tuohy, D., Cassidy, I., Quillinan, B., Egan, G., McNamara, M. and Tierney, K. (2012) Nursing students' views of clinical competence assessment. *British Journal of Nursing*. Vol. 21. No. 15. pp 923-927. <https://doi.org/10.12968/bjon.2012.21.15.923>.

- Brown, B. (2018) *Dare to Lead: Brave Work. Tough Conversations. Whole Hearts*. London: Ebury Publishing.
- Dewing, J. (2010) Moments of movement: active learning and practice development. *Nurse Education in Practice*. Vol. 10. No. 1. pp 22-26. <https://doi.org/10.1016/j.nepr.2009.02.010>.
- Dickson C., van Lieshout, F., Kmetec, S., McCormack, B., Skovdahl, K., Phelan, A., Cook, N., Cardiff, S., Brown, D., Lorber, M., Magowan, R., McCance, T., Dewing, J. and Štiglic, G. (2020) Developing philosophical and pedagogical principles for a pan-European person-centred curriculum framework. *International Practice Development Journal*. Vol. 10. Suppl. Article 4. pp 1-20. <https://doi.org/10.19043/ipdj.10Suppl2.004>.
- Eick, S., Williamson, G. and Heath, V. (2012) A systematic review of placement related attrition in nurse education. *International Journal of Nursing Studies*. Vol. 49. No. 10. pp 1299-1309. <https://doi.org/10.1016/j.ijnurstu.2011.12.004>.
- Ghasemi, M., Moonaghi, H. and Heydari, A. (2020) Strategies for sustaining and enhancing nursing students' engagement in academic and clinical settings: a narrative review. *Korean Journal of Medical Education*. Vol. 32. No. 2. pp 103-117. <https://doi.org/10.3946/kjme.2020.159>.
- Grace, S. and O'Neil, R. (2014) Better prepared, better placement: an online resource for health students. *Asia-Pacific Journal of Cooperative Education*. Vol. 15. No. 4. pp 291-304. Retrieved from: [tinyurl.com/APJCE-Grace](http://tinyurl.com/APJCE-Grace). (Last accessed 2<sup>nd</sup> June 2021).
- Grace, S., McLeod, G., Streckfuss, J., Ingram, L. and Morgan, A. (2016) Preparing health students for interprofessional placements. *Nurse Education in Practice*. Vol. 17. pp 15-21. <https://doi.org/10.1016/j.nepr.2016.02.001>.
- Habermas, J. (1987) *Theory of Communicative Action*. Boston, US: Beacon Press.
- Haraldseid, C., Friberg, F. and Aase, K. (2016) How can students contribute? A qualitative study of active student involvement in development of technological learning material for clinical skills training. *BMC Nursing*. Vol. 15. Article 2. <https://doi.org/10.1186/s12912-016-0125-y>.
- Helminen, K., Tossavainen, K. and Turunen, H. (2014) Assessing clinical practice of student nurses: views of teachers, mentors and students. *Nurse Education Today*. Vol. 34. No. 8. pp 1161-1166. <https://doi.org/10.1016/j.nedt.2014.04.007>.
- Kemmis, S., McTaggart, R. and Nixon, R. (2013) *The Action Research Planner: Doing Critical Participatory Action Research*. Singapore: Springer. <https://doi.org/10.1007/978-981-4560-67-2>.
- Knowles, M. (1986) *Using Learning Contracts: Practical Approaches to Individualising and Structuring Learning*. San Francisco: Jossey-Bass.
- Levett-Jones, T., Pitt, V., Courtney-Pratt, H., Harbrow, G. and Rossiter, R. (2015) What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? *Nurse Education in Practice*. Vol. 15. No. 4. pp 304-309. <https://doi.org/10.1016/j.nepr.2015.03.012>.
- McCance, T. and McCormack, B. (2017) The Person-centred Practice Framework. Chp 3 in McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Oxford: John Wiley & Sons. pp 36-66.
- McCormack, B. and Dewing, J. (2019) International Community of Practice for Person-centred Practice: position statement on person-centredness in health and social care. *International Practice Development Journal*. Vol. 9. No. 1. Article 3. pp. 1-7. <https://doi.org/10.19043/ipdj.91.003>.
- McCormack, B., van Dulman, S., Eide, H., Skovdahl, K. and Eide, T. (2017) (Eds.) *Person-centred Healthcare Research*. Chichester, UK: Wiley-Blackwell
- McCormack, B. and Titchen, A. (2006) Critical creativity: melding, exploding, blending. *Educational Action Research*. Vol. 14. No. 2. pp 239-266. <https://doi.org/10.1080/09650790600718118>.
- McNiff, J. and Whitehead, J. (2011) *All you Need to Know about Action Research*. London: Sage.
- Mezirow, J. (2000) *Learning as Transformation: Critical Perspectives on a Theory in Progress*. San Francisco: Jossey-Bass.
- O'Donell, D., Cook, N. and Black, P. (2017) Person-centred nursing education. Chp 7 in McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Chichester, UK: Wiley-Blackwell. pp 99-117.

- O'Mara, L., McDonald, J., Gillespie, M., Brown, H. and Miles, L. (2014) Challenging clinical learning environments: experiences of undergraduate nursing students. *Nurse Education in Practice*. Vol. 14. No. 2. pp 208-213. <https://doi.org/10.1016/j.nepr.2013.08.012>.
- Piper, A. and Lazar, A. (2018) Co-design in health: what can we learn from art therapy? *Interactions*. Vol. 25. No. 3. pp 70-73. <https://doi.org/10.1145/3194353>.
- Polit, D. and Beck, C. (2017) *Nursing Research: Generating and Assessing Evidence for Nursing Practice* (9<sup>th</sup> edition). Philadelphia: Lippincott Williams & Wilkins.
- Ross, L., Mitchell, L. and Williams, L. (2017) Is it possible to enhance the confidence of student dietitians prior to professional placements? A design-based research model. *Journal of Human Nutrition and Dietetics*. Vol. 30. No. 5. pp. 588-595. <https://doi.org/10.1111/jhn.12479>.
- Solomon, P. (1992) Learning contracts in clinical education: evaluation by clinical supervisors. *Medical Teacher*. Vol. 14. Nos. 2-3. pp 205-210. <https://doi.org/10.3109/01421599209079489>.
- Spiliotopoulou, G. (2007) Preparing occupational therapy students for practice placements: initial evidence. *British Journal of Occupational Therapy*. Vol. 70. No. 9. pp 384-388. <https://doi.org/10.1177/030802260707000903>.
- Stunden, A., Halcomb, E. and Jefferies, D. (2015) Tools to reduce first year nursing students' anxiety levels prior to undergoing objective structured clinical assessment (OSCA) and how this impacts on the student's experience of their first clinical placement. *Nurse Education Today*. Vol. 35. No. 9. pp 987-991. <https://doi.org/10.1016/j.nedt.2015.04.014>.
- Teunissen, P. and Westerman, M. (2011) Opportunity or threat: the ambiguity of the consequences of transitions in medical education. *Medical Education*. Vol. 45. No. 1. pp 51-59. <https://doi.org/10.1111/j.1365-2923.2010.03755.x>.

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