

This is an Accepted Manuscript of an article published by Taylor & Francis in *Comprehensive Child and Adolescent Nursing* on 23/10/17, available online: <http://www.tandfonline.com/doi/full/10.1080/24694193.2017.1372530>

## **Introduction:**

Ensuring a skilled and sustainable nursing workforce to care for children and their families is crucial. Practice placements account for 50% of the nursing degree programme within the United Kingdom (UK). Undertaking the first practice placement can cause anxiety, stress and uncertainty for students (Brien, 2012; Chesser-Smyth, 2005), whilst also shaping a student's perception of the profession they are joining. Year 1 of the programme usually has the highest attrition rate and although the reasons for attrition are multi-faceted, it has been suggested that students are particularly at risk of leaving around the time of their first practice placement; possibly as they reconcile their initial career choice with the realities of nursing (Brien, 2012).

## **Background:**

Currently Nurse Education is financed by Health Education England (2016); however, from August 2017, Healthcare Education Funding Reforms in England will require BSc nursing students to be responsible for funding their degree studies and Post Graduate students the following year (DH, 2016), thereby bringing nurse education in line with other university studies.

In the UK, Nursing is a very popular degree, notably receiving the highest number of applications (226,400) for all university courses in 2013, resulting in over nine applicants per place offered (Elcock, 2015). The degree facilitates the development of registered nurses in one of four fields of nursing (adult, child, learning disability and mental health) and since children comprise 18.8% of the population (ONS, 2017) and in 2015-16 accounted for 24.7% of Accident and Emergency attendances (NHS Digital, 2017) the development of

children's nurses with the appropriate knowledge and skills is vital. In addition learning and assessment within clinical practice currently constitutes 50% (2,300 hours) of the nursing undergraduate curriculum (Nursing and Midwifery Council, 2010). Thus, providing appropriate practice placements is fundamental to the acquisition of learning fundamental to the nuances of nursing children.

Some universities place students on a succession of placements enabling the student to encounter a diverse cross section of healthcare provision, whilst more recently others have introduced a 'Hub and Spoke' model to foster deeper, richer learning experiences (Roxburgh, Conlon and Banks, 2012; Harrison-White and King, 2015; McCallum, Lamont, and Kerr, 2016; Thomas and Westwood, 2016). This model involves students being allocated a main area for practice learning (Hub). The student is then allocated various related practice placements from a range of areas involving health, social care, community and voluntary sector settings known as spokes.

This current study is based in a university where students are zoned to one of four possible areas (each comprising an acute NHS Trust and a variety of community placements). The majority of their placements occur in their allocated 'zone' with many taking up employment in that zone for their first post following successful completion of their course. Prior to their first placement students attend several 'preparation for practice' sessions at the university and undertake a zone induction in the week prior to their first practice placement. At the time of this study, the students' first placement included nurseries, children's wards, day surgery units, medical assessment units, placements with health visitors, school nurses, special needs schools and centres (table 1).

Preconceptions about nursing are often gained via media representations or personal contact with nurses and may or may not be congruent with reality (Gallagher 2007), perhaps suggesting that the reality of university study and practice placements is dissonant to the student's initial perceptions of nursing. Thus ensuring that students are appropriately prepared for their first practice placement is important in helping to affirm their original desire to study nursing (Brien, 2012). Furthermore, ensuring students are supported during this experience is central to their learning and development, thereby enabling them to be ultimately fit for professional practice and registration as a children's nurse.

Nursing student anxiety regarding practice placement and the reality of nursing is a common concern internationally (Grobeck, 2016; Levett-Jones et al 2015). For some students entering a new work environment and being seen as part of the team is important as noted by Chesser-Smyth and Long (2012), who explored self-confidence in first year student nurses, providing a useful insight into how this influences further learning and future experiences of practice placements with first year student nurses. A qualitative study by Anderson and Kiger (2008) had previously linked confidence with how final year students on a BSc degree programme in Scotland perceived their capabilities as they approached registration. Fundamentally, both studies found that being part of a team and feeling confident were closely linked with competence and implicitly how students saw their capabilities.

Studies with other healthcare students entering first practice placement have emphasised similar feelings of stress and anxiety due to inadequate preparation for practice, as illustrated in Sutton's (2013) ethnographic study of radiology students entering their first

practice placement, who were left feeling excluded. Similarly, Power (2015) highlighted midwifery students feelings of anxiety, worthlessness and vulnerability as they experienced their first labour ward placement. In addition, Begley (2007) found that even post registration student nurses studying children's nursing had similar experiences of unease and frustration as they embarked on their first clinical placement, despite being registered adult nurses, suggesting that their prior knowledge was not recognised.

Previous studies regarding preparing students for practice have either been with a cohort of mixed field nursing students (Melling, 2011) or students studying outside the UK (Sharif and Masoumi, 2005; Levett-Jones et al, 2015). Since caring for children can bring different challenges compared with caring for the adult population, we wanted to learn more about the specific needs of children's nursing students undertaking a first practice placement as part of their degree programme. A search of the literature did not yield any study that examined the perspectives of students undertaking a children's nursing programme within the UK. In order to redress such gaps in knowledge, this study, therefore examines first year children's nursing students' anxieties prior to undertaking their first practice placement as well as their experiences following the placement. The perspectives of professionals were also collected to generate consensus about how future preparation and support for children's nursing students could be developed in line with the issues identified by them as priorities. The overall aim of the study is therefore to produce evidence, based on a number of perspectives on how best to prepare and support children's nursing students for their first practice placement.

## **Methods**

### **Research design**

This study was primarily driven by the principles of qualitative research methodology; although initial quantitative data was collected relating to the demographic data of a group of first year children's student nurses prior to their first practice placement which enabled the identification of anxieties prior to their first placement. Subsequently, student concerns were further explored through qualitative means, in relation to what had helped prepare and support them in their first placement. Furthermore suggestions for future support were made from the perspectives of both students and clinical staff.

The overall aim of the study was to examine the preparation and support that child nursing students require prior to and during their initial practice placement

Carried out in 3 phases the objectives were to:

1. Identify anxieties that first year children's nursing students may experience prior to their first practice placement
2. Identify what helped them prepare, what could have helped them further and what supported them during the first practice placement.
3. Explore the reactions of educators and practice partners to students' experiences with a view to making recommendations for a future preparation and support strategy for children's nursing students undertaking first practice placements.

### **Data Collection:**

In phase 1 of the study, a specially designed, self-administered questionnaire collected demographic data about the student and was used to establish any specific anxieties or concerns experienced by children's nursing students prior to their first placement. The questionnaire contained a number of open questions to enable students to raise their own issues rather than asking them to concur or refute predetermined issues (Appendix 1). The questionnaire approach with open questions permitted the collection of deeper experiences of a greater number of students. Prior to its use by the students, the questionnaire was tested on a group of children's nurses to enable them to check for meaning and to establish if it was easily understood. We made changes based on their feedback. On completing the questionnaire, students were asked to indicate their willingness to take part in a focus group after their first placement.

Phase 2 comprised of a focus group (FG) adopting the nominal group technique (NGT), to collect data from students (n=5) following their placement. Phase 3 also used the NGT to collect data from professionals (educators and clinical staff) involved in supporting children's nursing students in their practice placements. To facilitate this, two FGs were convened (FG1 n=5, FG2 n=4), totalling 5 experienced university educators (children's nursing) and 4 clinical staff who were experienced mentors mentoring students in practice.

NGT is a structured process that facilitated qualitative data to be obtained from groups in this case (first year student nurses and professionals) (Van de Ven Delbecq, 1972 p.338). Although originally developed and used in industry, the approach has subsequently been used successfully within health and social care research (Gibson & Soanes, 2000; Price et al., 2013).

Scott Sink (1973) describes NGT as consisting of 5 stages (see table 2) which suited this study, as the purpose of the FG (in phase 2) was to enable students to prioritise what helped them prepare for placement and support them when they were there. Furthermore, the purpose of the phase 3 FGs was to generate consensus (using a consensus building technique) about how future preparation and support for children's nursing students could be developed in line with the issues identified by students as priorities (Murphy et al, 1998). Information was given to all FG participants and there was an opportunity to ask questions. Written consent was obtained from participants immediately prior to FG participation. The discussions were recorded (with consent) using a digi-recorder and later transcribed.

As part of this process, a summary review of the major issues identified by students in phases 1 and 2 was presented to participants in phase 3 (only after they had generated their own independently). The concomitant issues identified as challenging helped to further probe their thinking and the associated discussions identified priorities for future development. All FGs within phase 2 and 3 were facilitated by the same researchers (the principal investigator and a member of the project team who had extensive experience of using the NGT).

### **Ethical Considerations**

Ethical approval was granted for the study from the Faculty Research Ethics Committee in the relevant university. Participants who met the inclusion criteria were invited to take part in the different parts of the study. Informed consent was obtained by providing the students and professionals who participated with a relevant information sheet and they were given the opportunity to ask questions before agreeing to take part in the study. Participants were



assured about confidentiality and safe storage/destruction of data as per the university policy. In addition, since the students were from the researchers' faculty, it was emphasised that their participation was voluntary and that they could withdraw at any time without any detrimental effects to their future studies. Moreover, the NGT gave a degree of anonymity when students were voting/ranking issues. Cognisant that the information being collected from the students related to their anxieties, any student who became distressed would have been offered debriefing by a member of the research team and directed to student counselling services within the university as deemed necessary.

The researchers were also aware that the participation in the study may have highlighted issues of concern and had these arisen, they would have been escalated within the faculty and practice placement as per the Raising Concerns policy and the student or clinician supported appropriately.

### **Recruitment and participants:**

All three phases of the data collection took place on university premises. The phase 1 questionnaire was administered to students (n=51) the week prior to their first placement. At that stage an invitation to participate in phase 2 was also provided. The students could either complete the questionnaires within pre-allocated time or within the following two weeks; these were then returned to the principal investigator in a sealed envelope provided to maintain confidentiality. Returning the questionnaire later enabled students with learning agreements such as dyslexia to have longer to complete the questionnaire if they wished to participate. Also, completing the questionnaire at their own pace enabled the students to have more time to consider whether or not they wished to participate. The Educators,

Practice Educators and senior clinical staff were involved in working with students and were contacted by email, provided with similar written and verbal information before giving their consent to participate in phase 3 of the study.

## **Results**

Primary data analysis was carried out by one researcher (MB) from the questionnaires. Taking the form of a basic thematic content analysis (Green and Thorogood, 2009), commonalities occurring within participants' discussions were identified. In order to enhance the analytical rigour, the emerging analytical ideas were discussed with the whole research team.

Primary analysis from the FGs focused on the issues and priorities as these were consensually identified according to the rankings assigned by participants (on the flip chart paper used within each group). Importantly and not always integral to the NGT process was a secondary stream of analysis as suggested by Price et al (2013). Such analysis focused on the recorded discussions that accompanied the inherent successive rounds of decision-making and eventual prioritisation within all groups. The rationale for such an analysis was that it provided a means of gaining insight into the drivers behind the selection of certain issues and eventual priorities. Since the final identification of priorities occurred partly in the context of the information provided concerning student priorities, the discussion section includes relevant comparison of both 'sets' of priorities.

## **Findings**

### *Participant demographics*

21 students completed the self-administered questionnaire prior to their first placement, giving a response rate of 41%. All were female, with an average (mode) range of 21-25 years and 8 (38%) had had no clinical healthcare work experience prior to commencing the course.

### *Commonalities*

The five commonalities which emerged as themes from the free text questions in the questionnaire were excitement, anxiety, concerns, ownership and use of jargon. Students were excited about making contact with their practice area and organising a pre-placement visit so that they could learn about the possible children they would be caring for. They were anxious about how parents and staff would perceive them, not being a burden, getting things right, not learning as much as they hoped and completing their practice assessment document (PAD). Concerns included fitting in and getting on with their mentor, appearing professional and not wanting to make mistakes. What was surprising was that very few students (n=3) mentioned dealing with parents and those that did were concerned about 'panicky', 'anxious' parents and being 'professional' with them. Remarkably only one student mentioned the possibility of 'raising concerns', dealing with 'children in pain' and the 'emotional part' of children's nursing. This may be indicative of their age (average age of 21-25), lack of experience in healthcare and with children. Furthermore, their insight into the specific needs of children and families may also have been limited, requiring nurturing by experienced clinical staff. A sense of developing ownership and belongingness was apparent: - "my mentor", "my placement" and "my ward". It was observed that students who were older and had previous work experiences tended to be more concerned with building

on their existing skills whereas younger students and those who had no healthcare work experience tended to see their role more passively in that they would be observers rather than participants.

In phase two, five students participated in a FG held following completion of their placement. Students were able to discuss their preparation for their placement and then utilised consensus building to rank the value of each aspect of preparation identified (table 3) as well as what had help support them in their practice setting (table 4).

Nine activities (as seen in table 3) were identified by the students as helpful; although these all had importance, the ranking exercise however highlighted that some were more important than others. The students gave the top ranking to the talk by the second year child student. The reasoning behind this choice as highlighted in the discussion within the group was that they appreciated her perspective. Furthermore, they felt that she was honest and had credibility, since she had recently been through the same experience and could advise them and give them useful tips, for example how to communicate with children through play with the use of bubbles. Fundamentally, she gave them information from the layman's point of view thus making their concerns seem real and their hope for achievement a possibility.

Although the placement website, pre-visit and telephone call were ranked joint second, students had found this both a positive and a negative experience. Most students felt that telephoning and visiting pre placement were invaluable as they helped with their expectations and orientated them to the environment. Moreover such activities also

reduced their anxiety on their first day in practice, as they felt that they already knew someone when they arrived. Conversely for some students the phone call rather than appease their anxieties actually exacerbated their worries making them feel unwelcome, for example one student was not expected in her allocated placement area and on ringing back was told the nurse who did the off duty was not there and to ring back again. Clearly incidents like this highlighted in the discussions caused upset to students and were seen as hampering their integration as part of the team. In addition, students felt that it would have been helpful if they had been advised about the best time to ring or visit so as to avoid times when the placement area would be busy.

As previously mentioned, the university allocates students to one of four possible zones where prior to their first placement a zone induction is provided in the practice placement hospital Trust; however the students had mixed experiences during these inductions. One student had found her induction to be disorganised, whereas in another Trust, the Chief Nurse came to say 'hello' and told them that they wanted to employ them on completion of their training. This made the students feel valued, welcomed as if they belonged and gave them a goal to aim for. Other preparatory activities acknowledged as beneficial were being advised by lecturers to be open-minded and lecturer reassurance of their availability to discuss any anxieties the student experienced. In relation to the support that helped students during the course of their first placement, eight activities were identified (table 4), but having a supportive mentor was ranked as the most helpful support for a student in their first placement. Although, students did not feel that they had to work with their mentor all the time because in some environments such as the school setting, this would have felt like they were being watched. However it was more about how the mentor perceived the student that was important and positively affected their confidence, for example, one

student's mentor asked her to take the lead in a situation which created in the student an important sense of feeling valued.

Conversely, if students perceived their relationship with their mentor or a particular staff member as not supportive their confidence was knocked. So for example another student felt that the Sister on her placement area did not like her and ignored her, so if her mentor was not around, she sought the support of a third year student. Such an action highlighted another aspect highly valued by students that of Peer support, where third year students took them "under their wings", were role models and helped them identify learning opportunities. The more senior student also provided a listening ear, so that for example on stressful, busy days students were able to channel and share their anxieties.

Mentors who were creative in identifying learning opportunities were commended and appreciated by students, since this enabled them, as they saw it to maximise potential learning in this initial placement. In addition, having prior knowledge of what they would be doing on forthcoming days was seen as helpful, enabling any PAD documentation time to be scheduled (correct completion of their PAD had been highlighted as an anxiety in phase 1). Finally knowing and being visited by the link lecturer was seen as significant at buffering some of the stress experienced, so that for example the link lecturer was able to answer questions and reassure them about how to complete the documentation.

### *Professional focus groups findings*

Two FG with professionals were held. FG1 comprised of 5 professionals (2 clinicians and 3 lecturers) and FG2 with 4 professionals (1 clinician and 3 lecturers); all with responsibility

for supporting students on placement. Initially participants identified effective ways (as they saw it) of preparing students for their first placement. Taken together, professionals across both groups identified seven distinct but interrelated activities that they felt enabled students to get the most out of their placement and these coalesced round the need for clarity about roles, learning opportunities and meeting key personnel involved in their learning (table 5). Then, to enable them to appreciate the students' experiences, the students' responses were revealed and the professionals were asked to make suggestions for future preparation and support.

The professionals commented that in moving forward a variety of collaborative support networks that were beneficial and others that could be beneficial in combining expertise from clinical and academic staff, such as the use of communication technology and reflective diaries for the students (tables 6 and 7). The diverse needs of the students were made clear as was the requirement for a flexible approach from university and clinical staff to counteract some of the stress encountered. To this end, the early provision of information regarding placement allocation and the provision of shorter shifts were seen as potential enablers for students. Within the group (table 7) strategies were identified that could be utilised to enhance practice learning and then participants prioritised them. Such strategies included the creation of a software application (app) with up to date information which could be run on smart phones and other mobile devices that might be of benefit for the students. This 'app' could help to identify and clarify the various supporting roles and help students with problem solving. Additionally, the scheduling of student break times that enabled junior and senior students to meet and discuss practice was proposed as being potentially beneficial (see table 7)

## **Discussion**

Since the final identification of priorities occurred partly in the context of the information provided by students in the FG, this section includes a discussion of the data obtained from the students and professionals to identify similarities and differences between both 'sets' of priorities and thereby increase the validity of the findings. Although there were some similarities between the FGs, such as making contact with the practice placement and the mentor; some interesting differences arose. Whilst the students clearly saw the mentor as important to their development (top vote) and had previously identified a sense of ownership and belonging to their mentor in the questionnaire responses: 'my mentor'; the professionals in this study did not acknowledge this to the same degree. Instead they rated the Practice Educator role (table 6) with equal importance as the mentor in supporting the students. Previously McIntosh, Gidman and Smith (2014) viewed the role of Practice Educator as supporting the mentors; however the dual role of such a professional was highlighted here. Perhaps mentors undervalue the key role that they play in enhancing the student's practice experience as highlighted in this study, where the mentor liking the student or being creative was seen as important to the students. Furthermore McIntosh, Gidman and Smith (2014) emphasised that it was the personal attributes of the mentor that enhanced learning for the students. This was also acknowledged by Longworth (2013) whose study emphasised the importance of the student-mentor relationship and personal attributes of the mentor in the acquisition of skills for student midwives, with those mentors who facilitated opportunities for the student to practice skills being seen as the most supportive. Mentors who were impatient and tended to take over were seen as hindering student progression, thus the attribute of patience with students is an important feature. The students in this study valued mentors who made efforts to creatively seek out new experiences as most beneficial to their learning. Some of the findings in this study support those of Levett-Jones et al (2015) who recognised that although students are excited about



their practice placement, they have performance anxiety, being anxious not to make mistakes, and to perform well within the limitations of their knowledge. Similar findings were seen in this study where the students did not want to be burdensome for their mentors. Levett-Jones et al (2015) continued that sometimes attempting to alleviate the anxiety felt by some students in preparing them for their first practice placement may be counterproductive and exacerbate their anxiety which reduces their ability to perform tasks well. Instead they suggested mentors needed to attend to the students' emotional needs, helping them to build on their pre-existing skills and strengths and thereby empowering them to succeed. However, this current study suggests that in order for students to succeed in their learning, the mentors and other clinical staff need the attributes to cultivate this which supports McIntosh, Gidman and Smith's, (2014) previous findings. This current study also supports Jonsén, Melender and Hilli (2013) who highlighted that students in their first practice placement had better experiences where staff were 'permissive' in that they were welcoming and accepting of them. Thus, further emphasising the importance of mentors and other clinical staff welcoming and appreciating the contribution that students make to their practice placement, thereby instilling in them that they are valued members of the team. This also supports McIntosh, Gidman and Smith's (2014) and Grobecker's (2016) findings where students who were positively involved with staff, gained important clinical experience, had a strong sense of belonging (Levett-Jones and Lathlean, 2008) and significantly reduced feelings of stress. A recent quantitative study by Shivers et al (2017) with adult and mental health student nurses confirmed that belongingness was also one of a number of key aspects in practice placements and of most significance for first year students.

Other information that the students in this study emphasised was the importance of having up to date and practical contact details which the professionals suggested could be facilitated using information technology (an 'app'), since incorrect information can easily disconcert an anxious student who eagerly contacts their first placement to be told that they are not expected, reinforcing a sense of not belonging and being an outsider. The professionals in this study were keen for the existing collaborative efforts between clinical staff and educators to be enhanced which concurs with previous studies by Broadbent et al (2014) and Fraser et al (2014) thereby enabling the student to have meaningful and effective support, prior to and during the placement. Intrinsically, efforts to negotiate a settling in phase that socialises the student to learning the values, attitudes and beliefs of the profession, as noted by Houghton (2014), helps the student to feel legitimate, heightening a sense of belonging and instilling a sense of security and support from the clinical team.

The professionals also suggested creating shorter shift patterns and facilitating socialisation opportunities between junior and senior students in placement might be beneficial; however, Houghton (2014) urged for caution, arguing that peer support can have a negative impact, as students often set up a parallel community that can be counterproductive by being potentially isolating and thereby reducing support from qualified clinical staff.

The small size of this study and its exclusion to one university is a limitation to transferability, but a cross section of mentors, practice educators and academic staff participated and although small in number, the different perspectives gained, strengthened the findings and potential impact for children's nursing students. Additionally, the findings

resonated well with previous work and the use of NGT enhanced the identification of clear priorities for the future support of students in their first practice placement.

### **Conclusion and recommendations for practice**

The first practice placement is of fundamental importance for children's nursing students, since it helps to affirm their original desire to study children's nursing, alternatively it can render them disillusioned which may lead to them leaving the course. Preparing students for practice is an important element of the nursing programme and should be carried in partnership between the university and the hosting placement area (whether that is in a hospital or community setting). The involvement of more senior child students has an important role to play in any programme designed when preparing students for their first placement, sharing experiences and providing inspiration. This study supports previous work where students pre-existing skills are valued and their sense of belonging is facilitated by more senior students, mentors and clinical staff who are equipped with the attributes that will enable and nurture their learning. Enabling the sense of belonging plays an integral part in inducting and supporting the student into the socialisation and realities of care provision and should not be understated. There is further potential for enhancing such a sense of belonging by providing a shorter shift pattern, enabling break times where students can socialise and the use of technological innovations that can be easily updated and available for student use. Future research with a wider group of students including all four fields of nursing and across all years would enhance existing knowledge about addressing their specific needs at different stages within the programme.

### **Conflict of interest**

This research was funded by a Faculty Research small funding grant. There are no financial and personal relationships with other people or organisations that could inappropriately influence this work.

## References

- Anderson, E. E. and Kiger, A.M. (2008) 'I felt like a real nurse'-Student nurses out on their own', *Nurse Education Today*, 28, pp. 443-449.
- Begley, T. (2007) 'Who am I now? The experience of being a post-registration children's student nurse in their first clinical placement.' *Nurse Education Today*. 27, pp375-381.
- Brien, S. (2012) *How do student nurses experience transition in their initial clinical placement*. Unpublished literature review. University of Southampton
- Broadbent, M., Moxham, L., Sander, T., Walker, S. and Dwyer, T. (2014) 'Supporting bachelor of nursing students within the clinical environment: Perspectives of perceptrors', *Nurse Education in Practice*, 14, pp. 403-409.
- Chesser-Smyth, P. A. (2005) 'The lived experience of general student nurses on their first clinical placement: A phenomenological study', *Nurse Education in Practice*, 5, pp. 320-327.
- Chesser-Smyth, P.A. and Long, T. (2012) 'Understanding the influences on self-confidence among first-year undergraduate nursing students in Ireland', *Journal of Advanced Nursing*, 69(1), pp.145-157.
- Department of Health (2016) Reforming healthcare education funding: creating a sustainable future workforce. [Online] Available from: <https://www.nhsbsa.nhs.uk/healthcare-students/about-healthcare-education-funding-reforms>
- Elcock, K. (2015) *Getting into nursing*. 2<sup>nd</sup> edn. London: Sage Learning Matters.
- Frazer, K.; Connolly, M.; Naughton, C. and Kow, V. (2014) 'Identifying clinical learning needs using structured group feedback: first year evaluation of pre-registration nursing and midwifery degree programmes', *Nurse Education Today*, 34, pp.1104-1108.
- Gallagher, P. (2007) 'Preconceptions and learning to be a nurse', *Nurse Education Today*, 27, pp. 878-884.
- Gibson, F and Soanes, L (2000) 'The development of clinical competencies for use on a paediatric oncology nursing course using a nominal group technique', *Journal of Clinical Nursing*, 9: 459–469
- Green, J. and Thorogood, N, (2009) *Qualitative Methods for Health Research*. 3<sup>rd</sup> edn. London: SAGE Publications Ltd.

Grobecker, P.A (2016) 'A sense of belonging and perceived stress among baccalaureate nursing students in clinical placements', *Nurse Education Today*, 16, pp.178-183.

Harrison-White, K. and King, E. (2015) 'Hub and spoke model for nursing student placements in the UK', *Nursing children and young people*, 27(2), pp. 24-29.

Health Education England (2016) *Developing people for health and healthcare: Annual report and accounts 2015/16*. Available from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539897/HEE\\_Report\\_2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539897/HEE_Report_2015-16.pdf)

Houghton, C. (2014) 'Newcomer adaptation': a lens through which to understand how nursing students fit in with the real world of practice', *Journal of Clinical Nursing*, 23, pp. 2367-2375

Jonsén, E., Melender, H-L. and Hilli, Y. (2013) 'Finnish and Swedish nursing students' experiences of their first clinical practice placement- A qualitative study' *Nurse Education Today*, 33 pp. 297–302

Levett-Jones, T. and Lathlean, J. (2008) 'Belongingness: A prerequisite for nursing students' clinical learning', *Nurse Education in Practice*, 8, pp. 103-111.

Levett-Jones, T.; Pitt, V.; Courtenay-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*, 15, pp. 304-309.

Longworth, M. (2013) 'An exploration of the perceived factors that affect the learning and transfer of skills taught to student midwives', *Midwifery*, 29, pp. 831-837.

McCallum, J.; Lamont, D. and Kerr, E. L. (2016) 'First year undergraduate nursing students and nursing mentors: An evaluation of their experience of specialist areas as their hub practice learning environment', *Nurse Education in Practice*, 16, pp.182-187.

McIntosh, A.; Gidman, J. and Smith, D. (2014) 'Mentor's perceptions and experiences of supporting students nurses in practice', *International Journal of Nursing Practice*, 20, pp. 360-365.

Melling, S. (2011) *Transition: an exploration of student nurse experience in their first practice placement*. Unpublished Ed. D thesis. University of Nottingham.

Miller, S.L. (2014) 'Assisting students to prepare for a clinical practice placement', *Nursing Standard*, 29(15), pp. 51-59.

Murphy, MK., Black, NA., Lamping, DL *et al* (1998) 'Consensus Development methods and their use in clinical guidelines development', *Health Technology Assessment*, 2, 3, pp. 1-88.

NHS Digital (2017) *Hospital Accident and Emergency Activity, 2015-16* [Online] Available from:  
<http://www.content.digital.nhs.uk/catalogue/PUB23070>

Nursing and Midwifery Council (2010) *Standards to Support Learning and Assessment in Practice. NMC Standards for Mentors, Practice Teachers and Teachers*. London: NMC.

Office for National Statistics (2016) *Overview of the UK population: February 2016* [Online] available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/february2016>

Perry, J and Linsley, S (2006) 'The use of Nominal Group technique as an evaluative tool in teaching and summative assessment of the interpersonal skills of student mental health nurses', *Nurse Education Today*, 26, pp. 346-353.

Power, A. (2015) 'Welcome to practice: A guide for the first labour ward placement', *British Journal of Midwifery*, 23 (12), pp. 902-903.

Price, J. Jordan, J. and Prior, L. (2013) 'Consensus for Change: Parent and Professional Perspectives on Care for Children at the End-Of-Life', *Issues in Comprehensive Pediatric Nursing*, 36(1-2) pp. 70-87.

Roxburgh, M.; Conlon, M. and Banks, D. (2012) 'Evaluating Hub and Spoke models of practice learning in Scotland, UK: A multiple case study approach', *Nurse Education Today*, 32, pp. 782-789.

Scott Sink, D. (1983) 'Using the Nominal Group Technique Effectively', *National Productivity Review*, Spring, pp.173-184.

Sharif, F. and Masoumi, S. (2005) 'A qualitative study of nursing student experiences of clinical practice', *BioMed Central Nursing*, [Online] Available from <http://www.biomedcentral.com/1472-6955/4/6>

Shivers, E., Hasson, F. and Slater, P. (2017) 'Pre-registration nursing students' quality of practice learning: Clinical learning environment inventory (actual) questionnaire' *Nurse Education Today*. 55, pp. 58-64.

Sutton, R. (2013) *A focused ethnography of radiography students' learning on their first clinical placement*. Unpublished PhD thesis. Cardiff University

Thomas, M. and Westwood, N. (2016) 'Student experience of hub and spoke model of placement allocation - An evaluative study'. *Nurse Education Today*. 46, pp. 24-28.

Van de Ven, A. and Delbecq, A. (1972) 'The Nominal Group as a Research Instrument for Exploratory Health Studies', *American Journal of Public Health*, 62, 3, pp. 337-42.