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**“A qualitative study: enhancing healthcare through strengthening
the student nurse and nurse preceptor relationship”**

An honors thesis/project in partial fulfillment
of the requirements for the degree of
Honors Baccalaureate in Nursing

By

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A qualitative study: enhancing healthcare through strengthening the student nurse and nurse preceptor relationship

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ABSTRACT

Clinical education is an essential aspect of nursing education, where student nurses gain their first insight into the nursing world along with hands-on experience in skills vital to nursing care. This education relies heavily on the guidance and interaction of the nurse preceptor, a relationship that varies in quality and is in need of defining and role development. The purpose of this qualitative observational study was to further delve into the relationship of the nursing student and the nurse preceptor in a clinical education setting, identifying factors which currently are holding this relationship back from reaching its full potential: a relationship of cooperation that allows for optimal learning and ultimately improving patient care. The need for this quality improvement endeavor was identified through a series of surveys and focus group interviews, which allowed a better understanding of both the students' feelings on this subject and the changes they felt needed to occur. Our hope is that this quality improvement project will be able to identify definitive areas of improvement from both students and preceptors, which will allow for future interventions to bring this relationship to its optimum level.

INTRODUCTION

Clinical practice, or practice learning, is an important part of every nursing school curriculum, and often accounts for approximately 50% of the student nurses' education. It

is becoming increasingly clear that clinical practice is a very important part of nursing education. (Lee 1996, Dunn & Hansford 1997, Nolan 1998). The medical field is evolving rapidly along with the need for qualified, well-educated nurses. Clinical practice has historically been an essential element in graduating qualified students prepared to enter the nurse populace. The Carnegie Foundation for the Advancement of Teaching joins a chorus of calls for transformation of pre-licensure nursing education (Benner, Sutphen, Leonard, & Day, 2009). Citing the nurses responsibility to manage increasing multifaceted and complicated medical routines, schedules and treatments along with the challenging demands of community-based practices, Benner and colleagues (2009) concluded not only were nurses inadequately prepared to enter the present nursing environment but also lacked sufficient skills and tools to prepare and adapt to the evolving nurse discipline (p.31). They found, among other things, weak classroom instruction and limited integration between classroom and clinical experiences; and limited strategies in helping students develop habits of inquiry, raising clinical questions, seeking evidence for practices.

The student nurse education involves the environment that surrounds them. Bloom (1965) describes an environment as being the conditions, forces, and external stimuli, which affect the individual. The environment provides a network of forces and factors, which surround and engulf one (Bloom 1965). The student nurse learning environment consists of all these elements in both academic and clinical settings. However, the academic environment only consists of the nurse educator and is controlled by the teacher, while the clinical environment includes the clinical setting, patients, equipment, staff, nurse mentor and nurse educator.

The clinical learning environment has been defined as “the interactive network of forces within the clinical setting that influence the students’ clinical learning outcomes” (Dunn & Burnett, 1995, p. 1166). Students view the clinical setting as the place where they can learn to be a nurse in the ‘real world’ and value the input of clinicians on their learning (Ranse & Grealish, 2007).

Much has been written about the role of the clinical nurse mentor (Davies et al.1999, Jackson 2001) and that of the nurse teacher (Carlisle et al. 1997, Clifford 1999, Ioannides 1999). Nursing schools need to continually explore better methods of combining the essential knowledge to support both the student nurse and the preceptors as students encounter the enormous amount of stimuli the clinical environment has to offer. This becomes problematic due to the vast and sometimes complex stimuli that can create gaps in essential learning. The clinical environment becomes primary because the student nurse integrates knowledge with practical application. Therefore it becomes paramount to continually evaluate the conditions, forces and external stimuli that affect the student nurse. The need to support the student nurse in the clinical environment is a collaborative effort between the student, the faculty and the practitioner or preceptor assigned to the student nurse. However there is insufficient literature and consensus defining how to support the student nurse or even what constitutes support.

Much has been stated about the role of the clinical nurse mentor (Davies et al.1999, Jackson 2001) and that of the nurse teacher (Carlisle et al. 1997, Clifford 1999, Ioannides 1999). Since the 1980s there has been a growing body of literature about the importance of mentorship (Andrews & Chilton 2000; Andrews & Wallis 1999). The nurse mentor, or preceptor, has been the focused approach traditionally used and the most

common method of practice learning in a clinical setting that provides an environmental approach to student nurse education. The clinical experience should involve the preceptor in enhancing the conditions, forces, and external stimuli, which affect the individual student nurse. Therefore it becomes vital that the context of the preceptor role is in guiding and supporting the activities associated with teaching, learning and the assessment of nurse practice. Even though supporting student nurses during the clinical experience is a function important to both the nurse educator and the preceptor there is little literature to define the role of each and their interrelationship. Unfortunately the structure of the nature of mentorship is very often ill defined, and mentors and nurse teachers apply a range of models when supporting students in practice settings.

(Humphreys et al. 2000)

METHODS

This study used both a quantitative and qualitative approach to discover the experiences of student nurses in clinical settings at local hospitals. The research questions were developed using a common theme: did the student nurse feel like a part of the nursing team while being supervised by the nurse preceptor? However, the focus groups were used to gain insight specifically on the students' clinical experiences at Washington Regional Medical Center (WRMC) in hopes that the results could be applied to the experiences of those in clinical at hospitals in the surrounding area.

DATA COLLECTION AND ANALYSIS

Post-clinical surveys were given after the completion of clinicals with the first semester juniors (J1), second semester juniors (J2), and first semester seniors (S1). Additionally, a pre-clinical survey was given to first semester juniors (J1) prior to their initial clinical experience in order to develop a baseline from pre-clinical experience to post-clinical experience for this specific grade level. Second semester seniors (S2) graduating in May 2014 did not participate in completing the post-clinical surveys due to the hectic schedule the S2 semester brings (i.e. job interviews, clinical schedules, and reviewing for Predictor/NCLEX exams).

This study was conducted following approval by the University of Arkansas Institutional Review Board and the WRMC Quality Improvement Department. A total of 188 post-clinical surveys were collected in April 2014. Each survey consisted of fourteen questions. A total of 74 pre-clinical surveys were collected in March 2014 from the J1 students prior to the start of their clinicals, and the survey included nine questions. All surveys were completed in the classroom setting at the Eleanor Mann School of Nursing building in Fayetteville, Arkansas. The survey questions were created by all of the researchers, along with input from the committee members. The questions were identical on each survey given. The students were instructed not to include any personal information on the survey sheet. They were also informed that participation was completely voluntary and anonymous, and if they chose not to participate, they should simply turn their survey in blank. No consideration was given for responses, and all participants remained anonymous. Care was taken to ensure that results were anonymous,

and any questionnaires with participant identification, despite instruction to omit, were eliminated from the survey results.

All questions in both the pre and post surveys were given a numerical value that equaled the Likert scale response in the following style:

1. Strongly disagree
2. Disagree
3. Neither agree or disagree
4. Agree
5. Strongly agree

The following questions were on the post-clinical survey given to the J1, J2, and S1 students:

1. My nurse preceptor made me feel welcome.
2. My nurse preceptor involved me in nursing activities
3. My clinical experience helped me grow as a student nurse
4. I felt like a part of the nursing team
5. I felt supported by my nurse preceptor
6. I felt supported by my instructor
7. I learned new skills
8. I would work at my clinical sites
9. My preceptor was willing to let me perform skills
10. My preceptor used constructive critique in my use of skills
11. My skills lab helped prepare me for my clinical experience
12. My preceptor was adequately trained in the expectations of a nurse preceptor
13. My clinical instructor was adequately involved in my clinical experience
14. My clinical experience was very well organized

The following questions were on the pre-clinical survey given to J1 students prior to their first clinical experience:

1. I feel comfortable in the medical field
2. I feel prepared going into the clinical experience
3. I feel comfortable/confident about using the techniques I learned in skills lab
4. I understand the expectations of my nurse preceptor relationship
5. Rate yourself on the following:
 - a. I am assertive
 - b. I have autonomy/independence
 - c. I take initiative
 - d. I adapt easily
 - e. I have good communication skills

Results of the surveys were compiled using EZanalyzer, an Excel-based data analysis tool. The numerical values responding to the participants' selected survey answers were manually transcribed into the data analysis software in order to formulate our results. An audit was performed randomly using the actual surveys and the data entry to ensure compliance and integrity of the data. To ensure qualitative data analysis, survey answers were separated for analysis by group (J1, J2, S1, and S2), and were grouped together for overall data analysis. Any questions without an answer were eliminated from the data. Table 14 below shows the overall totals of data collection for post-clinical surveys, taking into account questions that were not answered.

Table 15
Overall totals of data collection for post-clinical surveys

| <u>Question #</u> | <u>J1</u> | <u>J2</u> | <u>S1</u> |
|-------------------|-----------|-----------|-----------|
| 1 | 35 | 72 | 80 |
| 2 | 35 | 71 | 81 |
| 3 | 34 | 72 | 81 |
| 4 | 35 | 72 | 81 |
| 5 | 35 | 72 | 80 |
| 6 | 35 | 72 | 81 |
| 7 | 35 | 72 | 81 |
| 8 | 35 | 71 | 81 |
| 9 | 35 | 71 | 81 |
| 10 | 35 | 71 | 80 |
| 11 | 35 | 71 | 81 |
| 12 | 35 | 71 | 80 |
| 13 | 35 | 71 | 81 |
| 14 | 35 | 71 | 81 |

Table 15

In addition to surveys, we also completed a focus group discussion with each grade level, J1, J2, S1, and S2 at WRMC during a small portion of each group's post-conference period. There were 7-8 participants in each clinical group. We explained to the students that participation was completely voluntary, and informed consent was obtained from each student at that time. Handouts of the premeditated focus group questions were given to each student before the focus group took place in order to prevent any distress from the anticipation of what types of questions would be asked during the discussion. Prior to initiating the focus groups, we also notified them that the discussion would be recorded for transcribing and analyzing purposes, however, all

information would be reported in the aggregate by grade level. The duration of the focus groups were between 20-30 minutes. We used the same set of questions to conduct each focus group, however, the discussions digressed due to the difference in responses, along with clinical experience levels between the groups. Due to repetition of responses, not all of the prospective questions were utilized during the discussion.

ETHICAL ISSUES

Precautions were taken to eliminate any influence on survey participants. No clinical instructors or preceptors were present during surveys. Although all surveys were accounted for, any unanswered questions were not considered part of the data. The three researchers excluded themselves from the surveys to prevent any unintentional bias. The researchers were also very careful not to imply or suggest any of their own perceptions that might influence the participant's answers. Furthermore, the three researchers who analyzed the data were able to discuss possible interpretation differences during the data analysis. The focus group dialogues for each group were transcribed onto Word documents and were analyzed by the researchers, both individually and as a group to ensure no misinterpretation of the information occurred during analysis. Ethical issues were considered carefully before conducting the present study. The students signed an informed consent form for both surveys and focus groups. It included an assurance of anonymity, information regarding the study, the possibility to withdraw, and the voluntariness of participation. Results for both surveys and focus groups are presented in a way that no individual can be recognized from their survey answers or verbal statements. The survey and focus group questions were not proposed to anyone prior to

collection of the data to ensure that there was no prior knowledge of the question content. No preference was given to age, sex, or academic standing. The students were given the opportunity to decline participation in the survey. If the students chose not to participate, they were instructed to simply turn in their survey blank. The focus group participants were also given the option to decline participation. They were informed that if they did not want to participate for any reason, they could either choose not to respond to any questions, or, with preapproval from the clinical instructors, they could leave the room while the focus group took place. All responses of focus group questions were entirely voluntary, and participants were not prompted or singled out to respond to any question. We were sure to implement multiple confidentiality precautions in order to create an environment for the focus group participants that facilitated honest and thorough answers to the best of our ability.

FINDINGS

Survey Results:

Student nurses overall had the most confidence in question 7, "I learned new skills". Confidence levels were highest with J1 students, and lowest with S1 students. Overall (n=108) ranked learning new skills with a 5 (strongly agree).(See table 7) Student nurses overall had the least confidence in question 4, " I felt like a part of the nursing team." (See table 4) This data result supports our thesis, which states that student nurses do not feel like a part of the nursing team during their clinical experiences. The

confidence level was highest with J1's, and lowest with J2's. Overall, (n= 65) the response given was a 3 (neither agree nor disagree).

Focus Group Results:

Below are the questions asked during each focus group, key points from responses listed in the order of the highest reoccurrence between all groups, the summary of the results from each focus group question and relevant survey data, and the selected responses from each focus group that support the interpretation and results for each question. Additionally, questions 3, 4, and 5 include the proposed interventions for the limitations stated by the students during the focus groups.

Question 1: What is your perception of the nurse preceptor role?

The first question focused on the student's perception of the role the nurse preceptor plays in their clinical education. Overall, the students felt that it was the nurse's responsibility to explain their actions as they go, as well as provide educational support and opportunities when the situation arises. As one S1 student stated, "...If it weren't for them (the nurse preceptor), we wouldn't be students, we couldn't learn so I think they are responsible for us becoming nurses..." They also felt that the nurse preceptor should present with a welcoming and positive attitude in order to facilitate a healthy learning environment. A student from the J1 level noted, "I think they're all willing, but the amount of "effort" they put into teaching you varies greatly and makes a world of difference. Some do the bare minimum, while others go above and beyond to give you the best learning experience possible." One J2 student summarized her clinical education, shedding light on her overall experience at WRMC, "I have had a more positive

experience than anything here. You'll run into a few nurses that you can tell are just a little bit more closed off, I think for the majority of us though it's been much more overwhelmingly positive and helpful than negative."

Question 2: What is your perception of the student nurse role?

The second question of the focus group asked the students to describe their perception of the student nurse role, and what the nurse should be providing for them in the clinical environment. Key themes that emerged included having the drive to seek out learning experiences, engaging in the learning process and ask questions, and perform learned technical skills.

The predominant opinion of the students is that it is their responsibility to seek out learning experiences, and take the initiative in their own education. One J2 student stated, "I think you definitely need to take initiative for your learning. Ask questions and put yourself out there. It's only going to be more beneficial to you in the end." They felt it was essential to engage themselves in the situations they are presented with, including their nurse preceptor, and ask questions when they encounter something foreign or unknown to them. Another vital aspect was performing learned technical skills such as IV insertion and catheter insertion, and seeking out the opportunities to do so.

Lastly, they felt it was crucial to come to clinicals willing to learn, and willing to help not only their nurse, but also the CNA's, other nurses, and their own peers. One S2 student stated, "We should be open to help in any way, we don't have a title yet so we are as low as any position and equal to an RN, so we should have the attitude to go do whatever is needed." Another S2 student supported this idea by noting, "I think we

should be there more for each other. Like if your instructor or nurse isn't available, I think we should work on making ourselves be approachable to our peers so they can feel comfortable coming up and saying hey do you know what this means?"

Question 3: How do you feel about the support system for student nurses at Washington Regional Medical Center?

The third topic we discussed focused on how well the students felt supported by the facility of WRMC, and how successful they felt the nurses were at incorporating them into the healthcare "team" on the unit, which they were placed. Overall, the general consensus among the students was that they did indeed feel supported by the facility, and they truly felt like part of the "team" during their clinical hours. However, there were some differences of opinions. Some students felt like they were not necessarily welcomed right away, and instead had to earn their way in with the nurses and staff. A student from the J2 level described the experience as, "Right off the bat, I kind of feel like I'm a tagalong. It's weird at the beginning of the day, like I feel I have to kind of earn my way in." However, most felt that by the end of the day this task was accomplished, and a working relationship had been established with his or her nurse.

Still some said that whether or not they felt supported, and part of the "team" relied completely on the nurse preceptor they were assigned to each day, therefore varying their experience on a day-to-day basis. This was evident in a comment from a J1 student, "I think some of it is hard because some nurses are not sure how competent you are, and so instead of asking you what you can do they're just in a hurry and do it themselves but still let you watch. So we end up getting a lot of observation hours, but we don't get a lot of skill hours because they don't want to be slowed down by our

incompetency.” There was a strong confidence level about feeling a part of the nursing team with the focus groups. However with the survey data when questioned about feeling a part of the nursing team student nurse confidence level was not as positive. Overall 34.6% (n= 65) gave it a 3 (neither agree nor disagree)(see table 4). This may produce a conflict between focus group responses and survey response and indicates the need for further research.

Some interventions proposed by the students included implementing post clinical surveys where the students could evaluate the nurses who preceptor them. These surveys would then either be returned to instructors at EMSON or staff at WRMC for evaluation. Lastly they suggested some form of reward system for nurses whom precept students.

Question 4: What do you feel are some limitations of the existing nurse preceptor and student nurse relationship?

For this topic, we asked the students to focus on any barriers they had encountered in their clinical education, and any limitations they felt that kept their relationship with the nurse preceptor from being as beneficial as it could be.

There was overwhelming agreement from the students on what they felt was the biggest limitation: the nurses are not aware of what the students are capable of and allowed to do. According to the students, most nurse preceptors do not even inquire about which grade level they are, and unfortunately, even if they do, the labels of J1, J2, S1, and S2 mean nothing to them. The preceptors are not aware what skills differentiate one grade level from another. An additional barrier they ran into was poor attitudes from the nurse preceptor. “I can’t tell you how many times I’ve come into a clinical and the nurse is just like (scoff) nursing students, this is going to be an awful day,” an S2 student

added. To the students, the preceptors' attitude played a huge role in their overall participation in clinical, and ultimately their relationship with that nurse. Some students even went as far as to say that a poor demeanor on the behalf of the nurse often resulted in lessened self-confidence on their part and eventual withdrawal from the learning process on that particular day. A J2 student stated, "I had a nurse last year tell me that she doesn't like nursing students, she wasn't taking nursing students, and there was nothing I could do about it. It is just awkward, and then it makes you wonder, does every nurse feel that way? It then makes you feel like you're not capable almost, and that you're just a burden. Then when we do get the opportunity to do skills it makes our self-confidence much lower."

The students also felt that time constraints were a momentous barrier in their relationship with their preceptor. They reported that the higher the patient load of the nurse preceptor, the more they felt like a burden and bother, which then resulted in less interaction on their (the student's) part. "The more patients they have, the more I seem to feel in the way. Today for example, my nurse had 6, so she obviously had a lot to do. Of course I'm last and the patients are first, but it's still frustrating," a J1 student added. Another theme we found common was a lack of communication between the student and the nurse preceptor. This generally led to a poor relationship, and ultimately poor education. A J2 interjected that being welcomed by the nurse preceptor would ultimately be most beneficial to their learning experience, "That would be the biggest thing for me- knowing that they (the nurses) actually wanted me there, and I wasn't just a burden. Because when they make you feel like you're not wanted there, your priority then becomes to try and stay out of their way instead of focusing on learning." This was also

supported with survey data. Question 12 relating to preceptor preparedness 20.21% (n=38) neither agreed nor disagreed, 35.1% (n=66) agreed and 28.2% (n=53) strongly agreed.

One of the proposed interventions provided by the students was a standardized form, outlining the specific skills of each grade level. This form would then be given to nurse preceptors in a standardized orientation or training session to ensure all nurses who would be mentoring students would be aware not only of what was expected of them as preceptors, but also specifically what each grade level was capable of doing.

Question 5: What are the limitations of the current learning process for clinical preparation at EMSON?

For this question we asked the students to explain any obstacles they had encountered with the current model of learning at EMSON, focusing on the transition from the learning of technical skills and knowledge at the school to the implementation of this material in the clinical setting.

The main issue most students had with EMSON's current model was a lack of adequate time to practice technical skills. "We did a lot of things just one time in lab, like reconstituting for example. We did that maybe one time and I know the basic process but I would not be comfortable doing it for real on my own," a J1 student noted. They felt as though so much teaching is forced into such a tight amount of time during skills lab, that there is little left for actual practice. A J2 student interjected their opinion saying, "I'd rather be in there (skills lab) all day and be able to hands-on do the skills rather than being overwhelmed with tons of information and little to no practice time. You're lucky if you get to do each thing once." Most reported not feeling comfortable going into the

clinical environment and performing the new tasks they had learned in the skills lab for that semester, having executed most skills only once.

Another obstacle older students (S2s) reported was a lack of available skills lab reviews for technical skills learned in past semesters. Many crucial nursing skills such as nasogastric tube insertion and blood product administration are taught in the second semester. Once students reach their final semester they have forgotten, or become weak in skills they learned a year prior. Some students also voiced concerns for a need of standardization across the board with the information all clinical instructors are providing during skills lab. In the past there were discrepancies in the information given to different groups, in regards to technique and procedure for different tasks, which resulted in some of the students having to be re-taught.

Another issue that hindered some students was the lengthy amount of time between skills lab when they are taught and clinicals when they are expected to apply the knowledge. After this time, students had difficulty remembering what they had learned weeks or months before. An S1 student added, “Lab is so overwhelming. Like for this clinical, we had three 2-hour sessions in one day. Yes we learned a lot, but we just got so much information at once, and it just takes time to process through, and we had it three weeks ago, like before we ever came here (clinical). So it’s good information, it’s just either too early or too much information at one time. I don’t know how you would find a good balance between that though.”

Survey data supported this as well. Question 11, which asked students if their skills lab helped prepare them for their clinical experience, 27.1%(n=51) neither agreed nor disagreed and 36.7% (n=69) agreed, and only 20.8% (n=39) strongly agreed. There

was overwhelming confidence in learning new skills in clinical instead of skills lab.

Question 7 asking if the student learned new skills in clinical resulted in 64.3% (n=108) strongly agreed.

One of the proposed interventions provided by the students was an extended skills lab that included an optional time at the end where students could stay and individually practice any of the new skills they felt weak in. Secondly, they also felt that it would be beneficial to have an optional “mid-semester” skills refresher, which would help to bridge the lengthy gap some students were experiencing between lab and the clinical experience. Additionally, they felt simply having some elective open lab days throughout the semester would be beneficial. With this, students could come in and reinforce any skills they found themselves to be weak in once they had completed some time in the clinical setting. They also added that having smaller groups in skills lab when they were being taught new technical skills might better facilitate learning. A medication administration refresher at the beginning of each semester was also proposed to give students adequate practice with medication skills such as reconstitution, and the drawing up of medicines from vials. Lastly, they suggested extending check-offs to include proficiency with IV pumps, as this was an area all students across the board felt weak or unprepared in.

Overall, the student nurses felt welcomed and involved in nursing activities by the nurse preceptors resulting in an overall feeling of growth from the clinical experience. Survey question 3 showed the same results with 54% (n=89) that strongly agreed that

they grew from the clinical experience. Student nurses felt supported by their instructors as evidenced by survey question 6 yielding a 57% (n=98) strongly agreed response. However, student nurses did not feel that they would like to work at their clinical sites. This finding requires further study, because only 31% (n=59) agreed and 24% (n=45) neither agreed nor disagreed. It appears that despite some positives, they still lacked confidence in students willing to work at the facility where their clinicals take place. J1 students felt like the preceptor let them perform more skills and used constructive critique of their skills than did second semester juniors and first semester seniors. This also is supported by survey data.

Additionally, there is a compelling argument about the satisfaction of the J1 students' correlation to the pre-clinical surveys and their satisfaction of their clinical experience. They felt moderately more comfortable in the medical field, their skills and the expectations of the nurse preceptor.

DISCUSSION

Both the focus group and survey results support the idea of how important the clinical experience is to the student nurse. It helps combine classroom work, simulation labs, and skills lab in a working environment, and it is essential in this evolving field. This makes the student nurse and nurse preceptor relationship so important. The research conducted supports this relationship as an essential part of the student nurse's progression. Question 3, which asked the students if they felt their clinical experience facilitated growth, (n=89) showed a 53.9% response that strongly agreed that the clinical experience helped them grow. Even though the majority of results still showed a low

confidence level with student nurses, the combined results showed more of a neutral level, which indicates that more research is necessary in a more defined fashion. Question 2, which asked the students if their nurse included them in nursing activities, (n=86) supports that being in a nursing environment is also important with a 49.43 % agree and (n=42) 24.14 % strongly agree. There was not a strong confidence level about feeling a part of the nursing team, which supported other research results. Overall (n= 65) gave this question a 3 (neither agree nor disagree). Excellent data was received from the focus groups about the students' perspective of what could be hindering the relationship from being at its greatest potential, and we suggest further research into implementing the proposed interventions discussed above. However, in order to understand the relationship as a whole, we suggest that research should be extended to the nurse preceptors in order to understand their viewpoint, as well as welcome their potential interventions to improve upon this crucial relationship. For question 12, there was not a clear confidence level that indicated the nurse preceptor was adequately oriented on the preceptor and student relationship. 20.21 % (n=38) were neutral, 35.11% (n=66) and 28.2% (n=53) strongly agree. The researchers all agree that further study should be done on this relationship and its connection to the hospital and classroom settings.

The research and literature review indicate the importance of the student nurse and nurse preceptor role. As a result, the researchers altogether agree that further study should be done between EMSON and clinical facilities, primarily delving into the nurse preceptor's feelings and beliefs in regards to the student nurse and nurse preceptor relationship.

LIMITATIONS

Multiple limitations were encountered throughout this research study. Originally, researchers anticipated including the nurse preceptors at WRMC in our survey and focus group data. However, a lack of interest in participation was experienced. Initially, 8 prospective nurse preceptors volunteered for focus group participation. Unfortunately, when attempting to schedule a time to conduct the focus group, over half of the volunteers had either been transferred to another unit within the hospital, or were no longer employed at WRMC. Attempts were made to find more nurse volunteers, but due to time constraints and the large number of new hire nurses with little-to-no experience with precepting student nurses on the floor, researchers elected to eliminate the nurse preceptor research portion from the study as a whole. This allowed for sole concentration of the student nurse perspectives, leading to a more extensive and in-depth data collection from the student nurses. As a result, the need for in-depth research on the opinions and viewpoints of the nurse preceptors is both recommended and necessary in order to gain a comprehensive understanding of this crucial, yet complicated, topic matter.

Additionally, the S2 student group who graduated in May 2014 had already completed their classes at the time when the post-clinical surveys were being administered. As a result, the previous S2 student group was not included in the post-clinical survey data. However, input from the current S2 students graduating in December 2014 was included in the focus group data. An inclusive view of the student nurse's overall perception after completing their entire clinical education was obtained. This

allowed a comprehensive insight on the most vital components and missing aspects of the student nurse clinical experience as a whole.

The final limitation identified in this study is that the data from the focus groups was only collected from students attending their clinical rotations at Washington Regional Medical Center. Although the researchers believe that the data collected is very generalized and could be applied to the student nurse and nurse preceptor relationships at other clinical sites in Northwest Arkansas affiliated with EMSON, data being collected at only one facility could possibly limit the generalization of the results. As a result, findings could potentially only apply and affect students attending clinical at WRMC in future semesters.

CONCLUSION

It became clear to the researchers that the data was overwhelming. More time could have been spent in the analysis of the data and the scope of the research could have been scaled-down. Overall, the thesis was confirmed that the student nurses do not feel like they are a part of the nursing team. Proposed interventions discussed should be implemented and researched in reference to this study's results in order to attempt to improve upon the clinical experience, as well as the student nurse and nurse preceptor relationship in a timely manner. However, more research should be done to quantify the expectations of the nurse preceptor and the student nurse. The researchers believe that this data is an excellent baseline for many quality improvement projects in the future. This data is applicable to the Eleanor Mann School of Nursing, but could also be applicable and relevant in nursing programs nationwide.

Table 1
Question 1: My nurse preceptor made me feel welcome

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 2 | 2,000 | 5.714 | 5.714 | 5.714 |
| 3 | 6,000 | 17.143 | 17.143 | 22.857 |
| 4 | 12,000 | 34.286 | 34.286 | 57.143 |
| 5 | 15,000 | 42.857 | 42.857 | 100.000 |
| Second Semester Juniors | | | | |
| 1 | 1,389 | 1.389 | 1.389 | 1.389 |
| 2 | 2,000 | 2.778 | 2.778 | 4.167 |
| 3 | 8,000 | 11.111 | 11.111 | 15.278 |
| 4 | 45,000 | 62.500 | 62.500 | 77.778 |
| 5 | 16,000 | 22.222 | 22.222 | 100.000 |
| First Semester Seniors | | | | |
| Missing | 1,000 | 1.235 | | |
| 2 | 7,000 | 8.642 | 8.750 | 8.750 |
| 3 | 20,000 | 24.691 | 25.000 | 33.750 |
| 4 | 47,000 | 58.025 | 58.750 | 92.500 |
| 5 | 6,000 | 7.407 | 7.500 | 100.000 |
| Combined | | | | |
| Missing | 1,000 | 0.592 | | |
| 1 | 1,000 | 0.592 | 0.595 | 0.595 |
| 2 | 8,000 | 4.734 | 4.762 | 5.357 |
| 3 | 31,000 | 18.343 | 18.452 | 23.810 |
| 4 | 93,000 | 55.030 | 55.357 | 79.167 |
| 5 | 35,000 | 20.710 | 20.833 | 100.000 |

Table 1

Table 2
Question 2: My nurse preceptor involved me in nursing activities

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 3 | 5,000 | 14.286 | 14.286 | 14.286 |
| 4 | 10,000 | 28.571 | 28.571 | 42.857 |
| 5 | 20,000 | 57.143 | 57.143 | 100.000 |
| Second Semester Juniors | | | | |
| Missing | 1,000 | 1.389 | | |
| 2 | 4,000 | 5.556 | 5.634 | 5.634 |
| 3 | 11,000 | 15.278 | 15.493 | 21.127 |
| 4 | 43,000 | 59.722 | 60.563 | 81.690 |
| 5 | 13,000 | 18.056 | 18.310 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 1,000 | 1.235 | 1.235 | 1.235 |
| 2 | 5,000 | 6.173 | 6.173 | 7.407 |
| 3 | 25,000 | 30.864 | 30.864 | 38.272 |
| 4 | 37,000 | 45.679 | 45.679 | 83.951 |
| 5 | 13,000 | 16.049 | 16.049 | 100.000 |
| Combined | | | | |
| Missing | 1,000 | 0.575 | | |
| 1 | 1,000 | 0.575 | 0.578 | 0.578 |
| 2 | 7,000 | 4.023 | 4.046 | 4.624 |
| 3 | 37,000 | 21.264 | 21.387 | 26.012 |
| 4 | 86,000 | 49.425 | 49.711 | 75.723 |
| 5 | 42,000 | 24.138 | 24.277 | 100.000 |

Table 2

Table 3
Question 3: My clinical experience helped me grow as a student nurse.

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| Missing | 1,000 | 2.857 | | |
| 3 | 3,000 | 8.571 | 8.824 | 8.824 |
| 4 | 7,000 | 20.000 | 20.588 | 29.412 |
| 5 | 24,000 | 68.571 | 70.588 | 100.000 |
| Second Semester Juniors | | | | |
| 1 | 2,000 | 2.778 | 2.778 | 2.778 |
| 3 | 1,000 | 1.389 | 1.389 | 4.167 |
| 4 | 25,000 | 34.722 | 34.722 | 38.889 |
| 5 | 44,000 | 61.111 | 61.111 | 100.000 |
| First Semester Seniors | | | | |
| 2 | 1,000 | 1.235 | 1.235 | 1.235 |
| 3 | 10,000 | 12.346 | 12.580 | 13.815 |
| 4 | 39,000 | 48.148 | 48.148 | 61.728 |
| 5 | 31,000 | 38.272 | 38.272 | 100.000 |
| Combined | | | | |
| Missing | 1,000 | 0.606 | | |
| 1 | 2,000 | 1.212 | 1.220 | 1.220 |
| 2 | 1,000 | 0.606 | 0.610 | 1.829 |
| 3 | 9,000 | 5.455 | 5.488 | 7.317 |
| 4 | 63,000 | 38.182 | 38.415 | 45.732 |
| 5 | 89,000 | 53.939 | 54.268 | 100.000 |

Table 3

Table 4
Question 4: I felt like a part of the nursing team

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 2 | 3,000 | 8.571 | 8.571 | 8.571 |
| 3 | 9,000 | 25.714 | 25.714 | 34.286 |
| 4 | 8,000 | 22.857 | 22.857 | 57.143 |
| 5 | 15,000 | 42.857 | 42.857 | 100.000 |
| Second Semester Juniors | | | | |
| 1 | 1,000 | 1.389 | 1.389 | 1.389 |
| 2 | 15,000 | 20.833 | 20.833 | 22.222 |
| 3 | 26,000 | 36.111 | 36.111 | 58.333 |
| 4 | 21,000 | 29.167 | 29.167 | 87.500 |
| 5 | 9,000 | 12.500 | 12.500 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 3,000 | 3.704 | 3.704 | 3.704 |
| 2 | 20,000 | 24.691 | 24.691 | 28.395 |
| 3 | 30,000 | 37.037 | 37.037 | 65.432 |
| 4 | 24,000 | 29.630 | 29.630 | 95.062 |
| 5 | 4,000 | 4.938 | 4.938 | 100.000 |
| Combined | | | | |
| 1 | 4,000 | 2.128 | 2.128 | 2.128 |
| 2 | 38,000 | 20.213 | 20.213 | 22.340 |
| 3 | 65,000 | 34.574 | 34.574 | 56.915 |
| 4 | 53,000 | 28.191 | 28.191 | 85.106 |
| 5 | 28,000 | 14.894 | 14.894 | 100.000 |

Table 4

Table 5
Question 5: I felt supported by my nurse preceptor

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 2 | 1,000 | 2.857 | 2.857 | 2.857 |
| 3 | 6,000 | 17.143 | 17.143 | 20.000 |
| 4 | 12,000 | 34.286 | 34.286 | 54.286 |
| 5 | 16,000 | 45.714 | 45.714 | 100.000 |
| Second Semester Juniors | | | | |
| 2 | 5,000 | 6.944 | 6.944 | 6.944 |
| 3 | 19,000 | 26.389 | 26.389 | 33.333 |
| 4 | 34,000 | 47.222 | 47.222 | 80.556 |
| 5 | 14,000 | 19.444 | 19.444 | 100.000 |
| First Semester Seniors | | | | |
| Missing | 1,000 | 1.235 | | |
| 1 | 3,000 | 3.704 | 3.750 | 3.750 |
| 2 | 6,000 | 7.407 | 7.500 | 11.250 |
| 3 | 30,000 | 37.037 | 37.500 | 48.750 |
| 4 | 33,000 | 40.741 | 41.250 | 90.000 |
| 5 | 8,000 | 9.877 | 10.000 | 100.000 |
| Combined | | | | |
| Missing | 1,000 | 0.532 | | |
| 1 | 3,000 | 1.596 | 1.604 | 1.604 |
| 2 | 12,000 | 6.383 | 6.417 | 8.021 |
| 3 | 53,000 | 29.255 | 29.412 | 37.433 |
| 4 | 79,000 | 42.021 | 42.246 | 79.679 |
| 5 | 38,000 | 20.213 | 20.321 | 100.000 |

Table 5

Table 6
Question 6: I felt supported by my instructor.

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 2 | 1,000 | 2.857 | 2.857 | 2.857 |
| 3 | 3,000 | 8.571 | 8.571 | 11.429 |
| 4 | 5,000 | 14.286 | 14.286 | 25.714 |
| 5 | 26,000 | 74.286 | 74.286 | 100.000 |
| Second Semester Juniors | | | | |
| 1 | 1,000 | 1.389 | 1.389 | 1.389 |
| 2 | 1,000 | 1.389 | 1.389 | 2.778 |
| 3 | 8,000 | 11.111 | 11.111 | 13.889 |
| 4 | 17,000 | 23.611 | 23.611 | 37.500 |
| 5 | 45,000 | 62.500 | 62.500 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 2,000 | 2.469 | 2.469 | 2.469 |
| 2 | 5,000 | 6.173 | 6.173 | 8.642 |
| 3 | 7,000 | 8.642 | 8.642 | 12.284 |
| 4 | 31,000 | 38.272 | 38.272 | 55.556 |
| 5 | 36,000 | 44.444 | 44.444 | 100.000 |
| Combined | | | | |
| 1 | 2,000 | 1.170 | 1.170 | 1.170 |
| 2 | 7,000 | 4.094 | 4.094 | 5.263 |
| 3 | 17,000 | 9.942 | 9.942 | 15.205 |
| 4 | 47,000 | 27.485 | 27.485 | 42.690 |
| 5 | 98,000 | 57.310 | 57.310 | 100.000 |

Table 6

Table 7
Question 7: I learned new skills

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 3 | 3,000 | 8.571 | 8.571 | 8.571 |
| 4 | 6,000 | 17.143 | 17.143 | 25.714 |
| 5 | 26,000 | 74.286 | 74.286 | 100.000 |
| Second Semester Juniors | | | | |
| 1 | 1,000 | 1.389 | 1.389 | 1.389 |
| 3 | 1,000 | 1.389 | 1.389 | 2.778 |
| 4 | 19,000 | 26.389 | 26.389 | 29.167 |
| 5 | 51,000 | 70.833 | 70.833 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 1,000 | 1.235 | 1.235 | 1.235 |
| 2 | 1,000 | 1.235 | 1.235 | 2.469 |
| 3 | 5,000 | 6.173 | 6.173 | 8.642 |
| 4 | 33,000 | 40.741 | 40.741 | 49.383 |
| 5 | 41,000 | 50.617 | 50.617 | 100.000 |
| Combined | | | | |
| 1 | 1,000 | 0.595 | 0.595 | 0.595 |
| 2 | 1,000 | 0.595 | 0.595 | 1.190 |
| 3 | 8,000 | 4.762 | 4.762 | 5.952 |
| 4 | 50,000 | 29.762 | 29.762 | 35.714 |
| 5 | 108,000 | 64.286 | 64.286 | 100.000 |

Table 7

Table 8
Question 6: I felt supported by my instructor.

| | First Semester Juniors | | | |
|--------------------------------|------------------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 1 | 2,000 | 5.714 | 5.714 | 5.714 |
| 2 | 6,000 | 17.143 | 17.143 | 22.857 |
| 3 | 10,000 | 28.571 | 28.571 | 51.429 |
| 4 | 9,000 | 25.714 | 25.714 | 77.143 |
| 5 | 8,000 | 22.857 | 22.857 | 100.000 |
| Second Semester Juniors | | | | |
| Missing | 1,000 | 1.389 | | |
| 1 | 2,000 | 2.778 | 2.817 | 2.817 |
| 2 | 3,000 | 4.167 | 4.225 | 7.042 |
| 3 | 17,000 | 23.611 | 23.944 | 30.986 |
| 4 | 24,000 | 33.333 | 33.803 | 64.789 |
| 5 | 25,000 | 34.722 | 35.211 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 3,000 | 3.704 | 3.704 | 3.704 |
| 2 | 9,000 | 11.111 | 11.111 | 14.815 |
| 3 | 18,000 | 22.222 | 22.222 | 37.037 |
| 4 | 26,000 | 32.099 | 32.099 | 69.136 |
| 5 | 25,000 | 30.864 | 30.864 | 100.000 |
| Combined | | | | |
| Missing | 1,000 | 0.532 | | |
| 1 | 7,000 | 3.723 | 3.743 | 3.743 |
| 2 | 18,000 | 9.574 | 9.626 | 13.369 |
| 3 | 45,000 | 23.936 | 24.064 | 37.433 |
| 4 | 59,000 | 31.383 | 31.551 | 68.984 |
| 5 | 58,000 | 30.851 | 31.016 | 100.000 |

Table 8

Table 9
Question 9: My preceptor was willing to let me perform skills

| First Semester Juniors | | | | |
|-------------------------|---------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 3 | 4,000 | 11.429 | 11.429 | 11.429 |
| 4 | 6,000 | 17.143 | 17.143 | 28.571 |
| 5 | 25,000 | 71.429 | 71.429 | 100.000 |
| Second Semester Juniors | | | | |
| Missing | 1,000 | 1.389 | | |
| 2 | 1,000 | 1.389 | 1.408 | 1.408 |
| 3 | 12,000 | 16.667 | 16.901 | 18.310 |
| 4 | 41,000 | 56.944 | 57.746 | 76.056 |
| 5 | 17,000 | 23.611 | 23.944 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 1,000 | 1.235 | 1.235 | 1.235 |
| 2 | 3,000 | 3.704 | 3.704 | 4.938 |
| 3 | 18,000 | 22.222 | 22.222 | 27.160 |
| 4 | 44,000 | 54.321 | 54.321 | 81.481 |
| 5 | 15,000 | 18.519 | 18.519 | 100.000 |
| Combined | | | | |
| Missing | 1,000 | 0.575 | | |
| 1 | 1,000 | 0.575 | 0.578 | 0.578 |
| 2 | 3,000 | 1.724 | 1.734 | 2.312 |
| 3 | 32,000 | 18.391 | 18.497 | 20.809 |
| 4 | 83,000 | 47.701 | 47.977 | 68.786 |
| 5 | 54,000 | 31.034 | 31.214 | 100.000 |

Table 10
Question 2: My nurse preceptor involved me in nursing activities

| First Semester Juniors | | | | |
|-------------------------|---------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 1 | 1,000 | 2.857 | 2.857 | 2.857 |
| 2 | 1,000 | 2.857 | 2.857 | 5.714 |
| 3 | 6,000 | 17.143 | 17.143 | 22.857 |
| 4 | 11,000 | 31.429 | 31.429 | 54.286 |
| 5 | 16,000 | 45.714 | 45.714 | 100.000 |
| Second Semester Juniors | | | | |
| Missing | 1,000 | 1.389 | | |
| 2 | 5,000 | 6.944 | 7.042 | 7.042 |
| 3 | 12,000 | 16.667 | 16.901 | 23.944 |
| 4 | 37,000 | 51.389 | 52.113 | 76.056 |
| 5 | 17,000 | 23.611 | 23.944 | 100.000 |
| First Semester Seniors | | | | |
| Missing | 1,000 | 1.235 | | |
| 1 | 2,000 | 2.469 | 2.500 | 2.500 |
| 2 | 9,000 | 11.111 | 11.250 | 13.750 |
| 3 | 18,000 | 22.222 | 22.500 | 36.250 |
| 4 | 37,000 | 45.679 | 46.250 | 82.500 |
| 5 | 14,000 | 17.284 | 17.500 | 100.000 |
| Combined | | | | |
| Missing | 2,000 | 1.064 | | |
| 1 | 3,000 | 1.596 | 1.613 | 1.613 |
| 2 | 15,000 | 7.979 | 8.065 | 9.677 |
| 3 | 36,000 | 19.149 | 19.355 | 29.032 |
| 4 | 85,000 | 45.213 | 45.699 | 74.731 |
| 5 | 47,000 | 25.000 | 25.269 | 100.000 |

Table 11
Question 11: My skills lab helped prepare me for my clinical experience.

| First Semester Juniors | | | | |
|-------------------------|---------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 1 | 2,000 | 5.714 | 5.714 | 5.714 |
| 2 | 4,000 | 11.429 | 11.429 | 17.143 |
| 3 | 3,000 | 8.571 | 8.571 | 25.714 |
| 4 | 12,000 | 34.286 | 34.286 | 60.000 |
| 5 | 14,000 | 40.000 | 40.000 | 100.000 |
| Second Semester Juniors | | | | |
| MISSING | 1,000 | 1.389 | | |
| 1 | 1,000 | 1.389 | 1.408 | 1.408 |
| 2 | 11,000 | 15.278 | 15.493 | 16.901 |
| 3 | 23,000 | 31.944 | 32.394 | 49.296 |
| 4 | 22,000 | 30.556 | 30.986 | 80.282 |
| 5 | 14,000 | 19.444 | 19.718 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 3,000 | 3.704 | 3.704 | 3.704 |
| 2 | 7,000 | 8.642 | 8.642 | 12.346 |
| 3 | 25,000 | 30.864 | 30.864 | 43.210 |
| 4 | 35,000 | 43.210 | 43.210 | 86.420 |
| 5 | 11,000 | 13.580 | 13.580 | 100.000 |
| Combined | | | | |
| MISSING | 1,000 | 0.532 | | |
| 1 | 6,000 | 3.191 | 3.209 | 3.209 |
| 2 | 22,000 | 11.702 | 11.765 | 14.973 |
| 3 | 51,000 | 27.128 | 27.273 | 42.246 |
| 4 | 69,000 | 36.702 | 36.898 | 79.144 |
| 5 | 39,000 | 20.745 | 20.856 | 100.000 |

Table 12
Question 12: My preceptor was adequately trained in the expectations of a nurse preceptor

| First Semester Juniors | | | | |
|-------------------------|---------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 2 | 3,000 | 8.571 | 8.571 | 8.571 |
| 3 | 3,000 | 8.571 | 8.571 | 17.143 |
| 4 | 6,000 | 17.143 | 17.143 | 34.286 |
| 5 | 23,000 | 65.714 | 65.714 | 100.000 |
| Second Semester Juniors | | | | |
| MISSING | 1,000 | 1.389 | | |
| 1 | 2,000 | 2.778 | 2.817 | 2.817 |
| 2 | 9,000 | 12.500 | 12.676 | 15.493 |
| 3 | 17,000 | 23.611 | 23.944 | 39.437 |
| 4 | 27,000 | 37.500 | 38.028 | 77.465 |
| 5 | 16,000 | 22.222 | 22.535 | 100.000 |
| First Semester Seniors | | | | |
| MISSING | 1,000 | 1.235 | | |
| 1 | 7,000 | 8.642 | 8.750 | 8.750 |
| 2 | 8,000 | 9.877 | 10.000 | 18.750 |
| 3 | 18,000 | 22.222 | 22.500 | 41.250 |
| 4 | 33,000 | 40.741 | 41.250 | 82.500 |
| 5 | 14,000 | 17.284 | 17.500 | 100.000 |
| Combined | | | | |
| MISSING | 2,000 | 1.064 | | |
| 1 | 9,000 | 4.787 | 4.839 | 4.839 |
| 2 | 20,000 | 10.638 | 10.753 | 15.591 |
| 3 | 38,000 | 20.213 | 20.430 | 36.022 |
| 4 | 66,000 | 35.106 | 35.484 | 71.505 |
| 5 | 53,000 | 28.191 | 28.495 | 100.000 |

Table 13
Question 13: My clinical instructor was adequately involved in my clinical experience

| First Semester Juniors | | | | |
|-------------------------|---------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 3 | 2,000 | 5.714 | 5.714 | 5.714 |
| 4 | 5,000 | 14.286 | 14.286 | 20.000 |
| 5 | 28,000 | 80.000 | 80.000 | 100.000 |
| Second Semester Juniors | | | | |
| Missing | 1,000 | 1.389 | | |
| 2 | 6,000 | 8.333 | 8.451 | 8.451 |
| 3 | 11,000 | 15.278 | 15.493 | 23.944 |
| 4 | 23,000 | 31.944 | 32.394 | 56.338 |
| 5 | 31,000 | 43.056 | 43.662 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 1,000 | 1.235 | 1.235 | 1.235 |
| 2 | 6,000 | 7.407 | 7.407 | 8.642 |
| 3 | 7,000 | 8.642 | 8.642 | 17.284 |
| 4 | 36,000 | 44.444 | 44.444 | 61.728 |
| 5 | 31,000 | 38.272 | 38.272 | 100.000 |
| Combined | | | | |
| Missing | 1,000 | 0.633 | | |
| 2 | 10,000 | 6.329 | 6.369 | 6.369 |
| 3 | 16,000 | 10.127 | 10.191 | 16.561 |
| 4 | 53,000 | 33.544 | 33.758 | 50.318 |
| 5 | 78,000 | 49.367 | 49.682 | 100.000 |

Table 14
Question 14: My clinical experience was very well organized

| First Semester Juniors | | | | |
|-------------------------|---------------|---------|---------------|--------------------|
| | Frequency (N) | Percent | Valid Percent | Cumulative Percent |
| 1 | 2,000 | 5.714 | 5.714 | 5.714 |
| 2 | 1,000 | 2.857 | 2.857 | 8.571 |
| 3 | 5,000 | 14.286 | 14.286 | 22.857 |
| 4 | 12,000 | 34.286 | 34.286 | 57.143 |
| 5 | 15,000 | 42.857 | 42.857 | 100.000 |
| Second Semester Juniors | | | | |
| Missing | 1,000 | 1.389 | | |
| 1 | 1,000 | 1.389 | 1.408 | 1.408 |
| 2 | 5,000 | 6.944 | 7.042 | 8.451 |
| 3 | 13,000 | 18.056 | 18.310 | 26.761 |
| 4 | 35,000 | 48.611 | 49.296 | 76.056 |
| 5 | 17,000 | 23.611 | 23.944 | 100.000 |
| First Semester Seniors | | | | |
| 1 | 10,000 | 12.346 | 12.346 | 12.346 |
| 2 | 13,000 | 16.049 | 16.049 | 28.395 |
| 3 | 28,000 | 34.568 | 34.568 | 62.963 |
| 4 | 24,000 | 29.630 | 29.630 | 92.593 |
| 5 | 6,000 | 7.407 | 7.407 | 100.000 |
| Combined | | | | |
| MISSING | 1,000 | 0.532 | | |
| 1 | 13,000 | 6.915 | 6.952 | 6.952 |
| 2 | 19,000 | 10.106 | 10.160 | 17.112 |
| 3 | 46,000 | 24.468 | 24.599 | 41.711 |
| 4 | 71,000 | 37.766 | 37.968 | 79.679 |
| 5 | 38,000 | 20.213 | 20.321 | 100.000 |

Appendix

S2 Focus Group Questions and Answers:

1. Perception of nurse preceptor role:
 - a. Thoroughly explaining things that they know that are new to us, should know what we have/haven't seen, communicate with us and explain what's going on. The nurses don't know what we don't know. Spend time chasing the nurses, don't take the initiative to say "hey have you seen this, come see it"
 - b. Nurses are willing, but sometimes forget. They get in their routine and they, you know, do stuff with the IV pump really quick and we have no idea what they're doing unless you ask.
2. Do you feel like it hinders your clinical experience to have to constantly ask the nurse questions instead of explaining as she goes?
 - a. You don't want to be a bother and burden to the nurse because you know they're busy and you don't want to slow them down, but if you don't understand it then you need to ask because when you're a nurse and you aren't knowing that stuff when you are precepting, your preceptor is going to be like did you do clinicals if you don't know some of those common things, but you don't want to ask.
3. What is your perception of the student nurse role:
 - a. Open to help in any way, we don't have a title yet so we are as low as any position and equal to an RN, so we should have the attitude to go do whatever is needed. I know I just said that we shouldn't need to take initiative, but we should.
 - b. Right, I agree. We should be willing to help other nurses or the tech's out like whenever you see they're swamped or like because even though you don't necessarily want to be the one who like cleans up poop or something like that, like its just more experience for you and it makes you appreciate your tech's later when you are an RN, you know?
 - c. I think we should be there more for each other. Like if your instructor or nurse isn't available, I think we should work on making ourselves be approachable to our peers so they can feel comfortable coming up and saying hey do you know what this means, you know?
4. Do you ever feel like they, not necessarily take advantage of, but like, you know sometimes if the tech IS really swamped, do you feel like sometimes like the student isn't really more of like learning...?
 - a. It's more of like hey can you help us out tech-wise? Yeah it depends.
 - b. So are you saying does the student act more as an aid than just a student? I mean that's the mindset of the student as well. I mean I understand I've already done this in the clinical, so to speak, but like

for like as a nurse, I am helping the facility if you look beyond the small picture

- c. AP: Can I say something? You would be surprised, like a lot of the students that are even S2's don't even know how to change a bed with the patient in it, so really some of that stuff isn't just monotonous, like you need the practice and it's the same stuff that the nurses are doing. So I want y'all to do that stuff. But if it's between giving meds or a bed bath, say hey can I pass the meds first and then do the bed bath?
 - i. Yeah, that's what I was going to say because there's been plenty of times where like I guess a task was delegated or ask or just told me to go do a job that is like CNA delegated, which is fine like I don't care about doing that stuff but its at the same time that I'm missing out on a med pass or inserting a foley and I'm just kind of like... sure because I don't want to come across like "no" but then its like well I just missed the 10 o'clock med pass, so...
5. So, do you feel like part of being a student nurse and part of your role is being assertive and kind of seeking out those opportunities to learn, like that's part of your responsibility do you feel like?
 - a. Yeah, like you would have to be careful how you come across because I personally at WR have tried to do that, and maybe I did it in the wrong way but I said "id really like to do this with you," and then she went to my clinical instructor and said that I was unengaged and uncooperative. So from then on out, I just did whatever was asked of me because I didn't want to come across as not wanting to do lower work.
 - b. And it also kind of depends on your personality and your nurse's personality cause like a lot of times they're going to be very different and they're going to, not "clash," but not be smooth.
6. So how do you feel about the support system for student nurses at WR, like how do you feel that, kind of like, not necessarily how welcome you feel here, but like how well the staff supports the students?
 - a. I think so...
 - b. Like today when I asked each and every question she immediately explained everything, she was very thorough with why labs meant this, and she would pull up things on the computer, resources for how I can look it up for future reference, and like showed me, do you know what I mean? Like, next time I wont have to go to a nurse, I can just like pull it up and learn myself
7. Do you all feel like a part of the like team?
 - a. Sometimes
 - b. It depends
 - c. *What does it depend on?*
 - i. Your nurse
 - ii. I feel like a lot of it really depends on your nurse, like I think it might be helpful whenever we go there for each day, like either

our clinical instructor could talk to who's working that day, and be like okay, or they work here, who are the better teachers, like newer nurses or ones that aren't so burnt out, and then put students with them, so that a way, I mean there's nothing wrong with being assertive and you don't just want it handed to you but it would be better if you had people who were more willing to teach you, and so maybe there could be a little more communication with that.

- iii. Does anyone else have any other suggestions of things that would help, you know, EMSON to be able to like facilitate a better relationship, or like correlate better with the nurses here and the staff here that would make us as student nurses feel as more of a team?
 1. Maybe a rewards system for the nurses if they take students and help the students out or whatever, like a pizza party or whatever, or even like a goody bag with candy
 - a. Yeah because I've had nurses who are like "no I don't take students" and I was just like ...okay sorry. Which is fine, but yeah something like that would be really beneficial so that we could stay away from that...
 - i. You need to tell your instructor if that happens because they're not allowed to do that
 - b. Yeah my instructor was just like "...yes you do..."
 2. I would rather them say I don't want a student than take me on and me catch crap the whole day.
 3. *(Katie) So maybe it would be good to have some type of communication, like these are the people that are willing, and maybe some further communication with those nurses like these are the things that are expected and good teaching opportunities...*
8. How would you guys feel about, you know, like a, kind of like a survey of your nurse every day like after? Like that we turned in? We've thought about that
 - a. Like us doing it about our nurses?
 - i. Mhmm, on the nurse that we were with
 - b. Yeah that would be good
 - c. Oh my god yeah
 - d. Yeah like reviewing them and turning them into the supervisor so that they could be evaluated?
 - e. That would be really good
 - f. *(Katie) And then maybe if they were aware that they were being evaluated*

- g. Maybe not like a daily thing to turn them into their supervisor but like we could turn them into Mrs. Sabatini at the end of the semester, and she could send them off
 - h. On these units, I haven't had any trouble with this semester during this rotation. My bad or unpleasant experiences were with med surg
9. Is it specifically just here or just in general?
- a. Well, more so, this is who like we are collaborating with for our thesis, but we are trying to like hone in on Regional, but apply it to everywhere else type-thing. (Like trying to find general themes that could be applied everywhere). So like, I mean kind of maybe for the nurse preceptor type questions, kind of focus on your clinicals here, but, we are trying to get information that we can apply to Mercy and Northwest and all those places, so, I mean, you definitely can talk about other experiences, but really we just tried to make it easier and like more focused on Regional just because that's where we were.
 - i. Logistically, we won't be able to get the best nurse every time, because like they staff certain nurses at certain times and it's whoever's
 - ii. And it depends on your patient too. Like if you get a good patient and your nurse is...
 - iii. And I just feel like if the facility made anybody following a nurse, and all of like the nurses do like a 30-minute or 1-hour training that covers like if you ever have a student, this is what you should be doing, this is how you should be acting, because sometimes I'm following a nurse and he might ask or she might ask me like hey do you want to pass some meds, but that's just about it. If there's something like they know like I've been checked off on this in my skills lab, they should be like hey since you've already done this before do you want to do it?
 - iv. They need to know better about that too.
 - v. Yeah we've really discussed this and it's a big problem. We discussed making a list,
 - 1. Like what semester you are, what you can do
 - vi. Yeah because the first question they always ask you every time is "so what can you do" and you're like, I don't know, everything? It's just like we can't sit there and say...
 - 1. Like whatever you want me to do?
 - vii. Haha yeah like I can do pretty much anything!
 - viii. I always tell them that I'll do anything they let me, and then if I didn't feel comfortable I would get the instructor.
(Agreements)
 - ix. I know they probably don't have funds for this from the university, but um when I worked at Springdale, if you precepted anybody, whether it was a nurse or a student, you would get an extra dollar per hour, so some people were like I'll take students!"

1. I think that would be really good.
 - x. I know that the hospital probably is not going to fork out that extra dollar per hour, they just happened to at Springdale and I'm sure they've cut it now, but if the U of A could like somehow come up with that
 1. I know that the nurses on the DEU, which is the 3rd floor, if they signed up to be a nurse preceptor, I think they get like an extra 25 cents per hour, but I think they had like 3 people sign up, so I don't know. But I feel like that would be really beneficial everywhere because it would then make the student's experience better, which would make them more likely to work here, and you know because if you have a bad experience you're not going to want to work here, so they would therefore get better nurses, you know I think it would probably be more beneficial to them in the end as far as finding the funds.
10. I know we already talked about this already in some of the other questions, but specifically, what do you feel are some of the limitations in the existing relationship between students and the preceptors they have on the floor?
- a. Their attitudes?
 - b. I can't tell you how many times I've come into a clinical and the nurse is just like (scoff) nursing students, this is going to be an awful day.
 - c. Yeah its just like oh a student, I've gotta have security around, and then like you get one of those patients who they're just like oh they're "noncompliant" and they think their day is going to be bad because, you know, the nurse says that during shift change the staff nurse says that, and they just have a bad day, and it makes me have a bad day, so like I mean I don't feel like that's a very good clinical experience, and like they usually don't teach you anything, it goes hand and hand with a bad clinical day because they don't teach you anything.
 - d. I feel like I've been lucky. I've been here every clinical. I've had one nurse that taught a lot but didn't let me do anything and that's like the worst experience I've had, just because I didn't get to do anything. But, I mean, everybody has always been great with taking me and teaching me and helping me, so.
 - e. Some people might not feel like, its not necessarily that they don't want you to do it, but they don't want to ask you to do it because then you might feel like they're pushing their work onto you. (Right).
 - f. Yeah that's a hard thing too.
 - g. But yeah some people really are like yeah you're slowing me down, I'm just going to do this, you know what I mean? Also, some don't want to ask you because they think, oh, well I'm not going to ask them to put a *foley* in or do a *suppository*, I know they're not going to want to do that so I'm not going to ask. You know what I mean?
 - h. Well I usually try to jump in and ask, and...

- i. And that kind of stuff helps, I mean I even was like "I'll do a suppository!" And then the nurse was like oh, okay she actually wants to do stuff, or whatever, even if it's not fun, you know?
 1. Exactly.

11. Do you all feel like there's anything that like the nursing school, like specifically, can do to help?

- a. Help like what?
- b. To help the relationship, or do you necessarily feel adequately prepared for clinical from school? Like transitioning from school into the clinical environment. Like skills lab to here. Do you feel like you're prepared enough for clinical to do what you need to do here?
 - i. I think part of the experience of clinicals is you don't know what's going to happen, you know, and it's thrown at you the first day, because usually the first day of clinicals no matter what clinical it is, is like okay now you've gotten your feet wet, you know, now, I don't think there's much they can do in sim lab or in the skills lab to prepare you for what's going to happen.
 - ii. I think that just because I know sim lab is important and I get why it's beneficial, but no matter what sim lab, how old we are, everybody gets that cloud of ugh "sim lab" on them, and that's important and I see why it will forever be a thing. But I also think that, and it's good that the instructors see how you act because they don't always get to be with us at the real sites, but I think that like maybe more open days earlier on, just skills lab. Like hey if you didn't feel comfortable today in this 4-hour window to practice an NG tube, like the only time I ever touched an NG tube before I got here was the one day J1 that I saw it. So like, when I do that as a real nurse it's going to be weird, you know, because like it's not existent in my two-year thing, so I just think maybe if like, and I know they say before checkoffs like come an hour early and that's beneficial, but maybe like the skills lab could be open like to go practice skills or something, you know? Just because we are practicing in sim lab, but it's like you're on a task mission in there, does that make sense?
 1. Mhmm, so maybe just like more, like a day where you could come in and practice, like an open free day?
 - a. I think that would be cool
 - b. I think IV pumps need to be reviewed. I did not, after skills lab or sim lab, like pretty much the only IV tube priming or IV anything I've been shown by a nurse here because I've asked about it.
 - c. I just know that the most practice we've ever got with IV pumps was that one time with you

(Instructor), that's the most time we've ever had interaction with an IV.

- d. Because whenever you do skills lab, you're going to forget it.
 - i. Yeah, you do.
- e. Because in skills lab, they pack you in like sardines and like, alright, here's the IV pumps, we're going to show you how to do it, and only two of you can try it. There's like 30 people in front of you trying it.
- f. Half the time you can't even see
- g. So, more pumps or more supplies?
 - i. More stations, yeah.
- h. Maybe they need to check them off on IV pumps?
- i. Yeah we were never checked off on IV pumps. It was either wound care, foley, NG tube or IV insertion
- j. Yeah and I had wound. So I was shown trach, wound or NG, but only ever shown, I never once did it. I like played it out at home with my steps in case that was the card I drew, but then whenever I got checked off I only got checked off on wound care.
- k. I've never done an NG tube in here, so I would be scared to death and feel incompetent doing it. I would have liked to practice.
- l. I wish we had like a sheet of paper at the beginning of J1 of all the things we were supposed to be checked off on through the semester, and just keep it with us at clinical, and if we see we haven't done something that we should be checked off on, like we've already been checked off in skills lab, but, you know, we want to try before we get out of nursing school, so like keep it with us and just show our nurses, like do you have any of these, say like do you have any of these things that you know, like drop an NG tube, I hadn't touched one until today, so that would be kind of nice to do before it gets to the end.
- m. I did a catheter in J1, and it was 2 semesters before I got to do another one. And like I was sitting there like, okay, what do I need to do? And I had to walk myself through the steps because I hadn't done it in 2 semesters.
- n. Do you think like having checkoffs before your immersion and critical care clinical

- i. Yeah, like maybe do one at the beginning of every semester
- o. Like do you know how to work the IV pumps, foley, you know all of those skills
- p. Even if it's not necessarily a checkoff but we were in our clinical group, and we had a skills lab so we could just like make stations and practice
- q. Because I feel as though if an instructor or a nurse says hey do you want to do a foley? And you're like oh my gosh like I'm an S2 and I've never done one, it makes me like a lot more nervous, and so you come across as like I don't want to do it, and it would just be so much easier if you felt more confident going into every semester because I'm like (X) and I've only done one
- r. Or you could just like, what you know already like have like a, how would you do trach care, walk me through it. If you don't know, walk me through it. Sometimes like if you know stuff already, like how do it by walking the steps of an NG tube. I feel like the other areas that you might not be solid on like we could all use a reminder of like walking through it.
- s. At the beginning of the semester it would be nice to handle vials and syringes again too because you go awhile and you fumble around just for a little bit. I think it would be nice to try and practice the skills at least before you go into clinicals. Especially a new, important semester of clinicals.
- t. Something that, this is a little off topic but something I think they need to encourage whenever they're accepting people to their program, or when you're in the program, is get experience, or some experience in the medical field because I know for like the few of us who have had experience, all these things are obviously like important, but it makes you so much more comfortable when you do them a lot and when you're around them a lot. And I think it makes a world of difference for people just to figure out how to communicate with patients as a tech, bedside manner, doing all the little basic care things.

- u. So maybe even requiring just volunteering in the medical field?
- v. Volunteering, something, because I think that would be so beneficial

12. Wrap-Up:

- a. We've pretty much covered everything we've wanted to in the talking, but if there's anything else you guys want to add...
- b. Thank you guys so much for participating, we really appreciate it. Is there anything else you guys can think of? Well we are going to be working on this, and I know that we would be more than happy to hear your suggestions or whatever to you know kind of relay this to the nursing school. I know that we are leaving and everything, but it does kind of suck knowing that, you know, that things aren't changing, and if we could leave some of our suggestions to the school it would be good. Just let us know if you guys think of anything, because before we leave we are definitely going to set up a meeting with the administrators and kind of tell them what we've gathered, the information that we've gathered and the suggestions that we've gotten, kind of like where we are at

S1 Focus Group Questions and Answers:

1. First, what is your perception of the nurse preceptor role? So what do you feel like the nurses that you follow on the floor, what do you feel their responsibilities in regards to the clinical experience?
 - a. (Response 1) I personally think that your nurse can make or break your clinical experience. I mean they really do. I've had some good ones, and I've had some terrible ones and the ones that teach me, that's, I just want to learn. So, that's my input on that.
2. So, do you think it's their responsibility to teach you?
 - a. 100% like if it weren't for them, we wouldn't be students, we couldn't learn so I think they are responsible for us becoming nurses if they want help here or if they want people to take their jobs eventually if they want to move somewhere else, the only way they're going to be able to do that is if they return the favor and teach someone else, so I think it's really important they are part of experience for sure like she (above) was saying.
 - b. We get a big impression on how they feel about the place they work at, how they feel about their job, so if they really love it, it comes across and we learn something. If they love it, they let us do hands-on things. Like they want us to learn so we can do it as well
 - c. It's also important though that we seek out the learning opportunities, because they don't, yes they know we are following them, but their head isn't completely like I have this nursing student and everything is about the student, it's still about the patient, so I think sometimes

- it's about us putting ourselves out there more, more than them being like hey do you want to do this? It's more like can I please? The nurse preceptor role would be like to be open to our questions
3. On that note, what is your perception of the student nurse role? Like what do you feel like your responsibilities are when you walk in the door for clinical?
 - a. You have to be ready to learn, like even though its 6 in the morning, you actually still have to try to learn
 - b. I think like asking questions like if you're uncertain about something like whether you think it's going to sound stupid, they might want to teach you more about it. I think like asking if you don't understand something rather than just trying and understanding it yourself or doing it the wrong way
 4. Do you all feel comfortable asking questions?
 - a. It depends on the preceptor/personality
 - b. I have noticed that if the preceptor is unapproachable, if you keep asking questions and keep engaging, finally they're like okay not just a nuisance if we give them enough advice I can actually have them help me do something if I teach them initially how to do something. You know, I think the more you're engaged and the more you play your student nurse role, the more they'll play their preceptor role.
 - c. Also like how much of an answer they give you can make a big difference. Like if they keep on saying "yeah" or "no" or keep on brushing it off and not really telling you what you're asking, or saying "well I don't have time for that right now," that kind of cuts down on how much you're actually going to ask
 5. How do you feel about the support system for student nurses here at WRMC? Do you feel like the way that they approach student nurses makes you feel like part of the team? Like do you feel welcomed in this environment?
 - a. By the end of the day, yeah I feel like "oh yeah okay"
 - b. I've had a very good experience here at Washington Regional, I was here last semester too and they have always been super, you know, there was someone from med surg, who she works down in the ER in WRMC, and she set the tone to where we were just incorporated, we weren't just a nuisance, I think there's kind of a tone here to where they know students are always going to be here and so I think the support is good and I like WRMC a lot.
 6. What do you feel are some limitations that are maybe keeping the relationship between students and preceptors from being what it could be? Like any specific things you feel that are standing in the way? For example, like um do you ever walk up on the floor and the first thing your nurse says to you is "so what can you do?" And you're like uh, everything, and like they really don't know like semester-wise what you can do, so it's kind of frustrating because they're going and doing all these things that you can be doing but you're not realizing it, or do you think that that's something that could help the relationship?

- a. And that, and that when you say you can do something, they need to understand that you haven't perfected it yet, and you might still need assistance or you might have them guide you through it, that it's not going to be perfectly done.
 - b. Our first semester, our clinical instructor created pages that said "this is what they can do, this is what they should be 100% capable of by themselves, and then this is what they need me for" and things like that, and I think it did help the nurses, it made them more like they're not completely incompetent or, you know, (it made them more aware), yes. I wouldn't say that it was 100% excellent, but I think it might have given them a little bit of awareness, like they don't always have time to like look at what they can do.
 - c. Can I chime in? I just know from hearing people talk to the clinical instructors can be a barrier to the preceptor/student nurse's role because if its someone who they have a relationship with, then I think they're more willing to allow the students to do things too, and also some clinical instructors don't allow their students to do things without them, and they can be a barrier within themselves too.
 - i. So like having common grounds for clinical instructors?
 - 1. Yeah, like orientation for clinical instructors
7. Do you feel like the transition going from school to clinicals is a good transition? Like do you feel like the school prepares you adequately to step into that clinical role? Or if not, what are some things that would be beneficial to further prepare you?
- a. I feel like lab does kind of, lab is so rushed
 - b. Lab is so overwhelming. Like for this one, we had three 2-hour sessions in one day. Yet we learned a lot, but we just got so much information at once, and it just takes time to process through, and we had it three weeks ago, like before we ever came here (clinical). So it's good information, its just either too early or too much information at one time. I don't know how you would find a good balance between that because we have so many days that we have to be in lab and class and I don't know
 - c. Kind of like you had it once in lab 6 months ago, and therefore you should know what this is, you know. Wait, how do you do this again? You know.
 - d. Like 20 minutes to learn IV's in a fake arm and you don't get a whole lot of chances to start IV's in clinical. And like the times that we have, we've gotten it started but then the vein rolls and the nurse takes over. I don't know how to fix it and I never really learned how to do it
8. Do you all have any suggestions as to like what could make that better? Some things that we've heard are like maybe having a review, voluntary day like for things like IV's and IV poles and stuff like that, or like splitting all the information up into a couple of days, and I know those things are really hard because you know, the labs are taken a lot, and instructors cant meet you know, at all times, and everyone has really busy schedules, but just like

- something to where if you're really struggling in one area, it's not a whole huge like lab day to go over everything, but just to focus on the areas you feel really weak in, or if you're like "oh yeah I love IV's, I get it" then you don't have to go poke the arm again.
- a. We did that once for health assessment and maybe 10 people showed up, but I went, and after leaving, we all felt 100% better. Those students really have to take the initiative, like I really don't want to go in extra, but, you know what I mean? And I think that's a difficult thing because people have been in class all day and don't want to go more, so that's the only downside to that, so I don't know if there is a real answer.
 - b. And I know when we always have lab they're always like well you better practice now because we don't have open lab, but I feel like if there was open lab just like not a teacher up there at all times, but someone that could watch us and make sure we're not fooling around, but time you could go practice, like make sure you feel comfortable because we are rushed on those days in lab to like understand it and make sure you can do it well enough before you go out to clinicals.
9. Another suggestion or idea I guess was do you all feel like the things you learn that you don't know what you don't know until you do it and once you do it you're like oh gosh I wish I would have listened or practiced once you got into clinicals you realize like oh I don't understand that quite like I thought I did, I wish I could practice that more or something. Like an open lab in the middle of clinicals once you like actually getting to the clinical and doing it and seeing what you are struggling with in real scenarios so that you can go in and really strengthen your skills on that, rather than just like struggling through clinicals.
- a. I also think its very different settings. When we are in sim and skills lab days, everything is pretty structured and like we know nothing can go wrong, but here it's like it's such a scary factor like if we do something wrong, it really can have an effect. We're being, our nurses are looking at us, this could be potential jobs in the future, our instructor is grading us on it, and it's just kind of like a, how can we go from so structured and everything is great, to oh crap, something can go wrong. There's a big change in mindset there.
 - i. So maybe do some scenarios or something?
 1. Yeah, or something, it's just a big difference, personally in my mind
 - b. Personally, for me it's hard to go from pretending to actually doing it. You know, it's like, okay I'm going to pretend to do this, but it doesn't sink in until you're actually there and you're like okaaay, this person actually has a pain response.
 - c. I think that's a matter of us needing to change our mindset though. There's no way of, you can't fix that problem, you know? You can't fix it. We can't, I don't know. We need to prepare our mind.
 - i. So there's no way to learn until you experience it?

1. Yeah, exactly
- d. Are there any other ideas you guys have on the side of the nursing school or WRMC that would help your nursing experience or?
 - i. I like how she (OB instructor) had kind of like a “I don’t know what your schedule is going to be because I want to make sure everyone gets to do this” so I wish there were maybe like a better checkoff list with each teacher, like she (OB instructor) kind of has where she was like, “oh you didn’t see a vaginal delivery on your L&D day? I’ll come grab you for it” I like that we get the opportunity to see everything because I got to do a catheter last semester, but not everyone in my clinical group got to, so to graduate from nursing school and be expected how to do a catheter and not know how to do it? I mean obviously it depends on the patients that are coming through, but I wish the teachers were more flexible with the schedules, I mean obviously you don’t want to just be throwing students around left and right, but I wish they were more keen on us seeing certain things, like okay we’re in this section we’ve got to do a catheter, oh we’re in this section they’ve got to see a circumcision or something like that to where we get the full experience instead of “oh I had a good day in the nursery” or “oh I had a good day in L&D” and, you know, I like how she had that so we could get a better experience.
 1. So on the same note as that, do you think that it would be beneficial since you’re not with your instructor all day, but if the nurses on the floor were aware of things you wanted to see like “hey I haven’t put in a catheter since J1, I would really like to do that” instead of them putting in a catheter and later that day they’re like, oh we put that in earlier today and you’re like ...okay, but kind of establishing that like okay these are things that my student really needs, and kind of making that clear. Or making your own list of things and showing it to them.
 - a. Yeah, that’s a good idea.

J2 Focus Group Questions and Answers:

Question: What is your perception of the nurse preceptor role?

Responses

R1: They should be teaching us.

R2: They should be giving us opportunities to do different skills and stuff

R3: I don’t feel they should point by point explain every little thing they’re doing to us, but I do feel they should ask every once in a while do you understand, or do you have any questions? Or what can I help you with?

Question: Do you feel you are getting that right now in your clinical experience?

Responses

R1: It really depends on what nurse I'm following.

Question: As a majority, do you feel that the nurses at WRMC do they give you that experience?

Responses

R1: I have had a more positive experience than anything here. You'll run into a few nurses that you can tell are just a little bit more closed off, I think for the majority of us it's been much more overwhelmingly positive and helpful than negative.

R2: For sure.

R3: I agree.

Question: What is your perception of the student nurse role in the clinical environment?

Responses

R1: Hands on, lots of hands on things.

R2: Practicing the skills we learned J1 and this semester.

R3: Learning how to chart.

Question: Do you feel you are getting the opportunity to?

Responses

R1: I have.

R2: Yes

Question: Do you feel like you have to take a lot of the initiative to be able to do things or are nurses reaching out to you and offering the opportunities to you? (Catheters, IVs, etc.)

Responses

R1: I think they'll offer, but I also think it reflects on us if we're more eager to be like-if there's anything I can help you with I'm looking to accomplish this today, or please let me know if there's any way I can do this, this, or this. I think it's also good for us to show them that we're interested in learning and really diving into this experience. But I think a lot of them do offer.

R2: There's been a couple here and there that I've been around and said I'll do whatever you let me do and then I don't even do anything all day. That's been maybe 2 nurses.

Question: So you feel like it's a big part of your role to be assertive and to seek out the things you feel you need to learn to get what you want out of this experience. And for those of you that have a problem doing that, is there anything either WRMC or EMSON could be doing to help aid that gap?

Responses

R1: I think they could be more aware when we present specific skills to them that we are looking for opportunities with. A lot of times they will do them, and then tell us about them later.

Question: How do you feel about the support system for the student nurses here at WRMC, do you feel like you are part of the nursing team? And if not, what is something that could make you feel more incorporated or more comfortable?

Responses

R1: Right off the bat, I kind of feel like I'm a tagalong. It's weird at the beginning of the day. Like I feel I have to kind of earn my way in.

R2: But then there have been some who have been great about making us feel we are part of their team-at least for me.

R3: I think some of it is hard because some nurses are not sure how competent you are, and so instead of like asking you what you can do-since they've never had the opportunity to observe you before-they're just in a hurry and do it themselves but still let you watch. So we end up getting a lot of observation hours, but we don't get a lot of skill hours because they don't want to be slowed down by our incompetency.

Question: Do you think it would be beneficial if EMSON were to be more in contact with the clinical sites communicating which group was which. For example, you will have J1s on this floor for these dates, J2s on this floor, etc; and also giving them a list of all the skills each level is checked off on. Instead of you walking onto the floor and the nurse saying, "so what can you do?"

Responses

R1: I think that's exactly what we need, because most of the time they don't even know what semester we are. And they only have knowledge of what "J2" means if they went to the UofA, otherwise that means nothing to them.

R2: Maybe just like a list of where it cuts off, and where the skills break up between the semesters, so it would be easier for you to say, oh I fall under this category which means I can do these skills.

Question: Do you think it would be beneficial for the hospital to have an extra "training session" with the nurses who agree to take on students to discuss what is expected of them and what they should be providing to the students as far as teaching and opportunities, and at this time provide them with the categories of what each level can do?

Responses

R1: I think that would be really great

R2: Another thing is some of the nurses today were saying they'll have an S2 on side of the unit and a J2 on the other side-which these were student from NWACC-and it was just very confusing. So if you can just try to ensure that you have the same competency level throughout each unit that might be really beneficial because intermixing the levels really confuses the nurses because there are so many students they cannot keep up with it.

Question: What do you feel are some of the limitations currently in the student nurse/nurse preceptor relationship?

Responses

R1: Them not being aware of what they're allowed to have us intervene on and-not necessarily what we're capable of doing-but what they are allowed to have us help with.

R2: I liked what you said about the volunteer thing, where if the nurses volunteer to take on students I feel like it would be a completely different relationship than if they were like-Here's your student for the day, here ya go! Verses, oh you volunteered to take a student nurse, here's your student. Because then, you know that they want to teach and they want someone to follow them. They know what they're getting into. Instead of all day long, you feeling like your nurse doesn't want you.

R3: Because that's a hard feeling for us. It makes us not want to assert ourselves as much, and stick our necks out there to do things if our nurse doesn't even want us there.

R4: I had a nurse last year tell me that she doesn't like nursing students, she wasn't taking nursing students, and there was nothing I could do about it. It is just awkward, and then it makes you wonder, does every nurse feel that way?

R5: It then makes you feel like you're not capable almost, and that you're just a burden.

R6: And then when we do get to go do stuff, and do skills it makes our self-confidence much lower.

Question: Do you feel like it would make your experience better, and make your confidence level better, knowing that your nurse wanted you there?

Response

R1: That would be the biggest thing for me-knowing that they actually wanted me there, and I wasn't just a burden.

R2: Because when they make you feel like you're not wanted there, your priority then becomes to try and stay out of their way instead of focusing on learning.

Question: Do you feel prepared transitioning from school with the skills lab to clinical where you are actually performing the tasks? Do you feel that there is anything specifically that the nursing school could do in order to better prepare you? To make you more confident?

Responses

R1: Better teachers, teaching the important classes-the classes that correlate with clinical.

R2: More correlation to our time in class and what we're applying in the clinical setting. We're learning more from our nurses on some things, than we are our teacher.

R3: So instead of this being a supplement, this is my learning environment.

Question: As far as your skills, like your technical skills, do you feel like EMSON prepares you adequately to step into this environment and perform these skills? Do you feel like skills lab is adequate?

Responses

R1: It's not super realistic

R2: And I feel like we flew through a lot of stuff, especially with IVs which is a big portion of what we should be doing in these clinicals.

R3: During skills lab this semester they had like 50 people crammed in one room trying to teach blood transfusions and other important skills it just doesn't work. Because instead of focusing on learning, your just trying to see around the person in front of you the whole time.

Question: Do y'all have any ideas on how this could be improved?

Responses

R1: Smaller groups

R2: Also better communication between the instructors who are teaching the skills labs, because there was a huge discrepancy on NG tube insertion and we had to go back and re-learn it. So just making sure all instructors are on the same page before the labs take place.

R3: Also not cramming so much into one day. One day we did all the new skills (NG, Chest tube, ostomy, tracheostomy, blood transfusions, and IV pumps in one day, and IVs the next day.)

R4: I'd rather be in there all and be able to hands on do the skills rather than being overwhelmed with tons of information and little to no practice time. You're lucky if you get to do each thing once.

Question: Would it be beneficial to you, once you've had the skills lab day to have an open free day where you can come in and practice any skill you feel weak in?

Responses

R1: Even if skills labs were 6 hours (the original was 4 hours) just that little extra time so it's not so overwhelming. Even it was like these are the hours we will be teaching the skills, and then the last 3 hours of the day are practice where you can rotate and do whatever you want, practice any of the skills taught earlier that day. "Free time" to work on any skill you feel deficient in.

Question: Do you feel it would be beneficial to have a "mid-semester" session on some of the skills? So once you've had some time in clinical to see where your deficits are, you have that opportunity to go back in and improve on it?

Responses

R1: I think that would be beneficial. I can see how the idea of it is really great, I just don't know how willing people would be to actually implement that.

R2: After I did a real IV I don't feel like practicing on the fake arm would be very helpful, unfortunately.

R3: If they could work something out where we could have more life-like realistic practice, that would be so helpful and I would be so for it.

R4: I agree.

J1 Focus Group Questions and Answers:

Question 1:

What is your perception of the nurse preceptor role?

Responses

R1: Explaining their actions. Not necessarily in depth, but giving brief descriptions of the tasks they are completing.

R2: Explaining why they are doing what they're doing-what's wrong with the patient, etc.

R1: Some nurses are more willing to help than others.

Question 2:

Would you say most of the nurses you have come in contact with are willing to work with you and help?

Responses

R1: I think they're all willing, but the amount of "effort" they put into teaching you varies greatly. Some do the bare minimum, while others go above and beyond to give you the best learning experience possible.

Question 3:

Does it make your clinical experience better when you have a nurse that's willing to go above and beyond?

Responses

R1: Yes. 100%.

R2: It helps to better make connections between classroom knowledge and clinical knowledge. (i.e. knowing which meds to give in which situations, and better understanding pathological pathways)

R3: Them inviting us to follow them, and welcoming us into their environment to work with them makes a huge difference; rather than us feeling like we are forcing ourselves onto them as a burden.

Question 4:

What is your perception of your role in the clinical experience? What are the responsibilities of the student nurse?

Responses

R1: Gaining hands on experience.

R2: Doing what we're allowed to, and the skills we've been checked off on.

Question 5:

Do you feel like it's your responsibility to seek out opportunities or do you feel it is the nurse's responsibility to offer them to you?

Responses

R1: Both. But I think you definitely have to be willing to put yourself out there and ask your nurse for specific opportunities should they arise.

R2: I think you definitely need to take initiative for your learning. Ask questions and put yourself out there. It's only going to be more beneficial to you in the end.

R3: You're only going to get out of your experience what you put in it.

Question 6:

Do you feel comfortable approaching the nurse preceptor with that?

Responses

R1: Personally I do. Even though it is sometimes awkward.

R2: Sometimes it does feel like I am being annoying, but I don't really care because in the end it is my education and I am responsible for learning and seeking out those opportunities. Most are usually receptive to question, however some do just naturally turn a cold shoulder but that do have a job to do so at the same time **you don't really want to get in their way.**

Question 7:

What floor are you all on for your clinicals?

Responses

R: 5

Question 8:

What do you feel are current barriers that are keeping the student nurse/nurse preceptor role from being as beneficial as it could be?

Responses

R1: I would say one of the biggest barriers is the preceptor not knowing what we're allowed to do. So they don't know if we're a J1, or what level we're at. One week I had someone offer me the chance to go start an IV and I had to say no, and some don't even think I can draw up meds. So it's like when they don't know, they don't want to ask,

and when I don't think they want me doing it I don't ask. Because I know they're busy and everything I do takes longer than if they did it themselves.

R2: Also our level of knowledge. We don't know what's wrong with patients or what's going on half the time, we've only had a semester's worth of information so that's definitely a barrier at this point.

Question 8b:

Do you feel they expect you to? (Have a large knowledge base)

Responses

R1: I would hope not.

R2: Sometimes they just don't explain it as well as maybe we would need them to. But then I guess that's where we have to go back and look at it ourselves.

R3: I just kind of sit there and listen. I don't want them to feel like they need to dumb it down for me.

Question 8c:

Is this after they know your grade level?

Responses

R1: I've never had one ask me what year level I am.

R2: I've had them ask me, but then they still don't know what we can do or what we know.

R3: A lot of them don't know what "J1" means. They don't understand.

Question 9:

Do you think it would help your clinical experience overall if the nurses knew what you were able to do when you walk onto the floor?

Responses:

R(all): yes

Question 10:

Do you feel well supported in the environment here; as a student do you feel comfortable and welcomed, and that you have people you can reach out to if you have concerns or problems?

Responses

R1: I definitely do

R2: I think so

Question 11:

Do y'all feel like you're part of the team here when you're up on the floor?

Responses

R(all): yeah

Question 12:

What do you feel are maybe some possible limitations that hold back the student nurse/nurse preceptor relationship from being the most beneficial?

Responses

R1: I think what we know, our level of knowledge.

R2: Getting in the way, like I feel like we're in the way more than we're helping.

R3: Time constraints on the nurses' parts. Which is unfortunately unavoidable.

R4: There are parts of the day where things are just very crazy.

R5: But I'm always sure to let them know to not let me get in their way. I just know want to be annoying or keep them from getting done what they need to get done.

R6: The more patients they have, the more I seem to feel in the way. Today for example, my nurse had 6, so she obviously had a lot to do. Of course I'm last and the patients are first, but it's still frustrating.

Question 13:

Do y'all have any suggestions or thoughts about what could make these limitations better? What could help to facilitate that relationship either from EMSON or WRMC's side?

Responses

R1: I like what happened on my first week here. My nurse was really up front with me, as far as this is what I expect of my student nurse. I really respected the fact that she verbalized that at the beginning of the day. It was very beneficial to me. I'm not going to search for you for anything, but just keep up with me and I'm more than happy to teach you. She was a great teacher and she taught me so much. I think just knowing what they expect from you from the moment you get there, and also you sharing with them-this is what I can and can't do.

R2: I think maybe sticking with the same nurse for a few weeks might be helpful, that way you can build a relationship and avoid the awkward, "hey can I follow you around" every single time you walk onto the floor.

R3: Or even just the same nurse for the two days you in clinical each week. I know some of us have had that opportunity and that was great. But when we have to change up every day, that complicates things. But scheduling is an issue for this.

R4: Or just staying in the same wing for a couple weeks, however it's also nice to get exposure to different areas.

Question 14:

Do y'all feel like maybe having a standardized paper to hand to your nurse at the beginning of the day stating what you can do, what you've been checked off on, and things you'd like to see or do would be beneficial?

Responses

R1: I don't think that they would read it.

R2: Maybe just like an outline of things you can do, and then maybe some open lines where you can write in skills you haven't gotten to do yet (Catheters, etc.) or areas that you feel weak in, so that when they see these opportunities arise they're more apt to let you jump in.

Question 15:

Do you feel prepared coming into clinical? Do you feel your time in skills lab adequately prepares you transitioning from school to the clinical environment?

Responses

R1: For some things yes, but others not so much. Doing a catheter on a mannequin is totally different than doing it in a real life situation. Actually learning how to interact with a human being while performing that skill, is a hard thing to learn in and of itself.

R2: If you didn't have it though, I feel like you would just drown if you were to just jump into that situation with a live patient, having never practiced it with a mannequin. Getting our basic health assessment skills and our simple procedures that we can do, I felt really prepared when I went into my first clinical day.

R3: We did a lot of things just one time in lab, like reconstituting for example. We did that maybe one time and I know the basic process but I would not be comfortable doing it for real on my own.

R4: I don't think the skills part was much what I felt unprepared for, I think it was the self-directed learning. Like this whole time in skills they're spoon-feeding us all this information and we're kind of just copying and repeating. Then when we come into clinicals we're expected to like initiate that learning process and know what to look for? And I think that's where I felt like I wasn't prepared.

Question 16:

So you feel something is lacking in the transition between being taught and lead in lab to being almost totally independent in the clinical environment? And what is something that you think could help with that?

Responses

R1: I think more Sim Lab, because that's where we were actually able to get in and be independent. We only had one and we were barely trying it out-we were lost as a goose, we didn't know what to do. It was a learning experience, and a level of independence that we hadn't had before.

R2: I think it also comes down to personality and the way you learn. Because some might struggle with that, but I didn't feel like I needed help with that because I enjoy learning on my own. It's so individualized based on each person's needs that it would be difficult to fit it to all the different learning styles.

R3: Definitely more hands on, because reading a text can only go so far.

R4: And being able to apply what you have learned in class. For me clinicals ties everything together-patho, pharm, skills lab, foundations. I feel it will all come easier with time and experience; it's just frustrating right now.

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