

**Experiences of nursing students undertaking
clinical placement in a bachelor degree: a
perspective of diversity**

**EDAN: Exploring Diversity among
Nursing Students on clinical placement**

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My interest in this study derived from a long-standing personal and professional involvement in, and passion for, teaching nursing students. This interest was further developed since coming to Australia, whilst working with enthusiastic academic colleagues, committed to educational research, investigating the learning strategies and preferences of nursing students, and becoming aware of the importance of English language literacy. This work involved developing strategies to support students with English as a second language in the writing of assignments and designing web-based interventions to help students understand the biological and physical sciences supporting nursing practice, which included narrated glossaries of terms. Ultimately this research led to the School using web-based interventions to support nursing students during their first clinical placement. From this ethno-cultural perspective of diversity, my interest evolved to query the effect of any diversity characteristics on undergraduate nursing students' experiences during their clinical placements, which resulted in an exponential learning curve – and the current study! I would therefore like to acknowledge Associate Professor Yenna Salamonson, Dr Bronwyn Everett, Dr Roslyn Weaver and Professor Sharon Andrew for their enthusiastic approach to research, the sharing of their research skills and encouragement to begin the PhD journey and their belief that I could reach the destination.

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Statement of Authentication

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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Abbreviations

AIN	assistant in nursing
ANMC	Australian Nursing and Midwifery Council
BN	Bachelor of Nursing
CI	confidence interval
EEN	endorsed enrolled nurse
ESL	English as a second language
ELAS	English Language Acculturation Scale
EN	enrolled nurse
EDAN	Exploring Diversity Among Nursing Students on Clinical Placement
EIPM	extended intervening process model
HREC	Human Research Ethics Committee
ICN	International Council of Nurses
IDA	information and decision-making approach
IELTS	International English Language Testing System
IPT	intervening process theory
KSAOs	knowledge skills abilities other characteristics
N	sample size, total number in sample
<i>n</i>	sub-sample size, total number in sub-sample
NUM	nurse unit manager
NMBA	Nursing and Midwifery Board of Australia
PDF	Portable Document Files
RN, RNs	registered nurse, registered nurses
SAT	similarity/attraction theory
SCT	social categorisation theory
SD	standard deviation
SE	standard error
SPSS	Statistical Package for the Social Sciences
UK	United Kingdom
US	United States
WIL	work integrated learning

ABSTRACT

Evidence suggests that nursing students' diverse cultures and backgrounds may have a less positive experience than mainstream students during their clinical placement and leave their nursing courses at higher rates, but whether their clinical experiences play a role is unclear. Further, little is known about which socio-demographic characteristics or attributes if any, may lead to nursing students feeling different to their peers during their clinical placements and how this may affect the quality of their clinical experiences. There is therefore a need to better understand these effects not only from the student's perspective but from the perspective of the staff who supervise them, in order to ensure students obtain maximal benefit from their placements.

This study, 'Exploring Diversity Among Nursing students (**EDAN**) on clinical placement', used a mixed methods approach involving an anonymous web-based survey. A broad-based definition of diversity described by Loden and Rosener (1991) was modified and used to include age, gender, ethnicity (including language and religious belief), sexual orientation, educational background, income, marital status, parental status, work experience and disability. First, second and third year students undertaking any Bachelor of Nursing course (N=704) and university staff involved in the clinical learning environment (N = 165) were recruited from seven Australian universities.

Both quantitative and qualitative data indicated that diversity attributes affect students' experience on clinical placement. When comparing the sociodemographic characteristics of those who felt different with those who did not, students who were older, male, International, had previous nursing experience, had lesser English language skills, a previous degree, non - Australian born and not in paid employment were more likely to report feeling different ($p < 0.001$ for all characteristics except not in paid employment $p < 0.05$). Analysis of the open-ended comments refined three themes under the construct of diversity, *Difference*, *Difficulties* and *Discrimination*. Subthemes within the theme of *Difference* were "being and feeling" and "experience, exposure and expectation". Within the theme of *Difficulty* were the subthemes "not prepared for diversity" encountered during the placements, "speaking up" about the challenges, and "surviving financially", the financial impact of a reduction or absence of part-time employment. The subthemes within *Discrimination* were "prejudices do prevail", "send them home" and "walked away". The finding that students and workforce staff for whom English is a second language affected the clinical and learning experiences of students who spoke English as a first language has not been previously reported.

The model proposed used in this study, based on diversity theories was supported by the findings and also helped to identify where further research is required. The findings are important to enable the provision of appropriate support for nursing students who feel different because of socio-demographic characteristics and will also provide guidance for universities developing curricula and the clinical placement facilities where students obtain their experience. More importantly, there is an urgent need for Australia to develop a national profile of nursing students. Changes in the sociodemographic characteristics of the nursing student population have occurred and will continue. These must be acknowledged and strategies developed both locally and nationally to manage these changes.

CHAPTER ONE

Introduction

1.1 Background

As a result of globalisation and migration, Australian society has become increasingly diverse, with 26% of the Australian population born overseas and a further 20% having at least one overseas-born parent (Australian Bureau of Statistics 2012a). While demographic diversity is also observed in the United Kingdom (UK) and the United States (US), only 11.5% (Office for National Statistics 2011) and 13% (US Census Bureau 2012a) of the respective populations are foreign born. Hence, in terms of net migration per capita, Australia is considered one of the most culturally and linguistically diverse countries in the world (OriginsInfo 2012).

Whilst this diversity is reflected across society and the workplace in general, it is particularly evident in the nursing profession. Nursing workforce shortages have accelerated diversity in the workplace through international recruitment as a strategy to avert a staffing crisis in the UK (Batata 2005), New Zealand, Canada, Switzerland and the US (Kingma 2007) and Australia (Ohr et al. 2010). The exchange of nurses between developed countries has been happening for several decades (Aiken et al. 2004) but over the last 10 years there has been an increasing trend towards nurses migrating from developing to developed countries (Brush 2008). Although migration has occurred for many reasons, including securing financial, social, political and professional advantage (Blythe & Baumann 2009; Dywili, Bonner & O'Brien 2013), the end result is an important change within the workforce. For example, the top countries of origin of registered nurses' (RNs) educated abroad by census year in the US in 1970 were Canada, Philippines, Germany, England and Ireland compared to Philippines, India, Canada, Jamaica and Korea in 2010 (Cortés & Pan 2012). Similar trends have been reported in the UK (Buchan & Seccombe 2012). The international RN contribution (European Union, EU, and non-EU) peaked at more than half of all new annual registrants in 2002, then declined rapidly until 2010, when it was only one in ten of new RNs. However, since 2010, the international contribution has once again grown. In 2011/12, 18% of RNs were non UK registrants with Romania, Portugal, Spain and Ireland the main EU source countries, whilst India and the Philippines were the main non-EU sources (Buchan & Seccombe 2012). In Australia, the number of registered nurses born overseas in 2011 was

33% compared with 25% in 2001 (Australian Bureau of Statistics 2013). In addition, the proportion of these nurses who were recent arrivals in 2011 was 19% compared with 9% in 2001.

Increasing diversity is also seen in students choosing to enter the nursing profession. Between 2002 and 2011, the number of students from minority/ethnic groups enrolling in baccalaureate nursing programs in the US doubled (American Association of Colleges of Nursing 2012a, 2012b) with nursing students from minority backgrounds representing 28.3% of students in entry-level baccalaureate programs in 2012-2013 (American Association of Colleges of Nursing 2013).

Apart from issues of equity and fairness, there are significant advantages associated with developing a diverse nursing workforce. Promoting diversity among nursing students is associated with better educational experiences (Smedley, Butler & Bristow 2004), and helps prepare a culturally competent nursing workforce, which may translate into better patient outcomes (Cohen 2002). According to the US Census Bureau, individuals from ethnic and racial minority groups accounted for more than one third of the US population (37%) in 2012 (US Census Bureau 2012b). With projections pointing to minority populations becoming the majority by 2060 (57%), professional nurses must demonstrate a sensitivity to and understanding of a variety of cultures to provide high quality care across settings. To achieve this, nursing students must be given the appropriate attitudes, knowledge, and skills to identify and address the needs of people who are diverse (American Association of Colleges of Nursing 2007).

While diversity brings many advantages, however, it also creates opportunities for marginalisation and discrimination if not managed appropriately and sensitively. In patient populations it has been shown to lead to disparities in health provision in minority groups, related to race and ethnicity (Hegyvary 2006) and lesbian, gay, bisexual, and transgender patients (Dorsen 2012). In nursing students this may be most pronounced for individuals who perceive they are different from the mainstream, not only culturally and linguistically but also on the basis of age, gender, or disability for example (Cordon 2012). There is increasing evidence that students from culturally diverse backgrounds or those who speak English as a second language (ESL) experience slower rates of progression (Salamonson et al. 2011), poorer academic performance (Salamonson et al. 2008) and higher rates of attrition than other nursing students (Eick, Williamson & Heath 2012; Porter 2008). Similarly, older students in the UK have higher rates of attrition than younger students (Wray et al. 2012).

In the clinical setting in particular, diversity can also have disadvantages. In Australia, students with ESL have been found to experience difficulties with spoken English while on clinical placement (San Miguel et al. 2006), although as early as 2000 Shakya and Horsfall (2000) reported that improved English communication skills were urgently required in clinical settings. The fear of making an error because of poor language literacy skills has been highlighted (Donnelly, McKiel & Hwang 2009). International nursing students can feel less supported than local students during clinical placements (Pitkääjärvi, Eriksson & Pitkäälä 2012). Ferns and Meerabeau (2008) reported that nursing students received racist verbal abuse during their clinical placements. However, diversity is more than ethnicity and language. Male students have reported feeling isolated or excluded from the clinical setting, being treated differently by staff within the facility (Stott 2007) and not fully accepted (Keogh & O'Lynn 2007). Mature-age women reported financial hardship as the result of paying for child care, petrol, and maintaining mortgages or rent (Kevern & Webb 2004). Similarly, single parents reported experiencing difficulties during clinical placement due to financial problems (Gidman et al. 2011). In the UK, students diagnosed with dyslexia indicated that they feared being ridiculed and discriminated against in the clinical area (Ridley 2011) and perceived a general lack of care by the clinical staff towards them during their placements.

The remainder of this chapter defines diversity and explores this within nursing students and the health care setting. This is overviewed in order to understand the extent and complexity of the issue providing a milieu for the problem statement, reasons for the research and study aims. The chapter will conclude with a brief overview of the structure of the dissertation in order to guide the reader through the thesis.

1.2 Diversity

Diversity is concerned with differences between people. There are numerous attributes that differentiate people and researchers have classified diversity into various types, for example, the visible versus the non-visible (Pelled 1996), and the surface versus the deep (Harrison et al. 2002; Phillips, Northcraft & Neale 2006). However, these simplistic classifications do not take into account that a group will have multiple attributes (Thatcher & Patel 2012) as well as individuals within the group (Mannix & Neale 2005), making diversity a multifaceted and complex concept, with many nuances.

The more commonly defined demographic characteristics include sex, race, ethnicity, or age and personal or subjectively construed characteristics which include status, knowledge, or

behavioural style (Jackson, Stone & Alvarez 1992). Other researchers adopt a broader social psychological perspective based on social categorisation theory (Tajfel & Turner 1986), such as “any attribute people use to tell themselves that another person is different” (Williams & O'Reilly III 1998, p.81).

There are many definitions of the word ‘diversity’. Mor Barak (2011) discusses thirty definitions, and yet the term is often used “as if there was only one definition and all knew the meaning of the word” (Wilson, Sanner & McAllister 2003, p. 307). For the purpose of this study, a broad-based definition of diversity, using the primary and secondary dimensions described by Loden and Rosener (1991) has been adopted. The primary dimensions, or attributes of diversity, are the core individual identities, including age, ethnicity, gender, physical abilities, race and sexual orientation. Secondary dimensions are composed of the differences that individuals acquire, discard or modify throughout their lives, such as educational background, geographic location, income, marital status, military experience, parental status, religious belief and work experience (Loden & Rosener 1991). Given the multiple attributes and characteristics a nursing student may have, this definition was modified for the purpose of this study to include age, gender, ethnicity, language, religious belief, sexual orientation, educational background, income, marital status, parental status, and work experience and disability. This provided a selection of diversity characteristics of interest and relevance to the study. It should be noted that the terms diversity ‘attributes’ and diversity ‘characteristics’ are used interchangeably by researchers to describe the differences between people and are thus synonymous. Where appropriate however, they will be reported as used by specific researchers, but the term diversity ‘characteristic’ will be used preferentially in this study.

1.2.1 Diversity in Nursing Students

There are several definitions used to describe diversity in the nursing student population. Traditional nursing students are defined as being eighteen year old unmarried females entering undergraduate programs directly after completion of their secondary education (American Association of Colleges of Nursing [AACN] 2005). The notion of the ‘traditional student’ is less common as these students constitute the minority in undergraduate nursing programs. As the nursing student population has become more diverse, the term ‘non-traditional’ has been used to refer to any student with one or more of the following attributes: aged 25 or older, commutes to school, is enrolled part time, is male, is a member of an ethnic or racial minority group, speaks English as a second or additional language, has dependent children, holds a general equivalency diploma or has required remedial classes

(Jeffreys 2004). Bednarz, Schim and Doorenbos (2010) consider the terms ‘non-traditional’ and ‘diverse’ interchangeable for the purpose of describing students who differ from the patterns for traditional entry undergraduate nursing students. It is therefore more appropriate to avoid both the terms ‘traditional’ and ‘non-traditional’ in favour of the word ‘diversity’ or ‘diversity attribute’.

In Australia, diversity is also increasing by promoting participation in university education for those disadvantaged by their birth circumstances, these include Indigenous people, people from a low socio-economic background, and those from regional and remote areas (Bradley et al. 2008). Similarly in the UK, greater participation in university education among working-class students (those from manual occupational backgrounds), and minority ethnic/gender groups is also encouraged (Archer 2007). Enabling strategies in the university sector have also made way for students with disabilities to undertake nursing courses who would not previously have been accommodated in hospital based systems. In the US there are websites to support students with disabilities (National Organization of Nurses with Disabilities 2012). In Australia, the Disability Discrimination Act (Australian Government 1992) and the disability standards for education (Attorney-General 2005) require universities to provide ‘reasonable adjustments’ for students with a disability or chronic health condition to enable the student to have an equal opportunity to compete academically with their non disabled peers and to fulfil their academic potential. However, with these legal and other enabling strategies, people with disabilities are largely invisible in recruitment materials, brochures and websites, and are also excluded from courses specifically related to diversity (Davis 2011).

In all students in Australia (Australian Bureau of Statistics 2012a) including nursing students, diversity is enhanced by the rise in international students (Gaynor et al. 2007). There are several reasons for this; Australia has stringent immigration laws and becoming an international student may be viewed as one pathway to permanent residency (Birrell 2006; Ohr et al. 2010). Reaching a peak during the 2002 to 2005 period with a 146% increase (Birrell 2006), international student enrolment has slowed in recent years (Collins 2011).

Thus, undergraduate Bachelor of Nursing programs in Australia increasingly attract a range of age, gender and cultural groups creating a diverse learning and clinical environment; a very different demographic to the traditional Australian school leaver that largely comprised nursing student cohorts prior to the transfer of nurse education from hospitals into tertiary education (McMillan & Dwyer 1989; Russell 1990).

Despite these developments, and despite considerable research elaborating nursing students' experiences during their clinical placements, few studies have focussed on the impact of diversity and how this shapes students' clinical experiences (Johnstone & Kanitsaki 2008; Mattila, Pitkäljärvi & Eriksson 2010). Nursing student populations are ethno-culturally diverse (Salamonson et al. 2007) with some studies reporting that students who are culturally diverse encounter prejudice and discrimination from staff and patients during their clinical placements in hospital (Amaro, Abriam-Yago & Yoder 2006; Levett-Jones et al. 2009). Previous research has revealed that "nursing students quickly learn that both nurses and clinical teachers support the abstracted notion of cultural diversity in principle but their practices often reveal a lesser allegiance" (Paterson, Osborne & Gregory 2004, p. 9).

Students with poor English-language skills have also been shown to lead to negative experiences for students' during clinical placements in the US (Mattila, Pitkäljärvi & Eriksson 2010), Australia (San Miguel et al. 2006) and also in non English-speaking countries e.g., Finland (Pokharel & Anichukwu 2012). Being from a non-white ethnic group was also likely to influence nursing students leaving the course, although it is not clear whether this was specifically related to language (Eick, Williamson & Heath 2012).

There is also an increase in the proportion of mature-aged students (over 25 years of age) who may comprise almost fifty percent of a student intake (Gaynor et al. 2007). Many of these mature aged students have part-time employment responsibilities (Rochford, Connolly & Drennan 2009), which may impact adversely on academic performance (Salamonson et al. 2012).

Loden and Rosener's primary dimensions of diversity (1991) adopted for this study include gender and sexual orientation. The number of men in nursing has increased steadily (American Association of Colleges of Nursing 2013) and there is a higher profile for male nursing students (Burton & Misener 2007). Gay nursing students may also perceive themselves to be different "because many people tend to associate gay men with a long list of stereotypical humor and cruelty" (Shields 2011, para.2). There is also concern about the prevalence of homophobia among the nursing profession, which could impact on the care lesbian and gay people receive (Scott, Pringle & Lumsdaine 2004).

1.2.2 Diversity in Health Care Settings

While a diverse workforce is essential for the delivery of quality health care to a diverse population, it is also a vital component in supervising nursing students during their clinical placements. In Australia, nursing students are required to work with or be supervised by

RNs who are either employed by the specific facility or provided by the university. Given students consider the quality (Walker et al. 2013) and the consistency of support received (Levett-Jones & Lathlean 2009) to be the most important aspects of their clinical placement, it is necessary to describe how they are supervised during their clinical placements.

In Australia there are two main models of clinical supervision, the group model and the preceptorship model. The former is the most commonly used by educational providers (Mannix et al. 2006) and involves students being placed within health care facilities in groups of 5-10 students (Levett-Jones & Bourgeois 2011). A facilitator oversees the supervision of these students who are placed across a number of areas in the facility (e.g. wards). In these areas, students are then allocated to an RN who is their mentor, often referred to as a 'buddy'. They are usually assigned for a specific shift (Walker et al. 2013). The facilitator is responsible for each student's assessment. Preceptorship is less common, and the model involves one-on-one supervision of students by an RN who is responsible for supporting them and their learning during their clinical placement and for completing their assessment (Walker et al. 2013). Throughout this thesis the specific terms 'facilitator', 'mentor' or 'preceptor' will be used when appropriate and the term 'supervisor' when the supervision includes all three. Similarly, 'clinical placement experience' will be used rather than the more recently introduced term 'work integrated learning' (Patrick et al. 2009). Thus, a range of staff within an increasingly diverse workforce will be supporting nursing students during their clinical placements, and although welcome, this increased staff and student heterogeneity provides many challenges not only for students but for faculty in terms of curriculum and staff within the clinical learning environments.

A final source of diversity within the health care setting is the patient population. As diversity can also be linked with marginalisation, racism and racialised health care practices involving people from minority cultural and language backgrounds (Durey 2010; Johnstone & Kanitsaki 2009), it can contribute to disparities in care and treatment, issues of which nursing students need to be aware during their clinical placements.

There are many reasons why diversity is an important issue to consider in the context of clinical placements. For example, quality clinical learning experiences are crucial given the acute shortage of clinical placements, and the effects of language, prejudice and discrimination during placements, which may be a factor leading to the increased attrition discussed previously in the chapter. In addition, the far reaching response to global change, involving the rethinking and reforming of professional education to adapt core competencies appropriate for all countries and health professions (Frenk et al. 2010), as well as the move

towards interprofessional clinical placements (Henderson & Alexander 2011) (Henderson & Alexander 2011), make an awareness of the effects of difference vital.

Despite research on the experiences of nursing students during clinical placements, few studies have focused on whether being diverse affects these experiences. Therefore, this study aims to address this gap.

1.3 Statement of the Problem

Diverse students can have negative experiences during placements. They are more likely to report feeling isolated or excluded, discriminated against and experience racial abuse. Diverse nursing students are also more likely to have poorer academic performance, slower rates of progression and increased rates of attrition. However, there is little research which has explored the experiences of diverse students from either the students' or the supervisors' perspectives and whether diversity characteristics play a role in this experience. This study will use a mixed methods approach to explore the experiences of nursing students during their clinical placement from a perspective of diversity and the characteristics that relate to this experience.

1.4 Study Significance

Little is known about the factors that influence the experiences of diverse nursing students during their clinical placement. Accordingly, it is important to explore students' and their supervisors' experiences during clinical placements to develop an understanding of the facilitators of, and barriers to, a positive clinical placement experience.

Findings from this study will not only be important in developing strategies to provide appropriate support for nursing students but, given the acute shortage of clinical placements, will also provide input for universities developing curricula and the clinical placement facilities where students obtain their experience. In particular, an awareness of the workforce influences on these experiences will help provide strategies to ensure that students obtain maximal benefit from their placements. It is crucial that students achieve the prerequisite competencies required to graduate and thus the quality of their clinical experiences is paramount.

1.5 Research Aims and Research Questions

The overall aim of this study is to describe the clinical experiences of nursing students and the diversity characteristics that relate to this experience. Secondary aims are to: i) describe the experiences of nursing students during their clinical placement; ii) determine the relationship between diversity characteristics and students' clinical placement experiences; iii) identify the factors that impact on students' clinical placement experiences; and iv) identify barriers and facilitators to a positive clinical placement.

The overall research question is: "What are the relationships between diversity characteristics and the clinical placement experiences of nursing students?"

The specific research questions were:

1. What are the diversity characteristics of Australian nursing students?
2. What is the relationship between a student's diversity characteristics and their clinical experience?
3. Are students who feel different less likely to have a positive experience on clinical placement?
4. How does the increasing diversity in Australia's patient and nursing workforce affect the experiences of nursing students whilst on clinical placement?
5. What are the similarities and differences between student and staff perceptions of aspects affecting, and the consequences of, diversity during clinical placement?
6. What are the facilitators of, and barriers to, a positive clinical placement experience, particularly for those students who are diverse?

1.6 Overview of Thesis Structure

The thesis is divided into eight chapters, each focusing on a different stage in the research process.

Chapter One – Introduction. This chapter provided the background and rationale for exploring the experiences of nursing students undertaking clinical placement in a bachelor degree from a perspective of diversity. The chapter also defined the research problem, presented the study aims and research questions, and outlined the thesis structure.

Chapter Two - Literature review. The second chapter provides a review of the academic literature recording experiences of nursing students during clinical placements from the perspective of diversity.

Chapter Three - Theoretical framework. This chapter discusses the theoretical framework for this study which has been informed by four theories commonly used to explore the effects of diversity on group process and performance. Using a model based on these four theories a conceptual model for the study will be presented

Chapter Four - Methods. The fourth chapter justifies the choice of research design and describes the data collection, study instruments, study setting, sample/participants, data analysis and integration, ethical approval and data management.

Chapter Five - Quantitative results. This chapter reports the demographic characteristics of the study sample and the statistical analysis of aggregated data for students and staff.

Chapter Six - Qualitative findings. The sixth chapter presents the findings from both the student and staff participants, considered integral to obtaining a description of the issues in the clinical environment.

Chapter Seven - Integration of results and discussion. This chapter merges the quantitative and quantitative components and discusses the results and findings.

Chapter Eight - Recommendations, further research and conclusion. This chapter presents the recommendations for universities and placement facilities, future research and conclusion.

This is followed by the Appendices, which includes the participant information sheets, surveys, invitations to participate and ethics approval.

1.7 Conclusion

This chapter has defined diversity and overviewed ethno-cultural diversity and its implications in health care settings. In developed countries over the last few decades, diversity has increased within the general population, and is reflected within the nursing student cohorts and health professional workforce, has provided unique challenges not only for the classroom but for clinical placements. Simultaneously, a chronic shortage in the nursing workforce in developed countries has led to policies aimed at attracting overseas trained nurses, which has resulted in increasing diversity within the healthcare workforce.

The importance of a diverse workforce was then highlighted in terms of the cultural competence of clinicians and thus the need to maintain diversity in the student population, which will ultimately sustain the diversity in the nursing workforce.

The chapter also briefly summarised other areas of difference in nursing student cohorts and how this has changed in the last three decades in terms of the increase in mature aged students, international students (students who come to study, rather than migrate), students with disabilities, male and gay and lesbian students.

It is known that some aspects of diversity can affect the experiences of nursing students. Therefore, considering the construct of diversity in the complex social milieu of the clinical setting is justified, as understanding diversity within healthcare settings can also inform undergraduate curricula to better prepare nurses for the effects of diversity within student groups, the inter-professional workforce and their relationships with patients.

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CHAPTER TWO

Literature Review

2.1 Introduction

As discussed in Chapter One, Australia's society has become increasingly diverse and this is reflected across all areas of society including the health care setting. Not only is diversity evident in the patient population but also in staff in the clinical setting (facility staff) and within the nursing student cohort, making diversity omnipresent for students during their clinical placements. Evidence suggests that nursing students who are diverse may have a less positive experience during their clinical placement, and that students who are diverse leave their nursing courses at higher rates than mainstream students, but whether their clinical experiences play a role is unclear. Further, little is known about which diversity characteristics may lead to students feeling different during their clinical placements and the consequences on the quality of their clinical experiences. Thus, there is a need to better understand the effects of diversity not only from the student's perspective but from the perspective of the staff who supervise these students in order to ensure students obtain maximal benefit from their placements.

This chapter will provide a review of the literature that describes the experiences of nursing students during their clinical placement from a perspective of diversity and the characteristics that relate to this experience. These characteristics, modified from Loden and Rosener (1991), include age, gender, ethnicity, language, religious belief, sexual orientation, educational background, income, marital status, parental status, and work experience and disability. Disability has been added as there are an increasing number of nursing students with disabilities which may affect their clinical experiences.

2.2 Search Method

The aim of this review was to determine whether diverse students experience less positive clinical placements than 'mainstream' students. The following research question guided the review: "Is there a relationship between diversity characteristics and the clinical placement experiences of nursing students?"

Inclusion criteria

This review included primary studies published in peer-reviewed journals that reported the clinical placement experiences of undergraduate nursing students and any of the following diversity dimensions: age, gender, ethnicity, language, religious belief, sexual orientation, educational background, income, marital status, parental status, and work experience and disability

All research designs were considered for inclusion. No date restriction was imposed on any of the searches, however, once studies were retrieved, only those published since 2003 were included in the final review. While studies undertaken in any country were considered, these were limited to those published in the English language.

Exclusion criteria

Non-nursing studies were excluded from this review.

Search strategy

Prior to commencing the search, key words were identified based on the research question. With the assistance of the university health librarian, these were mapped to subject headings in each database. Where subject headings were not available, key words and synonyms were used.

Databases searched included the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, Academic Search Complete, MEDLINE, Education Search Complete, Health Source: Nursing/Academic Edition, Science Direct and Scopus. Publications up to 30 June 2013 were included in the search.

A combination of key words and search terms were used including: (practicum, placement, clinical environment, practical); (nursing student or undergraduate nurse or baccalaureate or nurs*); (mentor* or precept* or supervisor or clinical facilitator or registered nurse or lecturer); (diversity or demograph* attribute); (sex or gender or male* or female*); (age or young adult or mature); (traditional or non traditional); (previous experience or nursing qualification); (minority or ethnic* or race or religion); (family responsibilit* or parental responsibilit* or carer responsibilit* or single parent); (income or financ*); (Sexual orientation or lesbian or gay or bisexual or transgender or GLBT); (Special need or disability or disabled); (minority groups); (English literacy or “English as a second language” or ESL, “culturally and linguistically diverse: or CALD or “non-English speaking background” or NESB); (English as a first language or English speaking students or “English as mother tongue”); (international student*); (health professional* or physiotherap* student or medical

student); (teach*student teach*); (discrimination or ageism or sexism or racism). A total of 68 studies were identified as potentially suitable for inclusion in the review. Details of the search strategy are summarised in Appendix A.

In addition to the online databases, key words were entered into the search engine Google Scholar and the references lists of potentially relevant studies were hand searched. This resulted in an additional 12 studies being identified. This process is shown in Figure 2.1.

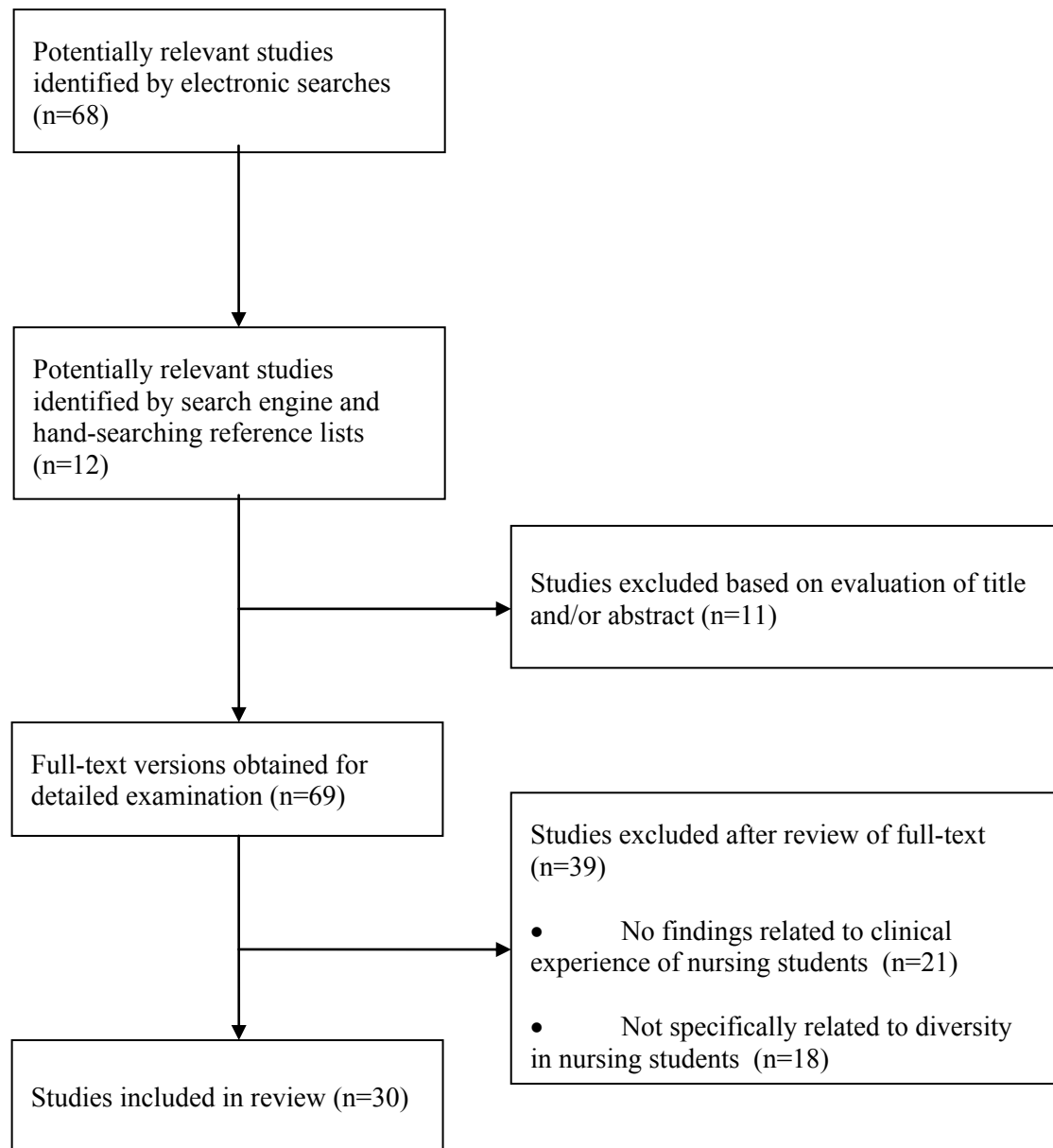


Figure 2.1 Flow chart of literature search strategy

All abstracts were reviewed and full texts retrieved if the study met the inclusion criteria or further clarification was required. Reference lists of retrieved articles were also hand

searched as a potential source for additional studies. The retrieved articles were directly imported into EndNote®X4 bibliographic software and duplicates removed. Data was extracted to a summary table and the following information noted – authors/date, focus (i.e. diversity characteristic), country, study design, sample size and key findings (Table 2.1).

2.3 Results

There is increased diversity in the: i) nursing students, ii) workforce, mainly nursing staff at the clinical facility, and iii) patient population. Diversity within these three groups can affect the experiences of nursing students during their clinical placements. Findings of the literature review are summarised under the headings of these three groups.

2.3.1 The student group

Twenty three studies were identified that discussed any of the diversity characteristics modified from Loden and Rosener (1991). These will be discussed under the following sub headings: gender, age, work experience, parental status and income (finance), sexual orientation, ethnicity (including language), foreign born and international students and finally special need or disability.

Gender

From a gender perspective, the majority of literature considered nurse education generally rather than the clinical placement. Five studies were identified that explored male nursing students' perceptions of the clinical environment.

Using a purposive sample of eight male nursing students enrolled in a Bachelor of Nursing course at a regional university in Australia, Stott (2007) used interviews and written narratives (a diary) to explore factors influencing attrition. A major finding was that male students often felt they were treated differently by staff within the facility, felt isolated or excluded from the clinical setting, leading some to reconsider their choice of career. Similar findings were reported by Keogh and O'Lynn (2007) in a retrospective, descriptive study in Ireland using a postal survey of male registered nurses who had completed training between 1995 and 2005 (Keogh & O'Lynn 2007). Many respondents reported being treated "differently by the nurses" (p.257), and that they were not accepted as a nurse during clinical placements. Other findings included the perception that they had it easier during placement, were called on to care for aggressive patients, and were inadequately prepared to care for female patients, often being made to feel uncomfortable during obstetric placements.

In an earlier study by O'Lynn (2004), a randomly-selected sample of male nurses were surveyed to explore gender-based barriers in nursing education. More than 90% of respondents identified not feeling welcome as a male student in the clinical setting as the most important barrier during their education, while two-thirds of the respondents reported no opportunity to work with male nurses during their clinical placements as a barrier.

Wang et al.(2011) used a phenomenological approach to explore the experiences of 14 male nursing students in China. One of the themes to emerge was 'emotional loneliness' and although not specifically identified in relation to clinical placements, the male students did note that during placements they tended to communicate far less with patients than their female peers. Participants also perceived that patients' did not trust male students as much as female students.

Bell-Scriber (2008) also noted that males perceived discriminatory behaviour. Part of this study described how traditional-age male learners' perceptions of the nursing education climate compare to the perceptions of female learners. Traditional-age was defined as from 20 to 22 years of age. Interviews were conducted with a sample of four male and four female learners. One male student noted that in the clinical setting, instead of being supervised by a nurse educator, most of his time was with a registered nurse and perceived this as discrimination.

Another small qualitative study used semi structured interviews to explore the perceptions of seven males nursing students regarding their educational experiences (Ierardi, Fitzgerald & Holland 2010). Students reported that they had a positive experience in the clinical area, leading the authors to conclude that although a small study, gender issues were not as prevalent as the literature suggests

In an Australian study which used an online survey to compare undergraduate nursing and non-nursing students' perceptions of whether their program was sexist (Kermode 2006), findings indicated a perception of sexism in all programs, as well as gender discrimination. Male students were more affected by this perceived discrimination than female students, and nursing students felt significantly more affected by both sexism and discrimination than non-nursing students. However, there were no male comments specifically about clinical experiences.

In the only systematic review of placement-related attrition in nurse education, Eick, Williamson, and Heath (2012) found being a young or a male student was a major factor.

There was less literature related to female nursing students. A questionnaire was used in a study to describe the nature, severity, frequency and sources of verbal abuse experienced by nursing students while gaining clinical experience (Ferns & Meerabeau 2008). Third year students ($n=114$) were asked about their first and second year clinical experiences, with 45% having experienced verbal abuse, with some participants reporting this abuse as sexual insults. Although open-ended comments indicated that this was towards female nursing students, it was not reported whether any of the abuse was reported by male students.

In summary, although men are entering nursing in increasing numbers (Stott 2007), there is evidence that male nursing students' face gender stereotyping, that they perceive discriminatory behaviour, and this may contribute to leaving their program. It is important to explore whether these issues relate to any aspect of their clinical experiences.

Age, work experience, parental status and income

Current literature reflects an increase in the proportion of mature-aged students (over 25 years of age) who may comprise almost 50% of a student intake (Gaynor et al. 2007), indicating how the age demographic has changed over the last thirty years. Then, the predominant nursing student was the 'traditional' 18 year old school leaver (American Association of Colleges of Nursing [AACN] 2005) whereas today it is the 'non-traditional' student being 25 years and older (Jeffreys 2004). There is little research on how this demographic may have affected the student group dynamic in the clinical area and hence the student experience. Because these mature-aged students, both male and female, often have previous work experiences, carer (more often parental) responsibilities and becoming a student has financial implications, these three areas are often interrelated in the literature and therefore will be reviewed together with age.

In an action research study involving ten vocational education and training (VET) providers and four universities in one state in Australia, data from one questionnaire and one focus group were used to identify issues for mature age nursing students, and develop recommendations to strengthen mature age entry, access and success in nursing programs (Kenny et al. 2011). Findings indicated that the two most common reasons for mature-age students withdrawing from their courses were financial and time constraints. There was no indication whether these were related to clinical placements, however, it was noted that greater flexibility during clinical placements was seen as a way of responding to family commitments, for example, offering during school hours, weekends or the availability of child-minding facilities. In this study the expert group included only two nursing students.

A comparative study of mature nursing students (aged over 26 years) surveyed nursing students from Scotland ($n=160$) and Australia ($n=118$) to examine course-related family and financial problems (Cuthbertson et al. 2004). Financial difficulties were reported by both Australian and Scottish students, with Scottish students generally reporting more financial-related problems, and Australian students reporting more problems related to clinical placements. Childcare and caring for elderly relatives were the lowest ranked problems in both groups however this was not specifically related to clinical placements.

Although not related to age, financial problems were also identified by Gidman et al. (2011) in a mixed-methods study designed to explore the perceptions and experiences of nursing students regarding support needed during clinical placements. This was particularly the case for single parents, with some students considering leaving their programs due to their financial difficulties.

Similarly, in a US study which used a broad definition of a non- traditional nursing student (aged 25 years or older, commuter, enrolled part-time, male, member of an ethnic and/or racial minority group, spoke English as a second (other) language, had dependent children, had a general equivalency diploma, or required remedial classes), findings revealed that financial status, employment responsibilities and family responsibilities were major influences on the ability of students to remain in their nursing programs (Jeffreys 2007). Although this study was not specifically related to clinical placements, students were enrolled in a clinical course, suggesting the clinical placement may have impacted on these findings.

Hasson, McKenna and Keeney (2013) explored the perceived impact of care-related work experience on nursing students' learning. Using data gathered from nursing students during four focus groups ($n=32$) and individual interviews ($n=13$), 60% ($n=27$) of the students were in paid caring-related employment. Most participants perceived this as advantageous in that it enhanced confidence, skill development and helped prepare them for the reality of nursing practice during clinical placements. However, some students perceived that previous caring-related employment was detrimental to their learning because of the confusion of nursing student and care assistant roles. Nursing students with no prior caring-experience felt disadvantaged, and perceived their lack of caring-experience negatively influenced their clinical learning as well as their ability to fit into the nursing team and adjust during their clinical placement (Hasson, McKenna & Keeney 2013).

From the above, it can be seen that there is scant literature in these areas, particularly with previous care-related experience and nursing qualifications with none relating to overseas

qualified nurses who become nursing students in Australia and their experiences on clinical placements as nursing students.

Sexual orientation

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) nurses are one of the largest subgroups within the nursing profession but there is very little empirical research reporting the experiences of these groups and little attention paid to the negative attitudes, harassment, discrimination and exclusion in the nursing workplace and nursing education (Eliason et al. 2009).

The Gay and Lesbian Medical Association in the US used an online survey to investigate the experiences of LGBTQ nurses in the workplace in order to find out how the association could better support their nurses (Eliason et al. 2011). The survey consisted of demographic and open ended questions. Of the 261 nurses who responded, 53 were nursing students. Although there was no reporting of specific student findings, there were indications that colleagues, supervisors, and patients had exhibited discriminatory behaviour or verbal harassment towards the respondents. This often resulted in adverse consequences for the person involved.

There is some research on homophobia among nursing students and nursing faculty (Dinkel et al. 2007), their attitudes towards lesbians and gay men (Röndahl, Innala & Carlsson 2004) and their level of knowledge about lesbian, gay, bisexual and transgender persons (Röndahl 2009), but the search failed to identify an original study which explored the experiences of LGBTQ nursing students during clinical placements, and whether they have a less positive experience on clinical than 'mainstream' students.

Ethnicity

No study was identified that explored the diversity characteristic of ethnicity and how this impacted nursing students' clinical experience. However, six studies were identified that focused on the English-language skills of ethnically-diverse students, or international nursing students, and these have been included in this section.

In a qualitative study which described the experiences of 14 international nursing students of African and Asian origin undertaking clinical practice in Finland, the authors reported a number of both positive and negative experiences. However, the negative experiences were directly attributable to the students' lack of fluency in the primary language of the patients

and clinical instructors (i.e. Finnish), and their skin colour and ethnic background. Students described how their learning was restricted in not being given their own patients to care for, being given irrelevant tasks to carry out, sometimes having to wait for foreign patients, and not being allowed to give oral reports. Some students were called names and remarks made about their skin colour, and some patients refused to be cared for by them (Mattila, Pitkäljärvi & Eriksson 2010).

In a Canadian study which explored the factors that influence the academic performance of nursing students' with English as an additional language (EAL), limited language skills, cultural differences and perceived inferiority and discrimination emerged within the category of 'challenges' (Donnelly, McKiel & Hwang 2009). Although the study's focus was academic performance and not clinical performance, students identified clinical situations as particularly challenging when language skills were limited. Many students reported difficulty speaking up in clinical situations and engaging assertively with peers, instructors, and patients, with some students expressing doubt about their ability to deliver safe, competent nursing care.

Similar findings were reported by Crawford and Candlin (2013), who used an action research approach to identify the language needs of eight students who were culturally and linguistically diverse (CALD) enrolled in an Australian Bachelor of Nursing programme. Although not specifically designed to explore students' language needs in the clinical setting, students commented on the difficulties experienced in understanding conversations between patients and clinicians, and how the use of technical terms and Australian idioms was like a "third language" (Crawford & Candlin 2013). Students also described how their lack of confidence in communication, along with being self-conscious about their grammar and accent, impeded them from forming a therapeutic relationship with their patients.

San Miguel, Rogan, Kilstoff, and Brown (2006) also reported similar findings in a study of 15 nursing students enrolled in a large university in Australia who had experienced difficulties with spoken English while on clinical practice. Prior to participating in an oral communication skills program, data were collected about students' perceptions of the problems they experienced while on clinical placement. Comments were predominantly negative, with students identifying difficulty understanding handover reports as the nurses spoke quickly and used terminology and abbreviations with which students were unfamiliar. Students also experienced major problems communicating with patients, understanding requests and providing instructions (San Miguel et al. 2006). The authors also noted that at their institution, students who experienced clinical communication difficulties were at higher risk of failure in their nursing course.

In a study of barriers faced during their nursing education, 17 recently-graduated, ethnically-diverse registered nurses identified language as a primary barrier in their nursing (Amaro, Abriam-Yago & Yoder 2006). Participants described the struggle in translating from English to their primary language and back to English, and the impatience they experienced from clinical staff and patients. Others reported experiencing prejudice and discrimination because of their accents (Amaro, Abriam-Yago & Yoder 2006).

Paterson, Osborne and Gregory (2004) used a combination of individual interviews, modified 'think-aloud technique' and focus groups to explore nursing students' constructions of cultural diversity within clinical education. Seventy one nursing students from Asian, East Indian and Middle East origin participated in the study, which was conducted at two Canadian universities. Students described how often contradictory experiences of homogeneity and difference impacted their learning in the clinical setting, citing incidents where their 'difference' was problematic and cultural diversity and difference was not valued. For example, clinical educators would assign patients of minority ethnic groups to students who appeared to share the same ethnicity, although Caucasian students were generally assigned to a wide array of patients. Clinical teachers would also 'break up' student groups of similar culture by allocating them to work with students of other cultures. However, they did not see groups of Euro-White students as a problem. The authors suggest these findings are evidence of a largely unconscious form of bias and racism in the clinical setting (Paterson, Osborne & Gregory 2004).

In summary, despite a significant body of literature relating to international nursing students, and nursing students with ESL, no study was found that examined the impact of ethnicity on nursing students' clinical experience or attrition.

Special need or disability

In Australia, the Disability Discrimination Act (Australian Government 1992) and the Disability Standards for Education (Attorney-General 2005) require universities to provide 'reasonable adjustments' for students with a disability or chronic health condition. This is to enable the student to have an equal opportunity to compete academically with their non-disabled peers and to fulfil their academic potential. It is argued that nurses with disabilities bring positive strengths into nursing (Carroll 2004), but is also possible that this group of nursing students may experience problems or be made to feel different during their clinical placements. In the UK, the most common areas of disability in nursing are learning difficulties such as dyslexia, mental health problems, and unseen disabilities such as diabetes mellitus (Storr, Wray & Draper 2011), however no similar Australian data is available.

A recent UK mixed method study explored the impact of dyslexia on learning in clinical placements (Sanderson-Mann, J Wharrad & McCandless 2012). Interview data formed the basis for a questionnaire. Nine students with dyslexia were interviewed, five participated in two group interviews and four students were interviewed individually. The questionnaire compared the views and experiences of 51 clinical practice staff, 54 students with dyslexia and 52 students without dyslexia. Interview findings revealed a wide variation in type and extent of the difficulties, with handovers, documentation and drug calculations and administration being more problematic. However, the quantitative data suggested that all students found handovers and drug calculations difficult. Students with dyslexia revealed that they felt isolated and different, performed worse under pressure and did not like asking for help. Of the seven staff interviewed, only two had knowingly mentored a student with dyslexia and although there was some understanding of the areas of stigma and disability legislation, knowledge about living with dyslexia was limited. It was acknowledged the students may not disclose that they have dyslexia, whilst some may not even know that they were dyslexic.

The findings of a convenience sample of seven nursing students diagnosed with dyslexia in the UK indicated that students feared being ridiculed and discriminated against in the clinical area (Ridley 2011). They generally perceived a lack of caring by the clinical staff towards them during their placements. This finding is supported by a study of 132 nurse educators' teaching in baccalaureate nursing programs across 50 states in the US that measured implicit attitudes to disability (Aaberg 2012). Results indicated that nurse educators were strongly biased against individuals with disabilities and that a preference for able-bodied individuals exceeded that found in the general population. It was not clear whether the respondents all participated in clinical education.

It is clear that there is a lack of empirical data related to special need or disability, particularly in terms of the challenges faced by students with a disability during their clinical placements.

2.3.2 The placement workforce

During clinical placements nursing students have most contact with facility nursing staff, mainly the registered nurses who may or may not be trained mentors or preceptors but are responsible for the supervision of nursing students. In Australia, clinical facilitators are usually employed by the university and have overall responsibility for the clinical experience and assessment of nursing students and were therefore also included in this

review. Five studies were identified which reported characteristics of student diversity in relation to supervision or mentoring.

Using qualitative ethnography, Scammell and Olumide (2012) analysed the constructions of difference within the mentor-student relationships of internationally recruited registered nurses mentoring nursing students who were White English in one nurse education department in England (Scammell & Olumide 2012). Twenty two female students and one male student volunteered and included one Black Zimbabwean and the remainder were White British. Ten registered nurses participated, seven female and three male; six were Asian, three were Black African. Data was collected by four methods, focus groups, semi-structured interviews, participant observation and document analysis. The findings indicated that Whiteness was viewed as a source of power and played a part in racism within the clinical practice encounters, not only by the White students but by other White RNs. Racialised behaviour was subtle and normalised within the working relationships of staff, and resulted in undermining the internationally-recruited RNs in their everyday practice (Scammell & Olumide 2012). While this study looked at the impact of students on facilitators (mentors) and the EDAN study seeks to explore the impact of diversity on student's clinical learning experience, the findings suggest that within a White-centric clinical setting, racism is encountered by persons who are not part of the majority population.

In a survey which assessed the role satisfaction of 86 registered nurses who were mentoring preregistration students in Wales, the researchers assessed whether mentors had positive or negative attitudes towards their role and what aspects they found difficult. Although not specifically designed to assess mentor's attitudes towards diverse students, the study did note that nursing students' age and gender were least likely to cause mentors concern or difficulty, followed closely by previous experience (Moseley & Davies 2008).

A descriptive interpretive study conducted in New Zealand by Vallant and Neville (2006) examined how the relationship between nursing students and nurse clinicians impacted on student learning. Eleven nursing students participated in focus group interviews at the end of the third year of their Bachelor of Nursing course. From a diversity perspective only one of the findings was pertinent in that one of the five categories, 'being invisible in the relationship', indicated that nursing students felt a loss of identity. They became a nursing student rather than, for example, a mature mother or a person with diverse working experiences. Although demographics were not collected in the study, it was included as a high percentage of nursing students are mature women and this invisibility may be a factor involved in the older student feeling different.

Two studies of clinical facilitators addressed language as an aspect of student diversity. The first study, undertaken at a large urban university in Sydney, thematically analysed the written comments of clinical facilitators' about the clinical performance of ten nursing students who spoke ESL for all placements during a two and a half year period (San Miguel & Rogan 2012). Findings suggested that facilitators expected students "to communicate well with patients and staff, have a 'good' bedside manner, and be proactive and assertive, engaged in the learning experience and self-directed learners"(San Miguel & Rogan 2012, p.118). The authors suggested these expectations may have been unrealistic in terms of the cultural factors involved in 'speaking up' for example, and establishing eye contact, and that there was a need for universities to improve the preparation of facilitators' in order to develop this awareness. Although not directly related to the experiences of students with ESL during clinical placements, it can be seen that the expectations of facilitators could have a negative influence on the clinical experiences of students if they were not aware of what was required.

The second study of clinical facilitators used focus groups to explore factors that impeded or enhanced the clinical learning experiences of nursing students who were culturally and linguistically diverse (CALD) (Jeong et al. 2011). The study also sought to identify the factors that impacted on the teaching experiences of academic and clinical staff involved in teaching CALD nursing students (Jeong et al. 2011). The sample included 11 nursing students, three clinical facilitators and four academic staff. The clinical facilitators noted that the students experienced rejection and discrimination, often by other students. While the clinical facilitators acknowledged it took more time to facilitate the learning of students who were CALD, interestingly the students perceived that clinical facilitators did not take enough time to help them.

Thus it can be seen in this section there is only one study (Jeong et al., 2011) that has directly explored the impact of diversity (language) on the clinical learning experiences of students, from the perspective of the clinical facilitator. This highlights a significant gap in the literature, which will be addressed by the EDAN study.

2.3.3 Patient population

A diverse patient population may also pose increased challenges to nursing students during their clinical placement. Two studies, both conducted in the UK, were identified which discussed how diversity within patients may affect the clinical experiences of students.

In a comparative enquiry based on the use of questionnaire and focus groups, De (2010) investigated whether international nursing students faced disadvantages when caring for patients in the UK. The participants included 13 international and 12 Welsh Caucasian nursing students enrolled in a Bachelor of Nursing programme in Wales, UK. Findings indicated that of the 13 international participants, nine reported incidents, five reported being unfairly discriminated by patients, and four felt racially abused by them. Four students felt unsure about their patient's behaviour. Two students reported that the incident temporarily affected their practice. Of the 12 local students, four reported incidents of unfair treatment, two being punched and two sworn at.

Ferns and Meerabeau (2008) reported that nursing students were recipients of racist verbal abuse during their clinical experiences. This study surveyed 3rd year nursing students in order to describe verbal abuse reported during the clinical experiences of the first two years of their nursing program. The 114 respondents included students who were male, older and of various ethnicities, however the verbal abuse incidents were not categorised according to these groups. Of the verbal abuse incidents, 64.7% were from patients, 15.7% from visitors and 19.6% came from other health care workers. The comments used to indicate racial abuse indicated that they were from patients and it is not known whether any were from colleagues. As previously mentioned in the Finnish study involving international nursing students of African and Asian origin undertaking clinical practice in Finland, some patients refused to be nursed by them and others refused to shake hands (Mattila, Pitkäljärvi & Eriksson 2010).

2.4 Conclusion

The literature reviewed in this chapter has revealed a paucity of primary research related to nursing students who are diverse in terms of gender, age, work experience, income, parental status, ethnicity, language, religious belief, sexual orientation, special need or disability and whether this diversity impacts on their clinical placement experience. Given the significant

benefits associated with preparing a diverse nursing workforce, it is imperative that we better understand the impact of diversity in this group of students.

The following chapter will examine diversity theories, and discuss how these are applicable to the clinical learning environment. An alternate model which takes into account selected diversity characteristics will be proposed as the basis for the EDAN study.

Table 2.1 Summary Table

Study	Setting	Design	Participant details	Key Findings
The Placement Workforce				
Scammell & Olumide (2012)	United Kingdom	Qualitative ethnography	10 internationally-recruited registered nurse mentors (IRNs) and 23 White nursing students	White nursing students often portrayed IRNs as inferior. Whiteness was seen as a source of power – nurse education was seen through a White lens
Moseley & Davies (2008)	United Kingdom	Survey	86 nurse mentors	Mentors were least likely to find nursing students' age and gender as cause for concern or difficulty
Vallant and Neville (2006)	New Zealand	Descriptive interpretive study	11 nursing students	When relationships with clinicians were not positive, nursing students reported feeling a loss of identity, and their learning was inhibited
San Miguel & Rogan (2012)	Australia	Qualitative study using thematic analysis of facilitator written assessment comments	10 nursing students with ESL	Facilitators had clear expectations of ESL students regarding communication, learning styles and professional demeanour in clinical practice, at times focusing on student's personalities rather than clinical behaviours
Jeong, Hickey, Levett-Jones, Pitt, Hoffman, Norton & Ohr (2011)	Australia	Qualitative exploratory study	11 nursing students who were CALD; 3 clinical facilitators; 4 academic staff	Clinical facilitators reported CALD students often experienced rejection and discrimination by other students. CALD students perceived that clinical facilitators did not take enough time to help them, which contrasted to facilitator's views that they took more time to facilitate the learning of these students.
The Student Group				
Gender				
Stott (2007)	Australia	Descriptive qualitative	8 male nursing students	Students often felt they were treated differently by staff within the facility, felt isolated or excluded from the clinical setting, leading some to reconsider their choice of career.
Keogh & O'Lynn (2007)	Ireland/US	Retrospective, descriptive study	100 males	Respondents reported being treated "differently by the nurses" and not being accepted as a nurse during clinical placements. There was the perception that male students had it easier during placement, were called on to care for aggressive patients, and were inadequately prepared to care for female patients, often being made to feel uncomfortable during obstetric placements.

Study	Setting	Design	Participant details	Key Findings
O'Lynn (2004)	US	Survey	111 male RNs	Respondents identified not feeling welcome as a male student in the clinical setting as the most important barrier during their education. Two-thirds of the respondents reported no opportunity to work with male nurses during their clinical placements as a barrier.
Wang, Li, Hu, Chen, Gao, Zhao & Huang (2011)	China	Qualitative (phenomenology)	14 male nursing students	Male students noted that during placements they tended to communicate far less with patients than their female peers. Participants also perceived that patients' did not trust male students as much as female students.
Bell-Scriber (2008)	US	Qualitative case study	8 students (4 males, 4 females)	One male student noted that in the clinical setting, instead of being supervised by a nurse educator, most of his time was with a registered nurse and perceived this as discrimination
Ierardi, Fitzgerald, & Holland (2010)	UK	Descriptive qualitative	7 male	Students reported that they had a positive experience in the clinical area, leading the authors to conclude that although a small study, gender issues were not as prevalent as the literature suggests
Kermode (2006)	Australia	Online survey	221 students	Male students were more affected by this perceived discrimination than female students, and nursing students felt significantly more affected by both sexism and discrimination than non-nursing students
Eick, Williamson & Heath (2012)		Systematic review	18 studies	Being a young or a male student, along with being exposed to unpleasant placement experiences, the attitudes of placement staff, and lack of support were major factors in clinical-related attrition
Ferns & Meerabeau (2008)	UK	Questionnaire	114 participants	45% of participants reported having experienced verbal abuse, with some participants reporting this abuse as sexual insults
Age, work experience, parental status, income				
Kenny, Kidd, Nankervis & Connell (2011)	Australia	Action research: Questionnaire focus group	Education providers	The two most common reasons for mature-age students withdrawing from their courses were financial and time constraints. There was no indication whether these were related to clinical placements, however, it was noted that greater flexibility during clinical placements was seen as a way of responding to family commitments.
Cuthbertson, Lauder, Steele, Cleary & Bradshaw (2004)	Australia and Scotland	Comparative study	118 mature-age nursing students	Financial difficulties were reported by both Australian and Scottish students, with Scottish students generally reporting more financial-related problems, and Australian students reporting more problems related to clinical placements. Childcare and caring for elderly relatives were the lowest ranked problems in both groups
Gidman McIntosh, Melling, & Smith (2011)	UK	Mixed methods	174 students	Financial problems were identified by nursing students regarding support during clinical placement, particularly for single parents
Jeffreys (2007)	US	Survey	1156 students	Financial status, employment responsibilities and family responsibilities were major influences on the

Study	Setting	Design	Participant details	Key Findings
				ability of students to remain in their nursing programs
Hasson, McKenna and Keeney (2013)	Northern Ireland	Sequential exploratory mixed methods	45 students	Nursing students with no prior caring-experience felt disadvantaged, and perceived their lack of caring-experience negatively influenced their clinical learning as well as their ability to fit into the nursing team and adjust during their clinical placement
Sexual Orientation				
Eliason, DeJoseph, Dibble, Deevey & Chinn (2011)	US	Survey	261 nurses (53 nursing students)	Indications that colleagues, supervisors, and patients had exhibited discriminatory behaviour or verbal harassment towards the respondents. This often resulted in adverse consequences for the person involved.
English as a second language, international students, ethnicity				
Crawford & Candlin (2013)	Australia	Action research	8 BN students whose first language was not English	Students experienced difficulties understanding medical terminology and idioms used by clinicians, particularly at change of shift. Student lacked confidence in speaking in the clinical setting, and were self-conscious about their accents and grammar, which they felt impacted on effective therapeutic communication.
Mattila, Pitkärjärvi & Eriksson (2010)	Finland	Qualitative descriptive	14 African and Asian international students	Positive experiences were described in terms of appreciative orientation, sense of belonging to the team, enhancing independent working, growing towards professionalism and working as a member of the team. Negative experiences were related to restricted learning and compromised human dignity, which led to negative feelings of being an outsider, decreased self-esteem, sense of giving up and anticipation of difficulties.
San Miguel, Rogan, Kilstoff, & Brown (2006)	Australia	Qualitative	15 NESB nursing students	Students identified difficulty understanding handover reports as the nurses spoke quickly and used terminology and abbreviations they were unfamiliar with. Students also experienced major problems communicating with patients, understanding requests and providing instructions. These students had a higher risk of failing their course.
Paterson, Osborne & Gregory (2004)	Canada	Ethnography	71 nursing students including students from Asian, East Indian and Middle East origin	Clinical teachers problematized difference, focusing on difference as less than the expected norm. This complex and often contradictory experience of difference and homogeneity contributed to their construction of cultural diversity as a problem. Students' perception of being different affected their learning in the clinical setting and their interactions with clinical teachers.

Study	Setting	Design	Participant details	Key Findings
Donnelly, McKiel & Hwang (2009)	Canada	Descriptive, exploratory, qualitative design using mini-ethnography	14 nursing students with ESL.	Students identified limited language skills, cultural differences and perceived inferiority and discrimination as 'challenges' that impacted on their academic performance. In clinical situations students reported difficulty speaking up, and engaging assertively with peers, instructors, and patients. Some students expressed doubt about their ability to deliver safe, competent nursing care.
Amaro, Abriam-Yago & Yoder (2006)	US	Qualitative, constant comparative analysis	17 ethnically-diverse recently graduated RNs	Participants identified four major categories of need: personal needs, academic needs, language needs and cultural needs. Nearly all participants identified language as the primary barrier in their nursing course, with many reporting they experienced prejudice because of their accents.
Special need or disability				
Sanderson-Mann, Wharrad, & McCandless (2012)	UK	Mixed methods	51 clinical staff, 54 students with dyslexia, 52 students without dyslexia	Wide variation in type and extent of the difficulties, with handovers, documentation and drug calculations and administration being more problematic for students with dyslexia.
Ridley (2011)	UK	Qualitative	7 students with dyslexia	Students perceived a general lack of caring by the clinical staff towards them during their placements
The Patient Population				
De (2010)	UK	Comparative enquiry (questionnaire focus groups)	13 international students and 12 Welsh Caucasian students	Of the 13 international participants, nine reported incidents, five reported being unfairly discriminated by patients, and four felt racially abused by them. Four students felt unsure about their patient's behaviour. Two students reported that the incident temporarily affected their practice. Of the 12 local students, four reported incidents of unfair treatment, two being punched and two sworn at
Ferns & Meerabeau (2008)	UK	Survey	114 students	Of the verbal abuse incidents, 64.7% were from patients, 15.7% from visitors and 19.6% came from other health care workers. The comments used to indicate racial abuse indicated that they were from patients

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CHAPTER THREE

Theories to Explain Diversity

3.1 Introduction

In response to increasing diversity in populations, organisational demographers have explored the effects of diversity within groups in different workplace environments. Demographers have used various theories to help identify how diversity within a group may affect the functioning and performance of that group. Although little of this research has been in health organisations, the theories and findings are applicable to diversity in the clinical environment. Within the clinical setting, there is diversity not only in nursing students interacting and working together, but also within the staff and patients in the health facility. Both of these groups have an important influence on the experiences of students during their clinical placement within that facility.

This chapter begins by examining the theoretical perspectives used in diversity research, how they are applicable to the clinical environment and then explain why they were used as a basis for the theoretical model underpinning the EDAN study.

3.2 Theoretical perspectives of diversity

In health care settings, clinicians and health professional students are required to work collaboratively as multi-disciplinary team members to meet the needs of the patients. Achieving optimal patient outcomes in complex care environments is influenced by the ability of team members to function as an effective group. Group performance is generally defined by three criteria: (i) whether the group meets or exceeds the performance standards of the consumer (i.e. patient satisfaction); (ii) whether the social processes used during work maintain or enhance the capability of those involved to work together on subsequent team tasks; and (iii) whether the experience of being in the group satisfies rather than thwarts the personal needs of the group members (Hackman 1987). Much has been written of factors affecting patient satisfaction and teamwork. While several studies have concluded that effective teamwork results in lower staff turnover, improved quality of care, and greater patient satisfaction (Kalisch, Curley & Stefanov 2007), few studies have explored these constructs from the perspective of how diverse student groups or workforce interact or how

this may affect the clinical experiences of the nursing students. The effective functioning of a diverse group may be helped by individuals being aware of the possible role of workforce diversity in team processes (Dreachslin, Hunt & Sprainer 2000) and also by their openness to recognising and responding to diversity issues (Hart, Hall & Henwood 2003; Johnston & Mohide 2009).

In an attempt to develop harmonious workplace environments in increasingly diverse populations, organisational demographers have focused on exploring diversity within groups and its impact on how the group functions and performs (Williams & O'Reilly III 1998). However, results have varied, depending on the aspect of diversity being studied and the theory used (Bell et al. 2011; Mannix & Neale 2005; Milliken & Martins 1996; Williams & O'Reilly III 1998). This has led to some researchers arguing that diversity improves group functioning, whilst others suggest that diversity is deleterious and divisive (van Knippenberg, De Dreu & Homan 2004; van Knippenberg & Schippers 2006). As Milliken and Martins (1996, p.403) have pointed out, it would seem that "Diversity thus appears to be a double-edged sword, increasing the opportunity for creativity as well as the likelihood that group members will be dissatisfied and fail to identify with the group". Attempts to reconcile these differences, based on different perspectives, have been suggested. These include diversity theories (Qin, O'Meara & McEachern 2009), group processes (Pelled, Eisenhardt & Xin 1999) and research contexts (Haas 2010). A recently developed model, the extended intervening process model (EIPM), integrates these perspectives (Qin, Smyrnios & Deng 2012). The historical development of the theories within Qin's model will be presented, followed by a discussion of these theories and why they were used as the theoretical framework for this thesis.

3.2.1 Historical overview of diversity theories: the need for integration

Early diversity theories, such as the social categorisation theory, the similarity-attraction theory and the information and decision-making approach, were often used independent of each other and tended to view diversity within a group as having a direct effect on the performance of the group. Because of inconsistencies in the research results, researchers argued that these theories should not be used separately but integrated (Qin, O'Meara & McEachern 2009; Williams & O'Reilly III 1998). In 1996, the intervening process theory explained the effects of group diversity on performance by showing how diversity influences group processes, which in turn influence group performance (Pelled 1996). Pelled (1996) concentrated on conflict as one of the group processes having an intervening role, whilst other processes were referred to as a "black box" by Lawrence (1997). Apart from group

conflict, other group processes, including cohesion (Sargent & Sue-Chan 2001) and communication (Hua 2004) have been examined in order to unpack the “black box” between diversity and performance. The subsequent theoretical development of the intervening process theory will be elaborated after a discussion of the theories. An integration of these processes led to the development of an extended intervening process model (EIPM) (Qin, Smyrniotis & Deng 2012).

3.2.2 Social categorisation theory

Social categorisation theory (SCT) explains the process by which people sort each other into groups based on social categories (Tajfel & Turner 1979) and visible differences such as age, colour and gender. This theory is closely aligned with the social identification theory (SIT) (Hogg & Abrams 1988, 2001; Turner 1982), which explains why we socially categorise. SIT explains that categorisation occurs because of the need for high self-esteem in achieving a favourable social identity and is done by comparing oneself socially with others. This self categorisation provides a social identity (Tajfel & Turner 1986). Once self-defined, individuals attempt to develop positive views of their own category or group, and therefore negative views of others. It has been shown that this leads to cooperation with members of one’s own in-group and competition with the others or out-groups (Richard, Ford & Ismail 2006). This positive view of the in-group produces higher commitment and cohesiveness, which in turn leads to better group performance (van Knippenberg, De Dreu & Homan 2004). Subjectively, diversity is “otherness” and is typically seen as a deficiency by the out-group members (Canales 2000; Loden & Rosener 1991), which can result in stereotyping and anxiety. Such outcomes lead to poorer group performance (Williams & O’Reilly III 1998).

It is clear that social categorisation and striving for self esteem by having positive opinions of one’s own category and negative opinions of others may have adverse outcomes in a diverse health care workforce, and students group within the clinical environment although there is no literature that addresses this from a theoretical perspective. That “difference can be a problem” during clinical placements however was found to affect some nursing students and relations with their supervisors (Paterson, Osborne & Gregory 2004, p.5)

3.2.3 Similarity/attraction theory

Initially, the similarity/attraction theory (SAT) (Berscheid 1978; Byrne 1971) stated simply that individuals tend to be attracted to those who are similar to themselves. SAT predicts

that, within groups, perceived similarity in attitudes or demographic attributes has a positive effect on group performance. Subsequently, attitudes and attributes were extended to include behavioural outcomes such as communication, conflict and integration (Riordan 2000).

In contrast, demographic dissimilarity, specifically differences in age, race, and sex, has been linked with a higher staff turnover in hospitality. This suggests that demographic difference is associated with attitudes about aspects of the job that may affect turnover (Sacco & Schmitt 2005). Similarly, in religious congregations minority group members have been shown to have shorter durations of membership than majority group members, suggesting that minority members struggle to become integrated into social networks (Scheitle & Dougherty 2010).

This theory could explain the working relationships in the clinical environment as well, although there is no nursing literature in this area to date.

3.2.4 Information and decision making approach

The third theoretical approach to explore the impact of diversity on group functioning is the information and decision making approach (IDA) (Gruenfeld et al. 1996; Wittenbaum & Stasser 1996). IDA assumes that a diverse group will comprise individuals who have different qualities such as knowledge, skills, abilities, experiences and other characteristics (Jayne & Dipboye 2004), and these groups will also have access to a wider network of individuals outside their work group with different qualities (Christian, Porter & Moffitt 2006). This additional information and expertise may, as a result, enhance group performance by increasing the problem-solving abilities of the group (van Knippenberg, De Dreu & Homan 2004).

It can be seen how this would be applicable to a diverse group in the clinical environment for example, how the younger Gen Y nursing students who are savvy in the information technology (IT) area may assist older members of the team to develop these skills (Hills et al. 2012). In terms of diversity in nursing students, this theory would seem worthy of further elaboration in relation to how it might explain their learning experiences particularly during their placements.

3.2.5 Intervening process theory

Whilst the two previous theories viewed the diversity within a group as having a direct effect on the performance of the group, the intervening process theory (IPT) (Pelled 1996) was

developed to explain the role of group processes, specifically conflict, that act between diversity and performance. IPT postulates that diversity has no direct effect on performance.

In nursing, recent research has shown that inter generational conflict of various forms exist between preceptors and nursing students and could indicate how age (diversity attribute) could influence performance (learning in the clinical environment) if the conflict precluded questioning by the student because of fear of humiliation, for example (Foley, Myrick & Yonge 2013).

Williams and O'Reilly III (1998) as well as Qin and McEachern (2009) have stressed the importance of integrating the three theoretical approaches, SCT, SAT and IDA, in order to help understand the dynamics of how diversity influences group processes and performance. To help explain the mixed results of diversity research, Williams and O'Reilly III emphasised the importance of Pelled's (1996) intervening process theory (IPT) theoretical model, which was viewed as a pivotal development. This theoretical approach was strengthened by Lawrence (1997) who suggested that intervening processes explain the relationship between the demographic predictor and the outcome, the "black box" between diversity and performance. Other researchers have subsequently recognised the importance of intervening processes in explaining effects of diversity and the mixed research results (Bayazit & Mannix 2003; Kulik et al. 2007). These intervening processes led to the development of an Extended Intervening Process Model (EIPM) (Qin, Smyrnios & Deng 2012).

3.2.6 Extended Intervening Process Model

Research by Pelled (1996) and Jehn, Northcraft, and Neale (1999) has specifically focused on conflict as a group process that intervened on relationships between diversity and performance. Other processes that have been shown to intervene include communication (Joshi 2006) and social integration (Ayoko & Charmine 2006). What is important in all of the intervening theories is that the effects of diversity on performance are dependent on the role of group processes; however in all of the research in this area only one process has been explored at a time. In terms of group dynamics, there are several processes that contribute to the functioning of groups, for example, communication and social integration as well as conflict (Brown 2011). Thus, the EIPM (Qin, Smyrnios & Deng 2012) includes these processes.

EIPM explains how different types of diversity affect communication, social integration and conflict, which in turn influence the areas within group performance. In the research setting

there are contextual factors, such as the participant's openness to diversity for example, which can moderate these relationships. The EIPM predicts both positive and negative effects of diversity depending on the role of intervening group processes and the moderating effects of the research contextual factors. The foundation diversity theories (SCT, SAT and IDA) provide the theoretical basis underpinning the three groups processes; communication, social integration and conflict (see Figure 3.1).

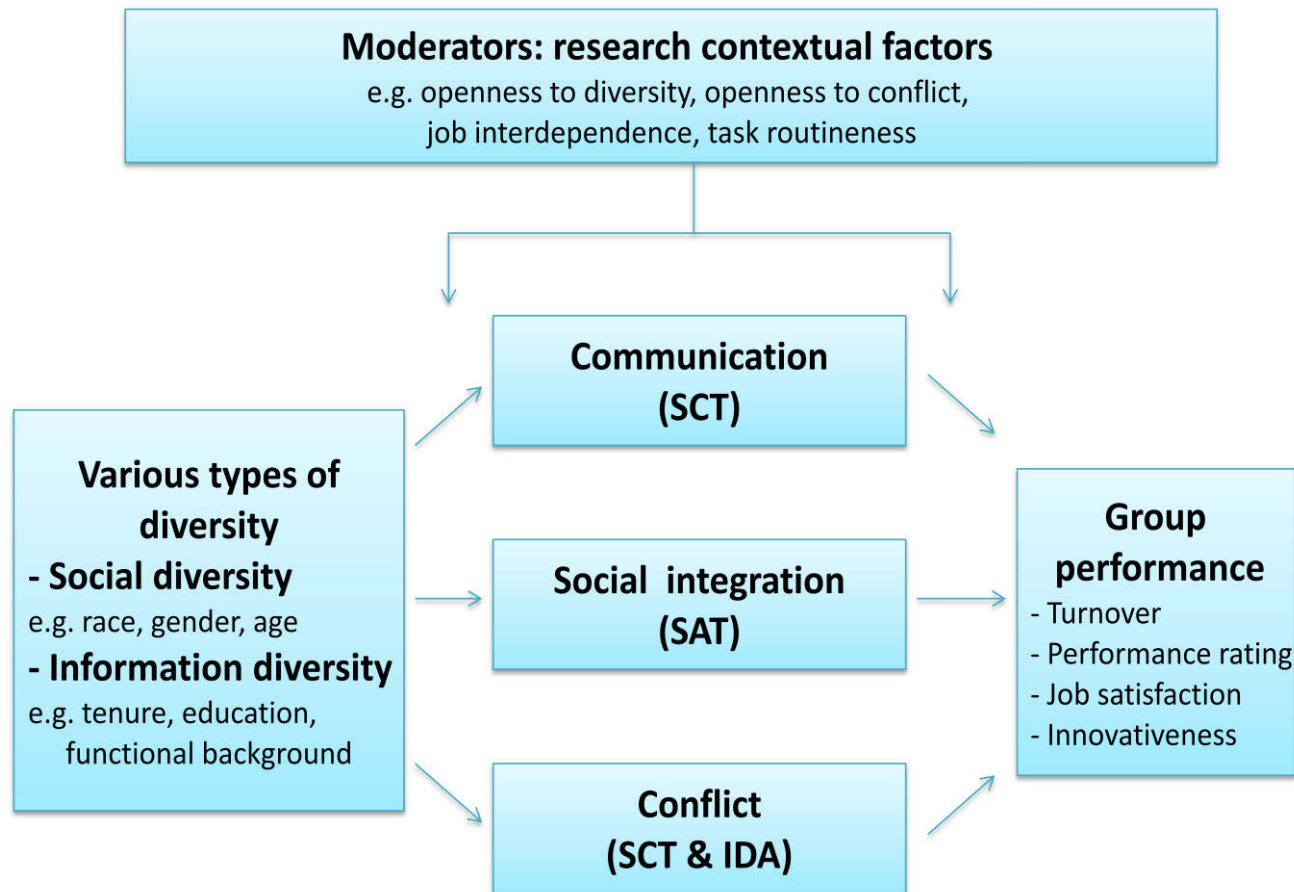


Figure 3.1 An extended intervening process model (Qin et al. 2012)

Although most of the research supporting this model has been undertaken in non-health related organisations, the model will be discussed further including applicability to diversity within the clinical setting. Group performance is interpreted in this context in its widest sense involving the clinical workforce and the student group with the awareness that the performance of each of these groups could impinge not only on the quality of patient care but also on the quality of the clinical experience of the nursing student.

Communication

The relationship between diversity, communication, and performance would appear to be crucial in most organisations. In any group, communication and information sharing is regarded as a key process as it clarifies how group members organise themselves to ‘get things done’ and perform effectively. In fact, effective groups spend considerable time talking to each other and building a cohesive team spirit (Barrick et al. 2007). In practice, however, and within the context of diverse groups there can be a range of language barriers, preventing effective communication within health care facilities (San Miguel et al. 2006).

The links between diversity and communication can be explained by the SCT in that individuals are motivated to view themselves as positively as they can and thus categorise themselves into groups based on those who are similar to themselves, developing positive opinions of their own group and negative views of others (Tajfel & Turner 1986). Treating in-group members more favourably facilitates communication in homogeneous groups (van Knippenberg, De Dreu & Homan 2004) but leads to misunderstanding and miscommunication across heterogeneous groups (Swann et al. 2004). Heterogeneous groups will therefore have less effective communication between members than homogeneous ones. There is a lack of evidence linking good communication and performance. However from the perspective of conflict, Jehn and Mannix (2001) have noted that communication can also lead to increased levels of conflict as talking brings more differences between the group members to the surface. Despite this, Jehn and Mannix’s research suggested that groups will be more successful if there is constructive debate concerning the task at hand, while noting the importance of minimising any relationship conflict. However, there are other conflicts that may result in poor communication. Findings from an integrative review describing the experience of registered nurses who are mentors for nursing students has indicated that this supervision is adding to the stress of registered nurses induced by workloads, responsibilities and time pressures (Omansky 2010). This may certainly be causing conflict between the student and the registered nurse leading to poor communication, although this is not specifically reported for students who are diverse.

Social integration

Social integration has been shown to be an important intervening process in diversity and performance. Social integration, an essential component of group integration, is the degree to which individuals in a group are attracted to the group, feel satisfied with other members, interact socially and feel linked psychologically with them (Polzer, Milton & Swann 2002). It is described as the core of “groupness” in social psychology (Tajfel et al. 1971) and team spirit (Thornton et al. 2011). Close integration has not only been depicted as desirable and possible by study participants (Thornton et al., 2011), but also shown to be a strong predictor of behaviour and social relationships in groups (Ensley, Pearson & Amason 2002).

Social integration has similarities with the concept of belongingness (Levett-Jones et al. 2007). Defined as “...a deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group.” (Levett-Jones & Lathlean 2008, p. 104). Belongingness has been shown to be an essential component in the clinical learning process of nursing students (Levett-Jones & Lathlean 2008; Levett-Jones et al. 2008). It is worth noting here that in order for the members of an in-group to be able to ‘dislike’ an out-group they must first have acquired a sense of belonging to the in-group (Tajfel 1974). Thus, it can be seen how important an understanding of theories related to diversity and belongingness becomes when ensuring an atmosphere that encourages social integration in the clinical environment.

Social integration involves attraction and thus researchers have used SAT to explain the effects of diversity on social integration (Tsui, Egan & Iii 1992). As there is a tendency when interacting with others to select those who are similar (Christian, Porter & Moffitt 2006), it follows therefore that in terms of social integration, homogenous groups have a higher level of attraction compared to heterogeneous groups (van Knippenberg, De Dreu & Homan 2004). A positive, cohesive team spirit also indicates that a group will function more effectively in terms of group processes and outcomes (Barrick et al. 2007) than a less cohesive group (Polzer, Milton & Swann 2002).

Although social integration and cohesion are often used interchangeably in the literature, there are subtle differences between them in that cohesion occurs because of interpersonal attraction while social integration relies on social attraction (Qin, Smyrnios & Deng 2012). Recognising this difference this study however, will only use the term social integration.

Conflict

Conflict is awareness, on the part of those involved, of discrepancies, incompatible wishes, or irreconcilable desires (Boulding 1963). There are two main views about conflict. The first view of conflict emphasises differences between people, in that conflict begins when people perceive differences in interests, beliefs or values between themselves and others in the group (De Dreu & Beersma 2005; De Dreu & Weingart 2003); the second view focuses on the causes of conflict (Lan 1997).

Within groups, Jehn and Mannix (2001) categorise three types of conflict: relationship, task, and process conflict. Relationship conflict is an awareness of interpersonal incompatibilities, tension and friction and involves personal issues such as dislike among group members and feelings such as annoyance, frustration, and irritation (Jehn & Mannix 2001). Task conflict relates to different viewpoints and opinions pertaining to a specific task. Task conflicts often include animated discussions and personal excitement but do not have the interpersonal negative emotions associated with relationship conflict (Jehn & Mannix 2001). Process conflict is an awareness of differences of opinion about how a task should be undertaken, with respect to people's roles and responsibilities. For example, when group members disagree about whose responsibility it is to complete a specific duty, they are experiencing process conflict (Jehn & Mannix 2001). Each of these three types of conflict may resonate with many health professionals in nursing. Conflict within nursing groups has been found to have many consequences, including burnout, higher absenteeism and higher turnover, as well as taking a toll on physical and emotional health and family relationships (Northam 2009a) and thus strategies to resolve conflict become a high priority (Northam 2009b). A literature review on conflict in the nursing context concluded that much is known about the sources and costs of conflict, but there is little research on the benefits of conflict or effective interventions (Brinkert 2010).

In a phenomenological study it was found that nursing students encountered conflict with their clinical preceptors in three major areas, vertical violence, the negative interpretations of changed educational programs by the preceptors and apparent personality and generational clashes between students and preceptors (Foley, Myrick & Yonge 2013). Clearly, this could preclude effective clinical learning, which is more likely to occur if there is a cohesive relationship between a preceptor and a nursing student.

In terms of the theoretical links between diversity and conflict, SCT is the theoretical basis for predicting associations between diversity and relationship conflict (Mannix & Neale 2005;

Williams & O'Reilly III 1998). Consequently, people tend to like and trust in-group members more than out-group members, and thus heterogeneous groups are viewed as having a higher level of relationship conflict compared to homogeneous ones. The relationships between diversity and task conflict is explained by the IDA (Williams & O'Reilly III 1998), in that diverse groups possess a variety of perspectives and approaches to problem-solving because of different sources of information and expertise within the group (van Knippenberg, De Dreu & Homan 2004). However, group members with different demographic backgrounds may interpret tasks differently and these differences may manifest themselves as intragroup task conflict (Pelled 1996; Simons & Peterson 2000) and thus diverse groups are predicted to have a higher level of task conflict compared to homogeneous ones. There is no specific research on the relationship between diverse nursing student or staff populations in terms of conflict and its effect on the clinical experiences.

From a historical perspective, conflict had been viewed as having a negative effect both on the group and on performance (Jehn & Bendersky 2003; Sportsman 2005). Not unexpectedly, relationship conflict decreases performance by lowering job satisfaction, causing group processes to become dysfunctional, and reducing group effectiveness (Buchholtz, Amason & Rutherford 2005; Medina et al. 2005). Interestingly, however, research indicates that constructive debate that develops from task conflict can enhance the quality of decisions (De Dreu & Weingart 2003) as well as communication between group members (Richter, Scully & West 2005).

Moderating effects

As can be seen from Figure 3.1, the EIPM also focused on the moderating effects of research contextual factors in explaining the effects of diversity on performance. It has been suggested that moderators such as contextual factors, for example the social worlds that an individual belongs to (Hackman, 1992), can affect whether diversity differences are noticed and how people react to them (Mannix & Neale 2005; Milliken & Martins 1996). Hogg and Terry (2000) acknowledges the importance of work-related identities to people's sense of self, in helping to understand attitudes and behaviours within the workplace. These work-related identities provide moderating effects within the workplace of the clinical placement. For example, the nurse unit manager, the registered nurse and the nursing students would identify in different social worlds (or have different work-related identities) defining their position in that world and thus effects of diversity.

Although there is little literature related to nursing, there is evidence from research in other organisations that relationships between diversity, group processes and performance are moderated by such contextual factors as the openness of the group to diversity and conflict, task routineness, and group interdependence. Group openness to diversity is a contextual factor relating to how a group tolerates and encourages discussions of the different views of the individuals within the group, its willingness to engage with those who are dissimilar (Hobman, Bordia & Gallois 2004) and also whether minorities feel respected and valued. Openness to conflict is similar to group acceptability norms referring to members' acceptance of conflict (Jehn & Bendersky 2003) and can increase both the positive effect of task conflict and the negative effect of relationship conflict on performance (Jehn 1995). In the nursing context, it may be that openness of the group to diversity and conflict is important in the clinical placement for both the nursing students and the health facility staff.

Task routineness is a second moderator on the effects of group diversity. It refers to the extent to which a task requires information processing, has defined procedures, and has stability (Pelled, Eisenhardt & Xin 1999). Tasks can be categorised into routine and non routine tasks, where routine tasks have a low level of task variability and are carried out in a similar, if not identical, way each time, with predictable results (Pelled, Eisenhardt & Xin 1999). On the other hand, non-routine tasks require problem-solving, have few set procedures, and are associated with a high degree of uncertainty (Schruijer & Vansina 1997). For RNs working in critical care uncertainty in non-routine tasks can negatively impact on patient care (Newman & Doran 2012), although this has not been reported in nursing students. Task routineness may also be viewed differently by nursing students and their supervisors.

Task interdependence is defined as the extent to which completing tasks requires the interaction of team members (Horwitz & Horwitz 2007). When task interdependence is high, members of the group work together to complete a task and tend to share information and resources. When the task needs low interdependence, group members operate more independently, thus reducing the need for collaboration among members (Stewart 2006). Task interdependence can increase interpersonal communication, cooperation, and information sharing among members in diverse groups (Peltokorpi 2006). The applicability of this to diverse work groups within clinical facilities can be seen from our own experiences but it may be less so for nursing students, who are supernumerary. However an awareness of task interdependence could be useful in briefing and debriefing sessions when discussing various nursing tasks with high and low interdependence.

Table 3.1 summarises the diversity theories and models discussed in this chapter.

Table 3.1 An overview of theories used as a theoretical framework

Theories	Description
Social categorisation theory (SCT) - ingroup/outgroup biases - communication problems	Describes the process by which people sort themselves into groups based on social categories (Tajfel & Turner 1986).
Similarity/attraction theory (SAT) - attraction, liking - cohesiveness	Explains the relationship between similarities in attitudes and interpersonal attraction (Berscheid 1978; Byrne 1971).
Information and decision making approach (IDA) - increased information - increased problem solving	Explains how information and decision-making can be affected by group diversity (Gruenfeld et al. 1996; Wittenbaum & Stasser 1996).
Intervening process theory (IPT) - conflict - conflict affecting performance	Suggest that performance depends on the types of diversity in the group and the types of conflict experienced by the group (the intervening processes) (Pelled 1996).
Extended intervening process model (EIPM) - communication - social integration - conflict	Extends IPT to suggest that performance, including job satisfaction, depends on the types of diversity and three intervening processes, moderated by contextual factors (Qin, Smyrniotis & Deng 2012).

3.2.6 Other diversity theories

Beyond the approaches to diversity discussed here, other theoretical frameworks have been proposed that analyse the relationships between individuals and others. For example, exclusionary othering (out-group) and inclusionary othering (in-group) (Canales 2000) are a different approach, with inclusionary othering focusing on being able to see the world from another's perspective with empathy and insight rather than with prejudice and stereotypes. This provides insight into how personal views can affect interactions, care-giving, and health care delivery, and adds to the dimensions of diversity.

The developmental and multicultural theory (Negy et al. 2003; Phinney, Ferguson & Tate 1997) postulates that in-group bias need not imply negative attitudes toward out-group members, as suggested in the discussion of self categorisation theory (Tajfel & Turner 1986)). This theory asserts that a more secure ethnic identity should correlate with a greater acceptance of other groups and that individuals with a positive and secure sense of their own culture will have positive attitudes toward other groups, as well as higher self-esteem.

Although both the othering approach and the developmental and multicultural theory were potentially applicable to the EDAN study, they were not used in this study because neither offered a means of effectively exploring the relationships between diversity characteristics and the clinical placement experiences of nursing students.

There is also recent literature in diversity research attempting to create work environments where diverse individuals feel included in workgroups (Bilimoria, Joy & Liang 2008). Including social categorisation and the creation of in-groups and out-groups (Tajfel & Turner 1979), it also acknowledges that this brings tensions because of wanting to belong on one hand and the need for uniqueness on the other. Brewer (Brewer 1991) developed the optimal distinctiveness theory to describe this. This has led to the development of frameworks of inclusion to satisfy both belongingness and uniqueness needs (Shore et al. 2011).

Whilst needing to be aware of these different theories, frameworks and models, the EIPM was thought to provide a more suitable theoretical underpinning to explore the relationships between diversity characteristics and the clinical placement experiences of nursing students.

3.3 Theoretical framework underpinning this thesis

Although the theories discussed in this chapter have not been previously applied to the clinical setting, their constructs highlight processes that influence diverse workforce and student populations within the clinical learning environments. These processes can affect the clinical experiences of a student. The three diversity theories, SCT, SAT and IDA, individually help to explain how diversity within a group can affect group outcomes and group performance. Each theory would have some relevance to individual nursing students who are diverse, but research has shown that the theories need to be integrated, and that there are intervening processes between diversity and outcomes. The EIPM (Qin, Smyrnios & Deng 2012) integrates the three theories and extends the IPT to suggest that performance, including job satisfaction, depends on the types of diversity and three intervening processes, moderated by contextual factors. As a

consequence, a hybrid theoretical framework has been used to guide the study design and interpretation (Figure 3.1).

While the EDAN study does not use clinical performance of the student as an outcome measure related to a specific diversity characteristic, the EIPM may be useful to explain the clinical experiences from a diversity perspective. With reference to Figure 3.1, the various types of diversity and the intervening processes are applicable to the clinical learning environment, although there are some deficits and aspects that are not relevant. For example, the contextual factors that may act as moderators would include the experience available in the specific clinical facility, the supervisory staff within it and the perceptions of the nursing students. The actual clinical experiences would replace group performance. Therefore the EIPM has been adapted for the nursing context for the purposes of this study, as shown in Figure 3.2.

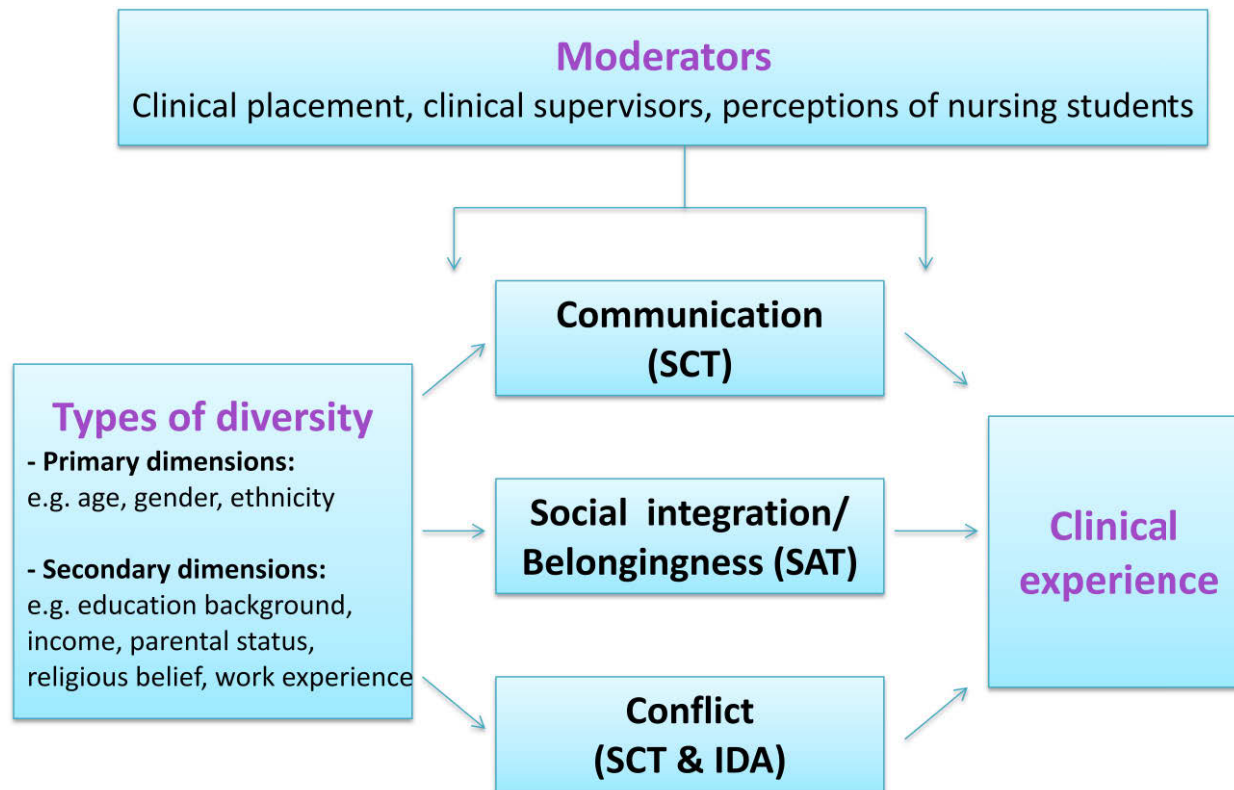


Figure 3.2 Model for the effect of diversity on nursing students during clinical placements (modified from Qin et al. 2012)

In the modified EIPM used in this study, diversity characteristics affecting students' clinical experiences are based on the primary and secondary dimensions defined by Loden and Rosener (1991). The moderators in the clinical placement include the actual clinical placement (hospital or community-based), the clinical supervisors (facilitators employed by the university, facility RN mentors or preceptors) and the perceptions of the specific nursing student. The intervening processes remain as communication, social integration and conflict. It may be that the intervening processes by which dimensions of diversity are associated with clinical placement experiences are more complex. There may also be more moderating effects involved the contextual, personnel and personal factors, not just the clinical facility, clinical supervisors and the nursing students themselves.

3.4 Conclusion

This chapter has examined the theoretical perspectives of diversity used in research by organisational demographers that predict the effect of diversity on group function and performance, with a particular focus on the development of the EIPM. This model was then used to elucidate a theoretical model for this thesis to study the effect of diversity characteristics in nursing students during clinical placements.

This theoretical framework and the issues that emerged from the literature review informed the methodology of the thesis which is presented in Chapter Four.

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CHAPTER FOUR

Methods

4.1 Introduction

The previous chapters have described the background, rationale for the study, findings of the literature review and theoretical framework for the EDAN study. This chapter will describe the methods used to explore the experiences of nursing students undertaking clinical placement from a perspective of diversity. It is presented in three sections. Firstly, the background and mixed methods study design will be explained and justified. Secondly, the quantitative and qualitative data collection approaches will be described, with rationales for these methodological decisions. Finally, explanations for the quantitative and qualitative analyses will be provided.

4.2 Background

There are several factors that influence the choice of research paradigms and methods (Liamputtong 2010). These include the current knowledge about a specific phenomenon, the research aims and research questions (Creswell 2009; Creswell & Clark 2011). Although there is extensive literature about the experiences of and influences on nursing students during their clinical placements, there is very little on how these may be affected by diversity. With respect to the clinical placement experience in particular, it is apparent that a number of issues have not yet been addressed. Thus, the overall aim of the study is to describe the clinical experiences of nursing students and the diversity characteristics that relate to this experience. Secondary aims are to: i) describe the experiences of nursing students during their clinical placement; ii) determine the relationship between diversity characteristics and students' clinical placement experiences; iii) identify the factors that impact on students' clinical placement experiences; and iv) identify barriers and facilitators to a positive clinical placement. The overall research question is: "What are the relationships between diversity characteristics and the clinical placement experiences of nursing students?" The specific research questions were:

1. What are the diversity characteristics of Australian nursing students?

2. What is the relationship between a student's diversity characteristics and their clinical experience?
3. Are students' who feel different less likely to have a positive experience on clinical placement?
4. How does the increasing diversity in Australia's patient and nursing workforce affect the experiences of nursing students whilst on clinical placement?
5. What are the similarities and differences between student and staff perceptions of aspects affecting, and the consequences of, diversity during clinical placement?
6. What are the facilitators of, and barriers to, a positive clinical placement experience, particularly for those students who are diverse?

Understanding the dimensions of diversity within the experiences of nursing students during their clinical practice is challenging. There have been many challenges in my clinical and educational experiences and data has been obtained from many sources in order to find solutions. This has been aided by my own practical approach to problem solving. Because of this and the nature of the research study, it was decided to conduct the different components of the research from within the common philosophical base of pragmatism.

Pragmatism, a set of values originally developed by Charles Pierce, George Herbert Mead, William James and John Dewey in the late nineteenth and early twentieth centuries, enabled researchers to make a connection between the nature of knowledge and the methods used to gain knowledge (Liamputtong 2010). Pragmatists seek the middle ground in previously polarised areas, like quantitative and qualitative approaches, particularly in terms of their subjective and objective positions. Pragmatist positions maintain that knowledge of the world can be obtained by observation, experience and experimentation (Creswell 2009; Creswell & Clark 2011). The focus becomes the answers to the research question(s) obtained by whatever mix of data collection approaches appear to be most useful (Liamputtong 2010).

As this was a detailed study exploring the relationships between diversity characteristics and the clinical placement experiences of nursing students, the modified extended intervening process model (EIPM) (Qin, Smyrnios & Deng 2012), which integrates the social categorisation theory, the similarity/attraction theory, information and decision-making approach and intervening

process theories, was chosen as a theoretical framework and is integrated into the design. The modified EIPM was described in Chapter Three.

4.3 Mixed methods design

A mixed methods design was chosen as it combines both quantitative and qualitative methods (Hesse 2008) and can potentially lead to greater insights than would be gained by using one approach only (Simons 2007). It may be defined as “research in which the investigator collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches or methods in a single study” (Tashakkori & Creswell 2007, p.4).

Although there are criticisms of mixed methods as an independent research design (Robinson 2007), it is considered by many to be a legitimate methodology (Doyle, Brady & Byrne 2009) and mixing methods has gained more acceptance as a third methodological movement (Teddlie & Tashakkori 2009).

The major criticism of mixed methods research is the danger of epistemological confusion, given that different methods are underpinned by different assumptions about how the world is (ontology) and how we can come to gain knowledge of that world (epistemology). It is argued that there is a danger in using methods in a single study that rely on different epistemologies (Liamputtong 2010). Known as the incompatibility thesis, it contends that positivist (quantitative) and constructivist (qualitative) paradigms are different, as are the deduction and induction modes of analysis, and thus incompatible (Doyle, Brady & Byrne 2009; Johnson & Onwuegbuzie 2004; Teddlie & Tashakkori 2009). There are researchers who argue that this is an ‘oversimplification that ignores the thought processes involved in sustained enquiry where deduction and induction advance in an iterative process’ (Gilbert 2006) p. 207. Gilbert also highlights that social scientists have used multimethod strategies for many years.

Acknowledging the preconceptions implicit because of my previous experience in the clinical setting, nurse education, educational research and diverse communities, I felt able to use both the quantitative (deductive) and qualitative (inductive) analysis, to explore connections between the student demographic characteristics and qualitative survey responses regarding perceptions of their clinical experiences. The prolonged immersion in the data, and time spent reflecting and reviewing themes and study conclusions, support and reiterates the choice of a mixed methods design. It is however important that methodological differences are recognised and acknowledged when interpreting and discussing the results and some would argue that this position, characterised by theoretical pluralism, is underpinned by pragmatism (Liamputtong 2010).

4.3.1 Rationale

The reason for using a mixed methods design for this study is that it incorporated the strengths of both methodologies (Bryman 2006), has added rigour and credibility to the findings (Johnson & Onwuegbuzie 2004) and allowed a broader and more complete understanding of the problem (Creswell et al. 2011) – the influence of diversity on the experiences of nursing students during their clinical practice placements. In the study, a large number of participants were surveyed and both closed-ended quantitative data and open-ended qualitative data were collected, and this was helpful in understanding the research problem numerically and in written word.

4.3.2 Data collection strategy

The four basic mixed methods designs described by Creswell and Clark (2011) are the convergent parallel design, the explanatory sequential design, the exploratory sequential design, and the embedded design. Additionally Creswell and Clark include two examples of designs that bring multiple design elements together: the transformative design and the multiphase design.

A convergent parallel mixed methods design was chosen for this study (Creswell & Clark 2011), although some researchers refer to this as a triangulation design (Hesse-Biber & Leavy 2008). Regardless, a convergent design is when both quantitative and qualitative data are collected and analysed during the same phase of the research process. The two sets of results are then integrated into an overall interpretation.

A convergent parallel mixed method design enabled synthesis of the complementary quantitative and qualitative data to develop a more complete understanding of how diversity was perceived to affect the experiences of nursing students undertaking clinical placement and to correlate the two sets of data (students and staff). The concurrent collection of data also asked students about their most recent clinical placement so that their perceptions were current, particularly regarding the composition of both student and supervising groups. This process of simultaneous collection and analysis of quantitative and qualitative data and their integration during the interpretation phase is represented diagrammatically in Figure 4.1.

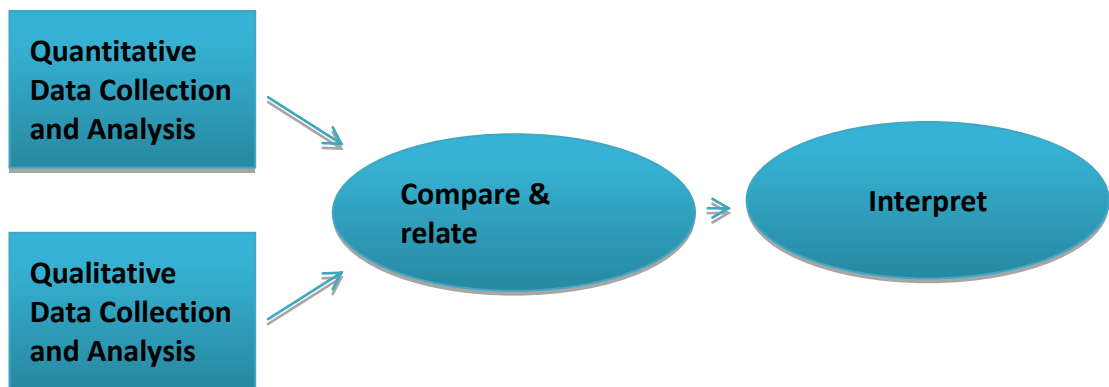


Figure 4.1 A diagrammatic representation of convergent parallel mixed methods design used in the study. Adapted from Creswell and Clark (2011).

After many years of reviewing journal articles, Creswell and Clark (2011, p.5) described core characteristics of mixed methods research. These have been modified for the EDAN study, in that the study:

1. uses both qualitative and quantitative data collection and analysis procedures in a single study;
2. combines these procedures into a specific research design that directed the plan for conducting the study.
3. frames these procedures within pragmatism and awareness of the theoretical framework and model discussed in Chapter 3
4. collects and analyses persuasively and rigorously both qualitative and quantitative data (based on research questions);
5. integrates (links) the two forms of data after comparing and interpreting (or merging them) after data analysis;
6. gives priority to qualitative data.

4.4 Data collection

The chapter now describes the development of the research items within the survey, the pilot study and the main study.

4.4.1 Development of research items

An electronic survey software package, SurveyMonkey™ (SurveyMonkey 2011), using a secure platform, was used to create and publish a web-based survey for both students and staff regarding the influence of diversity on the experiences of nursing students during their clinical practice placements. The use of a web-based survey in mixed methods research has previously been reported (Andrew, Halcomb & Salamonson 2008).

There are conflicting research findings regarding the response rate of web-based surveys. Some research indicates a 10% lower response than mail or telephone surveys (Fan & Yan 2010) while others, comparing conventional mail and web-based, found that response rates are not statistically different (Fleming & Bowden 2009); a comparison of telephone and web-based surveys also found that web-based surveys can produce more reliable data and have the advantage of being cheaper and less time consuming than telephone surveys (Braunsberger, Wybenga & Gates 2007). There are well accepted advantages of using web-based surveys rather than other methods of data collection, such as interviews. For example, being able to reach much larger numbers of a target population and the low cost of data collection and processing (Jones et al. 2008). This method was therefore chosen because of the proposed participation of Australia-wide nursing students and staff. Suggestions were also noted for ways of increasing the response rate of web-based surveys (Dillman 2009; Fan & Yan 2010; Joinson, Woodley & Reips 2007). This included personalising all email contact which was headed with an EDAN-specific banner (see Appendix B), four reminder emails were sent, each varying the text and keeping brief and to the point with clear instructions, timing of emails at the beginning rather than the end of a week and ensuring they were not flagged as spam. The survey itself included the EDAN banner, created an informative and friendly welcome, had consistent page layout and ended with a warm thank you (Dillman 2009; Fan & Yan 2010; Joinson, Woodley & Reips 2007).

4.4.2 Student survey

As indicated in Chapter Two, there are a few studies that have explored the clinical placement experiences of students who are diverse in a single characteristic, for example gender but none have looked at an array of diverse characteristics in one study.

Item generation for the student survey consisted of structured, closed-ended questions that included sociodemographic characteristics. The English Language Acculturation Scale (ELAS) was used to measure the breadth of the linguistic aspects of acculturation. There were also four self-report measures of cultural competence, diversity orientation, confidence in clinical communication and positive experiences during clinical placement. Open-ended questions asking for additional comments followed each self-report measure. A final item related to how their last clinical placement could have been improved. The most recent or last clinical placement was chosen to provide specificity and to correlate more readily with demographic data.

Quantitative data were generated from research questions 1, 2, 3, 4 and 5. Qualitative data was generated from open-ended responses for research questions 2, 3, 4, 5, 6

4.4.3 Staff survey

Staff members included clinical supervisors (facilitators, mentors and preceptors) and faculty members. Faculty staff with involvement in the clinical area were included as some teach clinically-related subjects, facilitate nursing students or work in health care facilities. The staff survey was structured to enable one survey to be used for both clinical supervisors and faculty members.

Item generation consisted of structured, closed-ended questions and open-ended questions similar to those on the student survey to enable comparison. Closed-ended questions included sociodemographic data, such as sex, role at work, university (where taught or which university's students they supervised), course(s) taught, number of years involved with undergraduate nursing students in total and at current university, and highest qualification achieved. Four self-report measures of diversity orientation, cultural competence, confidence in clinical communication and positive experience during clinical placement were used to enable comparison with students.

Two single-item closed-ended questions were used for both students and staff to indicate: i) the preparedness of students for nursing diverse patients; and ii) the preparedness of students for

their clinical placement. Staff perceptions of nursing students' preparation will often depend on students' knowledge, and willingness to learn (Hallin & Danielson 2010).

4.4.4 Measures used in the surveys

As defined in Chapter One, Loden and Rosener's (1991) primary and secondary dimensions of diversity have been used as the basis for the types of diversity that could affect the clinical experience. Silverman (2010) found that students training to be teachers had limited views of what constitutes diversity and thus both students and staff in this study were given an opportunity to input other characteristics or make additional comments relating to the measures whilst completing the survey.

This section now describes some background to the measures used in the survey, which were proposed as moderators of the experiences of nursing students during their clinical placements in the model for the EDAN study presented in Chapter Three. The four self-report measures of diversity orientation, cultural competence, confidence in clinical communication and positive experience during clinical placement were investigator developed. Aspects of the psychometric properties of the measures were examined using principal component analysis. The magnitudes of intercorrelations among items and the appropriateness of factor analysis were examined by the Kaiser–Meyer–Olkin measure of sampling adequacy (Kaiser & Rice 1974) and Bartlett's test of sphericity. The number of components was established using the scree plot and the eigenvalues of the components. Using the scree test criterion by Cattell (Cattell 1966; Raïche et al. 2013), the number of components to extract was determined and component loadings that were greater than 0.4 were considered significant (Tabachnick & Fidell 2013). Internal consistency was examined using Cronbach's alpha coefficient, the cut-off for an acceptable Cronbach's value being 0.70 (Nunnally & Bernstein 1994).

4.4.4.1 English language acculturation (students only)

As shown in Chapter Two, speaking English as a second language has been shown to affect the clinical experiences of nursing students with poor language skills, leading to negative experiences during their clinical placements (Mattila, Pitkäjärvi & Eriksson 2010). Therefore, a validated tool, the English Language Acculturation Scale (ELAS) was used to measure the linguistic aspects of acculturation (Salamonson et al. 2008).

The ELAS is a short, five-item measure of the linguistic aspects of acculturation and is an adaptation of the Short Acculturation Scale for Hispanics (Marin et al. 1987). The language use

subscale consists of the following five items: (i) In general, what language(s) do you speak? (ii) In general, what language(s) do you read? (iii) What language(s) do you usually speak at home? (iv) In which language(s) do you usually think? and (v) What language(s) do you usually speak with your friends? The five response formats used for each question are: (i) Only non-English language(s); (ii) More non-English than English; (iii) Both non-English and English equally; (iv) More English than non-English; and (v) Only English. Values assigned to the ELAS response format range from 1 to 5 (low to high value). ELAS scores are calculated by summing the values to give an overall score for the scale. Potential scores range from 5 to 25. The reliability of this scale has previously been demonstrated with Cronbach's alpha ranging from 0.87 to 0.89 (Koch et al. 2011; Salamonson et al. 2008). In this study, the Cronbach's alpha of the ELAS was 0.97.

Although ELAS data was not collected from staff, in order to compare the language acculturation of students and staff, a proxy measure for English language acculturation, language spoken at home, was included in the demographic data for both students and staff.

4.4.4.2 Cultural competence (students and staff)

The Campinha-Bacote's Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R) (Campinha-Bacote 1999) was developed to assist researchers, clinicians and educators to evaluate the effectiveness of training programs on cultural competence. With an increase in ethnocultural diversity in both patient and student populations, five items for measuring cultural competence when caring for and teaching culturally diverse persons for students and staff respectively were modified from the IAPCC-R. The items explored knowledge and practices of different cultural groups, confidence, commitment and motivation to care for/teach different cultural groups, and asking questions about cultural backgrounds. Exploratory factor analysis yielded a one factor solution with factor loadings ranging from 0.75 to 0.81 (students) and 0.74 to 0.84 (staff). Cronbach's alpha was 0.84 for both student and staff, indicating good internal consistency.

4.4.4.3 Diversity orientation (students and staff)

Within the clinical environment it is important that both nursing students and supervisors are able to work together. As discussed in Chapter Three, diversity theories elaborate the effects of diverse attributes on group functioning (Qin, Smyrnios & Deng 2012) and these theories were used as the basis for two items to explore participant diversity orientation or comfort with

working within diverse groups. In this study, the Cronbach's alpha was 0.83 (students) and 0.75 (staff), indicating good internal consistency.

4.4.4.4 Clinical communication (students and staff)

To function in any capacity with patients, nurses need to have effective communication skills, developed to be responsive and appropriate to the situation and acceptable to the patient's cultural background. For students, self-efficacy items for listening, speaking, reading and writing were modified from Bong (2006) developed from skill-specific definitions for self-concept items (Lau et al. 1999). Personal or self-efficacy is used to denote a personal view of whether or not a person will succeed in performing a specific task, and is the foundation of human motivation, wellbeing and accomplishment (Bandura 2006). Bandura's self-efficacy theory states that unless people believe they can produce the desired effect, they have little incentive to act or persevere (Bandura 2006). This theory underpinned the communication self-efficacy items in the survey.

A four-item perception of students' clinical communication skills in all four domains (speaking, writing, listening, reading) was developed for staff, to enable comparison with the student items. In this study, exploratory factor analysis yielded a one factor solution with factor loadings ranging from 0.75 to 0.77 (students) and 0.78 to 0.79 (staff). Cronbach's alpha was 0.86 (students) and 0.78 (staff), indicating good internal consistency.

4.4.4.5 Positive experiences during clinical placement (students and staff)

Four items related to students' positive experiences or satisfaction with their clinical placement, feeling part of a team, practising skills, learning from experienced nurses and communication with patients. Feeling part of a team and being treated with respect have been shown to reduce student anxiety (Lofmark & Wikbald 2001; Nolan 1998), as well as the degree of belongingness (Levett-Jones et al. 2008) felt during a clinical placement.

Completing defined learning outcomes involves the student practising skills and learning from experienced nurses during clinical placement (Hallin & Danielson 2010) and thus students' perception of these aspects would influence their experience.

Contextual learning to become a nurse occurs for students when immersed in their clinical experiences with patients (Stockhausen 2005), and an important component of this learning will involve communication with patients. Although effective communication is a skill that is learned over time with exposure to different situations, theory (Chant et al. 2002), and

simulation (Bambini, Washburn & Perkins 2009), it is in the clinical area where the consequences of ineffective communication may be evident (Chant et al. 2002). It is also known that communication in cross-cultural care encounters is particularly challenging (Jirwe, Gerrish & Emami 2010). Thus, perception of communication with patients potentially is an important positive component of the student experience.

Five items rating staff perceptions of students' positive experiences during clinical placement was developed from the literature to compare with the student measure. These items involved meeting students' expectations (Pearcey & Elliott 2004), developing nursing skills (Hartigan-Rogers et al. 2007), receiving constructive feedback (Andrews et al. 2006), linking theory with practice (Jokelainen et al. 2011) and being accepted as part of the nursing team (Levett-Jones & Lathlean 2009).

In this study, exploratory factor analysis yielded a one factor solution with factor loadings ranging from 0.65 to 0.89 (students) and 0.59 to 0.77 (staff). Cronbach's alpha was 0.82 (students) and 0.73 (staff) indicating good internal consistency.

4.4.4.6 Improving last clinical placement experience (students only)

Nursing students' experiences during their clinical placements can be affected by negative behaviour such as feeling unwelcome (Hoel, Giga & Davidson 2007), being undervalued (Pearcey & Elliott 2004), being treated unfairly (Thomas & Burk 2009) and not being acknowledged as individuals (Vallant & Neville 2006). These areas were used to develop items for students to rate how their last clinical placement could be improved. In this study, exploratory factor analysis yielded a one factor solution with factor loadings ranging from 0.90 to 0.93. Cronbach's alpha was 0.93 indicating good internal consistency.

The student and staff measures are shown in Table 4.1.

Table 4.1 Measures used in survey for students and staff

Measure		Students	Staff
1	English Language Acculturation Scale (ELAS)	5-item cultural English language acculturation	N/A
2	Cultural competence	5-item cultural competence with patients	5-item cultural competence with students
3	Diversity orientation	2-item index	2-item index
4	Clinical communication	Self-efficacy in clinical communication skills	Perception of students' clinical communication skills
		7-item self-efficacy scale	4-item clinical communication skills (reading, writing, speaking, listening)
5	Positive experiences during clinical placement	4-item positive experiences during clinical placement	5-item staff perception of students' positive experiences during clinical placement
6	Improving last clinical placement experience	4-item index	N/A

4.4.5 Validation of survey

When both draft surveys were completed, electronic access to them was emailed to a panel of fifty nurse academics, survey developers, clinicians, nurse educators and recently registered nurses. They were given the research aims and questions and asked to evaluate the two surveys both for content and clarity when completing online. Eight comments were received for the student survey and three for the staff survey, which led to minor modifications in structure and content.

4.4.6 Pilot study

A pilot study was conducted as the first part of data collection. Current nursing students ($n=34$) and staff ($n=30$) involved in planning, teaching or supervising the clinical placements of nursing students from Site 1 were emailed explaining the study and requesting participation (see Appendix C).

Nineteen students and 15 members of staff completed the survey. The purpose of the pilot study was to:

1. test implementation procedures (email, access codes) on the survey population to identify any problem with information sheet, questionnaire and implementation procedures
2. provide data sets to analyse in terms of developing an SPSS syntax file for quantitative data analysis and whether open-ended responses indicated a need to modify closed questions (Dillman 2009)

The written feedback received from both students and staff resulted in minor modifications in the wording of questions and logic. Establishing validity and reliability of the measures was limited by the size of the pilot study samples and thus limited the strength of testing. However, the indication was that the implementation procedures and surveys were satisfactory and acceptable and would be appropriate for the main study.

These final surveys were viewed by the panel used to validate the initial surveys (see Appendix D) prior to both surveys being published online (see Appendix E and F).

4.4.7 Main study

In order to provide an Australia-wide perspective, a synopsis of the research project and request to participate was sent to all Australian Deans and Heads of School ($n=38$) by the Chair of the Council of Deans of Nursing and Midwifery (Australia & New Zealand) (see Appendices G, H and I). Seven Deans/Head of Schools opted into the study, and provided a named contact person for liaison purposes (see Appendices J).

4.4.7.1 Study sites and participants

The study recruited from schools of nursing in seven Australian universities. Sites 1, 2, 3 and 6 were universities located in New South Wales, Site 4 was in Western Australia and Sites 5 and

7 in Queensland. These universities all provide three-year tertiary programs as preparation for registration.

All nursing students, clinical supervisors and faculty members involved in a Bachelor of Nursing (BN) course in participating universities were invited to complete a web-based survey. Although the multicentre study design allowed for a range of participants from different universities, the sampling frame and design would preclude the individual university results being broadly generalised, but by aggregating the seven universities it was envisaged that this would justify the sample as representative.

4.4.7.2 Participant recruitment

Following the opting in response from Deans/Head of Schools, a face to face meeting or telephone conversation took place with the contact person at each university site to discuss the project more fully and the data collection protocol.

Depending on university policy, there were two ways in which the invitation to participate in the research was sent to students. In the first method used by five sites, emails were sent by the contact person directly to the students' university or secure site email addresses. This contained the URL link to SurveyMonkey™ and the student information sheet as an attachment (see Appendix K and L). Slightly modified emails and information sheets were necessary for each site although only one site is appended. At two sites, the students were contacted using a secure platform with an announcement directing them to a specific area of the Blackboard/WebCT site used (see Appendix M and N). Two sites used this method and the students were less responsive; one university then allowed the liaison person to contact the students via email through the secure site, which increased the student participation. However, university policy precluded the other site from doing this.

All staff were contacted directly via an email which contained a URL link to SurveyMonkey and the information sheet was attached (see Appendix O and P).

Both surveys were available from August 2011 to March 2012. This was in order to capture all students completing, and staff involved in, clinical placements during the second university semester. Because of a shortage of placements, many students complete their placements during the long vacation (December to March). During this time, three reminder emails were sent by each contact person to both students and staff (Dillman 2009), which resulted in an increase in participation each time (see Appendix Q). Additional announcements uploaded to the secure site had very little effect.

The contact person at each site was invited to complete a short survey, the Study Site Questionnaire, which included information about the school, BN courses and nursing students, the duration of the clinical placements per year and the clinical supervision model (see Appendix R).

4.4.7.3 Sample

Participant recruitment from the target population of universities results in a sample of that population being selected. There are two types of sampling approaches, probability sampling (simple random, stratified or multistage cluster) and nonprobability sampling (convenience or snowball) (Creswell 2012). Probability sampling is the most rigorous as the sample is representative of the population allowing generalisations to the population to be made. However, as an anonymous web-based survey was chosen as a data collection method and the study was exploratory, a nonprobability convenience sample was used. Although the results could not then be generalised to the overall population, inferences could be made from the sample to that population (Creswell 2012).

4.4.7.4 Sample size

Using G-Power 3.5 (Faul et al. 2007), and based on 11 predictor variables, small to medium effect size (0.03, alpha 0.05, power 0.8) and 15% missing data, a sample size of 570 students was needed to detect a difference in positive experiences during clinical practice (Devane, Begley & Clarke 2004; Kozak 2009).

One of the challenges specific to a concurrent design is having an adequate sample size for analysis (Creswell et al. 2011). It was hoped that the participation of multiple universities, the acceptability of the survey found during the pilot and the measures envisaged to engage participants would lead to a large sample size from both the student and staff.

4.5 Quantitative data analysis

Data from both student and staff surveys was coded and exported from SurveyMonkey™ to the Statistical Package for the Social Sciences (SPSS) (IBM-SPSS Statistics Version 20.0). The statistical analyses were supervised by Associate Professor Yenna Salamonson.

Strategies used for data analysis are outlined below:

- i) Initial exploratory analysis highlighted the general features of data which guided the analysis and pinpointed problem areas in the data, such as any data cleaning for consistency, decisions made regarding outliers and missing values, and to examine the distributions of the variables.
- ii) Descriptive statistical analysis provided a baseline summary of sociodemographic, university and clinical characteristics of the students and staff enabling comparisons to be made across student and staff sample characteristics. Univariate analysis enabled examination of one variable at a time, looking at the distribution (e.g. number or percentage of males and females), central tendency and dispersion. Continuous variables were expressed as means with standard deviations (SD). Categorical variables were expressed as percentages. Distribution of continuous variables was checked for normality using the Kolmogorov-Smirnov goodness-of-fit test.
- iii) Inferential statistics enabled generalisations beyond the dataset to a larger population. Bivariate analysis was used to determine group differences between students who felt different to their peers and those who did not. Pearson's chi-square test was used for categorical variables, and independent *t*-test was used for normally-distributed continuous variables. When variables were not normally distributed, the Mann-Whitney *U* test was used to test for differences between two groups.
- iv) Correlation was used to measure the strength of the relationship between different variables. Spearman's correlation was used to explore the relationships between the demographic characteristics, 'feeling different' and the self report items (diversity orientation, cultural competence, confidence in clinical communication and positive experience during clinical placement). Non-parametric linear rho was used using Spearman's rank correlation coefficient when the normality assumption was violated (Boslaugh & Watters 2008). A correlation coefficient is a numerical measure of the relationship between two variables with a range from +1.00 (a positive correlation), through 0.00 (no correlation) to -1.00 (a negative or inverse correlation) (Marston 2010, Tabachnick & Fidell 2013).
- v) Regression analysis is a way predicting an outcome variable from one or several predictor variables, simple or multiple regression respectively. Logistic regression is a particular regression model that is used for binary outcome variables, hence the variables were dichotomised (Afifi, May & Clark 2012). Logistic regression analysis was used to find significant and independent sociodemographic predictors from the seven

sociodemographic variables that resulted in students 'feeling different' (older, male, international student, previous nursing experience, ELAS<25, previous degree and not in paid employment). All seven variables were entered simultaneously into the model. The chi-square value of the Hosmer and Lemeshow goodness of fit statistic was used to confirm that the logistic regression model fits well with the data of the model with a p value of greater than 0.05 used as the cut-off value to indicate no difference between the observed and model-predicted values, indicating acceptable fit of the data to the model (Hosmer, Lemeshow & Sturdivant. 2013). Nagelkerke R² was used to explain the variance, the variability in the data, accounted for by the model of the logistic regression. Its value should range from 0 (no variance explained) and 1 (observed variance perfectly explained) (Afifi, May & Clark 2012).

The quantitative results of the student and staff surveys are presented in Chapter Five.

4.6 Qualitative data analysis

The data analysis process involved qualitative analysis of survey data from open-ended questions. The open-ended comments were progressively exported from the SurveyMonkey™ online survey site into computer files many times during the data collection phase for immersion in the raw data, and finally when both surveys were closed.

Prior to data analysis, it was decided that the open-ended comments would be analysed thematically as one text (Braun & Clarke 2006; Ritchie & Spencer 2002; Thomas 2006), but that more of a content analysis approach would be needed to integrate the data (Grbich 2007; Krippendorff 2013; Zhang & Wildemuth 2009). The five steps used for the inductive analysis of qualitative data by Thomas (2006) was used as a basis for the text analysis.

The primary focus of the analysis was what made students feel different during their clinical placement or to explore the experiences of nursing students during their clinical placement from a perspective of diversity with reference to the secondary aims and also the relationship with diversity theories outlined in Chapter Three. The student analysis was then compared with staff analysis for similarities and differences.

The process of qualitative analysis of the open-ended comments began in the early stages of data collection when downloaded PDF files were read many times during the data collection phase for familiarity with the content. When both the student and staff surveys were closed, the full analysis commenced with the data preparation and ultimately resulted in the writing up of the findings in Chapter Six

The process involved several stages.

Step 1: Preparing downloaded data

The data related to the nine open-ended student questions and the eight staff questions were exported from the SurveyMonkey™ online site into individual files. These were changed into a common format (e.g. question heading, font size, margins etc). SurveyMonkey™ chronologically numbered the individual participant comments by access date and assigned the specific question number. The texts from all questions were then printed and subsequently referred to as the 'raw texts'.

Step 2: Close reading of files

The raw texts were read in detail and reread until familiarity and understanding of the ideas, events, and categories covered in the text was gained.

Step 3: Developing categories and a coding scheme

The development of categories and a coding scheme was guided by the: 1) research questions; 2) diversity theories; and 3) others from the raw data (in vivo coding). Thus categories included:

1. Categories involving diversity characteristics (Loden & Rosener 1991) that impacted on a nursing student's clinical experience and the consequences of diversity in students, workforce and patients on the experiences of nursing student's during clinical placement.
2. Categories indicating:
 - a. the similarity/attraction theory (Berscheid 1978; Byrne 1971), which included instances when students tended to be attracted to those with similar attitudes and demographics, where similarities (e.g. sex, age) had a positive effect (e.g. on communication, attitudes and cohesion) and where differences had a negative effect
 - b. the social categorisation theory (Tajfel 1981; Turner 1987), which included instances where segments of text related to in-group or out-group behaviour or having positive opinions of one's own group and negative opinions of other groups.
 - c. the information and decision making approach (IDA) (Gruenfeld et al. 1996; Jayne & Dipboye 2004; Williams & O'Reilly III 1998), which included instances where

information, resources and expertise improved team functioning and was perceived to have a positive effect on the student group.

- d. The intervening process theory (Pelled 1996), where segments of text indicated conflict, communication or lack of cohesion within the group.

As in inductive coding, categories were often created from actual phrases or meanings in specific text segments. The unit of analysis was segments of text of any size providing it was a single concept or issue of relevance to the above. Some units of text were assigned to more than one category simultaneously (Tesch 1990). The raw texts of each question were coded independently, and each segment was recorded regarding the significance to the three areas above. Each file of raw text was colour coded and then cut and pasted into a PowerPoint (Microsoft® Office) file. This exploring and sorting process helped to combine segments of the data in an attempt to find common meanings as a start to developing categories, subcategories and themes. A coding manual was kept in the form of an Excel (Microsoft® Office) spreadsheet, with category names, rules for assigning codes and notes (Weber 1990). The notes provided detail on the essential inclusion and exclusion criteria for each code, ensuring internal consistency (Tashakkori & Teddlie 2010). Memos were also written to record interpretations as they emerged during the coding process (Miles & Huberman 1994). The notes and memos provided a detailed chronological audit trail throughout the whole analysis process.

Step 4: Testing the coding scheme

The coding scheme was validated on a sample of text with my primary supervisor; any disagreements were discussed and resolved (Schilling 2006). The coding consistency was then rechecked with my primary supervisor to eliminate any inconsistencies made because of researcher fatigue and any new codes added since the original consistency check (Miles & Huberman 1994; Weber 1990).

Step 5: Overlapping coding and uncoded text

All the text was then coded with checks made of the overlapping text and the texts not assigned to any category, checking again for coding consistency. The coded segments were reviewed for each question and some categories were combined to form a more meaningful category when the meanings were similar. This process was facilitated by looking at all the codes and categories in the slide sorter view of PowerPoint. This led to a reduction in categories.

Step 6: Drawing conclusions from the categories

This critical step in the analysis process relies on reasoning abilities to make sense of the codes and categories identified. Inferences and meanings were derived from the data in this study whilst exploring the properties and dimensions of and relationships between categories. To assist with this process, a form of concept mapping on a whiteboard was performed and the categories were initially grouped similar to using code trees to see how the codes ‘nested’ (Miles & Huberman 1994, p.61). Notes were made to continue the audit trail and to document these reflections, perspectives and interpretations. These interpretations were then refined with the help of my supervisor.

As a consequence of the data analysis and interpretation, the raw data was rigorously scrutinised and the main issues expressed by student and staff participants were highlighted, coded and sorted into broad categories related to nursing students’ experiences of their last clinical placement from the perspectives of diversity. Similarities and differences between the two groups were highlighted. During this time, appropriate quotations that conveyed the essence of a category were selected. Quotations taken from texts and used in this thesis are written in italics and followed by a number, for example (2_7), where the number 2 indicates the case number (student/staff) and 7 denotes the specific question. This is followed by the year of course, if a student or the specific staff member, e.g. facilitator. To aid clarity, if any words were added, this was denoted by the use of square brackets []; if any words were removed, a bracketed ellipsis [...] was used. Although the survey was anonymous, *** was used to indicate that a word had been deleted if a person or university was named, to protect privacy.

The categories were further refined into three themes that reveal the complexity of the research question, each with subthemes. All comments were initially analysed as one text and reported in Chapter Six. In Chapter Seven when the results were integrated, a content analysis approach was used to answer the research questions and the findings discussed. In Chapters Six and Seven all analytical procedures and processes were reported as completely and transparently as possible to represent a personal and theoretical understanding of the relationship of nursing students’ experiences of their last clinical placement from the perspective of diversity.

4.6.1 Verification strategies

According to Morse (2002), verification strategies to ensure both reliability and validity of data include: i) methodological coherence, ii) sampling sufficiency, iii) developing a dynamic relationship between sampling, data collection and analysis, and iv) thinking theoretically, and any theory development.

- i) Methodological coherence, the congruence between the research question and the components of the method, was discussed earlier in the chapter regarding choosing a mixed methods design. From both perspectives, congruence was demonstrated.
- ii) The sample was a convenience sample but this was considered to be an appropriate sample as all participants would have varying levels of knowledge of the research topic and thus “efficient and effective saturation of categories, with optimal quality data and minimum dross” (Morse et al. 2002, p.12). There was replication in the categories indicating data saturation, which demonstrated that sufficient data had been obtained. Although data saturation occurred, non-participants or a subsequent cohort may have had different comments and provided new insights and interpretations. In addition, the data on some aspects of difference, such as aspects of sexuality, was negligible and I could not be certain that all aspects of the diversity dimensions chosen were examined. To do this would require a study focusing on these specific students only.
- iii) A comprehensive iterative process of analysis and interaction with the data was adopted. This was pivotal in attaining reliability and validity.
- iv) Together with the quantitative results (discussed in Chapter Five), the theories known to relate to diversity within groups helped in further development of the theoretical model.

4.6.2 Trustworthiness

Rigour in qualitative research is also referred to as trustworthiness (Morse et al. 2002). Lincoln and Guba (1985) proposed four criteria for evaluating interpretive research work: i) credibility, ii) transferability, iii) dependability, and iv) confirmability. Although they and other authors have further developed this work on trustworthiness, their original work is still regarded as seminal and pertinent (Morse et al. 2002).

Lincoln and Guba (1985) suggested activities to improve credibility of qualitative results, including prolonged engagement in the field, persistent observation, triangulation, negative case analysis, checking interpretations against raw data, peer debriefing, and member checking. Not all are pertinent to this study, although the design of transparent processes for coding and drawing conclusions from the raw data is imperative (Zhang & Wildemuth 2009). Although different readers and researchers may not share the same interpretation of an author’s themes, they should be able to follow the way the author obtained them (Koch 1994). The researcher was aware of her background, history, and biases, and thus kept a journal throughout the research project and recorded and reflected on many queries, interpretations and frustrations. This self-awareness enabled the researcher to question, for example, her interpretations, and record her own views so that values were not imposed on the data or used to shape interpretations in any

way. Intercoder agreement (Creswell 2009), which was obtained by discussions with my supervisor, was another way of obtaining credibility.

Lincoln and Guba (1985) describe transferability as the extent to which study findings are relevant to contexts outside the study situation or resonate with readers as being pertinent to their own situation or area. Koch (1994) uses the term fittingness in a similar way. Creswell (2009, p.190) refers to this as generalisability and suggests it is a term used in a limited way in qualitative research. However, it is not the researcher's task to provide an index of transferability, but instead to provide a set of data and descriptions that are rich enough to enable other researchers to make judgements about the transferability of the findings to different settings or contexts (Zhang & Wildemuth 2009).

For a study to be rigorous, Lincoln and Guba (1985) advocate establishing an audit trail. This should enable other researchers to obtain similar findings from the same data, given the researcher's viewpoint and background (Koch 1994). Zhang and Wildemuth (2009) state that dependability is determined by checking the consistency of the study processes, and confirmability is determined by checking the internal coherence of the research, the data, the findings, the interpretations and the recommendations. As mentioned earlier, the audit trail for this research included raw data, notes, memos, and a coding 'manual'. This audit trail was verified by my supervisor and our agreement also confirmed the ability of another researcher to follow the trail in data analysis.

4.7 Integration of the quantitative and qualitative data

Creswell and Clark (2011) discuss where and how to mix the quantitative and qualitative strands of a study, at the level of design, data collection, data analysis or during interpretation, after both sets of data have been collected and analysed. In this study, although both sets of data were collected together and it may be appropriate to cross-tabulate the participant demographics with some of the themes, the data generated by the different methods will be integrated mainly at the point of theoretical interpretation (Moran-Ellis et al. 2006). Each set of findings will be brought together into one explanatory framework. This may not always lead to confirmation as divergent findings are common but may lead to new theories or further exploration (Perlesz & Lindsay 2003). This integration and interpretation will be reported in Chapter Seven.

4.8 Ethical considerations

An understanding of ethical issues is essential in all research designs involving humans. However, it is not simply a matter of reading appropriate national statements (Australian Government 2007) and applying for various ethical approvals. It involves the integrity of the researcher and a genuine commitment to the ethical and legal responsibilities involved. This section will discuss ethical approval, informed consent, protection of participants, and data management and storage.

4.8.1 Ethical approval

Ethical approval for the study was granted by the Site 4 Human Research Ethics Committee (HREC) (HREC SON&M 47-2010, Appendix S). As the researcher's candidacy was transferred to Site 2 at 18 months into the project, ethical approval was transferred (HREC 2011- 222R, Appendix T). The HRECs from all participating universities were contacted. Ethical clearance was obtained from Site 5 (see Appendix U) and Sites 1, 3, 6 and 7 (see Appendices V, W, X and Y).

4.8.2 Informed consent

Ethical considerations regarding informed consent, freedom to participate/withdraw from the study at any time, and protection of privacy in data reporting were observed throughout this study. The participant information sheet for both staff and students was either attached to the email inviting participation or available on the secure site. These were written in plain English including descriptions of the study and what participation would involve. Before commencing the survey on SurveyMonkey™, participants needed to answer 'Yes' to the question, "I agree to participate in the study and have read and understood the Participant Information Sheet". There was also a sentence at the end of the survey that stated "Completing the survey is evidence of consent to participate in the study". Contact details of the researcher and supervisors were provided so that any questions could be clarified before a decision to participate was made. No inducement was offered to participate in the study.

Principles of research conduct observed in this study ensured honest and ethical conduct of research and dissemination and communication of results. Participants were assured that any presentations or publications arising from the research would not identify any individual participant or institution. This anonymity was also observed when the findings of the study were

reported in quality reports to participating Sites and to the Council of Deans of Nursing and Midwifery.

4.8.3 Protection of participants

‘Respect for human beings is a recognition of their intrinsic value. In human research, this recognition includes abiding by the values of research merit and integrity, justice and beneficence. Respect also requires having due regard for the welfare, beliefs, perceptions, customs and cultural heritage, both individual and collective, of those involved in research (NHMRC 2007, p13).

In this study, this involved a constant awareness of anonymity, privacy and confidentiality, during all phases of the study.

1. the surveys required no personal information that could identify the participants, and thus were completed anonymously. Additionally, the IP addresses of participants were not recorded.
2. the secure survey (SurveyMonkey™) was only accessed by the researcher and principal supervisor.
3. data entry for each survey was recorded with a numerical case number.
4. all raw data was amended to remove any names of persons or specific sites, universities or clinical placement settings.
5. participants were provided with the contact details of the relevant HREC should they wish to discuss any concerns.
6. All data were stored on a password-protected computer and any printed materials, for example data output, in a locked cabinet.
7. Aggregated participant demographic information provided in reports or publications could not lead to identification.
8. All emails received were deleted and hard copies kept in the locked cupboard.

Although this study was low risk research (HREC, Appendix S), any self-reporting by student participants could involve distressing issues and so a link to the counselling services of all participating universities was provided on the participant information sheets.

As the researcher was a part-time nurse academic in one of the sites involved in this study, there was a need to be aware of ethical issues surrounding the fiduciary relationship between staff members and students (Barnett 2008). A fiduciary relationship means that there is both power and opportunity to exert undue influence over the students. To comply with the principle of nonmaleficence, there is an obligation to address the ethical issues within the methodological design (Ferguson, Yonge & Myrick 2004). Thus, there was no direct contact with nursing students during the research project by the researcher. All information regarding the project was sent to them via a contact person nominated by the Deans/Heads of School and this minimised the chance of students feeling pressured or being coerced into participating.

iv) Justice refers to the concept that benefits and risks or costs are equitably distributed (Ramcharan 2010) or, more pertinently, that all participants were fairly and impartially treated (Johnstone 2009), and this was addressed in this study in several ways. The most important were the issues to address anonymity as described earlier.

4.8.4 Data management and storage

Data management and storage was partially addressed in the confidentiality and privacy measures noted earlier. Only authorised study personnel had access to the study database, which was password-protected. Data collected in this study was only used for the purpose of this current study. Only de-identified, aggregated data will be published. Ultimately the data collected as part of this study will be filed and stored in a locked cabinet in the Centre for Cardiovascular and Chronic Care, University of Technology, Sydney for a period of five years. Data will be destroyed by means of shredding at the end of the seven year period. Electronic files will be erased.

4.9 Conclusion

The focus of this chapter was the research design and methods used to explore the clinical experiences of nursing students and the diversity characteristics that relate to this experience. An overview of the philosophical base chosen, pragmatism was discussed. Although a range of methodological approaches were available, this study used a mixed methods design. This was discussed, followed by an outline of quantitative and qualitative data collection methods with a justification for the methodological decisions. A description and rationale of the pilot study were followed by details of the main study, the sites and participants, their recruitment, and both quantitative and qualitative analysis strategies including verification strategies. Finally, this

chapter addressed the many ethical issues including consideration and relevance of the ethical principles of respecting autonomy, beneficence, nonmaleficence, and justice.

Chapter Five will present the quantitative results, Chapter Six will describe the qualitative findings and Chapter Seven includes the integrated findings and discussion, where the quantitative results will be compared with the qualitative findings and interpreted to answer the research questions.

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CHAPTER FIVE

Quantitative survey results

5.1 Introduction

As discussed in previous chapters, the EDAN study used a mixed methods approach to gain a deeper understanding of the experiences of nursing students during their clinical placement. An anonymous web-based survey was used to collect data from students undertaking an Australian BN course and university staff involved in clinical placements.

This chapter reports the quantitative results of the survey. These results and the qualitative findings presented in Chapter Six will be integrated, interpreted and discussed in Chapter Seven.

As outlined in Chapter Four, academic staff and clinical facilitators were sampled to explore their perceptions of differences, because of the impact supervisors have on students' clinical learning experiences. Both student and staff demographic data examined aspects of difference (for example, age, gender and language spoken) and other aspects of the surveys explored whether these made students feel different whilst on clinical placement.

This chapter reports the characteristics of the seven study sites and the survey results of students and staff, including similarities and differences between the two groups. The background to the analytical techniques used is discussed fully in Chapter Four.

5.2 Study sites characteristics

As described in Chapter Four data were generated by participants from seven universities from three Australian states. The response rate was 18.4%.

Sites 1, 2, 3 and 6 were universities located in New South Wales, Site 4 in Western Australia and Sites 5 and 7 in Queensland, in both urban and rural areas. The total number of students enrolled in all BN courses during the study period ranged from 375 students at site 3 to 4000 students at Site 7. The total number of staff employed during the study period ranged from 26 at site 5 to 240 at site 1 (Table 5.1).

Table 5.1 Study sites: Total numbers of nursing students and staff

Study site	Total number of BN students	Total number of staff emailed
Site 1	2669	240
Site 2	2011	NK
Site 3	375	93
Site 4	1300	130
Site 5	2417	26
Site 6	NK	NK
Site 7	4000	NK

NK: Not known

Staff who had input into the BN clinical program included academics and clinical supervisors. Although most were facilitators, some academic staff were also employed as RNs in clinical facilities.

5.2.1 University and clinical characteristics of the nursing student cohort

The percentage of student participants at the seven universities ranged from 2.6% to 26.3% of the total sample (Table 5.2). The lower participation rates in some settings are likely to have been due to site-specific factors, including a change of contact person during the study at Site 4, and university policy at Site 6 that prevented contacting students via email, so that information about the study was less directly accessible on a secure website.

Most of the respondents were enrolled in an undergraduate BN course ($n=628$) and indicated that nursing was their first choice at university ($n=621$). International students comprised 14.5% ($n=100$) of the sample. The majority of nursing students were in the second year of their course ($n=276$). The length of the last clinical placement varied with just over two-thirds of students attending a placement between 1 and 3 weeks ($n=486$).

Table 5.2 University and clinical characteristics of the nursing students (N=704)

Characteristic	%
Type of BN course⁺	
• Undergraduate BN	90.6
• Accelerated BN and accelerated graduate-entry BN	8.5
First choice of course (Yes)	89.6
Enrolment type⁺	
• Domestic	84.9
• International	14.5
University	
• Site 1	18.3
• Site 2	16.6
• Site 3	12.0
• Site 4 (contact person changed during study)	4.6
• Site 5	19.6
• Site 6 (not contacted by email, secure site only used)	2.6
• Site 7	26.3
Year of course⁺	
• Year 1	25.8
• Year 2	39.9
• Year 3	31.4
Length of last clinical placement⁺	
• 1-2 weeks	40.7
• 3-4 weeks	38.1
• 5-6 weeks	18.4
• Other/No clinical	2.7

+ not all students completed this question

The total number of weeks nursing students engaged in clinical learning within various facilities over the three years of their BN program varied across the seven universities from 19 to 33 weeks.

5.3 Demographic characteristics of the study sample

Using a web-based survey (see Appendix E), a wide range of respondents were sampled from the universities participating in the study. A total of 710 students and 167 staff (clinical supervisors and faculty members) responded to the invitation, with 704 students and 165 staff consenting to participate in the study, although only 135 staff completed the survey questions.

The student participation rate for the 6 sites where students were accessed via email was 4.8%. The site where access was via an intranet was unable to be calculated as the total student number was unknown.

5.3.1 Student participants

This section presents the sociodemographic, university and clinical characteristics of the students. In the survey students were asked whether they felt different to other nursing students in their group during their last clinical placement (Yes/No) and if so they were asked to select the characteristic/s that contributed to this. The two groups were then compared. The major areas of perceived difference are also reported here. Self-report items of diversity orientation, cultural competence, confidence in clinical communication and positive experiences during clinical placement are presented as indicators of ‘feeling different’.

5.3.1.1 Characteristics of the nursing students

This section answers Research Question 1: *What are the diversity characteristics of Australian nursing students?*

The demographic characteristics of the student sample are shown in Table 5.3. Most of the participants were female ($n=620$), and born in Australia ($n=465$). Participants who were the first in their family to attend university comprised 40.6% ($n=279$) of the student sample. Just over a quarter of the respondents spoke a language other than English at home ($n=197$). During the semester, 71.6% of students ($n=492$) were engaged in paid work, and 61.5% of those ($n=302$) were in nursing or care-related employment. Ages ranged from 17 to 61 years, with a mean age of 28 years ($SD \pm 9.86$).

Table 5.3 Characteristics of the nursing students (N=704)

Characteristic	Mean (SD)	%
Sex (Female)		89.7
Age, years; range 17-61	28.0 (9.86)	
Overseas born		32.6
• Years in Australia, years; range 0-48	9.4 (9.13)	
Aboriginal		1.5
Aboriginal and Torres Strait Islander		0.1
Highest educational qualification		
• Higher School Certificate (HSC)/ Diploma		37.5
• Degree or higher		17.7
First in family at university		40.6
ELAS ⁺ , range 5-25	21.4 (5.6)	
Speak English only at home		71.2
Paid employment during term-time (Yes)		71.6
Average time in paid employment, hours; range: 2-56	19.6 (9.46)	
Employed in nursing/care related		61.5
• Assistant in nursing (AIN)		56.6
• Personal care assistant, including disability		13.2
• Endorsed enrolled nurse (EEN)		17.9
• Enrolled nurse (EN)		3.4
• Other - medical/care related ⁺⁺		8.9
Prior nursing experience before BN		
• None		61.6
• AIN		16.0
• EEN		9.2
• EN		3.8
• RN in country overseas		3.8
• Other - medical/care related ⁺⁺⁺		5.6
Self-report items		
• Diversity orientation, years; range 2-8	6.7 (1.28)	
• Cultural competence, years; range 4-20	16.3 (2.55)	
• Confidence in clinical communication, range 4-28	23.6 (3.37)	
• Positive experiences during placement, range 4-16	14.0 (2.14)	

⁺ ELAS: English Language Acculturation Scale

⁺⁺ Other: medical/ care related: Undergraduate student in nursing; Medic – RAAF; orderly; nursing research

⁺⁺⁺ Other medical/care related: Overseas doctor; registration expired (EN or Psychiatric nurse); carer overseas

5.3.1.2 Sociodemographic characteristics of students who felt different and those who did not feel different (N=691)

Students were asked whether they felt different to other nursing students in their group during their last clinical placement (Yes/No). Just over half (52%, $n=354$) stated that they ‘felt different’. These students were also more likely to make comments in the open-ended sections of the survey ($p < 0.001$).

When comparing the sociodemographic characteristics of those who felt different with those who did not, students were more likely to report feeling different if they were older, male, an international student, had previous nursing experience, lesser English language skills (ELAS<25), a previous degree, or were non-Australian born (all $p < 0.001$). Students who were not in paid employment were also more likely to report they felt different than students in paid employment ($p < 0.05$). This is shown in Table 5.4.

The year of course was not significant in ‘feeling different’ ($p = 0.327$).

Table 5.4 Comparison of sociodemographic characteristics of students who felt different with those who did not feel different (N=691)⁺

Characteristic	Felt different ($n=354$)	Did not feel different ($n=337$)	<i>p</i> value
Age ^a , mean (SD) years; range 17-61	31.0 (10.67)	25.4 (7.97)	<0.001
Sex ^b (Male) %	14.7	5.6	<0.001
International student %	19.9	8-0	<0.001
Previous nursing experience ^b %	50.1	70	<0.001
ELAS, ^b <25	47.1	35.3	<0.001
Previous degree%	21.5	12.2	<0.001
Non-Australian born ^b %	41.4	23.4	<0.01
Not in paid employment ^b %	32.6	24.0	<0.05
First in family at university ^b %	40.9	40.4	0.89

a Mann-Whitney *U* test

b chi-squared test

+ not all students completed this question

5.3.1.3 Student self-report characteristics for ‘feeling different’

Students who reported ‘feeling different’ were then asked to select the characteristic/s that contributed to this perception of difference. The major self report characteristics of feeling

different were being older, having a previous nursing qualification, speaking English as a second language and being male.

Students were asked to add any other characteristic, not on the list that made them feel different whilst on their last clinical placement. Analysis revealed that English as a **first** language was a source of difference for some students (3.7% of those who felt different). Other differences included previous life experiences and being younger. Results are shown in Figure 5.1

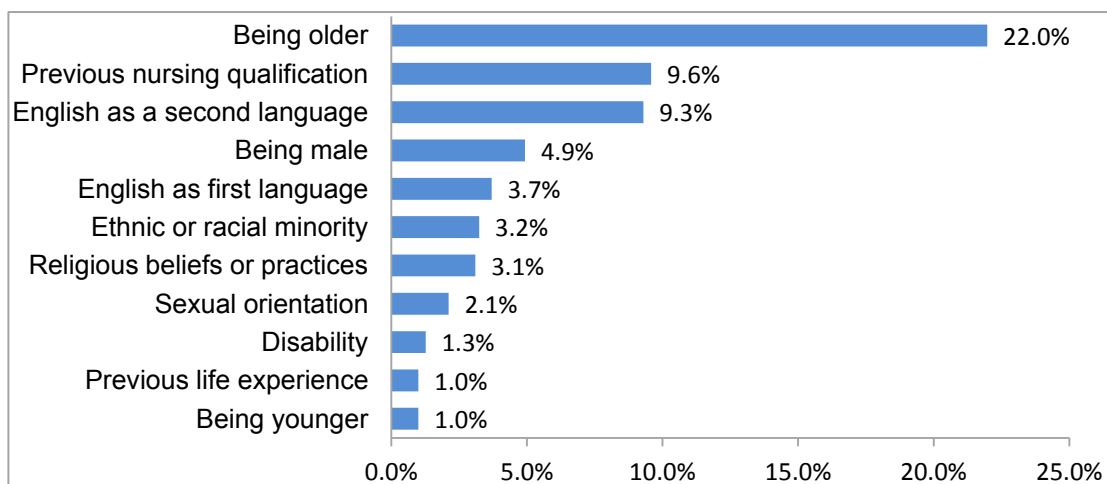


Figure 5.1 Student perceptions of difference

5.3.1.4 Relationship between sociodemographic characteristics, ‘feeling different’ and the four student self-report items

A correlation matrix was derived from the computation of the seven sociodemographic variables –older [aged ≥ 24 years], male, international student, previous nursing experience, lesser English language skills [an ELAS <25], previous degree and not in paid employment), ‘feeling different’ and the four student self-report items (diversity orientation, cultural competence, confidence in clinical communication and positive experience during clinical placement).

As seen in Table 5.5, although weak, there were significant positive relationships between ‘feeling different’ on clinical placement and being older (0.273; $p < 0.001$), male (0.149; $p < 0.001$), an international student (0.170; $p < 0.001$), having previous nursing experience (0.144; $p < 0.001$), ELAS <25 (0.124; $p < 0.001$), a previous degree (0.124; $p < 0.001$) and not being in paid work (0.093, $p < 0.05$). Moderately positive relationships were found between being an international student and an ELAS <25 (0.463; $p < 0.001$); being aged 24 or more and previous

nursing experience (0.354; $p < 0.001$) and being aged 24 or more and a previous degree (0.303; $p < 0.001$).

With respect to Research Question 2 –*What is the relationship between a students' diversity characteristics and their clinical experience?* A weak negative relationship existed between 'feeling different' and having a positive experience on clinical placement (-0.098 ; $p < 0.05$). There were strong positive relationships between i) cultural competence and confidence in clinical communication (0.504; $p < 0.001$) and ii) confidence in clinical communication and a positive experience during the last clinical placement (0.515; $p < 0.001$). Moderately positive relationships were found between cultural competence and a positive experience during the last clinical placement (0.364; $p < 0.001$); diversity orientation and cultural competence (0.366; $p < 0.001$). Full results are displayed in Table 5.5.

Table 5.5 Correlations of sociodemographic characteristics, ‘feeling different’ and the four student self-report items

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1 Age: 24 or more	1.0											
2 Sex (male)	.056	1.0										
3 International student	.044*	.064	1.0									
4 ELAS<25	.076	.064	.463**	1.0								
5 Previous degree	.303**	.059	.238**	.211**	1.0							
6 Previous nursing experience	.354**	-.034	.093*	.070	.126**	1.0						
7 Not in paid work	.064	.033	.070	.093*	.033	-.061	1.0					
8 Feeling different	.273**	.149**	.170**	.120**	.124**	.144**	.095*	1.0				
9 Diversity orientation	-.044	.009	-.153**	-.014	.006	-.003	-.009	.009	1.0			
10 Cultural competence	.110**	.040	-.107**	.011	-.072	.127**	.001	-.007	.366**	1.0		
11 Confidence in clinical communication	.095*	.077*	-.170**	-.123**	-.011	.139**	-.102**	-.051	.219**	.504**	1.0	
12 Positive clinical experience	-.002	.019	-.063	-.035	-.049	-.021	-.075	-.098*	.269**	.354**	.515**	1.0

* = $p < .05$ level (2-tailed)

** = $p < .01$ level (2-tailed)

ELAS = English Language Acculturation Scale

Spearman’s rho

5.3.1.5 Predictors of ‘feeling different’ and positive experiences on clinical placement

Predictors of ‘feeling different’ on clinical placement and a positive experience during clinical placement (one of the student self-report items) were performed using two multivariate logistic regression models.

The seven sociodemographic variables that resulted in students ‘feeling different’ (older, male, international student, previous nursing experience, ELAS<25, previous degree and not in paid employment) were entered into each model simultaneously. As explained in Chapter Four, binary variables were entered (male/female), International (Yes/No), previous nursing experience (nursing experience at commencement of nursing course, Yes/No), language, ELAS<25 (Yes/No) and previous degree (Yes/No). As the variable ‘age’ was not normally distributed, this variable was dichotomized at the median value (up to 24 years/more than 24 years for age) before entering into the model. Odds ratio (OR) for each variable along with a 95% confidence interval (CI) were computed. The Hosmer–Lemeshow test was used to assess the fit of the model. A *p* value of greater than 0.05 used as the cut-off value to indicate no difference between the observed and model-predicted values, indicating acceptable fit of the data to the model (Hosmer & Hjort 2002).

Predictors of ‘feeling different’ on clinical placement

Logistic regression analysis undertaken to identify significant and independent sociodemographic predictors and ‘feeling different’ on clinical placement is shown in Table 5.6. Of the seven sociodemographic characteristics examined: being older, an international student, males students and previous nursing experience prior to commencing the course were the only significant predictors of ‘feeling different’ on clinical placement. Adjusted odds ratio showed that students who were ≥ 24 years were more than twice as likely to feel different on clinical placement compared to those who were <24 years (OR = 2.54; 95% CI = 1.78-3.63; *p* = <0.001). Similar results were found for being an international student (OR = 2.55; 95% CI = 1.47-4.43; *p* = 0.001) or a male student (OR = 2.67; 95% CI = 1.50-4.76; *p* = 0.001). Adjusted odds ratios showed that students who had previous nursing experience were almost one and half times more likely to feel different on clinical placement compared to those who had no nursing experience at commencement of their nursing course (OR = 1.43; 95% CI = 1.00-2.05; *p* = 0.048).

Although more likely to feel different, no other demographic characteristic examined were significantly associated with ‘feeling different’ on clinical placement (having a previous degree, an ELAS<25 and not being in paid work).

The Hosmer and Lemeshow goodness-of-fit statistic was not statistically significant ($p = 0.052$) reflecting a fit of data with the logistic regression model (Hosmer, Lemeshow & Sturdivant, 2013).

Table 5.6 Sociodemographic predictors of ‘feeling different’ (N=682)

Variables	Coefficient (B)	Standard error (SE)	Adjusted odds ratio (95% CI)	p value
Age (≥ 24 years)	0.93	0.18	2.54 (1.78-3.63)	<0.001*
Being an international student	0.94	0.28	2.55 (1.47-4.43)	0.001*
Sex (male)	0.98	0.30	2.67 (1.50-4.76)	0.001*
Previous nursing experience	0.36	0.18	1.43 (1.00-2.05)	0.048*
Having a previous degree	0.11	0.24	1.11 (0.70-1.77)	0.655
ELAS (<25)	0.08	0.19	1.08 (0.75-1.56)	0.688
Not being in paid work	0.31	0.18	1.36 (0.95-1.95)	0.094

CI denotes confidence interval.

Hosmer-Lemeshow goodness-of-fit for the model, chi-square =13.94, 7 df ($p = 0.052$).

ELAS = English Language Acculturation Scale

Predictors of a positive experience on last clinical placement

Sociodemographic predictors of a positive experience on clinical placement are shown in Table 5.7. Although none of the predictors were significant, students who were older, international, had a previous degree and were not in paid work were more likely to have a less positive experience. Similarly, students who were male, had previous nursing experience and had an ELAS<25 were slightly more likely to have a positive clinical experience on their last placement.

Table 5.7 Sociodemographic predictors of a positive experience on last clinical placement (N=639)

	Coefficient (B)	Standard error (SE)	Adjusted odds ratio (95% CI)	p value
Age (≥ 24 years)	-0.04	0.18	0.97 (0.68-1.37)	0.846
Being an international student	-0.37	0.27	0.69 (0.41-1.17)	0.171
Sex (male)	0.15	0.27	1.17 (0.69-1.97)	0.568
Previous nursing experience	0.09	0.18	1.09 (0.77-1.55)	0.636
Having a previous degree	-0.12	0.23	0.89 (0.57-1.38)	0.589
ELAS (<25)	0.07	0.18	1.08 (0.75-1.54)	0.692
Not being in paid work	-0.23	0.18	0.79 (0.56-1.13)	0.201

CI denotes confidence interval.

Hosmer-Lemeshow goodness-of-fit for the model, chi-square= 8.27, 8 *df* ($p = 0.408$).

ELAS = English Language Acculturation Scale

Logistic regression for the other three self-report items of ‘feeling’ outcomes (diversity orientation, cultural competence and confidence in clinical communication) are presented in Appendix Z.

5.3.1.6 Factors affecting having a positive experience on last clinical placement in relation to clinical facility

Nursing students undertook their clinical placements at different types of healthcare facilities. The top four care settings where students undertook their last clinical placement were medical, aged care, mental health and surgical. The type of health care facility did not affect the students’ clinical placement experience.

5.3.2 Staff participants

5.3.2.1 Characteristics of the staff cohort

The demographic characteristics of the staff sample are shown in Table 5.8. Most of the staff participants were female (88.6%), and 9.8% of the participants spoke a language other than English at home. The percentage of staff at the seven universities ranged from 6% to 38.3% of the total sample. The majority of staff were facilitators, supervising and teaching students during their clinical placements (61.1%).

Table 5.8 Characteristics of the staff cohort (n=132⁺)

Characteristic	Mean (SD)	%
Sex (Female)		88.6
Speak English only at home		90.2
Highest educational qualification		
• RN		16.6
• Degree (Bachelor)		22.7
• Degree (Masters)		31.1
• Graduate Diploma		21.2
• PhD		8.3
University enrolled ⁺⁺		
• Site 1		15.0
• Site 2		14.4
• Site 3		20.3
• Site 4		6.0
• Site 5		8.4
• Site 6		9.0
• Site 7		38.3
Role at university ⁺⁺⁺		
Facilitator in the clinical environment		61.1
University lecturer		22.8
University lecturer and RN in clinical environment		16.8
Clinical placement coordinator		17.8
Years of experience teaching undergraduate nursing students		
• 1-10 years		68.9
• 11-20 years		20.5
• >20 years		10.6
Self-report items		
• Diversity orientation, range 5-8	7.0 (0.97)	
• Cultural competence, range 9-20	16.3 (2.51)	
• Student communication skills, range 6-16	12.1 (1.88)	
• Positive experiences during clinical placement, range 5-19	13.4 (2.21)	

⁺ Missing data for 3 cases

⁺⁺ Had a role at more than one university, some not listed

⁺⁺⁺ Some had more than one role

RN = Registered nurse

5.3.2.2 Staff role and self-report items

The primary role of staff was compared with the four staff self-report items (diversity orientation, competence in teaching culturally diverse students, student communication skills,

student satisfaction with clinical). The only statistically significant difference was that facilitators perceived that students have a less positive clinical experience ($p=0.04$) compared with university staff.

5.3.2.3 Staff perceptions of difference

Staff were asked which characteristics they may have observed in nursing students who they believed perceived themselves to be different from other students. This is shown in Figure 5.2.

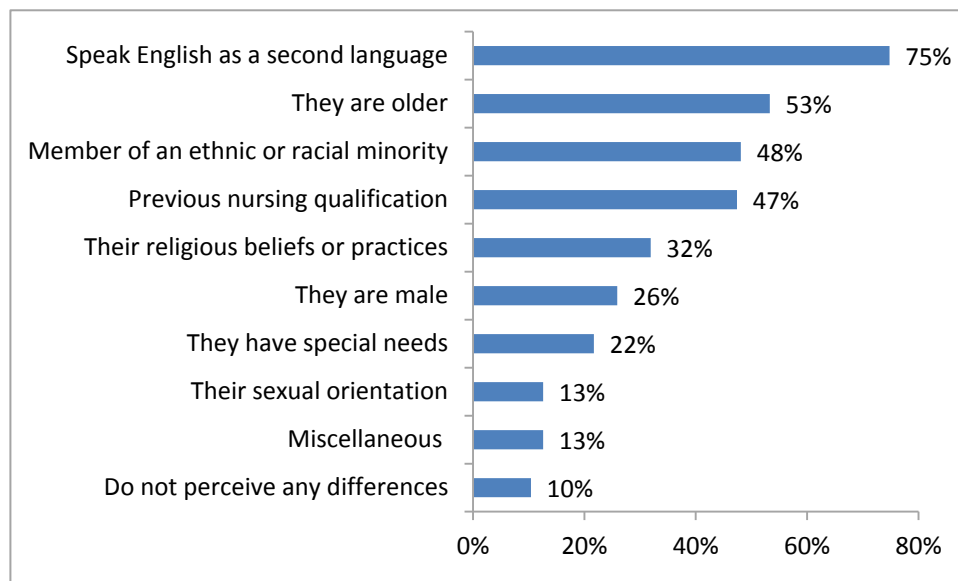


Figure 5.2 Staff perceptions of difference in students

5.4 Similarities and differences in findings of students and staff

5.4.1 Sociodemographic characteristics

Approximately 10% of the students and 11% of the staff participants were male. The only significant difference between the student and staff demographic characteristics was in the primary language spoken at home, a proxy measure for English language acculturation. Speaking a language other than English at home was reported by a larger proportion of students compared to staff (29% vs. 9.8%).

5.4.2 Perceptions of difference

Students were asked to select characteristics that they perceived made them feel different to other nursing students during their last clinical placement. Just over half (52%, $n=354$) of the student participants stated that they felt different. However, nearly 90% ($n=131$) of staff observed students who perceived themselves to be different from other students. Using the same characteristics as the student survey, the staff participants indicated observing a higher percentage of students who they believed perceived themselves as different to their peers. These were all statistically significant ($p < 0.001$), including being older (students 22% vs. staff 53%), previous nursing qualification (students 10% vs. staff 47%), ethnic or racial minority (students 3% vs. staff 48%), religious beliefs or practices (students 3% vs. staff 53%), male (students 5% vs. staff 26%), special needs or disability (students 1% vs. staff 22%), sexual orientation (students 2% vs. staff 13%) and speaking English as a second language (students 9% vs. staff 75%).

Students and staff were then asked whether they believed feeling different impacted on the student learning experience. Significantly more staff agreed that feeling different impacted on the learning experiences (staff 70% vs. student 14%; $p < 0.001$).

5.4.3 Preparedness for clinical placement

Students and staff were asked about the adequacy of the university preparation for caring for patients who were diverse and also the university preparation for clinical placement. The majority of students (84%) and staff (85%) felt that the university preparation for caring for individuals from diverse populations was adequate. However, whilst 84% of students felt that they were adequately prepared for clinical placement only 65% of staff agreed with this statement, and this difference was statistically significant ($p < 0.001$).

5.4.4 Improvement needed in clinical placements

Just under half (46.5%) of nursing students stated that there was a need for their last clinical placement to be improved, compared to the majority of staff (83%) who reported that clinical placement experiences for nursing students needed improvement. Nursing students indicated that the last clinical placement could have been improved by being longer (45%) or if the students were made more welcome (55%), accepted (45%), valued (46%) and treated more fairly (46%).

5.5 Conclusion

This chapter has presented the quantitative results of the survey for both students and staff and addressed the two research questions. The analysis has revealed that in both primary and secondary dimensions of diversity (Loden & Rosener 1991), this sample is similar in diverse characteristics to other Australian nursing students (Salamonson et al. 2012). There is a relationship between students' sociodemographic characteristics and their clinical experience. Students who reported feeling different on their last clinical placement were more likely to be students who: were older, male, international, who had previous nursing experience, ELAS<25, a previous degree, and who were not in paid employment. The major self-report student sociodemographic characteristics for 'feeling different' were: older, having a previous nursing qualification, speaking English as a second language, being male and speaking English as a first language. 'Feeling different' resulted in a less positive experience during clinical placement for international and male students, those with no previous nursing experience, ELAS<25, and those not in paid work. Being confident with clinical communication skills was strongly and positively correlated with a positive clinical placement. The only statistical significant difference in student and staff demographics was in the language spoken at home, a proxy measure for English language acculturation.

Differences were identified in how students and staff perceived difference in terms of diversity characteristics, how these differences impacted on learning and whether being different resulted in students being treated differently.

These results will be integrated with the qualitative findings in Chapter Seven, together with a discussion and recommendations.

Chapter Six will report the qualitative findings.

5.6 References

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CHAPTER SIX

Qualitative survey findings

6.1 Introduction

Chapter Five presented the quantitative results from the EDAN survey. This chapter reports the qualitative findings of both the student and staff participants.

As described in Chapter Four, these qualitative data were derived from open-ended questions using a secure web-based survey. Participant responses were exported from the survey site into Word files and then analysed as one text. The analytical approach used was based on the five steps used for the inductive analysis of qualitative data by Thomas (2006). As a consequence of the data analysis and interpretation, the raw data was rigorously scrutinised and the main issues expressed by both students and staff participants were highlighted, coded and sorted into broad categories related to nursing students' experiences of their last clinical placement from the perspectives of diversity.

This chapter reports the findings, the themes and subthemes with representative quotations. If any words were added to the quotation, this is denoted by the use of square brackets []; if any words were removed, a bracketed ellipsis [...] is used. To protect privacy, *** is used to indicate that a word has been deleted if a person or university was named. The quotes are presented here unaltered, including spelling and grammatical errors. Participant quotes are identified using participant number, survey question and year in course respectively, for example, "382_30 3rd year".

Chapter Seven will integrate the quantitative results and qualitative findings and relate them to the diversity theories and model.

6.2 Findings

Almost half (48%) of the students wrote comments in the open-ended sections of the survey, resulting in 660 open-ended comments, while almost two-thirds (64%) of staff provided 323 comments. These comments ranged from single sentences to short stories; a total of 44,000 words, which were analysed as one text. Much of the content was manifest with obvious

components requiring little interpretation. There was also latent content where analysis was required to interpret underlying meanings (Graneheim & Lundman 2004). The data analysis process generated a large number of broad categories: 102 student-specific and 98 staff-specific categories with 68 of these categories common to both groups.

The participants were often explicit in providing meaningful and contextually-specific experiences, generating insights related to aspects of their experiences during their last clinical placement, particularly, but not always, from the perspective of diversity. The data also provided a range of information that gave an important background for considering diversity in contemporary clinical placements. Participants acknowledged that the clinical environment was challenging, and that students were commonly propelled into a foreign setting that was alienating and did not always meet their learning expectations.

Under the construct of diversity, three themes were refined: difference, difficulty and discrimination. There were complex, dynamic interactions between the three themes depending on the nursing students and the specific situation. These themes and the subthemes will now be presented. The names of the themes and subthemes were taken from the words of the participants. In order to provide the rich detail, numerous quotes are included to illustrate these themes and subthemes and also for the reader to gain a fuller understanding of the perceptions of the participants (Sandelowski & Barroso 2002). Table 6.1 provides a summary of the themes and subthemes with main contributing factors.

Table 6.1 Aspects of diversity: Difference, difficulty and discrimination

	Theme	Subtheme	Main contributors
Diversity	Difference	“Being and feeling”	Language and age
		“Experience, exposure and expectation”	Age, previous experiences
		“An extra pair of hands”	Placement quality
	Difficulty	“Not prepared for diversity”	Preparation for diversity
		“Speaking up”	Language
		“Surviving financially”	Income
	Discrimination	“Prejudices do prevail”	Workplace culture
		“Send them home”	Racism and ageism
		“Walked away”	Placement staff

6.2.1 Diversity

As explained in Chapter One, for the purpose of this study a broad-based definition of diversity was chosen using the primary and secondary dimensions defined by Loden and Rosener (1991). These were modified and included age, gender, ethnicity, language, religious belief, sexual orientation, educational background, income, marital status, parental status, and work experience and disability. Many of these diverse characteristics were perceived by both student and staff participants to make a difference to student experiences during clinical placements. There was a spectrum of positive and negative experiences expressed by participants with regards to these, but these experiences were also affected by the differences perceived in the attitudes of supervisory staff and student peers. Some participants acknowledged and accepted these differences, while others felt these differences presented difficulties and on occasions appeared to be the basis for inappropriate behaviour. These actions varied from unacceptable comments to overt racism and were reported to occur in the clinical environment.

6.2.1.1 Difference

The three subthemes within this theme were “being and feeling”, which predominantly referred to language and age; “experience, exposure and expectation” mainly referring to age and previous experiences and “an extra pair of hands”, which reflected the spectrum of differences for placement quality. Other contributors to ‘being and feeling’ were being a single parent and family responsibilities; being male; high achieving students and personal qualities, values, interests, work ethic and attitudes to learning.

“Being and feeling”

The major difference was noted by, and about, students with English as a second language (ESL) because of their limited language skills, although some students with ESL do have good language skills.

“I have different accent from local people, and my speaking was hard to understand or [by other] nurses. My educator assumed my communication skill was low.” 382_30 3rd year

Even though many students were of Anglo-ethnicity and members of the dominant Australian culture, in some clinical settings they felt different and excluded because they were suddenly a minority, especially if they were the only student who spoke English as a first language in the clinical placement.

“I felt different as I was the only person that english was my only language.” 665_28 2nd year

“I was the only english as a first language student and the english as a second language students used to talk in their native language all the time.” 328_28 2nd year

In other situations, student participants also noted that speaking English fluently had distinct advantages, as they were able to converse with ease with the clinical staff and patients, build rapport with them, placing them in a better position to have their learning needs met compared to students with ESL.

“English was my first language, I was more proactive about my learning experience, I was more confident, I seemed to know more than they did[students with ESL].” 69_28 2nd year

“I was able to converse easily with the staff and patients, while the other student I was with (from China) couldn't due to a lack of English speaking skills. I was able to build good rapport with staff and patients, while she was often left out of conversations because she couldn't keep up with what was going on.” 25_30 3rd year

Being a younger or older student was an area where major differences were reported. Younger nursing students had negative comments about feeling different, but equally for older participants their maturity was a double-edged sword. In some instances, older students perceived that their life experiences were an advantage, enabling them to feel more confident and able to ‘speak up’, yet in other settings their age was a disadvantage leading to a sense of uncertainty because of facility staff expectations of increased knowledge and experience.

“I am a younger student and the rest of the students were mature age students.” 594_28 3rd year

“I feel that being older has benefits as maturity and life experience is advantageous in many aspects of nursing.” 322_29 3rd year

“Even though I am at the same student level as my peers, I have many years of working experience and communication skills to draw upon which made the placement easier for me.” 425_28 2nd year

“I was asked if I was an EN and when I answered NO I was asked what I did prior to BN and what qualifications I had in that field. This did make me feel different, uncomfortable and old.” 7_30 2nd year

“Initially the reaction I receive due to my age is a little off putting but I find that once people know me and my ability to communicate with younger students and staff this age difference quickly disappears. ” 554_34 2nd year

“Experience, exposure and expectation”

Although student participants commented that clinical supervisors in the health facility were often not aware of their learning objectives, learning needs or previous experience, it was apparent that some staff recognised the importance of exploring these with nursing students. Student participants with previous nursing or care assistant experiences or qualifications identified that students without this previous experience found clinical placements confronting and challenging. By being more familiar and confident, students with prior clinical exposure felt able to show initiative and integrate into the work team more easily. On the other hand, some student participants with an EN or EEN qualification often felt different because of their student role and the expectations they were competent in many clinical domains. Students often commented that they needed more and longer exposure to the ‘real world’ of nursing (120_34 Year not disclosed), learning more in the clinical areas than in the classroom and exposure to more areas in a clinical facility rather than being placed in one.

“I was older than the other students and was the only one with previous experience. Therefore the existing staff when they were under pressure sometimes chose me more to help them than the other students.” 309_30 1st year

“[...] what was new and confronting to other students was not to me” 474_29 Year not disclosed

“As I was previously an enrolled nurse I felt there were more expectations as it was perceived I had more experience even though it has been over 15 years since I worked as an EN.” 244_29 2nd year

“I recognise they [nursing students] have different experiences and different exposure so I have to explore that.” 75_1 Staff (facilitator, lecturer)

Despite feeling more comfortable because of life experiences from being older, these student participants felt that as a result of being older than school leavers there were higher expectations placed on them by staff. If the older students also had previous nursing experiences they perceived that they were more likely to be used as a resource, and often found they were providing directions, help and support to their less experienced peers. They also perceived that

they were often given enhanced responsibilities by the placement staff, in some instances beyond their level of competence as a nursing student.

“The nursing staff and doctors know me and were at times treating me as a fully qualified nurse as they know my experience.” 404_30 2nd year

Both student and staff participants felt that older or more experienced students often made other students feel less confident. Older student participants were often frustrated that facility staff assumed that all older students had previous nursing experience and felt they should be more aware of their abilities and specific learning needs, particularly those with a previous nursing qualification.

“Quite a few of them are already working as AIN. Hence, they are confident & experienced. -AIN's (Undergrad Students) can understand medical terminology, read & write reports. Whereas, I tend to panic a bit due to lack of experience/confidence, fearing I may make a detrimental mistake.” 74_28 1st year

“Older students & those with previous nursing experience - while they are often more competent clinically, other students may feel less confident in comparison.” 100_2 Staff (facilitator, lecturer, RN in clinical facility)

Despite having previous nursing experience and often a nursing-related qualification, some participants felt that this was not recognised, or was devalued or dismissed and yet there was a lack of recognition of their learning needs. They were critical of the lack of support they received because of this prior experience.

“I feel that because I disclosed I used to be an EN, and that I am an older woman, that I didn't get the support and advice or help I needed to cope with my clinical placement.” 145_30 3rd year

In some situations, ENs felt that it was expected and assumed they were competent in certain clinical skills. Several of the staff participants appeared not to understand the confusion experienced by students with a previous nursing qualification and provided a very different perspective, particularly on the challenges faced by enrolled nurses

“ Enrolled Nurses fall into two categories: the first category comprises those who are really thrilled to at last be realising their dream to become an RN. The other group comprise those who have had some ‘bad’ experiences in terms of less access to power, control and status as

an EN. They are 'angry' and often argumentative, unsettled, uncooperative to some degree."

105_3 Staff (facilitator)

The experience of being a parent was also cited by numerous student participants as making them different to their peers.

"[Being] an older single mother put me in a different social/generational group which felt a little lonely and isolating at times." **474_29** Year not disclosed

Gender also was a point of difference, with male students reporting that this had advantages during their clinical placements

"I was treated differently in a positive way only because i believe I was male and that I have worked for the past 24 years in different industries." **540_30** 2nd year

High achieving students also felt different, primarily because they believed that they were often excluded from social activities as their peers perceived them as different. Some student participants commented on perceptions of being different involving personal qualities, values, interests, work ethic and attitudes to learning. Participants often perceived that these differences had a positive influence on their clinical learning experiences.

"I felt different from some of the students because i was keen to learn and put the effort in. You take every minute of your time to learn something new." **193_28** 2nd year

"Because of my work ethic, I arrived early for every shift, and worked very hard. I was treated very positively and was recommended for a job on this ward, which I was successful in gaining." **226_30** 3rd year

Some students emphasised the equality in diversity.

"We're all students and despite any differences that may exist between us, on placement, we are all students that are there for the same purpose." **551_28** 2nd year

"Many of the people I was on clinical with came from different cultural backgrounds. I feel they mixed together better because their difference was a commonality. I am Australian and that made me different." **467_28** 3rd year

"An extra pair of hands"

There were a variety of perceptions from both students and staff about the supernumerary status of the students and how these 'extra pairs of hands' were used, and this often reflected the

differences in quality of the clinical placements. Both students and staff challenged the relevance and appropriateness of some placements because of misalignment between theoretical objectives and practical experiences and also in terms of being inappropriate for the level of the student. Although not specifically related to diversity, this spectrum of differences in the quality of clinical placements could adversely affect students who already perceived themselves as being different.

Student participants often stated that their clinical placement was a positive learning experience; their ‘extra pairs of hands’ being used constructively with many opportunities for practising their clinical skills. However, other students reported contrasting experiences with the clinical placement having an adverse effect on their confidence and learning. A range of students’ perceptions was also noted about facilitators provided by the university and the registered nurse supervisor. It was apparent from student comments that facilitators were important in moderating, influencing and overseeing the quality of student experiences.

“An enjoyable workplace experience usually depends on the staff mixed in with how keen the student is to learn.” 133_34 2nd year

Student participants questioned the value of being used as additional ‘pairs of hands’, while the appropriateness of the learning experiences and supervision afforded by facility staff was questioned by both student and staff participants. They emphasised the need for more opportunities for students to build their clinical nursing capabilities, not only during the placement but also at university.

“I think we were treated equally badly and treated as an extra pair of hands to do showers and obs.” 135_30 2nd year

“Not treating students as an extra set of hands. We are there to learn, not to save facilities money by hiring less staff whilst students are present.” 663_32 3rd year

6.2.1.2 Difficulty

Both student and staff participants described the challenges and consequences of diversity during clinical placements, particularly in the areas of language literacy, income and parental responsibilities. Students often found that they were not adequately prepared for aspects of cultural and linguistic diversity encountered during their clinical placement.

“Not prepared for diversity”

Student and staff participants commented that university studies had not prepared them adequately for diversity in the real world of contemporary nursing. While there was a perception that Australian Indigenous health and culture were well covered in the curricula, other minority groups and linguistic diversity were not generally included in undergraduate nursing programs. Some students felt ill prepared when confronted with this diversity during clinical placements and emphasised the importance of integrating diversity concepts into the curriculum.

“As a BN grad entry student, with the exception of Indigenous studies cultural practice has not been covered.” **436_33** 2nd year

“I often worry about offending these [culturally diverse] patients and I feel this inhibits my question asking.” **553_26** 2nd year

“University [...] does not prepare students for the diversity that is really 'out there'.”
612_33 3rd year

Many student participants also showed insight into the limitations of the care provided to patients who were culturally and linguistically diverse.

“More focus on communicating with patients who speak languages other than English. I have been on placements where 50% or more patients were NESB and gaining consent even for simple procedures was difficult.” **652_33** 3rd year

“Many times the patients you are caring for do not speak English and at times also do not understand. I find this limits my ability to care for that person and we are also unable to verbally confirm if the patient has taken medication therefore not adhering to the nursing rules relating to medication giving. It also means that if the family are not there the patient themselves are isolated as when they buzz you do not know what they are asking for. I feel this is limiting. It just upsets me that i cannot speak to the patient or explain things.”
701_26 2nd year

Staff participants had conflicting perceptions of the level of students' awareness of diversity. Some staff perceived that diversity was not a 'big deal' (**6_5** Staff, facilitator) for students, with diversity being accepted as a normal part of life and learning, while other staff perceived that students were not sensitive to diversity or had minimal exposure to or understanding of diversity. Several staff participants indicated that it was also important that students from other cultures had a sound understanding of the Australian culture so that they are able to be sensitive, particularly to the needs of older Australians. It was also noted by supervisors from a particular

ethnic group that this helped in the facilitation of nursing students from other ethnicities as they had direct experience of the possible consequences.

“I believe that although the concept of diversity amongst students is recognized by all there is little or no instruction given to understand the diversity and ways to equitably manage it.”

70_5 Staff (facilitator, lecturer, RN in clinical facility)

Despite the perception of the need for more preparation regarding the breadth of diversity, some students commented that all patients received the same care, but did not appear to recognise that a patient who was from a different ethno-cultural group may have specific caring needs related to that diversity.

“To me my patient is a human being and their culture, ethnicity, race, sexuality or gender status does not matter. They will always receive my best care.” **289_29** 1st year

“Speaking up”

Student and staff participants perceived that students who were different, particularly those from diverse ethno-cultural backgrounds, were treated unfavourably during clinical placements by facilitators and RN supervisors, which impacted on confidence and learning experiences. There were several participants who felt that incorrect assumptions were often made about students who spoke English as a second language.

“I am saddened by different treatment of international students or for those that English is a 2nd language, by some facilitators or staff. My perception is that people can't be bothered with those that don't speak English well and are short with them or don't take time to communicate with this group of students.” **444_34** 2nd year

“I find that students of ethnic persuasions are seen by nursing staff as 'harder' to teach and it is assumed that they know less.” **70_4** Staff (facilitator, lecturer, RN in clinical facility)

English language literacy was elaborated by many staff participants as causing numerous issues. Although in the ‘Difference’ section earlier, both students with English as a second language and those speaking English as their first language noted that language was a marker of difference, there were fewer comments about explicit difficulties, apart from the consequences of not understanding. Staff spoke up and made many comments of these difficulties: that students were not gaining the full benefit from any clinical placement, not offered the same opportunities to learn, were avoided by clinical nursing staff, required additional time for facilitation, compromised safe practice and were a source of frustration because of their poor language skills of students with ESL. Staff also commented that students with ESL may not

always take up opportunities for literacy support and found ways to “fly underneath the radar” (100_5 Staff), particularly during clinical placements

“Numerous students from CALD backgrounds are struggling to meet the requirements of adequately comprehending instructions/information, expressing themselves adequately & meeting safe standards of accurate medico-legal documentation. This is also evident in the classroom. While my ethos is strongly based on cultural inclusion the clinical reality is that the language /communication & literacy levels are frequently not adequate to ensure safe nursing practice.” 100_3 Staff (facilitator, lecturer, RN in clinical facility)

As well as affecting the learning experiences of students with ESL, this lack of English fluency also affected students who spoke English as a first language, feeling some obligation to act as an interpreter for them. In some placements, both staff and students had limited English skills and the students often found that they were the only ones who spoke English and this compromised their learning opportunities.

“International students with limited English skills have a hard time on placement, but it is also difficult for their English speaking peers because it falls to them to help and guide them. I find it hard work being followed around by my fellow students, I am trying to learn and they are depending on me to help them communication.” 25_5 3rd year

“Some of the nursing staff at the hospital placement were difficult for me to understand because of their poor english language.” 321_26 1st year

In addition to linguistic skills limiting students’ ability to speak up, younger students were often felt to have difficulty making their learning needs known because they were perceived to be less confident and assertive.

“I have the feeling that I felt more confident about speaking up and asserting my interests compared to some of the younger students.” 462_30 1st year

Written communication and the quality of documentation in the clinical environment was a concern for many student participants and exacerbated the communication issues experienced by students with ESL. Students commented on the difficulties associated with deciphering handwriting in patient medical records, the use of abbreviations and complex medical terminology.

“Some Dr's and nurses' hand writing are so hard to recognise, especially for non-English background person. It is hard to guess by using common sense as non-English background person does not grow up here.” 137_25 3rd year

“Doctors and nurses writing is very hard to read, even as an english speaking Australian born individual.” 431_25 2nd year

Students with children spoke of the many difficulties of juggling parental responsibilities and clinical placement requirements. Some of these students perceived a need for more understanding and flexibility, especially in regard to being kept back late when children needed to be picked up from school, the timing of clinical placements in the week prior to Christmas, and the lack of designated private areas for expressing milk, if breastfeeding. In addition to these stresses, late notification of the scheduling of clinical placements added to the difficulties of managing these challenges with parental responsibilities.

*“I am a single mother, and have responsibilities that aren't catered for by *****, nor understood by my facilitator.”* 65_28 2nd year

There were staff participants who perceived that students with parental responsibilities expected their requests to be prioritised over others.

“Students who have children often feel their needs/requests should be prioritised over those who don't. This is irrespective of whether they are a younger mother or not.” 130_4 Staff (facilitator)

“Surviving financially”

Many of the student participants, particularly those with carer responsibilities, cited the challenges of accommodating aspects of the clinical placement experience into their lives and described the inflexibility they found in the system. Income is a secondary dimension of diversity (Loden & Rosener 1991) and a recurring comment from both students and staff participants was the financial strain of clinical placements for some students. Responsibility for generating an income to support themselves as students, either as a single person or as a parent with dependents was another point of difficulty for many students. The challenges of surviving financially for these students were amplified by the indirect costs associated with undertaking a clinical placement, especially if they had to suspend their part-time employment hours or were undertaking a rural placement which incurred travel and accommodation costs.

“The hardest thing about clinical placements is surviving financially during this time.”
277_34 1st year

“It must be hard for students to work for three to four weeks with no pay whatsoever, and also whilst doing clinical are unable to work at their usual source of income in part-time work.” 18_8 Staff (facilitator)

6.2.1.3 Discrimination

In the preceding sections, students and staff perceptions have been presented illustrating diversity with a spectrum of different experiences during nursing students’ clinical placements. Often these differences caused difficulties.

In many situations, the difference or difficulty voiced by staff and student participants revealed intolerance, discrimination, prejudice and racism. Both staff and student participants expressed views and reflected a culture far from the expected caring community within the ‘work experience’ of the clinical environment. Such instances involved student to student, clinical supervisor to student, student to patient, and patient to student. There were instances, however, where experiences of perceived racism were reflected on and used constructively.

Participant comments recounted inappropriate workplace cultures, poor facility staff relationships and many staff unwilling to help students, often leaving them unsupervised, discouraged and regretting their career choice. Students and staff participants noted that the expectation of the RN as a teacher, outlined in competency statements (Australian Nursing and Midwifery Council (ANMC) 2006), was often not met.

“Prejudices do prevail”

There were many examples of inappropriate name-calling, lack of respect and a poor understanding of language and cultural barriers. Many responses indicated instances of prejudice, discrimination and stereotyping.

“the nurses would always say ladies, and never gentlemen.” 30_564 1st year (male)

“Many of the older students feel prejudiced by hospital staff both in attitude toward their age and the opportunities for positions. Some wards are out rightly prejudiced toward some international students, particularly the Chinese rather than other nationalities.” 8_56 Staff (lecturer, facilitator)

“Students with Asian surnames may be rejected from some placements (without even knowing that they were born in Australia). Students from India are perceived as highly likely to cheat and be incompetent in clinical areas. Chinese students are automatically perceived as not being able to speak good English.” 3_2 Staff (lecturer)

“Racial prejudices do prevail in our country and English as second language students from racial minorities do suffer from these prejudices.” 68_3 Staff (facilitator)

Both staff and students noted an adverse workplace culture, in terms of conflict between facility staff and attitudes towards students by staff and sometimes facilitators.

“The health professionals are not welcoming, or understanding. I felt that the culture of the ward was so stressful; it could have been made less stressful if the RN's would stop bitching and back-stabbing each other. The RN's would also insult us on our lack of skills; this made me feel angry as I have limited experience. I felt unsupported, for example, I was often practicing unsupervised. ” 505_34 1st year

“some clinical facilitators have let the position of power go absolutely to their poor depraved heads. I have been in that position of being bullied and harassed and I can say now it was so very threatening and personally disabling for women to treat each other so pathetically. I have witnessed other students, especially internationals subject to the same brutal treatment as myself. ” 336_34 3rd year

“I have also had the nastiest experience from having a wretch of a facilitator with constant bullying and harassment from her and eventually she failed me. ” 618_34 3rd year (mature aged).

“students who are ‘different’ are perceived as a burden and unwelcomed by teams which are struggling to maintain their own integrity, often staff will variously scapegoat, bully, persecute, ignore, criticise students in general, but in particular they will tend to seize on difference. ” 105_4 Staff (facilitator)

“Stop eating our young. We all had to learn and start from the beginning and clinical experienced nurses tend to forget this fact.” 128_8 Staff (lecturer)

“Send them home”

Racism was evident, perceived and observed by both student and staff participants. Many responses were explicit, indicating inappropriate comments occurring between students, between facility staff and students and also between patients and students, such as a patient refusing care from a student who was Asian (213_25 2nd year).

Although issues pertaining to gender and age were expressed, the majority of responses related to ethnicity, race and language, including instances where racism was reported but ignored.

“I’ve worked a lot with students with variable English skills and it’s a HUGE problem. I believe it’s a lightning rod for racism.” **35_8** Staff (facilitator, lecturer, RN in clinical facility)

“Sometimes where there are high levels of dissatisfaction within nursing teams you will even find racism and other forms of prejudice and externalisation of their own dissatisfaction.” **105_4** Staff (facilitator)

“In today’s society, some academic staff are concerningly racist!” **8_32** Staff (lecturer)

Some comments were disconcertingly racist.

“My last clinical placement was fine. Just improve the international students please or send them home.” **77_32** 1st year

“I am an Australian student, who was in a group with Chinese and Nepalese students. The chinese students spoke to each other in mandarin, and the nepalese in nepalese. I felt repulsed that I was being made feel like a minority by immigrants, doing a nursing course, that cannot speak English, or want to communicate with others who are different from them.” **505_28** 1st year

“I found caring for different culture can be rarely [really] very challenge. For example, I am a catholic christian and I against to muslim religion. I can keep my composure and treat them with adequate manner. However, if they don’t speak English, ask too many things do for them compared to the majority of population and disturb medical interventions, then I am unsure how will I provide the best care for them.” **437_26** 2nd year

“My Placement Facilitator did state (voice) discomfort with ‘the number of new, non-Australian nurses who happened to be flooding the Australia nursing scene.’ This statement and further comments were made based on the new, non-Australian nurses’ ethnicity/accent/original nationality/cultural practices - with blatant disregard for the nurses’ personal strengths, love for Australia, intelligence, commitment to nursing, and/or other assets.” **303_30** 3rd year

Staff participants indicated that the frustrations within the healthcare system may be exacerbating some of these prejudices.

“At the moment there is a lot of anger and resentment from nurses within the health system because of many issues and it has a flow on effect to students. This is particularly the case for students who are different, and particularly those from other cultures and NESB [non-

English speaking background]. I don't see this changing in the near future. I feel very sad and frustrated about this.” 149_7 Staff (lecturer)

“Walked away”

Student participants reported on aspects of being ‘buddied’ to facility staff. Some participants reported encountering inspiring, supportive and enabling staff, but many did not. Some staff were noted to be unsupportive, unwelcoming, unapproachable, and unhelpful, who on occasions “just walked away” (432_34 3rd year). Some students experienced bullying and harassment, which sometimes resulted in students questioning their career choice. Staff participants questioned facility staff commitment to students and reported negative attitudes.

“[RN’s] need to be educated in how to treat students as human beings.” 292_34 3rd year

“Some of my placements have made me regret pursuing nursing as a career. If I had known what I know now I would have considered a different profession.” 663_34 3rd year

6.3 Conclusion

This chapter has presented the qualitative findings of the survey for both students and staff, providing an insight into the clinical practice experience for students who are different, feel different, or who are perceived to be different. The analysis has revealed that both primary and secondary dimensions of diversity (Loden & Rosener 1991) have impacted on the nursing students’ experiences during clinical placements to make students feel different, which has in many instances led to difficulty and in some cases discriminatory attitudes and behaviour. The next chapter will integrate the qualitative findings and quantitative results, address the research questions and include recommendations based on these findings.

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CHAPTER SEVEN

Integration, Interpretation and Discussion

7.1 Introduction

As highlighted in Chapter One, diversity is concerned with differences between people in terms of personal characteristics. Attention was also drawn to research findings indicating that nursing students who perceive themselves as different, or are perceived by others as being different, often have negative experiences during their clinical placements when compared with students who are not seen as different. In terms of the increasing ethno-cultural diversity in Australia, which is reflected in the patient population, it has become increasingly important to provide a nursing workforce that reflects this diversity, and is better able to meet patients' needs.

Exploring the experience of nursing students from a perspective of diversity is essential in order to provide equity in experience for students who are perceived as being or who feel different. Given the paucity of research in this area, there was a clear need to design a study that not only captured the experiences of a broad range and large sample of students' during their clinical placements, but enabled them to share this experience in relation to a range of diversity characteristics. This mixed methods study therefore set out to describe the clinical experiences of nursing students and the diversity characteristics that relate to this experience.

This chapter integrates the quantitative results presented in Chapter Five and the qualitative findings presented in Chapter Six. As a convergent parallel mixed method study the datasets were analysed separately and equal weight given to the interpretation of the qualitative and quantitative data although the discussion emphasises the qualitative data because of the richness of the data. In the first section of this chapter, the research questions have been used as a framework for integrating, interpreting and discussing the study's findings. In the second section of this chapter, the results relating to the theoretical framework and model presented in Chapter Three are discussed. The need for further research and recommendations are integrated into the discussion and these will be summarised in the Chapter Eight together with the overall conclusions of the study.

7.2 Integrating and interpreting the data

Three themes were refined from the qualitative data in this mixed methods study and is shown in Figure 7.1

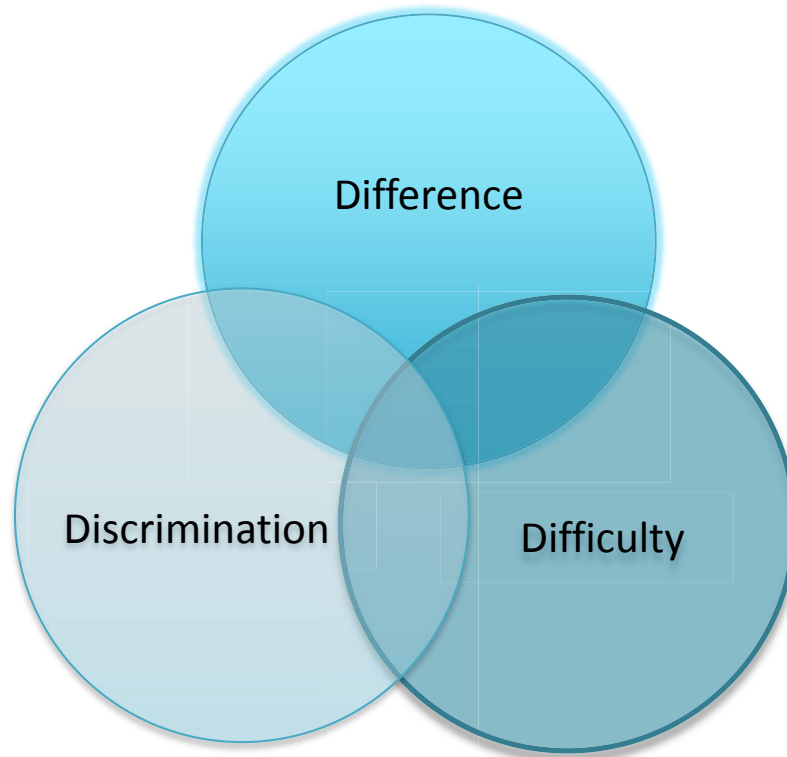


Figure 7.1 The interaction between the themes

The qualitative data, analysed thematically, revealed that both students and staff perceived the sociodemographic characteristics of age, gender, language, religious belief, income, parental status, and previous qualifications and work experience as making a difference to student experiences during clinical placements. These included both positive and negative experiences and were affected by the differences perceived in the attitudes of supervisory staff and student peers. Although some participants acknowledged and accepted these differences, others felt that these differences presented difficulties and on occasions appeared to be the basis for discrimination including inappropriate behaviour, unacceptable comments and overt racism and sexism. These findings confirmed the choice of a mixed methods as only the sociodemographic characteristics indicating difference was found quantitatively.

The overall research question was what are the relationships between diversity characteristics and the clinical placement experiences of nursing students? Additional specific questions drove the qualitative and quantitative data collections (Andrew & Halcomb 2009). The study is concerned with the more commonly defined demographic characteristics age, gender, ethnicity,

language, religious belief, sexual orientation, educational background, income, marital status, parental status, and work experience and disability modified from Loden and Rosener (1991).

7.2.1 Research Question 1

What are the diversity characteristics of Australian nursing students?

The demographic characteristics of the student sample from 7 universities involved in the EDAN study reported in Chapter Five (Table 5.2), were similar to the demographics in another recent study involving nursing students from a single university in Australia (Salamonson et al. 2014). Nearly 90% of the students in the EDAN study were female, and over a quarter of the respondents spoke a language other than English at home. There were some notable differences in the EDAN study compared with the Salamonson et al. study, including more students: with no previous nursing experience prior to commencing their course (62% EDAN vs. 41%); undertaking paid work during the semester (72% vs. 56%); and employed in nursing or care-related employment (62% vs. 29%). The mean age was also slightly higher (28 vs. 26 years). Earlier studies in New South Wales and Queensland showed fewer students born overseas and speaking ESL (Levett-Jones 2007) and in Queensland and South Australia fewer International students (Gaynor et al. 2007) .

These data support how the age, gender, language spoken and participation in paid work demographics has changed over the last thirty years and since nursing education moved from being ‘on the job’ training into the tertiary sector. Whereas, previously the predominant nursing student was the ‘traditional’ 18-year-old school leaver (American Association of Colleges of Nursing [AACN] 2005), who spoke English as a first language, the ‘non-traditional’ student in 2004 is defined as being 25 years and older, a member of an ethnic and/or racial minority group, and speaks English as a second language (Jeffreys 2004) . These demographic changes also confirm the need for this current study as to how they may have affected the experiences of nursing students during their clinical placements.

7.2.2 Research Questions 2 and 3

What is the relationship between a student’s diversity characteristics and their clinical experience?

Are students’ who feel different less likely to have a positive experience on clinical placement?

Although some students acknowledged and accepted difference, the quantitative and qualitative data confirmed that diversity characteristics affect students' experience on clinical placement.

"By all being different, I didn't feel different. Just one in the mix." 620_28 3rd year

"Everyone is different, it never bothers me." 226_28 3rd year

As indicated in Figure 7.1, the qualitative findings revealed that both primary and secondary dimensions of diversity (Loden & Rosener 1991) impacted on nursing students' experiences during clinical placements to make students feel different, which in many instances led to difficulty and in some cases discriminatory attitudes and behaviour.

Just over half of the students stated that they felt different to other nursing students in their group during their last clinical placement. When comparing the sociodemographic characteristics of those who stated they felt different with those who did not, significant differences were noted for students who were older, were male, were international students, had previous nursing experience, had poorer English language skills, had a previous degree, were non-Australian born and were not in paid employment (Table 5.4). Additional self-report characteristics for students who perceived themselves as 'different' were having a previous nursing qualification and speaking English as a first language (Figure 5.1). The finding that speaking English as a first language made some students feel different was only captured as a result of the qualitative data.

The sociodemographic characteristics found to make students feel different during their clinical experience (those who were older, were male, were international students, had previous nursing experience, having a previous nursing qualification, had poorer English language skills, spoke English as a first language, had a previous degree, were non-Australian born and were not in paid employment) will now be discussed further and whether these students were less likely to have a positive experience on clinical placement will be considered. These differences will be supported by qualitative comments including those indicating perceived difficulties and discrimination. The sociodemographic characteristics of students who felt different will be discussed in three groups: age and previous nursing experience, parental responsibility, finance and work experience and language followed by gender, disabilities and sexual orientation where there were far fewer comments.

7.2.2.1 Age and previous nursing experience

Being older was commonly cited for 'feeling different'. These students were also more likely to have previous nursing experience, a nursing qualification or a previous degree, which were also found to contribute to 'feeling different'. Being older and previous nursing experience prior to commencing the course were significant predictors of 'feeling different' on clinical placement. It should be noted that 'previous experience' in the demographic data included students with a previous qualification (EN, overseas qualified RN) and those who had experience as an AIN or a personal care assistant (PCA). From the qualitative comments, the students with a previous nursing qualification were more likely to report having a negative experience whilst those with AIN or PCA experience had mainly positive experiences.

In this study the comments were made by older students (mean age 29.2). The benefits of maturity, previous life and work experience were reported as positive aspects of being older, which assisted them on their clinical placements. Older students as well as and those with previous care-associated experience also felt that these characteristics often had positive consequences on their learning experiences because they were more familiar, confident and comfortable in the facility and felt that it was "less confronting" (425_28 2nd year). Some older female students found that maturity in terms of life and nursing experience was enabling and enhanced good relationships with patients and clinical supervisors, often because of practised negotiation skills, a finding supported by Kevern and Webb (2004). Both staff and students mentioned that maturity, previous life and work experience could lead to older students being treated better during their placement.

"I found that I was treated better by my facilitator because I was older. For example my facilitator said that she did not have to watch me as closely because I was 'more mature'."

516_30 3rd year

"Those with previous experience are often treated better. I think this is because they can be more part of the team and staff pick up on their comfortability with patients." **97_4** Staff (Facilitator)

Despite these positive comments, a number of negative comments from older students and those with prior qualifications often revealed a lack of understanding by staff of their learning needs.

"I felt sometimes I was treated differently because I am slightly older, and because I already have another degree in nutrition." **368_30** 1st year

“My facilitator was not very supportive of my concerns and fears surrounding some of the patients [acute mental health observation ward] because he thought that as I was an older, experienced EN.” 145_29 3rd year

Participants felt that previous nursing experience and particularly a nursing-related qualification were not always recognised or were devalued or at times dismissed. Students often felt disheartened by the treatment and attitudes displayed towards them and were critical of the lack of support they received because of this prior experience.

Several of the staff participants appeared not to understand the role confusion experienced by students with a previous nursing qualification. Role confusion is acknowledged when changing from being a registered nurse to a nursing student and results from a loss of status and from frustration when previous experiences and qualifications are not acknowledged (Begley 2007). This would suggest that university, student and supervisory staff need to be more prepared for identifying and managing role confusion. It is essential to explore the training requirements of facility RNs regarding their mentor role with students with prior nursing or relevant health experience. Especially since the numbers of nursing students who have a previous degree or qualification and the number of conversion course for overseas RNs and ENs and shortened nursing courses for those with previous degrees are increasing (Aktan et al. 2009).

Older students without previous nursing experience found that clinical supervisors had higher expectations, often assuming that they had previous nursing experience. This does not appear to have been reported before in other research.

“Nursing staff had an expectation that I had previous experience, being an older student.[...]” 460_29 2nd year (aged 34)

“I lack confidence and feel as though I should know more. It impacts my ability to learn. Little clinical practice at university does not allow confidence building in areas of assessment while on placement.” 662_33 2nd year (aged 29)

There were disconcerting consequences for older students, who were often given more responsibility based on the expectations and assumptions made by staff that they had nursing experience, and those students who did have prior qualifications were treated as a qualified nurse and worked unsupervised. Working beyond the level that the student is with the course could lead to adverse consequences for them and it was interesting that these students did not speak up about these instances, as generally older students were more assertive. This area requires more research.

Some older students reported being the recipients of inappropriate comments and experiencing bullying and harassment (336_30 3rd year)

“some criticism shown towards me regarding my age (my age was mentioned and I was told that people of my generation cannot think critically which is necessary in nursing and therefore I'm only suitable for age care) - stated by a facilitator that I would never get a Graduate position.” 258_29 2nd year

Although ageist stereotyping towards patients has been reported (Draper 2005), and ageist discrimination demonstrated by health professionals (Letvak 2002), ageism and older nursing students appears to be a more recent phenomenon and requires further research.

Older students also made more comments than younger students about their personal qualities, values, interests, work ethic and attitudes to learning having positive effects on their clinical experiences, and believe they showed more commitment.

“I feel that because of my maturity and attitude I was able to become involved in many situations that other students did not get to experience.” 322_29 3rd year (aged 49)

Some older students arrived early for the shift, explored all learning opportunities, were keen to learn, worked hard, asked the facility staff questions and requested appropriate experiences to meet their learning objectives.

Another reason for older students ‘feeling different’ was their loss of identity which has previously been described by Vallant and Neville (2006). They perceived that they were seen by their clinical supervisors as a nursing student rather than, for example, a mother or a person with diverse previous working experiences. The perceived loss of identity was particularly evident for students with previous work experience.

Older students often enter university via alternative entry pathways (Christensen & Evamy 2011) and have been identified as most at risk of early withdrawal, failure or poor performance (De Silva, Robinson & Watts 2012). The reasons why older nursing students withdraw from their studies has been investigated (Kenny et al. 2011) but there are few studies that have included aspects related to clinical placements (Cuthbertson et al. 2004). The EDAN study provides important insights into why some students who felt different find that the clinical area failed to live up to their expectations and was a cause of disenchantment.

“I felt a bit disenchanting with nursing at the moment, I'm happy with my university study but less than enthusiastic with clinical placement as some of the staff are out to make your experience difficult.” 146_32 3rd year (30 years)

It is of note that a small proportion (1%) of students who reported feeling different cited being younger as the point of difference. The younger students with little nursing experience described feeling especially vulnerable in the clinical area, isolated, lonely and lacking confidence, which led to feelings of anxiety.

“I felt that my young age had a great impact on my clinical experience and my lack of acquired life skills and nursing knowledge affected my confidence and the perception of others towards me.” 374_25 2nd year (19 years)

As fewer school leavers are choosing nursing as a career and many undergraduate places at the university are taken up by older students (Drury, Francis & Chapman 2009) it will be important for nursing schools to consider this perspective if the number of direct entry school leavers continues to decline.

Many factors have previously been shown to impact on students' experiences during their clinical placements, belongingness (Levett-Jones et al. 2008), confidence and anxiety (Chesser-Smyth 2005). There is evidence that students' self-confidence can be easily undermined by inappropriate attitudes of their clinical supervisors, and lead them to feeling undervalued (Chesser-Smyth & Long 2013). However, these studies do not specifically refer to younger students or perspectives of diversity.

Some of the findings of the EDAN study have been found in other research. Hasson et al. (2013) found that student participants with previous care-related experience felt they had an advantage enabling them to feel more confident during clinical placements, whilst those with no prior care experience felt disadvantaged in that they did not adjust or fit into the placement as quickly as others, and this affected their learning. As with this EDAN study, a minority with previous nursing experience felt that this was not recognised during their placement. The Hasson study, however, did not mention the age of participants. The advantage of previous care-related experience in groups of students who feel different is worth further investigation, particularly as a switch from non-nursing-related work in Year 1 to nursing-related work in Year 3 has been reported (Salamonson et al. 2012).

In a study by Moseley and Davies (2008), RN mentors found the diversity characteristics in students of gender, age and previous experience less important than cognitive aspects of their

role assessing students and providing effective feedback, and it is interesting that these aspects were not commented on by the staff participants in this EDAN study.

The comments made by younger students about ‘feeling different’ reinforce how this demographic has changed (Salamonson et al. 2012) from being the mainstay of the nursing student population, and the consequence of this change requires more investigation. This change was particularly evident in the EDAN study when students reported feeling like ‘outsiders’ when placed within a different aged group. Older students felt that the immature behaviour of some younger students hindered their learning experiences.

‘I feel the immature behaviour of some younger students hindered my learning experience.’
283_26 3rd year

The composition of groups would seem to be important for students when on clinical, and whether this affects learning is a question that would warrant further investigation.

7.2.2.2 Parental responsibilities, finance and work experience

Four of the diversity characteristics defined by Loden and Rosener (1991) were shown to have affected the experiences of nursing students causing difficulties during their clinical placements and were reported in the qualitative comments. These were income, marital and parental status and prior work experience and are included here because the comments were made predominantly by older students. Those students revealed that parental responsibilities were adding to the stress of clinical placements and they perceived that little consideration was taken of these needs.

“I had little support from my facilitator, who on several occasions wanted us to remain at the hospital for longer than the shift time to study and debrief, not understanding the need for me to pick up my children. [...]” 65_28 2nd year

Several students noted the lack of a marital partner had a detrimental consequence.

“A negative impact [on clinical] was that my differences as an older single mother put me in a different social/generational group which felt a little lonely and isolating at times.”
474_30 Year not disclosed

Staff reported that some students expected their requests to be prioritised over other students.

“Students who have children often feel their needs/requests should be prioritised over those who don't.[...]” 130_3 Staff (role not disclosed)

Both staff and student participants indicated that placements caused financial difficulties and this was the case not only for students with family responsibilities.

“The hardest thing about clinical placements is surviving financially during this time. With no extra support from Centrelink during this time and with assignments due I found I was struggling a lot. I had to work a Saturday shift to be able to afford groceries and working 6 days a week and doing my assignments on my only day off was just exhausting. More support for student nurses would be great because we are giving up a lot to be able to help others.”

277_34 1st year

Financial problems are common reasons why older students withdraw from their courses (Gidman et al. 2011; Kenny et al. 2011) with Australian students reporting more problems than Scottish students relating to clinical placements (Cuthbertson et al. 2004). In the UK nursing students with a ‘provider’ role in a relationship reported financial difficulties (Bowden 2008). Financial problems, particularly for single parents, were identified as a challenge for clinical placements in the UK (Gidman et al. 2011). Jeffreys (2007) found that finances, employment and family responsibilities were perceived by non-traditional students (e.g. older, prior work experience, and ESL) as being the most important variables influencing retention. Avenues to support these students, particularly during clinical placement, would seem to be an important priority and the financial problems reported by students in the EDAN study emphasises the need to investigate a more formalised type of faculty-approved nursing-related paid employment. Although not found specifically to have an effect on clinical performance, the duration of time spent by nursing students in paid work during semester time has been shown to have a negative effect on academic performance (Salamonson et al. 2012). Students in this study spent on average 19.6 hours per week in paid employment. The participation of full-time students of all ages in paid employment is usually for financial reasons (Curtis & Williams 2002) because of decreases in government support and the increasing costs associated with studying (Darmody & Smyth 2008) and to support their lifestyle (Polidano & Rezida Zakirova 2011). A positive consequence of being in the workforce is that students’ report greater self-confidence (Robotham 2009). This may help to explain why, in this study, those who were in paid work were less likely to feel different from those who were not in paid work during clinical placements. This ‘paid work’ was in both in the care-related and non care-related area.

7.2.2.3 Language

The area of spoken language generated much concern and elicited many comments from both student and staff participants indicating difficulties and discrimination. This section is divided

into two parts: firstly, students with ESL, foreign-born and international students, but this part also includes domestic students who speak ESL. The second part relates to students who speak English as a first language and who are of Anglo-ethnicity and members of the dominant Australian culture.

Students who speak English as a second language

As stated above, international students, those who had poorer English language skills, and those who were born outside Australia were statistically more likely to ‘feel different’. When asked specifically why they ‘felt different’, 15% reported that it was because they spoke English as a second language or were from an ethnic or racial minority group, or because of their religious beliefs and practices. Although there were few comments pertaining to minority groups or religion specifically, comments from both students and staff indicated that language literacy remains a real problem, with many speaking up about the difficulties and consequences this presented.

“A problem is language skills. The number of foreign language students in nursing courses who cannot speak or write basic English is a source of frustration for all in the health industry – English speaking students say the foreign language students make mistakes because they misunderstand and they reduce the learning experience for English students because they need more time for instruction due to misunderstanding and misinterpreting. Patients complain about not being able to make themselves understood and ask for English speaking students or nurses.” 135_8 Staff (facilitator, lecturer)

In a Canadian study, some students with ESL expressed doubts about their ability to deliver safe, competent nursing care (Donnelly, McKiel & Hwang 2009) although in the EDAN study, this concern was reported by others such as facilitators and nursing students.

That students’ with ESL reported ‘feeling different’ during their clinical placements would seem to add to the literature indicating that these difficulties are because of language (San Miguel et al. 2006). Most of the comments made by students with ESL reflected the consequences of difficulties in speaking and comprehending English. They ‘felt different’ because of not fully understanding others, or not being understood, and this impacted on their skill development.

“[...] the facilitator being more of a language teacher/interpreter because clinical skills can't develop when information is not understood.” 100_3 Staff (facilitator)

Their lack of language skill also affected their confidence to communicate with others and thus they did not gain much from their placement experiences. Donnelly (2009) too reported students experiencing difficulty speaking up, and engaging assertively with peers, instructors, as well as patients. In the EDAN study students felt that they were treated differently because of their accents, a finding supported by previous studies (Guhde 2003; Sanner, Wilson & Samson 2002).

“clinical placement is the best environment to practice my nursing skills. however, i am from different cultural background, i sometimes have some difficulties in language and practical skills.” 608_34 2nd year

The mix of students during placements often meant that students with ESL did not have opportunities to speak English during their placement with English speaking students.

“In my clinical placement, I practiced with Chinies and Korean student. I am not good at English speaker so I felt that I cannot speak english than other students.” 374_30 3rd year

Various instances were cited of being left out of conversations and not being given as many learning opportunities and this often led to feelings of loneliness or isolation as noted by Malecha, Tart and Junious (2012). Unfamiliarity with the English language was interpreted by staff as “stupidity and slowness” (Paterson, Osborne & Gregory 2004, p. 8), although comments were not so explicit and actions more covert.

“There was an Indian girl on my placement, and I felt that I was given more opportunities than her to do extra activities, such as go to theatre and observe, or participate in complicated procedures, because the staff could communicate quickly and easily with me, where she did not pick up new knowledge as quickly due to a slight language barrier.” 652_30 3rd year

Staff indicated frustrations when students nodded that they understood when it was apparent that they did not. On many occasions, intolerance was shown because of the extra time needed by staff, resulting in the students being avoided by the staff and facilitators.

“Some RN's tend to avoid students with limited English, they dont make the extra effort to communicate with these students.” 144_4 Staff (facilitator)

Poor language skills have been shown to result in negative experiences during clinical placements (Mattila, Pitkäjärvi & Eriksson 2010), and research suggests that support prior to clinical placement can improve communication skills and confidence and lead to a positive

clinical experience (San Miguel et al. 2006). It remains apparent, however, that far more support is needed both at university and during clinical placements. Suggestions from the EDAN participants included that students should achieve a specific level of language literacy before being placed in the clinical environment, that more support and time be given to the facility RNs and facilitators to undertake this role so that students with ESL do not ‘fly under the radar’, and that students with ESL should be placed with an RN with good English literacy. It is known that students with ESL flourish when staff give emotional support, treat the student as an individual, and have a personal interest in them (Gardner 2005a) and when staff are patient, approachable and aware of students’ strengths and needs (Donnelly, McKiel & Hwang 2009). However, because of the time needed, staff may feel that other pressures preclude this level of support. Also, the expectations of staff and facilitators are not always congruent with the needs of students with ESL (San Miguel & Rogan 2012). The EDAN study supports the findings of San Miguel (2012) in that both universities and facilitators need to be more explicit about the expectations of clinical placements, indicating that facilitators may require more specific information and strategies to effectively support students with ESL.

The majority of comments regarding the consequences of English language literacy came from staff and student participants who did not speak ESL. Students with ESL may have not wanted to elaborate on the full impact of poor language skills during clinical placement despite the anonymity of the survey. It is of concern that the situation faced by students with ESL in Australia appears to have changed little since 2000, when it was reported that they faced negative reactions and what appeared to be ethnocentric behaviours during clinical placements from facilitators and facility RNs (Shakya & Horsfall 2000).

As international students and students with ESL will ultimately contribute to Australia’s multicultural healthcare workforce to care for culturally and linguistically diverse patients, it is important these students are supported to complete nursing education programs (Council of Australian Governments 2010) and it is imperative that poor language literacy is addressed. Unfortunately, students with ESL have also been identified as a population with high attrition (Eick, Williamson & Heath 2012; Porter 2008). They are also considered at high risk of failure at university, particularly during their clinical placements (Rogan et al. 2006) and this often precipitates their leaving. Support programs therefore need to be expanded to help develop the language skills of students with ESL in the clinical areas (Rogan et al. 2006; San Miguel & Rogan 2009; San Miguel & Rogan 2012; San Miguel et al. 2006). Staff perceived however that linguistic support was not taken up by some students and therefore embedding language skills development in appropriate subjects that focus on nursing communication skills is an important strategy as well as developing intervention programs that lead to competence in clinical

communication and conversational English (Glew 2013). It is imperative that proactive measures are taken, although some authors feel that it is highly improbable that entry level for language literacy will be raised (San Miguel, Townsend & Waters 2013). For admission into a Bachelor of Nursing program, most universities in Australia require an international student to have an English proficiency test result of an academic IELTS with at least an overall band score of 6.5 and a minimum of 6.0 in a band for the reading, writing, listening and speaking modules (University of Western Sydney 2013a). It should be noted that nursing programs may also require IELTS results for domestic students with ESL. There have also been instances where testing revealed IELTS scores between 3.5 and 6.5 in new graduate nurses with ESL (Australian Resource Centre for Healthcare Innovations 2008), despite apparent proficiency in each of the competencies relating to communication skills being taught and evaluated systematically during the pre-registration BN courses (Australian Nursing and Midwifery Council (ANMC) 2006). The Garling report reiterated that exemplary communication skills were integral to safe and effective healthcare and the elaborated the role of nurses in achieving these outcomes. It is imperative that this recommendation concerning communication skills continues to be implemented (Garling 2008).

Issues of safety were also raised in this study, with patient care potentially compromised by poor language skills (Australian Resource Centre for Healthcare Innovations 2008).

“[...] some [international students] lack a basic ability to read and interpret a basic doctor or nurse progress note entry, and i believe this is unsafe practice, both for patients and staff.” 160_7 Staff (facilitator)

Poor communication occurring between the nursing students, clinical staff or patients is an instance of unsafe nursing practice (Killam, Luhanga & Bakker 2011) and although not reported specifically for students with ESL, may be more likely to occur with students with poorer language literacy. Current nursing students may soon be in the workforce and there are serious consequences of poor language skills for registered nurses, such as being removed from the register of nurses because of recurring poor nursing practice (Nurses and Midwives Tribunal of New South Wales 2010). However, it was not until 2010 that the Nursing and Midwifery Board of Australia (NMBA) responded to the need to ensure an appropriate English skills standard for nursing (Nursing and Midwifery Board of Australia 2010). This standard means that in order to register, applicants who completed schooling overseas in a language other than English are required to demonstrate language proficiency in four bands: listening, reading, writing and speaking, by completing the International English Language Testing System (IELTS) with a score of 7 in each band, or the Occupational English Test with grades A or B only in each band

(Nursing and Midwifery Board of Australia 2011). These measures give a person's English proficiency at a point in time; the IELTS test being used to indicate whether a student has a sufficient level of English proficiency to cope with the linguistic demands of tertiary studies, and a score of 7.0 being "probably acceptable" for linguistically demanding academic courses (Bayliss & Ingram 2006, p. 1). However, nursing students not only need to perform adequately in English in all bands for the purposes of their academic study, but most importantly need to be fluent during clinical placements, both being Anglophone settings.

It should be noted that data for this study was collected two years after the NMBA raised the standard for English skills and the consequences of this change should gradually be becoming more apparent in the clinical areas.

Students speaking English as a first language

In some placements, both staff and students had limited English skills and some students therefore found that they were the only English-speaker while other students and staff spoke to each other in their primary language. Although these English-speaking students were of Anglo-ethnicity and members of the dominant Australian culture, in some clinical settings they 'felt different' because of this.

"Having english as a first language and being white in colour I feel I am treated better and it is assumed I am more knowledgeable than I actually am, however I have experienced reverse racism in placements where cultural diversity is predominant." 614_30 2nd year

Students with English as their first language identified the challenges of being a member of the dominant culture but often a minority in the workplace. There is no literature that reports the finding that students who speak English as a first language perceive their learning may be compromised by being unable to communicate with and needing to support, help and guide students with ESL. In this study, 3.7% of students commented that they 'felt different' because of speaking English as a first language.

"[...] I was the only Domestic student at my placement and I couldnt relate experiences due to the fact they were not speaking english and i couldnt understand what they where [sic] saying." 624_28 2nd year

Being 'buddied' with RNs with poor language skills was reported to compromise learning opportunities.

“I was placed with a nurse who did not speak very good English and it was hard to communicate my objectives and what I was in my scope of practice. Whereas other students had greater learning opportunities.” 514_30 2nd year

The finding that nursing students from the dominant cultural group, i.e those with English as their first language, felt disadvantaged was not anticipated. There is an expectation that the language used in the clinical area is English and for many students this was not realised. The students felt disadvantaged as they were unable to utilise their learning experiences fully because of the difficulties experienced not only with students with ESL, but also staff, speaking their first language when in groups. Current statistics indicate that 26% of Australia’s population is born overseas (Australian Bureau of Statistics 2012b) and although Australia does not have long term projections, in the US minorities, now 37 percent of the US population, are projected to comprise 57 percent of the population in 2060 (US Census Bureau 2012). Similarly, although Australia does not have a national profile of nursing students, it is known that in the US nursing students from minority backgrounds represent 28.3% of students in entry-level baccalaureate programs in 2012-2013 (American Association of Colleges of Nursing 2013). Thus in terms of the language spoken in the clinical learning environment there are significant future implications as minority groups become the majority. In the present however, it would not be appropriate to assume that the dominant cultural group does not have issues with regard to feeling different and/or being discriminated against. There would seem to be a need for Australia to develop a national profile of nursing students as in the US (American Association of Colleges of Nursing 2013). Universities record data on various diversity characteristics of nursing student cohorts, for example, age, sex, country of birth, ESL, disability, admission basis (Gozzard 2013) and it would be beneficial if these data could also be recorded nationally.

In one UK qualitative study, internationally recruited RNs and the predominantly white English nursing students they mentored were participants. It was found that the differences between them were viewed as a problem, but not because of language. The nursing students adopted strategies to undermine the internationally RNs (Scammell & Olumide 2012). Although this behaviour was not reported, it was clear in this study that language was a problem that still needs to be addressed despite the NMBA raising the standard for English skills.

7.2.2.4 Gender

Although male students reported ‘feeling different’, the qualitative comments suggest this is in a positive way. Male students in this study indicated that they were welcomed during their clinical

placements, unlike research by O'Lynn (2004), where 92% of men reported they did not feel welcome in the clinical setting, and this is one of the perceived challenges that is said to have contributed to the current shortage of men in the nursing profession (Roth & Coleman 2008). In this study there were no disclosures of anti-male remarks found by O'Lynn, apart from groups being addressed as 'ladies' rather than 'gentlemen', which could be construed as discriminatory behaviour (Bell-Scriber 2008; Kouta & Kaite 2011), although it could also be thoughtlessness. The findings that male students felt isolated and unsupported (Stott 2007) was not apparent in this study and would tend to support the assertion that these male issues are now not as prevalent as the literature suggests (Ierardi, Fitzgerald & Holland 2010).

7.2.2.5 Disabilities

Only 1.3% of the students indicated that they 'felt different' to other students during their clinical placement because of a disability or special need, which would seem to support the finding that there is a lack of empirical data on the challenges faced by students with a disability during their clinical placements (Storr, Wray & Draper 2011). There was only one comment, which could mean that despite the anonymity of this survey, students did not feel comfortable elaborating the reasons why they 'felt different'. That more research is needed is supported by a report produced by the Disability Service at one of the participating universities indicating a 37.5% growth in demand from students with disabilities in the period 2009–2011, and this would appear to be increasing, with just under 25% of all students having academic integration plans (AIPs) (Allan 2012). AIPs provide reasonable adjustments to address the effects of the student's disability during their period study. Reasonable adjustments ensure that all students have equal access to university. This is done in line with the Disability Discrimination Act (Australian Government 1992) and the Disability Standards for Education (Attorney-General 2005).

"I felt I was undermined because of special requirements I may have needed, I also felt I was misunderstood in determination and enthusiasm for the course due to my requests."

374_30 3rd year

7.2.2.6 Sexual orientation

Only two percent of students in this study reported 'feeling different' because of their sexual orientation, and there was only one comment. This again could be that despite the anonymity of this survey, students did not feel comfortable elaborating their sexuality.

In the Australian Census, sexuality is not reported, although the most recent Census did include same-sex couples (Australian Bureau of Statistics 2012a). Although same-sex couples accounted only 0.7%, of all couple families (same sex and heterosexual) in 2011, there is no formal data regarding the actual number of lesbian, gay, transgender and intersex persons in Australia. In the UK, where sexuality data was collected for the first time in 2010, one in 100 adults reported being gay or lesbian, and one in 200 being bisexual (Office for National Statistics 2010), but there is no data on transexuality. 1.2% of Australians identify as gay or lesbian as gay or lesbian (Family Voice Australia 2012).

7.2.3 Research Question 4

How does the increasing diversity in Australia's patient and nursing workforce affect the experiences of nursing students whilst on clinical placement?

During clinical placements, nursing students have contact with patients, clinical staff and other nursing students who may be diverse. In a supervisory context they often have the most contact with facility nursing staff, mainly the RNs who may or may not be trained mentors or preceptors but are responsible for the supervision of nursing students. In Australia, clinical facilitators employed by the university usually have overall responsibility for the clinical experience and assessment of the nursing students.

This section will discuss findings pertinent to diversity in these three areas: the patient, nursing workforce, and student populations, and how this diversity affected the clinical experiences of nursing students. The findings are mainly qualitative, and as noted earlier students who reported 'feeling different' were significantly more likely to make comments.

7.2.3.1 The patients

Knowledge of cultures is one of the twelve universally applicable standards of practice for delivering culturally competent care (Douglas et al. 2011), and it was of note that many student participants perceived that, apart from Australian Indigenous peoples, they did not feel adequately prepared for the breadth of diversity encountered during clinical placement, particularly with regard to minority cultures, including linguistically diverse patients.

"We NEED to do a cultural subject that focuses on all cultures rather than doing a sole aboriginal subject!! We are missing out on important cultural facts and are disadvantaged!"

345_33 2nd year

Quantitatively, a moderate positive association was observed between cultural competence (caring for patients) and a positive experience during the students' last clinical placement.

Staff added that diverse students should be more aware of Australian culture to help them when caring, particularly for older Australian patients. Despite the increased emphasis on cultural competence and scholarly activity “to promote the advancement of transcultural nursing knowledge, research, education, and practice in health care worldwide” (Marrone 2011, p. 307), it was apparent that student participants felt unprepared and helpless in some situations, requesting more knowledge in this area.

“My university did not cover anything specific about other cultures such as practices we might encounter on the job- just that they should be treated equally and sensitively.” 169_33
3rd year

These inadequacies are not only perceived by nursing students. In a recent study in a coronary unit in Sweden, nurses, physicians, and assistant nurses with experience of caring for patients from many parts of the world had concerns about the type of knowledge needed to increase their cultural competence (Dellenborg, Skott & Jakobsson 2012). Cultural competence is “an ongoing process that involves accepting and respecting differences and not letting one's personal beliefs have an undue influence on those whose worldview is different from one's own” (Purnell & Paulanka 2008, p. 10). Some of the comments made in this study would indicate that there is a long way to go to achieve this. Student participants often showed more empathy towards patients, with facility staff presenting as very poor role models.

“CALD patients perhaps require more assistance and attention to ensure their needs are met. eg language barrier etc. attitudes of other staff often hinder communication and care, if the slowly deteriorating patient cannot get across what is wrong because their first language is one other than english, it is very difficult to treat pain and rehab them, especially if staff (more senior than me) think they are just 'playing the system or being lazy'.” 409_26 2nd year

Similarly, and as Purnell et al. (2011, p. 80) indicates when discussing employing staff from minority groups, cultural competency involves more than “We'll take you in but you will have to be like us”. This could also apply to attitudes to patients by our future workforce.

“[...] I found it difficult to communicate with patients who had immigrated to Australia, and did not understand any culture but 'theirs.' This is because I feel as if they hate 'my' culture, because they had no interest in embracing it. In addition, I feel that because the patients

were not understanding any culture but 'theirs', I felt as if I was the one who was supposed to change my views. In my opinion this is wrong, because I am of the belief that we are all to accept each other. As the saying goes, 'when in Rome, do as the Romans do'.” **26_506** 1st year

Knowledge of, and sensitivity to, diversity is acknowledged in both Australian Nursing and Midwifery Council (ANMC) and university generic attributes (Australian Nursing and Midwifery Council (ANMC) 2006; University of Western Sydney 2013b). Particularly in the domain of Professional Practice, one of the ANMC competencies is that the RN “Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups” (ANMC 2006, 2.3). Most universities will have generic attributes and one university in the study, under the umbrella of Indigenous Australian Knowledge, include that a graduate “Understands and engages effectively with the culturally and socially diverse world in which they live and will work” (University of Western Sydney, 2013). The current UWS nursing curriculum does indicate that diversity is covered more broadly, however, and is not limited to the Aboriginal and Torres Strait Islander community (School of Nursing and Midwifery 2013). Diversity is included in seven out of the 12 units of study in the three-year curriculum but none of the references or learning objectives indicates inclusion of any of the theories underpinning diversity, including those that were elaborated in Chapter Three.

It should be noted that there is often an assumption made that giving culturally aware and competent care will improve patient outcomes, but there is very limited high-quality research showing this relationship (Lie et al. 2011). However, this should not detract from including in educational curricula the many areas needed to enhance an understanding of and sensitivity to different cultures within healthcare facilities and attempt to eradicate some of the insensitivities apparent in this study.

There was only one comment about apparent racist behaviour of a patient to a student.

“it is all up to patients to response in multi culture against or not. some pts refused the care from me by my asian look only.” **213_25** 2nd year

The ICN (International Council of Nurses) Code of Ethics for Nurses (International Council of Nurses 2006, p. 1) states that “Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status”.

Some of the qualitative findings would indicate that relationships between staff and students within the clinical environment and their attitudes towards patients are not always respectful or tolerant of difference, which is unacceptable nursing practice according to international and national guidelines.

7.2.3.2 The placement workforce

Considering clinical placements as work experience, this secondary dimension of diversity (Loden & Rosener 1991), resulted in student experiences that were very different. Those participants who described meeting motivating, encouraging and enabling staff were predominantly students from the group who did not feel different. The comments in both groups, but particularly those within the ‘felt different’ group, reported experiences that reflected inappropriate attitudes and behaviour by facility staff, mentors and facilitators. Words used to describe the negative attitude towards nursing students included *unwelcome, unsupported, made to feel stupid, degrading, treated unfairly, discriminated against, ignored, don’t care, not interested in working with or teaching the students*. As has been reported “... it can be difficult to reconcile the ethos of the caring profession with the behaviour that is widely reported as being seen and experienced in the workplace” (Jackson, Cleary & Mannix 2013, p. 2), but this unethical behaviour may be viewed as normal, as expressed by one of the participants.

“[...] there are always bound to be nurses everywhere you go who ‘eat their young’.”
133_34 2nd year

Negative attitudes towards nursing students will often affect confidence and self-esteem. A study of first-year nursing students in Ireland has shown that factors occurring during clinical practice, rather than during theoretical preparation, exert the most influence on the development of self-confidence. More importantly, though, self confidence can be easily undermined by inappropriate attitudes of preceptors, poor communication, and feeling undervalued (Chesser-Smyth & Long 2013).

“[...] The RN buddies did not provide much support or encouragement to the students. They get very upset and angry if questions were asked or performance was too slow. Also the RN buddies were very busy to get on and complete their tasks on hand, with very little time to spend with students.” 590_34 3rd year

It is possible that the self-confidence and self-esteem of students who feel different may already be undermined because they perceive themselves to be different. A systematic review

(Jokelainen et al. 2011, p. 2862) describing the mentoring of nursing students in clinical placements during a 20 year period, from 1986 to 2006, found that successful mentoring involved “positive attitudes towards the student as a human being, including respecting and honouring the student as a person and a learner of nursing”. It can be seen how important this is to all student groups, particularly those who may feel different. The attitudes of placement staff, exposure to unpleasant placement experiences and lack of support during placements have been given as reasons for attrition related to clinical for both male and female nursing students (Brodie et al. 2004; Glogowska, Young & Lockyer 2007; Last & Fulbrook 2003; Wray et al. 2010). These findings also relate to the EDAN study, although there was only one student who reported that her experiences made her regret choosing nursing as a career but did not specifically mention leaving.

It is essential that the quality of clinical placements as a learning environment is addressed by creating effective academic-service partnerships (Nabavi, Vanaki & Mohammadi 2012). Of vital importance here are the negative attitudes of some RNs to working with students during their clinical placement.

“[...] some nurses do not like working with student nurses and they make this known and it makes me uncomfortable all shift.” 662_32 3rd year

Findings from an integrative review describing the experience of RNs whilst being a preceptor or mentor for students indicated that the ambiguity in their supervisory role was adding to the stress of RNs (Omansky 2010). Work stress included increased acuity, workloads, responsibilities and time pressures and the end result was that supervisory RNs were overwhelmed and exhausted. Although a major concern expressed by the RNs was guarding against student errors, it can be seen how this increased stress could lead to negative attitudes towards nursing students, particularly if exacerbated by poor language literacy.

In Australia, teaching is one of the competency standards for the RN (ANMC 2006), and it is apparent from this study that in some cases this part of their role is being neglected.

“[...] older nurses dont value the new system of teaching and wouldnt accommodate accordingly, once told ‘I am not a teacher i am a nurse’.” 181_34 2nd year

The finding of negative attitudes to working with students during their clinical placement is not new. Being supernumerary, nursing students in this study were ‘buddied’ with facility RNs and both student and staff participants indicated that some staff were not welcoming, approachable or helpful. In contrast with studies in the UK, where mentoring is more formalised, Moseley

(2008) reported that mentors enjoyed and had a positive attitude towards their role. Similarly Myall et al. (2008, p. 1848) found that most students had positive mentoring experiences and that mentors had “a key role in creating opportunities to maximise their learning.” As in the present study there were negative attitudes in the UK too, with mentors stating that they were not paid to teach but to look after patients (Gidman et al. 2011). It would seem to indicate that little has changed in Australia since Levett-Jones’ study (2007) when she reported the ad hoc pairing up of students with different ‘buddies’ (facility RNs), whereas in the UK most students tended to have a designated mentor with whom they were able to develop a strategy to achieve their placement learning objectives. This relationship is important for all nursing students, but particularly for students who may be experiencing difficulties because of difference and may not feel confident to speak up. There are difficulties in matching student educational and personal needs to their clinical experiences, and a collaborative approach to find a solution investigating and addressing these issues is imperative due to the changed demographics and circumstances of contemporary diverse nursing student cohorts.

When minority graduate students and early counselling professionals were interviewed in one study investigating what helped and hindered cross-cultural psychology supervision, five key areas were highlighted in the positive themes (Wong, Wong & Ishiyama 2013). These were: the personal attributes of the supervisor, supervision competencies, the mentoring relationship and multicultural supervision competencies. It would appear that similar research is urgently needed for clinical supervision of nursing students, particularly addressing and developing multicultural supervision competencies. Some of the negative themes found in Wong’s study were certainly highlighted in the EDAN study, including negative personal attributes of the supervisor, the lack of a safe and trusting relationship, and the lack of supervision competencies.

Both students and staff spoke up about the workplace culture and perceived bullying and harassment during clinical placements. Reasons for this were not always given, but staff perceived that students were often targeted because they were just different, with students indicating that it occurred because of age and maturity, and both groups highlighted students with ESL.

“[During my first clinical] I was being bullied by AIN, RNs (hospital training), the experienced so bad, nearly destroyed me emotionally. Luckily I had very caring facilitators.”

220_34 3rd year (aged 59)

In a large Canadian study, clinical instructors (facilitators) were identified as the greatest source of bullying behaviours (30.2%) by nursing students during their clinical placements, followed by RNs (25.5%). Unfortunately, although 89% (n=598) of the students experienced bullying,

the analysis did not break this down into students' demographic characteristics (Clarke et al. 2012). Although not specifically related to the clinical area, discrimination and prejudice have been reported in other nursing research, often a result of students not feeling accepted by their student peers and faculty (Gardner 2005b; Junious et al. 2010; Sanner, Wilson & Samson 2002). Workplace violence is highlighted in the literature but not specifically from the perspective of diversity (Hutchinson 2009), including both vertical (Thomas & Burk 2009) and horizontal violence (Curtis, Bowen & Reid 2007; Longo 2007). In fact, it is suggested that bullying and harassment may be so endemic that it is a "taken-for-granted, thoughtless activity" (Jackson, Clare & Mannix 2002, p.19). Amaro, Abriam-Yago and Yoder (2006) reported that ethnically diverse students encountered prejudice and discrimination from staff and clients during their clinical placements in hospital, but there are fewer references in the literature as to whether it could be interpreted as racism (Junious et al. 2010; Starr 2009). Both students and staff reported instances of covert and overt racism in the EDAN study.

"I think there is a culture of racism and a lack of willingness to embrace diversity. I am aware of a bullying culture that targets students who are different." 88_4 Staff (lecturer)

Ferns and Meerabeau (Ferns & Meerabeau 2008) reported that nursing students were recipients of racist verbal abuse during clinical experiences. It has been found that one in ten Australians holds racist beliefs (Dunn et al. 2004) and that the challenges that this implies have to be addressed (Berman & Paradies 2010). As indicated in the findings, both verbal and written language ("send them home") are powerful ways of enacting discrimination, whether it is in the form of racist, sexist, or ageist language (Ng 2007). Johnstone and Kanitsaki (2009, p. 63) describe "the illusion of non-racism in health care" based on the belief that "racism is not an issue any more". The data presented here would suggest differently.

7.2.3.3 Student peers

In this study, there were very few instances of inappropriate peer behaviour reported, although comments were often inappropriate. In a study by Jeong et al. (2011), clinical facilitators noted that students who were culturally and linguistically diverse experienced rejection and discrimination, often by other students. As noted above, a first-year student commented that if university did not improve international students, they should be sent home and several were intolerant of the motives of international students studying nursing.

"Many of the students are only after their residency visa and the last one I worked with told me that put the degree in a low light." 661_28 3rd year

Staff reported instances when English-speaking students were upset when Islamic female students requested not to care for male patients, or became impatient when cultural differences in other students made working together difficult. These comments could be interpreted as “unwitting prejudice” (Macpherson 1999) and further research here is clearly needed.

7.2.4 Research Question 5

What are the similarities and differences between student and staff perceptions of aspects affecting, and the consequences of, diversity during clinical placement?

As has been seen from previous sections, there were similarities between comments made by staff and student participants in all areas. Both students and facilitators noted that students with ESL required additional time for facilitation, also found by Jeong et al. (2011). Important similarities were the comments indicating the intolerance of both groups to difference.

“some of the staff/ colleagues [...] are not sensitive to [...] diversity within nursing groups because they are old school and do not like change and equality [and] still label people, them and us attitude.” 26_5 Staff (facilitator/lecturer)

Staff participants tended to look at diversity more broadly and deeply than students and felt that students needed more theoretical understanding of diversity from both a sociological and psychological perspective. They generally had far more experience nursing, teaching or working with people of different cultural backgrounds and of actually being the one who was different when living and working in various countries. Some staff felt that this enhanced their sensitivity towards those who were different, giving them an awareness of the need to create a safe environment for learning based on acceptance and being valued.

“Older or NESB students occasionally need extra explanation, support and encouragement. Students with previous nursing background occasional believe they ‘know’ and need encouragement to fully participate.” 138_3 Staff (facilitator)

The unifying perception of students and staff participants was that staff attitudes in the clinical setting influenced the quality of the student’s clinical placement experience. Apart from students feeling that on some placements they were used as ‘extra pairs of hands’, there were no comments that they rejected the bedside care aspect of nursing, as was found in a study by Allan and Smith (2009) although this attitude was noted by staff participants.

“they [nursing students]are arrogant and above the basic care required of a nurse.” 157_3 Staff (facilitator, lecturer)

It was interesting that the only significant difference between the student and staff demographics was in the primary language spoken at home, a proxy measure for English language acculturation. Speaking a language other than English at home was reported in 30% of the students compared with 9.8% of the staff. It is not uncommon for staff demographics to reflect the dominant culture (Yoder 2001), which is white Anglo. Though it is important that the student population reflects the diversity of the patients in order to provide a nursing workforce better equipped to serve a diverse patient population, it would seem that more needs to be done to address this demographic in the academics and facilitators (American Association of Colleges of Nursing 2013). Together with the demographic of male staff participants (11%), these differences may indicate to potential students in a minority group that nursing faculty does not value diversity, that there may be less opportunities for academic career progression, and indeed that there are fewer academic role models to enrich their learning.

The only significant finding was that facilitators perceive that students have a less positive clinical experience than the students reported. This may be because facilitators are not with the students all the time and may also be involved with resolving problems between students and facility staff, but it is an area that could be explored further.

Statistically significant differences were identified in how students and staff perceived difference in terms of diversity characteristics, how these differences impacted on learning, and whether being different resulted in students being treated differently. Overall, half of the students perceived themselves to be different to other nursing students in certain characteristics during their last clinical placement, but the majority of staff felt that students perceived themselves as different to their peers. For all of the diversity characteristics, staff were consistently more likely to overestimate the impact of diversity on students' clinical learning experiences when compared with students. This finding has not previously been reported in the literature, so it can only be speculated why this has occurred. The fact that staff perceived a higher number of students with ESL to 'feel different' may be an indication that facilitators do have high expectations in regard to the communication skills of nursing students with ESL (San Miguel & Rogan 2012) and that staff may have less cultural sensitivity towards them (Amaro, Abriam-Yago & Yoder 2006). Staff may have been educated in a less diverse setting and by comparison overestimated the frequency of diverse characteristics compared to students who were more familiar with differences within their peer cohort. Also, in the clinical environment, staff who supervise a cohort of nursing students and are responsible for their assessment may as an outsider perceive various diversity characteristics as having a greater impact overall on the student learning experience. It may also be, for example, that the difficulties staff encounter in students with ESL may cause them to overestimate the prevalence and impact of diversity. In

this respect, there is literature to support the academic and clinical problems associated with students with ESL (Salamonson et al. 2008; San Miguel et al. 2006). Similar reasons could explain the results regarding ‘feeling different’ and the impact on learning, and whether this difference resulted in students being treated differently, where in both cases, staff believed these two areas had more influence than students did. This area would benefit from further research, as it is a major new finding in this study.

7.2.5 Research Question 6

What are the facilitators of, and barriers to, a positive clinical placement experience, particularly for those students who are diverse?

This section will integrate the results and findings regarding facilitators and barriers to a positive clinical experience.

Nearly all nursing students indicated that communicating with patients, observing and learning from RNs and ENs, practising clinical skills under supervision and feeling part of the nursing team were positive experiences during their last clinical placement. From a qualitative perspective, there were only 42 comments (980 words) about the positive experiences on last clinical practice. There were 28 students who reported feeling different and 13 who did not feel different on their last clinical placement but there was no significant difference between the positive and negative comments made by the two groups. The most frequently cited positive themes were subsumed in three key areas, staff, skills and confidence, whilst negative themes were staff and placement facility (Table 7.1).

Table 7.1 Positive and negative experiences on last clinical practice

Key areas	Positive comments (n=27)	Negative comments (n=11)
Staff	14	8
Skills	5	
Confidence	5	
Communication	1	
Theory consolidation	1	
Facility	1	3
Age		1

7.2.5.1 Staff

Participants commented on the facilitators and mentor RNs being supportive and willing to teach and that showing initiative actually helped this process. Positive staff attitudes and their willingness to share knowledge were appreciated by students. Some students had inspiring role models who were knowledgeable and competent. A positive relationship between nursing students and supervising RNs is an important element of the clinical placement and learning experiences (Courtney-Pratt et al. 2012).

“I had some truly great nurses who were actually willing to teach, explain things & let me do ‘hands on’ procedures (which is a first on clinical).” 702_31 3rd year

“My facilitator was fantastic, very thorough and full of information and so supportive, it made a great difference.” 592_31 1st year

“Positive experiences definitely depends on who you are buddied with. Some RN's are more receptive to students than others.” 662_31 3rd year

However, not all participants reported positive experiences, instead finding that the mentor RNs were not helpful, not welcoming, and expected them to know more than they did.

“Many of the nurses ignored us in paediatrics and just allowed us to find our own thing to do.” 321_31 1st year

“It was ‘positive’ learning experience for me due to the RNs on the ward demonstrating incorrect procedures and patient care was compromised.” 461_31 3rd year

The level of supervision varied, and several students were able to observe only AINs and were mainly assigned to, or supervised by them. During clinical placements nursing students should have a supernumerary status, and although many students in the study expected this to happen, in reality they found that in many instances they were ‘used as a spare pair of hands’. This could be because of workload pressures and increased acuity in healthcare settings or misperceptions regarding the meaning of ‘supernumerary’. A study in the UK found that the perceptions of staff in the clinical environment and those at university were different regarding their understanding of supernumerary (Allan, Smith & O’Driscoll 2011), in that RNs expected the students to work whilst they learnt and the study suggested that what seemed to be lacking in the mentor-student relationship was the concept of sponsorship. This concept means that the student participated in practising nursing skills under the guidance of the experienced nurse (Spouse 1998). It is

important to ensure students work towards their specific placement learning objectives whilst being supervised and it is an area requiring further research.

7.2.5.2 Skills

Many students saw skill development as one of the major functions of their placements. Several participants enjoyed practising and acquiring new skills, including running an art therapy group.

“I had good positive feedback on all skills, was able to ask openly when I had questions, was made to feel a part of this close knit supportive team.” 833_31 2nd year

Although students quantitatively stated that communicating with patients was a positive experience, there were few who commented on communication in terms of skill development.

“[...] I felt aged care was excellent in developing my people and communication skills.” 424_31 1st year

Negative experiences included students placed in childcare centres being frustrated by not practising any clinical skills; others placed in aged care for two consecutive placements or in the same ward within a large hospital and repeating previous skills while wanting to develop additional skills. The need for more structured skill practice during the placement was emphasised.

“Whilst you would expect to be able to do additional tasks this was not the reality and again I undertook washes, obs and gave 1 x injection and dispensed 1 x panadol (just as I did in first year). An absolutely frustrating experience.” 135_31 3rd year

7.2.5.3 Confidence

Several students mentioned becoming more confident because the mentor RNs trusted them and showed them patience.

“Being 'nurtured' by the team and encouraged to reflect and 'grow' clinically.” 700_31 3rd year

Using the self-report items, there was a negative relationship between ‘feeling different’ and a positive experience on clinical placements – that is, the less different a student felt the more positive the experience, and there were positive relationships between a positive experience on clinical placements and confidence in clinical communication, cultural competence, and diversity orientation.

Besides the facilitators and barriers reported in above, others were reported in the comments made by both students and staff when asked how clinical placements could be improved. Just under half of the total number of student and staff participants stated that clinical placements could be improved. There were 88 comments (3500 words) from students and 75 comments (4000 words) from staff. As reported in Chapter Six, barriers to a positive clinical placement experience included language reported by both students with ESL and students with English as first language and the negative attitudes of mentors and facilitators elicited the most comments and much concern. This included inappropriate behaviour, racism and ageism, not being prepared for diversity within the placement, and negative implications of students' caring and financial responsibilities. Students also commented on the inadequate support and the teaching skills provided by both RN mentors and facilitators. Both students and staff commented on the need for clinical placements to be longer and more frequent, the lack of awareness of students learning needs by clinical facilities and the appropriateness of some of the experiences regarding the learning objectives.

There were many suggestions from students for improving their last clinical placement to make it a more positive experience, and these were largely captured by one student's comment:

“A full and proper orientation. More time with the facilitator to air concerns. Not using nursing students to fill in the gaps when staff called in sick - too much emphasis was then placed on us as students actually performing nursing roles instead of maintaining our capacity as students (this only worked for them because it was basic older person care and did not require 'skilled' staff). Having a nursing workforce that completely accepts having students as part of the profession of nursing, and to fully embrace the task of teaching and mentoring the future of nursing, would be a lovely improvement. I realise that students can be a hassle, and get in the way, but we do our part of being fully prepared before we are on our clinical placement and I feel that this isn't respected or valued.” 474_32 Year not disclosed

It is apparent that most nursing students look forward to their clinical placements to care for real patients, practise their university acquired skills, and to learn from inspirational role models. It is crucial that students obtain maximal benefits from their clinical placements and achieve the necessary competencies to graduate as RNs and become our future nursing workforce.

Compared to 25 years ago, students are spending less time in the clinical setting in a supernumerary role (Mannix, Wilkes & Luck 2009) and there is a shortage of, and competition for, clinical places, and thus it is imperative that students learn from their placement and have a positive experience, particularly those who feel different.

7.3 Theoretical framework and model

Integrating and interpreting the data has confirmed that, as indicated in Figure 7.1, both primary and secondary dimensions of diversity (Loden & Rosener 1991) impacted on over 50% of the nursing students' and made them feel different during clinical placements. In many instances the 'feeling different' because of the diversity characteristic(s) led to difficulty and in some cases discriminatory behaviour and comments. Loden and Rosener (1991) state that we often choose to relate to people who are like ourselves with a similar core identity because it is more comfortable and thus the potential for interpersonal conflict is minimised and congeniality maximised. However, given the setting of a caring profession within multicultural Australia, the expectation is that the workplace would be harmonious, and that the qualitative findings would have reflected this. Some of the qualitative findings, however, could be predicted by the diversity theories and the extended intervening process model (EIPM) and was evident in many student and staff participant responses and will now be presented.

7.3.1 Diversity theories

Chapter Three introduced the EIPM and explained the relationships between diversity and each of the intervening processes, including diversity and communication (SCT), diversity and social integration (SAT) and diversity and conflict (SCT and IDA). To aid clarity, the first section will briefly review the theories, using appropriate citations to demonstrate each. This will be followed by a second section with a discussion of how the proposed model fitted the integrated results.

7.3.1.1 Social categorisation theory (Tajfel & Turner 1986)

The SCT explains how diverse people sort into groups based on social categories, often based on visible differences. Those who are similar become the in-group, whilst those dissimilar become the out-group. Once categorised, individuals strive for self-esteem by having positive opinions of the in-group and negative opinions of the out-groups.

“Being different and feeling different is always going to have some kind of impact in terms of group membership[....].” 105_3 Staff (facilitator)

The comments of students who spoke English as a first language indicated that they were made to feel like outsiders as the only domestic students on clinical placement when other staff and students spoke in a language other than English. Others perceived some ethnic groups tended to remain in their groups.

“Due to the fact that i was the only Domestic student at my placement and they all spoke there first languages to one another and didnt speak english when around the other students so i felt like a outsider.” 624_28 2nd year

“Many international students had a tendency to associate with other students of the same nationality whilst on placement and had minimal interaction with local students. [...]” 633_28 3rd year

A facilitator commented that being an outsider made the facilitating process more difficult.

“...it is not always easy to facilitate good learning experiences & we are not always made to feel welcome or encouraged to participate as part of the nursing team.” 151_8 Staff (facilitator)

One student perceived that the categorisation occurred for altruistic reasons.

“[...] Both patients and staff comprise a variety of backgrounds. Although there have been several instances where those with similar backgrounds prefer to associate with one another (both staff-staff and patient-staff), I don't feel they did so at the exclusion of others, but rather to help them feel more comfortable and at ease (especially in the case of patients who are already in a foreign environment of the hospital).” 436_34 2nd year

7.3.1.2 Similarity/attraction theory (Berscheid 1978; Byrne 1971)

The SAT theory predicts that we tend to be attracted to those with similar attitudes and demographics (gender, age) and that this has a positive effect on communication and cohesion within groups. This would then mean that the converse is also true, that students with different attitudes and demographics will not be attracted to each other. Some older students commented that they felt awkward and found it difficult to socialise with younger students. One student who tried to communicate found others to be unfriendly and felt that it may have been because of her skin colour, whilst a member of staff perceived that her own ethnicity made communication easier with other ethnic groups.

“[...] [Being] an older single mother put me in a different social/generational group which felt a little lonely and isolating at times.” 474_29 Year not dated

“I would be friendly and ask questions about their experience but I felt that other students were not willing to be friendly for reasons I am not sure of. They may have felt that they would not have anything in common with me because of my colour or simply because they

were nervous about clinical placements. Others did not speak English well so it was difficult to maintain friendships but I did try.” 474_29 2nd year

“[...] I think CALD students will often find me more approachable because I am also part of an ethnic minority and can joke and build rapport easily with them - with me their 'ethnicness' is a common trait - with many other nurses its a barrier.” 43_8 Staff (facilitator)

“I was placed with other students who were all much younger than me and I kind of felt left out. They didn't really interact with me the way they did amongst themselves.” 321_28 1st year

7.3.1.3 Information and decision-making approach (Gruenfeld et al. 1996; Wittenbaum & Stasser 1996)

The theory of IDA postulates that individuals in diverse groups will have different qualities, such as knowledge, skills, abilities and other characteristics and access to information, resources and expertise (Jayne & Dipboye 2004) . Thus diversity results in more information, which can improve team decision making and performance. In the EDAN study, some students found this sharing of information a positive experience.

“[...]I learn a lot from the younger students and hopefully they learn something from me.” 227_28 Year not disclosed.

“We came from different backgrounds and therefore approached our work and learning in very different ways. This meant that when we all got together to discuss our day, we each had something different to contribute. I found it very conducive to learning.” 35_29 2nd year

7.3.1.4 Intervening process theory (Pelled 1996)

This theory predicts that different types of diversity cause different forms of conflict resulting in often adverse effects on the group in terms of functioning and performance. Conflict was experienced by some students with ESL as they perceived that students who spoke English as a first language received better clinical assessment results from the facilitator. In some situations student with English as a first language felt conflicted because students and staff with ESL spoke in their first language.

“[...] International students would often speak in the native language to some students but not translate to local students. it made local students such as myself feel alienated.[...]” 663_28 3rd year

7.3.2 Proposed model

The EIPM (Qin, Smyrnios & Deng 2012) extended the IPT to suggest that performance, including job satisfaction, depends on the types of diversity and three intervening processes of communication, social integration and conflict, moderated by research contextual factors. In the modified EIPM used in this study, the types of diversity are based on the primary and secondary dimensions defined by Loden and Rosener (1991). The moderators in the clinical placement include the actual clinical placement (hospital or community-based), the clinical supervisors (facilitators employed by the university, facility RN mentors or preceptors) and the perceptions of the specific nursing student (self-report items). The intervening processes remained as communication, social integration and conflict (Figure 7.2).

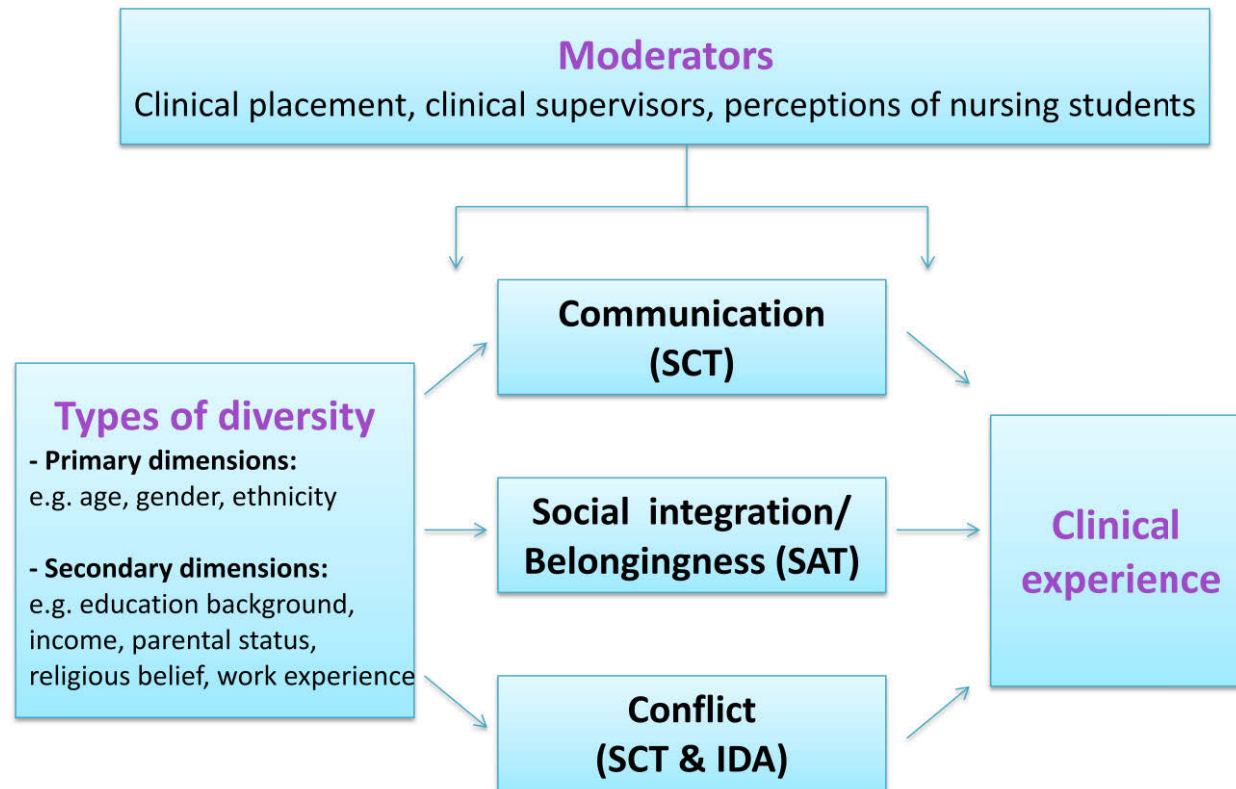


Figure 7.2 Model for the effect of diversity on nursing students during clinical placements (modified from Qin et al. 2012)

There were many aspects where communication (both language literacy of students with ESL or English as a first language, and written communication) was an intervening process that was perceived to have both positive and negative effects on students' clinical experiences. Several contextual factors, the workplace culture and attitudes of clinical supervisors, impacted on the students' clinical experiences and performance.

“Being different can be discouraging and affect their self [students] esteem, confidence and performance.” 133_3 Staff (facilitator)

There were both students and staff comments that indicated that communication in heterogeneous groups led to misunderstanding and miscommunication (Swann et al. 2004). In some instances misunderstanding was because of poor language skills but also because of the heterogeneity of the group, such as the difficulties experienced by students with English as a first language who had supervisors with ESL. It could be predicted that heterogeneous groups will have less communication between members than would happen in homogeneous ones, and this requires further research. Although Jehn and Mannix (Jehn & Mannix 2001) noted that communication can lead to increased levels of conflict when group members bring more of their differences to the surface, it appeared that the conflict experienced by participants in the EDAN study was largely due to poor communication either because of students or staff with poor language skills or students and staff speaking in their native tongue, which often precluded a quality learning experience for the Anglophone students during their clinical placement. Jehn and Mannix's (2001) research also suggested that groups are more successful if there is constructive debate concerning the task at hand. Student participants indicated that they would have appreciated more opportunities for this to occur and that any debate was often intimidating and demeaning to the students. Similarly, those with a previous qualification (EN or overseas RN) did not have their previous experience acknowledged in order to contribute positively to any discussion regarding a task. This is a pity as task conflict can enhance the quality of decisions (De Dreu & Weingart 2003) and communication between group members (Richter, Scully & West 2005). There was tension and friction reported as a result of student/student and supervisor/student encounters indicative of relationship conflict (Jehn & Mannix 2001), for example with the facility RN supervisors because of needing to spend more time with the students. Thus even with more communication this conflict may have counteracted the benefit of increased communication (Jehn & Mannix 2001).

There were certainly qualitative comments that indicated that language, age, a previous degree and previous life and work experience did cause relationship conflict, as an intervening process, between students and the RN mentors and facilitators.

“students who are ‘different’ are perceived as a burden and unwelcomed by teams which are struggling to maintain their own integrity, often staff will variously scapegoat, bully, persecute, ignore, criticise students in general, but in particular they will tend to seize of difference.[...]” **105_4** Staff (facilitator)

Relationship conflict within diverse student groups was also noted as making working together problematic which would have consequences for students’ learning experiences and patient care.

“English speaking students sometimes get very impatient with non-English speaking students who have poor language skills or heavy accents. They also get impatient when cultural differences make working together difficult. Some African and Asian students have different concepts of timeliness and it causes friction.” **135_4** Staff (lecturer, RN in clinical facility)

Relationship conflict has been shown to decrease performance by lowering job satisfaction, causing group processes to become dysfunctional, and reducing group effectiveness (Buchholtz, Amason & Rutherford 2005; Medina et al. 2005). This conflict did make students less satisfied with their clinical experience and further research is needed to elicit whether this had further consequences, in particular affecting patient care.

As an intervening process there was little evidence of social integration into the healthcare team. In many clinical placements students did not feel part of the group and did not feel satisfied with their RN supervisors within the group or interact with them (Polzer, Milton & Swann 2002). Few students experienced a sense of belongingness (Levett-Jones et al. 2007) as defined in Chapter Three, although both students and staff emphasised its importance.

“As a student I feel that we are not included or welcomed by many nurses. [...]” **516_34** 3rd year

“need to have a greater focus on integration with the ward team. [...]” **105_3** Staff (facilitator, lecturer)

“[Some staff] will neglect them [students] for the whole shifts and students don’t end up learning anything.” **588_32** 3rd year

A positive, cohesive team spirit indicates that a group will function more effectively in terms of group processes and outcomes than a less cohesive group (Barrick et al. 2007; Polzer, Milton & Swann 2002). Often student participant comments reflected on the importance of belongingness (Levett-Jones et al. 2008). Acknowledging the 'busyness' in the clinical area, students believed that the extra time taken to do this led to a good learning experience.

“Being valued, welcomed and included as part of the team are essential elements of a good placement. Then you need someone who is willing to work alongside you, to encourage you, to help you practice and get the most out of your prac.” 361_34 3rd year

Thus, how would the model be amended?

In summary, student characteristics found to make students feel different during their clinical experience were: those who were older, were male, were international students, were non-Australian born, had previous nursing experience, had a previous nursing qualification, had a previous degree and were not in paid employment. Language (students with poorer English language skills or spoke English as a first language), parental status and loss of income whilst on clinical placement also impacted on their clinical experience. The moderators (clinical placement, clinical supervisors and the actual perceptions of the nursing student) affected the intervening processes both positively and negatively to influence the clinical experience of the nursing students. Negativity however was conveyed by their feeling different, experiencing difficulties and sometimes discrimination. (see Figure 7.3).

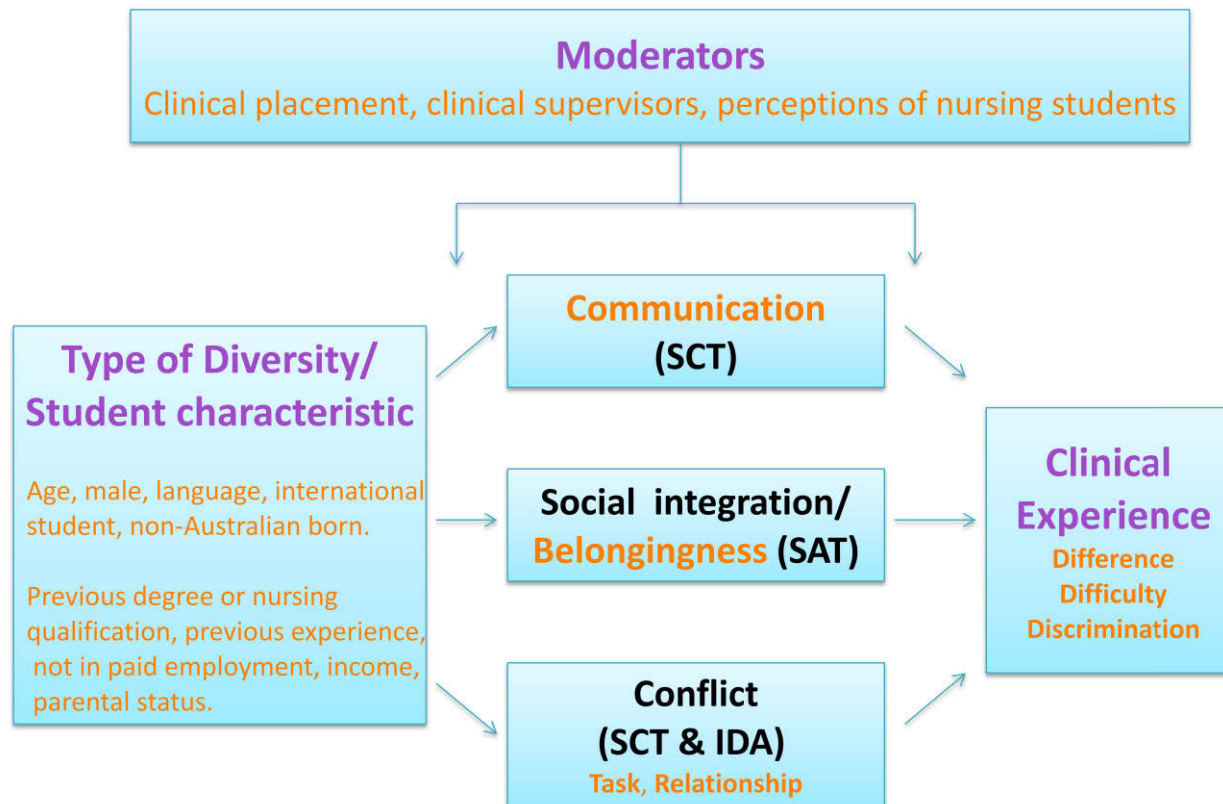


Figure 7.3 Modified model for the effect of diversity on nursing students during clinical placements (from Qin et al. 2012)

Appreciating the impact of diversity is an important factor in considering aspects of workplace culture and support for nursing students. It is apparent that there were many instances where individuals, both staff and students, did not work together well, respect each other and value differences.

Facilitating collaboration in diverse work and educational environments is challenging and needs to be addressed not only at the curriculum level but also at the leadership level in healthcare and educational organisations. Although accessing only the positive research findings related to a diverse workforce and performance, with no reference to underlying theory, Dotson and Nuru-Jeter (2012) discuss a rationale to increase the diversity in the leadership positions which would provide more understanding about the origins of health disparities and care needs of a diverse patient population. This increased diversity in leadership may also lead to more of an insight into the difficulties and discrimination shown in this study. This is particularly important because in culturally diverse societies the dominant culture, for example within the healthcare system, “regulates what sorts of problems are recognized and what kinds of social or cultural differences are viewed as worthy of attention” (Kirmayer 2012, p. 4333). From an educational perspective, exploring some of the challenges highlighted in the EDAN study by understanding the theoretical perspectives of diversity may better facilitate clinical interactions and enhance the preparation of nursing students. Developing awareness of the theories underpinning diversity research integrated into low fidelity simulation scenarios could lead to a more informed student cohort. For example, knowledge of the predictions of the SCT – that categorisation leads to cooperation with in-group members and competition with out-groups (Richard, Ford & Ismail 2006)– would help negate the antagonism evident in the differences in the EDAN study, could increase cooperation and lead to better group functioning and ultimately performance. The SAT, which suggests that perceived similarities in demographic attributes (e.g. sex, age) can improve communication (Qin, et al., 2009), should make us more aware of diversity when working with colleagues who are different. The IDA utilises difference in knowledge, skills, abilities, and experiences in order to enhance the performance of a group in the clinical situation or at university (Jayne & Dipboye, 2004). This understanding could facilitate an acceptance of difference and also help ameliorate the effects of adverse group processes acting between diversity and performance, reducing conflict, aiding communication and increasing social integration of the healthcare team (Qin, et al., 2012). Consequently, the groups would function more effectively, nursing care would be enhanced and there would be a reduction in health disparities in minority groups, not only in ethno-cultural groups but also in other characteristics such as older, gay, lesbian, bisexual and transgender groups.

7.4 Strengths and limitations of the study

As an exploratory descriptive study, the mixed method design led to several important findings and also the need to focus on certain areas for future research. Despite instances when students and staff may not have disclosed particular details (e.g., disabilities, sexual orientation), the anonymity of the web-based survey has generally resulted in both staff and students feeling free to express their views without fear of discrimination. The candid disclosures reflect polarity in views and also the importance of considering and better understanding the impact of diversity in the clinical placement experience. Although this was an investigator developed questionnaire, it was reviewed by panel members and piloted. However, some of the qualitative responses indicated that further information related to the question, which was useful in understanding the issues. A limitation was the geographical location of the universities and the study may have had different results if universities from northern Australia and Tasmania had participated. The power calculation indicated a sample size of 570 students was needed to detect a difference in positive experiences during clinical practice and despite low participation rates, the sites were not analysed separately for issues of confidentiality and thus this is not considered to have impacted on the external validity of the findings. The low participation rates at two of the study sites may have been due to a change of contact person during the study at Site 4 and lack of accessibility at Site 6 because of a university policy preventing contacting students via email. The sample was a convenience sample and thus there may be differences between the study and actual populations. Students with more negative comments regarding clinical placements generally may have chosen to participate and thus there may have been either an underestimation or overestimation of finding in some areas. This responder bias and some of the other limitations may be rectified when further research discussed in this and the final chapter is implemented.

The final chapter, Chapter Eight summarises the recommendations for university and healthcare facility managers to enhance the clinical placement experiences of nursing students who have diversity characteristics, and by providing suggestions for further research, together with the overall conclusions of the study.

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CHAPTER EIGHT

Conclusion and Recommendations

8.1 Conclusion

Dealing with diversity is a pressing consideration of many institutions, particularly educational institutions. In this study key perceptions of difference were noted for students who were older, male, international students, had previous nursing experience, had poorer English language skills, had a previous degree, were non-Australian born and were not in paid employment when sociodemographic characteristics were compared in those who stated they felt different with those who did not.

Additional self-report characteristics for students who perceived themselves as ‘different’ were having a previous nursing qualification and speaking English as a first language. Although student comments indicated that a previous nursing qualification resulted in a less positive experience during clinical placements, having previous care-associated work experience was beneficial. Students who felt different were less likely to have a positive experience whilst those students who were culturally competent and confident in clinical communication were more likely to have a positive experience during their last clinical placements.

The findings provide an insight into the perspectives of nursing students and staff in the complex, diverse clinical practice environment. That diversity characteristics could lead to perceptions and feelings of difference amongst nursing students during clinical placement was not unexpected. The multiplicities of perspectives suggest that experiences vary in response to specific personnel, attitudes and situations, mediated by the participant’s previous life experiences and personal characteristics. Importantly, however, this study highlighted the difficulties that some experiences presented. Clearly difference and diversity characteristics impacted on the clinical experiences of nursing students and often their learning experiences. In some cases, the notions of difference and diversity led to a range of statements from both staff and students that can only be considered as discriminatory and racist. Taken in the broader context of promoting both the rights of students and of patients, the discriminatory nature of many comments is of concern.

It is well recognised that the clinical environment is an increasingly complex and contested area (Henderson & Alexander 2011). However, it is apparent in the findings that there is a clear misalignment in many situations between student expectations, the experiences they receive and the adverse attitudes around these experiences, particularly for students who are different. Moreover, it appears that in many clinical settings those responsible for supervision have lost the will to be accountable for the preparation of the next generation of nurses. Although this attitude is not a new one (Gidman et al. 2011), it appears to be more pronounced as the healthcare system is under increasing pressure. The issues of diversity and cultural heterogeneity, particularly language literacy, appear to have added an additional layer of complexity to this situation.

The nursing profession, however, has been aware of many of these findings for many years, although not specifically for nursing students who are diverse. However, there appears to have been little resolve to improve the situation and thus what suggestions for action can be taken from this study? Some of the qualitative findings could have been predicted by the diversity theories and the extended intervening process model but would the inclusion of the theoretical background into both nurse education and staff education sessions heighten awareness of the effects of diversity in groups and negate some of these findings? Probably not, but facilitating collaboration in the workplace and educational environments is recommended. Though challenging, exploring these challenges through understanding theoretical perspectives of diversity may better facilitate clinical interactions and enhance the preparation for practice of all health care professionals.

If cross-sector social participation is to be achieved (Bradley et al. 2008), there is a need to be receptive to individuals who have particular needs in clinical placements, such as parental and financial responsibilities. Nursing students do undertake paid work and the negative effect of increased hours worked on academic performance is known (Salamonson et al. 2012), but the consequences of being unable to work during clinical placements has received less attention. These consequences need to be further researched but seem to add support for new models of undergraduate nursing education to include faculty-approved nursing-related paid employment (Salamonson et al. 2012). Given the need to rethink and reform professional education to adapt core competencies appropriate for all countries and health professions (Frenk et al. 2010) as well as the move towards interprofessional clinical placements (Henderson & Alexander 2011), an awareness of the effects of diversity within the workplace is vital.

Importantly, there is an urgent need for Australia to develop a national profile of nursing students as in the US (American Association of Colleges of Nursing 2013). Changes in the

sociodemographic characteristics of the nursing student population have occurred and will continue. These need to be acknowledged and strategies developed both locally and nationally to manage these changes.

8.2 Recommendations

This research suggests that increased diversity in the workplaces where students undertake their clinical placements is not being addressed fully by both health care facility employers and educators. Human resource departments may need to be involved to develop diversity initiatives that help university and healthcare facilities to utilise the wealth of diversity within both student and workforce populations, promoting diversity and involving all team members. There are several tangible strategies that have emerged from this study to enhance the clinical placement experiences of nursing students who are diverse.

8.2.1 Recommendations for universities and placement facilities

The overarching strategy for the immediate future is a necessity to acknowledge and consider the composition of student cohorts, placement sites, staff and facilitators. Areas of concern reported in this study have been stated frequently and clearly by many students, particularly those who feel different or on behalf of those students. Some areas, for example poor language literacy and staff attitudes towards nursing students have been highlighted for many years. However, it appears that little has been done to improve the situation and thus the question is what suggestions for actions can be taken from this study?

8.2.1.2 Language and communication

Considering issues of language is critical in promoting an optimal clinical experience for all students and also promoting patient safety.

Students with ESL and their clinical supervisors

Nursing students should demonstrate language competency on campus before any clinical placements are undertaken. This will involve early testing and embedded support programs (Glew 2013; San Miguel, Townsend & Waters 2013). In the meantime, educational programs are required for all clinical supervisors on cross-cultural mentoring and the development of multicultural supervision competencies (Wong, Wong & Ishiyama 2013), which is a priority. Recognition is necessary for the additional time that clinical supervisors need to mentor these students, and all supervisors should be required to have good English literacy.

Clinical supervisors with ESL

Strategies are required to ensure that all supervisors have an adequate English proficiency and that the primary language spoken in all Australian health care facilities is English. Nursing students must be prepared by the university by the promotion of appropriate reporting strategies should this not occur. Clinical facilitators should have adequate training to deal with issues of diversity and optimise achievement of curriculum goals.

Patients with ESL

Strategies are necessary to support students to effectively communicate with patients with ESL. They need to be aware of the availability and importance of using trained interpreters or interpreter services, even via telephone. Electronic devices and applications may be further developed to assist when an interpreter is unavailable.

Students with English as a first language

This is the first time that the potentially negative consequence on the clinical learning of students with English as a first language has been reported, not only because of the considerable support they provide for students with ESL but also the consequences of poor English language skills of some supervisors. There may be a need for assertiveness training for these students as they may not openly speak up because of the possibility of victimisation during their placement. Facilitators must be aware of this circumstance and enabled to respond to the situation by placing the student in a different area where their learning is supported.

Written communication and documentation

Although not always specifically related to diversity, there were many comments relating to the lack of clear written communication and adequate documentation in the clinical setting. There is a need for more involvement of facilitators and nursing unit managers to ensure that defined policies in this area are enacted, although this may have improved with further implementation of electronic medical records (Roberts & Sloane 2013).

8.2.1.2 Older students with previous nursing experience

Being older and having previous nursing experience prior to commencing the course were significant predictors of 'feeling different' on clinical placement. 'Previous experience' in the demographic data included those with a previous qualification (EN, overseas qualified RN) and also those who had experience as an AIN or a personal care assistant. From the qualitative comments, the former were likely to have a negative experience whilst the latter mainly a

positive experience. An awareness of the background of all nursing students is important both at university and during clinical placements, but more particularly for those who are older and have previous nursing experiences, with more individualising of clinical experiences for these students.

8.2.2 Placements and facilities

The spectrum of difference in the quality of the learning experiences within the placements was the basis for many comments and considerable disquiet, particularly among the older students who ‘felt different’. Although there is a current shortage of placement arrangements, this variation in quality needs to be addressed urgently.

8.2.2.1 Facility staff attitudes and mentor training

Although reported previously, the perception of some students was of inappropriate attitudes towards students with previous nursing experience, those who were older as well as students with ESL. It is imperative that a positive workplace culture is encouraged and that nursing students are viewed as the future workforce and treated appropriately. This should include the manner of communication and an appropriate welcome, orientation and debrief to ensure the students feel that they belong as members of the facility team.

Although in this study many RN supervisors were perceived as being excellent, it is essential that the standards of all RN supervisors are appropriate in terms of knowledge, skills and up-to-date practice. There is a need to emphasise the supernumerary status of the student and the importance of the supervisory RN role in the education of students. This needs to be formalised to ensure that RN supervisors are capable of and willing to teach and support students. These supervisors should be provided with more support, teaching skills, time and enhanced remuneration. Universities need to address this formal mentoring role by including teaching on mentoring in the last semester of the BN course, consistent with ANMC standards. Postgraduate qualifications in training and assessment should be mandatory for all RNs (Australian Government 2012) before supervising students. The Certificate should be updated to include diversity characteristics and background theories, and additional requirements implicit in multicultural supervision including cultural awareness (Campinha-Bacote 2002). Multicultural supervision competencies need to be developed nationally for all involved in clinical supervision.

RN supervisors must, at the onset, ask the students for their placement objectives, find out their previous experience of nursing and be more aware of the differing learning needs of students with previous nursing or medical qualifications. If these steps were taken would facilitators be needed? If the clinical facilitator model continues, the clinical supervisory role should be more clearly defined in terms of oversight and teaching of students. Student comments indicated that there was a lack of consistency in supervision by facilitators, and that facilitators should be more available, involved and approachable. Facilitators should be more adequately prepared for their supervisory role and more effectively screened to ensure that they have the competencies required for the role (Dickson, Walker & Bourgeois 2006).

Students need to have appropriate experiences during placement, and not be used as ‘pairs of hands’ as reported in this study. There needs to be more focus on critical thinking and reflective practice, as well as caring for the patient, rather than completing a set task.

Although not considered in this study, peer mentoring has been shown to lead to increased confidence and less anxiety during clinical placements (Stone, Cooper & Cant 2013) as well as improvements in prioritising, time management, clinical judgment, and the use of evidence-based practice (Harmer, Huffman & Johnson 2011). It has also been found that students valued the peer mentor experience when first and third year students were partnered for clinical skills practice sessions (Goldsmith, Stewart & Ferguson 2006). Of interest is that many of the peer mentors expressed an interest in becoming a preceptor or nurse educator (Harmer, Huffman & Johnson 2011), which would certainly make students more aware of their role as an RN mentor.

8.2.2.2 Facilities

Monitoring previous placements of nursing students by universities should be more vigorous to avoid repetition, poor quality placements and appropriate use of aged care facilities. This must include supervision of students by registered nurses, not assistants in nursing or personal care assistants, as reported by some participants.

There is a shortage of placements for nursing students. There is a need to fully investigate the use of other facilities such as medical practices, specialist units such as dressing clinics and other personnel (clinical nurse consultants, nurse educators, nurse practitioners). Many nursing students are employed as AINs, providing an opportunity for universities to explore models of clinical learning which enable students to be employed in an area as an AIN with RN mentors to cover specific learning objectives.

8.2.2.3 Clinical practice experiences need to be responsive to students' lives

The main problems that nursing students experienced in the EDAN study during clinical placements were related to a lack of money, an inability to work for pay whilst completing clinical placement, and caring responsibilities (single mothers and family responsibilities). There is a need to find ways of being more responsive to the additional responsibilities of students.

8.2.2.4 University expectations

Unrealistic university assessment expectations that impinged upon students' abilities to fully focus on their clinical placement, such as the completion of assignments and compulsory clinical activities during the clinical placement also affected the quality of student experiences.

8.2.3 University factors

Briefing and debriefing of clinical placements should involve considerations of diversity and promotion of critical reflection in dealing with difference and diversity. Many students requested more supervised practice to build confidence for placements, with university skills facilities open at times when students are able to attend.

Almost all students requested longer placements, however no student mentioned laboratory simulation, but tended to see their university practice as a task-oriented approach. It would appear that there should be more emphasis on low fidelity simulations that incorporate role-playing to include students, staff and patients with diversity characteristics. Including students with ESL who are able to contribute to a discussion on culturally appropriate care, using their own cultural knowledge to help skill other students would be beneficial as well as ensuring that they realise that their bilingual skills may also help patients in the clinical area (Ohr et al. 2010). There is little research on what international nursing students, for example, bring to the university and clinical environments in terms of attributes, skills and values (Edgecombe, Jennings & Bowden 2013).

There seems to be a misalignment between theoretical objectives for the placement and practical experiences of the placement; some were inappropriate for the level of students. It is apparent, however, that students need to be made aware of the relevance of certain placements such as day care and schools.

8.2.3.1 Adequate theoretical preparation

It would appear from student comments that little is currently taught about diversity, such as acceptance, discrimination and stigma, so it is appropriate to consider what format this education should take. Discrimination is related to fundamental processes associated with social categorisation because of in-group preferences. By understanding how this happens it may be possible to reduce the discrimination and improve relations between the in- and the out- groups. This is the basis of the common in-group identity model (Dovidio, Gaertner & Kafati 2009). Diversity in workplace education could include the full spectrum of difference including all minority groups, all diversity theories, group dynamics, team building, the rights and expectations of how one should be treated, an understanding about the pressures of the workplace, working with mentor RNs, negotiation skills, how to set objectives in realistic timeframes in the clinical placement, and facilitating positive values and attitudes in students. Some of these could be included in low fidelity simulation scenarios.

8.2.3.2 Racist and other discriminatory behaviour

Despite legislation involving workplace relations and protection against discrimination (Australian Government 2004, 2009) and individual universities and facilities having guidelines to prevent discrimination, harassment and victimisation, their implementation appears incomplete. There is a need for mechanisms for monitoring and sanctioning racist and ageist remarks and other discriminatory behaviours (intolerance, discrimination, prejudice) in both students and staff.

8.2.4 National recommendations

The development of a national profile of nursing students as in the US (American Association of Colleges of Nursing 2013) with appropriate sociodemographic characteristics .

8.2.5 Recommendations for further research

The need for further research has been documented throughout the discussion. Thus specific research questions and topics could include the following:

1. Why was being older a major reason for ‘feeling different’ (loss of identity, experience)?
2. Are clinical placements a reason why older students withdraw from their courses?

3. What are the needs of younger students during clinical placements?
4. Does the composition of student groups have an effect on learning whilst on clinical placement?
5. What are the needs of students with caring responsibilities during clinical placement?
6. Would formalised faculty-approved nursing-related paid employment help address the financial problems experienced by students whilst on clinical placement?
7. Do the hours worked in paid employment by nursing students affect clinical experience and performance?
8. What will be the impact of the increase in numbers of graduate entry and older students with qualifications and life experiences?
9. What are the attitudes shown by staff to students with a previous nursing or medical qualification?
10. What are the training needs of facility RNs regarding their supervisory and teaching role?
11. Are nursing students adequately supervised whilst on clinical placement?
12. Do nursing students work towards their specific placement learning objectives whilst being supervised during clinical practice?
13. What are the clinical experiences of nursing students with a previous AIN or person care assistant (PCA) experience?
14. Do ethno-cultural factors affect the relationships between nursing students whilst on clinical practice?
15. Why are staff as compared to students more likely to overestimate the impact of diversity on students' clinical learning experiences? For example i) the impact on learning of feeling different; and ii) whether feeling different results in students being treated differently.

8.3 References

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Glossary

Definition of terms	
Ageism	A process of systematically stereotyping and discriminating against people based on age (Letvak, 2002).
Anglophone	An English-language speaking person, group or locality
Anti-racism	Process that promote equality of opportunity among ethnoracial groups (Berman, 2008).
Assistant in nursing	Usually trained care assistants with Certificate II or III, some are undergraduate nursing students. They work under the direct supervision of a registered nurse.
Clinical placement	Refers to the course component of a Bachelor of Nursing degree, and which is usually undertaken in a facility external to the University, and where the clinical education and supervision is undertaken by a member of University staff or, in accordance with guidelines agreed between the Universities and the placement facility. May be referred to as 'clinical practicum', clinical learning environment or professional practice environment.
Clinical practicum	See clinical placement
Conflict	Awareness, on the part of those involved, of discrepancies, incompatible wishes, or irreconcilable desires (Boulding 1963)
Cultural awareness	“Cultural awareness is the self-examination and in-depth exploration of one’s own cultural and professional background. This process involves the recognition of one’s biases, prejudices, and assumptions about individuals who are different” (Campinha-Bacote 2002, p.182)
Cultural competence	“An ongoing process that involves accepting and respecting differences and not letting one’s personal beliefs have an undue influence on those whose worldview is different from one’s own” (Purnell & Paulanka, 2008, p. 10)
Diversity	“any attribute people use to tell themselves that another person is different” (Williams & O'Reilly III 1998, p.81).
Diversity theories	Used to explore the effects of diversity within groups and its impact on how the group functions and performs (Williams & O'Reilly III 1998). Tis student included the social categorisation theory (SCT), similarity/attraction theory (SAT), information and decision-making approach (IDA), intervening process theory (IPT), extended intervening process model (EIPM).

Definition of terms

English as a second language	The acronym ESL for students who speak English as second language is used throughout this study unless quoting other literature. ESL is chosen as the first language a person learns to speak is usually the mother-tongue. Other acronyms used include: LOTE (language other than English); NESB (Non-English speaking background); EAL (English as an additional language); CALD (culturally and linguistically diverse).
Ethnicity (or ethnic group)	Ethnicity (or ethnic group) is used to refer to a group of people whose members identify with each other, through a common heritage. This often consists of a common language, a common culture (often including a shared religion) and an ideology that stresses common ancestry (Negy et al. 2003).
Ethnocentrism	Refers to the viewing of one's own group more positively than others and also to judging other groups by standards established by one's own group, including perceiving other groups as inferior and less valuable (Negy et al. 2003).
Facilitator	A registered nurse (RN), usually employed by a specific university, who supervises a group of students' across a number of areas (e.g., wards) in a health facility. At the area (ward) level, students are then assigned a registered nurse (RN) who supervises the student. The RN may or may not be a trained mentor. This occurs on a shift by shift basis (Walker et al. 2013).
Extended intervening process model	Extends the intervening process theory (IPT) to suggest that performance, including job satisfaction, depends on the type(s) of diversity and three intervening processes, moderated by contextual factors (Qin, Smyrnios & Deng 2012).
Globalisation	"...The accelerated movement of goods, services, capital, people and ideas across national borders (Little & Green 2009, p.166).
Graduate-entry course	Accelerated graduate-entry courses involve students with a heavier course load to finish in a shorter time. In nursing they generally use the same curricula as traditional nursing programs (Koch et al. 2011)
Group performance	The accomplishment of a group due to the contributions to individuals within it (Qin 2009).
Group processes	"The interdependent acts of individuals in a group that convert inputs to outcomes through cognitive, verbal, and behavioural activities directed towards organising work to achieve collective goals" (Qin 2009, p.15)
Inequity	An avoidable and imposed or not accepted (i.e. unfair) inequality leading to disadvantage or disparity (Berman & Paradies 2010).

Definition of terms

Information & decision-making approach	Explains how information and decision-making can be affected by group diversity (Gruenfeld et al. 1996; Wittenbaum & Stasser 1996)
Interprofessional education	Learning with other health care professional students providing an opportunity to learn about the roles of colleagues within the health care team and thus facilitating collaboration between them (Henderson & Alexander 2011)
Intervening process theory	Suggests that performance depends on the types of diversity in the group and the types of conflict experienced by the group (Pelled 1996).
Mentor	A registered nurse who supervises a nursing student on a shift by shift basis in the facilitator model of supervision. The mentor has usually undergone some form of specific training to do this (Walker et al. 2013).
Multiculturalism	The demographic make-up of most developed countries in which each individual has the right to equal access and the ability to participate in social, cultural, economic and political life, often defined by a government strategy (Inglis 2009)
Preceptor	A model of clinical supervision for nursing students involving one-on-one supervision, where one registered nurse supports a student nurse during their clinical placement (Walker et al. 2013).
Prejudice	Prejudice is conceptualized as an attitude involving a negative evaluation of ethnic groups other than one's own (Negy et al. 2003).
Racism	That which maintains or exacerbates inequality of opportunity among ethnoracial groups. It can be expressed through stereotypes (racist beliefs), prejudice (racist emotions/affect) or discrimination (racist behaviours and practices) (Paradies 2006)
Racism, institutional	The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin (Cortis & Law 2005).
Similarity/attraction theory	Explains the relationship between similarities in attitudes or demographic attributes and interpersonal attraction (Berscheid 1978; Byrne 1971).
Social categorisation theory	Describes the process by which people sort themselves into groups based on social categories (Tajfel & Turner 1986)
Supervisor	Used in this study to denote a registered nurse (RN) supervising a nursing student during a clinical placement, when it is not known whether the RN is a trained mentor or a preceptor.

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Appendices

Appendix A: Strategy adapted for all electronic searches

Database – CINHAHL

- #1 (MH = MeSh heading. "Student Placement") OR "Student placement
- #2 "Practicum*" OR clinical placement"
- #3 S1 OR S2
- #4 (MH "Students, Nursing, Baccalaureate") OR "Students, Nursing,"
- #5 "clinical facilitator"
- #6 (MH "Mentorship") OR "Mentor*"
- #7 (MH "Preceptorship") OR "preceptor*"
- #8 (MH "Clinical Supervision") OR (MH "Student Supervision")
- #9 "clinical supervisor"
- #10 S5 OR S6 OR S7 OR S8 OR S9
- #11 (MH "Cultural Diversity")
- #12 "gender diversity"
- #13 (MH "Lesbians") OR (MH "Homosexuals") OR (MH "GLBT Persons")
- #14 (MH "Students, Nursing, Male") OR (MH "Nurses, Male")
- #15 "mature age students"
- #16 (MH "Students, Disabled") OR "nurses disabled"
- #17 (MH "Students, Non-Traditional")
- #18 "traditional nursing students"
- #19 (MH "English as a Second Language")
- #20 "non-English speaking background"
- #21 (MH "Students, Foreign") OR "international students"
- #22 (MH "Socioeconomic Factors")
- #23 (MH "Single Parent")
- #24 "family responsibilities" OR "carer responsibilities"
- #25 "family responsibilit*" OR "carer responsibilit*"
- #26 "carer"
- #27 (MH "Nurses, Minority") OR (MH "Minority Groups")
- #28 (MH "Work Experiences") OR (MH "Life Experiences") OR (MH "Job Experience")
- #29 S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR
S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28
- #30 S4 OR S10
- #31 S3 AND S29 AND S30
- #32 S3 AND S4 AND S29
- #33 S3 AND S4 AND S10 AND S29
- #34 (MH "Discrimination") OR (MH "Ageism") OR (MH "Sexism") OR (MH "Racism")
- #35 S3 OR S4 OR S10 OR S29
- #36 S34 AND S35

Appendix B: EDAN-specific banner



E.D.A.N.
Exploring Diversity Among Nursing
Students on Clinical Placement

Appendix C: Pilot: Email to request participation

From: Jane Koch
Sent: Thursday, 21 April 2011 7:51 PM
To:
Subject: Exploring diversity among nursing students (EDAN)

Dear

I am emailing to ask for your help in 'testing' (piloting) an online questionnaire that I will be using to survey nursing students in several universities across Australia. I hope to use this questionnaire to determine the extent of diversity amongst nursing students and how this may affect their clinical experiences.

The aim of the pilot study is to detect any potential problems with the questionnaire and its implementation before it 'goes live', for example, whether the questions are clear.

The questionnaire should only take about 10 minutes to complete. Your responses are voluntary and you can not be identified in any way. **Could you please answer the questions i) as a UWS undergraduate and ii) from the perspective of your last clinical placement whilst a nursing student at UWS?**

As you complete the questionnaire, I would be very grateful if you were able to jot down points that may be unclear etc, and how you found the process of completing the online survey and let me know.

The online survey is available by accessing the following link:
<https://www.surveymonkey.com/s/MWZCXJK>

A letter has also been sent to your home address, should you not be using your UWS email account.

I attach the Information Sheet that students will read prior to completing the survey.

If you have any questions, please call me, 02 9685 9393 or [REDACTED], or email to either address below.

Many thanks in advance for your help; I greatly appreciate your time and look forward to receiving your feedback.

Kind regards
Jane

Jane Koch PhD candidate
Email: jane.koch@postgrad.curtin.edu.au

Professor Patricia Davidson - supervisor

Appendix D: Final Validation of Surveys

From: Patricia Davidson [mailto:P.Davidson@curtin.edu.au]

Sent: Sunday, 26 June 2011 11:56 AM

Subject: Feedback on draft survey please

Dear Colleagues

Two 'Exploring Diversity in Nursing Students (EDAN) during clinical placements' surveys have been finalised and we would like final feedback before the Student Survey goes live after adapting following the Pilot and the Staff Survey is piloted.

Student Survey

Please complete from a nursing student perspective

<https://www.surveymonkey.com/s/WS68LZN>

Staff Survey

You can complete it from the perspective of an academic interested in clinical or a facilitator involved in the students' clinical placements

<https://www.surveymonkey.com/s/6BNG7RF>

It will only be open for 7 days and if you have any further comments, Jane (Koch) would be very grateful to receive them at j.koch@uws.edu.au

Patricia Davidson RN BA MEd PhD

Mobile [REDACTED]

PatriciaMary.Davidson@uts.edu.au

Appendix E: Student Survey

1. Welcome

Welcome to the Exploring Diversity among Nursing Students (EDAN) on clinical placement survey.

This survey is part of a research project being conducted across several Australian universities and is investigating the experiences of nursing students during their clinical placements. It should take about 10-15 minutes to complete.

We really appreciate your views as this study will help to identify the appropriate support nursing students need to have a positive and valuable learning experience during their clinical placements.

Many thanks!

2. Participant Information

The Participant Information Sheet was emailed to you along with the invitation to participate in this study. If you did not receive this or would like further information regarding this study prior to responding, please contact:

Jane Koch on 0411526670 or email: j.koch@uws.edu.au

Or

Professor Patricia Davidson on 0414674134 or email: PatriciaMary.Davidson@uts.edu.au

If you have not read the Participation Information Sheet, please take a few moments to read it so that you can decide whether or not to participate.

Once you have read and understood the information sheet, please complete the following question.

***I agree to participate in the study and have read and understood the Participant Information Sheet.**

Yes

No

3. Information About You

Thank you for your participation, it is really appreciated.

Please answer all questions. Most questions require you to indicate your answer by ticking a box or boxes

Choose the box that best matches your answer.

To assist us with our survey, we would like some information about you.

***What university are you enrolled at?**

- University of Western Sydney (UWS)
- University of Technology Sydney (UTS)
- University of Notre Dame, Australia (UNDA)
- Curtin University
- Griffith University
- University of Wollongong (UOW)
- Australian Catholic University(ACU)
- Other (please specify)

***What nursing course are you enrolled in?**

- Undergraduate Bachelor Nursing
- Accelerated Bachelor Nursing (for example endorsed enrolled nurses)
- Accelerated Graduate Entry Bachelor Nursing (for example previous degree NOT in nursing)
- Other (please specify)

***Was nursing your first choice to study at university?**

- Yes
- No (please specify your first choice)

4. Information About You

***What is your enrolment type?**

- Domestic undergraduate HECS student
- Domestic undergraduate full-fee student
- International undergraduate student
- Other (please specify)

***What year of your course are you currently in?**

- 1st year
- 2nd year
- 3rd year
- Other (please specify)

***What is your sex?**

- Male
- Female

***What is your age in years (at 1 August, 2011, for example, 25):**

5. Information About You

***In which country were you born?**

- Australia
- Other (please specify country)

6. Information About You

***If you were born outside Australia, please state the year you came to live in Australia (for example, 1998).**

7. Information About You

***Are you of Aboriginal or Torres Strait Islander Origin?**

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander

***What is the usual language spoken in your current home?**

- English only
- Both English and other
- Other only

Other - please state the language

8. Information About You

***Please indicate how descriptive each statement is of you by ticking your response.**

	Only non-English languages	More non-English than English	Both non-English and English equally	More English than non-English	Only English
In general, what language(s) do you speak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, what language(s) do you read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What language(s) do you usually speak at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In which language(s) do you usually think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What language(s) do you usually speak with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***What is the highest level of education you have completed?**

- No school certificate or other qualifications
- School or intermediate certificate (or equivalent)
- Higher school or leaving certificate (or equivalent)
- Trade/apprenticeship (e.g. hairdresser, chef)
- Certificate/diploma (e.g. child care, technician)
- University degree or higher
- Other (please specify)

9. Information About You (continued)

***Are you the first person in your immediate family (e.g., sister, brother, mother, father) to attend university?**

- Yes
- No

***Prior to entering your course, what was your previous nursing experience?**

- I have no previous nursing experience
- Assistant in nursing (AIN)
- Enrolled nurse (EN)
- Endorsed enrolled nurse (EEN)
- Other (please specify)

***Are you currently in paid work/employment?**

- Yes
- No

10. Information About You

***Please state the average hours you work per week DURING SEMESTER.**

***Are you employed in any work involving nursing and/or personal care?**

Yes

No

If you answered 'Yes' to the above question, what is your position?

AIN

EN

EEN

Other (please specify)

If you answered 'No' to the above question, please specify type of employment.

You may tick as many boxes as you feel apply to you.

Hospitality (e.g. waitress)

Sales assistant

Food preparation

Clerical

Cleaner

Other (please specify)

11. Information About You

***These questions explore how you feel about studying or working with culturally diverse people.**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel comfortable about working or studying with people from other culturally/ethnically diverse groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that people with culturally/ethnically diverse backgrounds add positively to my work or study group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Your LAST Clinical Placement

The next few questions are about your LAST clinical placements

***Where was your LAST clinical placement.**

You may tick more than one box (e.g., the surgical area was in a public health facility)

- Public health facility
- Private health facility
- Medical
- Surgical
- Emergency Department (ED)
- Critical care (any intensive care)
- Older people care
- Palliative care
- Mental health
- Community health
- Maternal care
- Child care
- Disability services
- Indigenous health
- Rural and remote
- Other (please specify)

***How long was your last clinical placement?**

- 5 days
- 10 days
- 15 days
- 20 days
- 25 days
- 30 days
- Other (please specify)

***These questions explore how you felt able to COMMUNICATE during your LAST clinical placement.**

	Strongly agree	Agree	Disagree	Strongly disagree
I felt confident talking to patients during my clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident talking to nursing staff during my clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident talking to medical and allied staff during my clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood what patients said to me during my clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood what staff said to me during my clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident writing nursing notes and reports during my clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood what I read in nursing notes/reports/patient clinical notes during my clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment if necessary

***These questions explore how you felt about CARING for culturally diverse patients and their families during your LAST clinical placement.**

	Strongly agree	Agree	Disagree	Strongly disagree
I felt knowledgeable about the beliefs and practices of patients from different cultural/ethnic backgrounds to mine during my clinical.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt confident caring for patients from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt at ease asking questions about a patient's cultural/ ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a personal commitment to care for patients from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am motivated to care for patients from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment if necessary

13. Your LAST Clinical Placement

For various reasons, students may feel different from others when in a group, for example, they may be male, older, have English as a second language or a previous nursing qualification.

***When with a group of nursing students during my last clinical practice, I felt that I was**

- similar to them
- different from them

***I felt different from other students because:**

You may tick as many boxes as you feel apply and add other reasons if you wish.

- I am male
- of my sexual orientation
- I am older
- I have a previous nursing qualification
- I have a special need (or disability) requiring extra support
- I speak English as a second or additional language
- I am a member of an ethnic or racial minority group
- of my religious beliefs or practices
- I did not feel different
- Other reasons for feeling different included:

***Did feeling different to other students impact on the learning experience you had during your clinical?**

- Yes
- No
- I did not feel any different

Please explain how it impacted on your experience, with an example if appropriate

Do you feel you were treated differently to other nursing students on your last clinical practice?

- I do not feel that I was treated differently
- Sometimes I was treated differently
- I feel that I was treated better than other students
- I feel that I was treated worse than other students

Please explain, with an example if necessary

***Positive experiences I had on my last clinical placement included:**

	Strongly agree	Agree	Disagree	Strongly disagree
Communicating with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observing and learning from registered and enrolled nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicing my clinical skills under supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling part of the nursing team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other positive experiences (please specify)

***How could your last clinical placement have been improved?**

	Strongly agree	Agree	Disagree	Strongly disagree
Being longer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being made more welcome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being accepted for who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being valued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being treated more fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was no need for any improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other improvements (please specify)

***My university studies:**

	Strongly agree	Agree	Disagree	Strongly disagree
adequately prepared me for my last clinical placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
adequately covered the concept and breadth of diversity in our society	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment if necessary

Overall, is there anything else to say about clinical placement(s) in general?

14. Thank you very much for your time

Completing the survey is evidence of consent to participate in the study.
Your investment of time will help improve the clinical placement experience for all nursing students - many thanks!

Please join our online focus group being held later in the semester to explore further your experiences of clinical placement.

If you have any queries at all do please contact:

Jane on 0411 526 670 or email: j.koch@uws.edu.au

Or

Professor Patricia Davidson on 0414674134 or email: PatriciaMary.Davidson@uts.edu.au

Appendix F: Staff Survey

Welcome
<p>Welcome to the Exploring Diversity among Nursing Students (EDAN) on clinical placement survey.</p> <p>This survey is part of a research project being conducted across several Australian universities and is investigating the experiences of nursing students during their clinical placements.</p> <p>We are also asking interested nurse academics involved in university teaching and those facilitating clinical education to participate. The survey should take about 10 minutes to complete.</p> <p>We appreciate your views as this study will help to identify the appropriate clinical and academic support nursing students need to have a positive and valuable learning experience during their clinical placements.</p> <p>Many thanks!</p>
Staff Information Sheet
<p>The Staff Information Sheet was emailed to you along with the invitation to participate in this study. If you did not receive this or would like further information regarding this study, please contact:</p> <p>Jane Koch on 0411526670 or email: j.koch@uws.edu.au</p> <p>Or</p> <p>Professor Patricia Davidson on 0414674134 or email: PatriciaMary.Davidson@uts.edu.au</p> <p>If you have not read the Staff Information Sheet, please take a few moments to read it so that you can decide whether or not to participate.</p> <p>Once you have read and understood the information sheet, please complete the following question.</p> <p>*1. I agree to participate in the study and have read and understood the Staff Information Sheet</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Differences in People
<p>Thank you for your participation, it is really appreciated.</p> <p>Most questions require you to tick a box(s) to indicate your answer.</p> <p>For various reasons, we may feel different from others when in a group, for example, we may be male, older or have English as a second language.</p> <p>The following questions explore these differences.</p>

***2. When with a group of colleagues, I feel different from them because:**

You may tick as many boxes as you feel apply and add other reasons if you wish.

- I am male
- of my sexual orientation
- I am older
- I am less qualified
- I am in a lower position
- I speak English as a second or additional language
- I am a member of an ethnic or racial minority group
- of my religious beliefs or practices
- I do not feel any different
- Other reasons for feeling different include:

--

***3. Indicate which attributes you have observed in nursing students who perceive themselves to be different from other students.**

You may tick as many boxes as you feel apply and add other reasons if you wish.

- They are male
- Their sexual orientation
- They are older
- They have a previous nursing qualification
- They are have a special need (or disability) requiring extra support
- They speak English as a second or additional language
- They are a member of an ethnic or racial minority group
- Their religious beliefs or practices
- I have not perceived that a student feels different when within a group
- Other attributes (please specify)

***4. In your experience, does 'being different' have any impact on their learning experiences during clinical placements or in the classroom?**

- Yes
- No
- Unsure

Please elaborate if necessary

***5. Do you perceive that these students are ever treated differently by other people either during their clinical placement or in the classroom?**

- I do not feel that they are treated differently
- Sometimes they are treated differently
- Sometimes they are treated better
- Sometimes they are treated worse

Please elaborate if appropriate

***6. These questions explore the concept and breadth of diversity.**

	Strongly agree	Agree	Disagree	Strongly disagree
Nursing students are sensitive to the concept and breadth of diversity in other nursing students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing students are sensitive to the concept and breadth of diversity in our society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The present nursing curriculum addresses the concept and breadth of diversity adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am sensitive to the concept and breadth of diversity within nursing groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that colleagues are sensitive to the concept and breadth of diversity within nursing groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that understanding the concept and breadth of diversity is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate if necessary

***7. These questions explore how you feel about teaching students from culturally diverse groups.**

	Strongly agree	Agree	Disagree	Strongly disagree
I am knowledgeable about the beliefs and practices of most cultural/ethnic groups in Australia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about teaching students from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel at ease asking questions about a student's cultural/ ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a personal commitment to teach students from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am motivated to teach students from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please elaborate if necessary

***8. These questions explore how you feel about working with culturally diverse groups.**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel comfortable working with people from other culturally/ethnically diverse groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that people with culturally/ethnically diverse backgrounds add positively to any work group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***7. These questions explore how you feel about teaching students from culturally diverse groups.**

	Strongly agree	Agree	Disagree	Strongly disagree
I am knowledgeable about the beliefs and practices of most cultural/ethnic groups in Australia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about teaching students from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel at ease asking questions about a student's cultural/ ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a personal commitment to teach students from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am motivated to teach students from culturally/ethnically diverse groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please elaborate if necessary

***8. These questions explore how you feel about working with culturally diverse groups.**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel comfortable working with people from other culturally/ethnically diverse groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that people with culturally/ethnically diverse backgrounds add positively to any work group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***11. Do clinical placement experiences for nursing students need to be improved?**

Yes

No

Please elaborate if necessary

***12. Overall is there anything else to say about the clinical placements of nursing students in general?**

Yes

No

Please elaborate if necessary

Information about You

To assist us with our survey, we would like some information about you.

***13. What is your role regarding the clinical learning experiences of nursing students?**

You may tick as many boxes as you feel apply to you.

- As a facilitator in the clinical environment
- As a university lecturer
- As both a university lecturer and a registered nurse in the clinical environment
- As a Clinical Placement Coordinator
- As Dean/Head of School of Nursing
- Other (please specify)

***14. Which university/universities do you have a role(s) regarding the clinical learning experiences of nursing students?**

Please tick a many as apply to you.

- University of Western Sydney (UWS)
- University of Technology Sydney (UTS)
- University of Notre Dame, Australia (UNDA)
- Curtin University
- Griffith University
- University of Wollongong (UOW)
- Australian Catholic University(ACU)
- Other (please specify)

***15. In which undergraduate nursing course(s) do you facilitate/teach?**

You may tick as many boxes that apply to you

- Undergraduate Bachelor Nursing
- Accelerated Bachelor Nursing
- Accelerated Graduate Entry Bachelor Nursing

Others (please specify)

***16. How many years have you been involved with teaching and/or facilitating undergraduate nursing students?**

- less than 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- More than 20 years

***17. How many years have you been involved with nursing students at your PRESENT university?**

- less than 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- More than 20 years

***18. What is your sex?**

- Male
- Female

***19. What is the usual language spoken in your home?**

- English only
- Both English and other
- Other only

Other - please state the language

***20. What is your highest qualification?**

- RN
- Degree (Bachelors)
- Graduate diploma
- Degree (Masters)
- PhD
- Other (please specify)

Thank you very much for your time

Completing the survey is evidence of your consent to participate in the study - many thanks! Your investment of time will help improve the clinical placement experience for nursing students. If you have any queries at all do please contact:

Jane Koch on 0411526670 or email: j.koch@uws.edu.au

Or

Professor Patricia Davidson on 0414674134 or email: PatriciaMary.Davidson@uts.edu.au

Appendix G: Email to Chair of Council of Deans of Nursing and Midwifery

From: Jane Koch
Sent: Monday, 29 November 2010 5:22 PM
To: Patricia Davidson; Patrick Crookes
Cc: Patricia Davidson; Bronwyn Everett; Yenna Salamonsen; Gavin Leslie;
jphillips@stvincents.com.au
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Patrick

Further to Trish's email below, I am contacting you in your role as chair of the Council of Deans of Nursing and Midwifery, Australian and New Zealand and wonder if you are able to help?

This time Patrick, I am wearing my PhD student hat, rather than my concern for the UWS 3rd year students and the IELTS, OET requirements because of the English Language Skills Registration Standard set by the NMBA in July this year!

I attach a brief summary of my proposed doctoral study (PhD_Outline_forDeans). As you will see, I still have an interest in students with diversity and aim to explore and describe the experiences of nursing students undertaking clinical placement in a bachelor degree, with particular interest on their perspectives from a diversity viewpoint.

As I am hoping that this will be an Australia-wide study, I am wondering, as you would have the email details of all heads of nursing schools/colleges, if you felt able to send a group email to them inviting them to participate on my and my supervisor, Trish Davidson's, behalf please?

I have attached:

- i) A suggested email for you to send to each Head of School (Email: _Patrick_Crookes_HOS)
- ii) Information about the project for you and to attach to each email (PhD_Outline_forDeans).

If you have any queries Patrick please do not hesitate to contact either myself or Trish. I have obtained ethical approval from Curtin and am in the process of obtaining ethical approval from UWS and Notre Dame. I realise that I will need to do this for each participating university.

If you do feel able to help in this way, please copy in to Trish and me so that we know when you have sent it.

I do hope all is well with you Patrick

Kind regards
Jane

Jane Koch (Ms)
Email jane.koch@postgrad.curtin.edu.au<mailto:jane.koch@postgrad.curtin.edu.au>

Professor Patricia Davidson

Email: P.Davidson@curtin.edu.au<mailto:P.Davidson@curtin.edu.au>

Jane Koch RN BA MA

PhD Candidate | Centre for Cardiovascular and Chronic Care | School of Nursing and Midwifery
| Faculty of Health Sciences Curtin University of Technology | Curtin House | 39 Regent Street
| Chippendale | NSW, 2000 Telephone +61 2 8399 7838 | Facsimile +61 2 8399 7834 |

From: Patricia Davidson [mailto:P.Davidson@curtin.edu.au]

Sent: Monday, November 29, 2010 2:44 PM

To: Patrick Crookes

Cc: Jane Koch; Bronwyn Everett; Yenna Salamonson; Gavin Leslie; jphillips@stvincents.com.au

Subject: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Patrick

One of my students, Jane Koch (who is also on faculty) at UWS is examining issues of diversity (gender/culture) etc on clinical placements using an online survey.

She will send an invitation for participation for your consideration to circulate through the CDNM. We also would be delighted if UOW were to participate.

Currently we have Curtin, UNDA & UWS on board.

Hope all is well otherwise.

Best wishes

Trish

Patricia Davidson RN PhD

Professor of Cardiovascular and Chronic Care Curtin University Professor of Cardiovascular Nursing Research St Vincents, Sydney Curtin House | 39 Regent St | Chippendale NSW 2008

P: +61 2 83997831 | F +61 2 83997834 | [REDACTED]

Email: P.Davidson@curtin.edu.au<mailto:P.Davidson@curtin.edu.au>

CRICOS Provider Code: 00301J

Appendix H: Email from CDMN to all Deans/Heads of SoN

From: Jane Koch
Sent: Tuesday, November 30, 2010 2:47 PM
To: Jenny Martin
Cc: Patricia Davidson; 'Anne Wheeler'
Subject: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Dean/Head of School

I attach information regarding your possible participation in a doctoral study.

The following email is from the doctoral student Jane Koch and her primary supervisor, Professor Patricia Davidson, School of Nursing and Midwifery, Curtin University, Sydney.

It would be appreciated if you would disseminate this invitation within Your school/faculty to nurse academics.

Kind regards

Jill White
Deputy Patrick Crooke's deputy
Chair, Council of Deans of Nursing and Midwifery

Jennifer Martin
Executive Officer, Council of Deans of Nursing and Midwifery
Deakin University Melbourne Victoria 3125 Australia.
Phone: 03 9244 6111 International: +61 3 9244 6111
Fax: 03 9244 6159 International: +61 3 9244 6159
E-mail: jenny.martin@deakin.edu.au
Website: <http://www.deakin.edu.au>
CDNM Website: <http://www.cdnm.edu.au>
Deakin University CRICOS Provider Code 00113B

Important Notice: The contents of this email transmission, including any attachments, are intended solely for the named addressee and are confidential; any unauthorised use, reproduction or storage of the contents and any attachments is expressly prohibited. If you have received this transmission in error, please delete it and any attachments from your system immediately and advise the sender by return email or telephone.

Deakin University does not warrant that this email and any attachments are error or virus free.

We would be most grateful if you were able to participate in the attached doctoral study to explore and describe the experiences of nursing students undertaking clinical placement in a bachelor degree, with particular interest on their perspectives from a diversity viewpoint.

If you are interested, I would be most grateful if you could complete and return the attached Reply Form, at the end of the attached doctoral study with the name of a contact person.

Please note that:

- i) Should you wish, we will return the results from your specific students, which of course will be confidential to you
- ii) The contact person would help to provide:
 - a) Background information regarding your specific school and clinical placements
 - b) A secure platform for the anonymous online survey (using Survey Monkey) and focus groups
 - c) Email contact with students and staff, both academic and clinical, to send the Information Sheet and the URL link to the survey.

They may also be interested in a joint publication or would be acknowledged in all publications

We greatly appreciate your taking the time to read this and do hope that you feel able to participate. If you have any queries, please do not hesitate to contact by email.

Kind regards

Jane

Jane Koch (Ms)

Email jane.koch@postgrad.curtin.edu.au

or

Professor Patricia Davidson

Email: P.Davidson@curtin.edu.au

[Jane Koch](#) RN BA MA

PhD Candidate | Centre for Cardiovascular and Chronic Care | School of Nursing and Midwifery | Faculty of Health Sciences

Curtin University of Technology | Curtin House | 39 Regent Street | Chippendale | NSW, 2000

Telephone +61 2 8399 7838 | Facsimile +61 2 8399 7834 |

Appendix I: Summary of thesis sent to Deans/Heads of School

Summary of proposed doctoral thesis for Heads of Schools of Nursing

<p>Title</p> <p>Experiences of nursing students undertaking clinical placement in a bachelor degree: a perspective of diversity</p> <p>Short title</p> <p>Exploring Diversity among Nursing Students (EDAN) on clinical placement</p>
<p>Doctoral student, supervisors, funding</p> <p>PhD Candidate: Jane Koch; 2010 APA/CUPS Scholarship</p> <p>Supervisors: Professor Patricia Davidson, Professor Jane Phillips, Dr. Bronwyn Everett.</p>
<p>Background and rationale</p> <p>Achieving clinical competence is essential for nursing students, making the experiences students have on clinical placement an important consideration. During their BN course, students need to adjust to various clinical environments, the clinical language, preferred forms of communication and distinct culture, which in some circumstances could be perceived as alienating and marginalising to students. In recent years globalisation and nursing shortage in developed countries has resulted in a diverse nursing student cohort, which helps to develop a health workforce able to meet the needs of a diverse population. However, it also creates opportunities for marginalisation, discrimination and racism if not managed appropriately and sensitively. This may be most pronounced for individuals who perceive they are different from the status quo, either on the basis of age, race, religion, disability, gender or language. These differences add another layer of complexity to the student experience. Thus, given workforce shortages, the increasing culturally and linguistically diverse society, growing number of students for whom English is their second language and nursing attrition makes exploring nursing students' experiences during their clinical placements an important consideration. Not only will this study be an important step in increasing the understanding of nursing students experiences of the clinical curriculum through the lens of diversity, but it will also generate tangible solutions and strategies aimed at enhancing the clinical placement. This could include the development of interventions to help better prepare students for clinical practice, particularly those with English as a second language (ESL).</p>
<p>Aim</p> <p>To describe the experiences of nursing students during their clinical placement, using a diversity framework.</p>
<p>Objectives</p> <p>The research objectives seek to determine the:</p> <ol style="list-style-type: none"> 1. Perceptions and experiences of nursing students regarding their clinical placement 2. Relationship of clinical placement experiences to perspectives of diversity 3. Barriers and facilitators to the clinical placement
<p>Population and setting</p> <p>Undergraduate nursing students in participating universities in Australia.</p>
<p>Study design</p> <p>An exploratory and descriptive non-experimental, mixed method design to address the study objectives.</p>
<p>Outcomes and measures</p> <p>Summary and descriptive data in relation to perspectives of diversity and clinical placement</p>
<p>Study procedures</p> <p>All student groups willing to give informed consent will be surveyed regarding their clinical placement using a web-based survey, SurveyMonkey, on a secure platform. Item generation will consist of structured, closed ended questions including sociodemographic, language proficiency, self efficacy items, and open ended questions.</p> <p>Concurrently, an online survey will be provided to clinical facilitators and nurse academics through</p>

<p>participating universities. They will be asked to identify the barriers and facilitators to the clinical placement and in particular their perception of nursing students' experiences, treatment and care giving skills from the perspective of diversity.</p> <p>Volunteers will be sought from the nursing students and facilitators/academics participating in the survey to participate in on line focus group to elaborate on aspects generated from the surveys. The method of appreciative inquiry will be used to moderate the focus groups. If necessary, volunteers will be sought for one to one telephone interviews to explore specific areas emerging from the data.</p>
<p>Statistical considerations</p> <p>Data will be exported from Survey Monkey to the Statistical Package for the Social Sciences (SPSS Version 17.0). Descriptive statistics will be used to describe and summarize survey data. The Chi square test will be used to identify associations between demographic and organizational characteristics and categorical data. Parametric tests, T-test and ANOVA, will be used where variables are normally distributed. Where assumptions of normality are not met non-parametric equivalents, Kruskal-Wallis and Mann Whitney U test, will be used.</p> <p>Qualitative data will undergo thematic analysis of content. The data from the surveys and downloaded from online focus groups will be content-analysed using both manifest and latent content. Common themes will be elicited as part of the data analysis process and a thematic review will be conducted. In order to provide further insight into the attributes of the students, the open ended survey comments will be related to ELAS scores and available sociodemographic data.</p>
<p>Feasibility</p> <p>The likelihood that this project will be completed within 3 years is very high given the APA/CUPS Scholarship enables full time application.</p>
<p>Involvement of participating universities</p> <p>Participating universities will be asked to nominate a contact person to help facilitate data collection. This person could be involved in authorship of specific journal articles.</p> <p>A confidential report of specific course findings will be provided to the Head of School on request.</p>
<p>Funding and support</p> <p>Funding is provided by the APA/CUPS Scholarship and academic guidance by the doctoral supervisors.</p>
<p>Plan for expert/peer/student review</p> <p>The survey questions will be generated from the literature. They will be piloted in order to identify ambiguous and redundant items (Burns & Grove, 2009), using 20 nursing students, 10 facilitators and professionals with significant clinical experience and/or experience in survey design.</p>
<p>Capacity to translate into clinical practice</p> <p>Information from this study is expected to provide strategies to enhance the clinical experiences for nursing students, particularly those with diversity.</p>

Date:

29/11/2010

REPLY FORM

Please complete and return to the email address below

Any comments or queries:

Name: _____

Email address: _____

Email jane.koch@postgrad.curtin.edu.au

or

Professor Patricia Davidson

Email: P.Davidson@curtin.edu.au

Jane Koch RN BA MA

PhD Candidate | Centre for Cardiovascular and Chronic Care | School of Nursing and Midwifery
| Faculty of Health Sciences

Curtin University of Technology | Curtin House | 39 Regent Street | Chippendale| NSW, 2000

Telephone +61 2 8399 7838 | Facsimile +61 2 8399 7834 | Email

jane.koch@postgrad.curtin.edu.au

Appendix J: Email to Contact person at participating university

-----Original Message-----

From: Jane Koch

Sent: Wednesday, 3 August 2011 7:44 PM

To: Karen Flowers

Cc: Patricia Mary Davidson

Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Karen

I do hope the semester has started well for you

I have now finalised the pilot studies of the Staff and Student surveys and am able to start the online data collection in the near future. This will involve informing staff and students about the study, sending the Information Sheet and giving them the link to the survey (Survey Monkey) should they wish to participate (please see initial information attached). As originally envisaged this could be via a secure platform, email or both.

I would be most grateful if you could let me know when it would be most convenient to talk to you by telephone. It would be good to meet you sometime and if it was more convenient, I would be very happy to come to see you sometime next week or when appropriate.

Many thanks for your interest Karen.

I look forward to hearing from you

Kind regards

Jane

Jane Koch

Doctoral student Curtin University, Sydney Lecturer School of Nursing and Midwifery, College of Health & Science, University of Western Sydney, Parramatta South Campus, Building EI (Room G.17) Locked Bag 1797, Penrith, NSW 2751, Australia

Phone:(02) 9685 9395, Fax: (02) 9685 9599

Email: j.koch@uws.edu.au

-----Original Message-----

From: Karen Flowers [mailto:Karen.Flowers@acu.edu.au]

Sent: Tuesday, 26 April 2011 12:25 PM

To: Jane Koch

Subject: FW: Invitation to participate in a project examining issues of diversity in clinical placements.

Hello Jane

Apologies for the delay in responding to your initial request. ACU is pleased to participate and I will be the contact person.

I look forward to hearing from you.

With kind regards

Karen

Assoc Prof Karen Flowers RN PhD

Associate Dean (Nursing and Midwifery)
Faculty of Health Sciences
Australian Catholic University Limited ABN 15 050 192 660 CRICOS 00004G, 00112C,
00873F, 00885B 1100 Nudgee Rd Banyo QLD 4014 PO Box 456 Virginia Qld 4014 Phone 617
3623 7292 Mob [REDACTED] Fax 617 3623 7468
email: karen.flowers@acu.edu.

From: Jane Koch [J.KOCH@uws.edu.au]
Sent: Thursday, 21 April 2011 12:07 PM
To: Michelle Campbell
Cc: P.Davidson@curtin.edu.au
Subject: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Professor Campbell

Just before Christmas, an email was sent to all Deans and Heads of School from the CDNMM seeking their interest in participating in my PhD project.

You may have missed the original email, but I would be most grateful if you could consider giving your permission for ACU to 'opt in'. It involves an online survey and so no class time or resources will be required, except for a staff member for me to liaise with as, obviously as a PhD student I cannot have access to nursing students directly.

I attach the initial information sent. If you feel that it is an appropriate study for your students and you have an interested staff member, as the attached email to Patrick suggests:

I would be most grateful if you could complete and return the attached Reply Form, at the end of the attached doctoral study with the name of a contact person.

Please note that:

- i) Should you wish, we will return the results from your specific students, which of course will be confidential to you
- ii) The contact person would help to provide:
 - a) Background information regarding your specific school and clinical placements
 - b) A secure platform for the anonymous online survey (using Survey Monkey) and focus groups
 - c) Email contact with students and staff, both academic and clinical, to send the Information Sheet and the URL link to the survey.

They may also be interested in a joint publication or would be acknowledged in all publications' I already have ethics approval from Curtin and would be grateful, should you agree, if you would let me know whether further approval would be required by ACU.

I do hope you have a good Easter

Kind regards
Jane

Jane Koch
Doctoral student Curtin University, Sydney Lecturer School of Nursing and Midwifery, College of Health & Science, University of Western Sydney, Parramatta South Campus, Building EI (Room G.17) Locked Bag 1797, Penrith, NSW 2751, Australia

Phone:(02) 9685 9395, Fax: (02) 9685 9599
Email: j.koch@uws.edu.au

From: Jane Koch
Sent: Monday, 29 November 2010 5:22 PM
To: Patricia Davidson; Patrick Crookes
Cc: Patricia Davidson; Bronwyn Everett; Yenna Salamonson; Gavin Leslie;
jphillips@stvincents.com.au
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Patrick

Further to Trish's email below, I am contacting you in your role as chair of the Council of Deans of Nursing and Midwifery, Australian and New Zealand and wonder if you are able to help?

This time Patrick, I am wearing my PhD student hat, rather than my concern for the UWS 3rd year students and the IELTS, OET requirements because of the English Language Skills Registration Standard set by the NMBA in July this year!

I attach a brief summary of my proposed doctoral study (PhD_Outline_forDeans). As you will see, I still have an interest in students with diversity and aim to explore and describe the experiences of nursing students undertaking clinical placement in a bachelor degree, with particular interest on their perspectives from a diversity viewpoint.

As I am hoping that this will be an Australia-wide study, I am wondering, as you would have the email details of all heads of nursing schools/colleges, if you felt able to send a group email to them inviting them to participate on my and my supervisor, Trish Davidson's, behalf please?

I have attached:

- i) A suggested email for you to send to each Head of School (Email_Patrick_Crookes_HOS)
- ii) Information about the project for you and to attach to each email (PhD_Outline_forDeans).

If you have any queries Patrick please do not hesitate to contact either myself or Trish. I have obtained ethical approval from Curtin and am in the process of obtaining ethical approval from UWS and Notre Dame. I realise that I will need to do this for each participating university.

If you do feel able to help in this way, please copy in to Trish and me so that we know when you have sent it.

I do hope all is well with you Patrick

Kind regards

Jane

Jane Koch (Ms)

Email jane.koch@postgrad.curtin.edu.au<mailto:jane.koch@postgrad.curtin.edu.au>

Professor Patricia Davidson

Email: P.Davidson@curtin.edu.au<mailto:P.Davidson@curtin.edu.au>

Jane Koch RN BA MA

PhD Candidate | Centre for Cardiovascular and Chronic Care | School of Nursing and Midwifery | Faculty of Health Sciences Curtin University of Technology | Curtin House | 39 Regent Street | Chippendale| NSW, 2000 Telephone +61 2 8399 7838 | Facsimile +61 2 8399 7834 |

From: Patricia Davidson [mailto:P.Davidson@curtin.edu.au]

Sent: Monday, November 29, 2010 2:44 PM

To: Patrick Crookes

Cc: Jane Koch; Bronwyn Everett; Yenna Salamonson; Gavin Leslie;

jphillips@stvincents.com.au

Subject: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Patrick

One of my students, Jane Koch (who is also on faculty) at UWS is examining issues of diversity (gender/culture) etc on clinical placements using an online survey. She will send an invitation for participation for your consideration to circulate through the CDNM. We also would be delighted if UOW were to participate. Currently we have Curtin, UNDA & UWS on board.

Hope all is well otherwise.

Best wishes
Trish

Patricia Davidson RN PhD
Professor of Cardiovascular and Chronic Care Curtin University Professor of Cardiovascular Nursing Research St Vincents, Sydney Curtin House| 39 Regent St|Chippendale NSW 2008
P: +61 2 83997831|F +61 2 83997834| M+ [REDACTED]
Email: P.Davidson@curtin.edu.au<mailto:P.Davidson@curtin.edu.au>

CRICOS Provider Code: 00301J

Appendix K: Email to Students at one participating university

UTS Nursing STUDENTS – email to 2nd and 3rd years

Email Subject: Exploring Diversity Among Nursing students (EDAN) on clinical placement

UTS Faculty of Nursing, Midwifery and Health is supporting the research project below and we would encourage you to participate.

Kind regards

Jan Forber

Lecturer and Academic Clinical Advisor, Faculty of Nursing, Midwifery and Health



We are contacting you to ask for your help with a study being conducted in several universities across Australia to determine how diversity (for example in age, sex, culture and language) may affect nursing students whilst on clinical placement.

We do hope you will feel able to spend 10-15 minutes of your time to help us by completing a short survey. It will give you an opportunity to voice your perceptions and thoughts, which ultimately may help improve your clinical learning experiences.

Please read the attached Information Sheet about the study.

The online survey is available by accessing the following link:

<https://www.surveymonkey.com/s/BHJDVWK>

If the link does not work directly, please cut and paste into your browser.

If you have any questions, please call Jane Koch, [REDACTED], or email: d.jane.koch@student.uts.edu.au

We are sure you will enjoy completing the questionnaire and we greatly appreciate your time.

Many thanks for your help.

Kind regards

Jane

Jane Koch RN, RNT, MA

PhD student, University of Technology, Sydney

Phone: [REDACTED]; email: d.jane.koch@student.uts.edu.au

Professor Patricia Davidson

Phone: [REDACTED], email: PatriciaMary.Davidson@uts.edu.au

Appendix L: Information Sheet for one participating university



E.D.A.N.
Exploring Diversity Among Nursing
Students on Clinical Placement

Human Research Ethics Committee

Research & Innovation Office

University of Technology, Sydney (UTS)

PO Box 123, BROADWAY NSW 2007

<http://www.research.uts.edu.au/policies/restricted/ethics.html>

Tel +61 2 9514 9772 Fax +61 2 514 1244

Approval number UTS HREC 2011-222R



Participant Information Sheet (Student)

Project title: Exploring Diversity among Nursing Students on Clinical Placement (EDAN)

What is the study about? The purpose of this study is to explore students' and staff perceptions of clinical learning experiences whilst on clinical placement and whether diversity is related to these experiences, for example age, maturity, culture and language. The study will involve several universities in Australia.

What does the study involve? This study involves completing an anonymous online survey. The questions ask you for details about yourself, your background and your experiences during your clinical placements. We would like to use this information to see if diversity affects these experiences. Later in the semester, we will invite you to participate in an anonymous on line focus group to explore further aspects of the findings from the survey. You cannot be identified and any enquiry received from you about the study will be treated in confidence. This Information Sheet and link to the online survey will be sent to you by a person other than the researcher. Should it be necessary, an email will be sent to request participants who wish to be involved in a telephone interview and information regarding the purpose of the interviews, format and confidentiality will be provided.

How much time will the study take? Completing the survey will take less than 10 minutes. If you participate later in i) the focus group, this will take approximately 20 minutes and ii) a telephone interview, approximately 40 minutes.

Will the study benefit me? Although participation in the study may not benefit you immediately, the information you provide will enable us to provide strategies to enhance the clinical experiences of nursing students.

Will the study involve any discomfort for me? The study is unlikely to involve any discomfort. However, if you require it, UTS offers a free and confidential counselling service: student.services@uts.edu.au

Will anyone else know the results? How will the results be disseminated? Please be assured that the responses you provide will be used only for the purpose of exploring the association between students' reflections of their clinical placement and diversity. Results from the study will be written as a doctoral dissertation and will be disseminated through reports, articles in peer-reviewed journals and conference presentations. The privacy of all participants should they identify themselves to the researcher will be maintained at all stages of the study. Participants will not be identified in any publications.

Can I withdraw from the study? Participation in this study is completely voluntary. There is no penalty for refusing permission. It will not affect your studies or results in any way. Should you wish to withdraw at any stage, you are free to do so without prejudice. However, if you would like to participate, please complete the anonymous online survey, this will imply your consent. Thank you very much for participating. We value your contribution and appreciate you taking the time to complete the survey.

Can I tell other people about the study? Yes, you can tell other nursing students about the study by providing them with the contact details of the researchers (see contact details below). They can contact doctoral student named below to discuss their participation in the research project and obtain an information sheet and access to the online survey.

What if I require further information? If you require further information any member of the group below would be very happy to discuss the study with you or answer your questions. However, please contact the doctoral student in the first instance.

What if I have a complaint?

This study has been approved by the University of Technology, Sydney, Human Research Ethics Committee. The Reference Number is [UTS HREC 2011-222R]. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9772 Research.Ethics@uts.edu.au) and quote the UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Researchers

The study will be carried out by a doctoral student under the guidance of her supervisors:

Jane Koch (doctoral student)

Phone: [REDACTED]

Email: d.jane.koch@student.uts.edu.au

Professor Patricia Davidson

Phone: [REDACTED]

Email: PatriciaMary.Davidson@uts.edu.au

Professor Jane Phillips

Phone: [REDACTED]

Email: jphillips@stvincents.com.au

Doctor Bronwyn Everett

Phone: 02 9514 5124

Email: Bronwyn.Everett@uts.edu.au

Appendix M: Pop up announcement on secure site for students

Students- pop up message UOW

Title: Exploring diversity among nursing students (EDAN)

Would you like to help with a study being conducted in several universities across Australia to determine how diversity (for example in age, sex, culture and language) may affect your clinical experience?

If so please read on.

It will involve completing a short survey taking 10-15 minutes of your time. This will give you an opportunity to voice your perceptions and thoughts, which ultimately may help improve your clinical learning experiences.

Please read the attached information about the study.

The online survey is available by accessing the following link:

<https://www.surveymonkey.com/s/BHJDVWK>

If you have any questions, please call Jane Koch, [REDACTED]

This study is being conducted in several universities across Australia and the research will only be successful with the generous support of students and staff. I am sure you will enjoy completing the questionnaire and greatly appreciate your time.

Many thanks for your help. I look forward to receiving your response.

Appendix N: Secure Platform

The screenshot shows a web browser window displaying the Blackboard Learning System interface. The browser's address bar shows the URL: <https://xwvs.uws.edu.au/webct/urw/15116001.tpo/cobal?anFrame.doweibct>. The page header includes the UWS logo and navigation links for [My_vziwvs](#), [Accessibility](#), [Help](#), and [Log out](#). The main content area is titled "Your location: Home Page" and features a banner for the "School of Nursing and Midwifery Clinical Learning Site" with courses 4504, 4642, 4633, 4643, and 4648. Below the banner, a section titled "VIRTUAL HOSPITAL LINK ON THIS PAGE - SEE TARGET ICON" lists several resources:

- Contact Us**: Contact the Clinical Placement Team.
- On-Campus Clinical Learning**: Essential reading for on-campus Clinical Learning.
- Evaluate Your Placement**: Anonymous surveys. Feedback to us about your placement or facilitator.
- RESEARCH PROJECTS**: Be part of some exciting research projects. Click on this icon for more details.
- Clinical Placement**: Clinical placement information, lists & Special Requirements.
- Professional Practice**: For registration, employment and related matters.
- CENSUS Survey**: Evaluate your most recent clinical experience on the CENSUS site.
- VIRTUAL HOSPITAL eLearning modules**.
- Communication Skills - Support**: Resources for communication skills, both written and verbal.
- Transition to Graduate Practice 2011**: For 3rd year students undertaking their final placement in 2011 or 2012.

Appendix O: Email to Staff at one participating university

UTS STAFF and FACILITATORS – email

Email Subject: Exploring Diversity Among Nursing students (EDAN) on clinical placement

UTS Faculty of Nursing, Midwifery and Health is supporting the research project below and we would encourage you to participate

Kind regards

Jan Forber

Lecturer and Academic Clinical Advisor, Faculty of Nursing, Midwifery and Health



We are contacting you to ask for your help with a study being conducted in several universities across Australia to determine how diversity (for example in age, sex, culture and language) may affect nursing students whilst on clinical placement.

We do hope you will feel able to spend 10-15 minutes of your time to help us by completing a short survey. It will give you an opportunity to voice your perceptions and thoughts, which ultimately may help improve clinical learning experiences for nursing students.

Please read the attached Information Sheet about the study.

The online survey is available by accessing the following link:

<https://www.surveymonkey.com/s/BBVQVNJ>

If the link does not work directly, please cut and paste into your browser.

If you have any questions, please call Jane Koch, [REDACTED] or d.jane.koch@student.uts.edu.au

We are sure you will enjoy completing the questionnaire and we greatly appreciate your time.

Many thanks for your help.

Kind regards

Jane

Jane Koch

PhD student, University of Technology, Sydney (UTS)

Phone: [REDACTED]; email: d.jane.koch@student.uts.edu.au

Professor Patricia Davidson

Phone: [REDACTED], email: PatriciaMary.Davidson@uts.edu.au

Appendix P: Information Sheet for one participating university



E.D.A.N.
Exploring Diversity Among Nursing
Students on Clinical Placement

Human Research Ethics Committee

Research & Innovation Office

University of Technology, Sydney (UTS)

PO Box 123, BROADWAY NSW 2007

<http://www.research.uts.edu.au/policies/restricted/ethics.html>

Tel +61 2 9514 9772 Fax +61 2 514 1244

Approval number UTS HREC 2011-222R



Participant Information Sheet (Staff)

Project title: Exploring Diversity among Nursing Students on Clinical Placement (EDAN)

What is the study about? The purpose of this study is to explore students' and staff perceptions of clinical learning experiences whilst on clinical placement and whether diversity is related to these experiences, for example age, maturity, culture and language. The study will involve several universities in Australia.

What does the study involve? This study involves completing an anonymous online survey. The questions ask you for your experiences with students and details about yourself. We would like to use this information to see if, together with the information given by the students, diversity affects the experiences of nursing students' during their clinical placements. Later in the semester, we will invite you to participate in an anonymous on line focus group to explore further aspects of the findings from the survey. You cannot be identified and any enquiry received from you about the study will be treated in confidence. This Information Sheet and link to the online survey will be sent to you by a person other than the researcher. Should it be necessary, an email will be sent to request participants who wish to be involved in a telephone interview and information regarding the purpose of the interviews, format and confidentiality will then be provided.

How much time will the study take? Completing the survey will take less than 10 minutes. If you participate later in i) the focus group, this will take approximately 20 minutes and ii) a telephone interview, approximately 40 minutes.

Will the study benefit me? Although participation in the study may not benefit you specifically, the information you provide may enable us to provide strategies to enhance the clinical experiences of nursing students.

Will the study involve any discomfort for me? The study is unlikely to involve any discomfort. However, if you require it, UTS offers a free and confidential counselling service: <http://www.ssu.uts.edu.au/staff/counselling.html>

Will anyone else know the results? How will the results be disseminated? Please be assured that the responses you provide will be used only for the purpose of exploring the association between students' reflections of their clinical placement and diversity. Results from the study will be written as a doctoral dissertation and will be disseminated through reports, articles in peer-reviewed journals and conference presentations. The privacy of all participants should they identify themselves to the researcher will be maintained at all stages of the study. Participants will not be identified in any publications.

Can I withdraw from the study? Participation in this study is completely voluntary. Should you wish to withdraw at any stage, you are free to do so without prejudice. However, if you would like to participate, please complete the anonymous online survey, this will imply your consent. Thank you very much for participating. We value your contribution and appreciate you taking the time to complete the survey.

Can I tell other people about the study? Yes, you can tell other staff about the study by providing them with the contact details of the researchers (see contact details below). They can contact the doctoral student named below to discuss their participation in the research project and obtain an information sheet and access to the online survey.

What if I require further information? If you require further information any member of the group below would be very happy to discuss the study with you or answer your questions. However, please contact the doctoral student in the first instance.

What if I have a complaint?

This study has been approved by the University of Technology, Sydney, Human Research Ethics Committee. The Reference Number is [UTS HREC 2011-222R]. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9772 Research.Ethics@uts.edu.au) and quote the UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Researchers

The study will be carried out by a doctoral student under the guidance of her supervisors:

Jane Koch (doctoral student)

Phone: [REDACTED]

Email: d.jane.koch@student.uts.edu.au

Professor Patricia Davidson

Phone: [REDACTED]

Email: PatriciaMary.Davidson@uts.edu.au

Professor Jane Phillips

Phone: [REDACTED]

Email: jphillips@stvincents.com.au

Doctor Bronwyn Everett

Phone: 02 9514 5124

Email: Bronwyn.Everett@uts.edu.au

Appendix Q: Reminder email: staff at one participating university

UWS STAFF and FACILITATORS – email reminder

Email Subject: Exploring Diversity Among Nursing students (EDAN) on clinical placement

Many thanks to those of you who have already responded, it is greatly appreciated. As you know, UTS Faculty of Nursing, Midwifery and Health is supporting the research project below and we would encourage you to participate

Kind regards

Trish

Professor Patricia Davidson (primary supervisor)

Centre for Cardiovascular and Chronic Care, University of Technology Sydney & Curtin University



Several weeks ago, we contacted you to ask for your help with a study being conducted in several universities across Australia to determine how diversity (for example in age, sex, culture and language) may affect nursing students whilst on clinical placement. If you have already completed and submitted the survey, please accept our sincere thanks. If not please do become involved in this important study.

The short survey should only take about 10 minutes to complete and it will give you an opportunity to voice your perceptions and thoughts, which ultimately may help improve clinical learning experiences for nursing students.

Please read the attached Information Sheet about the study.

The online survey is available by accessing the following link:

<https://www.surveymonkey.com/s/BBVQVNJ>

If the link does not work directly, please cut and paste into your browser.

If you have any questions, please call Jane Koch, [REDACTED] or d.jane.koch@student.uts.edu.au

We are sure you will enjoy completing the questionnaire and we greatly appreciate your time.

Many thanks for your help.

Kind regards

Jane

Jane Koch RN, RNT, MA

PhD student, University of Technology, Sydney (UTS)

Phone: [REDACTED]; email: d.jane.koch@student.uts.edu.au

Professor Patricia Davidson, primary supervisor

Phone: [REDACTED], email: PatriciaMary.Davidson@uts.edu.au

Appendix R: Study Site Questionnaire

Exploring Diversity among Nursing Students (EDAN) on Clinical Placement Study Site Questionnaire

I would be most grateful if you could let me have the following information for 2011 (now) regarding your BN courses please.

1. Your university:
2. Types of BN courses (this year, 2011)
 - a) Undergraduate Bachelor Nursing Yes/No
 - b) Accelerated Bachelor Nursing Yes/No
 - c) Accelerated Graduate Entry Bachelor Nursing Yes/No
 - d) Other
3. Total number of students in each course (this year, 2011)
 - a) Undergraduate Bachelor Nursing
 - i. 1st years: 2nd years: 3rd years:
 - b) Accelerated Bachelor Nursing, total:
 - c) Accelerated Graduate Entry Bachelor Nursing, total:
 - d) Other

Please indicate, if possible, total number of international students in each course,
4. Total duration (in days) spent in clinical placements per year
 - a. Undergraduate Bachelor Nursing
 - i. 1st year: 2nd year: 3rd year:
5. Model/method of supervision during clinical placements
 - a. RNs in specific area Yes/No
 - b. facilitation by casual (sessional) staff Yes/No
 - c. facilitation by academic staff Yes/No
 - d. other
6. Total number of emails sent: Staff: Clinical facilitators:

7. Any other relevant information?

Many thanks

Jane (Koch)

Please return to: j.koch@uws.edu.au

Appendix S: HREC and Approval to Access Students: Curtin

Appendix S: HREC and Approval to Access Students: Curtin

Curtin University

Memorandum

To	Jane Koch- School of Nursing and Midwifery
From	Professor Dianne Wynaden
Subject	Protocol Approval SON&M 47-2010
Date	29th October 2010
Copy	Professor Patricia Davidson

Office of Research and Development
Human Research Ethics Committee
Telephone 9266 2784
Facsimile 9266 3793
Email hrec@curtin.edu.au

Thank you for your "Form C Application for Approval of Research with Low Risk (Ethical Requirements)" for the project titled "Experiences of nursing students undertaking clinical placement in a bachelor degree: A perspective of diversity". On behalf of the Human Research Ethics Committee, I am authorised to inform you that the project is approved.

Approval of this project is for a period of twelve months from 29th October 2010 to 29th October 2011.

The approval number for your project is SON&M 47-2010. *Please quote this number in any future correspondence.* If at any time during the twelve months changes/amendments occur, or if a serious or unexpected adverse event occurs, please advise me immediately.

1

Production Note:
Signature removed prior to publication.

Professor Dianne Wynaden
Low Risk Coordinator/Ethics Advisor
School of Nursing and Midwifery

Please Note: The following standard statement must be included in the information sheet to participants:
This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number SON&M 47 2010). If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784 or hrec@curtin.edu.au

CRICOS Provider Code 00301J

This form is to be submitted to your School/Department Form C Coordinator

If any of the points below apply prior to the expiry date, this form should be submitted to the Committee at that time. An application for renewal may be made with a Form B three years running, after which a 'new' application form, providing comprehensive details, must be submitted.

Approval Number:	SON&M 47-2010	Expiry Date:	29 October 2011
Experiences of nursing students undertaking clinical placement in a bachelor degree: A perspective of diversity			
1A	Has this project been completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1B	OR Do you wish to apply for a renewal of the project?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please state the expected completion date.			
If NO please state why, eg funding etc.			
2	Has this project been modified or changed in any manner that varies from the approved proposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details (Attach additional comments on a separate sheet of paper if necessary)			
3	Have any ethically related issues emerged in regard to this project since you received Ethics' Committee approval? (e.g. breach of confidentiality, harm caused, inadequate consent or disputes on these).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details (Attach additional comments on a separate sheet of paper if necessary)			
4	Have any ethically related issues in regard to this project been brought to your attention by others? (i.e. study respondents, organisations that have given consent, colleagues, the general community etc).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details (Attach additional comments on a separate sheet of paper if necessary)			
Investigator:	Ms Jane Koch	Signature:	
Co-Investigator/s: Supervisor:	Professor P. Davidson	Signature:	
School/Department:	Nursing and		
Head of Enrolling Area:		Signature:	
Date:			

Office Use Only

APPROVED: _____
Form C Coordinator/Reviewer*

DATE: ____/____/____

* Form C Coordinator cannot not approve amendment request, these must be approved by a Form C reviewer.

Memorandum

To	Jane Koch, Nursing and Midwifery
From	Miss Linda Teasdale, Manager, Research Ethics
Subject	Access to recruit Curtin Students
Date	1 November 2010
Copy	

Office of Research and Development

Human Research Ethics Committee

TELEPHONE 9266 2784

FACSIMILE 9266 3793

EMAIL hrec@curtin.edu.au

Thank you for your "Application to Access Staff or Students at Curtin University of Technology" for the approved project SOMN47-2010 *"Experiences of nursing students undertaking clinical placement in a bachelor degree: A perspective of diversity"*. On behalf of the Human Research Ethics Committee I am authorised to advise that your access Curtin University students has been approved.

Production Note:

Signature removed prior to publication.

Miss Linda
Teasdale
Manager,
Research Ethics
Office of Research and
Development

Appendix T: Transfer of HREC and Approval to Access Students: UTS

From: Ethics Secretariat [mailto:Research.Ethics@uts.edu.au] Sent: Friday, 19 August 2011 1:10 PM
To: Prof Patricia Davidson
Cc: Jane Koch; Jane Koch; Ethics Secretariat
Subject: Eth: HREC Transfer Letter - UTS HREC 2011- 222R

Dear Patricia and Jane,

Re: "Experiences of nursing students undertaking clinical placement in a bachelor degree: a perspective of diversity [Short title: Exploring diversity among nursing students (EDAN)]"

Transfer of ethics application: Curtin University Human Research Ethics Committee - External HREC approval number: SON&M 47- 2010]

UTS HREC Reference Number: UTS HREC 2011- 222R

Thank you for informing us that you have now officially transferred to UTS. I am pleased to inform you that your external ethics clearance has been transferred. We will be writing to the Curtin University HREC to inform them that UTS HREC has accepted responsibility for the ethical oversight of this protocol.

You should consider this your official letter of approval. If you require a hardcopy please contact the Research Ethics Officer (Research.Ethics@uts.edu.au).

Please note that the ethical conduct of research is an on- going process. The National Statement on Ethical Conduct in Research Involving Humans requires us to obtain a report about the progress of the research, and in particular about any changes to the research which may have ethical implications. This report form must be completed at least annually, and at the end of the project (if it takes more than a year). The Ethics Secretariat will contact you when it is time to complete your first report.

I also refer you to the AVCC guidelines relating to the storage of data, which require that data be kept for a minimum of 5 years after publication of research. However, in NSW, longer retention requirements are required for research on human subjects with potential long- term effects, research

with long- term environmental effects, or research considered of national or

international significance, importance, or controversy. If the data from this research project falls into one of these categories, contact University Records for advice on long- term retention.

If you have any queries about your ethics clearance, or require any amendments to your research in the future, please do not hesitate to contact the Ethics Secretariat at the Research and Innovation Office, on 02 9514 9772.

Yours sincerely, Professor Marion Haas

Chairperson
UTS Human Research Ethics Committee
C/- Research & Innovation Office

University of Technology, Sydney
Level 14, Tower Building
Broadway NSW 2007
Ph: 02 9514 9772
Fax: 02 9514 1244
Web: <http://www.research.uts.edu.au/policies/restricted/ethics.htm>

UTS CRICOS Provider Code: 00099F

DISCLAIMER: This email message and any accompanying attachments may contain confidential information.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments. If you have received this message in error, please notify the sender immediately and delete

this message. Any views expressed in this message are those of the individual sender, except where the sender expressly, and with authority, states them to be the views of the University of Technology Sydney.

Before opening any attachments, please check them for viruses and defects.

From: Christine Duffield
Sent: Thursday, 12 May 2011 10:17 AM
To: Jane Koch
Cc: Patricia Mary Davidson; Bronwyn Everett; Tess Howes
Subject: RE: Requesting support for Curtin PhD student

Happy to support this assuming appropriate ethics approval obtained.

Professor Christine Duffield RN PhD
Associate Dean (Research)
Director, Centre for Health Services Management and
Deputy Director, WHO Collaborating Centre for Nursing, Midwifery and Health
Development
Faculty of Nursing, Midwifery and Health
University of Technology, Sydney

T: +61 2 9514 4831

F: +61 2 9514 4835

M: [REDACTED]

A: Level 7, 235-253 Jones Street (PO Box 123), BROADWAY, NSW 2007

From: Jane Koch [<mailto:J.KOCH@uws.edu.au>]
Sent: Wednesday, 11 May 2011 10:03 AM
To: Christine Duffield
Cc: Patricia Mary Davidson; Bronwyn Everett
Subject: Requesting support for Curtin PhD student

Dear Professor Duffield

Further to Trish's email, I would be most grateful for your support. Since Trish's contact, Wollongong and Notre Dame have opted in and it would be good to involve UTS too as I am now based there at a doctoral student.

Bronwyn (Everett) who is one of my supervisors with Trish, is quite happy to be the contact person for UTS.

Many thanks

Jane

Lecturer

School of Nursing & Midwifery |College of Health & Science

University of Western Sydney

Parramatta South Campus, Building EI (Room .G.17)

Locked Bag 1797 |Penrith South 2751 | New South Wales | Australia

Tel: + 61 2 9685 9395 | Fax: +61 2 9685 9599 | Email: j.koch@uws.edu.au

From: Patricia Mary Davidson

Sent: Wednesday, 20 April 2011 4:57 PM

To: Christine Duffield

Cc: John Daly; Bronwyn Everett; Joanne Gray

Subject: Requesting support for Curtin PhD student

Dear Christine

John has requested we contact you to request support for Jane Koch's PhD thesis where she seeks to survey students regarding clinical practice.

To date approval has been obtained from Curtin, Griffith and UWS.

Pending your approval we will apply for UTS ethics.

If you require any further information please let me know.

Thanks Trish

Professor of Cardiovascular and Chronic Care

Centre for Cardiovascular and Chronic Care

Professor of Cardiovascular Nursing Research St Vincent's, Sydney

University of Technology Sydney & Curtin University

T: +61 (02) 9514 4822

F: +61 (02) 9514 4832

M: [REDACTED]

A: Level 7, 235-253 Jones Street (PO Box 123), Broadway, NSW 2007

UTS CRICOS Provider Code: 00099F

DISCLAIMER: This email message and any accompanying attachments may contain confidential information.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments. If you have received this message in error, please notify the sender immediately and delete this message. Any views expressed in this message are those of the individual sender, except where the sender expressly, and with authority, states them to be the views of the University of Technology Sydney.

Before opening any attachments, please check them for viruses and defects.

Think. Green. Do.

Appendix U: Approval for Study: Griffith University

Appendix U: Approval for Study: Griffith University

Human Ethics Approval- Head of Element Declaration
Last Updated January 2008

Email attachment : Authorisation, Prof E
Duffy, HOS.

GRIFFITH UNIVERSITY HUMAN RESEARCH PROJECT PROPOSAL

Authorising officer declaration

This authorisation is to be completed by the Centre Director or Head of School of the University element where the research is to be based (e.g. the "home" school of the senior investigator). Where the appropriate authorising officer is also a member of the research team this authorisation should be completed by the relevant Dean or Pro Vice Chancellor.

Project Title

Experiences of nursing students undertaking clinical placement in a bachelor degree: a perspective of diversity,
Short title: Exploring diversity among nursing students (EDAN)

I have considered this application and the ethical implications of the proposed research and recommend it for consideration by the HREC. I confirm that the qualifications and experience of all investigators are appropriate to the study to be undertaken and the necessary resources are available to enable this research to be conducted.

Scientific merit

STEP ONE

The research / scientific merit of this project has been considered (please tick one statement):

- By another GU or external process (RAPS for PhD projects, peer review for research grants, etc) D
- By the authorising officer D
- Is yet to be considered. D

STEP TWO

Is there a need for additional review of the scientific merit of the research? (Please tick if required)

- I believe that this project requires an expert / external research / scientific merit review D

Research safety

STEP ONE

The research safety of this project (please tick one statement):

- Does not warrant consideration. O
- Has been considered by a University workplace health and safety process O
- Has been considered by the authorising officer O
- Is yet to be considered. O

STEP TWO

Is there a need for additional review of the research safety of the research? (Please tick if required)

- I believe that this project requires an expert / external review of the D

.....
PrintName

Position

9, 5, 11

From: Sue Gibbons [mailto:s.gibbons@griffith.edu.au]
Sent: Monday, 9 May 2011 1:46 PM
To: Jane Koch
Cc: Judith Needham; gallen.griffith@gmail.com; P.Davidson@curtin.edu.au; Elaine Duffy
Subject: Fw: Research Administration - Ethics (Protocol Number NRS/14/11/HREC). Exploring diversity among nursing students (EDAN)

Dear Jane,

I would like to confirm that Professor Elaine Duffy, Head, School of Nursing and Midwifery, has signed the 'Authorising officer declaration' (s18 form).

The original will be posted to you and I have attached the signed electronic copy for Judith and Gary's records.

Kind Regards,
Lidia Crkvencic
Acting Executive Support Officer
.....
Sue Gibbons
Executive Support Officer
School of Nursing and Midwifery
Gold Coast Campus
GRIFFITH UNIVERSITY QLD 4222
Phone: 07) 555 28733
Email: s.gibbons@griffith.edu.au

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Email 2 Final Confirmation of receipt of above

10-May-2011

Dear Ms Koch

I write further to the additional information provided in relation to the conditional approval granted to your application for ethical clearance for your project "Prior Review: Experiences of nursing students undertaking clinical placement in a bachelor degree: a perspective of diversity (EDAN)" (GU Ref No: NRS/14/11/HREC).

This is to confirm receipt of the remaining required information, assurances or amendments to this protocol.

Consequently, I reconfirm my earlier advice that you are authorised to immediately commence this research on this basis.

The standard conditions of approval attached to our previous correspondence about this protocol continue to apply.

Regards

Gary Allen
Manager, Research Ethics
Office for Research
G39 room 3.55 Gold Coast Campus
Griffith University ph: 3735 5585
fax: 5552 9058
email: g.allen@griffith.edu.au

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-----Original Message-----

From: Jane Koch

Sent: Wednesday, 4 May 2011 2:14 PM

To: 'a.mcmurray@griffith.edu.au'

Cc: 'g.allen@griffith.edu.au'; J.Needham@griffith.edu.au; Patricia Davidson

Subject: Research Administration - Ethics (Protocol Number NRS/14/11/HREC). Exploring diversity among nursing students (EDAN)

Dear Professor McMurray

Further to my email to you on 7 March, my project has been given conditional ethical clearance by Griffith university, providing that the 'Authorising officer declaration'(s18) is completed. From the form, it would appear that that person is the head of school.

I have attached the brief summary of my project again, plus the s18 completed with the topic and copied this email to Judith, who, as you know, has agreed to be the contact person.

I greatly appreciate your assistance and would be grateful if you could return to form either to Gary directly or to me.

Many thanks

Kind regards

Jane

Jane Koch RN, RNT, MA
PhD candidate, Curtin University
Lecturer, School of Nursing & Midwifery |College of Health & Science
University of Western Sydney
Parramatta South Campus, Building EI (Room .G.17)
Locked Bag 1797 |Penrith South 2751 | New South Wales | Australia
Tel: +61 2 9685 9395 | Fax: +61 2 9685 9599 | Email: j.koch@uws.edu.au

From: gallen.griffith@gmail.com [mailto:gallen.griffith@gmail.com] **On Behalf Of** Gary Allen

Sent: Wednesday, 4 May 2011 2:15 PM

To: Jane Koch

Subject: Re: Research Administration - Ethics (Protocol Number NRS/14/11/HREC)

Dear Jane

Many thanks for this response. Once we receive the signed authorisation we will issue the final approval, but in the meantime, this research has our authorisation to proceed.

I have attached Booklet 8. You don't need to do anything our reference to it is mainly so you, and the file, has a record of how we reviewed the research.

Regards

Gary

Dr Gary Allen
Senior Manager, Research Ethics and Integrity
Office for Research
Griffith University
ph: 3735 5585
fax: 5552 9058
email: g.allen@griffith.edu.au
url: www.griffith.edu.au/or/ethics
[Email 2](#)

On 4 May 2011 13:11, Jane Koch <J.KOCH@uws.edu.au> wrote:

Dear Gary

Thank you for the attached documents, I have read both as requested the head of school and in response to

queries in the Main Document:

'The Chair resolved to grant this project conditional ethical clearance, subject to you resolving the following matters:

As per the expectations articulated in the National Statement on Ethical Conduct in Human Research (2007) and Booklet 8 of the Griffith University Research Ethics Manual, because of the prior review by another HREC, this research has been subject to a special administrative review.'

1. Thank you for the special administrative review. I have read the National Statement on Ethical Conduct in Human Research (2007) but cannot find Booklet 8 on your website. Do you have a url or a pdf please Gary? Is there anything more to resolve here?

The use of an alternative contact point for concerns or complaints about the ethical conduct of this research is accepted. Please provide an assurance that the Manager, Research Ethics will be promptly notified if any concerns or complaints are received about the ethical conduct of this research.

2. You will be notified of any concerns or complaints received about the ethical conduct of this research.

Please arrange for an appropriate authorising officer, who is not a member of the research team, to complete and sign the s18 declaration (available from the forms page of the Griffith University Human Research Ethics web site or upon request from the Office for Research).

3. I have downloaded the s18 declaration and will send to the head of school as indicated.

Please let me know I need to do anything else

Kind regard
Jane

Jane Koch RN, RNT, MA
PhD candidate, Curtin University
Lecturer, School of Nursing & Midwifery |College of Health & Science
University of Western Sydney
Parramatta South Campus, Building EI (Room .G.17)
Locked Bag 1797 |Penrith South 2751 | New South Wales | Australia
Tel: +61 2 9685 9395 | Fax: +61 2 9685 9599 | Email: j.koch@uws.edu.au

Email 1

-----Original Message-----

From: g.allen@griffith.edu.au [mailto:g.allen@griffith.edu.au]

Sent: Tuesday, 3 May 2011 3:40 PM

To: Jane Koch

Cc: g.allen@griffith.edu.au; julia.newman@griffith.edu.au; J.Needham@griffith.edu.au

Subject: Research Administration - Ethics (Protocol Number NRS/14/11/HREC)

Please read the attached documents.

The attachment relates to research ethics and the message has been automatically generated by the database maintained by the Office for Research.

GRIFFITH UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE

03-May-2011

Dear Ms Koch

I write further to your application for ethical clearance for your project Prior Review: Experiences of nursing students undertaking clinical placement in a bachelor degree: a perspective of diversity

(EDAN)" (GU Ref No: NRS/14/11/HREC). This project has been considered by Human expedited review 1.

The Chair resolved to grant this project conditional ethical clearance, subject to you resolving the following matters:

As per the expectations articulated in the National Statement on Ethical Conduct in Human Research (2007) and Booklet 8 of the Griffith University Research Ethics Manual, because of the prior review by another HREC, this research has been subject to a special administrative review.

The use of an alternative contact point for concerns or complaints about the ethical conduct of this research is accepted. Please provide an assurance that the Manager, Research Ethics will be promptly notified if any concerns or complaints are received about the ethical conduct of this research.

Please arrange for an appropriate authorising officer, who is not a member of the research team, to complete and sign the s18 declaration (available from the forms page of the Griffith University Human Research Ethics web site or upon request from the Office for Research).

This decision was made on 03-May-11. Your response to these matters will be considered by Office for Research.

The ethical clearance for this protocol runs from 03-May-11 to 31-May-12.

Please forward your response to Gary Allen, Manager, Research Ethics, Office for Research, as per the details below.

Please refer to the attached sheet for the standard conditions of ethical clearance at Griffith University, as well as responses to questions commonly posed by researchers.

It would be appreciated if you could give your urgent attention to the issues raised by the Committee so that we can finalise the ethical clearance for your protocol promptly.

Regards

Gary Allen
Manager, Research Ethics

Human Research Ethics

Last updated

October 2008

FACT SHEET

Conditional Ethical Clearance

Can I commence my research now?

You can commence your research immediately, but you need to address in a timely manner the matters outlined in the conditional approval notification. In most cases you will need to send to the Office for Research the details of how you have addressed the feedback, though you do not need to wait for a response before starting your research. In some cases (eg needing the approval of a third party gate-keeping organisation) you may need to wait until the relevant condition has been addressed (eg receiving the approval of the gate-keeping organisation) before commencing that element of the research (eg the work that will be conducted with the gate-keeping organisation).

What are the standard conditions of ethical clearance?

For human research applications, the following standard conditions apply.

Unexpected significant risk factors emerge	The applicants must immediately notify the Secretary, Griffith University Human Research Ethics Committee (ph: 3735 5585 or research-ethics@griffith.edu.au)
If the risks are found to be disproportionate to the benefits	Suspend or modify the research project, and immediately advise the Secretary, Griffith University Human Research Ethics Committee (ph: 3735 5585 or research-ethics@griffith.edu.au), of this action
If the continuation of a participants involvement in a project may be harmful	Withdraw the participant and immediately advise the Secretary, Griffith University Human Research Ethics Committee (ph: 3735 5585 or research-ethics@griffith.edu.au), of this action.
Unforeseen events occur that may have ethical impact upon the project	Immediately notify the Secretary of the HREC (ph: 3735 5585 or research-ethics@griffith.edu.au).
Variations to approved protocol	Seek prior approval from the HREC for any modification to the protocol (in accordance with Booklet 6 of this Manual)
Complaints or concerns about ethical conduct	Immediately notify the Secretary of the HREC (ph: 3735 5585 or research-ethics@griffith.edu.au) if any complaints are made, or expressions of concern are raised, in relation to ethical conduct of the project
Requests from HREC	Respond promptly to those requests

Reports on conduct	Provide reports on the ethical conduct of the research, when requested by Office for Research
Regulatory and legislative requirements	Comply with all relevant regulatory and legislative requirements that apply to the project
University policy	Comply with the University's human research ethics policies that apply to the project
Conduct as approved	Conduct the project as per the protocol approved by the HREC.

For more information about these conditions consult Booklet 3 of the Griffith University Research Ethics Manual (<http://www.gu.edu.au/or/ethics/humans/>).

How long does my ethical clearance last?

The notification email to which this information sheet was attached indicates the approved duration of the ethical clearance. An extension of this ethical clearance through until 3 years from the listed commencement date can be processed and approved administratively by Office for Research. An extension of this ethical clearance from 3 through until 5 years from the listed commencement date can be processed and approved by a member of the Executive of the Griffith University Research Ethics Committee (HREC) under executive powers. Such applications can generally be sought via email or memorandum. Extensions beyond 5 years must be submitted as a renewal application.

For more information about extending an ethical clearance refer to Booklet 6 of the Griffith University Research Ethics Manual (<http://www.gu.edu.au/or/ethics/humans/>).

What if my research changes?

You have received provisional approval for a specific protocol. This means that, once you receive authorisation to commence this protocol you have permission to conduct a specific set of data collection procedures / activities, on a specific group of participants, in a specific context. Any modification to this protocol must be submitted for prior approval. However, administrative / textual changes may be considered by the Office for Research – and take 1 – 5 days to process. Minor changes that do not significantly impact upon the ethical sensitivity of the research may be considered by a member of the Executive of the HREC – and take 5 – 10 days to process. More significant changes may be considered at a meeting of the HREC, or even require the submission of a new application for ethical clearance for the protocol.

For more information about varying a protocol refer to Booklet 6 of the Griffith University Research Ethics Manual (<http://www.gu.edu.au/or/ethics/humans/>).

Monitoring

In accordance with the minimum requirements of the national regulator, the HREC will seek a progress report from you every 12 months or upon the completion of the protocol – whichever comes sooner. In providing such a report you will be asked to comment upon the conduct of the protocol, as approved, the emergence of any ethical issues, the effectiveness of the approved strategies, and any other ethical issues. Failure to respond to such a request from the HREC may result in the suspension of the ethical clearance for the protocol, or further action.

For more information about these matters refer to Booklet 5 of the Griffith University Research Ethics Manual (<http://www.gu.edu.au/or/ethics/humans/>).

Audits

All active protocols are subject to potential selection for random audit by the HREC. As of 2005, the HREC will be conducting a number of random audits across the University.

For more information about these matters refer to Booklet 5 of the Griffith University Research Ethics Manual (<http://www.gu.edu.au/or/ethics/humans/>).

Further information

The first contact point for further information about these matters is your local Research Ethics Advisor. Every University element has been asked to appoint at least one REA as a contact point for students and staff. If your REA cannot assist you, please contact the Office for Research.

You can find a list and contact details of REAs, as well as the details of the contact details of the ethics team in the Office for Research by visiting the Griffith University Human Research Ethics web site (<http://www.gu.edu.au/or/ethics/humans/>) and clicking on Contacts.



Appendix V: Approval for Study: ACU

From: Jane Koch

Sent: Friday, 19 August 2011 12:20 PM

To: Kylie Pashley; Karen Flowers

Cc: Patricia Mary Davidson

Subject: RE: Permission to Access ACU staff or students

Many thanks Kylie and Janis

Yes, the Dean has agreed that I can access ACU nursing students

I do appreciate your good wishes, thank you

Kind regards

Jane

Jane Koch

PhD student, Curtin University. Lecturer

School of Nursing & Midwifery | College of Health & Science

University of Western Sydney

Parramatta South Campus, Building E1 (Room .G.17)

Locked Bag 1797 | Penrith | NSW 2751 | Australia

Tel: + 61 2 9685 9395 | Fax: +61 2 9685 9599 | Email: j.koch@uws.edu.au

From: Kylie Pashley [<mailto:Kylie.Pashley@acu.edu.au>]

Sent: Friday, 19 August 2011 10:10 AM

To: Jane Koch; Karen Flowers

Subject: Permission to Access ACU staff or students

Dear Jane

Thank you for your recent request seeking approval to conduct the project "Experiences of nursing students undertaking clinical placement in a bachelor degree: A perspective of diversity" at the Australian Catholic University.

I have perused the application, noted that it has ethics approval from Curtin University and give permission for you to approach ACU students in consultation with Karen Flowers, for on line surveys, for the period 19 August 2011 – 29 October 2011. Should your project be extended past October

2011 and you still require access to ACU students please ensure that an appropriate request is forwarded to the ACU ethics committee via res.ethics@acu.edu.au.

Please ensure that all ethical process for the relevant institution are observed and that any complaints from participants should be directed to the appropriate HREC Chair or other designated Research Ethics Officer, as required by the National Statement (Chapter 5.6).

We are therefore prepared to permit you access to ACU students, provided permission is received by the appropriate Education staff members.

With every best wish for success with your project.

Yours sincerely

Janis Ozolins.

Chair, Human Research Ethics Committee

Kylie Pashley

Ethics Officer | Research Services Office

Office of the Deputy Vice Chancellor (Research) Australian Catholic University

F Block, Level C, 1100 Nudgee Road, Nudgee QLD 4014

PO Box 456, Virginia Qld 4014

T: +61 7 36237429 **F:** +61 7 36237328 **W:** www.acu.edu.au

Australian Catholic University and the courses offered by the University are registered on the Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS). Provider registration codes: 00004G, 00112C, 00873F, 00885B. ABN: 15 050 192 660

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Appendix W: Approval for Study: UOW

F- - - - Original Message- - - -

From: Jane Koch

Sent: Monday, 22 August 2011 7:33 PM To: 'angelab@uow.edu.au'

Cc: 'mmackay@uow.edu.au'

Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Angela

As my primary supervisor, Professor Trish Davidson, is now at UTS, I have transferred my candidature from Curtin to UTS.

UTS HREC has accepted responsibility for the ethical oversight of this protocol and I attach the letter of approval. You mentioned below that no additional ethical approval required at UOW but I thought it was appropriate to let you know about the change. It obviously makes no difference to the project, only additional hassle for all of us!!

I am aiming to see Maria on Thursday at Wollongong if my sense of direction prevails!!

I do hope all is well with you Angela

Kind regards

Jane

Jane Koch RN, RNT, MA

PhD student, University of Technology, Sydney. Lecturer

School of Nursing & Midwifery |College of Health & Science University of

Western Sydney Parramatta South Campus, Building EI (Room .G.17) Locked Bag

1797 |Penrith | NSW 2751 | Australia

Tel: + 61 2 9685 9395 | Fax: +61 2 9685 9599 | Email: j.koch@uws.edu.au

- - - - Original Message- - - -

From: Jane Koch

Sent: Tuesday, 10 May 2011 5:26 PM To: Angela Brown

Cc: Patricia Davidson; Maria Mackay

Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

That's great Angela, many thanks

Kind regards

Jane

From: Angela Brown [angelab@uow.edu.au] Sent: Tuesday, 10 May 2011 5:25 PM
To: Jane Koch
Cc: Patricia Davidson; Maria Mackay
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Hi Jane

No additional ethical approval required here at UOW Thanks

Angela
Angela Brown
Deputy Head
School of Nursing, Midwifery and Indigenous Health. 41.118 University of
Wollongong Northfields Avenue Wollongong NSW 2522
telephone number +61 (2) 4221 3123 fax number +61 (2) 4221 3137
Autumn 2011 Consultation times Monday 2.30 - 4.30 and Tuesday 11.30- 13.30

- - - - Original Message- - - -

From: Jane Koch [mailto:J.KOCH@uws.edu.au] Sent: Tuesday, 10 May 2011 3:40 PM
To: Angela Brown
Cc: Patricia Davidson; Maria Mackay
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Thank you Angela, am really grateful, I will email Maria and liaise with her re: access, I am piloting the survey at present.

Will certainly let you know your specific results

One query Angela. I already have ethics approval from Curtin, could you let me know whether further approval would be required by UOW please? Some universities are happy about Curtin approval only, as the Dean/HOS has given their permission, and others require a modified form of approval. Many thanks.

I appreciate your good wishes, let us hope the students feel that it is an interesting project too and participate!!

Kind regards

Jane

From: Angela Brown [angelab@uow.edu.au] Sent: Tuesday, 10 May 2011 3:16 PM
To: Jane Koch
Cc: Patricia Davidson; Maria Mackay
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Jane

We discussed this at the most recent school meeting my colleagues Maria Mackay has volunteered to be the interested academic form attached

We would be interested in our students results

As a school we try to minimise the email traffic to our students instead we use the elearning platform to publicise the research invitation with a pop up message to all student if you could provide the information sheet and URL in a pdf format we would be extremely grateful

Best wishes and good luck with the research

Angela
Angela Brown
Deputy Head
School of Nursing, Midwifery and Indigenous Health. 41.118 University of
Wollongong Northfields Avenue Wollongong NSW 2522
telephone number +61 (2) 4221 3123 fax number +61 (2) 4221 3137

-----Original Message-----

From: Angela Brown [mailto:angelab@uow.edu.au]
Sent: Thursday, 21 April 2011 5:06 PM
To: Jane Koch
Cc: Patricia Davidson; Patrick Crookes
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Hi Jane

Thank you for this information, it looks an interesting and worthwhile project. Our school policy is that we consider all requests to participate in research that involve students and staff as a school therefore it is my intention to put this to the next school meeting on May 6th 2011 and I will let you know the outcome

Best wishes

Angela
Angela Brown
Deputy Head
School of Nursing, Midwifery and Indigenous Health. 41.118 University of Wollongong
Northfields Avenue Wollongong NSW 2522
telephone number +61 (2) 4221 3123
fax number +61 (2) 4221 3137

-----Original Message-----

From: Jane Koch [mailto:J.KOCH@uws.edu.au]
Sent: Thursday, 21 April 2011 8:41 AM
To: Angela Brown
Cc: Patricia Davidson
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Angela

Many thanks for your reply, I really do appreciate your interest and I do hope the your staff members are recovering from their illnesses. Unfortunately, faculty is still expected to deliver whatever the circumstances, which put much pressure on all staff.....

I attach the initial information Angela. If you feel that it is an appropriate study for your students and you have an interested staff member, as the attached email to Patrick suggests:

'I would be most grateful if you could complete and return the attached Reply Form, at the end of the attached doctoral study with the name of a contact person.

Please note that:

- i) Should you wish, we will return the results from your specific students, which of course will be confidential to you
- ii) The contact person would help to provide:
 - a) Background information regarding your specific school and clinical placements
 - b) A secure platform for the anonymous online survey (using Survey Monkey) and focus groups
 - c) Email contact with students and staff, both academic and clinical, to send the Information Sheet and the URL link to the survey.

They may also be interested in a joint publication or would be acknowledged in all publications'

I already have ethics approval from Curtin and would be grateful, should you agree, if you would let me know whether further approval would be required by UOW.

I do hope you have a good Easter Angela

Kind regards

Jane

Jane Koch

Doctoral student Curtin University, Sydney Lecturer School of Nursing and Midwifery, College of Health & Science, University of Western Sydney, Parramatta South Campus, Building EI (Room G.17) Locked Bag 1797, Penrith, NSW 2751, Australia

Phone:(02) 9685 9395, Fax: (02) 9685 9599

Email: j.koch@uws.edu.au

Appendix X: Approval for Study: UWS

Email 2:

From: Rhonda Griffiths

Sent: Thursday, 23 December 2010 10:32 AM

To: Jane Koch

Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Jane,

The members of the School Research Committee have reviewed your request and have agreed that it is appropriate for students to be involved. We note that the information sheet does not include the ethics clearance number which will be required prior to students being contacted.

In keeping with the School process to engage students in research I request that the following process be used to access students.

An email will be sent to all students via the vUWS website. Please provide Lyn Crawley with the information you require to be distributed.

Students will be advised to contact you directly if they agree to participate.

I will be very interested to see the final results and recommendations from your study. I hope that you have a good response rate.

Please contact me if there is anything further I can do to assist.

Kind regards

Rhonda

Professor Rhonda Griffiths AM
Head, School of Nursing & Midwifery
University of Western Sydney
Locked Bag 1797
Penrith South DC NSW 2751

Ph: 61 2 46203352

Fax: 61 2 46203818 r.griffiths@uws.edu.au

Email 1:

From: Kay Buckley
Sent: Thursday, December 09, 2010 3:56 PM
To: Jane Koch
Subject: RE: Human Ethics dates

Dear Jane

This application will not one that is reviewed by our UWS HREC.

There is a policy in the UWS policy depository that sets out the process for external research being conducted at UWS. Essentially you need to ensure you have an ethics approval and provide the approval and your documents for participants to the head of the Schools in questions where you want to access students. The student system will not be able to be used by you in this instance to provide information to the students in the first instance (ie. via the email list). Any details about your project

will need to be distributed, via an administrator. You need to remember that in this instance you are an external student. If you want to access students in more than one school, you will need to ensure you advise the VC,

regards

Kay
Kay Buckley
Human Ethics Officer
University of Western Sydney
Locked Bag 1797, Penrith Sth DC NSW 1797
Tel: 02 47 360 883 <http://www.uws.edu.au/research/researchers/ethics>

From: Jane Koch
Sent: Thursday, December 09, 2010 2:18 PM
To: Human Ethics
Subject: Human Ethics dates

Dear Kay

I have already got approval from Curtin University for the study, but wish to extend to other universities, including UWS. It will involve nursing students.

Many thanks

Kind regards

Jane

Jane Koch
PhD candidate Curtin University
Lecturer
School of Nursing and Midwifery, College of Health & Science,
University of Western Sydney, Parramatta South Campus, Building EI (Room G.17)
Locked Bag 1797, Penrith, NSW 2751, Australia
Phone:(02) 9685 9395, Fax: (02) 9685 9599
Email: j.koch@uws.edu.au
NB. Entrance to Parramatta South is via Victoria Road

Appendix Y: Approval for Study: UNDA

-----Original Message-----

From: Tracey Thornley [mailto:tracey.thornley@nd.edu.au]
Sent: Friday, 29 April 2011 12:34 PM
To: Jane Koch
Subject: RE: Invitation to participate in a project examining issues of diversity in clinical placements.

Sorry Jane for the lateness

Yes that will be fine for us to opt in, contact Teisha Sutton
Teisha.sutton@nd.edu.au,

Tracey

Dr Tracey Thornley
Dean
School of Nursing, Sydney
The University of Notre Dame, Australia
Phone: +61 2 8204 4288
Fax: +61 2 8204 4422
Email: tracey.thornley@nd.edu.au
Web: www.sydney.nd.edu.au
CRICOS code: 02651D

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-----Original Message-----

From: Jane Koch [mailto:J.KOCH@uws.edu.au]
Sent: Thursday, 21 April 2011 11:59 AM
To: Tracey Thornley
Cc: P.Davidson@curtin.edu.au; PatriciaMary.Davidson@uts.edu.au
Subject: Invitation to participate in a project examining issues of diversity in clinical placements.

Dear Dr Thornley

Just before Christmas, an email was sent to all Deans and Heads of School from the CDNMM seeking their interest in participating in my PhD project.

You may have missed the original email, but I would be most grateful if you could consider giving your permission for Notre Dame to 'opt

in'. It involves an online survey and so no class time or resources will be required, except for a staff member for me to liaise with as, obviously as a PhD student I cannot have access to nursing students directly.

I attach the initial information sent. If you feel that it is an appropriate study for your students and you have an interested staff member, as the attached email to Patrick suggests:

'I would be most grateful if you could complete and return the attached Reply Form, at the end of the attached doctoral study with the name of a contact person.

Please note that:

- i) Should you wish, we will return the results from your specific students, which of course will be confidential to you
- ii) The contact person would help to provide:
 - a) Background information regarding your specific school and clinical placements
 - b) A secure platform for the anonymous online survey (using Survey Monkey) and focus groups
 - c) Email contact with students and staff, both academic and clinical, to send the Information Sheet and the URL link to the survey.

They may also be interested in a joint publication or would be acknowledged in all publications'

I already have ethics approval from Curtin and would be grateful, should you agree, if you would let me know whether further approval would be required by Notre Dame.

I do hope you have a good Easter

Kind regards
Jane

Jane Koch
Doctoral student Curtin University, Sydney Lecturer School of Nursing and Midwifery, College of Health & Science, University of Western Sydney, Parramatta South Campus, Building EI (Room G.17) Locked Bag 1797, Penrith, NSW 2751, Australia

Phone: (02) 9685 9395, Fax: (02) 9685 9599
Email: j.koch@uws.edu.au

Appendix Z: Additional Logistic Regression

4.3.1.6 Logistic regression for the other three self-report items

The seven major sociodemographic characteristic variables (older, male, International, no previous nursing experience, ELAS < 25, previous degree and not in paid employment) and the discrete outcomes of feeling different and one of the four student self-report items, positive experience during clinical placement) was reported in Chapter 5.

This Appendix includes the other three self report items (diversity orientation, cultural competence and confidence in clinical communication). Three regression models were computed to examine the contribution of the sociodemographic characteristics to each of the self report items or ‘feeling’ outcomes and each analysis is reported separately.

Diversity orientation

The association between the seven sociodemographic characteristic variables and diversity orientation is shown in Table 5.7. A significant association was found between diversity orientation and not having International student classification. Although likely to have an orientation to diversity, no significant association was found between diversity orientation and being an older student, being male having no previous nursing experience, having a previous degree, and ELAS <25 and not being in paid work. The Hosmer and Lemeshow goodness of fit statistic was 0.862, indicating the logistic regression model fits well with the data.

Table 5.7a Logistic regression analysis of sociodemographic characteristics and diversity orientation (N=682)

Variables	Coefficient (B)	Standard error (S.E.)	Adjusted odds ratio (95% CI)	p value
Age (≥ 24 years old)	-0.04	0.18	0.96 (0.68-1.36)	0.818
Not being an international	1	0.26	2.72 (1.64-4.52)	<0.001*
Sex (male)	0.30	0.27	1.35 (0.80-2.28)	0.254
No previous nursing experience	0.01	0.18	1.01(0.71-1.42)	0.968
Having a previous degree	0.02	0.23	1.02 (0.65-1.58)	0.948
ELAS (<25)	0.22	0.18	1.24 (0.87-1.77)	0.238
Not being in paid work	0.07	0.18	1.07 (0.76-1.51)	0.704

CI denotes confidence interval.

Hosmer—Lemeshow goodness of fit for the model, chi-square =3.95, 8 d.f. (p = 0.862).

International student is reverse scored

Cultural competence during last clinical practice

The association between the seven sociodemographic characteristic variables and cultural competence is shown in Table 5.7b. A significant association was found between cultural competence and being an older student and *not being an International student*. Although likely to have cultural competence, no significant association was found between this outcome and being a male student, students with no previous nursing experience, having a previous degree, and ELAS <25 and not being in paid work. The Hosmer and Lemeshow goodness of fit statistic was 0.862, indicating the logistic regression model fits well with the data.

Table 5.7b Logistic regression analysis of sociodemographic characteristics and cultural competence (N=655)

Variables	Coefficient (B)	Standard error (S.E.)	Adjusted odds ratio (95% CI)	p value
Age (≥ 24 years old)	0.42	0.18	1.53 (1.07-2.17)	0.019*
Not being an international student	0.86	0.27	2.37 (1.40-4.01)	0.001*
Sex (male)	0.25	0.27	1.29 (0.76-2.19)	0.354
No previous nursing experience	0.29	0.18	1.33 (0.94-1.90)	0.111
Having a previous degree	-0.36	0.23	0.70 (0.45-1.10)	0.119
ELAS (<25)	0.22	0.18	1.25 (0.87-1.79)	0.225
Not being in paid work	-0.02	0.18	0.98 (0.69-1.40)	0.921

CI denotes confidence interval.

Hosmer—Lemeshow goodness of fit for the model, chi-square = 4.188, 8 d.f. (p = 0.840).

International student is reverse scored

Confidence in clinical communication during last clinical practice

The association between the seven sociodemographic characteristic variables and confidence in clinical communication is shown in Table 5.7c. A significant association was found between confidence in clinical communication and older students, not being an International student, male students, students with no previous nursing experience and an ELAS of >25. No significant association was found between confidence in clinical communication and having a previous degree and not being in paid work. The Hosmer and Lemeshow goodness of fit statistic was 0.84, indicating the logistic regression model fits well with the data.

Table 5.7c Logistic regression analysis for the association between the being different variables and confidence in clinical communication (N=655)

	Coefficient (B)	Standard error (S.E.)	Adjusted odds ratio (95% CI)	p value
Age (≥ 24 years old)	0.4	0.18	1.50 (1.04-2.14)	0.028*
Not being international	0.96	0.28	2.62(1.53-4.5)	<0.001*
Sex (male)	0.74	0.29	2.10 (1.18-3.73)	0.011*
No previous nursing experience	0.45	0.19	1.56 (1.09-2.24)	0.016*
Having a previous degree	0.08	0.24	1.08 (0.68-1.72)	0.736
ELAS (>25)	0.37	0.19	1.45 (1.00-2.09)	0.047*
Not being in paid work	-0.26	0.19	0.77 (0.54-1.11)	0.16

CI denotes confidence interval.

Hosmer—Lemeshow goodness of fit for the model, chi-square = 4.188, 8 d.f. (p = 0.840).

International student and ELAS<25 are reverse scored