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TAKING IT ALL IN THEIR STRIDE: NURSING STUDENTS' CLINICAL PLACEMENT EXPERIENCES DURING THE COVID-19 PANDEMIC

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INTRODUCTION

Workplace learning is an integral element in most professional qualifications today, allowing students to apply theory to practice, to gain hands-on experience, to learn from practitioners, and to absorb aspects and expectations of their future roles. Student nurses undertaking a Bachelor of Nursing (BN) qualification in New Zealand are required to complete a minimum of 1100 hours of clinical experience as per Nursing Council of New Zealand requirements (Nursing Council of New Zealand, 2021). This clinical experience allows student nurses the opportunity to connect with future employers and colleagues, as well as gaining confidence working alongside experienced practitioners, learning not only clinical skills but resilience and perseverance. The first exposure to clinical practice occurs in the students' first year and placements are offered each semester for the remainder of the degree programme. By the time they sit State Final exams, students will have encountered many disciplines of nursing including continuing care in aged residential care (ARC) facilities, mental health placements, medical and surgical wards within district health boards (DHBs), and community providers. Naturally, tertiary institutes offering BN programmes rely heavily on relationships forged over time with managers and supervisors/preceptors in these different settings. Student nurses need support, guidance, and oversight of clinical placements which requires resourcing and goodwill from all partners.

The arrival of the COVID-19 pandemic in New Zealand in 2020 meant already stretched healthcare agencies were often unable to offer the same access to clinical placements. Understanding the impact these constraints had for nursing students is not only an important part of our own critical reflection as educators, but also for future preparedness. This paper discusses findings from statistical analysis of over 2000 post-placement evaluations, using the clinical learning environment, supervision and nurse teacher (CLES+T) scale. Overall, and pleasingly, student satisfaction with their placement remained relatively consistent. This paper considers some of the likely contributing factors, and offers some conclusions related to good practice in student and stakeholder management.

BACKGROUND: THE IMPACT OF COVID-19 ON THE HEALTH CARE WORKFORCE

COVID-19 became a global pandemic in 2020, with New Zealand shutting its international borders on 19 March, 2020, and going into a nationwide lockdown a week later (Baker et al., 2020). Hospitals and other health providers were deemed essential, with clinical and tertiary provider management teams working together to ensure clinical placements were continued where possible. The clinical areas most hesitant to accommodate student nurses were the aged care facilities for Year One learners, and the community placements in Year Three.

International research including studies in Ireland (Magner et al., 2021), Australia (Hill et al., 2022), China (Wang et al., 2020) and Germany (Jerg-Bretzke et al., 2021) found healthcare workers reported an increase in occupational stress, emotional distress, concern around exposure to COVID-19, and transmission of the disease to patients and colleagues. Magner et al. (2021) discussed the demands on healthcare workers who witnessed increased patient deaths, and were exposed to increased workload and questionable practice; Hill et al. (2022) recounted health care workers being asked to either disregard precautions or to work with inadequate personal protection equipment (PPE), reporting that these working conditions led to increased stress and pressure, resulting in fatigue and burnout. Research in New Zealand by Cook et al. (2021) found that nurses reported feeling vulnerable to contracting COVID-19 due to inadequate availability of PPE, alongside the need to re-evaluate how they were performing their nursing tasks. Common themes amongst these nurses were the anxiety or apprehension around spreading the virus within the community. Alongside this anxiety, nurses in Cook et al.'s study reported dissatisfaction with nursing leadership during the early stages of the pandemic.

COVID-19 AND NURSING STUDENTS' PLACEMENT EXPERIENCES

In response to the challenges of providing clinical placements during the pandemic, Ara Institute of Canterbury (Ara), a nursing school in New Zealand, introduced new clinical placements in managed isolation and quarantine facilities, and telehealth placements for students in their community and personal choice semesters, as well as having new ARC facilities offering a clinical experience over this time. Yet while these new provisions might have provided continuity in clinical placements for students, they could not mask the effects of practising during a public health crisis.

Increased demand on the nursing workforce during the COVID-19 pandemic, with reports of increased stress and burnout, may have had a detrimental effect on student nurses working in these clinical areas. Registered Nurses being too busy or stressed to provide effective precepting, that is, professional guidance and oversight, with less time and energy to ensure students received appropriate learning opportunities, might have negatively impacted the student's perception of the clinical placement. Some nursing students reported to nursing lecturers increased incidence of perceived stress on the nursing workforce and instances when registered nurses treated students unkindly. At times, they noted general disinterest in undertaking the preceptor role, and in some instances, students even reported feeling unsafe in the clinical environment. These informal discussions with nursing students, and my awareness of the increased stress in the clinical environment, led to the assumption students were perceiving their clinical placements more negatively then during pre-COVID-19 times. The study described in this paper sought to determine whether this was, in fact, the case.

AIMS

The aim of this research was to analyse statistically previously collected and stored data on students' perceptions of their clinical experiences, from BN students at Ara, prior to and during the COVID-19 global pandemic, to answer the following research question: *Did the COVID-19 global pandemic impact nursing students' perceptions of their clinical experience?*

The intention was that results would inform academic managers from tertiary institutions and the clinical managers who provide support to clinical areas, about the impact COVID-19 had on the experiences of nursing students over this time. The findings may also alert management and lecturers to strategies by which their own practice could enhance students' learning experiences while on clinical placement, across the five clinical areas: continuing care in ARC facilities, mental health, medical – surgical, community placements and transition placement. For this research, the transition placement – often in the student's preferred clinical area, where possible – was called "personal choice."

AN INTERNATIONAL EVALUATION TOOL

At Ara, as in many other nursing education providers, the clinical learning environment, supervision and nurse teacher (CLES+T) scale is used following placement, to measure students' perceptions of their experience. This evaluation tool was designed in 2002 by Mikko Saarikoski as part of their academic dissertation, originally as the CLES scale with later refinement to include '+T', the nurse teacher (Saarikoski et al., 2008). The CLES+T scale was developed for nursing students to evaluate the clinical learning environment (Saarikoski, 2002) and has been validated internationally for use in the clinical learning environment (Gurková et al., 2018;) including by a team of New Zealand nursing academics (Watson et al., 2014). There are many different versions of the scale, including the Turkish, Swedish and Finnish versions, however it is the original Finnish version that was validated by Watson et al. (2014) and was found to have good internal reliability and validity for use within hospital settings, for educators, clinical staff and researchers to monitor student nurses' perceptions of the quality of their clinical placements.

The original CLES+T scale consists of five sub dimensions: the role of the nurse teacher; pedagogical atmosphere; the supervisory relationship; leadership style of the ward manager; and nursing care on the ward (Saarikoski et al., 2008). Each sub-dimension has between four and nine questions (see Appendix A). Students answer using a five-point Likert scale: "fully agree", "agree to some extent", "neither agree nor disagree", "disagree to some extent", and "fully disagree", with five being fully agree and one being fully disagree.

The nursing workforce in New Zealand is multicultural with 7 per cent of the total workforce identifying as Māori and 27 per cent being internationally qualified (New Zealand Nurses Organisation, n.d.). Ara added in an extra question to the CLES+T scale (question 35) which asked students the following question: "I felt my own cultural perspective was acknowledged and valued in the placement." This additional question recognises the multicultural demographic of nursing students. All other questions remain the same as the original scale, with the only changes being the replacement of the word "ward" with "placement", and the word "mentor" to "supervisor."

METHODS

Ethical considerations

As this study used existing data collected through the CLES+T evaluation, and did not collect additional primary data, there was no requirement for ethics approval by an independent ethics committee. However, support was provided by experienced researchers within the academic institution where the author was employed as an academic staff member. This oversight helped to ensure ethical principles were observed throughout the research process. For example, students are informed on the front page of the survey that completing the survey implies consent for their responses to be given as feedback to both the clinical area and the clinical lecturer (nurse teacher) as well as possibility that their responses may be used for research (see Appendix B). Also, the consent states that the responses will be anonymised prior to being used for feedback to lecturers. Removal of all identifiers by the research team immediately on receiving the data, ensures the anonymity of the students, staff and clinical providers. This process had occurred for all datasets analysed in the current study. It is important to note that completing the survey is optional, and no preparation sessions are held to explain the detail of the survey to students, or to suggest any pressure to participate. Two reminders to non-responders are sent through Qualtrics, but no further follow-up occurs.

Data collection

As described above, Ara uses the Finnish version of the CLES+T scale with minor changes to the original wording, to collect data from nursing students, and this occurred throughout the study timeframe of 2017 to mid-2022. Qualtrics, a computer software program, was used to distribute the survey online, and the resulting data has been stored as Excel spread sheets. Data from all students undertaking a qualification in nursing are included in the raw data, including nursing students in the Diploma of Enrolled Nursing programme, and in the graduate entry nursing program. These sets of data were removed from the final analysis, leaving only data from students in the Bachelor of Nursing degree.

During the New Zealand government mandated lockdown, some clinical placements offered to student nurses were shortened or cancelled, with some community placements being replaced with a clinical project. The survey was not sent to the cohort of students who did not go on a clinical placement during Semester One for the 2020 community placement.

Otherwise, the survey was emailed to all students on completion of their clinical experience. This study drew on five years of data from 2017 to mid-2022, which combined resulted in 2794 sets of data. Cleaning the data included removing all identifiers, the qualitative response at the end of the survey, and all non-complete sets of data. Eventually, 2012 sets of data were available to analyse (response rate of 36 per cent).

Quantitative statistical analysis was used to analyse the data, with a descriptive cross-sectional study design. The dataset obtained from the Qualtrics website was downloaded as a Microsoft Excel spreadsheet, and after cleaning the data an independent statistician was recruited to assist with data analysis. The data was initially transferred to the Statistical Analysis System v 9.4 (SAS Institute; Cary, NC, USA) for further analysis. The data was then visually checked for outliers and inaccurate data, by investigation of the distribution and probability plots. Means and standard deviations along with frequencies and percentages were calculated for the various dependent variables (five sub-dimensions of the CLES+T questionnaire including pedagogical atmosphere on the ward, supervisory relationship, leadership style of ward managers, premises of nursing care, and the role of the nurse teacher). Comparisons between groups (clinical placements of continuing care, mental health, medical/surgical, community health, or personal choice and COVID-19 time points (prior to 2020 and after 2020) were analysed using analysis of variance (ANOVA).

Response rate

The response rate of 36 per cent is lower than other response rates for similar studies using the CLES+T scale, with most studies achieving over 70 per cent response rate (Bisholt et al., 2014; Bos et al., 2015; Carlson & Idvall, 2014; Dimitriadou et al., 2015; Gurková & Žiaková, 2018; Magnani et al., 2014; Papastavrou et al., 2016). D'Souza et al. (2015) achieved a 100 per cent response rate. The main point of difference is sample size. Studies stated above had under 500 participants, compared to the larger sample size in this research. Further, the studies reviewed used data from a single year, compared to five and a half years of data analysed in this research.

RESULTS

Bachelor of Nursing students scored their clinical experience positively, with an overall mean of 4.5 +/- 0.5. From 2012 responses, 75 students who identified as Māori, and 38 students who identified as Pacifica, scored question 35 ("felt my own cultural perspective was acknowledged and valued in the placement") positively with a mean of 4.51 for Māori students and 4.49 for Pacifica students. This is similar to the overall mean for all students.

There was little statistical significance within the five different clinical areas, across the five different sub-dimensions of the CLES+T scale for students' responses in the pre- COVID-19 and during COVID-19 periods. The students' perceptions of the supervisory relationship (p=0.0383) and the nurse teacher (p=0.0291) sub-dimensions were higher in the years during the pandemic than in the years prior for the medical surgical placements, with the community placement scoring lower during COVID-19 years in the nurse teacher sub-dimension (p=0.0032). All other variables did not reach statistical significance. Therefore, the findings related to the research question "did the COVID -19 global pandemic impact nursing student's perceptions of their clinical experience?" indicated that the COVID-19 pandemic did not negatively impact the clinical experience.

DISCUSSION

The aim of this research was to identify whether the COVID-19 pandemic, which affected nurses and nursing education from 2020 through to present times, impacted student nurses' perceptions of their clinical experience during this time. The initial premise was based on anecdotal conversations with students who were expressing their displeasure with how they were being treated in the clinical areas, and the learning experiences which had changed with the introduction of new clinical placements. This research found that the pandemic did not impact students' perception of the value of their clinical placement, which is reassuring for clinical and academic management.

Strengths and limitations

One of the strengths of this research comes from the large sample size, however the low response rate of 36 per cent is a limitation of this research and may be due to multiple factors. The survey was emailed to every student enrolled in a clinical paper towards the end of each of their clinical placements. For some students, the last day of clinical placement falls on the last day of semester, which may be a reason for non-responding, or they are leaving for a mid-semester holiday, or starting another theory paper immediately after their clinical placement finishes. There might be a lack of trust around confidentiality and anonymity, based on prior experiences the student might have had. The student is asked on the form to identify who their nurse teacher is, using a drop-down box. It had been commented on that there were many names missing from the list, so students who made these comments stated they had selected the course leader or another nurse teacher that they knew.

The length of the survey is also a potential limitation. The CLES+T questionnaire has 35 questions, and the questions are complex enough to require students to think about what the question is asking of them, who are they answering this question about (what sub-dimension this is linked too) and then to generate a response. Ambiguity with the CLES+T scale itself could also cause confusion for students, although an attempt is made to clarify who the nurse teacher is and who the supervisor is on the front page of the survey (Appendix B).

Significance of the research

This research is significant as overall the students responding to the survey are scoring their clinical experiences positively. However, the minority of respondents who scored a 1 on the Likert scale (1.13 per cent of the responses) should not be ignored. No statistical difference between students' responses pre- and during the COVID-19 pandemic is a positive outcome, and could indicate that extra efforts taken by nursing managers and lecturers to ensure the impact on students was minimised, have had a positive effect. The ideal aim for academic institutions would be for all students to have a positive experience while on clinical placement, as research shows how important the clinical experience is for overall satisfaction for students. Exposure to negative experiences while on clinical placement coupled with poor learning opportunities could influence overall outcomes for the student (Fundiswa & Vember, 2021) and might discourage the student from pursuing this branch of nursing in the future.

Recommendations for practice

Although daily nursing practice in New Zealand is now close to pre-pandemic conditions, there are still opportunities for future research. New Zealand is not immune to natural disasters, and there is potential for clinical placements to be impacted again in the future. Further research could include qualitative research in smaller groups, with the potential to follow one cohort through their BN program and compare responses over the course of their degree. Following some of the concerns raised by students referred to earlier, such as preceptor attitudes and perceived willingness, would be important. If students know their concerns are being addressed, they are more likely to respond to surveys and participate in research in the future. It would be beneficial to compare the results each semester from the CLES+T data collected against other formal student feedback, working with class representatives to ensure all students feel safe to be heard.

Addressing the response rate would be another area for improvement. Strategies could be to target one cohort each semester, ensure students are taught in tutorials about the importance of, and how to approach the survey, and then timetable the survey to allow for the questionnaire to be completed in class time instead of the student's own time; all of which may improve the response rate.

A final recommendation is that consideration be given to finding an alternative evaluation tool. The CLES+T scale has many strengths; however, the length of the survey and ambiguity of the questions could be a deterrent to some students.

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Appendix A. CLES+T questions.

Supervisory relationship

1. My supervisor showed a positive attitude towards supervision.
2. I felt that I received individual supervision.
3. I continuously received feedback from my supervisor.
4. Overall, I am satisfied with the supervision I received.
5. The supervision was based on a relationship of equality and promoted my learning.
6. There was mutual interaction in the supervisory relationship.
7. Mutual respect and approval prevailed in the supervisory relationship.
8. The supervisory relationship was characterised by a sense of trust.
9. The staff were easy to approach.
10. I felt comfortable going to the placement at the start of my shift.
11. During staff meetings (e.g., patient handover) I felt comfortable taking part in discussions.
12. There was a positive atmosphere at the placement.
13. The staff were generally interested in student supervision.
14. The staff learnt to know the students by their personal names.
15. There were sufficient meaningful learning situation on the placement.
16. The learning situations were multidimensional in terms of content.
17. The placement can be regarded as a good learning environment.
18. In my opinion the nurse teacher was capable of integrating theoretical knowledge and the everyday practice of nursing.
19. The nurse teacher was capable of operationalizing the learning goals of this placement.
20. The nurse teacher helped me to reduce the theory-practice gap.
21. The nurse teacher was like a member of the nursing team.
22. The nurse teacher was able to give her or his expertise to the clinical team.
23. The nurse teacher and the clinical team worked together in supporting my learning.
24. The common meetings between the supervisor, nurse teacher and myself were comfortable experiences.
25. In common meetings between the supervisor, nurse teacher and myself I felt that we were colleagues.
26. My learning needs were the focus of the meetings between the supervisor, nurse teacher and myself.
27. The manager regarded the staff in the placement as a key resource.
28. The manager was a team member.
29. Feedback from the manager could easily be considered for a learning situation.
30. The effort of individual employees was appreciated.
31. The placement's nursing philosophy was clearly defined.
32. People received individualised nursing care.
33. There were no problems in the information flow related to peoples' care.
34. Documentation of nursing (e.g., nursing plans, daily recordings of nursing procedures, etc.) was clear.
35. I felt my own cultural perspective was acknowledged and valued in the placement.

Appendix B. Information provided to nursing students including consent

Clinical Learning Environment, Supervision and Nurse Teacher Scale (CLES+T)

In this questionnaire the following terms have the following meanings:

Supervisor refers to registered nurses employed by the placement who supervised you; this could be an individual nurse (preceptor, clinical liaison nurse) or a group (or team) of nurses.

Supervision refers to guiding, supporting, and assessing the student nurse by registered nurses employed by the placement.

Nurse teacher refers to a lecturer (or academic liaison nurse) employed by the polytechnic who visits the clinical placement.

Your completion of this survey implies consent for providing feedback to the clinical placement, feedback to the clinical lecturer, research related to clinical learning environments. Please note any information that could identify you will not be used in any research and will not be included in any feedback to the placement or lecturer.