

The Lived Experience of Staff Nurses Working with Undergraduate Nursing Students
in the Clinical Setting

by

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A Project Presented to the
FACULTY OF THE SCHOOL OF NURSING
POINT LOMA NAZARENE UNIVERSITY

in partial fulfillment of the
requirements for the degree

MASTER OF SCIENCE IN NURSING

December 2012

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POINT LOMA NAZARENE UNIVERSITY

School of Nursing

Master of Science in Nursing

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Acknowledgements

I would like to take this opportunity thank my Lord and Savior for His loving guidance and strength. He served as my Rock, as He held my hand throughout this educational endeavor, from beginning to end.

I'm thankful for my adviser, Dr. Barbara Taylor, for helping me succeed through this venture, whose considerable assistance as I fine-tuned my project remained unwavering. Because of you, I managed to drive through mountains of challenges, enabling me to focus on completing this project.

I would not have been able to obtain my graduate education if it wasn't for the outstanding and challenging instructions of my professors, whose values embody the mission and vision of Point Loma Nazarene University. You have deepened my faith.

I acknowledge the extensive and significant work of various leaders, researchers and authors whose data I was able to humbly use.

I'm grateful for Scripps' financial support through scholarships and clinical loan program from which I benefitted greatly.

To my peers and friends whose thoughtful questions, unbiased input and nurturing presence contributed to the completion of this journey, I remain grateful.

I thank my parents, Rudy and Teresita Gaoay, and my brother Joe, for their encouragement and continued support. My accomplishments are because of your love.

Finally, my special thanks to my Best Friend whose invaluable friendship, morale-boosting pep talks and affection carried me through those difficult times, knowing that my pursuit of education was paramount to my existence.

Abstract

Student nurses spend valuable, yet limited amount of time in their clinical facilities to bridge the gap between theory and practical application. They work closely with staff nurses in shift-long days, providing care and participating in patients' diagnostic and therapeutic regimen. These same staff nurses come with a myriad of experiences from having worked with students throughout their careers. These experiences, exhibited positively or negatively, greatly impact the learning potential of the students who learn from them. The purpose of this thesis project is to design a qualitative, descriptive, phenomenological study, which would explore the lived experience of staff nurses who worked with nursing students in the clinical setting. Staff educators and academic instructors can utilize information resulting from this exploration to design training tools to benefit the staff and students. Understanding this will not only promote the foundation for a better clinical experience for the future caregivers, but also enhance the professional fulfillment of staff nurses.

Keywords: Staff nurses, Lived experience, Clinical setting, Student Nurses

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Chapter one: Introduction

Background

Nursing is the largest healthcare occupation, with 2.6 million jobs in 2008 (Bureau of Labor Statistics, 2009). It is expected to grow much more rapidly than the average, resulting in 581,500 new jobs, among the largest for any occupation. The Bureau of Labor Statistics (2009) further states that Registered Nurse employment is expected to increase by 22% from 2008 to 2018, faster than the average for all occupations. This is due to technological advances in patient care, treating a greater number of health problems and an increasing emphasis on preventive care (Bureau of Labor Statistics, 2009). The average age of all licensed Registered Nurses increased from 46.8 in 2004 to 47.0 years in 2008, representing a stabilization after many years of continuing large increases in average age (Bureau of Labor Statistics, 2009). Additionally, nearly 45 % of RNs were 50 years of age or older in 2008, a significant increase from 33 % in 2000 and 25 % in 1980 (Bureau of Labor Statistics, 2009).

Seventy million baby boomers will be retiring, leaving a shortage that the nursing workforce will need to fill (Aiken et al., 2001; Noguerras, 2006). The fact that nursing schools across the country are striving to increase enrollment to meet the demand further intensifies this predicament (Rosseter, 2010). This can lead to competition for available student clinical placements, resulting in an increased need to providing quality clinical experience and excellent preceptor engagement, guidance and mentorship (Murphy, 2008).

Significance of the Problem

The clinical setting is one of the most essential elements of a nursing education (Koontz, Mallory, Burns, & Chapman, 2010; Vallant & Neville, 2006). Students of varying skill levels are placed in this setting to collaborate with professional nurses (Slaughter-Smith, Helms, & Burris, 2012). Additionally, the clinical experience of the students in this clinical setting is the valuable aspect of all undergraduate nursing programs (J. D. Brammer, 2008; Koontz, et al., 2010; Myall, Levett-Jones, & Lathlean, 2008; Thompson, 1998). It is in this actual setting that real-life medical situations are witnessed and where classroom theory and skills are implemented (Koontz, et al., 2010; Myall, et al., 2008; Yonge & Myrick, 2004). Guiding, mentoring, precepting and supervising nursing students are challenging, yet rewarding tasks for the staff nurses (Dune, 2008; Lockhart & Oberleitner, 2007).

In the acute care setting, where patients have higher acuity levels and shorter lengths of stay, the nursing units have evolved to be a fast-paced, scientifically and technologically-advanced medical setting (Beeman, 2001). With the increased workload a staff nurse possesses during a shift, teaching a nursing student to bridge the gap between theory and practical application can be a difficult task, magnifying an already complex situation, which may even be considered a liability (Grindel, Patsdaughter, Medici, & Babington, 2003). Staff members may perceive students as helpful especially when there are high patient care demands (Koontz, et al., 2010; Matsumura, Callister, Palmer, Cox, & Larsen, 2004). Staff may also be confused as to what the students can and cannot do, leading them to assumptions and eventual consideration that having

students are more work for them during their clinical experience, hence a negative environment (Koontz, et al., 2010; Thompson, 1998).

Problem Statement

According to Hathorn, Machtmes and Tillman (2009), addressing the negative attitudes of nurses is crucial since the problem of resolving the nursing shortage is exacerbated by the negative effects these unpleasant attitudes have on nursing education. A negative impact results from the inability to retain students in programs to meet the demand of nursing shortage (Wells, 2003). Studies of nursing students have shown that negative attitudes toward student nurses hamper their learning, leading to suboptimal learning experience and negative socialization behaviors causing poor student performance (Eaton, Henderson, & Winch, 2007; Grindel, et al., 2003; McGowan, 2006; Thompson, 1998; Vallant & Neville, 2006). Nurses were reluctant to guide nursing students due to ambivalence, time-consumption and student unpreparedness (Matsumura, et al., 2004; Murphy, 2008; Rittman, 1992; Smedley, 2008). Recognizing those who are capable of teaching in a more positive environment, will allow for better student to nurse assignments to maximize and enhance the students' learning experience (Vallant & Neville, 2006). This can assist in preventing or reducing student attrition (Hathorn, et al., 2009). Nurses have to cease "eating their young" (Crotty, 2010; Rowe & Sherlock, 2005). Aside from the fact that this is considered lateral violence, this attitude does not promote an environment conducive to learning and thereby affect patient safety and quality of care (Center for American Nurses, 2008; Thomas & Burk, 2009). Mentoring is a professional obligation and a privilege for each professional Registered Nurse (American Nurses Association, 2001; Vance, 2002).

The students' mastery is enhanced when their relationship with the staff nurse provides them the opportunity to learn in a supportive and effective environment (Barker & Pittman, 2010; J. D. Brammer, 2008; Dube & Jooste, 2006). Additionally, with the increasing cutbacks in staffing, nursing students, other than gaining valuable experience in their clinical setting, provide a considerable valuable contribution to the facilities during their rotations (Grindel, et al., 2003; Matsumura, et al., 2004; Middaugh & Thompson, 2007).

Purpose Statement

The purpose of this project is to design a qualitative, descriptive, phenomenological study, which would explore the lived experience of staff nurses who worked with nursing students in the clinical setting. Whether the experience demonstrates a negative or positive outcome, this may reveal areas that can be explored to promote an open, well-balanced learning environment which will facilitate student learning, and in turn promote a satisfactory mutually beneficial relationship at the end of the rotation. This may lead to better awareness of the staff nurses' position in understanding their own perceptions and biases with regard to working openly with nursing students. The results may be useful for nurse managers and charge nurses in their decision-making process for preceptor selection and student assignments.

Chapter two: Literature Review

What are the staff nurses' lived experiences on working with nursing students in the clinical setting? In order to answer this question, a literature review was undertaken through a search of the following databases: Academic Search Premier; CINAHL Plus with Full Text; Cochrane Database of Systematic Reviews; Database of Abstracts of Reviews of Effects; EBSCO Host; Health Source: Nursing/Academic Edition; Google search engine. Search terms included: nurses' perception, student nurse, student nurse contribution, staff nurse, RN's perception, preceptor, preceptorship, nurse attitudes towards students, mentoring students, mentorship, nurses lived experience. Literature dated 1990 to 2012 was reviewed.

Nurses Perceptions on Student Nurses

Grindel, et al., (2003) conducted a study to explore the benefits and limitations of having undergraduate nursing students in acute care units. This descriptive survey design of 108 staff nurses, clinical specialists and administrators demonstrated that nurses with less than ten years of experience expressed more favorable perceptions about student contributions to clinical agencies. They placed greater value on students providing reciprocal learning, leading to a rewarding and satisfying relationship. This may be due to their recent recall of past clinical experience that allowed them to better relate to students. These nurses disagreed more to statements referring to students taking "too much time" and agreed more to statements such as "student participation freed staff to do other things" they otherwise would not have been able to do. The veteran nurses, however, likely agreed with negative statements that working with students were time-consuming, not received well by patients and were frustrated with problem students.

Grindel, et al., (2003) mentioned that perhaps the novelty of teaching students had diminished over time.

A similar study done by Matsumura, et al. (2004) designed to identify staff nurse perceptions of the contributions of students to clinical agencies collected information to aid in developing future mentoring programs between nursing education and nursing service. This descriptive study of 126 nurses revealed, using the Nursing Students Contributions to Clinical Agencies tool, that staff nurses often have ambivalent feelings about working with students (Matsumura, et al., 2004). Top-ranking items included a variety of ambivalent feelings, such as: allow opportunities for mentoring, threaten professional role development, make staff insecure about their knowledge and skills, problem students can be frustrating, and students are able to assist with patient care. These conveyed professional insecurity, expressed by staff nurses, when faced with difficult situations in educating students. The nurse may feel threatened, yet, at the same time, discover that one's ability to provide quality patient care provides a direct mentoring example to the students. In a busy shift, the need to work with students can be a hindrance, causing students to be perceived as not helpful. Master's prepared nurses rating the overall contributions of nursing students higher seems to demonstrate that the more education a nurse has, the more value is placed on mentoring (Matsumura, et al., 2004).

Lusk, Winne and DeLeskey (2007) conducted a 54-item survey developed by Grindel, et al., (2003) entitled Nursing Students' Contributions to Clinical Agencies involving a convenience sample of 62 nurses from both a metropolitan medical center and a small community hospital. The survey focused on the effect that students have on

staff time, staff development, quality of care, personal satisfaction and practices of the unit. The nurses from both groups most strongly agreed with the following factors: students expose staff to varying perspectives, allow opportunities for mentoring, interact with patients and families and are able to assist with patient care and student participation enhances the clinical setting as a learning environment. Factors that everyone disagreed with were: students take too much staff time, threaten professional role development, are unable to contribute to treatment plans, are not well-received by patients, do not appreciate staff nurses, student participation make staff insecure about their knowledge and skills, and student participation impedes the sharing of ideas (Lusk, et al., 2007). Both groups considered the overall contributions of students to a clinical setting as positive. This study support findings from prior studies, that students have a positive significance in clinical the clinical setting (Lusk, et al., 2007).

A phenomenological study by Hathorn, et al., (2009) captured the lived experience of six nurses, which described what attitudes nurses had toward student nurses and how negative attitudes were developed. Negative attitudes were fostered by nurses' concerns about legal liability, role confusion, lack of communication with respect to students' learning objectives, differences in beliefs about nursing education and lack of monetary or workload compensation (Hathorn, et al., 2009). Nurses admitted to exhibiting these behaviors by being condescending, ignoring or being judgmental. The findings from this study are consistent with the studies conducted by Grindel, et al., (2003) and Matsumura, et al., (2004) that the nurses' belief that nursing students are a source of recruitment and that the nurses' workload either increase or decrease depending on the students' preparation, attitude and willingness to learn. Another consistency was

that patient acuity, unit staffing and the availability of and support from the instructor influence nurses' attitudes towards the nursing students (Hathorn, et al., 2009).

Staff Nurses as Preceptors and Mentors

Other literature focused on the benefits and challenges the preceptors experienced while precepting nursing students. Smedley (2008) demonstrated that there was a strong influential mechanism in the attitudes of nurse preceptors for teaching and learning that can affect post-graduation employment. The most frequently documented rewards the preceptors received, according to Bizek and Oermann (1990) included the opportunity to teach and influence practice, increased their own knowledge base, inspired own thinking, and customized the orientation to meet their preceptees' learning needs. Dune (2008) reported that precepting was an important part of the preceptors' job to be taken seriously, and the reported rewards were enough to encourage them to continue precepting undergraduate students. Fox, Henderson and Malko-Nyhan (2006) mentioned in their study that the only compensation a preceptor received was the "intrinsic reward" from the professional relationship and the growth observed in the preceptee in many instances.

Most of the studies found exploring the relationship between student nurses and staff nurses pertained to the latter's role in preceptorship or mentoring. Many studies looked into perceptions and evaluations of student nurses pertaining to their clinical experience in various areas of specialties (Byrd, Hood, & Youtsey, 1997; Grav, Juul, & Hellzen, 2010; James & Chapman, 2009; Leners, Sitzman, & Hessler, 2006; Myall, et al., 2008; Sharif & Masoumi, 2005). A number of articles and studies focused on experiences of preceptors and mentors leading to recommendations for a more structured

preceptorship program and better preparation (Bizek & Oermann, 1990; Byrd, et al., 1997; Dune, 2008; Fox, et al., 2006; Grindel, et al., 2003; Murphy, 2008; Myall, et al., 2008; Rittman, 1992; Smedley, 2008; Yonge & Myrick, 2004). However, very little was found on the lived experiences of staff nurses working with nursing students in the clinical setting---those who have not gone through any formal training program, nor were asked ahead of time, before the start of shift, if they would accommodate nursing students throughout the day. Very little literature was found that addressed their perspective. The question emerging from this situation prompted further investigation.

Summary

In summary, this endeavor will explore the lived experiences of staff nurses working with student nurses in the clinical setting. Findings may reveal the benefits and challenges faced by staff nurses as educators and partners in learning. This will further determine barriers, if present, to working with students, and how can these barriers be transformed to opportunities for staff education. Collaboration between the faculty members, students and nursing staff can lead to a satisfying and rewarding learning experience for both the experienced nurse and student when these findings are incorporated in planning curriculum and clinical assignments.

Conceptual Framework

A phenomenology framework will be utilized to conduct this project. Phenomenology is a field of descriptive research, focused on the differences in ways subjects experience and understand similar phenomena (J. Brammer, 2006). According to Flood (2010), it is a philosophic attitude and research method where the most basic human truth is only accessible through subjectivity. It explores and understands people's

everyday life experiences (Polit & Beck, 2008). Melnyk and Fineout-Overholt (2010) explained phenomenology as the study of *essences*, grasped through description of lived experience. This philosophy, originating from Husserl in the 20th century, described lived experience as understanding about life's meanings lying outside of a person's conscious awareness (Smith, 2008). The lived experience is a self-awareness of a phenomenon through eyes of the researcher (Hathorn, et al., 2009). When nurse participants are asked to describe, narrate or recollect their lived experiences as staff nurses in the clinical setting, they are providing subjective data that supports the phenomenology idea (Lindsay, 2006; Polit & Beck, 2008; Smith, 2008).

This descriptive phenomenology framework will use the concept of bracketing to eliminate preconceptions about the phenomenon (Dowling, 2004; Lopez & Willis, 2004; Polit & Beck, 2008). Insights will be derived by collecting experiential descriptions from interviews, ranging from perception, thought, memory, imagination, emotion, desire and social activity, including verbal and non-verbal activity. Interpretation gathered will be interpreted and the processes of reflection, imagination and intuition will be utilized (Melnyk & Fineout-Overholt, 2010).

Many searched literature used phenomenology in attempts to understand the experiences of research subjects (Hathorn, et al., 2009; Santos, Merighi, & Munoz, 2009; Smedley, 2008; Thompson, 1998). This effort will follow the lead of those who used the method of phenomenology to understand perceptions from the staff's standpoint and to hopefully make recommendations to improve students' educational and clinical experience and possible future research.

Chapter Three: Methods

Nursing students learn to implement theoretical knowledge taught in the classroom in the clinical setting. Registered Nurses are in the best position to establish the students' foundation of skills that can either enhance or deter learning. With increased workload and multiple tasks nurses face in the units each day, working with nursing students can be challenging, yet rewarding. This project is focused on those nurses who are neither identified as official preceptors nor mentors to nursing students who are rotating to their units. The purpose of this project is to design a qualitative, descriptive, phenomenological study, which would explore the lived experience of staff nurses who worked with nursing students in the clinical setting.

Design

Qualitative descriptive phenomenology would be used for this study since its intent is to derive meaning from the essence of nurses' lived experience (Polit & Beck, 2008). Purposeful, primary selection sampling strategy would be implemented and the sample size determined by saturation of emerging themes. Inclusion criteria would be that the nurse had worked with student nurses in his/her unit in the last six months.

To maintain the validity of the research, the following measures would be implemented. First, the researcher would listen and allow the subjects to do most of the input. Second, accurate recording (electronically and manually) would be done during, rather than after, the session. Third, all data gathered would be included in the report, regardless of the researcher's inability to interpret, allowing for the readers to derive their own conclusions. Fourth, the researcher would be candid, unbiased and would seek to receive feedback from subjects and peers.

Samples and Setting

Nurses with varying years of experience and specialties practicing from various medical facilities in San Diego would be considered. Inclusion criteria would be: worked with students in the last six months, from any age range, years worked and possession of previous degrees. Exclusion criteria would be: nurses trained as preceptors, mentors or educators, those with experience working with nursing students greater than six months and those referred by other subjects, but live outside the county.

Three nurses would initially be approached in the hopes that snowballing would take place. In the event not enough referrals are made, other subjects known to researcher, either from the clinical or academic setting would be approached personally or by email. The data would be collected until data saturation occurs. In exchange for their time and effort, a gift card to Starbucks Coffee in the amount of \$10.00 would be offered. The results and report of the study would also be shared with them in the end.

Instruments

The primary collection instrument for this project would be the nurse sharing his/her experience. This would provide *realness* and *richness* to the data. Appendix C illustrates questions to be used to stimulate thought and sharing of experience. The first two questions would be used as icebreakers to ease any potential anxiety. This would hopefully encourage the subjects to open up. Furthermore, having them speak of their beginnings, as well as current position, would unlock areas of memory, which would facilitate their own flow of ideas.

Appendix B illustrates the Demographic data form to be completed by each participant. Basic information such as age and specialty are addressed. Questions

pertaining to years in nursing and highest nursing degree attained are also addressed. Information regarding annual income, ethnic background and political affiliation were excluded since they do not hold any bearing on the scope of study.

Procedures

The study would be submitted for approval to the Institutional Review Board from Point Loma Nazarene University School of Nursing. Each participant would be assigned an alias to protect the subjects' rights and anonymity. All participants would be informed of the objective and process of the study. Their willingness to participate would imply their consent to the study. They would be informed of the options that they can withdraw at any time should they wish to do so. Some identified potential risks include susceptibility to strong emotional response, feelings of vulnerability, fear of transparency and concerns of being identified. These would be discussed and reviewed with each participant. The audiotapes would be stored in a locked cabinet, which can only be accessed by the researcher. The tape and any other related notes and materials, with information linking the participants to their statements, would be destroyed following comprehensive data extraction. Appendix A represents an Introductory Letter to be sent to potential participant.

After completing the demographic questionnaire (Appendix B) and agreeing to the terms of the research (anonymity, risks and benefits), a 50 to 60 minute audio-recorded interview, using questions outlined in Appendix C, would be conducted. This would take place in a neutral, non-clinical setting, chosen together by the researcher and subject. This can be a meeting room at a university, a clubhouse in their residence, or a conference room in their place of employment. Note taking would take place and body

language will be observed. Immediate debriefing or a time for “unwinding”, if necessary, would be allowed shortly after the session. Notes would be stored in the researcher’s main computer and backed up periodically to ensure security and to avoid risk of accidental deletion or corruption. Computer access would be protected by password. The results of the study would be shared with them in the end.

Data Analysis

Data analysis would occur simultaneously with data collection. Listening to the recorded narration and transcribing of additional contents that may have been missed in the actual session would also be carried out. Essences and essential accounts will be scrutinized to extract themes. Themes derived from the interviews would be analyzed and categorized. Triangulation would be implemented to ensure integrity and accuracy of the findings (Polit & Beck, 2008). Individuals requested to assist in triangulation would be those referred by colleagues and faculty.

Chapter Four: Results

Findings from this research project would provide greater understanding of the lived experience of Registered Nurses working with nursing students in the clinical setting. This phenomenological project would look at the participants' rich, real and in-depth accounts. Results from this study would further add to the nurses' existing body of knowledge.

Due to limitations in securing participants, this project was developed but not implemented and therefore no data was collected.

Chapter Five: Discussion

Implications to Nursing

It is imperative that nursing students, due to their limited clinical hours, receive the most optimal experience possible. On the other hand, staff nurses, whose workload and responsibilities continue to grow exponentially, may either tolerate or appreciate the presence of eager minds. Their experience can deter their openness to receive future assignments with students, or inspire them to continue to teach others. Students' experience can either enhance or impair their progress. Impaired progress can result in permanent scarring throughout their career. On the other hand, positive learning impressions can etch lasting confidence and optimism in students' minds, long after matriculation ends and professional status begins. The collected accounts of nurses' lived experience, whether negative, neutral or positive, can lead to nurses' self-awareness to discern personal attitudes and biases toward nursing students. Recognizing these will encourage them to identify their potential to teach. Findings can bridge the gap between staff and students to promote a mutually beneficial relationship. This will lead to an open, well-balanced learning environment that facilitates learning.

Managers and supervisors can integrate the findings in developing staff training programs. The results can be a useful tool for charge nurses in their decision-making process for staff selection and student assignments. Findings can assist clinical instructors educating students of potential scenarios and interpersonal exchanges before immersion in the clinical setting. Students' increased awareness can raise their preparedness not only when caring for patients but also when communicating with staff.

This can lead to better understanding of their role as active participants in the multidisciplinary team.

Limitations

The availability of staff nurses willing to participate was a challenging factor in obtaining data. Those who volunteered may also be considered a limitation since they may have their own bias for having chosen to participate. Interviewing subjects take time and may require deeper sensitivity by the researcher. Whether vulnerability and/or being identified were issues that prevented those who were qualified were not explored. This study focused on the San Diego area. Extending the scope beyond this location can be done to increase potential participation. Since the area of San Diego was the location selected for the study, the lived experience may be different from another county or state, and therefore would not necessarily represent a large sample's viewpoint. Additionally, the findings, resulting from the small sample, cannot be generalized.

Future Research

Areas for further research may include exploring students' lived experience in their clinical areas. Similar studies can be done in rural, suburban and urban clinical settings to determine whether the size of the geographic location has any influence on nursing attitudes towards student nurses. This project can be replicated on a larger scale to include more subjects in a variety of clinical settings, such as teaching and non-teaching facilities. Another possible study can be done to examine the efficacy of training programs geared towards those nurses not necessarily interested in being preceptors. This would compare nurses' lived experience before and after a training program. Finally, it would be interesting to investigate the lasting effects, if any, on

those students whose experience with their staff nurses were less than optimal and what steps they took to correct or amend them.

Conclusion

Nursing students, in order to be adequately equipped to face the challenging work arena, are provided with actual clinical experience in the clinical setting. Staff nurses bear part of the responsibility of facilitating their learning through stimulating experience in various patient assignments. Nurses who do so participate in the advancement of the profession of nursing, recognizing that these same students are the future nursing work force, researchers, educators and leaders. Staff educators, academic instructors and nursing practice professionals can derive from this project some strategies that can be useful in clinical practice and clinical teaching. Understanding the experience of staff nurses who work with students in the clinical setting will not only help pave a way for a better clinical experience for the future caregivers, but also enhance the professional fulfillment of staff nurses.

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Appendix A

Introductory Letter

Hello!

I am a Masters of Science in Nursing – Clinical Nurse Specialist Candidate at Point Loma Nazarene University (PLNU). As part of my Master's thesis project, I'm trying to explore the lived experience of Registered Nurses working with nursing students in the clinical setting. This survey has been approved by PLNU School of Nursing Institutional Review Board. Your participation is entirely voluntary and you may refuse to participate or withdraw anytime without any consequences. Your consent to participate in the study is implied if you elect to be interviewed. There will be a series of interview questions asking you of your personal experience as you worked with nursing students in your current unit. Your answers will be recorded. The estimated time of interview will be about 50-60 minutes. There is minimal risk involved and all accounts, including your identity, will remain anonymous.

In exchange for your participation, you will receive a gift card to Starbucks in the amount of \$10.00. I will also gladly share the results of the study and provide you with a report of the findings.

Please contact me at your earliest convenience, before (date), by way of cell phone or email indicating your interest in participating. Please include in your message the best time to reach you and your preferred times and locations. I will do my best to make sure this effort costs you as little inconvenience as possible.

If you have any questions, you may call me or Dr. Barbara Taylor, my study adviser, at 619-849-2766. For questions about your rights as a participant in this study, or to report any study-related issues, you may contact the Institutional Review Board at Point Loma Nazarene University at 619-849-2710.

Sincerely,

Liza Jane Gaoay, RN, BSN
Master of Science in Nursing – Clinical Nurse Specialist Candidate,
Point Loma Nazarene University, San Diego, CA
LJGAOAY1969@pointloma.edu
(858) 750-9105 (Cell)

Appendix B

Demographic Questionnaire

Please answer the following questions. Your answers will be kept confidential. This will be used, along with other participants' information, solely for study purposes only. Please circle the appropriate number or fill in the blanks.

1. What is your gender?
 - a) Female
 - b) Male
2. What is your age? _____
3. What best describes your Ethnic Group?
 - a) White (not Hispanic)
 - b) Asian/Pacific Islander
 - c) Multi-Ethnic
 - d) Other
4. What is your highest Nursing degree attained?
 - a) Diploma Degree
 - b) Associate Degree
 - c) Bachelors Degree
 - d) Masters Degree
5. Do you possess any other degrees other than Nursing? (If so, what area? _____)
6. How long have you been a nurse? _____ years
7. On average, how many hours do you work per week? _____
8. Have you ever been a preceptor, mentor or educator in your career? _____
9. Do you work with Nursing Students in your unit? _____
10. If so, are you asked ahead of time, if you are willing to work with a student? _____
11. Area of specialty in the hospital? _____

Appendix C

Questions to Stimulate Thought and Sharing of Experience

1. How long have you been a nurse?
2. How do you feel about nursing, in general?
3. How do you feel your experience had helped you in your current position?
4. What are your experiences as a nursing student while conducting your clinical rotation in various hospitals?
5. Which ones did you find enjoyable? Memorable? Greatly learned from?
6. What are your feelings toward nursing students in your unit?
7. Do you have any expectations from them? Their Instructor?
8. How often are you given a chance/asked to work with nursing students in a given week? Month?
9. What experience can you share that highly impacted you? Your ability to teach?
10. Which ones had affected your career? Your view of students?
11. What recommendations, if any, would you have for students completing their nursing education as they rotate from unit to unit?

Appendix D**POINT LOMA NAZARENE UNIVERSITY****Institutional Review Board (IRB)****PROPOSAL COVER SHEET**

To be completed for all *research*, defined in 45 CFR 46.102, involving *human subjects*, defined in 45 CFR 46.102, and conducted at Point Loma Nazarene University, by or under the direction of any employee, agent or student of this institution, including research conducted at or in cooperation with another entity. Click *Regulations* at <http://www.hhs.gov/ohrp>.

1. Title of Research: **The Lived Experience of Staff Nurses Working with Student Nurses in the Clinical Setting**

2a. Principal Investigator (PI): LIZA JANE GAOAY, RN, BSN
(If student, please circle one: Undergraduate, Masters)
If not affiliated with PLNU, please explain.

2b. Additional Investigators: N/A

2c. Faculty Advisor (if applicable): DR. BARBARA TAYLOR, RN, PhD

2d. PLNU Sponsor (if PI is not PLNU employee or agent): N/A

3. Review Category

 Exempt (Complete Section A) by category (See 46.101 on above website.)

 X Expedited (Complete Section B) by category 7 (See 46.110 on above website.)


 Full (Complete Section C)

4. Anticipated Date on which Data Collection will begin: JUNE 25, 2012

5. If this is a funded project, please name funding source(s). N/A

6. If this proposed research has been, or will be reviewed by an Institutional Review Board (IRB) elsewhere please name the IRB(s). If applicable, attach a copy of each IRB's recommendations and dated approval. N/A

You must submit this form, all supporting documents and a description of the proposed research, as specified in Section A (for Exempt research), Section B (for Expedited Review) or Section C (for Full Review) *in paper format*. Prior to submission, all proposals require that you read the Guidelines to Professors and require signatures below as necessary.

 , PLNU SON
Researcher (signature), Department
LIZA JANE GAOAY
Researcher (printed)

June 5, 2012
Date
858-750-9105
Phone or email

DR. BARBARA TAYLOR, RN, PhD
Faculty Advisor or PLNU Sponsor
(except if P.I. is current PLNU faculty)

619-849-2766
Phone or email

Proposals that are incomplete or lacking signatures will be returned.

Appendix E**POINT LOMA NAZARENE UNIVERSITY****Institutional Review Board (IRB)****Section B:**

Expedited Review, Category 7

Study Title: The Lived Experience of Staff Nurses working with Student Nurses in**the Clinical Setting****Liza Jane Gaoay, RN****A. Briefly describe the study, giving its justification and rationale.**

The clinical setting is one of the most essential elements of a nursing education (Koontz, Mallory, Burns & Chapman, 2010; Vallant & Neville, 2006). Students of varying skill levels are placed in this setting to collaborate with professional nurses (Slaughter-Smith, Helms & Burris, 2012). Additionally, the clinical experience of the students in this is the valuable aspect of all undergraduate nursing programs (J. D. Brammer, 2008; Koontz, et al., 2010; Myall, Levett-Jones & Lathlean, 2008; Thompson, 1998). It is in this actual setting that real-life medical situations are witnessed and where classroom theory and skills are implemented (Koontz, et al., 2010; Myall, et al., 2008; Yonge & Myrick, 2004). Guiding, mentoring, precepting and supervising nursing students are challenging, yet rewarding tasks for the staff nurses (Lockhart & Oberleitner, 2007; Dune, 2008).

In the acute care setting, where patients have higher acuity levels and shorter lengths of stay, the nursing units have evolved to be a fast-paced, scientifically and technologically-advanced medical setting (Beeman, 2001). With the increased workload a staff nurse possesses during a shift, teaching a nursing student to bridge the gap between theory and practical application can be a difficult task, magnifying an already existing situation, which may even be considered a liability (Grindel, Patsdaughter, Medici & Babington, 2003). Staff members may perceive students as helpful especially when there are high patient care demands (Koontz, et al., 2010; Matsumura, Callister, Palmer, Cox, & Larsen, 2004). Staff may also be confused as to what the students can and cannot do, leading them to assumptions and eventual consideration that having students are more work for them during their clinical experience (Koontz, et al., 2010; Thompson, 1998).

According to Hathorn, et al., (2009), addressing the negative attitudes of nurses is crucial since the problem of resolving the nursing shortage is exacerbated by the negative effects these unpleasant attitudes have on nursing education. A negative impact results from the inability to retain students in programs to meet the demand of nursing shortage (Wells, 2008). Studies of nursing students have shown that negative attitudes toward student nurses hamper their learning, leading to suboptimal learning experience and negative socialization behaviors causing poor student performance (Eaton, Henderson & Winch, 2007; Grindel, et al., 2003; McGowan, 2006; Thompson, 1998; Vallant & Neville, 2006). Nurses were reluctant to guide nursing students due to ambivalence, time-consumption and student unpreparedness (Matsumura, et al., 2004; Murphy, 2008; Rittman, 1992; Smedley, 2008). Recognizing those who are capable of teaching, will allow for better student to nurse assignments to maximize and enhance the students' learning experience (Vallant & Neville, 2006). This can assist in preventing or reducing student attrition (Hathorn, et al., 2009). Nurses have to cease eating their young (Crotty, 2010; Rowe & Sherlock, 2005). Aside from the fact that this is considered lateral violence, this attitude does not promote an environment conducive to learning and thereby affect patient safety and quality of care (Center for American Nurses, 2008; Thomas & Burk, 2009). Mentoring is a professional obligation and a privilege for each professional Registered Nurse (American Nurses Association, 2001; Vance, 2002).

The student's mastery is enhanced when their relationship with the staff nurse provides them the opportunity to learn in a supportive and effective environment (Barker & Pittman, 2010; J. D. Brammer, 2008; Dube & Jooste, 2006). Additionally, with the increasing cutbacks in staffing, nursing students, other than gaining valuable experience in their clinical setting, provide a considerable valuable contribution to the facilities during their rotations (Grindel, et al., 2003; Matsumura, et al., 2004; Middaugh & Thompson, 2007).

The purpose of this study is to explore the lived experience of staff nurses who worked with nursing students in the clinical setting. Whether the experience project a negative or positive outcome, this can reveal areas that may be explored to promote an open, well-balanced learning environment which will facilitate student learning, and in turn promote a satisfactory mutually beneficial relationship at the end of the rotation. This can lead to better understanding of the staff nurses' position on understanding their own perceptions and biases in regards to working openly with nursing students. The nursing management can therefore be more informed on determining staff selection and student assignments.

B. Who are the subjects? How will you recruit them? How many will be used?

Nurses with varying years of experience and specialties will be considered. They can practice from various medical facilities in San Diego. They can be from any age range, marital status or possession of previous degree. Those who are or have been trained as preceptors, mentors or educators will not be considered due to already perceived positive attitudes toward students and teaching in general.

Approximately ten registered Nurse participants will be recruited until the saturation occurs in the data analysis. An email or letter invitation will be extended to those who meet the selection criteria. They will be identified through other nurse colleagues or by word of mouth referral. See the attached invitational letter for exact wording. (*Appendix A*)

C. What steps will you take to assure the participation is voluntary?

Since participation in this research study is entirely voluntary, participants may refuse to participate or withdraw at any time without penalty. They will be reminded at the beginning of the interview that they may withdraw from the study at anytime. All data will be collected concurrently, assuring confidentiality. The audiotapes will be stored in a locked cabinet, which can only be accessed by the researcher. Notes will be stored in the researcher's main computer and backed up periodically to ensure security and to avoid risk of accidental deletion or corruption. Computer access will be protected by password.

D. What will the subjects do? How will you interact with them?

The participants will meet with the researcher at a mutually agreed location, free from noise or other interruptions. This can be a meeting room at a university, a clubhouse in their residence, or a conference room in their place of employment. They will arrive with the expectation of spending anywhere from 50 to 60 minutes to discuss or narrate their lived experience working with nursing students through the use of a videotape. The experience can be recent or within the last year.

The researcher will sit across from the participant in an informal setting. In times when the participant feels the need to ask questions in reference to the study, she/ he may do so. A typed questionnaire will be used to assist in stimulating thoughts and facilitate sharing.

E. Describe all the equipment you will use or with which the subject will interact.

The equipment to be used in this study includes a digital voice recorder to tape the face-to-face interviews.

F. Attach copies of questionnaires or other materials that will be used (such as interview questions or topics, experimental stimuli or other instruments).

Demographic Form: This form will gather data about the nurse, such as level of education and years of experience. See demographic form. (*Appendix B*)

Questions to Stimulate Thought and Sharing of Experience: This assistive tool will be used to ask questions to help in recollection or sharing of experience. (*Appendix C*)

G. Note the estimated time duration of subject participation.

The anticipated duration of this study is approximately 6 months from June 2012 until

December 2012. The anticipated completion time of the interview for each participant will be approximately 50 minutes to an hour.

H. Will the subjects incur any expenses? If so, please explain.

The subjects will not incur any expenses. A gift card to Starbucks Coffee in the amount of \$10.00 will be given to each participant in recognition of his or her time.

I. List the foreseeable risk(s) to subjects, describe how you will minimize each risk, and why each risk is justifiable in light of benefits (either directly to the subject or indirectly to generalizable knowledge) to be gained by the research.

The risk to the individual participant is minimal. During the course of the interviews, participants may experience feelings of frustration, guilt, remorse, annoyance or anger. They will be reminded of their rights to withdraw from participation, reassured of confidentiality and allowed time to regain composure. The collected data will be kept confidential and no direct reference to their identity will be traceable. Each participant will be given a number to de-identify them and none of their names will be used. The tape and any other related notes and materials with information linking the participants to their statements would be destroyed following comprehensive data extraction.

There may be direct benefit to the participants in this study. The goal of the researcher is to gather as much data pertaining to their experience as they worked with student nurses in their respective clinical setting. The potential benefits may include self-knowledge, personal growth and increased satisfaction knowing that their experience were logged along with other nurses as collected data as part of a graduate research.

From a professional standpoint, the benefits of the study greatly outweigh any risks.

J. Document how informed consent will be gained. Include the exact words and method of delivery that will, prior to their agreement to participate, inform subjects of the nature of the study and of the extent of their involvement. Attach a copy of the consent form(s). This form will be examined closely.

Informed Consent will be obtained prior to the data collection. See the attached invitational letter for exact wording. (*Appendix A*)

K. Explain how debriefing will be handled.

There is minimal risk involved and no serious emotional harm is expected from the interviews. However, participants will be encouraged to state concerns and ask questions relating to the research directly to the investigator, Liza Jane Gaoay, RN. If any participant experiences any anxiety or emotional distress requiring intervention, she/he will be referred to her/his respective EAP (Employee Assistance Program), or primary care physician. If they have any questions regarding the rights as participants in research, they may contact the Point Loma Nazarene Institutional Review Board at 619-849-2710.

L. If copyrighted tests, scales, or inventories are to be used attach a copy of the approval letter.

No copyrighted tests, scales or inventories will be used for this study.