ME AND MY SUPERVISORS

Nursing students clinical experiences during their first clinical placement in nursing homes-a qualitative interview study

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Title: ME AND MY SUPERVISORS: Nursing student’s clinical experiences during the first clinical placement in nursing homes – an interview study.

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ABSTRACT

Background: Nursing has come a long way to become a subject of university study.

Clinical placement is a vital part of the study in preparing students for future nursing roles as providers of care to patients. The placement within nursing homes is a compulsory part of the clinical studies. Major actors in the clinical placement are supervisors. Their actions and support are determinant for the nursing student’s experiences, in learning and development of their clinical skills.

Aim: To highlight the supervisor’s influence on nursing student learning experiences during the 1st clinical placement in nursing home.

Method: A qualitative interview study was carried out

Results: Student learning experiences during clinical placement are enhanced by a good relation their supervisor. Positive and regular feedback with reflective moments with the supervisors gives a well-structured learning process put in place by the supervisor. On the contrary, unavailability of the supervisor or having many supervisors and the supervisor’s lack of information about the placement hamper the student learning experience during clinical placement.

Conclusion: The supervisor has a great role to play in the student learning experience during clinical placement in nursing homes. The supervisor actions can be favorable or unfavorable to the student’s acquisition of skill in caring for the patients.
ACKNOWLEDGEMENT

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My sincere gratitude to Stig Wenneberg, my tutor, who guided, supported and helped me all through this study.

I will wish to dedicate this work to my family. They, even with me almost being absent in their daily activities, accepted that fact and encouraged me in my endeavors.
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INTRODUCTION

Nursing profession is highly challenging today and thus requires professionally trained nurses. A major tool for such training is clinical placements and training for nursing students. Here, the students learn and develop their clinical skills in order to meet future challenges of patients care. The student’s skills are developed with the help and support of their supervisors. The students learning experiences can be affected either positively or negatively, based on the supervisors, most especially during early clinical placements. This is the reason why this paper highlights how supervision affects nursing student experiences during clinical placings.

BACKGROUND

Nursing profession has witnessed a series of changes from the era of Florence Nightingale, where nursing was idealistic, carried out by middle-class ladies, to today’s nursing profession. It is now both a profession and an academic discipline with independent research supporting its foundation (Ung & Lutzén, 2014). In Sweden, nursing study was integrated in the 1993 Educational reform to become an academic study, meaning it became a three year’s Bachelor degree study (SFS 1993:100). Segesten (2011) emphasizes that an average of a third of the three years nursing studies in Sweden is spent on clinical training. The theoretical and clinical studies are intertwined and form the basis of a student becoming a nurse (Sandvik, Eriksson & Hilli, 2014).

Clinical placement

Clinical training has thus become an integral part of the nursing studies, for both generalised and specialised studies (Forber & al. 2016). It is an arena where nursing students put their theoretical knowledge into practice (Grobecker, 2016). Peters, Hacomb and McInnes (2013) argue that the clinical learning environment forms the most valuable resource in the development of competent nurses. Nursing students have the possibilities through clinical placements to work in a practical context where they can build interpersonal relationship with both the personnel and the patients, and develop their nursing capabilities (Grobecker, 2016). Nursing capabilities for which they have great responsibilities for the provision of patient’s care (Segesten, 2011).
Clinical placements are carried out in different institutionalized care units working in collaboration with university institutions, (Peters et al., 2013). In Sweden, placement in nursing homes for elderly patients comes early in clinical placements. Nursing homes, in this context, are collective residence for elderly patient (65 and above) with long duration that need permanent care from professional caregivers. Eld and Carlsson (2011) highlight that most of these residents are patients living with disabilities and dementia. Previous research has also shown that it is a challenging task to nurture human relationships with elderly patients and provide them with quality care, as it takes time and much effort (Nakrem, Vinsnes & Seim, 2011).

Nursing students in Sweden are placed under supervisory teams during their clinical training. The team usually consists of a main supervisor who is a nurse, two assistant supervisors where one is a nurse and the other a nursing assistant. Lastly a lecturer from the institution is also involved, with each member having a different role to play (Ekeberg, 2009). The main supervisor co-ordinates student learning during the clinical placement. For the assistant supervisors, the nurse create learning situations in the nursing domain for the nursing student, while the nursing assistant create learning opportunities with regards to care for the student (Ibid). In this study, supervisor is used for the both the nurse supervisor and the nursing assistant supervisor. In certain situations, specificity will be made for which of the supervisor was concerned. The students can either be supervised individually as in the Vocational training (VFU) or in small groups as in the Developing and learning care unit training (ULVE). Group supervision is carried out together with students at different levels of their studies. For instance those at a higher level of training (sixth semester) can use the opportunity to train their leadership and supervisory role on the less experienced nursing students, second semester students (Ibid).

**Developing clinical skills**

The learning and development of practical skills by nursing students is a process and a valuable model for skill acquisition is that put forward by the Dreyfus model (Benner, 1984). The model brought forward a five stage competence development that goes from a novice, advanced beginner, competent, proficient and expert stage. During the novice stage, the
beginner or nursing student comes in the placement, having very little understanding of the contextual theoretical knowledge in the practical field. Doody, Tuohy and Deasy (2011) added that this stage is often characterized by stress, anxiety and uncertainty which is attributed to the feeling of unpreparedness and lack of confidence. The second stage or advanced beginner of Dreyfus model is a display by the nursing student, of acceptable performance after having coped with a number of real situations. The nursing student in this case has used prior experience in a current situation. The advanced beginner can work with guidelines set-up by the supervisor although student still needs support from the latter. Grobecker (2016) is in support of this view as he claimed that students become more independent in their clinical placement, when they gain trust from their supervisor. These two beginning stages are experienced to a certain degree by nursing students in their first clinical placement.

**Supervisor´s role in clinical training**

As pointed out above, supervisors have an important role in the training and development of student in clinical placements. In Sweden main supervisors are usually experienced nurses, who are required to have training in supervision (Segsten, 2011). Different supervisors have different approaches, as the educational context differs in different practice areas (Ibid). Sandvik et al. (2013) argue that one important role of the supervisor in the student´s learning during clinical training is careful planning of the studies. Individual study plans for each student is usually set up at the start of the training, so as facilitate the student learning process and the development of their skills on patient´s care (Ekeberg, 2009).

Ekeberg (2009) noted that supervisors have a duty to connect nursing students to the caring team and the patient. Forber et al., (2016) argue that students who feel welcomed, are valued as students and seen as being able to contribute to the health care team, will have a positive learning experience and this may reflect upon the quality of care provided to the patients in clinical placement. Grobecker, (2016) added that students who under their clinical placement have sufficient support by staff nurses, experienced higher level of adaptation and socialization. This in turn boosts positively the student confidence in providing care for patients.
Previous research has shown that difficult work relationships, high workload, mismatching responsibilities with competencies, will leave student with a feeling of stress and negatively affect their learning experiences (Suresh, Matthews & Coyne, 2013). In addition, Grobecker (2016) mentions stress as also having a negative impact on the student's confidence and motivation to learn. Research by Foley, Myrick and Yonge (2013) show that misunderstanding between student and supervisors, due to differences in educational generations, can be stressful for the students and affect them negatively.

THEORETICAL FRAMEWORK

This study is carried out on the basis of caring sciences and has a life-world perspective.

Nursing students in clinical placements interacts with patients and staff and perform clinical task. This continuous interaction and performance of care task, helps the nursing students develop their nursing skills, build up their self-confidence and reinforce their relationship with the patients and staff, (Benner, 1984). Therefore, the concepts that best suit this study are: Life-world and Professional Confidence

Life-World

Life-world is described as an everyday human experience and how this is manifested in our everyday life (Biley & Galvin, 2007). Dahlberg and Segesten (2010) mention that life-world is highly personal and it build-up from our individual experiences. It is through the experiences of the life-world that an individual understands and relates to himself and to others (Ibid). The authors mean that even though our life-worlds are personal, we share them with others, as it also affect the life-worlds of those we interact with. Nursing students during their clinical placement interact and understand staff and patient using their life-worlds. This interaction can positively or negatively influence relationship building for nursing students in the clinical environment and as such the quality of care provided to the patients (Ekeberg, 2009).

Professional confidence

Dahlberg and Segesten (2010) describe confidence as a basic feeling that is tied to ones self-esteem, from a positive childhood or inner maturity. Confidence is context-bounded and it is
affected by internal and external factors. Internal factors are when an individual feels some meaning in the context such as boost of self-confidence when doing the right thing. External factors include good environment, trustworthy relationships and control of knowledge (Ibid). Benner (1984) highlights that skill acquisition helps to improve both professional and self-confidence. In a clinical context, nursing students build up their confidence as they repeatedly and continuously perform care tasks and gradually master them (Ibid).

PROBLEM FORMULATION

Clinical training has become an integral part of the nursing study. It is carried out in care institutions such as nursing homes. During clinical placements in nursing homes, students develop their clinical caring skills by developing relationship with both the elderly patients and the staff. The relationship is built based upon the student's everyday experiences otherwise known as their life-world. During the clinical placements, nursing students are permitted to perform care tasks with the support of supervisors. Most students during their early clinical placement in elderly homes may find it challenging, as they have limited or no experience of the elderly care. The beginning of such placement is often marked by stress, anxiety, uncertainty and lack of confidence in handling care tasks. Slowly, nursing students build up their self-confidence after repetitive performance of care tasks during their clinical training. This usually leads to some degree of independence to handle certain care situations, with the guidance of supervisors. Previous research has shown that nursing student learning experience and satisfaction is greatly influenced by their interaction with the supervisors and other staff members. The interaction may lead to good relation with the supervisors which may help to enhance student’s confidence in providing good quality care for the patients. An interaction that negatively influences relationship building may leave the student with stress and negative feeling and as such a provision of poor quality care for the patients.

Although much research has been carried out on supervision’s effects on nursing student clinical placement, there remain a scarcity of study on student’s view point of their clinical experiences in relationship to supervision. It is thus interesting for the author of this paper to look into at those aspects of supervision that have an effect on nursing students learning experiences during their early placements in nursing homes from the student’s view point.
AIM

To highlight the supervisor’s influence on nursing student learning experiences during the 1st clinical placement in nursing home.

METHOD

Research design

A qualitative interview study was conducted with an inductive approach. Interview study is a suitable method to describe attitudes and feelings through the gathering and control of the depth of information (Boswell & Cannon, 2011). The chosen method suits the purpose of this study which gives the description of a subjective phenomenon (Houser 2018). The phenomenon here is the supervisor’s influence on learning experiences of nursing students’ during the first clinical placement in nursing homes.

Data collection

Participants in this interview study were recruited through a network of the author friends, who in turn had friends that were suitable participants for the study. The participants were first contacted by telephone and the purpose of the study was made known to them. Before the study, the students were briefed before handed an information letter for the request of participation (Appendix 1). They were asked to carefully read through the information and ask any question before signing. The request spelt out the different rights as participant in the study. All the participants being student were asked to give a time for the interview that best suited them. The author then booked group rums at the university library. The interviews were conducted during the month of November 2017. An interview guide was created (Appendix 2). A pilot study was then carried out to test the interview guide. Houser (2018) mentions that pilot study is a good way in testing if the questions are responding to its purpose. The interview guide was slightly modified after the pilot study, following consultation with the supervisor. The interview questions were directed towards the relationship the student had with their supervisors and how the supervisor’s actions affected their experiences during their placement. Follow-up questions were used. Brockopp and Hasting-Tolsma (2003) argue that follow-up questions can throw more light on the study which will be based on the direction of the interview.
The interviews were carried in group rooms at the University library. It was a calm and convenient environment where the interviews went uninterrupted. Tod (2015) highlights that interviews need to be carried out in a comfortable environment where the participants feel relaxed and are able to concentrate. The interviews lasted between 27-40 minutes. The students had the choice to be interviewed in English or Swedish. Three of the interviews were carried out in English, while the other two interviews were done in Swedish. All the interviews were recorded with the help of the author’s mobile telephone which avoided the missing out any detail. Polit and Beck (2017) recommends that interviews should be recorded for actual verbatim responses to be later transcribed. To create confidence amongst the participants, the author began with general discussions about the nursing studies. Background questions from the interview guide were directed towards eventual previous care experience, where the experience was acquired and the type of placement that the participant have had.

**Sampling**

Based on the purpose of the study inclusion criteria were formulated. They included that: the student was in the third semester of the nursing program, came directly from the second semester without any study break and from a medium-sized university in the southern Sweden. Third semester nursing student were chosen because they had just gone through their first clinical placement in a nursing home.

**Participants**

A total of 5 students took part in the study. They were all female students with ages ranging from 20-28 years. Four of the participants had experience within professional care as nursing assistants, which where respectively: 3 months, 1 year, 1 year and 1½ years, before their first clinical placement, (see table below). The participants with 3months and 1½ year´s experiences, that is participant A and participant D got their care experiences within elderly care. The two participants with 1 year experience, that is participant C and E (which was he pilot study), worked as personal assistant and care for special needs respectively. Participant B had no caring experience before her first clinical placement. Three of the participants had their clinical placement as VFU while two went in for an ULVE placement.

Table 1- an overview of participants in the study

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Caring experience before placement (time)</th>
<th>Care unit of experience acquisition</th>
<th>Clinical placement type</th>
</tr>
</thead>
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Data analysis

All the interview were transcribed individually by the author, so as to be closed to the data and gaining understanding of issues of importance. It was also to preserve the confidentiality of the data (Holloway & Wheeler, 2010). Analysis of the data followed a process of coding and categorizing qualitative data analyses (Graneheim & Lundman, 2004). This means after the data had been carefully read through, it was broken down into small manageable sizes, which were either words phrases or statements that reflected the study aim. These manageable parts are referred to as meaning units. These meaning units were further broken down without tempering with the core words or phrases that carried those central meaning, as they became the condensed units. Condensed units with similar central meaning were brought together to form codes. Codes that shed light in a specific area of the content were grouped into sub-categories. Categories were finally formed by associating sub-categories that share a commonality in their content. See table 2.

Table 2- Example of the analyses process

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Condensed unit</th>
<th>Code</th>
<th>Sub-category</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those feedbacks made you feel you can actually do this. One believe in oneself and become more confident in what one does. If you believe you can do something, so it goes better than when is</td>
<td>Feedbacks made you feel you can actually do this. One believe in oneself and become more confident.</td>
<td>Feedbacks to boost self-confidence.</td>
<td>constructive appraisal of task performance</td>
<td>Positive Factor</td>
</tr>
</tbody>
</table>
Being the first trainee they had, when I went with the nurse assistants, they thought I was 16 years old and a high school trainee. They will always say you can just hang around us and watch. Like that I did not get to do much, so it was a boring and frustrating. I did not take my responsibilities directly.

<table>
<thead>
<tr>
<th></th>
<th>They thought I was 16 years old and a high school trainee. They will always say you can just hang around us and watch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Misjudgment of student capability</td>
</tr>
<tr>
<td></td>
<td>Supervisor’s lack of information</td>
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<td></td>
<td>Negative factor</td>
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**Pre-understanding**

Pre-understanding is a pathway to understanding. Pre-understanding occurs consciously or unconsciously in the human quest for meaning or understanding of a phenomenon (Birkler, 2007). Pre-understanding can serve as an internal guide to dialog between human when trying to search for meaningful information. It can take the form of personal knowledge or personal experience (Dahlberg et al., 2010). The author being a nursing student in his fifth semester, have had previous experience of clinical placement in a nursing home. This is to say he had a pre-understanding of the topic through his personal experiences. This pre-understanding guided him in his sample selection and the formation of the interview guide. It is, however, warned that without proper and continuous review and curbing of upcoming pre-knowledge during a research study, it can easily influence the interview to suit the researcher's expectations (Dahlberg et al., 2010). The author tried to hold his line to be as open and objective as possible during the study.
ETHICAL CONSIDERATIONS
The research was conducted in conformity with the ethical considerations that are in place. The students were informed orally and in written text about the aim of the study, their rights to voluntary participation in the study and to terminate their involvement at any given point (Helsinki declaration, 2013). The participants were also informed on how their privacy and confidential information will be handled (Ibid). In addition, an ethical self-review was carried out, (Appendix 3). The study did not require any approval by the ethical review regional committee, based on the nature of the research. The interview material will be deleted after the conclusion of this study.

RESULT
The analysis showed that supervision of students during their clinical placements in nursing homes can have different outcomes. Supervision facilitate the student’s skill acquisition and leave them with positives experiences through: Student/supervisor bonding effect, Constructive appraisal of task performance and structured learning process. Supervision laxity hindered the student learning process as a result of: Poor planning and Supervisor lack of information. See table 3

Table 3-presentation of main and sub-categories

<table>
<thead>
<tr>
<th>MAIN CATEGORY</th>
<th>SUB-CATEGORY</th>
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<tbody>
<tr>
<td>Facilitating Skill acquisition</td>
<td>Student/supervisor bonding effect</td>
</tr>
<tr>
<td></td>
<td>Constructive appraisal of task performance</td>
</tr>
<tr>
<td></td>
<td>Structured learning process</td>
</tr>
<tr>
<td>Supervision laxity</td>
<td>Poor planning</td>
</tr>
<tr>
<td></td>
<td>Supervisor’s lack of information</td>
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Facilitating skill acquisition
Nursing student during the clinical placements have as goal develop their nursing skills in order to appropriately take care of patients. The supervisor has a key role to play in the development and reinforcement of student skills. Reinforcement of skills is divided into three
**sub-categories:** Student/supervisor bonding effect, Constructive appraisal of task performance and structured learning process

**Student/supervisor bonding effect**

Most the students expressed having a very good relation with their supervisory nurses and a normal working relation with the nursing assistant supervisors. Two of participant (those with ULVE placements) talked about connecting well with their nursing assistant supervisors. The relationship with the nurses was marked with openness. In addition, the nurse supervisors were very open to questions and the ideas of the students, as they provided answers whenever possible within the framework of caring in a clinical setting.

“The supervisor was very open to questions and ideas. She will answer all questions whenever they come up. She accepted every question and I felt stupid for asking everything, like I was still free to ask whatever I wanted” (Participant C).

The good relationship with their supervisor made the student feel confident in performing care tasks in the presence of their supervisors. The supervisor was a source of security for the students, in case something went wrong. At the same time, the student felt some degree of freedom and independence to perform tasks without the interference of the supervisor. One student expressed that in the beginning, she was nervous and stressed to carry out care tasks in the presence of the nurse supervisor. When the student became more acquainted to the supervisor, the nervousness and stress disappeared, as she felt more comfortable to work in her supervisor’s presence.

“I was comfortable when the nurse was with me while I performed a caring task because if I had to do something wrong, I knew she was there for me” (Participant E).

One other aspect that defined the relationship was trust. All the students spoke about trust that their nurse supervisors had for them. The trust was manifested by their nurse supervisors in letting them carry out care task such as blood sample collection and the administration of Klexane (anti-blood coagulation injection). This, they did with the observation of the nurse supervisor but without her interference. The students acknowledged that the trust the gained from their nurse supervisor to perform such tasks, was built over time.
Constructive appraisal of task performance

The students confirmed that they were constructively appraised by the supervisors after the performance of a caring tasks. The appraisal was in the form of feedback and/or reflections over the task performed. They all spoke of receiving positive feedbacks from their supervisors whenever they carried out a caring task. In addition, the analyses showed that all the students reflected over the care tasks they performed. The students and their supervisors reflected upon everything related to caring, which was brought forward by either the student or the supervisor. Additional reflection moments were scheduled at the end of each day by the nurse supervisors. It was initiated by the supervisor, where they talked about they caring activities of the day and the supervisors took time to answer the student’s questions.

“I reflected with my supervisor almost every time that we did something. When we went to the different patients, we reflected on what had happened. She will also take my questions on thoughts that cross my mind, then she will give me tips.”(Participant D).

All the students found the positive feedback very motivating in the performance of their care task. The feedback helped in boosting the participant’s self-confidence in providing good care for patients. It was a source of motivation for the student who had performed care tasks and who strived to do better, so as keep such positive feedback coming. The students considered reflection as an opportunity to learn. Through reflection with the supervisor, the students improved their caring skill on issues they faced during the performance of a task. Reflection also gave participants the opportunity to ask question on personal difficulties related to task performance. In this light, the participants improved their knowledge on patient related care issues and personal difficulties is carrying caring tasks.

“It was supportive, it was positive and to keep such positive vibe all the time, you can learn more, instead of going around and thinking about stuffs that you cannot ask” (Participant C).

Structured learning process

All the students observed some kind of structured process of learning during clinical placement, through which they acquired their clinical skills. The process followed a pattern which began with the students being dependent on supervisors in performing care tasks and then gradually moved on to work more independently. In the beginning, the student who had ULVE placements started with the basic under the watchful eyes of the 6th semester student
while also observing the supervisors. For most of the students with VFU placement, they observed their supervisor for a while. Later on, the students assisted the supervisors during the performance of similar caring task. They ended up finally in performing caring tasks by themselves, under the supervision of the nurse supervisors. Most VFU students started by going through a checklist with their nurse supervisors and determined those caring tasks that they can or cannot handle. They students were then observed by their nurse supervisors performing those basic tasks. For the more complex tasks like blood sample collection, they observed the nurse supervisor a while and were given clear explanation of the procedures of such tasks before the attempted them. They were then offered the possibility and encouraged by their supervisors to perform such tasks. They performed those tasks that the felt comfortable with and gave a bit of time to further observe the nurse supervisor in doing tasks that they still felt uncomfortable with. The carried out these tasks after they felt comfortable in performing them.

“I observed them from the beginning. Then I took some small steps and they observed me and I took some more steps. Till the end I was allow to do it by myself” (Participant C).

The students recognized that a structured learning process eased the way in which they learnt. Most of the students acknowledged that their self-esteem was boosted when they performed and coped well with their initial task. This motivated them in handling more complex tasks. By so doing, the students in turn gained trust from their supervisor who permitted the students to independently perform more complex tasks. Knowledge or skills was gained gradually and in a step wise manner. Two students said that they were not pushed to learn by their supervisor. They acquired their skills at their own pace and the student thus became comfortable to perform a caring task. Like this, they had the time to gradually assimilate and understand a task before performing it.

“I think she permitted me to do things by myself because she had observed me a couple of times doing it and felt comfortable with me doing it. The patient was very calm and also said it was ok for me to take the blood sample. This gave me confidence as I felt she trusted me to do this stuff.” (Participant B)
Supervision laxity

Supervision of nursing students in clinical environment did not go the way it is intended. Students had had poor learning experiences due to laxity in supervision. Supervision laxity was broken down into two sub-categories: Poor planning and Supervisor lack of information.

Poor planning

Most the students witnessed some sort of insufficiency in planning before their clinical placement. Two of the students mentioned unavailability of their supervisors without any replacement. The students spoke also about going with different nursing assistant all the time which was at times boring and frustrating. For the other students, the planning problem was more of the unequal distribution of time spent with various supervisors, that is the nurse supervisor and the nursing assistant supervisors. They expressed spending more time with the nursing assistant supervisors than was planned, as such a shorter time with the nurse supervisors. One of the participants expressed poor planning in the following words;

"On the first day of the placement, the nursing assistant supervisor was not there, so I had to go with someone else. The following week she was sick, so I was basically working instead.”

(Participant B)

The poor planning negatively affected the student’s learning experience during the clinical placement. Two students felt that they did not have the chance to work independently and build their confidence, while they were with the nursing assistants. They didn’t have a fixed assistant nurses that they could work together, gain their trust and have the opportunity to perform care tasks independently. They were mostly restricted to either observe or assist the assistant nurses during the performances of care tasks. Other participants spoke of insufficient learning opportunities with the nurse supervisors. They had spent less time with the nurse supervisors than it was required and had limited time to observe and practice nursing tasks.

"If there is something I will wish more during the placement it will be to have a little bit more time with the nurse. This is because I am studying to be a nurse and I think it will be more advantageous to get to practice a little more with nurses.”

(Participant C).

Supervisor’s lack of information

The students considered that their supervisors lacked information on what the goals of the placement was and the task they were supposed to perform. The supervisors were obliged to
ask the students for explanation about their placement goals. The supervisors were informed about the clinical placement goal by the students, based on the information student received from the University. However, one participant did not express her supervisor’s lack of information concerning the placement’s goals and task to be performed. She was nevertheless asked to come up with her study plan that could be followed by the supervisors.

“In my placement, I was the first student that they ever had as trainee. They did not know actually what my task was, so we went through the information I got from the school.” (Participant D).

The lack of information about the study goals and the tasks that were to be performed came with a price for the students. Two of the students were at times made to carry out menial tasks that were not in line with the study goals, especially while they were with the nursing assistant, such as taking care of the trash or doing the dishes. They also spoke of not being fully engaged during the performance of care tasks by the nursing assistants, as the nursing assistant did not know the specific tasks the student were supposed to handle. They felt the situation was frustrating. One student recalled he nurse supervisor all the time about the study goals and thought it was boring to do so. She even had to ask the supervisors to be allowed to carry out certain care tasks because the nurse supervisor had ignored that the task was part of her study goals for the clinical placement.

“...it was frustrating not to do anything and all she wanted me to do was to take care of the thrash and serve breakfast. It was basically doing the things that she didn’t want to do by herself.”(Participant B)

**DISCUSSION**

**Method discussion**

The aim of the study was to highlight the supervisor’s influence on nursing student learning experiences during the 1st clinical placement in nursing home. From the beginning, the author carried out a careful review of scientific articles to find out what was known about the subject and to have good knowledge about the topic being investigated (Holloway & Wheeler, 2010).
The research was based on a qualitative interview study. This method was chosen over a quantitative research method which is more focused on the objectivity of its measurements and which does not reflect the aim of the present study (Ibid). Furthermore, Sullivan-Bolyai and Bova (2010) highlighted that interviews are the best means when obtaining in-depth personal information from the students. Even though the interviews are very time consuming to carry out, it was chosen over alternative methods such as performing a literature review. An interview guide (see Appendix 1), with semi-structured questions were used during the interview which permitted the author to stay focused on the line of the aim of the study (Holloway & Wheeler, 2010). The questions were completed by follow-up questions which permitted the clarification of words and phrases or in giving concrete examples (Ibid).

The selection of the students followed a purposive and criterion sampling method. This means a few students were contacted from the beginning by the author’s network, based on criteria that responded to the study aim. Those selected students then helped to recruit other students of the study (Polit & Beck, 2008). A short coming to this method is that representation of the population can be limited, as only a specific group of participants may be selected (ibid). Before the selection of the students, inclusion had been defined. The criteria were made so as to limit memory bias. Third semester nursing student in the said University with no study break are those with the most recent clinical experiences from nursing homes. This is carried out during their second semester. This also increases the credibility of the study as their experiences (information) as students are still very fresh (Holloway & Wheeler, 2010). Graneheim and Lundman (2004) is of the view that memory can change over time and it can affect the consistency of data provided as the mind become filled with more information, which can thus affect the outcome of a study. The sampling had variations in terms of age, ranging between 20-28 and previous working experiences in caring between 0 till 1½ years. Different types of clinical placement was also covered such as individual supervision placement (VFU) and group supervision placement (ULVE). Polit and Beck (2008) mention that maximum variation in sampling increase the chance to shed light from different angles across the variation. A weakness in the sampling variation was that no male student was amongst the participants.

A total of five interviews were conducted. The number was estimated to be sufficient to respond to the research question. Qualitative samples sample are usually small in size but are
studied more profoundly, (Holloway & Wheeler, 2010). The data collected from the fifth interview showed that there was no new information emerging from what had been previously collected. At this point, data saturation may have been attained and was an indication that the sample size was enough (Polit & Beck, 2008). All the interviews were conducted under a period of two weeks. The time lapses for the interview ranged between 27-40 minutes. The students had the choice to be interviewed in English or Swedish language. This had very little impact on the study outcome because all the participants and the author can express themselves in both languages, which is a prerequisite to undertake nursing studies in Sweden (www.antagning.se). The Swedish data were later translated to English by the author.

As a nursing student who had gone through a clinical placement within a nursing home, the author’s had pre-knowledge about the topic. Dahlberg et al. (2010) warn that there is a risk for the use of pre-knowledge in guiding the interview, which may result in adjusting the interview to suit the interviewer’s understanding. However, the author minimized this risk by always reviewing his stands about his experience in elderly care and remained open to new and surprising information from the students all through the interview (Ibid). A situation which Holloway and Wheeler (2010) consider to increase the credibility of the study. The interviews were conducted only by the author. It was a setback as the author did not make short note about the student’s none verbal behaviors which is also a means of conveying massages. Note taking was avoided so as not to lose sight of the student who may feel disturbed due to lack of attention (Holloway & Wheeler 2010). The interview process was new to the author as he had not be involved in conducting interviews before. Tod (2015) means this can be challenging and a risk that the interview questions don’t respond to the study aim. This risk was minimized by the conduction of a pilot study. Lacey (2015) points out that pilot studies are used in testing how well the interview guide respond to the aim of the study. Slight changes was made to the interview questions after the pilot study was reviewed by the author’s academic supervisor. Tod (2015) mentions that a supervisor ought to support and help to reflect with the student over interview experience. The pilot study was used as a source of data after the interview guide was modified and the student who provided the data was contacted for additional information. Pilot study is not usually included in the main result but it can be published if it contains substantial information (Tod, 2015).
All the interviews in English and Swedish were recorded by a mobile telephone with the permission from the students. This was a reliable method of collecting data as the recordings could always be accessed under the study. Gerrish and Lathlean (2015) point out that recording interviews is an appropriate means for the researcher in order to have the full content of the interview, as it can always be consulted under the study process. Holloway and Wheeler (2010) are of the view that participants may be worried having their sensitive or confidential information recorded. This problem was resolved, as the author assured the students that the recordings will be deleted once the study was over (Ibid).

Before the start of data collection, the author assured that the study was in line with ethical recommendations. An ethical self-review of the study was made. It showed that the study did not require any ethical approval from the Ethics committee. The students were informed about the study aim, their right to voluntary participation and withdrawal from the study, how their privacy and confidential information were to be handled. For privacy and confidentiality, the students were represented by codes in the data. The information was given both verbally and in written form. All the students gave their consents before data was collected.

Analysis for the study followed the coding and categorizing qualitative data analyses process prescribed Graneheim and Lundman (2004). Holloway and Wheeler (2010) point out possible risks of coding and categorizing, which involve the loss of a holistic view of the phenomenon and loss of important information which does not fit codes or category. To avoid such risk, the author broke down all the data into smaller portions and linked similar portions to find codes and later categories (Ibid). Another problem about qualitative data analysis for beginners is inferential leaps and premature closure (Graneheim & Lundman, 2004). The author mean that students may make hasty conclusion or decide on categories at an early stage of the analytic process. The author went through the text several times to get the appropriate comparable material. An openness of mind to new ideas was maintained during the process and the categories determined at a late stage of the analytic process (Ibid). Holloway and Wheeler (2010) mention that this is a way of increasing the study’s credibility.

This research is not replicable by other researcher. Holloway & Wheeler (2010) point out that, qualitative research cannot be replicated by other researcher when the methodology is repeated in similar contexts. In qualitative research the author himself remains the data
collection instrument which makes the study unique (Ibid). The study can, however, be applicable and transferable to similar context. The author gave and clear description of the samples and the method of the study, which can make it possible for other researchers to apply this knowledge in similar studies (Houser, 2018).

**Result discussion**

The result showed that the students most of the time connected well and built very good relationships with their nurse supervisors. The students pointed out that their daily interactions with their nurse supervisors gave room to openness and made it easy to communicate with the nurse supervisors. Such relationships according to the students was favorable for them to cope with their caring tasks with less stress. Sundler, Bisholt, Ohlsson, Engström and Gustafsson (2014) found a similar result. In addition, Dale, Leland and Dale (2013) show that good relationship between the student and supervisor can lead to an open communication and positive learning experience during clinical placements. Furthermore, most of the students felt secured performing care tasks in the presence of their nursing supervisors, due to the understanding and trust they had with them. Previous research by Eekbergh (2009) shows that supervisors who are flexible, open and friendly to students while they perform their care tasks, helps to gain the supervisors trust and ease the student learning process. The result also pointed out that the students enjoyed some independence and felt confident while carrying care task under the observation of their supervisors without the latter’s interference.

Previous study by Sandvik et al. (2013) confirms the result that student nurses appreciate autonomy. The authors highlight that student enjoy their independence and space to learn in clinical placement. This autonomy in the presence of their supervisor who acts as security, helps in the learning and development of the student. This can also explain result which showed that students under ULVE clinical placement expressed a higher degree of positive learning experiences with their nurse supervisors than student with VFU placement. The ULVE students had more autonomy and shared their clinical experiences amongst themselves and handled care tasks with less stress. In addition, research by Stenberg and Carlson (2015) show that student have a feeling of safety learning in groups as the have the possibility to reflect, discuss and even ask stupid questions amongst themselves before contacting the supervisor.
This interview study showed that all the students received positive feedback from their supervisor, which helped to boost their self-confidence. Previous research by Stenberg & al. (2015) shows similar results. Dimitriadou et al. (2014) highlight that constructive feedback boosts student’s confidence during clinical placement and make them learn in an enjoyable manner. Constructive feedbacks were received by the students almost every time they had performed a care task and it motivated them to always perform well and in order to continuously get such feedbacks, which is also confirmed in research by Ekebergh (2009). Allen and Molloy (2017) mention that regularly feedbacks encourage students to be more active and self-going in the clinical placements. This result further revealed that all the students had daily reflections with their nurse supervisors. The student and the supervisors reflected upon all that concerned the student’s performance. Reflections were initiated by either the student or supervisor in such cases. Sandvik et al. (2013) uncovered similar results. A daily and ongoing reflection between the student and the supervisor provides the student with different opportunities to handle complex situations. By getting to know the student’s life world through daily interaction during clinical placement, it became easier for the nurse supervisor to reflect upon each student’s strength and weakness, uncovering learning needs.

Novice students during the clinical placement are invited to take part in basic skills, procedures and patient assessment (Callaghan, 2010). Coping with such basic situations help to build the student self-confidence (Dale et al., 2013). After having assisted and observed the supervisor for a while, the students in the interview indeed became more involved in care tasks and took more responsible roles in such care tasks. Student at this a stage of their study during clinical placements can safely use knowledge gain from previous caring situations to perform such caring task, under the direct supervision of the supervisor, who act as security in case things go wrong (Nicol, Fox-Hiley, Bavin & Sheng, 1996). The result showed that after the students had become very engaged in caring tasks for a while, they were allowed to perform such task independently, most at times, in the presence of the supervisor as an observer. Benner (1994) means that student at this stage have showed acceptable performances through coping with many real situations. Nicol et al. (1996) point out that through trust and built confidence, student gain more independent to carry out complex care tasks without much interference of their supervisors.
Most students observed some degree of planning problems during their clinical placements. Some of the participants felt stressed and bored due to unavailability of the supervisor without being replaced or the non-attribution of assistant nurse supervisors. This caused the students to follow different nursing assistant supervisors all the time. Sundler et al. (2014) points out that, going with several different supervisors during a clinical placement is problematic for the student. The authors highlight that such situation can put the student under stress, which can become a barrier for the student learning experiences. The students lacked confidence in performing care task while they went with several different nursing assistant supervisors. They felt untrusted as they were mostly restricted to assist the nursing assistants. They did not have the time to interact, connect, share their experiences and build individual relationship with the many different nursing assistant supervisors. This can be explained by Dale et al. (2013) research which highlights that students need their supervisors trust in order to start carrying caring duties by themselves. Such time to build trust with several supervisors is lacking in clinical placements (Blomberg et al. 2014). The result further revealed that some students did not have sufficient learning opportunities with the nurse supervisors, due to the insufficient time the students spent with them. Previous study by Dimitriadou et al. (2014) find a similar result showing that the amount of time spent between a nursing student and the supervisor during clinical placement, influences the student overall satisfaction. The author mean that student have the opportunity to have a better view of the nurse’s role and maximizes the student learning opportunities.

Most of the student felt discontented by the supervisor’s lack of information concerning the goals and tasks of the clinical placements. The result is in line with previous research by Dale et al. (2013). One participant was taken to be a teenager and a high school student and was supervised like a high school student by her nursing assistant supervisor. This did not reflect student experience in life as a nursing student. It caused a poor connection between the student and supervisor, as the student was restricted in the tasks she performed and left her with a poor experience. Research by Dale et al. (2013) highlight that supervisor at times are not aware of student educational level and their personal information during that start of clinical placement, which can negatively affect the students well-being and level motivation. The lack of information caused the feeling of frustration in some participants. They were made to carry out tasks that were not part of the study goals, being observers during care task
or were used as workers by the nursing assistant supervisors. Previous research by Sundler et al. (2014) confirm this result. Dimitriadou et al. (2014) point out that, students during their clinical placements have unpleasant experiences, when they are being ignored during task performances, exploited as workers and confined to mandatory jobs.

CONCLUSION
From the study result and previous research, the author can draw a conclusion that supervisors have a great role to play in the student learning experience during the first clinical placement in nursing homes. A good supervisor/student relation means open communication, minimized stress and built student self-confidence while performing care tasks. Supervision in structured way and with a capacity to give constant and constructive feedback is very meaningful for the student learning. However, supervisor’s unavailability without proper replacement, leaving student wandering from one staff to another, increase student feeling of stress and hinder their learning process. Supervisors need to be informed about the clinical study goals and have information about the student, like the student name and level of study by the start of the placement. A lack of such information can keep the student embarrassed, frustrated and lower his/her motivation to learn.

FURTHER RESEARCH
Based on the fact that clinical study is the basis of developing student’s skills to care for patients, further research is needed on the preparation of supervisors on the reception of student during clinical placement in nursing homes. At the organizational level, it can be important to carry out a research on how the unavailability of a supervisor will affect the discontinuity of a student learning process. In addition, the separate contribution of nurse supervisors and assistant nurse supervisors to the student’s learning process in clinical placements should be further investigated.
REFERENCE LIST


Information letter and request for participation in a study

I am a fifth semester nursing student at the Linnaeus University and aiming to write my bachelor’s thesis. The purpose of the study is to highlight the experiences of nursing students in first clinical placement in nursing homes. The study will be interview-based, with the interview time ranging between 30-45 minutes. With your consent, the interviews will be registered with a mobile phone to have the full content of the interview. The information contain in the interview will later on be written down word for word. At the end, the written down interview will be compared with the other interviews to find common patterns. Under the course of the study, the registered and written down interview will judicious be preserved by the author of the study. Upon completion of the study, for which the result will be based on the interviews, the registered interview will be deleted and the written information destroyed. The interview will be used only for the purpose of the study and just for this study. The interview material if necessary will be viewed by my supervisor.

You are kindly requested to read carefully through the information letter and give your consent before the study begins.

As a participant, you have the following rights;
- To voluntary participation and withdrawal from the study at any given time
- To confidentiality and identity protection
- To decline from your interview to be recorded in a mobile phone
- To keep a signed copy of the request
- To have a view of the completed study.

For any question or clarification, don’t hesitate to contact;
Author: Mfombep Gerard : 0704147122, e-mail: gmfid08@student.lnu.se
Supervisor: StigWenneberg: 0772288000, e-mail: stig.wenneberg@lnu.se

Participant (name) : __________________________________ Signature: __________
Date: ___________________________ Town: ________________________________

Author (name) : ___________________________ Signature: __________
Appendix 2

Interview guide

**Background questions**
How old are you?
Have you had any professional caring experience before your first placement in elderly care?
In which care unit(s) did you acquire your experience? If yes, how much experience do you have (time frame)?
Was your placement of VFU or ULVE type?

**Main questions**

1) **In what way did you set up an individual plan with your supervisors from the beginning of the placement?**
   - What were the criteria that was used in setting up the plan?
   - Was the plan followed till the end as planned?
   - If not what went wrong? How did that affect your clinical placement during the placement?

2) **What kind of task did your supervisor permit you to do from the beginning?**
   - Can you give examples of some of such tasks? How well did you cope with the tasks?
   - Were you permitted by the supervisor to handle certain care activities yourself? If yes when and how often did that happen? Why do you think the supervisor did so?

3) **How was your working relationship with your supervisors?**
   - What kind of support did you get from the supervisors? Was the any kind of support missing?
   - How coherent was the supervision of different supervisor you went with? How positive or negative did it affect your learning? Can you give some concrete caring examples?

4) **Where you supervised alone or in in group? If in group who were the other students of group members (their level of studies)?**
   - How did it feel working with other students of a higher academic level? What worked out/did work out with the student group? Can you give some examples? How did the supervisor contribute in the working of the group?
   - How did the presence of the supervisor affected you during the performance of a caring task affected you?

5) **How often did you have moments of reflection with the supervisor?**
   - How were such moments of reflection initiated?
   - What kind of issues were reflected upon? How open was the supervisor to your ideas?

6) **What kind of feedback did you get from the supervisor?**
   - How often did you get the feedback from your supervisor? How did it positively/ negatively affect your learning process?

*Do you have something to add that I did not take up during the interview?*

Follow-up questions will come up depending on the direction of the answers.
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Yes</th>
<th>Doubtful</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the study aim to process sensitive personal data (ie under the Privacy Act to process personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs or trade union membership or to process personal data concerning health or sex life).</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Does the study involve a physical intervention on the research subjects (even that which is not different from the routines but which is part of the research)?</td>
<td>x</td>
<td></td>
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<tr>
<td>3</td>
<td>Is the purpose of the investigation to physically or psychologically affect research subjects (e.g. treatment of obesity) or does it pose a clear risk to affect? (See § 4 paragraph 2 of the Ethical Review Act 2003:460)</td>
<td>x</td>
<td></td>
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<td>4</td>
<td>Is there use of biological material that can be traced to a living or deceased person (e.g., blood or PAD)?</td>
<td>x</td>
<td></td>
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<tr>
<td>5</td>
<td>Can free will/ voluntariness be questioned (e.g. vulnerable groups such as children, people with dementia or mentally disabled as well as anyone in obvious dependence such as patients or students who are directly dependent on the investigator)?</td>
<td>x</td>
<td></td>
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</tr>
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If any of questions 1-5 are answered "Yes" or "Doubtful" the research, if done at the doctoral level, may require approval by an ethical review by the regional ethical review board (EPN)