

# Prepare Nurses for the Future

Final Report  
Of Key Activities

**What value do weekend clinical placements have  
for nursing practice readiness?**

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## 1. Executive Summary

Since the transfer of nurse education into the higher education sector, clinical placements for students have generally followed a Monday to Friday model with morning and afternoon shifts. Few students have the opportunity to experience the nature and challenges of nursing during the weekend. This pilot study employed focus group and semi-structured interview methods to explore two groups of final year nursing students' experiences of a clinical rotation that included two weekends. Focus groups were conducted with students and ward staff at one hospital before and after their clinical rotations. In addition, semi-structured interviews were conducted with key personnel from the university and hospital following completion of the rotations. Pre-placement interviews sought to explore students' and staff expectations and issues, whilst the post-placement interviews sought to explore actual experiences and reflection on initial expectations.

A range of themes emerged from the focus group interviews with both students and ward staff. Three themes emerged from the pre-placement focus groups, these being: *Perceptions of weekend work*, *Personal adjustments* and *Preparation for graduate work*. From the post-placement focus groups and interviews, three similar themes emerged, these being: *Nature of weekend work*, *Preparation for graduate practice* and *Social impacts*.

The study demonstrated potential value for undergraduate nursing students undertaking clinical rotations that included weekends but also raised issues that should be considered in requiring students to undertake these placements. The relaxed environment on the weekends was found to provide greater time and access to resources for learning than exists on weekdays. There were also more opportunities for students to feel included in the team, promoting their sense of teamwork. This occurred in a setting where families played a more integral role in patient care requiring students to develop more skills in working with families. Students expressed being able to develop time management skills through opportunities to assume and successfully manage full patient loads as well as assume greater responsibility. This has the potential, then, to better prepare them for future work as graduates.

While benefits to students' progress towards their nursing roles were noted, personal aspects were also uncovered. Students experienced changes to their usual social structures and supports. Of particular note, weekend clinical placements resulted in some additional stress for students who normally undertook part time work during the weekends. Hence, the inclusion of weekend rotations for undergraduate nursing students has benefits but these need to be carefully weighed up alongside potential difficulties and additional stressors for some students.

Finally, it is not clear from this study whether including weekend clinical rotations will serve to increase capacity for health services to accommodate more students. Students undertaking weekends will still require a five day week which means drawing upon weekdays as well. This may free up two days during the week but may not be sufficient to offer additional student places.

## 2. Background

Since the transfer of nurse education into the higher education sector, clinical placements for students have generally followed a Monday to Friday model with morning and afternoon shifts. Only in a preceptor model at the end of the final undergraduate year might a nursing student experience the nature of working on the weekends. This experience may or may not be sufficient in preparing them for roles as new graduate nurses. This scenario is particularly relevant as the majority of new graduates will be required to work many weekends where they will assume responsibility for patient care in a context where support structures may be less than during regular weekdays.

It has been argued that graduates are often under prepared for the realities of nursing practice. Nursing care is provided twenty four hours a day, seven days per week. Providing clinical placements which reflect this nature may serve to better prepare students for confronting their future graduate roles.

The impetus for the study reported in this document emerged from discussions between the university and hospital about ways to facilitate the placement of more nursing students while still ensuring they were supported and able to meet their required learning objectives. As with most health care agencies, the hospital was experiencing growing demand for placing nursing students. However, existing Monday to Friday daytime placements were at capacity. The hospital was interested in exploring ways to increase this capacity to support as many requests as possible. Weekends were identified as a particular area often not well utilised for student placements. However, no evidence could be sourced that described whether such placements would be of benefit to students and their learning, or their preparation for graduate practice.

### 3. Literature Review

#### Introduction

Current clinical education models in nurse education involve students attending clinical placements from Monday to Friday, either on morning or afternoon shifts. Hence, very few individuals will experience the nature of weekend work until they become registered nurses. Weekend work can be vastly different to that during the week with fewer other health professionals present. During this time, it is not uncommon for nurses to assume some tasks that during the week would be done by those other health professionals. In addition, some processes such as discharge procedures may be done differently to that during the regular week. A lack of graduate preparation for such situations may contribute to perceptions that they lack work readiness and familiarity with the realities of clinical nursing practice settings (Commonwealth of Australia, 2002; Department of Human Services, 2001).

#### Clinical education in undergraduate nursing programs

Clinical education is a significant component of undergraduate nursing programs, consisting of approximately 50% of overall courses. It is complex and multifaceted. It allows students to apply classroom learning in a way that allows knowledge and clinical practice to be synthesised into "real" clinical situations (Dunn, Stockhausen, Thornton & Barnard, 1995; Cope, Cuthbertson & Stoddart, 2000) and "operationalize the theories that have been at the forefront of their classroom experiences" (Myrick & Yonge, 2001, p.465).

The structure of clinical placements for the preparation of undergraduate nursing students is usually initiated and developed at an individual school of nursing level. These placement structures incorporate many considerations usually according to content sequencing within courses. Barnard and Dunn (1994) asserted that a dearth in literature around the development of clinical programs has led to clinical experience being "founded on previous experience, ease of implementation, educational supposition, and economic constraints" (p.420).

The lengths of clinical placements also vary between schools (Heath, 2002) reflecting different approaches to curriculum development and implementation. Reid (1994) identified three forms of clinical placements in use within the Australian context, including "(1) block placements for several continuous days at a time, on a recurring basis, over a period of several weeks; (2) weekly placement for one or two days a week throughout a semester; (3) a combination of these two" (p.190). In addition, the length of the clinical day varies from eight hours to only one or two hours (Reid, 1994).

However, no literature could be identified that explored the different shifts that students might undertake during their clinical placements. Anecdotally, it is known that clinical placements generally occur from Monday to Friday in line with academic work, and that students may experience morning and afternoon shifts. That weekend work is not represented in the literature indicates that these times are generally not attended by students so it is likely they would not have much experience of them. This situation, then, has the potential to contribute to a gap in clinical knowledge that graduates have when they enter the nursing workforce.

## Theory-practice gap

The existence of a gap between classroom theory and clinical practice in nursing has been described by a number of authors (Corlett, 2000; Ferguson & Jinks, 1994; Spouse, 2001). McCaugherty (1991) suggests that there are two fundamental reasons why students may perceive that a gap exists. Firstly, theoretical learning may lead clinical nursing practice to be misrepresented in the student's mind, and secondly, nursing practice is a very complex entity that is difficult to capture in theoretical representations. However, it has been argued that theory and practice exist as separate domains of knowledge in their own right and the perception of a gap is a socially constructed phenomenon (Larsen, Adamsen, Bjerregaard & Madsen, 2002). From this perspective, the concept of shift work in nursing may be clearly seen as one that is encompassed by clinical knowledge, with theoretical classroom learning unable to encapsulate its essence. Students, then, need to be able to experience and learn about this aspect of nursing practice within the clinical setting.

## Graduate transition to practice

Previous research has explored the transition of new graduates into the workforce. Holland (1999) described the transition from student to nursing graduate "as both a rite of passage and status passage" (p.235). However, tensions exist between academic and service expectations of new nurse graduates. From an academic perspective, the new graduate, having completed a preparatory educational program is a beginning practitioner who is able to work in a variety of setting (Heath, 2002). On the other side, health care agencies perceive graduates to possess insufficient practice experience and clinical skills prior to entering the workforce (Greenwood, 2000). According to Oermann and Garvin (2002) it is not classroom learning, but learning "how to care for their patients and how to work effectively in the agency" (p.225) that new graduates undergo on entering the workforce. However, both graduates and health care agencies report inadequate preparation for the realities of practice with all parties, including patients, ultimately at risk (Nurse Policy Branch, 2005).

Much has been documented around graduates and their readiness for the workforce and their adaptation to clinical practice. Kramer (1974, 1976) described the reality shock experienced by graduates as being a result of the discontinuity between the academic classroom and the work environment. In part this was due to having prepared for a number of years for the nursing role which they suddenly as graduates find that they are not prepared for. Hamilton (2005) asserts that the mismatch arises from tensions between educational discourses which position the graduate as a "critical thinking and knowing care giver" and organisational and bureaucratic discourses which construct graduates as "functional, efficient, organisational operatives providing a nursing service" (p.76). In addition, graduates may perceive a gap between the "ideals and values taught and adopted by students during their education and those evident in the practice settings where they work as qualified nurses" (Maben, Latter & Macleod Clark, 2006, p. 474)

A number of studies have explored graduates' perceptions of the difficulties in making the transition from student to registered nurse. Ellerton and Gregor (2003) interviewed a group of Canadian nurses at three months into their graduate year. They found the graduates saw their work in terms skills to be done, and identified that academic knowledge had not made an impact on their work by that stage. Graduates expressed feeling frustrated in situations where they felt unable to function independently and overwhelmed by the amount and detail of their work requirements. However, this may in part be due to graduates having higher expectations of themselves and their performance than staff do (Roberts & Farrell, 2003). In a Victorian study, McKenna and Green (2004) conducted focus groups with one group of graduates at six and twelve months into their graduate year finding that in the first half of their programs, graduates were focused on

themselves through clinical skills development, facing practice realities and developing identities as nurses. In the second half, they began to focus on patient care, and on broader aspects of their personal and professional development.

Other factors may impact on the transition process. Many graduates are in the workforce for the first time, may be newly living away from home and coping with the demands of shiftwork and responsibilities inherent with their roles (Ulrich, 2003). Halfer and Graf (2006) suggest that new nurse graduates grapple with dissatisfaction in work schedules for up to twelve months following commencement of work. Associated with this, they assert that graduates undergo "a grieving process...through loss of the academic schedule. They no longer have school schedules with weekends and holidays free and winter/summer vacations" (p154-155). Stress levels are further increased with the need to undertake new tasks and assume increased responsibility (Oermann & Garvin, 2002; Delaney, 2003), time pressure limiting care delivery (Maben et al. 2006) and dealing with families (Duchscher, 2001).

Support for new graduates in making the transition to becoming members of the workforce is vital but there is variation in levels of support available to facilitate this transition (Thomka, 2001). Graduate nurse programs in Australia are in place to assist this process. However, funding and access to programs is variable (Heath, 2002) hence support does vary accordingly.

## **Occupational stress**

The area of occupational stress in nursing has been explored by a number of authors. Commonly described are stress and burnout in a range of clinical areas. McGrath, Reid and Boore (2003) surveyed nurses, field social workers and teachers in Northern Ireland around work-related stress. They found that nurses reported having too little time to undertake required duties, lack of autonomy, scarcity of resources and emotional demands of patients as causing increased stress levels. These authors found that nurses attempted to alleviate the stress by using avoidance behaviours such as distancing themselves.

In addition to the general areas of occupational stress for nurses, new nurse graduates experience a number of other stressors. These include lack of confidence and/or competence, fear of making mistakes as a result of workload and increased responsibility, encountering new situations, environments and procedures for the first time (Oermann & Garvin, 2002), and dealing with families (Duchscher, 2001). Chang and Hancock (2003) found that graduates experienced role ambiguity in the first few months after commencement, and ten months later experienced role overload. Of concern, is a study by Kapborg and Fischbein (1998) which found that new graduates experienced difficulties in feeling relaxed during the time in which they were actually off duty so may not have had the opportunity to deal with their work-related stress.

## **Shift work and nursing practice**

Shift work has been found to have a number of effects on an individual's overall wellbeing and family functioning. Conflict between work and non-work elements of life has been identified as a predictor of dissatisfaction with shift work for nurses (Bohle & Tilley, 1998). A study by Kevern and Webb (2004) found that nursing students who were also mothers found they had to juggle between clinical placements and children, often having to rely on good will from friends for child care while financial burdens also played a role.

There may also be broader reaching consequences for families. Strazdins, Clements, Korda, Broom and D'Souza (2006) explored family effects of parental shift work. These authors found that that where mothers worked shift work there was impaired family

functioning, more parental distress and more ineffective parenting. They conclude that parents try to make up lost time with their children but in the process often cut back on their own sleep and leisure. Rotating shift work may further compound family difficulties if different hours are needed each day (Grosswald, 2003).

Shift work has been associated with physical as well as psychosocial effects. Gold, Rogacz, Bock, Tosteson, Baum, Speizer and Czeisler (1992) found that rotating shifts undertaken by nurses led to sleep deprivation and alterations in circadian rhythm that resulted in frequent attention lapses, increased reaction times and increases in errors. Furthermore, irregular work patterns can result in sleepiness which can lead to an increased risk of accidents (Åkerstedt, 1998).

Shift work is an aspect of nursing practice that new graduates need to adapt to. This is an area that has been found to create a range of issues for nurses and their families. These include having to juggle family and home responsibilities along with finances (Kevern & Webb, 2004). Adjustments to, and understanding of, personal disruption by partners has also been found to be important for nurses working shifts, especially afternoons, in reducing the personal disruption associated with such work (Newey & Hood, 2004).

## **Conclusion**

Individuals who have experienced Monday to Friday placements may encounter weekend work for the first time as new graduates, a time that has been noted to be stressful for a range of other reasons. Beginning work as new nurse graduates involves significant personal and professional identity development (McKenna & Green, 2004). Graduates may feel overwhelmed with workloads (Ellerton & Gregor, 2003), grappling with fear of making mistakes (Oermann & Garvin, 2002), increased accountability, management responsibilities and development of their own clinical skills (Gerrish, 2000). They may be unprepared for the practice realities that weekend work presents and adjusting to shift work may further compound these stresses. Resulting reality shock may further adversely impact on the quality of their patient care delivery (Kramer, 1976). Allowing nursing students to partake in weekend work has the potential to better prepare them for work as new graduates through extending the scope of their experience and understanding of nursing roles.

## 4. Project Aim and Objectives

The purpose of this study was to explore the potential of weekend clinical placements in enhancing student preparation for their graduate nursing roles. This study aligned directly with Prepare Nurses for the Future Recommendation 2: Increase use of simulation and more appropriate and timely clinical placements to increase clinical competence and undergraduate positions.

A pilot program was developed by Monash University and Peninsula Health to evaluate weekend clinical placements for two groups of third year undergraduate nursing students. The focus was on examining learning outcomes for students and perceptions of students, staff from within the health care agency and the university.

The objectives of the pilot project were to:

- Explore the potential value and viability of weekend clinical placements for undergraduate nursing students,
- Identify benefits and limitations of providing undergraduate nursing students with weekend clinical placements,
- Pilot a clinical education model that would contribute to graduate readiness for clinical practice realities, and
- Evaluate the pilot program from the perspectives of students, clinicians, the health care agency and university.

## 5. Evaluation Methodology

Final year nursing students from one university were invited to undertake a clinical placement that included two weekends. Two groups of students were given the opportunity to participate at different times during the final semester of their course. Each group was supported through their experience by a clinical teacher employed specifically to facilitate their learning and assist them with adapting to the weekend environment.

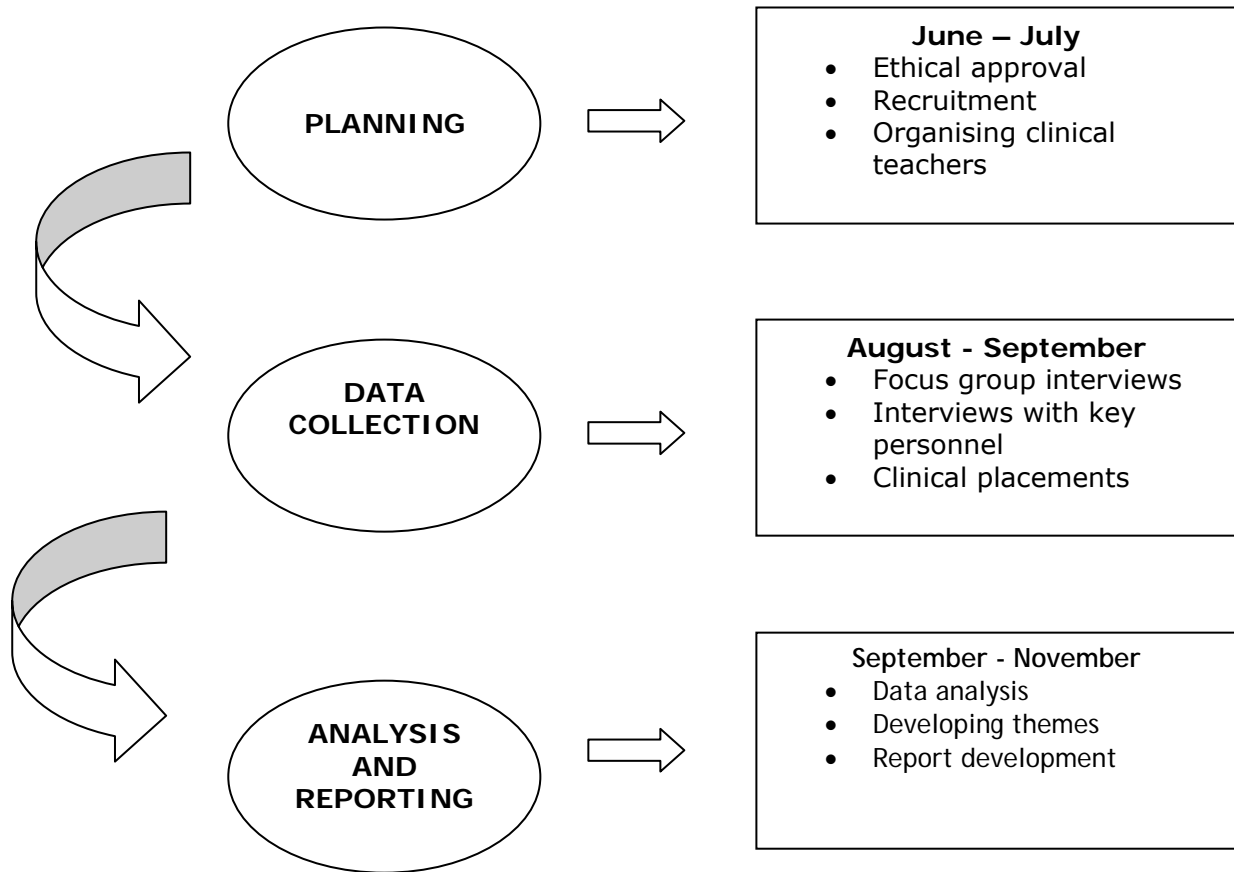
Focus group interviews were conducted prior to, and on completion of, each placement with the two student groups. In addition, pre and post placement focus groups were conducted with nursing staff from wards that were involved in providing student experiences. Pre-placement interviews were designed to explore expectations of students and staff and address any concerns that may arise. Post-placement interviews examined the experiences and renewed perceptions on completion of the placement.

Focus groups were chosen as a relevant data collection method for this project as they allow for data to emerge from discussions. Interaction between participants has the potential to allow for the acquisition of "richer or more sensitive data" (Morrison-Beady, Côté-Arsenault & Feinstein, 2001, p.48) and "deeper consideration of the issues at hand" (Sharts-Hopko, 2001, p.90). Kevern and Webb (2001, p.329-330) argue that focus groups are particularly useful for educational research in nursing. They allow the researcher to explore diversity inherent in students' experiences and views that are not necessarily captured through other research methods.

Finally, key personnel from the university and hospital were invited to participate in one-to-one semi-structured interviews. Key interview questions for each group are located in Appendix 1. These interviews were designed to explore perceptions surrounding the weekend pilot placement and allow additional issues that may not have emerged through focus groups to arise and be further investigated.

## Project Timeline

The project was conducted over a five month time period as per request from the funding body, commencing in June 2006, and concluding in November 2006. The project progressed smoothly following ethical approval from the University and Peninsula Health. The following demonstrates how the project proceeded.



## Ethical Considerations

Ethical approval for the project was obtained from the Standing Committee for the Ethical Research on Humans (SCERH), Monash University, and Peninsula Health Research and Ethics Committee.

One particular issue for consideration was ensuring that students volunteered to participate and felt no coercion to do so. This was assured by having team members who were not involved in the teaching of the nursing practice unit in which students were enrolled and undertaking related clinical placements. The pilot weekend placements were undertaken in place of regular, scheduled placements but contributed to the students' clinical requirements for the course. Students were informed that they were free to withdraw from the pilot placement and undertake a regular clinical placement should they choose, or if they found the placement too difficult to continue at any point.

The use of focus group interviews poses particular issues surrounding confidentiality of data presented in discussion. Focus group participants agreed to maintain confidentiality of such data by ensuring all discussion remained within the group.

All participants were assured that in reporting data, no individual could be identified. If it were necessary to use a name in reporting any data, this would be a pseudonym. In addition, any person or organisation named during the focus groups would be removed from reporting to protect their confidentiality and anonymity.

## **Recruitment**

Student participants were recruited from available third year students at Monash University, Peninsula campus. Potential participants were invited to an information session about the project and the requirements of participation. Each person was provided with an Explanatory Statement outlining the research and were asked to sign a consent form if they agreed to participate.

Participants from hospital ward staff were recruited from those wards who were hosting students on weekend placements. The researchers provided an information session for staff about the project at an allocated staff development time. From the attendees, interested staff were invited to participate. Each was provided with an Explanatory Statement and were asked to sign a consent form if they agreed to participate.

Key personnel to the project were identified by members of the research team from both organisations to participate in one-to-one interviews. These individuals were formally invited to participate by letter. If interested, they were provided with an Explanatory Statement and asked to sign a consent form if they agreed to participate.

## **Participants**

A total of fourteen students consented to participate in the pilot study, seven in each clinical placement rotation. Focus group interviews with this group were conducted in a quiet room located in one of the wards where students were undertaking their placements.

Four permanent staff from the hospital consented to participate in the focus group interviews. The initial focus group was conducted in a ward meeting room prior to a shift the week before the first group of students were due to arrive. The follow-up interview was conducted before a shift after the completion of the second clinical rotation.

Three key personnel representing university and hospital perspectives agreed to participate in one-to-one interviews after students had completed their placements.

## **Interviews**

Focus group interviews with students were conducted at times and places that were mutually suitable. These occurred largely within a room at the hospital during allocated clinical time at the end of shifts, meaning that students were not being asked to be available for additional time. These interviews varied in length from twenty to forty five minutes in duration.

Focus group interviews with hospital staff were conducted at times allocated for staff development, in an available room in a ward area. These interviews varied in length from fifteen to twenty minutes in duration.

Semi-structured, one-to-one interviews with key personnel were held in various settings and at times that were mutually suitable to participant and researcher. These interviews ranged in length from twenty to forty minutes in duration.

## Data management and analysis

Focus groups and interviews with key personnel were audiotaped and transcribed verbatim for subsequent analysis. Transcription was undertaken by a research assistant who was briefed on the need for confidentiality of data. Each transcription was reviewed by a member of the research team to ensure that the transcriptions accurately reflected the interviews.

Data were analysed using thematic analysis. Ezzy (2002, p.88) states that this approach "aims to identify themes within the data" and allows areas to open up that the research may not have considered. While the researchers believed there were particular areas that may emerge, thematic analysis allowed for issues to arise that had not been considered before.

The steps used in analysing the data were drawn from the work of Ezzy (2002). These were as follows:

- Open coding: to explore the data, code particular aspects, develop subcategories from codes, develop metaphors
- Axial coding: exploring relationships between codes, conditions related to codes
- Selective coding: developing the central story
- Using these approaches, data were reviewed for themes and patterns, contradictions and tensions that emerged from the different perspectives.

## 6. Findings

This section reports the findings of the focus group interviews and one-to-one interviews with key personnel. The findings are presented in two parts: (1) the pre-placement focus group interviews and (2) the post-placement focus groups and interviews with key personnel. Specific themes were identified before and after the focus groups and interviews.

### Pre-placement interviews

From the pre-placement focus group interviews with students and hospital staff, three key themes emerged. These were: *Perceptions of weekend work*, *Personal adjustments*, and *Preparation for graduate work*.

#### Perceptions of weekend work

These interviews revealed how students and staff perceived weekend work to be different than that during weekdays alluding to benefits for students and their learning outcomes. Students perceived that the wards would be quieter than weekdays and a lot of services would not be operating. However, staff identified that where services did not run on weekends, they played a larger role in meeting patient needs. They saw that this changed their routines from weekdays. Students perceived that not having the additional people around would allow nurses to have more time for direct patient care.

*I think there will be a lot less going on because there's no surgery. I don't know about [the hospital], the theatres would probably be shut. I just imagine it will be a lot less chaotic (Student)*

*You haven't got as many staff on. You haven't got the physios and OTs...it's a bit more relaxed (Student)*

*There's more autonomy on the weekends because there is less allied health. (Ward Staff)*

*There's a different routine, different doctors, different decision makers and allied health aren't there on the weekend so it might not be as they [students] might have known during the week (Ward Staff)*

*I think nurses will have more time to spend with patients because they don't have so many other staff like OTs and physios around to have to talk to them so much. They will have more time to concentrate on patient care. (Student)*

Students recognised that patients' families would probably play a larger role on the weekends than they were used to during weekdays and considered how they might deal with situations arising.

*There might be more family and friends coming in to visit and you have to explain to them the procedures and care as well as to the patients. ...They may ask you a lot more questions... There might be a lot more people around the bedside (Students)*

*You also need to be careful on how much information to give to certain family members because the patient might want this family member to know something but not that one...you have to be careful in that respect. (Student)*

## Personal adjustments

During the interviews, students began to identify personal adjustments that they needed to make when undertaking a placement that included two weekends. Largely, these were around having to alter social situations and the usual patterns of their lives.

*There is a social aspect. You're used to uni and you're used to clinicals being during the week and you've got your work during the day and it's a bit different on weekends. (Student)*

*If you're used to being quite a social person, that's your outlet for stress or if you're upset at home or work, well I won't be able to do that for the next two weekends. But in your grad year you will have to work out other means. (Student)*

For one student, there was a financial consideration to be made to undertaking clinical placements during the weekend when she normally managed to work.

*I know with my line of work you don't get nearly as much work during the week as what you do on the weekends. Its two weeks so its not really that big a deal but I did have to think about it. (Student)*

## Preparation for Graduate Work

Students and staff recognised that undertaking weekends as students would help them to prepare for expectations that would be placed on them as graduates.

*I will be working weekends anyway next year so it would be good to get an idea of what it is like (Student)*

*When they are students they have much less responsibility and when they graduate to become a grad they understand that. They have had experience of being a student nurse during the weekend, then they graduate and know what happens during the weekend so it's a good idea (Ward Staff)*

## Post-placement interviews

Three similar themes also emerged from the post-placement interviews. Many of these confirmed aspects identified during the pre-placement interviews. Themes emerging from the post-placement interviews were: *Nature of weekend work*, *Preparing for graduate practice*, and *Social impacts*.

### Nature of weekend work

Under this theme, students and staff discussed a range of issues relating to the nature of nursing on the weekends. Largely, these confirmed many of the preconceived ideas that students had entered with. Weekend work was seen as more relaxed overall. For some, it was having less other staff around that contributed to this state.

*I found it more relaxed. Especially Sundays, more relaxed on the ward (Student)*

*It was a really relaxed ward. There wasn't much stress about doing doctors' rounds straight away, getting this done, getting that done. (Student)*

However, less access to allied health staff by students was seen by ward staff as one of the few limitations of students undertaking weekend clinical placements.

*They [students] didn't see the other allied health workers and the role they played in patient care so that was the main limitation. Because the doctor's rounds were limited, they did not have exposure to that during the weekends. (Ward Staff)*

The relaxed nature of the weekends was seen to allow staff more time to teach students and for students to learn. Learning was also seen to be facilitated as students were better able to access learning tools such as patient histories.

*The nurses had more time to explain things to us. (Student)*

*You don't have physio, OT, allied health and you're not fighting to find your files on the patients. The charge people and all the nurses have got that little bit more time. (Student)*

*You actually had time to pick up a history and you have time to read. (Student)*

*It gives you time to go and look up the things you need in the first [graduate] year. There are quite a few things I've been lacking in and you actually get that time on the weekend because its not quite as busy (Student)*

*They felt a more comfortable learning environment where they could get in and do their skills and their practice because the pace was a lot slower (Student)*

*Students had a little bit more time because the weekends were quieter. First of all we had more time to explain things to them because we were not running around after patients as much. Students had more time to look through the theoretical part; they had time to go through the procedures manual, policy manual and all of that. So I think students had more time to study during the weekend placement. (Ward staff)*

The relaxed atmosphere was found by students and staff to be more social but also promoted more team work amongst staff. Students described feeling as though they were actually made to feel part of the team which they would not normally experienced. This phenomenon was also noted by the clinical teachers.

*I think the team building and morale seems to be there on the weekend because you have that little bit of down time...It wasn't just the nursing staff, the doctors came in too. Everyone was involved in that morale building. (Clinical teacher)*

*It is more laid-back on the weekends. It was more social but you are still running around doing things. (Student)*

*We found that on Sundays they had a breakfast for all the staff. You bring in something, egg and bacon or that sort of thing, from the bakery and share it around (Student)*

*I felt more like part of the team. I didn't feel like I was a student as much because they really made us feel welcome. (Student)*

*They were better received for some reason. (Clinical teacher)*

As had been anticipated by students in the pre-placement interview, families were seen to play a larger role in the delivery of patient care during weekends than they had experienced previously during the day. This situation did have an impact on the way they organised their work.

*You have families come in and they come in early and help wash them and you have to do that then and there, and then something else, that's what I found. (Student)*

*More relatives so they would ask you more questions. You have to explain to them so there's other challenges I think. (Student)*

### Preparing for graduate practice

The placement was considered to have been a useful exercise in preparing for the graduate year. For some it was just understanding what weekend work entailed. For others, the placement allowed scope to develop time management skills. Students found that on the weekends they had time to consolidate skills and practice prior to completing their courses. In particular, the ability to refine time management and total patient care (areas that graduates are currently seen to be poorly prepared for) were seen as emerging from the experience.

*It's a mandatory part of being a nurse – working on the weekends. It's not necessarily that we get a specific experience, that's just part of our occupation. (Student)*

*You now know on a weekend that nursing doesn't stop. It's still the same as what it is during the week. It's a continuous twenty four hour program, seven days a week. (Student)*

*You have got two days that are not as busy to take them [patients] and getting your time management down and going this is what I need to do now. (Student)*

What was seen as particularly valuable was working towards taking a full patient load. One student described that on the weekdays she could work upto taking a full load on the weekend when that was more manageable.

*You can build up and get to the weekend and take your full patient load. If you haven't got the experience you can two, three and then on Saturday you can take the four because not everyone is here. You don't have to think I have to get the meds done by this time and get this done... There is no stress in building up that core patient load. (Student)*

In addition students were seen to have more responsibility at certain times than they would have during the week.

*Some of the patients post-op crash around Friday lunch, then there was a shortage of beds, moving patients out to ICU – holding patients longer in their wards until we could move them out. The students were then left to look after the other patients while the more senior staff sorted out the more sicker patients. So they became a real asset. (Clinical teacher)*

## Social impacts

One of the most significant areas for students was managing the impact of weekend work on their social structures. Having days off during weekdays and then having to work weekends did challenge some students and make them confront some of the issues that they would have to encounter as graduates being expected to undertake weekend work. This included working when friends or family were not:

*I found yesterday [Saturday] I was working during the day. When I finished I went home and realised everyone else was home. I thought 'what's everyone doing' cause it was just like a normal day. (Student)*

*I couldn't go out. It was weird cause when I had our weekend which was Tuesday and Wednesday, I called up the boys on Monday night and asked guys 'do you want to go out?'. They said no they had to work tomorrow, that was weird. During the day on one of the days off I had nothing to do. (Student)*

Undertaking clinical placements on weekends placed additional stress on some students that needs to be considered in the future before making weekend work an expectation for all students. Having clinical placements on weekends meant that some students did not undertake their regular outside work that usually sustained their lifestyles.

*You don't get paid while you're out. Normally if you're at clinicals Monday to Friday you can still work. I work Friday and Saturday nights mainly since I've been at university because it doesn't interfere with studying. Well, if you've got to do weekends there's your money gone. I'm out of pocket about \$1000 for the fortnight. (Student)*

However, students did recommend weekend placements but identified the need for sufficient notice to make changes to outside work routines or organise to use some annual leave accrued in their paid work during the allocated time.

*As long as people have been told a few weeks before so if people have annual leave up their sleeves or they can swap around. (Student)*

## Conclusion

This pilot weekend clinical placement provided a range of relevant and interesting findings. It appeared that the placements provided valuable learning opportunities for students and added a dimension that would enhance these students' preparation for graduate practice. Pre-placement interviews identified differences in perceptions of weekend work such as quieter settings, less support services, more time for direct patient care and a greater role played by families. Personal adjustments such as working outside of Monday to Friday structures, and impact on finances and outside work were also identified as contributing to the learning experience but also providing some challenge and stress.

However, participants felt that the experience would enhance their readiness to practice as graduates. Post-placement interviews confirmed many of the pre-placement perceptions. It was found to be more relaxed and this allowed time for students to learn and for staff to teach. Students also identified team work as stronger at weekends and they felt included in the team. As expected, students had to tackle working closer with patients' families and contend with impact to their social structures. Overall, students expressed having greater understanding of weekend work and the expectations of themselves when graduates.

## 7. Limitations

The current study has provided new insights into potential benefits of clinical rotations for undergraduate nursing students that included weekends. While the overall findings are positive, these findings need to be considered with caution as they cannot be generalised beyond the groups who participated. This pilot study involved only two groups of final year nursing students placed in one public health care agency and this was limited due to the time constraints placed on the project. Further studies are recommended that incorporate students from other universities, other year levels and involve other hospitals. The students who participated in this pilot study were all in the final semester of their course. It is not clear whether weekend placements would be beneficial for students earlier in their courses or whether it is more appropriate just prior to graduation when they are consolidating their practice. The overall value of weekend rotations for students earlier in their courses warrants further exploration.

The current pilot study employed clinical teachers to support students during their weekend placements. One of the difficulties encountered during this study was that the academic clinical teaching award does not include provision for penalty rates. Weekend clinical placements are unlikely to be attractive for clinical teachers employed by universities without these. If health care agencies second staff to provide clinical teaching for universities this would most likely mean that penalty rates will be added to the base rate for remuneration. Hence, the costs of utilising clinical teachers for weekend placements may be prohibitive to the adoption of such models as universities' clinical budgets are already stretched. The most effective clinical support structures recommended from this study then, for supporting student learning during weekend placements would be preceptor models.

## 8. Conclusions

Since the transfer of nurse education into the higher education sector, clinical placements for students have generally followed a Monday to Friday model with morning and afternoon shifts. Few students have the opportunity to experience the nature and challenges of nursing during the weekend. This pilot study employed focus group and semi-structured interview methods to explore two groups of final year nursing students' experiences of a clinical rotation that included two weekends. Focus groups were conducted with students and ward staff at one hospital before and after their clinical rotations. In addition, semi-structured interviews were conducted with key personnel from the university and hospital following completion of the rotations. Pre-placement interviews sought to explore students' and staff expectations and issues, whilst the post-placement interviews sought to explore actual experiences and reflection on initial expectations.

The study demonstrated potential value for undergraduate nursing students undertaking clinical rotations that included weekends but also raised issues that should be considered in requiring students to undertake these placements. The relaxed environment on the weekends was found to provide greater time and access to resources for learning than exists on weekdays. There were also more opportunities for students to feel included in the team, promoting their sense of teamwork. This occurred in a setting where families played a more integral role in patient care requiring students to develop more skills in working with families. Students expressed being able to develop time management skills through opportunities to assume and successfully manage full patient loads as well as assume greater responsibility. This has the potential, then, to better prepare them for future work as graduates.

While benefits to students' progress towards their nursing roles were noted, personal aspects were also uncovered. Students experienced changes to their usual social structures and supports. Of particular note, weekend clinical placements resulted in some additional stress for students who normally undertook part time work during the weekends. Hence, the inclusion of weekend rotations for undergraduate nursing students has benefits but these need to be carefully weighed up alongside potential difficulties and additional stressors for some students.

Finally, it is not clear from this study whether including weekend clinical rotations will serve to increase capacity for health services to accommodate more students. Students undertaking weekends will still require a five day week which means drawing upon weekdays as well. This may free up two days during the week but may not be sufficient to offer additional student places.

## 10. References

- Åkerstedt, T. (1998). Shift work and disturbed sleep/wakefulness. *Sleep Medicine Reviews*, 2(2), 117-128.
- Barnard, A.G. & Dunn, S.V. (1994). Issues in the organization and structure of clinical education for undergraduate nursing programs. *Journal of Nursing Education*, 33(9), 420-422.
- Bohle, P. & Tilley, A.J. (1998). Early experiences of shiftwork: Influences on attitudes. *Journal of Occupational and Organizational Psychology*, 71, 61-79.
- Chang, E. & Hancock, K. (2003). Role stress and role ambiguity in new nursing graduates in Australia. *Nursing and Health Sciences*, 5, 155-163.
- Commonwealth of Australia (2002). *The Patient Profession: Time for Action. Report on the Inquiry into Nursing*.  
[http://www.aph.gov.au/senate/committee/clac\\_ctte/completed\\_inquiries/2002-04/nursing/report/](http://www.aph.gov.au/senate/committee/clac_ctte/completed_inquiries/2002-04/nursing/report/) [Retrieved 31st January 2006].
- Cope, P., Cuthbertson, P. & Stoddart, B. (2000). Situated learning in the practice placement. *Journal of Advanced Nursing*, 31(4), 850-856.
- Corlett, J. (2000). The perceptions of nurse teachers, student nurses and preceptors of the theory-practice gap in nurse education. *Nurse Education Today*, 20(6), 499-505.
- Delaney, C. (2003). Walking a fine line: Graduate nurses' transition experiences during orientation. *Journal of Nursing Education*, 42(10), 437-443.
- Department of Human Services (2001). *Nurse Recruitment and Retention Committee: Final Report. Policy and Strategic Projects*, Victorian Government Department of Human Services, Melbourne.
- Duchscher, J.E.B. (2001). Out in the real world: Newly graduated nurses in acute-care speak out. *Journal of Nursing Administration*, 31(9), 426-439.
- Dunn, S.V., Stockhausen, L., Thornton, R. & Barnard, A. (1995). The relationship between clinical education format and selected student learning outcomes. *Journal of Nursing Education*, 34(1), 16-24.
- Ellerton, M-L. & Gregor, F. (2003). A study of transition: The new nurse graduate at 3 months. *Journal of Continuing Education in Nursing*, 34(3), 103-107.
- Ezzy, D. (2002). *Qualitative Analysis: Practice and Innovation*. Allen & Unwin, Sydney.
- Ferguson, L.M. & Jinks, A.M. (1994). Integrating what is taught with what is practised in the nursing curriculum: A multi-dimensional model. *Journal of Advanced Nursing*, 20(4), 687-695.
- Gerrish, K. (2000). Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing*, 32(2), 473-480.
- Gold, D.R., Rogacz, S., Bock, N., Tosteson, T.D., Baum, T.M., Speizer, F.E. & Czeisler, C.A. (1992). Rotating shift work, sleep, and accidents related to sleepiness in hospital nurses. *American Journal of Public Health*, 82(7), 1011-1014.
- Greenwood, J. (2000). Critique of the graduate nurse: An international perspective. *Nurse Education Today*, 20, 17-23.
- Grosswald, B. (2003). Shift work and negative work-to-family spillover. *Journal of Sociology and Social Welfare*, XXX(4), 31-56.

- Halfer, D. & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economic\$, 24(3)*, 150-155.
- Hamilton, H. (2005). New graduate identity: Discursive mismatch. *Contemporary Nurse, 20(1)*, 67-77.
- Heath, P. (2002). *National Review of Nurse Education 2002: Our Duty of Care*, Commonwealth of Australia, Canberra.
- Holland, K. (1999). A journey to becoming: The student nurse in transition. *Journal of Advanced Nursing, 29(1)*, 229-236.
- Kapborg, I.D. & Fischbein, S. (1998) Nurse education and professional work: Transition problems? *Nurse Education Today, 18*, 165-171.
- Kevern, J. & Webb, C. (2001). Focus groups as a tool for critical social research in nurse education. *Nurse Education Today, 21*, 323-333.
- Kevern, J. & Webb, C. (2004). Mature women's experiences of preregistration nurse education. *Journal of Advanced Nursing, 45(3)*, 297-306.
- Kramer, M. (1974). *Reality Shock: Why Nurses Leave Nursing*. CV Mosby, St Louis.
- Kramer, M. (1976). Educational preparation for nurse roles. In J.A. Williamson (ed) *Current Perspectives in Nursing Education*. St Louis: C.V. Mosby.
- Larsen, K., Adamsen, L., Bjerregaard, L. & Madsen, J.K. (2002). There is no gap 'per se' between theory and practice: Research knowledge and clinical knowledge are developed in different contexts and follow their own logic. *Nursing Outlook, 50(5)*, 204-212.
- Maben, J., Latter, S. & Macleod Clark, J. (2006). The theory-practice gap: impact of professional-bureaucratic work conflict on newly-qualified nurses. *Journal of Advanced Nursing, 55(4)*, 465-477.
- McCaugherty, D. (1991). The theory-practice gap in nurse education: Its causes and possible solutions. Findings from an action research study. *Journal of Advanced Nursing, 16(9)*, 1055-1061.
- McGrath, A., Reid, N. & Boore, J. (2003). Occupational stress in nursing. *International Journal of Nursing Studies, 40*, 555-565.
- McKenna, L.G. & Green, C. (2004). Experiences and learning during a graduate nurse program: An examination using a focus group approach. *Nurse Education in Practice, 4*, 258-263.
- Morrison-Beedy, D., Côtè-Arsenault, D. & Feinstein, N.F. (2001). Maximizing results with focus groups: Moderator and analysis issues. *Applied Nursing Research, 14(1)*, 48-53.
- Myrick, F. & Yonge, O. (2001). Creating a climate for critical thinking in the preceptorship experience. *Nurse Education Today, 21(6)*, 461-467.
- Newey, C.A. & Hood, B.M. (2004). Determinants of shift-work adjustment for nursing staff: The critical experience of partners. *Journal of Professional Nursing, 20(3)*, 187-195.
- Nurse Policy Branch. (2005). *Preparing Nurses for the Future, Report – Phase1*, Department of Human Services, Melbourne.
- Oermann, M.H. & Garvin, M.F. (2002). Stresses and challenges for new graduates in hospitals. *Nurse Education Today, 22*, 225-230.
- Reid, J.C. (1994). *Nursing Education in Australian Universities. Report of the National Review of Nurse Education in the Higher Education Sector. 1994 and beyond*. Australian Government Publishing Service, Canberra.
- Roberts, K. & Farrell, G. (2003). Expectations and perceptions of graduates' performance at the start and at the end of their graduate year. *Collegian, 10(2)*, 13-18.

Sharts-Hopko, N.C. (2001). Focus group methodology: When and why? *Journal of the Association of Nurses in AIDS Care*, 12(4), 89-91.

Spouse, J. (2001). Bridging theory and practice in the supervisory relationship: A sociocultural perspective. *Journal of Advanced Nursing*, 33(4), 512-522.

Strazdins, L., Clements, M.S., Korda, R.J., Broom, D.H. & D'Souza, R.M. (2006). Unsociable work? Nonstandard work schedules, family relationships, and children's wellbeing. *Journal of Marriage and Family*, 68, 394-410.

Thomka, L.A. (2001). Graduate nurses' experiences of interactions with professional nursing staff during transition to the professional role. *Journal of Continuing Education in Nursing*, 15-19.

Ulrich, B. (2003). Successful strategies for new graduates. *Nurse Leader*, November/December, 28-30.

## 11. Appendices

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**STUDENTS**

Pre-placement focus group

Why are you participating in this pilot weekend clinical placement?

What are you hoping to learn or experience during this placement?

What challenges do you envisage that you will confront?

Do you have any initial concerns about participating?

Do you think that the placement will enhance your readiness to practice as a registered nurse?

Post-placement focus group

Were your initial reasons for wanting to participate in a clinical placement including weekends addressed?

What do you feel the most significant aspects of your learning during the placement to be?

What do you consider to be the main benefits or limitations of participating in the pilot clinical placement?

Would you recommend that all undergraduate nursing students undertake a weekend clinical placement at some stage during their course?

Overall, do you think the placement has enhanced your readiness to practice as a registered nurse?

**WARD STAFF**

Pre-placement focus group

What are you hoping that students learn or experience during their weekend clinical placement?

What challenges do you envisage that may be confronted with students undertaking weekend placements?

Do you have any initial concerns about students being on placement during the weekends?

Do you think that the placement will better prepare students for their roles as registered nurses?

Post-placement focus group

What are your perceptions of students' experiences during their weekend placement?

What do you feel were the most significant aspects of students' learning during the placement?

What do you consider to be the main benefits of students' learning during the placement?

Would you recommend that all undergraduate nursing students undertake a weekend placement at some stage during their course?

Overall, do you think that the placement has enhanced the students' readiness to practice as registered nurses?

## KEY UNIVERSITY AND HOSPITAL PERSONNEL

What are your perceptions of undergraduate nursing students undertaking a weekend clinical placement?

What do you see the benefits and limitations of these placements to be?

How viable do you think weekend placements are?

Do you think that weekend placements have the potential to enhance students' readiness for practice as registered nurses?

## Gantt Chart

## Appendix 1.

Month Week Activity	Jun				Jul				Aug				Sep				Oct				Nov				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Ethical approval	x	x	x	x	x	x	x	x	x	x	x	x													
Literature review	x	x	x	x	x	x	x	x	x	x	x	x													
Clinical rotation 1 Pre-placement interviews					x	x	x	x																	
Clinical rotation 1 Post-placement interviews									x	x	x	x													
Clinical rotation 2 Pre-placement interviews													x	x	x	x									
Clinical rotation 2 Post-placement interviews																	x	x	x	x					
Interviews with key Hospital/university staff													x	x	x	x	x	x	x	x					
Data analysis									x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Report generation									x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

**Work Group Members****Appendix 3**

Name	Title	Organisation
Dr Lisa McKenna	Senior Lecturer	School of Nursing and Midwifery Monash University Peninsula Campus
Ms Jill French	Lecturer	School of Nursing and Midwifery Monash University Peninsula Campus
Ms Maureen Habner	Senior Manager	Nurse Education Department Peninsula Health, Frankston
Ms Marianne Jamieson	Nurse Educator	Nurse Education Department Peninsula Health, Frankston
Ms Elizabeth Wilson	Executive Director of Nursing	Peninsula Health, Frankston

**Budget****Appendix 4**

Item	Cost
Salaries – Clinical Teachers	\$7,295.70
Salary – Research Assistant, Administrative Support	\$2,375.00
Salary – Lecturer – Level B	\$2,340.78
Salary – Lecturer – Level C	\$2,535.38
Olympus digital recorder	\$220.00
Printing and binding final reports	\$190.00
Ethics committee fee – Peninsula Health	\$110.00
Incidentals – catering for focus groups, parking/travel costs, stationary, photocopying etc.	\$242.00
Presentation at nursing conference - 2007	\$500.00
<b>Total</b>	<b>\$15,808.86</b>
<b>DHS Funding</b>	<b>\$16,195.58</b>
<b>Other Funding (please specify)</b>	<b>N/A</b>