

# Nursing degree students' clinical placement experiences in Australia: A survey design

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## ABSTRACT

**Aim:** This study aimed to evaluate Australian nursing students' views of placements at seven tertiary education institutions with the use of the Placement Evaluation Tool (PET).

**Background:** Clinical placements are a core element of healthcare education programs around the world (Chuan and Barnett, 2012) with undergraduate nursing students required to complete a prescribed number of hours as part of their degree. The quality of nursing clinical placements varies with a range of positive and negative learning experiences.

**Design:** A survey design was used with a contemporary survey tool– the Placement Evaluation Tool (PET). Using Qualtrics software (Qualtrics, 2005) the on-line survey was distributed to approximately 6265 undergraduate nursing students at six Australian universities and one Technical and Further Education (TAFE) college where Bachelor of Nursing degree students were enrolled. Three Australian States were covered. Sites were selected where a project team member was employed.

**Methods:** A total of 1263 nursing students completed the Placement Evaluation Tool (PET) – 19 items (rated 1–5), one global rating (rated 1–10) – following placement in three Australian States (July 2019–February 2020). Most - 618 (48.9%) completed a placement in acute care with placements positively rated overall.

**Results:** The total PET mean score was 78.3% with 29.8% being 'extremely satisfied' (10 out of 10 – Item 20). However, 11.0% were dissatisfied with global ratings of four or less, whilst ratings between States differed significantly ( $p = <0.001$ ). One third of respondents answered a free text statement relating to placement experiences, with significantly more comments from older students ( $p = <0.001$ ) and from those with ratings in the lower range ( $p = <0.001$ ). Three core themes emerged: 1. Staff Attitudes to Students, 2. Environment and 3. Lifestyle.

**Conclusions:** Whilst students' clinical experiences in Australia tend to be positive a minority reported exposure to negative staff attitudes, in unsafe environments, with lifestyle detriments. Further work is required to understand and enhance student experiences.

## 1. Introduction

Clinical placements are a core element of healthcare education programs across the world (Chuan and Barnett, 2012) with undergraduate nursing students required to complete a prescribed number of hours

as part of their degree. These hours vary from 2800 in South Africa, 2300 in the United Kingdom, 1100–1500 in New Zealand to 800 h in Australia (Miller and Cooper, 2016). These clinical experiences are designed to expose students to a variety of clinical environments with the aim of developing professional identity and enhancing competence and

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confidence (Henderson et al., 2012). Students come to the clinical setting with wide ranging expectations and varying levels of resilience and life skills (Ford et al., 2016) requiring students to be accountable and engaged in the learning process (Henderson et al., 2018).

However, clinical placement can be one of the most anxiety producing elements of a student's progress to registration as a nurse (Watt et al., 2016; Simpson and Sawatzky, 2020). Positive experiences are reported in relation to placements outside of the hospital setting in Norway (Björk et al., 2014); the educational benefits of a welcoming supportive workplace in Australia (Doyle et al., 2017); and in Sweden positive outcomes in relation to the pedagogical atmosphere, supportive supervisory relationships and positive ward leadership (Sundler et al., 2014).

Where students are encouraged and supported mutual respect and open communication develops (Dale et al., 2013) ensuring a sense of belonging (Ford et al., 2016). The support of a clinical supervisor and adequate area orientation also generates a positive learning environment (Courtney-Pratt et al., 2015; Bongar et al., 2019), especially where the supervisor is familiar with the curriculum and clinical learning requirements (Cooper et al., 2015).

Reports though often highlight the variable nature of placements, for example Australian students' reflections of acute events highlight variables from exemplary leadership, to careless individual practices and a 'failure to rescue' deteriorating patients (Jarvelainen et al., 2018). Negative placement experiences are reported in Iran where students' experienced high levels of anxiety in discriminatory settings, with negligible support (Jamshidi et al., 2016). In England some students report being ignored by mentors or were used as an 'extra pair of hands' (Jack et al., 2018). Further, in Greece there was a notable gap between the expectations and reality of the clinical learning environment (Papathanasiou et al., 2014).

With these issues in mind the Deans of Nursing and Midwifery (Australia and New Zealand) commissioned projects to improve the quality of placements in Australia, which in the first instance required the development of an applicable review process and a survey of nursing student experiences.

(NB: In this paper the use of the word 'supervisor' refers to the role of facilitator/nurse mentor/educator which may be a tertiary or organisational based position).

## 2. Method

### 2.1. Aim

To evaluate Australian Nursing students' views of placements with the use of the Placement Evaluation Tool (PET).

### 2.2. Design

A survey design led by a working group of 10 nursing academics from seven tertiary educational institutions across Australia. A contemporary survey tool was developed – the Placement Evaluation Tool (PET) which was found to be valid, reliable and feasible with two subscale factors: Clinical Environment (Cronbach's alpha = 0.94) and Learning Support (alpha = 0.96) (Cooper et al., 2020).

Using Qualtrics software (Qualtrics, 2005) the on-line survey was distributed to approximately 6265 undergraduate nursing students at six Australian universities and one Technical and Further Education (TAFE) college where Bachelor of Nursing degree students were enrolled (i.e. excluding Enrolled Nurse trainees). Three Australian States were covered including Victoria, New South Wales (NSW) and Queensland.

Sites were selected where a project team member was employed. A two-year graduate entry master's program at one site was excluded and in a double degree nursing/midwifery four-year program student were surveyed only after a nursing placement.

### 2.3. Participants

First, second, third- and fourth-year nursing students were purposively sampled following a clinical placement between July 2019 to February 2020. Invitations to complete the survey were distributed by an administrator at each site with a request that students rate their most recent placement. In this initial study the identity of the reviewed sites was not requested.

The PET was proceeded by demographics questions including age group, year of study, placement area etc. The PET included 19 items (each rated 1 'strongly disagree' to 5 'strongly agree') covering the domains of 'Clinical Environment' and 'Learning Support' and a 20th global overall rating of the placement (rated 1 'very dissatisfied' to 10 'extremely satisfied'). A final free text question requested additional information on students' experiences. (See Appendix A for the current PET - enabled for general distribution).

### 2.4. Data analysis

Survey data were analysed using IBM SPSS vs 25 (IBM Corp, Armonk, NY, 2016). Descriptive and summary statistics (e.g. means, standard deviations) were incorporated. Inferential statistics, such as Pearson's product moment correlational analysis, were included as applicable, as were confidence intervals. Positive skewness was noted with scores clustered towards higher values (Skewness: 1.327, Kurtosis: 1.934), however these data were within an acceptable normal distribution range (Pallant, 2013).

Open-ended question responses were thematically analysed based on Braun & Clarke's (2006) approach. An inductive, semantic, essentialist process was used to analyze the themes by two researchers (EL & SC) independent of each other, followed by a collaborative meeting where consensus was achieved on the final themes. The inductive process was a data driven thematic process at a semantic level with the researchers aiming to identify similarities across responses. An essentialist epistemology was used as the data were unidirectional data from which meaning was described (Braun & Clarke, 2006). Three core themes emerged summarizing respondents' placement experiences. Quotations are used to illustrate these and are coded to record the views of individual respondents.

### 2.5. Ethical approval

Ethical approval was obtained from the lead institution (XXX University Human Research Ethics Committee - B19-070) with reciprocal approval from a further six institutions/pilot sites. Informed consent was required and no incentives, such as payments, gifts, or course credits were offered.

## 3. Results

### 3.1. Quantitative results

Participants included nursing students enrolled in the first to fourth years of a nursing degree across three Australian States; Queensland (Qld), Victoria (Vic) and New South Wales (NSW), with a response rate estimated at 20.2% (1263/6265). Most were female (89.8%), in the second year of their degree (42.9%) and had completed a placement in an acute hospital (48.9%). See Table 1 for details.

Overall, placements were positively rated (higher scores indicating more positive ratings). The total PET scores (19 items) revealed a median rating of 81 points from a maximum of 95 and a mean of 78.3 [95% CI: 77.4 – 79.2; SD 16.0]. Of the two factors in the tool, Clinical Environment was rated at a mean of 85% with 'patient safety' and 'personal safety' receiving the highest ratings and the degree to which they 'felt valued' the lowest. The Learning Support factor was rated at a mean of 78% with high ratings relating to the future application of learning but

**Table 1**  
Characteristics of nursing student sample (n = 1263).

Variable	Category	Number (% or mode)
Age group	19 or younger	156 (12.4)
	20–25	402 (31.9)
	26–40	437 (34.7)
	41 or over	266 (21.1)
Gender	Female	1133 (89.8)
	Male	127 (10.1)
	Other	1 (0.1)
Degree type	Single degree	1222 (96.8)
	Double degree	41 (3.2)
Course year	First year	321 (25.4)
	Second year	542 (42.9)
	Third year	385 (30.5)
	Fourth year	15 (1.2)
State in which enrolled	New South Wales	123 (9.7)
	Queensland	580 (45.9)
	Victoria	560 (44.3)
Last placement setting	Acute hospital	618 (48.9)
	Mental Health	245 (19.4)
	Aged Care	219 (17.3)
	Rehabilitation service	56 (4.4)
	Primary care/ community	27 (2.1)
	Other (palliative care, ambulatory care)	98 (7.8)
Placement duration (days)	First year	Mode = 10
	Second year	Mode = 15
	Third year	Mode = 30
	Fourth year	Mode = 30, 55)

with low ratings relating to the degree of feedback. (Table 2).

‘Overall satisfaction with the placement experience’ (item 20) was rated highly (median 9 of 10) with 89% rating satisfaction between 5 and 10 points. The remaining 11% were less satisfied with ratings of 4 down to 1 of which three percent (n = 38) were very dissatisfied (rating 1).

There was a strongly significant positive correlation between the PET Total Score (19 items) and the global rating item (20) ‘Overall, I was

**Table 2**  
Placement ratings: Summary PET ratings (n = 1263).

Scale items	Mean	SD
Factor 1: Clinical Environment		
1. I was fully orientated to the clinical area	4.06	1.10
2. Staff were willing to work with students	4.11	1.04
3. Staff were positive role models	4.02	1.03
4. Staff were ethical and professional	4.10	0.96
5. Staff demonstrated respect and empathy towards patients/clients	4.18	0.90
6. Patient safety was fundamental to the work of the unit(s)	4.33	0.85
7. I felt valued during this placement	3.88	1.18
8. I felt safe in the clinical environment (e.g. physically, emotionally culturally)	4.20	0.95
Factor 2: Learning Support		
9. This placement was a good learning environment	4.16	1.14
10. My supervisor(s) helped me identify my learning objectives/needs	4.03	1.12
11. I was adequately supervised in the clinical environment	4.17	1.01
12. I received regular and constructive feedback	3.94	1.15
13. I was supported to work within my scope of practice	4.20	1.01
14. My supervisor(s) understood how to assess my clinical abilities	4.06	1.20
15. I had opportunities to enhance my skills and knowledge	4.13	1.11
16. I had opportunities to interact and learn with the multi-disciplinary team	4.09	1.08
17. I achieved my learning objectives	4.17	0.99
18. I have gained the skills and knowledge to further my practice	4.22	0.94
19. I anticipate being able to apply my learning from this placement	4.26	0.93
Global rating		
20. Overall, I was satisfied with this placement experience.	8.74	1.77

satisfied with this placement experience’ ( $r$  - [n = 1263] = 0.722,  $p$  = 0.01). However, ratings between States differed significantly with higher mean PET scores for Victorian respondents ( $M$  = 80.68) than for New South Wales ( $M$  = 78.55) and Queensland ( $M$  = 76.01) ( $F$  = 12.395,  $df$ 2,  $p$  = <0.001). This was repeated in responses to the global satisfaction rating (Item 20)) with Victorian respondents recording the highest levels of satisfaction ( $M$  = 8.98), Queensland ( $M$  = 8.56) and New South Wales ( $M$  = 8.50) ( $F$  = 9.360,  $df$ 2,  $p$  = <0.001).

The year of a respondents’ degree had no impact on their placement experience rating. PET total scores across course years did not differ significantly and were closely ranked: 1st Year: 78.1; 2nd Year: 77.9; 3rd Year: 79.2; and 4th year: 77.2 ( $p$  = 0.668). Similarly, there was no significant difference by course year in the factors Clinical Environment ( $p$  = 0.232) or Learning Support ( $p$  = 0.511) based on factor total scores. However, the mean total PET and overall global satisfaction ratings were seen to increase slightly with course advancement to year 3. In the fourth year (i.e. those in the last year of a double degree) a non-significant lower rating of both the total PET and global satisfaction was identified.

Respondents’ age group and gender did not have an impact on PET scores and the length of placement or the placement setting had no significant impact on placement. Non-significant ratings are shown in Fig. 1 indicating that mental health and community placements were highly rated.

One third of respondents (34.6%; 437/1263) responded to the free text statement: ‘Please feel free to add additional comment about your placement experience’. These respondents were significantly more likely to have rated the clinical placement (PET score) in the lower range ( $t$  = −6.008,  $df$  1261,  $p$  = <0.001) and global satisfaction followed this trend ( $t$  = −6.027,  $df$  614.5,  $p$  = <0.001). Additionally, older respondents were significantly more likely to make a free text comment ( $F$  [1,1259] = 15.078,  $p$  = <0.001).

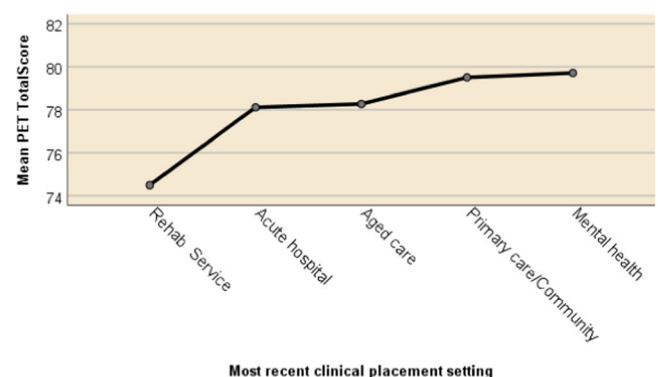
### 3.2. Free text responses

As indicated above, most students reported a positive placement experience. Overall comments related to the approach of staff working with students, the factors influencing the arrangement of placement and the implications for the student’s life. This led to the development of three themes that determine student placement experience 1. Staff Attitudes to Students, 2. Environment and 3. Lifestyle. (Fig. 2). Subthemes are indicated in Fig. 2 and highlighted below in *italic*.

#### 3.2.1. Staff attitudes to students

Staff attitudes towards students was the most frequently raised individual issue, comprising 37% of responses. Responses included both positive (63%) and negative comments (36%).

Students reflected on how staff related to them and how their attitudes could enhance their placement experiences:



**Fig. 1.** Placement rating (PET Score) in relation to placement setting.

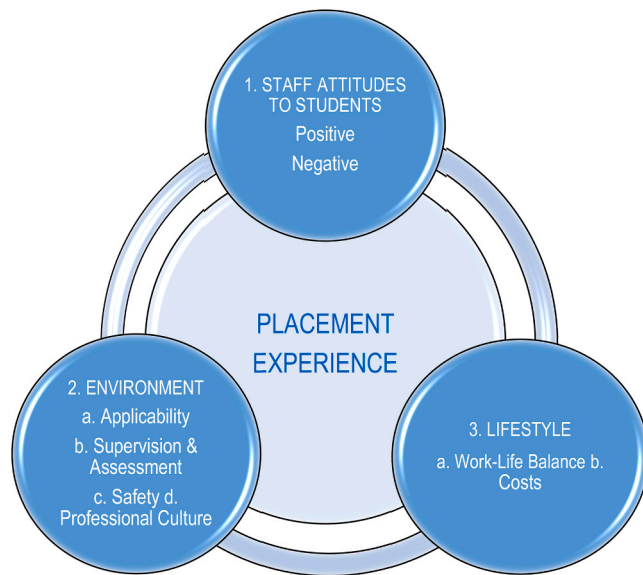


Fig. 2. xx 1 Thematic concept analysis relating to clinical placement experiences.

"The nursing team ... made you feel welcome right from the start, actually valued the help of students and wanted to see you improve and progress it was really encouraging". (97)

Another student highlighted the impact attitudes made to their experience:

"My preceptor was amazing as I have had horrible experiences in the past where I was going to quit because of judgement, bullying and intimidation. But thank goodness I had a very kind, understanding and caring preceptor who was patient and took the time out to ensure I was comfortable enough in knowing new skills shown. She went along with my learning style and it worked. She empowered me." (287)

Positive attitudes had an impact on the learning experience:

"My clinical supervisors were supportive and concerned about my learning experience" (263);

"This was the most wonderful placement experience!! I was paired with a RN which (sic) has previously worked as a clinical facilitator and he really valued me as a student and was committed to my development/learning. I have never felt more comfortable and supported in a clinical environment" (165)

However not all students encountered positive attitudes from staff and it was apparent that when students experienced negative attitudes their overall perception was of a negative placement. For example:

"A staff member told me students were a burden because they always are repeating themselves, the same staff member had no respect for us, made us stand and we weren't allowed to park where the staff were. We were referred to as "students" instead of our names and some of the things I seen were not acceptable (were reported). This made us all feel so uncomfortable and we dreaded going there every day" (367)

"Some of the staff really made me feel I'm not welcome" (355); "Extremely stressful due to the judgement of senior staff members" (334);

These negative experiences also had an impact on their learning:

"A student should not have to feel as though they are unable to ask questions in regard to clinical practice" (307)

"Still exists a culture of 'stand in the corner and say nothing'. Interpersonal engagement very poor." (349).

### 3.2.2. Environment

The second core theme related to the placement environment and its setting, eliciting 40% of responses and a range of subthemes included; 2 (a)Placement Applicability, 2(b)Safety, 2(c)Supervision & Assessment and 2(d)Professional Culture.

**2(a) Placement applicability** was the largest subtheme here. Positive responses were often related to the students' opportunities to extend their knowledge and skills:

"My placement was one of the more constructive and thought-provoking placements I have experienced throughout my degree" (223)

"I absolutely loved my placement. I am so excited to be a nurse and I truly believe that above all else clinical placement is the most valuable part of a nursing degree" (130)

International, rural and mental health placements were identified positively:

"I was on international placement in India, it was a great learning experience, all enhanced by the amazing facilitators who came with us" (180)

"Remote Northern Territory was an amazing experience!" (115)

However, concerns were raised about the relevance of some specialities and previous student and work experiences:

"I was in a specialised unit, so I didn't get to practice many skills other than vital signs and bgl (blood glucose level) monitoring. To be honest, I feel like I will be far behind my cohort next year with regard to medication administration as I didn't get to do this at all" (346)

"A student's history should be taken into account when assigning them a Clinical placement so they can expand their current skills and not repeat basic skills" (18)

"I have previously completed an aged care placement as part of my cert 3 in aged care.....and I then went on to work in aged care for 12 months. I gained little to no skills during this placement, the majority of my time was spent performing work duties I was already familiar with" (12)

### 2(b) Safety.

Differing work practices influenced the perceived safety culture. Students raised safety concerns relating to workplace orientation, practice scope and personal safety:

"More guidance on the first day - where to go, who to talk to, what you are doing that day- would be great to avoid conflict with the other nurses. Every day I came to placement I had to waste around 20 mins trying to find my nurse buddy and also where exactly I was working that day, which causes conflict with my supervisors as they didn't understand why I was late or didn't have a handover sheet" (370)

"Was expected to work outside of my scope and was bullied when I refused to do this" (373)

Bullying was further addressed through personal safety concerns linking to individual identity:

"...at some placements you might feel racism". (52)

"...when they start picking on me personally that was it. It was bullying." (29)



### 2(c) Supervision and assessment.

The quality of supervision and assessment was frequently raised related to student needs, scope of practice and assessment requirements:

“There was a lot of confusion about what my scope of practice was for this mental health placement. On Moodle it was stated that I could administer medication and also do Mental State Examinations, however... when being placed on placement, the hospital said I was unable to do this because it could interrupt the relationship with the client” (361).

Students who worked with Enrolled Nurses and were themselves qualified Enrolled Nurses (EN) also raised concerns:

“As an RN student in final placement it was disappointing to be consistently teamed up with EN's. Therefore, preventing me from being able to do some clinical skills and medications as we were not adequately supervised” (371).

“I found once they knew I was an Enrolled Nurse I wasn't given the same support and chance to do things that the others were doing. They were like ‘you would have done this before’, I had to keep telling them I still wanted to learn different ways etc” (317)

### 2(d) Professional culture.

Professional culture was raised in both positive and negative terms but with a predominantly negative focus in 19 responses including staff interactions with clients and each other, adherence to policies and punctuality. One respondent was particularly insightful, linking unprofessional behavior to patient outcomes:

“My placement at .... was unenjoyable at times due to the poor professional behaviour of the staff. I would often hear staff putting down one another and this contributed to poor workplace cohesion and jeopardized patient safety and made my time there unpleasant” (279).

### 3.2.3. Lifestyle

#### 3(a) Work Life Balance.

In total 22 participants commented on the impact of placement on their lifestyle. For example, travel requirements, academic work demands and the challenges of shift work having an impact on family life and paid employment.

“The hospital in the home staff where amazing. Great teachers, I achieved the clinical learning goals I set prior to placement. Very helpful and understanding with my EBM and breastfeeding requirements as I have my first child at 7 weeks of age being cared for and brought up for lunch breaks whilst completing this placement.” (68)

“The placement area was two hours away by public transport, which is what I used as I don't have a car, so more than anything, getting there was the hardest part of my placement experience because I had to get up at 4 am to be there in time for morning shifts so by the time I was there I was exhausted and had to then work for 8 h” (305).

“I loved my previous placement however due to the distance from home and (being) away from my kids was a struggle emotionally and financially.” (269).

#### 3(b) Costs.

Financial issues were also of concern relating to loss of paid employment, the cost of local accommodation and transport:

“Students should get some compensation for the placements. Even \$5-\$10/hour would make the biggest difference for those who struggle from week to week as it is”. (188)

Thus, direct voices from students provide a greater depth to the picture of conditions under which they experience clinical placement.

## 4. Discussion

Most student responses described a very positive clinical placement experience. Similar positive international findings have been found with a focus on the individualization of placement, instructors capabilities/commitment and patient relationships (Papastavrou et al., 2016; Sigalit et al., 2017; D'Souza et al., 2015). Themes that emerged (both positive and negative) were; ‘Staff attitudes towards students’, ‘Environment’ and ‘Lifestyle’. These are important to consider to gain an understanding of how to facilitate the best experience for students. Ratings varied between the three Australian states with Victorian students rating their placement more highly than those in New South Wales (NSW) or Queensland ( $p = <0.001$ ) reflecting potential differences in clinical placement experience and set up.

Whilst textual responses were generally positive, 11% of respondents reported negative experiences across the themes, providing a foundation for change and quality improvements. Interestingly, even predominantly positive free text responses often included negative comments enabling a deep and insightful review of practice.

Older students were significantly more likely to have responded to the free text questions ( $p = <0.001$ ) and those who did were more likely to have rated their experience in the lower range ( $p = <0.001$ ). For example, this may relate to the findings that Enrolled Nurses or students with previous aged care experience were less satisfied with aged care placements particularly regarding supervision and learning outcomes. In part this may be related to the large number of care assistants working in aged care leading to role confusion for student nurses (Robinson et al., 2007).

Staff attitudes towards students held considerable impact on student perceptions. Where such attitudes were positive and supportive students felt a ‘wonderful learning experience’ was engendered, as identified by others (Alshahrani et al., 2018; Cooper et al., 2015; Courtney-Pratt et al., 2012). Where staff attitudes towards were negative, students often felt excluded and perceived they were a burden with claims of bullying, as has been identified by others (Jack et al., 2018; Papathanasiou et al., 2014; Budden et al., 2017; Minton et al., 2018). Exclusion is an issue which has an impact on overall experience as students need to feel like they belong (Jack et al., 2018) and are welcomed (Lamont et al., 2015) in an atmosphere of camaraderie (Van Der Riet et al., 2018). Further, the educational environment when not aligned with students' stage of development was a barrier with concerns that placements such as aged care were not sufficiently challenging (Robinson et al., 2007).

The ‘Environment’ (encompassing the placement setting - beyond staff attitudes) encompassed placement applicability, safety, supervision and assessment and professional culture. Students perceived the placement's relevance in relation to their knowledge and skills and the degree to which they were able to develop educationally. Löfmark et al. (2012) found similar perceptions with students identifying the need to complete learning outcomes in clinical practice. Specialty placements such as Mental Health, rural and international placements were well regarded, aligning with previous literature internationally and in Australia (McInnes et al., 2015; Halcomb et al., 2018; Peters et al., 2015; Giralt Palou et al., 2020). Additionally, a range of placements identified potential career paths for students (McKenna et al., 2010).

The adequacy of supervision and assessment was an area of concern to students and is supported by Löfmark et al. (2012) with concerns regarding work with non-Registered Nurses (nursing aids and Enrolled Nurses) when learning to be a Registered Nurse. Previous experience also needs to be considered by supervisors especially when dealing with students with health qualifications e.g. Enrolled Nurses.

Safety concerns were voiced relating to the lack of orientation processes, non-adherence to students' scope of practice and maintenance of students' physical and emotional safety. A welcoming orientation and environment is known to enhance the perceptions of the placement in Australian nursing students (Courtney-Pratt et al., 2012) as did staff's knowledge of students' capabilities and education objectives.

Safety in relation to workplace orientation, scope of practice, supervision concerns and assessment requirements were all previously reported as concerns (Bongar et al., 2019; Jarvelainen et al., 2018). For example, when students had not been adequately orientated safety and scope of practice concerns were raised. Communication between clinical and university partners needs to improve to ensure clinical partners are aware of students capabilities across year levels and to ensure applicable skill competency.

Safety in regards to personal identity can have significant impact on the student experience with some students commenting on racism in the clinical environment. Mikkonen et al. (2016) note that culturally and linguistically diverse students often find clinical learning environments unaware of their learning barriers and that they are thus perceived in a negative light. Uncivil behaviors in general are an area of concern for all students and as noted in staff attitudes, are often correlated to exclusion and perception of being a burden. Minton and Birks (2019) however note that often there is not a clear understanding by students of what constitutes bullying. Perhaps this is an area for improvement for both Universities and Industry?

The workplace culture was also found to be particularly important in relation to professionalism and holistic patient focused care both here and in prior studies (Sundler et al., 2014; Löfmark et al., 2012, Courtney-Pratt et al., 2012). Students concern regarding unprofessional culture exhibited to peers and clients alike had a negative impact on their overall perception of their placement and workplace environment. Negative professional workplace culture, especially relating to professional behaviors towards patients, was not only raised as concerning but linked to potential safety concerns, as supported by other studies (Bunkenborg et al., 2013; Lee et al., 2019; Lotfi et al., 2018) particularly in relation to patient monitoring and detection of deterioration. This has relevance to the contemporary focus on organizational safety culture with the need for additional work relating to safety in practice (Victorian Medical Insurance Authority and Victorian Quality Council, 2011).

Finally, enforced changes in students' lifestyle whilst on placement were often challenging to students particularly in relation to increased travel time and associated costs. Wray and McCall (2007) identified similar concerns in relation to travel costs, relocation expenses and loss of income. Placement impact on their lifestyle was of less concern to students where individual needs were considered. For example, a breastfeeding student highlighted positively the consideration staff gave her in relation to expressing and breast-feeding. With these issues in mind it is also clear that students attend clinical placements with wide ranging expectations, plus varying levels of resilience and life skills (Ford et al., 2016; Ching et al., 2020). While overall there is a need for students to be accountable and fully engaged in the learning process (Henderson et al., 2018).

## 5. Limitations

Limitations of this study include the relatively low, but not unusual, response rate of 20% in this student population. Further, respondents were from three Australian States only, limiting the generalizability of the findings. However, the experiences described and rated do appear to mirror that of the international nursing student population with the need for further work in relation to the enhancement of experiences.

## 6. Conclusion

Whilst Australian students' experience in a range of clinical settings is generally positive, a minority are exposed to negative staff attitudes, in unsafe environments and lifestyle detriments. Further work is required to achieve in depth understanding of student, supervisor and educators' experiences to develop quality standards for Australian undergraduate nursing students' placements including resources to support the process.

## 7. Implications

There is a need for a national review of Australian nursing students' clinical placements within a quality assurance program that aims to improve the educational and clinical competence outcomes.

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## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nepr.2021.103112.

## References

- Alshahrani, Y., Cusack, I., Rasmussen, P., 2018. Undergraduate nursing students' strategies for coping with their first clinical placement: descriptive survey study. *Nurse Educ. Today* 69, 104–108. <https://doi.org/10.1016/j.nedt.2018.07.005>.
- Björk, I.T., Berntsen, K., Brynildsen, G., Hestetun, M., 2014. Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *J. Clin. Nurs.* 23, 2958–2967. <https://doi.org/10.1111/jocn.12532>.
- Bongar, M.V.V., Pangan, F.C., Macindo, J.R.B., 2019. Characteristics of a critical care clinical placement programme affecting critical care nursing competency of baccalaureate nursing students: a structural equation modelling. *J. Clin. Nurs.* 28, 1760–1770. doi.org/10.1111/jocn.14775.
- Budden, I.M., Birks, M., Cant, R., Bagley, T., Park, T., 2017. Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian* 24, 125–133. <https://doi.org/10.1016/j.colegn.2015.11.004>.
- Bunkenborg, G., Samuelson, K., Åkeson, J., Poulsen, I., 2013. Impact of professionalism in nursing on in-hospital bedside monitoring practice. *J. Adv. Nurs.* 69, 1466–1477. <https://doi.org/10.1111/jan.12003>.
- Ching, S.S.Y., Cheung, K., Hegney, D., Rees, C.S., 2020. Stressors and coping of nursing students in clinical placement: a qualitative study contextualizing their resilience and burnout. *Nurse Educ. Pract.* 42, 102690. <https://doi.org/10.1016/j.nepr.2019.102690>.
- Chuan, O.L., Barnett, T., 2012. Student, tutor and staff nurse perceptions of the clinical learning environment. *Nurse Educ. Pract.* 12, 192–197. <https://doi.org/10.1016/j.nepr.2012.01.003>.
- Cooper, J., Courtney-Pratt, H., Fitzgerald, M., 2015. Key influences identified by first year undergraduate nursing students as impacting on the quality of clinical placement: a qualitative study. *Nurse Educ. Today* 35, 1004–1008. <https://doi.org/10.1016/j.nedt.2015.03.009>.
- Cooper, S., Cant, R., Waters, D., Luders, E., Henderson, A., Willets, G., Tower, M., Reid-Searl, K., Ryan, C. & Hood, K., 2020. Measuring the quality of nursing clinical placements in Australia. Development of the placement evaluation tool (PET): A co-design project. Council of Deans of Nursing and Midwifery (Australia and New Zealand) Council of Deans of Nursing and Midwifery (Australia and New Zealand). [www.cdnm.edu.au/projects.html](http://www.cdnm.edu.au/projects.html).
- Courtney-Pratt, H., Ford, K., Marlow, A., 2015. Evaluating, understanding and improving the quality of clinical placements for undergraduate nurses: a practice development approach. *Nurse Educ. Pract.* 15, 512–516. <https://doi.org/10.1016/j.nepr.2015.07.002>.
- Courtney-Pratt, H., Fitzgerald, M., Ford, K., Marsden, K., Marlow, A., 2012. Quality clinical placements for undergraduate nursing students: a cross-sectional survey of undergraduates and supervising nurses. *J. Adv. Nurs.* 68, 1380–1390. doi.org/10.1111/j.1365-2648.2011.05851.x.
- D'Souza, M.S., Karkada, S.N., Parahoo, K., Venkatesaperumal, R., 2015. Perception of and satisfaction with the clinical learning environment among nursing students. *Nurse Educ. Today* 35, 833–840. <https://doi.org/10.1016/j.nedt.2015.02.005>.
- Dale, B., Leland, A. & Dale, J. G., 2013. What Factors Facilitate Good Learning Experiences in Clinical Studies in ISRN nursing, 2013, 628679. doi.org/10.1155/2013/628679.
- Doyle, K., Sainsbury, K., Cleary, S., Parkinson, L., Vindigni, D., McGrath, I., Cruickshank, M., 2017. Happy to help/happy to be here: identifying components of successful clinical placements for undergraduate nursing students. *Nurse Educ. Today* 49, 27–32. <https://doi.org/10.1016/j.nedt.2016.11.001>.
- Ford, K., Courtney-Pratt, H., Marlow, A., Cooper, J., Williams, D., Mason, R., 2016. Quality clinical placements: the perspectives of undergraduate nursing students and their supervising nurses. *Nurse Educ. Today* 37, 97–102. <https://doi.org/10.1013/j.nedt.2015.11.013>.

- Giralt Palou, R., Prat Vigué, G., Tort-Nasarre, G., 2020. Attitudes and stigma toward mental health in nursing students: a systematic review. *Perspect. Psychiatr. Care* 56, 243–255. <https://doi.org/10.1111/ppc.12419>.
- Halcomb, E., Antoniou, C., Middleton, R., Mackay, M., 2018. The experiences of Australian undergraduate nursing students of a clinical placement in Cambodia. *Collegian* 25, 313–318. <https://doi.org/10.1016/j.colegn.2017.08.002>.
- Henderson, A., Cooke, M., Creedy, D.K., Walker, R., 2012. Nursing students' perceptions of learning in practice environments: a review. *Nurse Educ. Today* 32, 299–302. <https://doi.org/10.1016/j.nedt.2011.03.010>.
- Henderson, A., Harrison, P., Rowe, J., Edwards, S., Barnes, M., Henderson, S., Henderson, A., 2018. Students take the lead for learning in practice: a process for building self-efficacy into undergraduate nursing education. *Nurse Educ. Pract.* 31, 14–19. <https://doi.org/10.1016/j.nepr.2018.02.003>.
- Jack, K., Hamshire, C., Harris, W., Langan, M., Barrett, N., Wibberley, C., 2018. "My mentor didn't speak to me for the first four weeks": perceived Unfairness experienced by nursing students in clinical practice settings. *J. Clin. Nurs.* 27, 929–938 doi.org/10.1111/jocn.14015.
- Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., Najafi Kalyani, M., 2016. The challenges of nursing students in the clinical learning environment: a qualitative study. *The Scientific World Journal*, ID 1846178. doi.org/10.1155/2016/1846178.
- Jarvelainen, M., Cooper, S., Jones, J., 2018. Nursing students' educational experience in regional Australia: reflections on acute events. A qualitative review of clinical incidents. *Nurse Educ. Pract.* 31, 188–193. <https://doi.org/10.1016/j.nepr.2018.06.007>.
- Lamont, S., Brunero, S., Woods, K.P., 2015. Satisfaction with clinical placement – the perspective of nursing students from multiple universities. *Collegian* 22, 125–133. <https://doi.org/10.1016/j.colegn.2013.12.005>.
- Lee, M.-A., Kang, S., Hyun Hye, S., 2019. Relationship among nursing professionalism, nursing work environment and patient safety nursing activities in general hospital nurses. *J. Korean Acad. Nurs. Adm.* 25, 317–328. <https://doi.org/10.1111/jkana.2019.25.4.317>.
- Löfmark, A., Thorkildsen, K., Råholm, M.-B., Natvig, G.K., 2012. Nursing students' satisfaction with supervision from preceptors and teachers during clinical practice. *Nurse Educ. Pract.* 12, 164–169. <https://doi.org/10.1111/jonm.12607>.
- Lotfi, Z., Atashzadeh-Shoorideh, F., Mohtashami, J., Nasiri, M., 2018. Relationship between ethical leadership and organisational commitment of nurses with perception of patient safety culture. *J. Nurs. Manag.* 26, 726–734. <https://doi.org/10.1111/jonm.12607>.
- McInnes, S., Peters, K., Hardy, J., Halcomb, E., 2015. Primary care clinical placements: the views of Australian registered nurse mentors and pre-registration nursing students (part 2). *Nurse Educ. Pract.* 15, 443–449. <https://doi.org/10.1016/j.nepr.2015.04.004>.
- McKenna, L., McCall, L., Wray, N., 2010. Clinical placements and nursing students' career planning: a qualitative exploration. *Int. J. Nurs. Pract.* 16, 176–182. <https://doi.org/10.1111/j.1440-172X.2010.01827.x>.
- Mikkonen, K., Elo, S., Kuivila, H.-M., Tuomikoski, A.-M., Kääriäinen, M., 2016. Culturally and linguistically diverse healthcare students' experiences of learning in a clinical environment: a systematic review of qualitative studies. *Int. J. Nurs. Stud.* 54, 173–187. <https://doi.org/10.1016/j.ijnurstu.2015.06.004>.
- Miller, E., Cooper, S., 2016. A registered nurse in 20 weeks? *Aus. Nurs. Midwifery J.* 24, 34.
- Minton, C., Birks, M., 2019. "You can't escape it": bullying experiences of New Zealand nursing students on clinical placement. *Nurse Educ. Today* 77, 12–17. <https://doi.org/10.1016/j.nedt.2019.03.002>.
- Minton, C., Birks, M., Cant, R., Budden, L.M., 2018. New Zealand nursing students' experience of bullying/harassment while on clinical placement: a cross-sectional survey. *Collegian* 25, 583–589. <https://doi.org/10.1016/j.colegn.2018.06.003>.
- Pallant, J., 2013. *SPSS Survival Manual*. McGraw-Hill Education, (UK).
- Papastavrou, E., Dimitriadou, M., Tsangari, H., Andreou, C., 2016. Nursing students' satisfaction of the clinical learning environment: a research study. *BMC Nurs.* 15, 44. <https://doi.org/10.1186/s12912-016-0164-4>.
- Papathanasiou, I.V., Tsaras, K., Sarafis, P., 2014. Views and perceptions of nursing students on their clinical learning environment: teaching and learning. *Nurse Educ. Today* 34, 57–60. <https://doi.org/10.1016/j.nedt.2013.02.007>.
- Peters, K., McInnes, S., Halcomb, E., 2015. Nursing students' experiences of clinical placement in community settings: a qualitative study. *Collegian* 22, 175–181. <https://doi.org/10.1016/j.colegn.2015.03.001>.
- Qualtrics, L., 2005. Qualtrics survey software. [www.aultrics.com/support/survey-platform/survey-module/survey-publishing-versions/](http://www.aultrics.com/support/survey-platform/survey-module/survey-publishing-versions/).
- Robinson, A.L., Andrews-Hall, S., Fassett, M., 2007. Living on the edge: issues that undermine the capacity of residential aged care providers to support student nurses on clinical placement. *Aust. Health Rev.* 31, 368–378 doi.org/10.1071/AH070368.
- Sigalit, W., Sivia, B., Michal, I., 2017. Factors associated with nursing students' resilience: communication skills course, use of social media and satisfaction with clinical placement. *J. Prof. Nurs.* 33, 153–161. <https://doi.org/10.1016/j.profnurs.2016.08.006>.
- Simpson, M.-C.G., Sawatzky, J.-A.V., 2020. Femtosecond lasers for high-precision orthopedic surgery. *Lasers Med. Sci.* 35, 1263–1270.
- Sundler, A.J., Björk, M., Bisholt, B., Ohlsson, U., Engström, A.K., Gustafsson, M., 2014. Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: a questionnaire survey. *Nurse Educ. Today* 34, 661–666. <https://doi.org/10.1016/j.nedt.2013.06.023>.
- Van Der Riet, P., Levett-Jones, T., Courtney-Pratt, H., 2018. Nursing students' perceptions of a collaborative clinical placement model: a qualitative descriptive study. *Nurse Educ. Pract.* 30, 42–47. <https://doi.org/10.1016/j.nepr.2018.02.007>.
- Victorian Medical Insurance Authority and Victorian Quality Council, 2011. *Safety climate survey a staff survey for measuring patient safety guidelines for administration*. In: AUTHORITY, V. M. I. (Ed.). VMIA, VQC, Melbourne.
- Watt, E., Murphy, M., MacDonald, L., Pascoe, E., Storen, H., Scanlon, A., 2016. An evaluation of a structured learning program as a component of the clinical practicum in undergraduate nurse education: a repeated measures analysis. *Nurse Educ. Today* 36, 172–177. <https://doi.org/10.1016/j.nedt.2015.09.008>.
- Wray, N., McCall, L., 2007. Money matters: students' perceptions of the costs associated with placements. *Med. Educ.* 41, 975–981. <https://doi.org/10.1111/j.1365-2923.2007.02840x>.