

# Prepare Nurses for the Future

Final Report of Key Activities

## Exploring the potential of undergraduate night duty clinical placement for nursing readiness

Monash University  
School of Nursing and Midwifery  
Lisa McKenna, Jill French

Peninsula Health  
Marianne Jameson, Maureen Habner, Elizabeth Wilson

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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 challenges of night duty nursing. This pilot study employed focus group and semi-structured interview methods to explore two groups of final year nursing students' experiences of a night duty rotation. Focus groups were conducted with students and night duty 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: *Nature of Night Shift*, *Preparing to be a Graduate* and *Change and adjustment*. From the post-placement focus groups and interviews, four themes emerged, these being: *Time to learn*, *time to teach*, *Adjusting*, *Continuity* and *Preparing to be a graduate*.

The study demonstrated potential value for undergraduate nursing students undertaking night duty rotations. Students in the study experienced opportunities to develop proficiencies with a range of clinical skills, were able to extend their knowledge, develop confidence and experience an aspect of nursing that is generally not offered but which new graduates are expected to undertake and function in effectively. The opportunity to reach a level of proficiency in skill development and confidence that this experience has identified has the potential to contribute to producing graduates who are more work ready when they enter the workforce.

The possibility of night duty rotations for students does appear to have a number of potential benefits. This study has demonstrated that such placements can provide opportunities for students to consolidate nursing practice skills, prepare students for understanding the scope of their graduate practice through exposure to the full spectrum of nursing work, and allow for opportunities to experience continuity of patient care. Furthermore, it has the potential to enhance the capacity of available clinical placements to accommodate increasing numbers of undergraduate nursing students. However, careful consideration needs to take place with regard to viable options for clinical teaching support for students, not only for their nursing practice, but also managing the alterations to their social and physical wellbeing. Using a clinical teacher model for student supervision has the potential to increase costs in a context where universities' clinical budgets are already very stretched.

## 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 night duty work. However, this is infrequent and many students complete their courses without experiencing the nature of night duty nursing. This scenario is particularly concerning as the majority of new graduates are expected to undertake a night duty rotation where they will assume responsibility for patient care. In dealing with this, they may simultaneously be attempting to grapple with the peculiarities of night nursing, personal anxieties and changes to their own bodies and social systems that result.

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. Providing clinical placements which reflect this nature have the potential to better prepare students for confronting their graduate roles, allowing them to make a smooth transition into the nursing workforce.

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 and was seeking ways that it could respond positively. 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. The night shift was identified as a potential option. However, no evidence could be sourced that described whether such placements would be of benefit to students and their learning.

### 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 night duty work until they become registered nurses. Night shift work can be vastly different to that during the day time with fewer other health professionals present. 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 night shifts are not represented in the literature indicates that these times are generally not attended by students so they would not have experience of them. This situation, then, has the potential to contribute to a gap in clinical knowledge that graduates are argued to 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 settings (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 (Duchsher, 2001).

Support for new graduates in making the transition to becoming members of the workforce is vital but there is currently variation in levels of support in facilitating 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 available 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), dealing with families (Duchsher, 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 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 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).

## **The nature and impact of night duty nursing**

An array of literature exists that deals with the nature and effects of night shift work. Night duty nursing has been identified as clearly different to day or afternoon shifts. Bohle and Tilley (1998) examined the attitudes of 130 nurses towards shift work in their first 15 months of shiftwork. Their findings suggest that nurses found night duty to be more peaceful, allowed greater independence, required more responsibility and was friendlier. However, there was a perception that the work was less interesting than during the day, the shifts were longer, more lonely and tiring. Overall, participants rated night shift more negatively than other shifts as a result of increased fatigue, less sleep, gastrointestinal complaints, and resulting impact on leisure time and social activity.

Much of the available literature around night duty work deals with complications arising from the alterations to sleep patterns and circadian rhythm along with overall homeostasis. Difficulties with night duty work result from a misalignment between the body's biological clock, and the timing of sleep and wake periods (Santhi, Duffy, Horowitz and Czeisler, 2005) with the body being pushed into a pattern contrary to its natural program (Grossman, 1997). As a consequence, sleep patterns are also altered. Daytime sleep may be shorter in duration and of a poorer overall quality (Coburn & Sirois, 2000). It is suggested that one of the contributing factors is that people will try to sleep immediately after a night shift and wake in the afternoon. This results in a long period of being awake prior to the next shift starting (Åkerstedt, 1998; Santhi et al. 2005).

## Conclusion

Individuals who have experienced only morning and afternoon shifts during their clinical placements as nursing students may encounter their first night shifts 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 night shift 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 a night duty rotation 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 night shift 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 night shift clinical placements for two groups of third year undergraduate nursing students. The focus was on examining learning outcomes and uncovering other issues arising as well as perceptions of students, staff from within the health care agency and university around these placements.

The objectives of the pilot project were to:

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

## 5. Evaluation Methodology

### Methods

Final year nursing students from one university were invited to undertake a clinical placement that consisted of two weeks of night duty. 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 night duty environment.

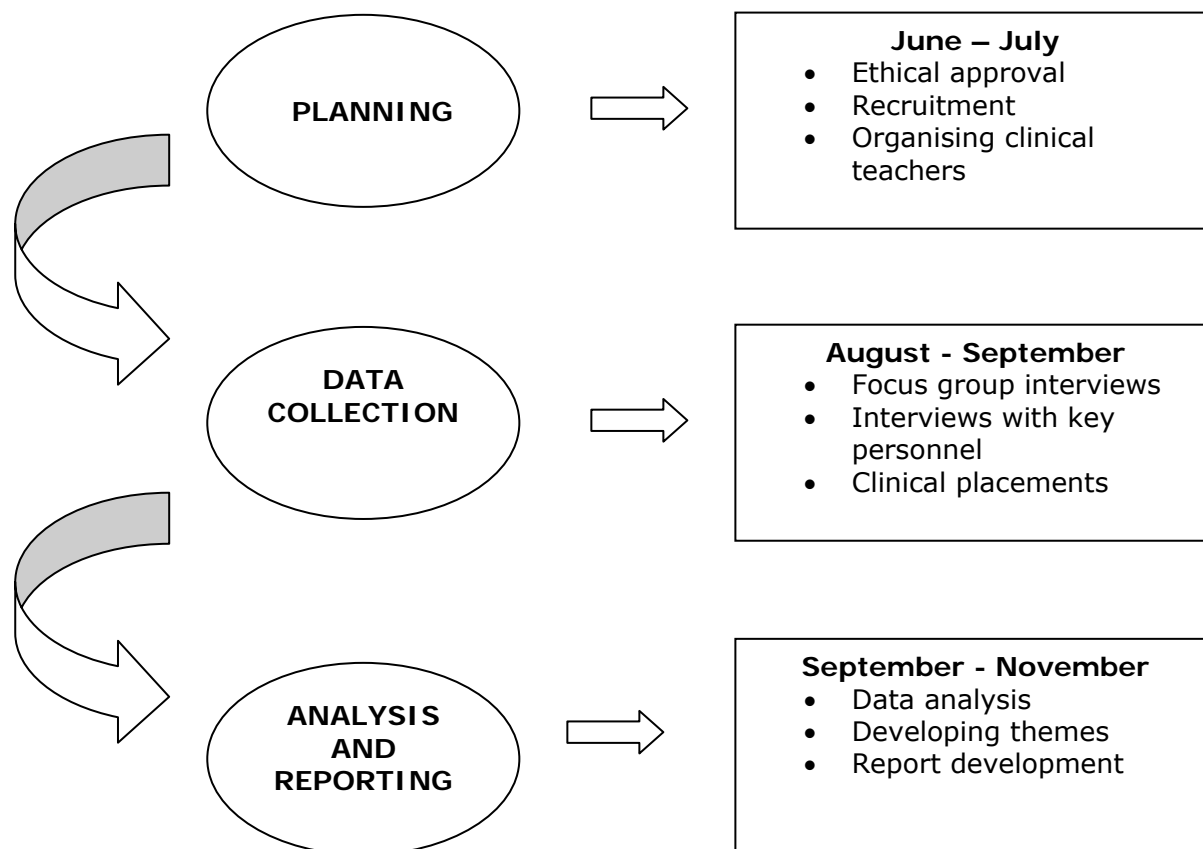
Focus group interviews were conducted prior to, and on completion of, each placement with the two student groups. In addition, pre and post placement focus groups were conducted with nursing staff from wards that were involved in providing student experiences. Pre-placement interviews were designed to 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 night duty pilot placement and allow additional issues that may not have emerged through focus groups to arise and be further investigated.

## 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 stages through which the study was undertaken.



## 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 night duty 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 they were able to discontinue 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 where they were briefed about 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 night duty 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 corner of the staff cafeteria which was vacant prior to the first night and the final night of each rotation.

Five permanent night 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.

Four 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 in the empty staff cafeteria at the hospital during allocated clinical time at the commencement 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 twenty to forty minutes in duration.

Semi-structured, one-to-one interviews with four key personnel were held in various settings and at times that were mutually suitable to the participants and researcher. These interviews varied in length from forty to seventy minutes 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 being heard. 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 study. These findings are presented in two parts: (1) the pre-placement focus groups and (2) 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 themes emerged. These were: *Nature of Night Shift*, *Preparing to be a Graduate* and *Change and Adjustment*.

#### Nature of Night Shift

Under this theme, both students and staff perceived that night shift would be different to that which students had experienced during the day. There was a perception from students that night shift would be quieter than they had been used to but there was also uncertainty about what nurses did during the night.

*It won't be so busy as working on a day, passing a lot more time. I don't have any real idea what the night staff do or whether there will be periods of nothing. (Student)*

However, some students felt that they may actually see more during the night.

*...night time is so different. You see so much more than you do during the day such as accident cases. (Student)*

*I actually think that you will see things – conditions that will flare up during the night that you don't see during the day. (Student)*

Hospital staff recognised other aspects of nights that were different to working during the day. Less medical and other support during the night was identified as a particularly important aspect and staff were keen to help students deal with this. In addition, emphasis was placed upon the need for greater teamwork at night.

*You don't have all the supports around you... You cannot say the blood pressure's this and just leave it at that...You're going to have to take the steps you need...If I have them [students] I want to guide them through that. (Staff)*

*There's only one doctor on, she's got the whole hospital to run. You have to prioritise. (Staff)*

*At night its all teamwork. That's the main thing about nights, its all teamwork. (Staff)*

Night staff identified opportunities for extending students' experiences that would not normally exist during the day. Documentation was emphasised as an important component of working during the night and something that needed to be mastered. In addition, they related how the quality of documentation during the day could impact on night staff.

*Learning how to fill out charts correctly so that people can read them, and knowing what to document and how to do it correctly, looking after drains, knowing that they have to be emptied at midnight and that sort of thing because they don't do that during the days. (Staff)*

## Preparing to be a Graduate

Undertaking a night duty clinical placement as a student was seen by both ward staff and students as beneficial for preparing them for graduate roles and the realities of nursing practice. Students expressed feeling that the placement would better prepare them for their graduate year, recognising the benefits in undertaking the rotation with the support of being in a student role. Hospital staff saw benefits in having better prepared colleagues to work with, when these individuals undertook future rotations onto night shift as new graduates.

*It is a reality of our job. Nurses work 24 hours a day. (Student)*

*You won't feel so anxious next year when you are faced with going onto nights. (Student)*

*I want to actually do a night and feel what its like to walk around with a torch! Learning how to do things in the dark. (Student)*

*If you do feel uncomfortable it is a lot easier to step aside and say 'help' than on a grad position when you are the nurse. Its good exposure to more different areas, different shifts. (Student)*

*When you get grads onto nights they're pretty lost to start with because they've got no confidence of what to do on nights. They're suddenly thrown in as a grad and they've got eight patients to look after. (Staff)*

## Change and Adjustment

The final theme emerging in the pre-placement interviews was around perceptions of change and adjustments that would be necessary for the night duty placement. This did not only relate to students, but to staff who were having students for the first time. Students recognised that physical and social adjustments would be necessary for themselves. Understanding where the students were at, as well as letting the students undertake tasks that they would do automatically meant that staff recognised needing to adjust the way that they would normally confront nursing work.

*I think its just getting a bit of confidence in them [students]. Like suddenly you've got students and knowing just what they can and can't do. (Staff)*

*Getting them to something rather than doing it yourself. It is like you just get on and do...Just learning to slow down enough and give them something to do and supervise them. (Staff)*

Given that students were undertaking night duty for the first time, a number of issues relating to change and adjustment were raised in pre-placement interviews. These involved physical and social adjustments that were perceived to be needed. Many students were taking the opportunity to explore their own coping mechanisms.

*Learning how to cope, not just the night shift but during the next day, and then going back into doing nights. (Student)*

*It will be interesting to see how we will function at four o'clock in the morning. (Student)*

*Especially over the weekends, re-adjusting to being awake during the day and then back asleep at night and then changing back again. (Student)*

*Even outside of the actual shift there might be things to learn – sleeping patterns of yourself and baby, fitting in the rest of your life. (Student)*

*I wanted to do this to see how it would work down the track. A good thing to try I think if you have small kids to see if you can cope or not with night duty. (Student)*

## **Post-placement interviews**

Thematic analysis was also conducted on the post-placement interviews. These yielded extensive rich data. Four themes emerged, these being: *Time to learn, time to teach, Adjusting, Continuity* and *Preparing to be a Graduate*.

### **Time to Learn, Time to Teach**

One of the most significant aspects emerging from the post-placement interviews involved identification of educational benefits of undertaking night duty placements. It was identified that there was often more time to learn about things that were happening, as well as time for the staff to teach than would be available during the daytime. Students and clinical teachers recognised that the students had time to understand more about what patients were experiencing than during the day.

*You've got time to go and research things...if there is something you don't know, look it up on the computer. You don't have the time to do that during the day – or have access to the computer. (Student)*

*You have the time to actually understand why you are doing things and understand the diseases. You can pull things together. (Student)*

*You had time to read histories. And they [night staff] had time to teach us. (Student)*

*They actually got a lot out of it, getting time to understand why they were doing things (Clinical teacher)*

*I found I was in resus the other day and we intubated someone. Afterwards they [staff] sat down with me, showed me the equipment, how it all worked. I don't think during the day they would have that sort of time. (Student)*

*They [students] were relieved of the mundane that was done during the day so they got to do more complex things without taking away the need to still do basic nursing care. (Clinical teacher)*

There were opportunities for students to experience many new learning experiences during their night duty experiences. In addition, previously learned skills and knowledge were able to be developed. Students identified development of their physical assessment skills, which they identified as more important for night staff, and documentation as particularly noteworthy.

*Even learning to assess people while they're asleep. Getting used to walking around with a torch in your hand and not bumping into things. (Student)*

*A lot of the documentation was more thoroughly explained. Little things you picked up as you go. You have time to ask. (Student)*

*I've taken more bloods and done more ECGs in the past two weeks than I've ever taken. (Student)*

*I'd never taken blood before this placement and I did that on the ward. (Student)*

Of the learning opportunities described, particular experiences were identified by students, night staff and clinical teachers that would not normally be available during the day, and added to the overall positives of the placements.

*We've had the opportunity to do things that we wouldn't have during the day, especially in emergency, students have been in to resus and triage. (Student)*

*I've had a couple of code greys which is quite exciting. During the day you just don't get involved at all. At night you have to do something as well and help restrain. (Student)*

*They got to see things they wouldn't during the day. Like the certification process when someone has been brought to the hospital dead on arrival, how the process occurred, they learnt stuff about triage, how people are seen and what rating they are given. (Clinical teacher)*

*I got to see an underwater seal drainage straight from someone post-op and I've never seen that before. If it was during the day if there were other students around I just wouldn't have had the chance to see it at all. (Student)*

*On night duty there's a lot of things that you'd be able to do that you might not get the opportunity to do during the day. So I think it's a good environment to be able to learn to do things. Especially for your time management too of all the work you've got to do. It's a really good way to learn to time manage. (Night staff)*

## Adjusting

As expected from the pre-placement interviews, there was a process of adjustment for students. These included both physical and social factors, however, students did not place as much emphasis on these as they had in the pre-placement interviews. Overall, these adjustments proved less than had been expected.

*The overall benefit for me is coping through the lull. When you're getting tired. You are really having to concentrate and it was a good opportunity to have insight into that. (Student)*

*The way a night shift works. I now know that I can make it through the night. (Student)*

*I find you eat really bizarre things. I get up during the day at three or four and think I should have a piece of toast or something. But if you eat the wrong things you get that night shift bloat that they talk about so you've got to lay off the carbs during the evening. As long as you don't get stuck into the carbs you're pretty much right. (Student)*

*Even organising your own life. I've also struggled with paying the bills and ringing people before five o'clock. Getting to the post office by five o'clock I have to get out of bed by four and you're a bit sluggish and think I'll go tomorrow (Student)*

Most students found the change to sleeping patterns not as great as they had been expecting. However, they did recognise some patterns that were necessary for enhancing the sleep that they were able to achieve. In addition, there were more things happening that were able to reduce their sleep duration.

*I found it easy to sleep during the day. (Student)*

*You can't go to sleep as soon as you get home. You need to unwind and if you've got other appointments as well it throws you out. You have long standing things like doctor's appointments and you might only have two and a half hours sleep, that's when you struggle a bit. (Student)*

## Continuity

One of the unexpected positive aspects of the night duty placement was that students were exposed to more continuity of care than they had experienced on regular, day placements. Students and clinical teachers discussed how students were able to follow patients through from acute admission states to stabilised conditions.

*The students who had been in emergency then worked in the wards, they were seeing the patients they had been caring for the night before so they saw follow through. Some of them went to the ward where the patients were eventually placed. (Clinical teacher)*

*They [students] had the time to stay with the same person and actually see when something was given to the patient and slowly watch the patient come good...looking at more complex treatment, seeing which way the patient was going to go and how to stabilise them. (Clinical teacher)*

*Seeing what happens before they come up on the ward and going through the emergency, the whole process (Student)*

Continuity was also evident in students' enhanced understanding of the twenty four hour nursing cycle. They appeared to better recognise the twenty four hour cycle of nursing care delivery and how each shift could impact on the next.

*Its nice to know what night shift actually do. You come on during the day and the day staff knock what the night shift do and its nice to see if from the other side. Its nice to see what the staff have to do and how they prepare. How they prepare patients in the mornings and how you help the day staff but also how the day staff help the night staff. (Student)*

There was, however, another dimension to continuity raised by night staff that is also worthy of further consideration. Students in this pilot program were rotated around a range of clinical areas to allow them to experience night duty from a number of different clinical perspectives. This enhanced their ability to follow patients through their hospitalisation. However, hospital staff felt that students would have benefited from greater continuity of placement in one clinical area.

*I don't think there was enough structure for them to actually feel like they were part of anything. I know that they're supposed to be supernumerary but in their third year I think that they should be made to be part of the working environment so that they just can't go off and have little talks like they did, that they should be on the ward being part of the team and then they would get a better idea of what its like to actually nurse at night whereas I felt that they really couldn't get a good idea because they weren't involved in exactly what we do. (Night staff)*

## Preparing to be a Graduate

Night duty placements were seen to contribute to students' readiness to practice as graduates. Students were provided with opportunities to consolidate previous learning and clinical nursing skills.

*They have been able to consolidate some nursing practices. (Clinical teacher)*

*Getting blood and getting that down pat because you do so many [on nights]. You do so many that you feel much more confident. (Student)*

*Even how things that are done during the day effect the night. The main one for me is the fluid balance charts. When you do them and they are incomplete and also preparing all the paperwork for the following day. Knowing how much easier things would flow. (Student)*

For some students, the experience provided scope to develop confidence in their abilities. It allowed them to overcome some anxieties about taking the next step into a graduate role.

*I can't wait to get out there and work. I think this has made me want that [to be a graduate] more. (Student)*

*It made me realise what I can actually do I was quite hesitant coming into this semester thinking there's only eight weeks of clinical and then you're on your own. (Student)*

The night duty experience provided students with a supported introduction into the roles and responsibilities of nursing at night. Generally, this is an experience that is not available to undergraduate students. Hence, as graduates it would be expected that these individuals would have better understanding of, and preparedness for, what will be expected of them. All groups agreed with this.

*I definitely think its beneficial. If they [students] rotate onto night duty as part of their grad program, this stint would definitely help them in regard to lives at home, adjusting to nights, sleeping during the day when on night shift, and being able to experience the day then the night shift as a different world. (Clinical teacher)*

*Well, they [students] don't realise that nursing's a 24 hour job and night duty is part of it. I think that it is good that they do it so they get some sort of insight to what its like, so it might be an option for them in the future. (Night staff)*

*There are less doctors at night time so the nurses step up a lot more. In the day the doctors would push you out of the way, but at night time they are so short on doctors that they (the doctors) there are not wanting to do anything that someone else can do for them. (Student)*

*It gave them [students] confidence. They got a bit of autonomy where they could make independent decision, make decisions on their feet and they were making right decisions and were being applauded for that. (Clinical teacher)*

*The night duty [staff] don't have the support if a patient was to deteriorate. Whereas on days you have more nurses, the doctors are always floating around. But on nights there are fewer nurses and you have to call for the doctor. You have to have more patient skills. (Student)*

*I don't think it [night duty placement] could do anything but [enhance readiness to practice] to be honest. (Night staff)*

## Conclusion

The night duty rotations undertaken by these two groups of students were found to offer a range of benefits and challenges. Some initial preconceptions of these placements were found to be confirmed whilst others were not. Students, staff and clinical teachers recognised particular types of learning available at night which were not usually there during the day time, as well as opportunities to develop proficiency in previously learned skills. Learning was able to be enhanced due to perceptions of more time for staff to teach and students to learn, and this was further assisted through being able to have continuity and follow patients through their period in the hospital.

Physical and social aspects of night duty nursing were able to be tackled in an environment where support was provided by a clinical teacher who was able to monitor students' conditions and provide guidance and support. Students, night staff and clinical teachers recognised benefits of the placement towards preparing them for practice as graduates through further consolidation of skills, extending knowledge, development of confidence, as well as through appreciating the twenty four hour nature of nursing.

## 7. Limitations

The current study has provided new insights into potential benefits of night duty placements for undergraduate nursing students. 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 include other hospitals. The students who participated in this pilot study were all in the final semester of their course. It is not clear whether night duty placements would be beneficial for students earlier in their courses or whether it is more appropriate just prior to graduation. However, one student focus group suggested:

*Second years would feel quite comfortable...it would be easier to learn to take a patient load because you can take your time, you can take two patients and its not as busy. (Student)*

The value of night duty placements for students earlier in their courses warrants further exploration.

Feedback from the interviews suggested that some clinical areas were better than others at providing beneficial learning outcomes for students. Most students in this study had exposure to areas that were busy around the clock such as emergency and operating theatre. However, they also experienced some wards which were quiet and some staff who were not very supportive of them being there. One clinical teacher noted:

*On the whole in the acute areas they got a lot of experience and the wards, if the staff were receptive to students being on the wards and they want to teach them then that was a good experience too. (Clinical Teacher)*

Hence, organisation of night duty placements needs to take into account the most appropriate clinical units in which to place students to ensure optimal learning outcomes. This should include consideration of patient mix and their clinical requirements, general busyness of individual settings and units that are willing to support student learning. In addition, clinical areas generally would not be able to accommodate as many students as they might during the day. Exceptions to this would be those areas that are known to be particularly busy during the night such as the emergency department.

The current pilot study employed clinical teachers to support students during their night duty rotations. One of the difficulties encountered during this study was that the academic clinical teaching award does not contain provision for penalty rates covering night duty work. Night duty 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 night duty placements may be prohibitive to such models. The most effective clinical support structures, then, for night duty placements would be preceptor models. As permanent night staff are generally not accustomed to having students, extensive preparation for prospective preceptors would need to be provided.

## 8. Conclusions

Current clinical teaching models involve students attending clinical placements on weekdays, on morning or afternoon shifts. Few students have the opportunity to experience the challenges of night duty nursing. This pilot study has demonstrated potential value for undergraduate nursing students undertaking night duty rotations. Students in the study experienced opportunities to develop proficiencies with a range of clinical skills, were able to extend their knowledge, develop confidence and experience an aspect of nursing that is generally not offered but which new graduates are expected to undertake and function effectively. The opportunity to reach a level of proficiency of skill development and confidence that this experience has identified offers potential to contribute to producing graduates who are more work ready when they enter the workforce.

The opportunity for students to undertake night duty placements does appear to have potential benefits. This study has demonstrated that such placements can provide opportunities for students to consolidate nursing practice skills, prepare them for understanding the scope of their graduate practice through exposure to the full spectrum of nursing work, and allow for opportunities to experience continuity of patient care. Furthermore, it has the potential to enhance the capacity of available clinical placements to accommodate increasing numbers of undergraduate nursing students through utilisation of timeslots currently not being utilised for student placements. However, careful consideration needs to take place with regard to viable options for clinical teaching support for students, not only for their nursing practice, but also managing the alterations to their social and physical wellbeing. Students in this pilot study had support from a clinical teacher to assist their adaptation to night duty work. However, with additional costs through remuneration for penalty rates such models may not be economically viable in a climate where clinical budgets are already stretched. If night duty placements are to be adopted in future, some support would be advantageous to ensure students made this adaptation smoothly and safely. Preparation of preceptors to undertake these functions may prove to be the most viable option for supporting students undertaking night duty placements.

## 9. 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.
- Coburn, E. & Sirois, W. (2000). A lifestyle how-to for night-shift nurses. *Nursing Management*, 31(9), 28.
- 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.

- Grossman, V.G.A. (1997). Defying circadian rhythm: The emergency nurse and the night shift. *Journal of Emergency Nursing*, 23(6), 602-607.
- 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.
- Spouse, J. (2001). Bridging theory and practice in the supervisory relationship: A sociocultural perspective. *Journal of Advanced Nursing*, 33(4), 512-522.
- Santhi, N., Duffy, J.F., Horowitz, T.S. & Czeisler, C.A. (2005). Scheduling of sleep/darkness affects the circadian phase of night shift workers. *Neuroscience Letters*, 384, 316-320.
- Sharts-Hopko, N.C. (2001). Focus group methodology: When and why? *Journal of the Association of Nurses in AIDS Care*, 12(4), 89-91.
- 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.

## 10. Appendices

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STUDENTS

Pre-placement focus group interview

Why are you participating in this pilot night duty 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 interview

Were your initial reasons for wanting to participate in a night duty placement 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 night duty clinical placement?

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

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

WARD STAFF

Pre-placement focus group interview

What are you hoping that students learn or experience during their night duty placement?

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

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

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

Post-placement focus group interview

What are your perceptions of students' experiences during their night duty 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 or limitations of the students participating in the pilot night duty clinical placement?

Would you recommend that all undergraduate nursing students undertake a night duty 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 night duty clinical placement?

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

How viable do you think night duty placements to be?

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

**Gantt Chart.**

**Appendix 2**

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	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	\$7,155.21
Salary – Research Assistant, Administrative Support	\$2,375.00
Salary – Lecturer – Level B	\$2,189.78
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, travel/parking costs, stationary, photocopying etc.	\$288.00
Presentation at nursing conference - 2007	\$500.00
<b>Total</b>	<b>\$15,563.37</b>
<b>DHS Funding</b>	<b>\$15,804.42</b>
<b>Other Funding (please specify)</b>	<b>N/A</b>