The interpersonal relationship between registered nurses and nursing students during clinical placement : A phenomenological inquiry

Rebeiro, Geraldine

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Submitted by

Geraldine Rebeiro

[redacted]

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Statement of Appreciation or Dedication

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value the importance of education and I pledge to pass it on to the generation of Rebeiros that follow.

Declarations

"This thesis contains no material that has been extracted in whole or in part from a thesis that I have submitted towards the award of any other degree or diploma in any other tertiary institution. No other person's work has been used without due acknowledgment in the main text of the thesis. All research procedures reported in the thesis received the approval of the relevant ethics/safety committees (where required)."

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Geraldine Rebeiro

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Abstract

In Australia and internationally, registered nurses (RN) supervise and enable the clinical placement learning for nursing students. Some evidence exists that student placement outcomes are influenced by RN-student positive teaching and learning association. However, in comparison there is minimal knowledge about the importance of RN-student interpersonal relationships or their influence on positive placement experiences for students. The aim of this descriptive phenomenological research was to explore the lived experiences (nature and extent) of the interpersonal relationship between RNs and students during clinical placement. A descriptive phenomenological approach was used to investigate this interpersonal relationship from the perspective of the RN. In-depth, semi-structured interviews were conducted with ten RNs and were analysed using Colaizzi's (1978) analytical approach.

Findings from this research revealed that the RN-student relationship was foundational for teaching and learning and was crucial for positive student learning on placement. Two theme clusters were identified from analysis: the first was that that RNs were resolute in their commitment to students in developing positive interpersonal relationships to improve their clinical learning for the achievement of positive clinical learning outcomes. Positive relationships were enabled through the sub themes of Getting to know the student is essential; Effective communication is a reciprocal process, and Mutuality of engagement and commitment is critical. The second theme cluster identified the challenges encountered by RNs in establishing and maintaining interpersonal relationships with nursing students. The factors that challenged RNs to establish positive interpersonal relationships with students were grouped under the following sub themes: Navigating relationship challenges and conceding relationship tensions; and Relationship power dynamics. When factors such as the availability of sufficient time, lack of engagement, the buddy RN role, the conflict experienced by RNs between patient care and student responsibilities, and perceived power dynamics were present, they caused tension within the RN-student interaction and impacted the likelihood of forming positive relationships.

Interpersonal relationships are foundational to teaching and learning between RNs and nursing students and positive relationships are necessary for RNs to facilitate informed student clinical placements. Several recommendations are made for practice, education, policy, and future research that are contextual to undergraduate nursing clinical education. There is a need for the establishment of professional development preparatory programs for buddy RNs. Reform of clinical partnership industry agreements is needed in Australia to include nationally consistent RN clinical placement supervision models. Validation of RN clinical placement supervision roles with formal recognition of the roles in RN workloads is required from health care industries. Nurse education

policy is needed to formalize the role of the buddy RN. A proposal is put forward for undergraduate nursing curriculum inclusions about education for nursing students on expected teaching roles when they become registered. A focused RN-student clinical education model centred on initiating and maintaining interpersonal relationships between RNs and students on placement is also needed. Areas for future research need to include a review of models of nurse education for clinical placements and inclusion of RN professional development on the importance of interpersonal relationships for their facilitator/buddy roles.

Glossary of Terms

Term	Explanation
Australian Health Practitioner Regulation Agency (AHPRA)	AHPRA in partnership with 15 National Boards helps protect the public through the regulation of health professionals and the maintenance of a public register of Australia's registered health practitioners https://www.ahpra.gov.au/about-ahpra/who-we-are.aspx
Buddy RN/nurse	RN who buddies with nursing students on a shift-by-shift basis to provide clinical guidance (HWA, 2008).
Clinical Educator/Facilitator	RN who is responsible for the overall supervision of a group of nursing students on clinical placement (HWA, 2008).
Clinical placement	A real-world healthcare clinical practice experience where nursing students apply their theoretical knowledge and clinical skills.
Clinical placement learning	Where nursing students' clinical skills and knowledge are developed and applied to patient care in practice.
Mentor	RN who provides mentoring to students in respect to clinical practice in a clinical placement usually greater than four weeks (HWA, 2008).
Nursing and Midwifery Board of Australia (NMBA)	Regulatory authority for Australia's nurses and midwives https://www.nursingmidwiferyboard.gov.au/
Nursing student/Student nurse	Person who is enrolled in a prescribed pre-registration undergraduate education program (Bachelor of Nursing) and eligible for registration as an RN with AHPRA on successful completion of their program.
Preceptor	Normally a "RN who is a senior clinical nurse, holding a dual role which includes carrying out ward clinical duties whilst providing orientation, supervision and guidance of a new graduate or student on a one-to-one basis" (Usher et al., 1999 p507).
Registered nurse (RN)	A nurse who has successfully completed the prescribed pre-registration educational preparation (e.g., Bachelor of Nursing), demonstrates competence to practice, and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia through AHPRA.

Thesis publications

	Title	Author	Contribution
1	Rebeiro, G., Edward, K., Chapman, R., & Evans, A. (2015). Interpersonal relationships between registered nurses and student nurses in the clinical setting—A systematic integrative review. *Nurse Education Today*, *35*(12), 1206-1211. https://doi.org/10.1016/j.nedt.2015.06.012	Ms Geraldine Rebeiro (corresponding author)	Contributed to the conception and/or design of the study. Collected the data Analysed the data. Initiated the drafting of the manuscript and critically reviewing the manuscript.
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		Professor Rose Chapman	Contributed to drafting the manuscript and/or critically reviewing the manuscript.
		Dr Alicia Evans	Editing of the paper.
2	Rebeiro, G., Evans, A., Edward, K., & Chapman, R. (2017). Registered nurse buddies: Educators by proxy? *Nurse Education Today*, *55*, 1-4. https://doi.org/10.1016/j.nedt.2017.04.019	Ms Geraldine Rebeiro (corresponding author)	Contributed to the conception and/or design of the study. Collected the data Analysed the data. Initiated the drafting of the manuscript and critically reviewing the manuscript.
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3	Rebeiro, G., Foster, K., Hercelinskyj, G., & Evans, A. (2021). Enablers of the interpersonal relationship between registered nurses and students on clinical placement: A phenomenological study. *Nurse Education in Practice*, *57*, 103253. https://doi.org/10.1016/j.nepr.2021.103253	Ms Geraldine Rebeiro (corresponding author)	Contributed to the conception and/or design of the study. Collected the data Analysed the data. Initiated the drafting of the manuscript and critically reviewing the manuscript

Title	Author	Contribution
	Professor Kim Foster	Contributed to the conception and/or design of the study. Contributed to drafting the manuscript and/or critically reviewing the manuscript.
	Dr Gylo Hercelinskyj	Contributed to drafting the manuscript and/or critically reviewing the manuscript
	Associate Professor Alicia Evans	Contributed to the conception and/or design of the study. Contributed to drafting the manuscript and/or critically reviewing the manuscript.

Chapter One - Introduction

1.1 Introduction

Registered Nurses (RNs) are a primary resource in the contemporary clinical education of undergraduate nursing students. This chapter introduces the thesis and provides an overview of the thesis structure. The aim of this research was to explore the phenomenon of the interpersonal relationship (lived experience) as described by RNs in their interactions with nursing students when in the role of clinical facilitator, preceptor, mentor, or buddy nurse in clinical placements. The chapter begins with an identification of the phenomenon and provides relevant context in terms of the researcher's experience of the clinical education of nursing students who interact with, learn from, and are supervised by RNs. The researcher's assumptions are foregrounded, including the problem that prompted the investigation and how this relates to the contemporary system of clinical education for nursing students. The descriptive phenomenological design used to explore participant perspectives and meanings is outlined. Further, a background on contemporary clinical education models used to facilitate nursing students' clinical learning is included. The structure of the thesis and synopsis of each chapter concludes the chapter.

1.2 Research Overview

In this research a descriptive phenomenological approach (Colaizzi, 1978) has been used to explore the phenomenon of the interpersonal relationship (referred to as relationship hereafter) between RNs and nursing students, as described by RNs who interact with nursing students (referred to as students hereafter) in the role of buddy RN, mentor, preceptor or clinical facilitator during clinical placement.

1.3 Problem and Significance

Undergraduate (UG) or pre-registration nursing degree programs are comprised of theoretical and clinical components. The clinical education component facilitates students to develop important practical clinical nursing skills through real world experience, as well as providing opportunities for students for the application of theory to practice in a real clinical setting ((Anderson et al., 2020; Brown et al., 2020; Carlson & Bengtsson, 2015; Devlin & Duggan, 2020; Kolawole et al., 2019; Rohatinsky et al., 2018; Rosli et al., 2022; Tuvesson & Andersson, 2021)). Although there has been substantial investigation into the clinical learning needs of nursing students to develop the required clinical competence for registration, there is far less investigation of the role of RNs in supporting students' learning on clinical placements (Anderson et al., 2018; Henderson & Eaton, 2013; Needham et al., 2016). Also a gap in knowledge exists on the role and nature of the relationship between students and RNs in preceptor, buddy, or facilitator roles during clinical placements. The lack of

evidence on this relationship has implications for the effective facilitation of student learning and supervision of students on clinical placement, as well as their placement experiences and learning outcomes. There are also implications for the RNs who supervise students on clinical placement in terms of the significance of establishing effective relationships with students and how this can facilitate or hinder student learning (Bawadi et al., 2019; Dahlke et al., 2016; Hanson et al., 2018). The findings from this research have valuable contributions to offer about the importance of the RNs' role in student clinical learning that are useful considerations for future nursing education and practice.

1.4 Aim/s and Research Questions

The aim of the inquiry was to explore the phenomenon of the relationship (lived experience) as described by RNs in their interactions with students when in the role of clinical facilitator, preceptor, mentor, or buddy nurse during clinical placements. A descriptive phenomenological design was used, which sought to investigate the following questions:

- What are the lived experiences (thoughts, feelings, perceptions, assumptions and expectations) of the interpersonal relationship between RNs and nursing students as described by RNs facilitating the clinical learning of nursing students during clinical placement?
- How do RNs in the role(s) of clinical facilitator, preceptor, mentor or buddy nurse develop and maintain interpersonal relationships with nursing students during clinical placement?

1.5 Coming to the Research - My Interest in the Topic

I am a nurse academic with nearly three decades of experience in educating undergraduate (pre-registration) nursing students and have had a long-term interest in the clinical education of nursing students. My interest relates to the interaction between RNs and nursing students when RNs work directly with students while facilitating and/or supervising their clinical placements. The inspiration for this research originated from my work as a clinical teacher and continued into my work as a nurse academic. My experience of working with nursing students motivated me to question the ways in which nursing as a health care discipline has managed changes to the clinical education of students. Specifically, I was interested in the changes that have occurred since nursing education was transferred from fully workplace hospital-based training to tertiary education in the latter decades of the twentieth century in Australia.

I worked in hospitals in the 1980s and 1990s and was hospital-trained myself, but it was not until the 1990s, on entering nursing academia, that I noticed the change that the transfer of nursing education

to higher education had brought to the status of nursing students' clinical placement learning. While my theoretical and clinical education was conducted in the same institution which was also my workplace, in contrast, most contemporary students in Australia have a distinct demarcation between where they learn the theory component of their course and where their clinical learning occurs. In this context, I have witnessed the difference between the welcome I received as a nursing student who was new to the ward and the welcome afforded to nursing students educated in universities. Although I, and the nursing students of my era, usually felt that we belonged in the hospital and were warmly welcomed onto a new ward, I have heard from contemporary students that they do not feel welcome and do not feel they fit in when they are on clinical placement. The focus of my interest as an academic has been on the different attitudes and perceptions of contemporary RNs when working with students during their clinical placement and how this seems to influence their interaction with students and student learning outcomes. I wanted to understand this issue better through research with contemporary RNs to add to the knowledge informing the professional development of RNs about clinical learning. In choosing to explore this issue it was my hope that this research and its findings would ultimately benefit students' placement experiences and help improve placement outcomes.

1.5.1 Researcher Assumptions

This research uses a descriptive phenomenological approach. In a phenomenological investigation it is important to acknowledge the concept of philosophical reduction. That is, it is important in Husserl's philosophy of phenomenological inquiry, that the researcher does not contaminate the phenomenon and is able to experience its purity of meaning, through dissection of the actual experience of the phenomenon (Husserl, 1973). This means that preconceived ideas are put aside, and analysis and interpretation of the data is representative of what participants have said (Husserl, 1973). In this research, as the researcher it was important therefore that I took care not to bring my assumptions and presuppositions into the data collection and analytical process, but to stay close to the data so it was representative of what the participants said and not influenced by my presuppositions (Colaizzi, 1978).

In this research, which explores the relationship between RNs and students on clinical placement, it is appropriate that I acknowledge my experiences within the clinical education processes in undergraduate nursing education in which I am deeply intwined. Also important are the observations that I have made that have shaped my understanding of what it is that influences the RN-student relationship. I acknowledge there are several assumptions about this that I brought into the research. The nature of my experiences as a clinician and the observations I have made as an academic have

been more negative than I would have liked. Therefore, I came to the research wanting to improve what I saw as a fractured relationship between RNs and nursing students. However, this perceived fracture is one of my assumptions. Another assumption I brought to this research is that for students, clinical learning was better in some ways when I was a student, when collegiate relationships aided the learning of nursing students. The impression I have formed of contemporary undergraduate clinical education and a further assumption brought to this research is that there is a significant disconnect between RNs and students, with neither experiencing the sense of connection that was a feature of my experience as a student. Another assumption was that some buddy RNs are reluctant to work with and/or are resentful towards students. My sense was that this is related to buddy RNs' workload and the acuity of the patients to whom they provide care. I have observed this type of RN attitude towards students which seems to disempower students and impact the quality of their experience, in some instances contributing to whether the student continues in the course or not. I have worked however, to hold these assumptions and ideas in abeyance to be open to the data and what it portrayed of the participants' experiences. Managing my assumptions and reflexivity are discussed in chapter four.

1.6 Background to the phenomenon

Contemporary undergraduate (UG) nursing education is comprised of theoretical and clinical elements towards qualification for registration in nursing. Learning that together prepares students towards a qualification for nursing. Students learning in the clinical setting is facilitated by RNs. The clinical learning component involves both simulated and real-world practice: the former takes place in the University while the later happens in hospitals and health care services. Clinical learning placement facilitation models are used for student learning to take place (Anderson et al., 2020; Brown et al., 2020; Carlson & Bengtsson, 2015; Devlin & Duggan, 2020; Kolawole et al., 2019; Rohatinsky et al., 2018; Rosli et al., 2022; Tuvesson & Andersson, 2021). These clinical teaching/facilitation learning relationships are enabled through formal and informal teaching roles of the RN such as preceptorship, mentoring and the 'buddying' of nursing students with RNs in the wards or units of their workplace. RN placement facilitators, however, often also have a clinical workload as well as students to supervise and support.

1.6.1 Learning Relationships in Undergraduate Pre-Registration Nurse Education

In Australia the transfer of nurse education from the apprenticeship type of model of learning to higher education was introduced towards the end of the 1980s. Around the same time that nurse education transitioned in the UK, but significantly later than the United States of America, where nurses have needed a degree to practice since professionalization there in 1909 (Francis, 1999). In

the United Kingdom Project 2000 was the impetus to transition UG nursing education to higher education. In the United States (US) this process commenced in 1909 when the first preregistration nursing degree program began (Francis, 1999).

The report 'Nursing Education in Australian Universities' (Reid, 1994) contends that in the twenty years between the 1960 and 1980, the transfer of pre-registration nurse education programs which were formerly under the auspices of hospitals to higher education was steered by English speaking countries. Prior to the movement from hospital-based nursing education to the tertiary sector, nursing students were included in the nursing workforce in the workplace and were paid employees during their apprenticeship type of model of training (D'Cruz & Bortoff, 1986).

1.6.2 Learning Relationships in Undergraduate Pre-Registration Nurse Education: the Australian Experience

Contemporary undergraduate higher education nursing curricula comprises theoretical and clinical components and assessments that if successfully completed by students lead to qualification for registration in nursing. To achieve a qualification for registration in nursing in Australia, individuals are required to "complete a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the Nursing and Midwifery Board of Australia (NMBA)" (ANMAC, 2019 p.4). Undergraduate or pre-registration registered nurse practice programs (Bachelor or Master's degree) are required to meet the Registered Nurse Accreditation Standards in a curriculum that meets level 7 of the Australian Qualifications Framework (ANMAC, 2019). The curriculum must include the practical implementation of nursing and educational philosophies into the program of study and include a minimum of 800 professional experience practice (clinical) hours (ANMAC, 2019).

Since the change in nursing education from workplace learning to higher education, several clinical placement supervision and clinical education models have been developed to facilitate nursing student supervision and learning when they are on clinical placement (HWA, 2008; Newton et al., 2011). The learning and supervision of students on clinical placement is provided by RNs in clinical facilitator/educator/teacher, preceptorship, or buddy RN roles. These include clinical educators/teachers/facilitators who are RNs formally appointed by a university or health care facility to supervise a cohort of typically eight students for a placement of normally two to four weeks. Another role is the RN preceptor role, which is a formal ward-appointed RN who supervises one student for a protracted placement of normally two or three weeks or more (Ockerby et al., 2009) The buddy RN is another but informal clinical facilitation role, and these RNs are informally appointed at a ward level to supervise one student on a shift-by-shift basis (HWA, 2008; Newton et

al., 2011). The clinical teaching/facilitation and learning relationships are provided through preceptorship, mentoring and the 'buddying' of nursing students with RNs in their clinical workplace where students are placed (HWA, 2008). However, RN preceptors or buddies normally also have a patient caseload (Brammer, 2006a). The distinguishing characteristics of the various RN teaching roles is described below.

In 2010, the Australian Government, in acknowledgement of the inconsistency of clinical supervision models for health professionals and that not all clinicians were naturally good educators, created Health Workforce Australia (HWA) (HWA, 2010; Russell et al., 2016) to provide better clinical education and supervision for health profession students. HWA's brief included addressing issues of workforce planning and recruitment and enhancing and increasing access to quality clinical placements for students in the health professions. In response, the Clinical Supervision Support Program (CSSP) initiative was established under the auspices of HWA for the purpose of assisting in meeting clinical placements demand in Australia (HWA, 2011; Russell et al., 2016). The purpose of the CSSP was to expand the clinical placement capacity of health services for student placements and to build a health workforce that was competent to facilitate quality clinical placements that supported student learning and the development of their competence (HWA, 2011). The CSSP significantly changed the landscape in which students of the health professions were supervised clinically for both health providers of student clinical placements and the education providers who were and continued to be reliant on health services for student clinical placements. Health service providers of nursing clinical placements broadened their scope to include the provision of nursing clinical educators to supervise student practice and learning, who were appointed by the health service but funded by universities. The appointment of clinical educators up to this time was principally the domain of education providers. This model adopted the HWA (2011) recommended ratio of one clinical educator to eight students and included the extended involvement of ward RNs as buddy RNs as a hybrid of the preceptorship model to become an informal RN clinical education role (Rebeiro et al., 2017).

Contemporary Australian nursing clinical supervision models which are used today can be attributed to the initiatives developed through the CSSP. In respect to clinical placement, clinical education facilitators usually supervise a group of around eight students (Brammer, 2006a; HWA, 2008). The term *preceptorship*, as described by Health Workforce Australia (HWA, 2008), is when a nursing student is allocated to an RN working at a Health Care Facility. A preceptor is usually "…a senior clinical nurse, holding a dual role which includes carrying out ward duties whilst providing orientation, supervision and guidance of a new graduate or student on a one-to-one basis" (Usher et al., 1999, p.507). The *mentor* role (HWA, 2008) is comparable to the role of the preceptor but the

interaction between the nursing student and mentor is for longer and in a placement usually greater than four weeks duration. A *buddy* nurse is a hybrid of the preceptorship and facilitation role and involves nursing students being 'buddied' with a RN on a shift-by-shift basis as well as supervised by a clinical education facilitator who has responsibility for the overall supervision of a group of students (HWA, 2008). These role definitions have been used throughout the thesis as they are contextually relevant to Australia.

Much of the success in the development of clinical competency of nursing students has been well researched with findings attributed to the type of clinical teaching model employed by RNs during clinical placement (Anderson et al., 2020; Brown et al., 2020; Carlson & Bengtsson, 2015; Devlin & Duggan, 2020; Kolawole et al., 2019; Rosli et al., 2022; Rohatinsky et al., 2018; Tuvesson & Andersson, 2021)). While clinical competencies are essential to nurse education, interpersonal relationships can also assist students in the learning environment to develop competent practice. Interpersonal relations have been described by Peplau, a leading nursing theorist, as the relationship between two people, sharing different experiences and perceptions, which are influenced by their thoughts, feelings, perceptions, assumptions and expectations (Peplau, 2004; Rebeiro et al., 2015). Peplau's description is helpful for understanding the clinical learning environment where the nature of interactions between RNs and nursing students influences the professional identity of the student (Bryan et al., 2013). For the purposes of this research, interpersonal relationships within the clinical learning environment have therefore been defined as the interpersonal connection and communication that is shared between the RN and the nursing student during clinical learning interactions (Bryan et al., 2013).

Evidence exists of positive engagement with RNs in the clinical setting as enhancing to the clinical learning experience for students (Dunn & Hansford, 1997; Levett-Jones et al., 2009; O'Driscoll et al., 2010). However, these relationships are often explored in the context of developing students' competency in practice or considered an attribute of professional socialization (Levett-Jones et al., 2009) rather than from the development of interpersonal connections between the RN and student. There is some evidence that interpersonal relationships between nursing lecturers and students are important in achieving successful learning outcomes in the classroom (Bryan et al., 2013; Payton, et al., 2013), but there is a paucity of literature about the nature of the interpersonal relationship between RNs and nursing students during clinical placement. This gap in the knowledge has been explored in this thesis.

1.7 Thesis Rationale

Interpersonal relationships between RNs and students can exert a positive influence on student learning. Although there is evidence in the nursing education literature that alludes to the benefits of positive relationships in learning, these are in the context of teaching and learning leading to student achievement of competency (Anderson et al., 2020; Brown et al., 2020; Carlson & Bengtsson, 2015; Devlin & Duggan, 2020; Kolawole et al., 2019; Rohatinsky et al., 2018; Rosli et al., 2022; Tuvesson & Andersson, 2021). In comparison there is minimal evidence in the literature on the benefits of positive RN-student relationships in respect to clinical learning, and as foundational to teaching and learning on placement. Factors such as professional acknowledgement or inclusion by RNs while on clinical placement, and the availability of learning and professional socialization opportunities, have been found to significantly impact student practice experiences and learning outcomes (Glass, 2010). Further, student clinical learning experiences have been reported in the literature as being greatly impacted by the RNs who work with students on clinical placement (Anderson et al., 2018; Levett Jones et al., 2009; Needham et al., 2016; O'Driscoll et al., 2010). Also some studies describe student experiences as having been impacted negatively when they felt unwelcomed by RNs on placement and where students were ignored or spoken about negatively (Brammer, 2008; McCloskey er al., 2021; Smedley & Morey, 2010). Other studies from the perspective of the student refer to RNs' attitudes and perceptions as being critically influential to the student's practice experience and outcomes (Aghamohammadi-Kalkhoran et al., 2011; Bradbury-Jones et al., 2011; Brammer, 2006b; Haitana & Bland, 2011; Hathorn, 2009; Raines, 2012). Although there is evidence in the nursing literature that positive relationships between teacher and student in the classroom can have a powerful and lasting effect on the learning outcomes of students, and positive relationships between teacher and student can positively impact student competence and motivation (Gillespie, 2002; Knox & Mogan, 1985; Vallant & Neville, 2006), the literature on RN-student relationships in clinical contexts specifically, rather than on learning experiences more broadly, is lacking.

The guiding literature from the broader field of education which maintains that teaching is a relational process that necessitates forming effective relationships with students (Bainbridge et al., 2000; DeVito, 1986) is encouraging for the RN-student relationship for meaningful student practice development and positive learning outcomes (Chan et al., 2019; Hegenbarth et al., 2015). This is an important consideration for clinical education in undergraduate nursing programs. Coupled with the lack of evidence on this in the nursing literature, it is important to obtain a better understanding about relationships between RNs and nursing students during clinical placement (specifically the influence of the interpersonal relationship).

Understanding this phenomenon of the RN-student relationship during clinical placement is beneficial to the field of nursing for several reasons. These include:

- The explication of strategies used by RNs to develop and maintain interpersonal relationships with students on clinical placement.
- To inform the professional development needs of RNs who work with students on clinical placements to confidently establish relationships with students.
- To enlighten clinical placement providers to the need to improve the resourcing of RNs to facilitate clinical placements for nursing students by acknowledging the conflict that is experienced by RNs between their responsibilities to patient care provision and facilitation of the relationship and clinical learning needs of students.
- To identify a need for a re-think of the way in which the industry partnerships between health service providers of clinical placements and education providers negotiate the resourcing of student clinical placements, to improve RN-student relationships for positive student learning outcomes at the ward/unit level.

1.8 Organization of Thesis

This thesis is structured in accordance with the university's requirements for a thesis with publications. Three manuscripts have been published in Q1 peer-reviewed journals and are embedded throughout the thesis (Chapter Two, Chapter Three and Chapter Seven). The first two articles which were published in Nurse Education Today are embedded in Chapter Two [Interpersonal relationships between registered nurses and student nurses in the clinical setting: A systematic integrative review (2015)) and Chapter Three (Registered nurse buddies: Educators by proxy? (2017)]. These articles are reviews of the identified available contemporary nursing literature on the contemporary clinical education of nursing students which provides context for the phenomenon of interest. While the first article, a systematic review, identifies the value of RN-student interpersonal relationships to clinical learning, the second article, a literature review, demonstrates the importance of the RN role in being able to establish positive RN-student relationships as the conduit for positive student clinical learning experiences. The third article in Chapter Seven, comprises the second of three of the thesis's findings chapters. It was published in Nurse Education in Practice in 2021 and is a discussion of the factors which enable the establishment of a positive RN-student relationship for positive clinical learning experiences for students in light of the contemporary nursing and broader education literature including the two earlier literature reviews published from this thesis. In total there are ten chapters in this thesis.

Chapter One has introduced and contextualized the thesis, describing the phenomenon that was investigated in the light of the problem identified. The chapter provided a broad introduction to the thesis and established the definitions and constructs that underpin the research. Included is a description of the problem and significance of the research. The researcher's position was stated, foregrounding the researcher's assumptions. The origins of the work and background to it, thesis rationale, significance and the research aim, and research questions were addressed.
Chapter Two includes a systematic review of the relevant literature and presents on the first of three manuscripts published in Q1 peer reviewed journals. This publication has explored the available literature that represents the contemporary position that is held on the clinical education of nursing students. This first article recognizes the value of RN-student interpersonal relationships to clinical learning, from drawing on comparisons made in the literature of successful student learning outcomes from positive interpersonal relationships in academic settings. The chapter includes an update of the recent published academic literature that has occurred since the last review.

Chapter Three includes the second of the three published manuscripts which is a literature review with a focus on the clinical models that exist for the facilitation and supervision of students' learning and performance and the formal and informal positioning of the RN role. The review clarifies the significance and the logistics of the RN role in establishing RN-student relationships. This chapter reviews the relevant literature for an explanation on the existing beliefs which are held by RNs who have worked with nursing students when in the roles of buddy RN, preceptor and/or educator about the phenomenon of RNs' interpersonal relationships with students on clinical placement, and the value added to student learning outcomes of a positive relationship. This chapter includes an update of the published academic literature on the topic since the original review.

Chapter Four contains a detailed exploration of the ontological and epistemological principles that inform and support the methodology of the thesis. It provides an overview of the historical beginnings of phenomenology and concentrates upon the philosophers concerned with phenomenology. The descriptive phenomenological methodological approach and principles that drove the conduct of the research and interpretations have been described in detail.

Chapter Five outlines and explains the research methods used. The stages of the research process are explained, including the aim, research questions and purpose, sampling and recruitment, the data collection, and the data analysis methods. Also addressed are ethical issues, how rigour was maintained throughout the research process, and the researcher's reflexivity throughout the research.

Chapter Six outlines the first of three chapters on the research findings on the phenomenon of interest, and the key finding from the research which is that the interpersonal relationship between RNs and students is foundational to teaching and learning, and positive clinical placement learning experiences.

Chapter Seven is the second of three chapters of research findings which describe the factors that enable positive interpersonal relationships between RNs and students. An article with these findings was published in Nurse Education in Practice in 2021 entitled 'Enablers of the interpersonal relationship between registered nurses and students on clinical placement: A phenomenological study'.

Chapter Eight presents the final of the three chapters of research findings. This chapter explores the challenges experienced by RNs in establishing positive interpersonal relationships with students on placement as described by the participants.

Chapter Nine is the discussion chapter which is an explication and discussion of the key findings from the research in the context of the wider literature.

Chapter Ten is the concluding chapter of the thesis and describes implications and recommendations for clinical nursing education practice, policy and future research.

1.9 Conclusion

This first chapter has introduced the thesis and provided an overview of the thesis structure. The research aim was to explore the phenomenon of the interpersonal relationship (lived experience) as described by RNs in their interactions with students when in the role of clinical facilitator, preceptor, mentor, or buddy nurse in clinical placements. The phenomenon of interest that was investigated and provided context through an overview of the researcher's interest for pursuing the inquiry has been identified. Also, the researcher's assumptions were foregrounded in this chapter, the problem that prompted the investigation, and its connection to the contemporary system of nursing clinical education. The descriptive phenomenological design used for the research was presented. The chapter included a background on contemporary clinical education models in undergraduate nursing education for context and concluded with the organizational structure of the thesis.

CHAPTER TWO - REVIEW OF THE LITERATURE

2.1 Introduction

This chapter presents a description of the peer reviewed literature that was available on interpersonal relationships between registered nurses (RNs) and nursing students (students) enacted through the teaching and supervision of students on clinical placement and includes the first of two published review articles. The first article (published 2015) was a systematic integrative review of the literature with key considerations of the recognition of the value of interpersonal relationships between the RN and nursing students which arose in the context of the students' clinical placement learning. Although interpersonal relationships were found to be of benefit to student learning, this was found to be primarily in the academic setting rather than in clinical placements. A need exists for dedicated professional development and time for RNs to allow them to facilitate student clinical learning relationships on placement. The chapter includes the aim of the systematic review, an outline of the literature search strategy used and rationale for the literature search strategy that was used, and the published article. The chapter concludes with an update of evidence (2014-2022) in respect to interpersonal relationships between RNs and nursing students on clinical placement from literature published since the review.

2.2 Rebeiro, G., Edward, K., Chapman, R., & Evans, A. (2015). Interpersonal relationships between registered nurses and student nurses in the clinical setting—A systematic integrative review. *Nurse Education Today, 35*(12), 1206-1211. doi: 10.1016/j.nedt.2015.06.012

2.2.1 Aim

The aim of the systematic review was to investigate the experience of interpersonal relationships between registered nurses and student nurses in the clinical setting from the point of view of the registered nurse.

2.3 Search Strategy and Rationale

An initial search of the literature was undertaken in 2013 through EBSCOhost to search the nursing and nursing education related literature. The databases of CINAHL and MEDLINE were used as they provided a comprehensive resource of full text journal articles for nursing, midwifery and allied health with access to in excess of 5,400 journals with authoritative information in medicine, nursing, dentistry, veterinary medicine, the health care system, and pre-clinical sciences.

The clinical supervision of nursing students is well addressed in the literature with much of the success of this type of clinical supervision being attributed to the support of RNs for students through preceptorship, or through clinical teaching which is the prevailing clinical supervision model in Australia (Aghamohammadi-Kalkhoran et al., 2011; Allan et al., 2011; Bradbury-Jones, 2011; Brammer, 2006a; Christiansen & Bell, 2010; Haitana & Bland, 2011; Hathorn, 2009; Hickey, 2010; O' Driscoll et al., 2010; Orland-Barak, 2005)

Summary: This systematic integrative review revealed that no evidence was located which directly related to the phenomenon of the interpersonal relationship between RNs and students during clinical placement. Although there was some evidence in the nursing and broader education literature that indicated interpersonal relationships were central to positive student learning outcomes, this research has focused on the academic setting. Nonetheless the findings from the systematic integrative review and from this research have indicated that RNs have need for greater professional development to establish relationships with students as a foundation for teaching and learning. Organizational support for the RNs in formal and informal teaching roles was also highlighted in the systematic review. This support can be conveyed in the acknowledgement of and adjustment to the workload of the RN to provide them the opportunity to establish a relationship with the students with whom they are working as well as attend to their patient care responsibilities. Notably, no evidence was found with regard to RNs in the informal buddy RN educator role within the Australian context, which presented a further area for additional exploration and was pursued in the second literature review article (follows in chapter three).

2.5 Overview and Update of Literature

Since the publication of this systematic integrative review in 2015 regular searches have been conducted of the available contemporary literature from the CINAHL and MEDLINE databases through EBSCOhost. The following section outlines the final literature search and review of the available contemporary literature relevant to this research. Searches of the CINAHL and MEDLINE databases were re-run through EBSCOhost between July 2013 and July 2022 using the original key words: registered nurse, preceptor, buddy nurse, clinical teacher, mentor, student nurse, nursing student, interpersonal relationships, attitudes and perceptions to identify more recent publications. The original five inclusion criteria were applied to the updated search strategy (see 2.5.1 Table 1) and reviewed (2.5.1 Figure 1).

2.5.1 Updated literature search strategy 2022

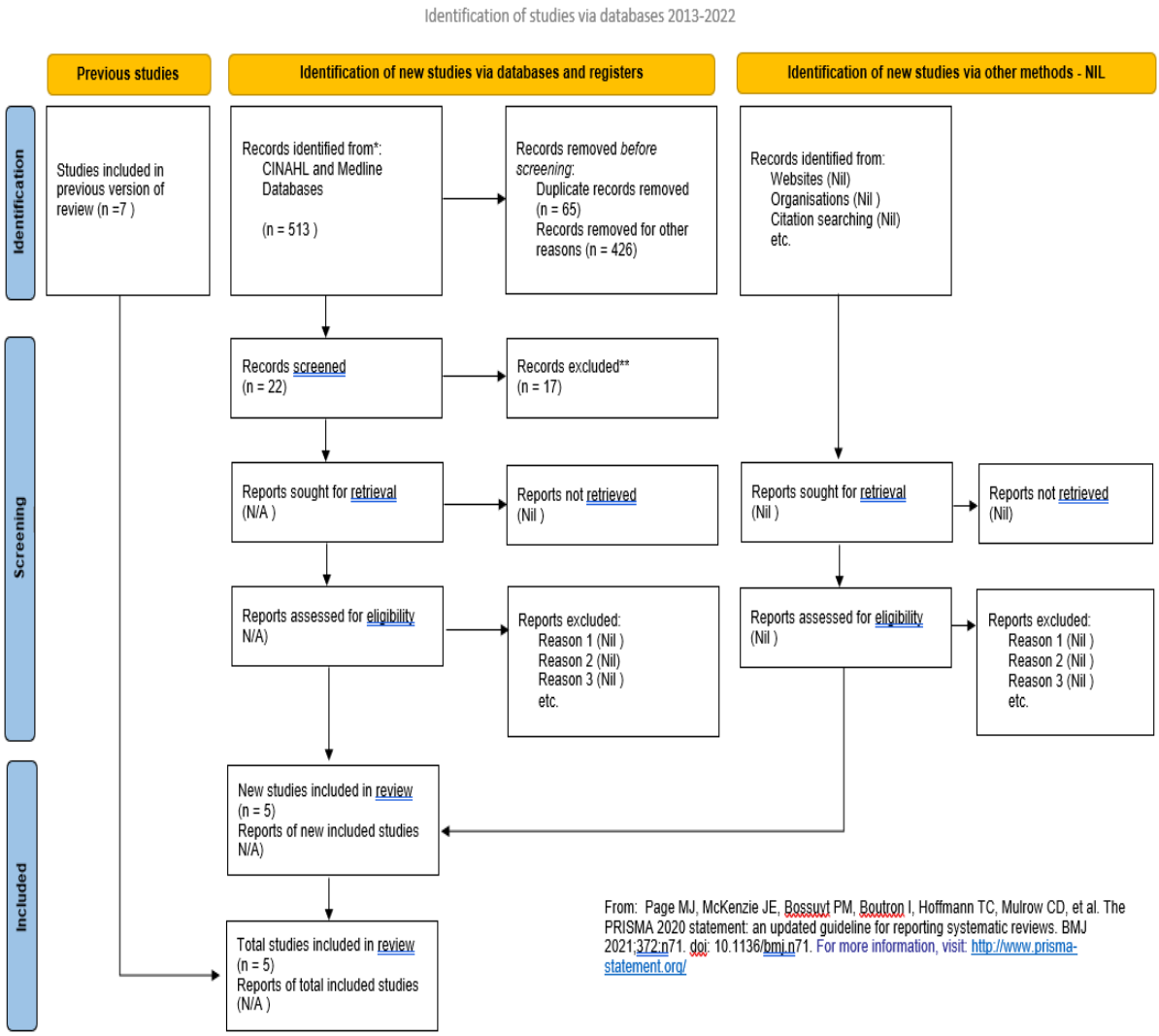
The literature search strategy initially used in 2013 was repeated between then and 2022 as follows:
Table 1

1. Time	Literature from 2013-2022 searched for review
2. Language	Literature only in English
3. Key words	Registered Nurs*or Preceptor* or Buddy Nurs* or Clinical Teacher* or Mentor* and Student Nurs*or Nursing Stud* and interpersonal relationship* or attitude* or perception*

4. Concepts	Studies at high level of evidence with reference to the primary focus of interest were sought in the literature search. Qualitative and quantitative studies: nursing students on clinical placement, perceptions, experiences of RNs, Mentors, Clinical Teachers and Preceptors working with nursing students. Professional relationships.
5. Type of literature	Quantitative and qualitative studies, mixed methods studies.
6. Exclusion	Three exclusion criteria were applied to this search strategy as follows: 1. Language – Literature not published in English 2. Concepts – Anything not meeting the inclusion criteria for concepts as noted above in 4. Concepts 3. Type of literature – Editorials, opinion pieces, excluded

The following PRISMA flowchart (Figure 1) outlines the returned articles and screening undertaken for the updated search.

Figure 1



2.5.2 Findings of updated literature search

As the first published systematic integrative review was published in 2015 it was important to regularly re-run the literature searches to distinguish between the literature reviews. The interpersonal relationships between RNs and nursing students during clinical placement from the RN perspective, was the focus of the systematic integrative literature review published in 2015. The literature has been searched regularly since this publication to search the available contemporary literature for publications beyond 2013 when the literature was first searched. The findings that follow are from an update of the most current literature search to identify peer reviewed articles in the available literature published between 2013 and 2022. The databases of CINAHL and MEDLINE were searched through EBSCOhost re-running the original key words and concepts from the 2015 publication. Five hundred and thirteen records were identified between CINAHL and MEDLINE for consideration. Sixty-five duplicates were removed, four hundred and twenty-six further records were

removed as they did not meet the inclusion criteria of concepts: nursing students on clinical placement, perceptions, experiences of RNs, mentors, clinical teachers and preceptors working with nursing students, professional relationships, or had been included previously. Twenty-two records remained for screening. From these a further seventeen articles were excluded as they were irrelevant (sixteen excluded because were of student experience rather than from the RN perspective). One article was excluded as it was a publication from this research. Five articles remained for full text assessment which have been included for this current update of relevant literature. Data from across studies were collated and synthesized according to the study aim of the systematic integrative review. The studies identified through the literature search are discussed below. It is important to note that although the research reported in this literature is of relevance to teaching and learning in the clinical placement, none of the articles included were explicitly on the phenomenon of interest.

2.5.3 Learning relationship influences

The relevant available literature that addresses the interpersonal relationship between RNs and students during clinical placement facilitated by RNs in preceptorship, mentoring and clinical supervision roles remains limited. Much of the success of RN involvement in the clinical supervision of students on placement is attributed to the support from RNs for students through preceptorship, or the prevailing clinical supervision model with an emphasis on teaching and learning support for students (Anderson et al., 2020; Brown et al., 2020; Devlin & Duggan, 2020; Kolawole et al., 2019; Tuvesson & Andersson, 2021). In comparison, little continues to be written in the literature about the phenomena of interpersonal relationships between RNs and students during clinical placements. The minimal literature returned on the phenomenon of interpersonal relationships between RNs and students is emphatic in the message that students who are well supported in their nursing programs enjoy success (Brown et al., 2020; Tuvesson & Andersson, 2021).

In a mixed methods study that investigated RN preceptors' perceptions about the organization of clinical placements and their role as preceptors when working with under-graduate nursing students in psychiatric care (Tuvesson & Andersson, 2021), it was reported by RNs that it required students to spend greater than two days a week for six weeks on placement for them to develop a comprehensive view of psychiatric care. The participants of the study described the clinical placement model where students were in placement for two days a week as of no benefit to nursing students' training, because of perceived difficulties with loss in continuity, challenges in the understanding of patient processes and hurdles in initiating adequate learning plans for students. The model also hindered the ability of building relationships with students. Preceptors participating

in the study expressed preference for a change to the placement model to increase student placement days from two to four days a week and over a shorter duration of three rather than six weeks, because it allowed for greater continuity which was perceived as beneficial for student learning and relationship building. Although a limitation of the study was that when the study was undertaken it was during a time of high staff turnover and heavy workloads which prevented the researchers from fully implementing the change of placement model which possibly impacted the study's results. Although the Tuvesson & Andersson, (2021) research has highlighted important aspects of teaching and learning that contribute to positive student learning experiences, the contribution it adds to the literature on the value of RN-student interpersonal relationships is limited.

In a study that used a qualitative approach for secondary thematic analysis of interview data collected for a PhD study, the researchers (Brown et al., 2020) explored nurse mentors and student nurses' perceptions and experiences of reporting concerns from clinical placement, and the impact to the mentor-student relationship in the process. Findings revealed three inter-related themes: "developing a mentor-student relationship, keeping your mentor sweet and the mentor role in the raising concerns process" (Brown et al., 2020 p.3298). There was support from both mentors and students that students should be supported and championed to express their concerns. However, students' perceptions of possible interpersonal and educational impact strongly influenced their decision- making in this regard. Most mentors believed that if students observed incompetent care or improper conduct of staff, they should be encouraged to raise these concerns.

Mentor-mentee relationships was also investigated in the Kolawole et al., (2019) descriptive cross-sectional study. The aim was to assess the knowledge and attitude of registered and student nurses on mentor-mentee relationships in the Specialist Hospital Yola, Adamawa state, Nigeria where mentorship is a mandatory requirement for pre- registration nursing and midwifery students. All RNs have a professional responsibility to mentor students and new registered nurses (Kolawole et al., 2019). The mentoring of student nurses was viewed in the study by Kolawole et al., (2019) as a chance for more experienced professionals to take a nursing student 'under their wing', to make them feel included as members of the team. The nurse mentor provided guidance and supported new nurses in teaching clinical skills, time management skills, and also in facilitating them to learn to manage the pressures related to nursing. Study findings revealed that RN participant knowledge of mentor-mentee relationships was poor and consequently was responsible for negative attitudes towards mentor-mentee relationships. Student participants' knowledge was unrelated to their level of study. The attitude of RNs was also unrelated to their level of knowledge. Kolawole et al's. (2019) recommendations included ongoing mandatory mentoring professional education to address the

needs of nurse mentors, and a need for inclusion in nursing curricula. Although participants were recruited from multiple wards of the hospital, the study setting was a single specialist hospital in Adamawa state, Nigeria, which is a limitation of the study because as a single site study, although the participants were recruited from six different wards, widespread conclusions cannot be made.

The importance of the mentor-student relationship was highlighted as part of Brown et al.'s (2020) study with respect to students raising placement concerns. Their findings indicated that a mentor-student relationship is founded on effective communication and has emphasized that a mentor-student relationship that is effective and collegial encourages open communication and empowers students to raise issues of concern. Developing a mentor- student relationship involved the establishment of rapport and the student getting to know the clinical team for students to settle into the placement. Mentors being approachable, friendly, and supportive were attributes of mentors that were important to students. Mentors reported they were cognizant of this and believed this approach was a requirement if students were to raise any problems they experienced. However, a balance was also required between being friendly and collegial with mentors being objective. Initial mentor-student meetings were important to establish the students's sense of belonging during the placements. Also reported in the findings was that not all relationships were positive for students because of the variability in dynamic between mentors and students, which affected the mentor's ability to establish rapport with the student and the placement experience for the student. Also, not all students reported feeling welcomed to placement. Although this study contributed a perspective on the interpersonal relationship between RNs (mentors) and nursing students, it only considered interpersonal relations in the context of students reporting placement concerns, rather than the broader interactions between RNs and students on clinical placement.

Devlin and Duggan, (2020) reported on a qualitative study that addresses the evolution in nurse education in the United Kingdom (UK) from an apprenticeship style of integration of nursing students within practice to customized mentoring support of students. The Devlin and Duggan, (2020) study aimed to understand the practice experiences of RNs as mentors for pre-registration nursing students; appraise perceptions of mentor support that was provided to them "in practice to mentor pre-registration nursing students" (Devlin & Duggan, 2020 p.312) and to highlight to relevant authorities, the necessity for mentors to adjust in practice when they were supporting and assessing nursing students in clinical practice. Devlin and Duggan's (2020) findings classified mentors' experiences as barriers versus strategies to engagement, inclusivity versus exclusivity in the nature of support, and the lack of strategic versus organizational recognition. Devlin and Duggan's (2020) recommendations included acknowledgement of the likely impacts to the supervision and

assessment of nursing students in practice which were brought about through pre-registration nursing education change. Also, requiring processes for innovation, collaboration, and engagement to be enabled by all primary authorities to assure the support and assessment of students by RNs and the safety of patients within clinical practice learning. The limitations of the study included a small sample (six), limited recruitment which were not from all practice areas, and potential bias because of researchers' involvement with mentors or participants who may have held a similar outlook to the researcher. Devlin and Duggan (2020) suggested a need for further research to investigate identified issues in greater depth by extending the study settings with a larger number of participants which would be more representative of the different areas of practice.

The literature reviewed has also contributed to identification of some common enablers and barriers which impact the clinical learning situation between RNs and students on placement. The Tuvesson & Andersson, (2021) and Brown et al. (2020) studies described positive findings in regard to RNs working with and interacting with students. However not all RNs want to work with, engage or build relationships with students. The negativity expressed by RNs in relation to their relationships with students include students competing with demands of full patient loads, which made facilitating student learning demanding (Anderson et al., 2020; Devlin & Duggan, 2020; Kolawole et al., 2019). Anderson et al.'s (2020) grounded theory study, which investigated RNs' perspectives of supporting students and their learning opportunities when on clinical placement, identified that RNs perceive students to be an "added extra" (Anderson et al., 2020, p. 15) to their workload. Findings were categorized into three related themes of time, workload and wanting recognition (Anderson et al., 2020). Supporting students and their learning on clinical placement took RNs extra time. Also, it was in addition to their clinical workload. Anderson et al. (2020) suggest that time and workload are intertwined but have separated them into themes. They interpret time as related to the support RNs provide to students and workload as about how when RNs are allocated a student, the student becomes the addition to their workload. Hence RNs wanted this recognized by management as a reduction in their patient load for the period they are allocated to work with students, as acknowledgement by management and the tertiary sector of the additional time and effort that they invested into facilitating student learning on placement. Although the Anderson et al. (2020); Brown et al. (2020); Devlin and Duggan, (2020); Kolawole et al. (2019); and Tuvesson & Andersson, (2021) study findings are significant to the RN role in the teaching and learning of students during clinical placement they have made little contribution to the phenomenon of interest to this study, that of the RN-student interpersonal relationship.

The availability of pertinent literature on the interpersonal relationship between RNs and students during clinical placement facilitated by RNs in preceptorship, mentoring and clinical supervision roles

continues to be limited. RN involvement in the clinical supervision of students on placement is credited to the support from RNs for students through preceptorship, or the prevailing clinical supervision model with the focus on teaching and learning support for students (Anderson et al., 2020; Brown et al., 2020; Devlin & Duggan, 2020; Kolawole et al., 2019; Tuvesson & Andersson, 2021). Comparatively there continues to be little written in the literature about the phenomena of interpersonal relationships between RNs and students during clinical placements. The literature although limited that has been returned on the phenomenon of interpersonal relationships between RNs and students is clear in the message that well supported students are more likely to have positive clinical learning experiences (Brown et al., 2020; Tuvesson & Andersson, 2021).

2.6 Gap in the Evidence

The literature reviewed for this research has spanned the years between 1990 and 2022. Although there was some relevant literature identified and reviewed which relates to the phenomenon of interest, this is limited. There is a wealth of literature available that reports on clinical teaching issues experienced by students and RNs during placement. However, most studies which allude to an interpersonal relationship between RNs and students are descriptions of the influence of the attitudes, perceptions, and behaviour of RNs towards students in developing student clinical competency of practice. Student satisfaction is another theme used to describe the perceptions that students possess towards RNs with whom they are placed during a clinical practicum. The studies that have explored the intricacies of the interpersonal relationship between RNs and students are limited and even fewer from the context of the interpersonal relationship between the two. The gap in the literature has been persistent regarding the phenomenon of interest for this research, which has remained un-investigated.

2.7 Conclusion

This chapter has provided a review of the literature (and publication), as well as an update of the recent available literature between 2013 and 2022 that has examined the evidence concerning the interpersonal relationship between RNs and students on clinical placement. The literature findings have highlighted that although the interpersonal relationship is grounded in the context of a teaching and learning event for RNs and nursing students, there is limited evidence about the way in which the relationship is enacted and what it offers students in a clinical learning context. The next chapter presents a second literature review and update of the literature with regard to key considerations of the informal clinical teaching role of the buddy RN as a principal aspect of the prevailing Australian clinical education model.

Chapter Three – Review of the Literature

3.1 Introduction

This chapter outlines the second literature review of this thesis which was published in a second article (published 2017). It was a review of the available but limited literature focusing on the informal clinical teaching role of the buddy nurse as a principal aspect of the prevailing Australian clinical education model. Although similar informal clinical education roles of RNs with comparable responsibilities to the Australian buddy RN were found internationally, in Australia, nursing professional bodies expected the buddy nurse role to be performed by ward/unit RNs. The structure of the chapter includes the aim of the literature review, an outline of the literature search strategy that was used and rationale, and the article published. The chapter concludes with an update of the literature with respect to the updated literature available on the key aspects of informal teaching roles of RNs responsible for educating nursing students on clinical placement between 2015 and 2022.

3.2 Rebeiro, G., Evans, A., Edward, K-L., & Chapman, R. (2017). Registered nurse buddies: Educators by proxy? Nurse Education Today, 55, 1–4. https://doi.org/10.1016/j.nedt.2017.04.019

3.2.1 Aim

The aim of this literature review was to synthesise the available literature to explore the role of the buddy RN as an informal educator role, which was identified in the first article published from this research (see 2.3) as being integral to teaching and learning of students during clinical placement.

3.2.2 Literature Search Strategy and Rationale

The CINAHL and MEDLINE databases through EBSCOhost were used to search the nursing and nursing education related literature between 2005 and 2015 for this literature review because of the comprehensive access they provided to the nursing, midwifery, and allied health literature. The key terms used for this search included: buddy nurse, preceptor, clinical teacher, mentor, registered nurse, and student nurse. Concepts used included clinical placement, perceptions, experiences of RNs, mentors, clinical teachers, and preceptors working with nursing students, and professional relationships.

Various models of clinical education have been utilized that are designed to facilitate nursing students clinical learning when they are on clinical placement. These models are for predominantly formal RN educative roles (HWA, 2008; Newton et al., 2011; Stevenson 2005; Usher et al., 1999) and

also informal roles (Rebeiro et al., 2015). These models largely comprise the following: the clinical facilitation model, preceptorship model, and mentorship model. An additional model, the Buddy Nurse role, is one which is unique to Australia. Although similar roles were found internationally, they were not named as such. The literature on student clinical learning experience relationships with educators is plentiful (Brammer, 2006b; Usher et al., 1999; Levett-Jones et al., 2009; Walker et al., 2013). This literature provides some clarity of the way students view buddy nurses' contribution to their clinical learning which gives some context from which to view the role of the buddy RN in clinical teaching and learning. In contrast, RN understanding, and interpretation of this role differs from students (Midgley, 2006), with both positive and negative outcomes for the student because of varied experiences.

3.4 Overview and Update of the Literature

Searches of the CINAHL and MEDLINE databases through EBSCOhost were routinely conducted between 2015 and 2022 using the original key words: registered nurse, preceptor, buddy nurse, clinical teacher, mentor, student nurse and concepts: clinical placement, perceptions, experiences of RNs, mentors, clinical teachers, and preceptors working with nursing students, and professional relationships to identify more recent publications.

A final update of the literature searched between May2015 and July 2022 (see 3.4.1 Table 2) and reviewed (3.4.1 Figure 2) follows.

3.4.1 Literature Search Strategy 2022

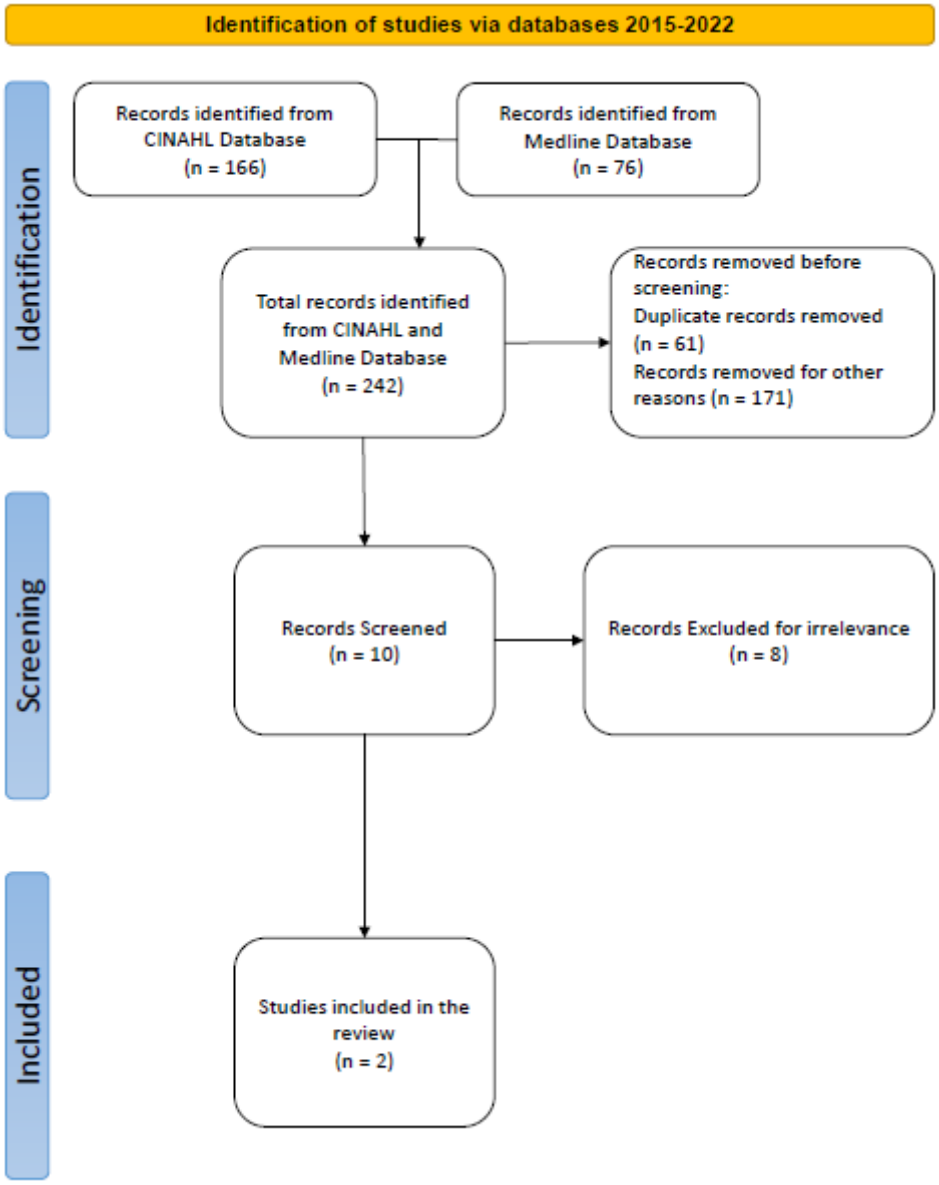
The literature search strategy initially used in 2015 was repeated between then and 2022 as follows:

Table 2

1. Time	Literature from 2020-2022 searched for review
2. Language	Literature only in English
3. Key words	Registered Nurs*or Preceptor* or Buddy Nurs* or Clinical Teacher* or Mentor*and Student Nurs*or Nursing Stud*
4. Concepts	Studies at high level of evidence with reference to the primary focus of interest were sought in the literature search. Qualitative and quantitative studies: nursing students on clinical placement, perceptions, experiences of RNs, Mentors, Clinical Teachers and Preceptors working with nursing students, and professional relationships.
5. Type of literature	Quantitative and qualitative studies, mixed methods studies.
6. Exclusion	Three exclusion criteria were applied to this search strategy as follows: 1. Language – Literature not published in English 2. Concepts – Anything not meeting the inclusion criteria for concepts as noted above in 4. Concepts 3. Type of literature – Editorials, opinion pieces, excluded

The following PRISMA flowchart (Figure 2) outlines the returned articles and screening undertaken for the search.

Figure 2


Identification of studies via databases 2015-2022
Identification
Screening
Included
Records identified from CINAHL Database (n = 166)
Records identified from Medline Database (n = 76)
Total records identified from CINAHL and Medline Database (n = 242)
Records removed before screening: Duplicate records removed (n = 61) Records removed for other reasons (n = 171)
Records Screened (n = 10)
Records Excluded for irrelevance (n = 8)
Studies included in the review (n = 2)

3.4.2 Findings of Updated Literature Search

As this published integrative review was first published in 2017 it was imperative to repeatedly re-run the literature searches to distinguish between the literature reviews. The informal role of RNs who facilitated nursing students' learning during clinical placement was the key focus of this integrative literature review published in 2017. This was highlighted as an important consideration to the interpersonal relationship between RNs and nursing students identified in the systematic review published in 2015 from this research. The literature has been searched regularly since this 2017 published integrative review to search the available contemporary literature for publications beyond 2015 when the literature was first searched. The findings that follow are from an update of the most current literature search to identify peer reviewed articles in the available literature published between 2015 and 2022. Consistent with previous literature searches undertaken for this research, this search of the literature has also highlighted few papers internationally that have explored the informal role of the RN such as the role of the Australian buddy RN in facilitating clinical placement student learning.

The databases of CINAHL and MEDLINE were searched through EBSCOhost for relevant literature published between 2015 and 2022 by re-running the search using the original key words and concepts from the 2017 publication. Two hundred and forty-two records were identified between CINAHL and MEDLINE After the removal of sixty-one duplicates, a further one hundred and seventy-one records were excluded because they did not address RN teaching roles. Ten articles were assessed for eligibility through full text reads. Eight further articles were then excluded as they were irrelevant (defining the RN role as a formal rather than informal role). Two articles remained which have been included for this current update of the relevant literature between 2015 and 2022. Data from across studies were collated and synthesized according to the study aim of the literature review. The findings from this most recent literature search are discussed below. It is important to note that although the research reported in this literature is of relevance to some form of the informal clinical teaching roles of the RN, the articles included were not specific to the buddy RN role nor described findings as they relate to the RN-student relationship founded in teaching and learning.

3.4.3 Perceptions of Informal RN Education Roles

The findings of this update to the literature reviewed include recent research that reports on the perceptions of informal RN education roles experienced through the informal clinical teaching roles of the RN. The articles returned however, were not explicit to the buddy RN role nor addressed findings in the context of the RN-student relationship that is founded in teaching and learning. Nevertheless the limited number of articles that were returned from the literature

search on mentorship as an informal RN teaching role (Mikkonen et al., 2022) and preceptorship as an informal RN teaching role (Carlson & Bengtsson, 2015) agree that informal RN teaching roles which are similar to that of the informal Australian buddy RN, irrespective of designation, are valuable to nursing student clinical placements.

3.4.3.1 Mentorship as an informal RN teaching role

Clinical teaching roles such as clinical educator, preceptor, mentor, and the Australian buddy RN are established and conventional roles for the facilitation of nursing students' clinical learning in Australian health care facilities and internationally where the roles are known by other titles (Rebeiro et al., 2017). Mikkonen et al. (2022) explored staff nurses' mentoring practices with the focus on the required competence to mentor nursing students in a quantitative study that included five European countries and Japan. Although there was similarity in the roles described that were undertaken by RNs to facilitate student clinical learning in the Mikkonen et al. (2022) study, there was a differentiation between the titles of mentor RN in Europe and RN in Japan.

Mikkonen et al. (2022) contends that the substantial responsibility for student clinical practice learning is undertaken by RN mentors for which appropriate nursing experience, interest and mentoring competence is needed. Mentoring competence was assessed by Mikkonen et al. (2022) "through a mentor competence instrument (MCI), which was a psychometrically validated self-assessment instrument with a Likert scale" (Mikkonen et al., 2022 p.3). The study findings revealed that mentoring competence was an essential skill for nurse mentors to develop and retain in each of the participant countries involved in the study. Mentoring nursing students necessitated mentors who were engaged, motivated and especially competent, given that the mentoring role was crucial to student clinical education. The role of mentors was best enacted if they were nurses with higher education qualifications who had been professionally prepared to mentor. Less experienced nurses needed the support of senior nurses if assuming the role of mentor for students. Senior nurses who mentored students needed to have a better-balanced workload in consideration of their patient care responsibilities and mentoring responsibilities.

The implications of the Mikkonen et al. (2022) study are relevant to clinical nursing education because of the emphasis on the need for mentors to be higher educated and because they present opportunities for potential further career prospects. The mentor role was described as fundamental to nursing students' clinical learning and their transition to the role of RNs. In settings where nursing educator roles are distinct from clinical practice, mentor competence must be ensured with ongoing professional development to uphold quality mentor practices. Mentors should and/or ought to be obligated to undertake professional development in mentoring nursing students for meaningful

clinical practice learning. Mikkonen et al. (2022) recommended this type of support for mentors encouraged their commitment and facilitated a positive approach with a student-centred focus. Further recommendations from Mikkonen et al.'s (2022) findings provide direction for successful nursing student clinical practice learning to healthcare and educational facilities on the importance of designing and establishing robust mentoring practices for novice nurses. Mikkonen et al.'s (2022) findings and recommendations supported the idea of fostering successful clinical learning experiences for students but fell short in addressing the phenomenon of interest of this research, which is the RN-student interpersonal relationship.

In addition to the required mentor qualities for positive mentoring this update of the reviewed literature has also raised the necessity for greater stakeholder involvement to promote quality buddy RN led clinical learning facilitation of students on placement as was first identified in Rebeiro et al. (2017). The Mikkonen et al. (2022) article described how the substantial responsibility for nursing student clinical learning and supervision falls to RNs and often they are in an informal mentor role.

Despite this difference in context in the mentor role, the Mikkonen et al. (2022) findings situate the RN mentor, regardless of title, as a positive initiative to improve students' clinical learning. The study (Mikkonen et al., 2022) includes descriptions of mentor qualities that enable good clinical learning experiences for students generally. These include the mentor characteristics of being sufficiently experienced and appropriately professionally educated, prepared to mentor, their willingness to engage and motivate students, RN continuity in the mentor role, and the ability to establish a mentorship relationship with students. The role of the mentor is considered vital to student clinical learning and therefore to be successful, mentors need to embody such characteristics (Mikkonen et al., 2022). Also, stakeholder support is identified as necessary for quality mentoring (Mikkonen et al., 2022). This includes collaborated healthcare and education organisational commitment to ensure mentor competence through formalised professional development credentialing and ongoing upskilling of RN mentor credentials. Also important is management support in the form of a balance in RN mentor workload between patient care responsibilities and mentoring responsibilities. Mikkonen et al. (2022) highlights the negativity that was sometimes evident in nursing staff who work with students in aged care settings regarding the value offered by such settings for student practice development.

3.4.3.2 Preceptorship as an informal RN teaching role

Another international study (Carlson & Bengtsson, 2015) was identified which refers to informal RN teaching roles as preceptorship. Carlson and Bengtsson (2015) report on a small interpretative qualitative study that evaluated the preceptoring experiences of preceptors in clinical practice after

completing a program of professional development. Clinical practice is a critical component of the education of health professionals globally, and teaching is regulated as part of the nurse's role in several countries (Carlson & Bengtsson, 2015). For nurse clinicians the extra responsibility of facilitating student clinical practice learning, balanced with their clinical practice and educational demands, may cause some nurses to experience stress, exhaustion, and breakdown (Carlson & Bengtsson, 2015). Also skilled and experienced clinicians are not necessarily as equally proficient as educators given that teaching differs from practice considerably. With the view that preceptors who partake in professional development were more equipped to deal with precepting issues and were more content with being a preceptor, the aim of the Carlson and Bengtsson (2015) study was to evaluate preceptors' experiences of preceptorship in clinical practice after completion of a continuous multidiscipline professional development course for which they gained credit.

Carlson and Bengtsson's (2015) study findings revealed that the participants who completed the course acquired skills and competencies they believed were essential to effectively facilitate student clinical teaching and learning in this informal teaching role. The research is limited as it was a single site study with a small sample so overall conclusions cannot be made (Carlson & Bengtsson 2015). The authors have concluded that formal education serving the needs of preceptors established through the collaboration of educational and clinical providers enhances preceptors' perceptions of their competency and professional standing. The increasing requirements for clinical placements and with a reliance for fulfilling the clinical learning needs of students falling to clinical staff, there is a need for preceptor education to prepare clinical staff who assume the preceptor role to manage the student learning process effectively. A further limitation that was not explored in the Carlson and Bengtsson (2015) study is the outcome on student learning of well-prepared preceptors which requires further research.

In comparison to these international studies, no Australian evidence was located in this update of the available literature searched between 2015 and 2022 with regard to the informal buddy RN role in Australia that had not previously been found for this research. Nonetheless the limited number of articles that were returned from the literature search on informal RN teaching roles which are comparable to that of the informal Australian buddy nurse concur that RNs, regardless of title, have an important role in contributing to nursing student clinical placements by mentoring or precepting students and supporting faculty even if in RN informal teaching roles (Carlson & Bengtsson 2015; Mikkonen et al., 2022).

3.5 Gap in the Evidence

The literature that has been reviewed for this and the preceding literature review (Chapter Two) includes an update from a search of the available literature between 2013 and 2022 collectively. Although there were some relevant literature identified and reviewed which related to the informal teaching roles of RNs such as the Australian buddy RN as contributing to the phenomenon of interest of this research, it is limited. There is an abundance of literature available that is focused on clinical teaching issues experienced by students and RNs during placement however few studies have addressed the role of informal RN educators such as the buddy RN with regard to the importance of RN- student interpersonal relationships to nursing students' clinical placement learning. Few studies have considered the complexities of the interpersonal relationship between RNs and students and even fewer from the context of the interpersonal relationship between RNs who support students in their learning in the buddy nurse role. There has been a continuing gap in the literature regarding the phenomenon of interest for this research which is inclusive of the context in which the informal role of buddy RN contributes to the RN-student relationship which has remained unexamined.

3.6 Conclusion

This chapter has presented the literature review published in 2017 and an update of the most recent available published academic literature between 2015 and 2022 scrutinising the evidence on informal RN roles such as that of the buddy RN in the context of the RN-student relationship on clinical placement. The literature findings have stressed that although the RN-student relationship is grounded in the context of teaching and learning facilitated by RNs for nursing students, there is limited evidence about the contribution made to the relationship by Australian RN buddies or on roles of a similar nature internationally, and what they offer students in a clinical learning context. The following chapter (Chapter Four) presents the methodology for this research.

Chapter Four - Methodology

4.1 Introduction

This chapter presents the philosophical framework of phenomenological research which is the methodology used for this research. The chapter commences with the research aim, followed by the philosophical genesis of phenomenological thought, of which there are two principal approaches: descriptive, and interpretive or hermeneutic. The chapter concludes with a full description of the descriptive phenomenological approach as articulated by Giorgi (2000) and Colaizzi (1978), as the methodology used in this research.

4.2 Aim of the Research

The aim of this research was to explore the phenomenon of the interpersonal relationship (lived experience) as described by RNs in their interactions with students when in the role of clinical facilitator, preceptor, mentor, or buddy nurse during clinical placements. A descriptive phenomenological design was used to explore the nature of the relationship between RNs and students on clinical placement, as described by the RN from their lived experiences where they described their feelings, perceptions, assumptions, and expectations, relating to interactions between themselves and students during clinical placements.

4.3 Ontological and Epistemological Position

Research is underpinned by philosophical assumptions about the nature of reality (ontology) and knowledge (epistemology) (Slevitch, 2011). The way in which the researcher views the world influences the ontological position of the research (King et al., 2019; Schneider et al., 2020). Ontology is the study of existence or being (Crotty, 1998; Schneider et al., 2020)20. The ontological position includes the nature of existence and the structure of reality (Crotty, 1998). Two distinct views on ontology exist for researchers; a realist view where only one reality exists or a relativist view which is the existence of multiple realities (Crotty, 1998; King et al., 2019). The realist ontological position views humans as existing independently from the real world, encompassed of cause-and-effect relationships found by empirical data collection and analysis (Crotty, 1998; King et al., 2019). A relativist ontological approach is one in which how people engage and live in the world together is investigated and explained. Therefore a relativist ontological approach to data collection and analysis focuses on understanding experiences as opposed to a focus on empirical or measurable outcomes (realist view) (Crotty, 1998; King et al., 2019). The philosophical position in research involves the process of knowing or epistemology (Slevitch, 2011). Therefore, in this research, a relativist ontological position was taken to understand the lived experiences of RNs in their teaching

interactions with nursing students during clinical placement because it provides insights to improve clinical learning experiences for students and the RNs who work with them.

What is known and how it is known or understood as knowledge is one way of viewing epistemology (Crotty,1998). Epistemology provides the focus for research studies (Schneider et al., 2020) that is, methodology, or the theoretical systems or structures which guide the conduct of research (Guba, 1990), and from which the method of inquiry evolves (Slevitch, 2011). Also, epistemology is not limited to how knowledge is acquired or created (Moon & Blackman, 2014); it also involves validation of the authenticity of knowledge construction and the extent to which it is relevant. The ontological and epistemological position that is taken for the study is determined by the philosophical position of the study or methodology which then prescribes the study's research method (Slevitch, 2011).

Phenomenology explores a particular phenomenon through the lived experiences of people (Edward & Welch, 2011). The focus is on how humans perceive a phenomenon through their descriptions, judgments, and memories. Also, phenomenology attends to feelings invoked by the phenomenon, perceptions held of the phenomenon, and how this is verbalized in conversation about the phenomenon (Patton, 2015). This research was focused on exploring the lived experiences (thoughts, feelings, perceptions, assumptions, and expectations) of RNs about their experiences of interpersonal relationships with students. For this reason, the choice of phenomenology as the philosophical framework was appropriate. A relativist ontological position was used for this descriptive phenomenological research to develop an understanding of the lived experiences of RN interaction with nursing students during clinical placement. Given the focus in this research was on the lived experiences of RNs' relationships with students on placement, Colaizzi's (1978) descriptive phenomenological approach was used. The methods used to undertake the research were consistent with Colaizzi's (1978) seven step data collection and analytical process.

4.4 Phenomenological Foundations

Phenomenology is a philosophical concept with the primary objective of comprehensive exploration of phenomenon that is experienced free from prejudice. It is concerned with investigation of a variety of ways in which people experience and understand similar phenomena (Gumarang Jr et al., 2021). Qualitative research usually investigates phenomena from an in-depth and holistic perspective and by collecting rich narrative information using flexible research designs (Polit & Beck, 2020). Qualitative research is exploratory and presents opportunities to encourage individuals to voice their experiences and to search for meanings within the experience (Munhall, 2012).

Phenomenology, as a philosophical perspective, allows for the understanding of everyday experiences without researchers' pre-suppositions of them so they are then receptive to whatever occurs during the phenomenon (Converse, 2012). Phenomenology is either interpretive or descriptive. Descriptive phenomenology elicits the vital elements of the lived experiences that are particular to a cohort of people (Flood, 2010). In this research, a descriptive phenomenological approach was used by the researcher to investigate the phenomenon of the interpersonal relationships between registered nurses and nursing students during clinical placement. This approach was considered appropriate to explore the lived experiences of RNs who supervised and facilitated clinical learning opportunities for students during their placements. Since phenomenology is the methodology used for this research, a comprehensive description of phenomenology follows.

The philosophical foundations of phenomenology blend well with the inherent principles of nursing which values the person, their experiences, and perceptions, which were the core values central to this investigation. This research, which investigated the interpersonal relationships between RNs and nursing students, was descriptive and used phenomenological reductions as first proposed by Husserl. These reductions are the attempt to understand the fundamental characteristics of the phenomenon under investigation uninhibited by cultural contexts as far as possible (Dowling, 2007). For this research, the phenomenological reductions (bracketing) strategy used was the declaration of the researcher's pre-suppositions in Chapter One that included comments on my experiences and any of my prejudices that might influence the research (the procedure of how bracketing was applied in this research is described comprehensively in Chapter Five (section 5.7).

4.5 Genesis of Phenomenological Philosophical Thought

4.5.1 Descriptive Phenomenology – Husserl

Edmund Husserl was a German philosopher who lived from 1859-1938 and was also a scholar of mathematics and physics. The time in which Husserl lived, was a time where traditional principles of knowledge were being challenged, especially in the arts and continental philosophy. Husserl's interest and then intent in phenomenological inquiry was to establish the understanding of human thinking and experiences through the meticulous and impartial examination of phenomena as they emerge as the essence of phenomenon (Dowling, 2007; Husserl, 1973; Wojnar, 2007).

The distinction of Husserl's philosophy of phenomenological inquiry is the concept of philosophical reduction, that is, the removal of the researcher's bias towards the phenomena, to be able to experience its purity of meaning, through dissection of the actual experience of the phenomenon (Dowling, 2007). Husserl also identified the fundamental procedure of *epoche* or bracketing– in order

to construct philosophy as a science. Bracketing, as proposed by Husserl, is a means of looking at things as they actually appear, free from preconceptions, bias or judgements (Beech, 1999). Husserl (1973) stated that by using bracketing or setting aside one's assumptions and intense reflection one could pursue the foundations of knowledge in things themselves. That is, through this, one would be able to find the true phenomena. Husserl (1973) claimed that science needed a philosophy that would restore its contact with deeper human concerns. Since the scientific revolution in the 17th century there has been a greater emphasis placed by the physical sciences on 'reality' that is, of how the world is experienced every day. Husserl aimed to construct a philosophy as a science (Husserl, 1973).

Husserl's phenomenology was intended to provide a strong basis for knowledge. His process of reflection necessitated that entities be viewed with as minimal assumptions as possible so as to explain and make sense of the philosophy of exploring and describing lived experience (Husserl, 1973). Giorgi, and then Colaizzi, researchers of 20th century psychology, followed the descriptive phenomenological teachings of Husserl to refine a descriptive phenomenological research approach for psychology which is commonly used in nursing research today.

Georgi's (2009) rationale for mounting an argument for change to research methodology in the discipline of psychology was taken from Husserl's philosophical principles. He argued the prevailing and preferred methodology of empiricism as being philosophically inappropriate for psychological research. Giorgi argued that more than a century of empirical psychological research had not correctly addressed the subject matter (Giorgi, 2009), because human functions were separated and studied in isolation (Giorgi, 2012). He asserted that broader phenomenological theory was better suited to psychological development as it moved away from the stringent natural science approach (Giorgi, 1985). Georgi (2009) presented a more practical application of phenomenological method for research in psychology (existential empirical phenomenology). He clarified Husserl's principles for rigorous science and broke down the steps of phenomenological methods through his description of the philosophic principles fundamental to a phenomenological approach and its application within a psychology framework is method that is sufficiently generic for use in other human sciences.

4.5.2 Descriptive Phenomenology - Giorgi and Colaizzi

The distinction between phenomenological philosophy and phenomenological psychology is an important one. As a philosophy, phenomenology is concerned with providing descriptions of the experience, with a particular focus on the experience of being human (Giorgi, 2012). Giorgi (2012) emphasized that phenomenology as a methodology is generic. That is, it can be applied to any human or social science; including but not limited to sociology, anthropology, and pedagogy. That is,

in its application, it is contextual to that particular discipline: pedagogical; sociological. It then becomes a pedagogical or sociological phenomenological methodology.

The phenomenological approach was founded on the premise that biases and assumptions were continually examined and re-examined, influenced by culture and history, whilst still preserving the principles that were free from researcher assumptions, and the researcher as a collector and expert interpreter of data (Applebaum, 2012; Beck, 1994; Munhall, 2007; Wojnar, 2007). Colaizzi reasoned that as a phenomenologist his purpose was to describe phenomenon as it was viewed through the lens of participants precisely. He argued that as research arose from discourse it was therefore critical that the right question was asked to obtain a precise narrative of participant experiences (Phillips-Pula et al., 2011). The Colaizzi (1978) descriptive phenomenological method reduces raw-data by converting the original expressions into segments of basic meaning. Analysis is focused on self-report data from participants responding to a question presented by the researcher.

Colaizzi's (1978) method of phenomenological inquiry was developed from the work of Giorgi (Giorgi, 2000, 2010, 2012) and Van Kaam (1966). The psychology researchers Giorgi and Colaizzi together with Van Kaam (1966), who was a follower of Husserl (Phillips-Pula et al, 2011) and initiated the approach, employed a similar series of steps involving description, reduction and the search for essential structures (Dowling, 2007) in their quest for establishing credible methods for data collection and analysis when conducting descriptive phenomenological research. It was the seven-step process of the Colaizzi (1978) analytical approach that was a feature when deciding on the methodology for this research. The use of a structured framework supports the management of the multifaceted analysis of phenomenological data which is often found to be all consuming by researchers (Sanders 2003). In addition, the final step of Colaizzi's (1978) analytical process involved returning transcripts to participants for validation so as to ensure that the essential structure of the phenomenon described was an accurate representation of their experiences. In this research participants were emailed this data, to which all responded that it was representative of their lived experiences of their RN-student interpersonal relationships when working with students on placement.

4.6 Research methodology

4.6.1 Justification of Methodology

The purpose of this research was to explore the nature of the relationship between RNs and students on clinical placement, as described by the RN from their lived experiences where they described their feelings, perceptions, assumptions, and expectations relating to the interactions between themselves

and students during clinical placements. Phenomenological research emphasises the comprehensive understanding of intricate human experiences. Phenomenological studies explore what people experience and focuses on their experience of the phenomenon. The relationships between RNs and nursing students are complex human experiences which require understanding, including from the perspective of RNs. Therefore, a qualitative phenomenological research method was suitable for this research as it allowed a platform to explore and understand the meaning of the nature of the lived experiences of RNs' relationships with students on placement. In qualitative research, the researcher attempts to acquire the clearest account of the participants' experiences of the phenomenon under investigation. Phenomenology helps to provide a methodology for comprehending a thorough realm of lived experience from the position of individuals who have lived it (Creswell, 2007) and is therefore a methodology well suited to this research. This methodology leads to the collection of rich data (Silverman, 2017), because phenomenology allows the researcher to scrutinize the experiences that are usually taken for granted; as a consequence, new and/or forgotten meanings are revealed (Salmon, 2012). Phenomenological research does not aim to generate results that can be generalized, but rather to promote understanding of a phenomenon as it is experienced (Converse, 2012).

The aim of this research sought to explore the phenomenon of the interpersonal relationship between RNs and nursing students on clinical placement from the perspective of RNs. Since the aim of this research was to gain a comprehensive understanding of the phenomenon of RNs' relationships with students, phenomenology as a methodology was appropriate as it has the capacity to investigate the variety of ways in which people experience and understand similar phenomena (Creswell, 2018). Phenomenological enquiry searches for the meanings or phenomena from, and which inform, the structures of daily life. The use of Colaizzi's (1978) methods was useful and appropriate for this research as the methodology provides a systematic approach to data analysis through a set of procedural steps and provides the means to describe the phenomenon of RNs' lived experience of their interpersonal relationships with nursing students.

4.6.2 The Use of Self in Phenomenological Inquiry

The purpose of phenomenological inquiry is to determine the heart of phenomena through the individuals' narratives about their experiences. This approach uses human knowledge as a source of data, through which the knowledge of the experience can be extorted. The intent of phenomenology is to explain human experience how it is lived (Beck, 1994). The researcher's self is the key instrument in phenomenology which occurs in data collection. It is during the process of in-depth interviewing when relationships are developing that the critical descriptions of lived human experiences are provided (Wrathall, 2009).

In phenomenological research, the researcher begins the investigation through a consideration of what is known to them about the topic that is being investigated to disclose their presuppositions (Colaizzi, 1978) or by bracketing (Beech, 1999). Bracketing (Husserl, 1973) or the declaration of presuppositions (Colaizzi, 1978) requires the researcher to set aside their assumptions to allow for the emergence of true phenomena free from the bias or judgement of the researcher (Husserl, 1973). In this research, the bracketing procedure used was to declare my presuppositions through documentation of comments on my experiences and any of my prejudices that might influence the research. My biases came from my experience related to the clinical teaching process for nursing students as a clinician, clinical teacher and academic, as well as being the manager of RNs in varying teaching learning roles who supervised nursing students.

Consistent with recognized strategies to manage presuppositions (Colaizzi, 1978; Dowling, 2006), at times, the assumptions I had brought as a researcher to this research were discussed with my supervisors. I was aware that, during the research, personal biases that I was unconscious of prior to the research may arise and so I worked to approach the research with an open mind. Therefore, I diarized my biases and assumptions during data collection pre and post interviews in my interview diary and referred to it when analyzing data. I read about bracketing processes used in qualitative research to be mindful to contain my bias pre-interview. I kept notes on participants' reactions to the conversations and how they expressed their feelings. I listened carefully to what each participant said about their experiences. I sought clarification when a participant was not clear on issues significant to their experiences during working with students on placement. Post interview I kept notes of the interview and assessed how I had maintained bracketing. I reflected about the participant I had just interviewed and on the experiences, they had described and my understanding of them and noted this. Some participants' narratives resonated with me during interviews, where I identified through the recall of my own experiences of working with students on placement. However, I was aware of this, and I used it as a part of the bracketing process to maintain my role as the researcher. This assisted with bracketing for future interviews. Hence, my attempt was to bracket my pre-suppositions pre and post data collection.

4.7 Phenomenology and Its Relevance to This Research

Phenomenology and nursing practice are analogous in several aspects. They accentuate observing, interviewing and interaction so a comprehensive understanding of the lived experience of a person can be achieved. Some of the activities that are intrinsic to nursing practice, for example the attempt to understand individual experiences of illness, are closely aligned with the phenomenological approach (Beck, 1994). A phenomenological approach uses individuals' expression to articulate

meanings from their own experience through the descriptions of their experiences in their own words. It is crucial for the researcher's knowledge as it relates to the phenomena being investigated in phenomenological inquiry to be harnessed. In this sense there is a need for the researcher to constantly scrutinize their bias or assumptions. The social nature of the research act is acknowledged in phenomenology. The view of the subject as object has no meaning, just as in nursing practice the view of the person as object is not meaningful (Beck, 1994; Beech, 1999; Giorgi, 2000, 2010, 2012) .

Phenomenology relies on the experiences of individuals being recorded through personal interview. The Colaizzi (1978) method explicitly identifies the importance of language in the individual's verbal narrative. From this perspective the approach allows the researcher to develop a sense of the tenor of the participants intent expressed through their own words which allows the researcher to form a comprehensive sense of the participant's narrative. The Colaizzi (1978) method is a functional philosophical framework for the context of investigating interpersonal interaction during clinical placement, where communication is fundamental to be able to identify with the RN's lived experiences of their interpersonal relationship with students. For these reasons the Colaizzi (1978) approach to phenomenological inquiry has been used for this research.

4.8 Conclusion

This chapter has presented the philosophical framework of phenomenological research as applied to the research. The philosophical foundations of phenomenological thought were discussed, followed by a rationale for the use of descriptive phenomenology as articulated by Colaizzi and Giorgi (Colaizzi, 1978; Giorgi, 2000, 2010, 2012) in this research.

Chapter Five - Methods

5.1 Introduction

Chapter Four described the qualitative methodology of descriptive phenomenology used as the philosophical framework for the thesis. This chapter addresses the methods used in the conduct of the research. The chapter commences with an outline of the procedures used to select participants, the sourcing of participants, and the methods used to collect and analyse data. The chapter concludes with a presentation of the ethical considerations and the approach used to maintain methodological rigour for this research.

5.2 Aim of the Research

The aim of the research was to explore the phenomenon of the interpersonal relationship (lived experience) as described by RNs in their interactions with students when in the role of clinical facilitator, preceptor, mentor, or buddy nurse during clinical placements.

5.2.1 Research Questions

1. What are the lived experiences (thoughts, feelings, perceptions, assumptions and expectations) of the interpersonal relationship between RNs and nursing students as described by RNs facilitating the clinical learning of nursing students during clinical placement?
2. How do RNs in the role(s) of clinical facilitator, preceptor, mentor, or buddy nurse develop and maintain interpersonal relationships with nursing students during clinical placement?

Peplau (2004) describes interpersonal relations as the relationship between two people, sharing different experiences and perceptions, which are influenced by their thoughts, feelings, perceptions, assumptions, and expectations (Rebeiro et al., 2015). For the purpose of this research, interpersonal relationships during clinical placement were defined as the shared interactions between the RN and the student during clinical placement.

5.3 Participant Selection

In this research, eligible participants for inclusion in the research (inclusion criteria) were any RN who interacted with students in their clinical work in practice settings in the role of clinical facilitator, preceptor, mentor, or buddy nurse within the twelve months preceding recruitment to the research. An RN who had not interacted with students in the practice setting in these roles was not eligible to participate. Participant samples in qualitative research tend to be small. The decision to select a particular sampling method hinged on the best technique to provide the richest information to

address the research question. For these reasons purposive sampling was used for this research (Borbasi et al., 2019. A purposive sample is one that is selected based on the knowledge of a population and the purpose of the research (Borbasi et al., 2019). The researcher in this instance is concerned with obtaining a sample of participants who are information rich, that is, who have experienced or are experiencing the phenomenon of interest and agreeable to and able to clearly express their experiences. The intent in the selection of participants through purposive sampling techniques is that the participants chosen can clearly articulate a dynamic picture of the phenomenon being researched and provide the richest information possible (Borbasi et al., 2019).

The recruitment technique of snowballing was also used to recruit participants. Snowballing involved enlisting the aid of existing participants to identify and refer additional participants (Borbasi et al., 2019). At the conclusion of interviews, participants were asked if they knew of other nurses who had worked with students and who might be willing to be interviewed. The participants were asked to forward on the researcher's contact details with a request that if they would like to be involved in the research, to contact the researcher through the mobile phone number or email contact provided. This approach resulted in three participants being recruited to the research.

5.3.2 Participants

The participants were selected because of specific characteristics which matched the intent of the research. The inclusion criteria were RNs who had worked with students during clinical placement (Schneider et al., 2020). The number of participants was guided by data saturation which was reached when ten (10) participants were interviewed. The flexible nature of information collection in qualitative research is such that it is continuous until data saturation is reached. Data saturation is the point at which no new or relevant further information emerges during data collection with respect to the phenomenon of interest (Edward, 2006; Given, 2008).

Data saturation was important to achieve in this study when sufficient information had been collected to draw essential conclusions. Although Hennink and Kaiser (2022) maintain that the assessment of data saturation and the sample sizes required to reach it have been blurred and have lacked transparency in how sample sizes have been justified in supporting the rigor of qualitative research. Data saturation remains the most common validation for adequate sample size. Data saturation was attained in this study when there was sufficient information collected through participant interviews (n=10) to be able to draw crucial conclusions, be able to reproduce the study, and when the ability to acquire additional new information and the identification of additional themes was exhausted. Also, data saturation was the gauge by which to decide that the sample was acceptable for the phenomenon being investigated. That the information gathered had acquired the

range, complexity, and values of the phenomenon studied – and thus established legitimacy of content (Hennink & Kaiser, 2022).

Participants who met the inclusion criteria and who were interested in taking part in the research were invited through advertisements posted as flyers (see Appendix 3) on notice boards in the public areas of four (4) teaching hospitals of varying sizes within metropolitan Melbourne. It is important to acknowledge that the main heading of the advertisements emphasised the role of buddy nurses (*Are you a Buddy RN? If so, you may be eligible for our study*) which may have excluded other eligible RNs from registering interest. However, the recruitment strategy for this research was to recruit RNs who had occupied the role of clinical educator, preceptor, buddy RN or mentor. All participants recruited to the research met this criterion. The recruitment strategy was identified clearly in the participant information letter that was provided to all participants.

The decision to recruit participants from tertiary hospitals situated in Melbourne was because these sites were accessible, with well-regarded reputations and health administrations who were supportive to education providers in the provision of clinical placements for undergraduate nursing students. Participants were advised that the interviews were to be conducted at a mutually agreed time and place. Initial contact with potential participants was by phone or in person. This included providing participants with a copy of the participant information letter (see Appendix 4) for them to read and the consent form to sign.

Ten Registered Nurse (RN) participants were interviewed, nine of whom were female and one male. The age range was between 23 and 58 years, with a median age of 37 years. The length of nursing practice and experience of the participants ranged from 18 months to more than 40 years. All ten participants had worked with students in at least the capacity of the role of the buddy RN within the past 12 months. Three of the RNs had also worked with students as sessional academics, who were involved in the teaching of theoretical units of the Bachelor of Nursing (BN) course, as well as having held the roles of preceptor and buddy RNs. Two other RNs had worked with students in the roles of preceptors and buddy nurses. The remaining five participants had worked with students as buddy RNs.

5.4 Data Collection and Analysis

The interview transcripts were the primary source of data collected. The following section relates to the interview process. Consistent with the Colaizzi approach to inquiry (Edward & Welch, 2011) data collection was through in-depth, semi-structured individual interviews that lasted between 30-60 minutes. The information collected from each participant at interview was transcribed and analysed

immediately following the interview. The following outlines the process of engaging participants and information gathering:

5.4.1 Semi-structured Interviews

All interviews were conducted in private settings selected by research participants. Four of the participants chose to meet me in my office at my university workplace. Three participants requested that I meet them at their place of work, where we were able to use a quiet, vacant room on the ward. The remaining three participants and I met in a mutually agreed upon public space, ensuring it was away from other people and where we could speak freely. All the interviews were carried out in areas that were free from distraction and interruption and where audio recording could be undertaken. Before commencing the interviews, the participants and I engaged in general conversation to build rapport, with the aim being to encourage participants to feel comfortable to converse about their experiences working with nursing students in their workplace in their own words (Shoza, 2012). The use of a phenomenological approach in data collection through interviewing is beneficial methodologically (Sholokhova et al., 2022) as the focus is on the experiences of participants. This is enhanced using conversation in a comfortable atmosphere to build rapport between researcher and participants, where participants speak freely and uninterrupted in response to open-ended questions to elicit the important aspects of the experience from participants. The phenomenological approach was appropriate as it facilitated a means to understanding the connections between aspects of experiences of participants without the imposition of researcher assumptions (Sholokhova et al., 2022; Shoza, 2012).

Interviews lasted between half to one and a half hours, with an average length of interview being thirty-five minutes. The interviews were semi-structured. Consistent with phenomenological method (Chan et al., 2013), there was no interview schedule, instead the cues of participants were followed by the researcher and only one opening question: “Can you describe the experience of relationships between you as a RN and students in the clinical setting?” Some subsequent recursive questions were also asked to gain rich data from participants that described their lived experiences of working with students in their workplaces. These included the following questions: “Describe what it is like to work with students”, and “What is your experience of interacting with students in the clinical setting?” Each participant was encouraged to provide specific detail and examples of experiences described. To ensure the researcher did not influence participant responses by their own pre-suppositions, the researcher guided the interview with focused but not leading questions, to remain focused on the phenomenon (Chan et al., 2013).

5.4.2 Data Analysis

The first step of analysis involved transcription of all audio-taped interviews of the participants' narratives. In this step participant narratives were transcribed from the audio-taped interviews by a professional transcriptionist. According to Colaizzi (1978) the narratives were not required to be transcribed verbatim providing the substance of what had been communicated by the participant was captured in the transcription. In this research however audio tapes were transcribed verbatim. Each transcript was then repeatedly and comprehensively read and re-read for the researcher to gain a thorough understanding of the entire content and context. The second step involved extracting significant statements (statements that clearly related to the interpersonal relationship). Any statement in the participants' narratives that was clearly related to the interpersonal relationship was considered significant and was extracted and numbered. The significant statements were entered into a list numerically (that is, 1, 2, 3, 4…) so that there was a grouping of all significant statements. The creation of formulated meanings from the significant statements was the third step of the analytical process. In this step, Colaizzi's (1978) recommendation was for the researcher to formulate meanings for each significant statement compressed from the participants' narratives. In this research the procedure taken was to examine and formulate meanings of the significant statements of individual participants while being mindful of my own presuppositions as the researcher (Edward & Welch, 2011). Bracketing is central to Husserlian phenomenology, where the researcher declares personal bias and presuppositions which are put aside. The objective of this is to separated that which is already known about the phenomena separate from participants' descriptions (Shosa, 2012). The Colaizzi (1978) approach promotes the declaration of presuppositions to bracket. This format, together with processes to ensure the researcher's pre-dispositions were contained and did not influence data collection or analysis, were followed for this research. The processes used have been described in Chapter Five of this thesis and the reflexive processes used follows in Section 5.7 of this chapter.

Following this, in the fourth step the formulated meanings were aggregated into theme clusters. Colaizzi's (1978) recommendation was that formulated meanings are clustered into classes that are comparable, that is, theme clusters. For example, some formulated meanings could relate to attitude, but others relate to behaviour and therefore are separated into their own groupings. The fifth step involved the writing of exhaustive descriptions which are detailed descriptions of the phenomenon of the interpersonal relationship as expressed by participants and from the aggregation of the formulated meanings and theme clusters. In this step of Colaizzi's (1978) analytic approach all ideas derived from findings were integrated into an exhaustive depiction of the phenomenon investigated. In this thesis, each exhaustive description (Appendix 1) was developed through the clustering of the emergent concepts from participants' statements of significance (Appendix 2) which

were identified through comprehensive review of participant transcripts and identified based on relevance to the phenomenon being investigated. Appendices 1 and 2 demonstrates Colaizzi's (1978) analytic approach taken in this research.

The sixth step described the fundamental structure of the phenomenon. In this step a fundamental structure of the phenomenon of the interpersonal relationship as articulated by RNs who interact with students was formulated. Any irrelevant or misrepresented descriptions (Colaizzi, 1978) were removed. With the application of a rigorous analytical procedure and the removal of redundant descriptions the fundamental structure of the phenomenon was identified. The fundamental structure of the phenomenon is described in Chapter Six of this thesis. In the Colaizzi analytical approach (1978) the seventh and final step returns transcripts to participants for verification that their views have been accurately represented in the research findings describing the fundamental structure of the phenomena. In this research the transcripts of their audio-taped interviews were returned to participants to fulfill this step of the analytical process for the research. The culmination of Colaizzi's (1978) analytic process is the description of the phenomenon of interest.

5.5 Ethical Considerations

Approval to conduct the study was sought and granted by the University Human Research Ethics Committee prior to the research being undertaken (HREC number 2014353V). Ethical considerations for this research include consideration related to informed consent, anonymity, confidentiality, storage of data and any potential risks associated with the conduct of the research (NHMRC, 2018). These are described below. Full disclosure was made by the researcher to address any potential power relationship risks that could occur as a result of the researcher's role in academia and clinical education as a means to mitigate complications of perceived power imbalances in the interaction between researcher and participant (Cresswell, 2018, NHMRC 2018).

5.5.1 Informed Consent

Gaining participant consent involves a process whereby participants who are competent to do so agree voluntarily to be a participant in the research study after they have received comprehensive information about the research and understand what is involved for them (Mohd Arifin, 2018, NHMRC 2018). Each participant received comprehensive details about the purpose of this research verbally and in writing (v)the research Study participant information letter – Appendix 4] including the information collection process, expected time commitment for participants, and were reassured of anonymity and confidentiality. Participants were also informed that they had the right to withdraw from the project at any time without prejudice and that the research findings would be published

when the research was completed. A written informed consent was acquired from participants before the interview commenced (via) the research study consent form – Appendix 5].

5.5.2 Anonymity

Total anonymity was not possible for this research as participants were engaged in a face-to-face interview with the researcher. Nonetheless, to preserve as much anonymity as possible, knowledge of the identity of participants was confined to the researcher alone. Participants were invited to participate from a broad range of clinical areas within nominated hospitals and did not have a prior relationship with the researcher, nor the supervisors for this research. Although some participants who had worked as sessional academics were known to the researcher, there was no direct prior relationship between these participants and myself, and I held no position of power that could have impacted them either positively or negatively (NHMRC, 2018). To further maintain confidentiality and protect anonymity participants were de-identified and allocated a pseudonym. Pseudonyms were used in all transcriptions.

5.5.3 Confidentiality

Assurance was given to participants that only the candidate would know their identity to protect their privacy and confidentiality (NHMRC, 2018). Participants were also advised that for the of analysis of the narrative data the student researcher's supervisors would have access to the coded tape-recorded information. Participants were also advised that when the process of analysis of the coded tape-recorded narratives was completed, the coding details, transcripts and any personal reflections of the researcher would be stored securely digitally on the server and hard copies stored in a locked filing cabinet in the office of the researcher at the Australian Catholic University (ACU) in Melbourne, Victoria. The key to the filing cabinet was held by the researcher alone. Participants were assured that in the final transcriptions neither their name or location would be used and they have not been included in the final presentation of this thesis.

5.5.4 Storage of Information

For the duration of this research all hard copy information offered by participants has been kept in a locked cabinet drawer located within the researcher's locked university office. Any electronic and audio information gathered was stored in password protected computer files used by the researcher and stored on the ACU server. In keeping with the policy and procedural guidelines of the University Human Research Ethics Committee at ACU on conclusion of this research all the audio-transcriptions material that had been attained from participants is to be stored at ACU for seven years. After which, and in adherence to ACU policy for the removal of confidential information, the paper data is to be

shredded and disposed of confidentially and electronic files deleted. This is in line with the National Statement on Ethical Conduct in Human Research (NHMRC, 2018)

5.5.5 Level of Risk

The participants of this research were asked to comment purely on the phenomenon of their interpersonal relationships with students. For this reason, the level of risk associated with this research was low. "The expression low risk research describes research in which the only foreseeable risk is one of discomfort" (NHMRC, 2018, p. 13)". This research posed low risk to participants and the research was approved by the ACU Human Research Ethics Committee (HREC) [Appendix 6]. The potential existed for participants to experience some uneasiness when sharing their experiences. A strategy for identifying, minimising, and managing perceived risks consistent with ACU policies and procedures which are predicated on the National Statement on Ethical Conduct in Human Research (NHMRC, 2018) for research are as follows and were implemented:

- All participants were advised before the interview that should they wish to withdraw from the research at any time they could do so without prejudice, and that any of the data they had offered would not be used for this research unless their specific permission was sought and acquired(NHMRC, 2018).

- It was not expected that the questions would cause distress but if participants were to become upset and/or distressed during the interview the interview would be terminated and participants would be advised to access university counselling. No interview was required to be terminated (NHMRC, 2018).

5.6 Rigour of the Research

A requirement of conducting rigorous qualitative research is that the research must provide evidence of trustworthiness in all stages of the research, including the phases of data collection, analysis and interpretation. The question of quality is best explained in reference to Lincoln and Guba's (1985) concept of trustworthiness in qualitative research which is comparable to the standards of reliability and validity in quantitative research (Lincoln & Guba, 1985). Lincoln and Guba (1985) proposed a framework of four criteria for demonstrating the trustworthiness of qualitative research: credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985). Their framework was used in this research to demonstrate rigour.

5.6.1 Credibility

Credibility is achieved when research findings of the experiences and meanings of the phenomenon reported are credible to the participants (Dyar, 2022). Credibility is determined when the process used for the way in which the inquiry has been guided demonstrates evidence that led to the research findings being believable. Credibility is substantiated when others who experience the phenomenon are able to identify in the researcher's descriptions the similarities to their own experiences (Dyar, 2022). The researcher can provide for credibility by ensuring there is a comprehensive and explicit description of the research design that is evident to the reader (Dyar, 2022). In this research Lincoln and Guba's (1985) recommendations were used to support credibility. Engagement of the researcher with participants was comprehensive, with most interviews lasting between thirty and sixty minutes. The focus of the interview was for participants to describe their lived experience of the phenomenon being investigated. Purposive sampling was used to recruit and select RN participants based on the distinctive attribute of their interaction with nursing students during clinical placement (Liamputtong, 2020). Member checking (Dyer, 2022) was also used, which is aligned with Colaizzi's (1978) seventh step of validating findings with participants. In keeping with Colaizzi's method (1978), returning to the participants allowed them to check that the accuracy of the descriptions of the phenomenon from the interview transcripts were representative of their experiences.

5.6.2 Transferability

Transferability is related to the degree to which qualitative findings are applicable to other contexts, settings or groups. It is dependent on how well the context and setting is described and able to be accessed by others (Liamputtong, 2020). Lincoln and Guba (1985) best describe transferability in qualitative research as being capable of being achieved if the researcher provides thick descriptions that enable those interested in the transfer to conclude if the transfer of findings is possible. Given transferability is about the degree that findings from a study were applicable to other individuals or groups, contexts or settings it can be emphasized through sampling methods and a deep account of the research setting (Liamputtong, 2020). Transferability was achieved in this research through the rich and comprehensive description of the phenomenon explored in the context of the research setting, participants and the methods and approach used to undertake this research.

5.6.3 Dependability

Dependability is to gauge the consistency of the information gathered over time and conditions, to allow for scrutiny of progression of events. Essentially it is the measure of whether the research findings could be replicated if the research was repeated in similar circumstances. Credibility and

dependability are intricately intertwined and monitored through an inquiry audit, which involves the auditor assessing research findings and research product for authenticity (Lincoln & Guba, 1985). In this research, the supervisors of this research oversaw each phase of the research process through the assessment of the research documents to confirm the findings. Dependability can be augmented by reflexivity (Liamputtong, 2020). A reflexive statement is included later in this chapter to strengthen rigour.

5.6.4 Confirmability

Confirmability is similar to objectivity in quantitative research. It demonstrates that findings are linked to data (Liamputtong, 2020). For confirmability to be achieved the research findings need to arise out of participants' data rather than out of the pre-suppositions of the researcher. In this research, all information gathered was tracked from its source, and the interpretations made were logically structured to coherently reflect the explicit and implicit narrative of the experience (Lincoln & Guba, 1985). All facets of the method of this research were clearly outlined to demonstrate confirmability. In order to achieve confirmability in this research the practice of bracketing was also applied to separate the researcher's personal beliefs and preconceptions. The process used to bracket was outlined in Chapter Four.

5.7 Reflexivity

The function of reflexivity in qualitative research is an important one, especially to nursing research (Dowling, 2006). Reflexivity is relevant to qualitative research as it ensures credibility (Dowling, 2006) through the researcher announcing their personal beliefs and understandings about the phenomenon being explored. The reflexive researcher essentially assesses their activities through each phase of the research process by having awareness of the way in which they collect data, how participants respond, as well as the observations and interpretations they make through each of the phases of the research process. Therefore, by the researcher having awareness of the way in which they respond to the research, how they might affect the research, and how they are affected by the research, they are being reflexive (Dowling, 2006). Reflexivity was maintained in this research through the researcher diarizing interviews (Dowling, 2006) as well as through continued open discussion with supervisors about data collection, the analytical process and emergent research findings. An example of how this was achieved is provided in the following excerpt from the interview diary maintained by the researcher.

Interview with Charlie (pseudonym).
My pre-suppositions:

- I'm going to identify with her because we are both hospital trained
- There is a disconnect now in the clinical placement between ward staff and students
- Our training was more collegial, most of the workforce were students so there was that connection
- Most of us as students lived together, learned together and socialised together so we had that connection
- But today students and patients are safer, no trial and error like in our time. There is a scope of practice [SOP] for every year level, not like us - I was doing dressings before learning the theory
- Students still being bullied, that hasn't changed.

(Pre-Interview)

- Need to be aware that Charlie was also hospital trained, so be careful not to speak over and contribute to the conversation. After introductions ask the Q and let Charlie speak
- Don't spend time comparing our training hospitals and what we did after training
- We're both hospital trained, temptation will be to reminisce on how our training differed to what is contemporary clinical education. Don't contribute what I think was good or bad about being hospital trained.
- Don't compare how many hours students should be spending on clinical now in comparison to 'our' type of training
- Careful not to agree or disagree
- Don't share any thoughts on how there is a generational difference that may be good or bad
- Listen but don't give your opinion especially on how you think buddies teach students
- Be quiet!!

(During the interview)

- The good thing about Charlie is that she talks
- She's talking about what her ward does with students, which isn't really answering the question. So, I redirected by asking so how does that impact the relationship?
- She goes off tangent
- Talking a bit about how their ward manages students
- Giving examples of how they interact with students- this is good
- Talking about how they can't really manage more than 2 students, and how it becomes really difficult then

- Labouring over how students should work the weekends, so they understand what nursing is about
- Talking about how it's important to 'work' the students out???
- Talking about using humour helps as it helps students to relax – note this!
- They discuss problem students!!! That was close, I almost jumped in and had to stop myself when I realised that we were about to have a bitch!
- Had to also stop myself when she talked about 'us' being thrown in the deep end when we trained.
- Long interview, nearly 80 minutes need to bring it to a close!! Going around in circles a bit now.

(Post interview)

- Longest interview so far nearly an hour and half for the interview, and then chatting for about half an hour after. Careful not to include any of that, but ok because that was not taped.
- She was easy to talk to, started off answering the Qs but often strayed to provide anecdotes. Had to stop myself from becoming engaged in that comparison and her from doing that too much. So needed to bring her back by re asking the Qs
- I don't know how much of what she has said relates to the relationship as so much was anecdotal based on her experiences working with student. But I suppose that in itself is relevant??? Will need to check!
- Really has an opinion about students not being in hospitals enough. There was a minute when I had to stop myself from defending contemporary nursing education and try and educate her about how this system is so much fairer to students and the pts.
- Says she likes working with students, most of them do in the Ward but also said some stuff about how you have to work them out because they can be manipulative. Seemed like she was on the lookout for that!! Re-listen to interview!
- Have to admit I'm frustrated by some of this stuff, but I've not worked most of my career in the same ward and my experiences are totally different. Need to respect her for hers.

The aim of descriptive phenomenological inquiry is to establish the 'essence' of phenomenon through the careful scrutiny of situations as they appear (Dowling, 2007), and through reflexivity (Dowling, 2006). As the researcher, to apply the major tenet of Husserl's descriptive phenomenology of phenomenological reduction to this research it was important I was able to adhere to phenomenological reduction - 'bracketing' (Husserl, 1973), or in keeping with Colaizzi's (1978) description, to announce my pre-suppositions. This I believed was possible, as to arrive at the

essence of the phenomenon of this research - the interpersonal relationship between RNs and students in the clinical placement setting, my experiences of clinical interaction with contemporary nursing students were redundant as an academic in this research because they differed from the lived experiences of the participants. I had no recent history of working in clinical education or in the contemporary clinical supervision model for RNs supervising current undergraduate nursing students. Although I held assumptions about contemporary clinical nursing education which I have foregrounded together with my personal reflections in Chapter One, I do not believe that my perception of the clinical supervision process as experienced by the participants corrupted the description of their experiences.

To ensure that my assumptions were not influencing my interpretation of the data I kept a diary during the data collection and analysis phase of the research. The diarizing allowed me to reflect on my observations and assisted my understanding of the emerging findings. This reflective process highlighted to me my own suppositions and any judgements, and also helped me to understand the participants' responses. For example, there was one interview which I wrote about in my diary where I was particularly frustrated during the interview by the responses of the participant. It was the longest of my interviews, and whilst the participant talked a lot, it was often to relay anecdotal stories of her practice rather than to respond to the question. I also felt slighted by some of her views with regards to contemporary nursing education. It wasn't until I realized later through the reflective process of diarizing that she had been trained in the same way as I had been, and through talking about her practice she was trying to promote her experiences as being valuable and valid. My diarizing contributed to me having greater awareness of the possible impact of my research, even if it was not included in the analysis of the research data. My ongoing awareness of my role in the research encouraged me to consider and re-consider the data repeatedly to comprehensively comprehend the situation as it related to the essence of the phenomenon. My post interview diary reflective excerpt from this interview demonstrates how I came to this realization "Have to admit I'm frustrated by some of the stuff she said, almost that the old way of training was better, but I've not worked most of my career in the same ward and my experiences are totally different. Need to respect her for hers".

5.8 Conclusion

This chapter has presented the aim and research question and described the methods and procedures used to select participants through purposive sampling. The Colaizzi (1978) approach was used to gather information through semi-structured audio-taped interviews and was analysed using the Colaizzi (1978) seven step analytical process, where the interview transcripts were read on multiple occasions to develop a comprehensive understanding of content after which significant

statements directly relevant to the phenomenon of the interpersonal relationship were extracted from participant narratives. Formulated meanings were then created from the participants' significant statements that had been numerically grouped and furthered classified as theme clusters and then exhaustive descriptions of the phenomenon investigated were identified. Bracketing was applied during the data collection and analytical process by the researcher to try to eliminate their presuppositions. The chapter concluded with a presentation of the ethical considerations for the research. Finally, the process used to maintain methodological rigour for this research was outlined, including reflexivity.

Chapter Six - Findings: Fundamental Structure of the Interpersonal Relationship

6.1 Introduction

This is the first of three findings chapters in this thesis and presents the fundamental structure of the phenomenon of the interpersonal relationship between registered nurses and nursing students during clinical placement. The findings have been developed through analysis of in-depth interviews with ten RNs who described their lived experiences of the nature of the relationship with students on clinical placement at their workplace. It was found that a positive relationship was foundational to clinical learning and teaching. For a positive relationship with students to be established, RN characteristics of holding the students in positive regard, being prepared, being open and approachable, including students, and having clinical expertise were needed. Together, these characteristics comprise the fundamental structure of the interpersonal relationship. This will be described in detail in this chapter.

6.2 Participants

Participant 1 JackyJackyJacky an RN aged in their thirties, with a Bachelor of Nursing (BN) qualification, a critical care nursing practice background and post graduate qualifications in critical care. Jacky had more than ten years practice experience in the major practice specialty of intensive care. JackyThis RN worked for a major metropolitan tertiary teaching hospital and for the last five years had worked with students as a buddy nurse or preceptor. For the previous year and a half Jackythe RN had also worked as a sessional nurse academic with BN students teaching year two and year three Bachelor of Nursing acute care theory and practice units.

Participant 2 Sam was a RN aged in their early twenties. This RN had a BN and had been qualified for eighteen months. The RN was as newly qualified who had worked in aged care since qualifying. At the time of interview however the RN worked in a stroke ward of a major metropolitan tertiary teaching hospital. The RN had been working with students in the clinical setting as a buddy nurse for six months.

Participant 3 Jung was a RN aged in their mid - thirties, who had a BN degree and a post graduate qualification in paediatric nursing and had commenced a Master's degree in nursing. This RN had been qualified for more than ten years, with nursing experience in paediatrics. This RN worked in a major metropolitan tertiary teaching children's hospital, as a part time clinical nurse specialist. Jung was well experienced in working with students, and had preceptored students, as well as acted in the buddy nurse role for the past six years. At the time of interview, Jung had recently (six months),

commenced working as a sessional nurse academic with first- and second-year Bachelor of Nursing degree students, which included teaching in the specialty of paediatric nursing.

Participant 4 CharlieCharlieCharlie was a RN aged in their fifties. CharlieParticipant Four had initially qualified with a certificate in general nursing and had upgraded this qualification to a graduate diploma in paediatric nursing. This RN had been practicing for more than forty years. CharlieCharlie had worked in a tertiary teaching hospital in the children's ward as a clinical nurse specialist RN, for more than twenty years. CharlieThe RNs experience of working with student nurses commenced in the 1970s when student nurses had been educated in hospitals. CharlieThis RN had also held the position of associate nurse unit manager (ANUM) during their career. ANUMs are experienced RNs normally responsible for a specific portfolio, for example the education and professional development of ward/unit nursing staff or quality assurance for the ward/unit. Charlie has preceptored or acted as a buddy nurse to university educated students since the 1990s and continued to work in these roles with students on a part time basis.

Participant 5 JessieJessieJessie was a RN aged in their mid-forties with a BN degree and more than 20 years nursing experience as a cardiac nurse. JessieThis RN worked part time in a metropolitan tertiary teaching private hospital as a clinical nurse specialist. Jessie has been working with students for over ten years, as a preceptor and as a buddy nurse and has been an associate nurse unit manager (ANUM), which is a ward or unit nursing leadership position.

Participant 6 Billy was a RN aged in their forties, with a BN degree who had worked as an RN for more than twenty years in medical nursing. This RN worked in a metropolitan tertiary teaching private hospital and had worked there part time for the last ten years in the role of clinical nurse specialist. Billy had been a buddy nurse in this time.

Participant 7 Lee was a RN aged in their thirties. Participant Seven had a BN and post graduate qualifications in paediatric nursing and was doing a Master's degree. This RN had worked in paediatric nursing for over fifteen years. Lee worked in the children's ward of a tertiary teaching hospital, as a clinical nurse specialist and for the hospital in nursing administration. Participant Seven had preceptored students and had been a buddy nurse for over ten years, and had also been a sessional nurse academic for eighteen months, teaching Bachelor of Nursing students.

Participant 8 Ash was a RN in their thirties, with a BN and more than fifteen years' experience in paediatric nursing. This RN worked part time in a tertiary teaching hospital in the children's ward. Participant Eight had been a buddy nurse for more than 10 years.

***Participant* 9** Leslie was a RN in her thirties who was a newly qualified RN with a BN degree and was completing a Master's degree in mental health. At the time of interview, Participant Nine had just completed a graduate nurse program in mental health at the metropolitan tertiary teaching hospital following a BN course and had been working as a RN there for fifteen months. Leslie had worked with students in the capacity of buddy nurse for five months.

Participant 10 Riley was a RN in their mid-twenties with a BN qualification Riley had been working as a RN for the last three years, in the Emergency Department (ED) and Intensive Care Unit (ICU) after completing a graduate program. Participant Ten worked in a major tertiary teaching metropolitan hospital preceptoring and acting as a buddy nurse for students in the ED and ICU for the last three years.

Table 3 Participant Demographic Data

Participant Number	Age	Race	Length of practice experience as RN	RN Practice Specialty	Place of Work	Highest Educational Qualification in nursing	Teaching experience
1 Jacky	30s	Caucasian	>10 years	Critical Care	Major Metropolitan tertiary teaching hospital	Post graduate diploma	>5 years clinical 18 months sessional academic
2 Sam	20s	Caucasian	18 months	Aged care/ neuroscience	Major Metropolitan tertiary teaching hospital	Bachelor	6 months clinical
3 Jung	30s	Asian	>10 years	Paediatrics	Major Metropolitan tertiary teaching children's hospital	Post graduate diploma	>6 years clinical 6 months sessional academic
4 Charlie	50s	Caucasian	>40 years	Paediatrics	Children's ward of Metropolitan tertiary teaching hospital	Post graduate diploma	>30 years clinical
5 Jessie	40s	Caucasian	>20 years	Cardiac	Metropolitan tertiary teaching private hospital	Bachelor	>10 years clinical
6 Billy	40s	Caucasian	>20 years	Medical	Metropolitan tertiary teaching private hospital	Bachelor	>10 years clinical
7 Lee	30s	Arabic	>15 years	Paediatrics	Children's ward of Metropolitan tertiary teaching hospital	Post graduate diploma	>10 years clinical 18 months sessional academic

8 Ash	30s	Caucasian	>15 years	Paediatrics	Children's ward of Metropolitan teaching hospital	Bachelor	>10 years clinical
9 Leslie	30s	Caucasian	15 months	Mental Health	Psychiatry Health Service of Major Metropolitan tertiary teaching hospital	Bachelor	5 months clinical
10 Riley	20s	Caucasian	4 years	Acute and critical care	ED and ICU of a major metropolitan tertiary teaching hospital	Bachelor	3 years clinical

6.3 The Phenomenon of the Interpersonal Relationship

The main finding from this research, derived through analysis, was that it was critical for RNs to establish a positive interpersonal relationship with students assigned to them for clinical placement, for the student to have a positive teaching and learning experience. The relationship was foundational to the teaching and learning of students in the clinical setting and significant in students' positive clinical learning experiences. Therefore, a positive relationship between RNs and nursing students was key to quality placement experiences and fostered good learning outcomes for students. The fundamental structure of the phenomenon comprised the characteristics of holding students in positive regard, being prepared, being open and approachable, being inclusive with students, and having clinical expertise.

6.3.1 Holding Students in Positive Regard

The successful RN- student interpersonal relationship and student clinical placement experience depended on the RN taking a positive approach with students and displaying a positive regard for them. A positive regard was identified through the characteristics brought to the relationship by the RN and included their attitude towards students and the qualities the RN displayed when engaging with students.

The RN-student relationship was considered unique by RNs and evolved through RNs' professional requirements to teach students the practice aspects of nursing. The way in which RNs' positive regard for the student was demonstrated was important to the relationship as the initial approach to students set the tone for the ongoing relationship. RNs' positive regard for students was synonymous with them having a positive attitude towards the student and the confidence and willingness to impart their knowledge and skills appropriate to the student's learning needs.

> "It's [relationship], I believe, a really unique role [RN education role], …. because not only do you have to have acquired your own knowledge, but you also have to find a way that is appropriate, I guess, to share that knowledge with them [student]" (Jung).

Positive regard for the student and their learning role was also portrayed by RNs' attitude of valuing and being interested in their professional responsibility to teach students. They saw their role as a contribution to the clinical education of nursing students' undergraduate learning, to which they were committed and considered their involvement to be a privilege.

> "It's a privilege and huge responsibility – I have this feeling of responsibility that I have to share this with them [student]– this – my knowledge and I suppose my love of nursing" (Jessie).

A positive regard for students and the intricacies of the students' clinical placement needs was also demonstrated through the way in which RNs established a rapport with students. They welcomed students by introducing them to the ward staff. Discussing with students their level of practice experience and their planned learning objectives encouraged the building of rapport and helped create a positive relationship. Inviting students to participate in patient care and creating learning opportunities for students to practice also fostered rapport. The RN also encouraged the student to engage with them, patients and the multi-disciplinary team, and this further established the relationship.

> "We certainly try to make them feel welcome to the ward and make them feel comfortable with the way the hospital runs" (Susan).

> "Introducing them [student] around, getting them confident with other people–other support people" (Jung).

6.3.2 Being Prepared

When RNs were prepared by the health care organization to facilitate clinical learning experiences for students, the clinical education process was strengthened. Receiving prior knowledge about the students before meeting them facilitated RNs' capacity to be prepared. RNs were in a better position to prepare for the student and to initiate a positive relationship when they knew they were to be allocated to work with a student ahead of meeting them. This included knowing the student's university, the period of their planned contact with the student, and the placement duration. The student's year level and scope of practice were also important to know, so they could approach the student appropriately. Knowing ahead if the student was on their very first placement or their final placement allowed RNs to adjust their approach when first meeting the student. They could acknowledge the student's knowledge and skills as appropriate to their practice experience so as to engage with them suitably. This positioned both the RN and student in the best place to establish a relationship.

> "[I] think it's important that they [students] have a really clear picture of their scope of practice and that we [RN] have that as well" (Jacky).

> "I always try to just find out a little bit about them [student]. Their uni experience, what year they're in, what expectations they have for the clinical placement, anything specific they want to learn, where they think their weaknesses are, their strengths…." (Lee)

Some RNs expressed that forming positive relationships with students was influenced by the role they were in, educator, preceptor, or buddy. RNs believed that clinical educators or preceptors were better prepared than buddy RNs to work with students and had an advantage that buddy RNs did not have when first meeting students. This was because clinical educators and preceptors had some professional educational preparation which buddy RNs did not have; therefore, they were equipped to better establish relationships to foster positive learning experiences for students. The prior knowledge that clinical educators and preceptors had about students they were expecting, which buddy RNs did not, affected buddy RNs' preparedness to work with students and the interpersonal relationship they developed with them.

> "It's not that I don't like buddying … I have their [student] best interests at heart as well. I just feel [with preceptorship] – it's that ownership" (Ash).

> "Ultimately, you want their [student] experience to be positive and with someone who knows what they are doing" (Jessie).

6.3.3 Being Open and Approachable

In addition to being prepared for the student and their learning needs, RNs were committed to establishing open and honest communication processes to encourage engagement between themselves and students. These were also qualities that were useful to the way in which RNs approached students and their subsequent relationship. Being open, honest, engaged, and approachable was illustrated by how RNs were available to students when they were needed by them, and this was key to establishing and sustaining the relationship. Encouraging students to be confident in expressing their learning needs and by actively listening to them, then adapting learning strategies to best engage students in their learning promoted a sense of openness and built familiarity between the RN and student. This strengthened engagement with each other, as well as the learning environment, and enhanced the relationship. Although initiated by the RN, the same degree of honesty, openness and engagement were qualities expected by RNs in return from students, which RNs expected students to reciprocate.

> "It's really important that there's honesty so there's room for improvement and room for reflection. Communication, honesty, commitment, and openness" (Jung).

Forming positive relationships with students involved the RN creating an environment for students where they felt they could approach their RN buddy or preceptor. This evolved from an open and honest communication pathway between the RN and student which built rapport and nurtured

familiarity in the relationship. RNs were also aware of needing to establish an environment for the student to become familiar with them to allow the student to relax enough so they were confident to seek out the RN to discuss their learning experiences and achieve their learning outcomes. Being open and approachable was also important for the RN-student relationship as RNs believed it allowed both parties to know what to expect from each other.

> "I think being open with them [students] is important… Allowing them to feel that they can ask questions of you. I think that you're really approachable is really important. I think if you're not approachable, then all the other stuff doesn't work". (Jacky)

> "I am happy, friendly, approachable, and making sure they have [student] been orientated at the start, so they know where the toilet is, …. that they feel supported" (Jessie).

Using an open, friendly, and supportive approach with students encouraged collaboration in patient care and made for a conducive relationship. It also included establishing boundaries with students. For example, RNs were aware that students needed to be supervised by a RN for all skills or caring duties that they performed for patients. Both the RN and student were also aware this included assessment of the student's competency of practice, and RNs believed establishing these role boundaries were important early in the relationship.

> "I think also from my experience, setting the boundaries [for the student] to begin with was really important. … on the first day of clinical rotation when we come together and we meet and we talk about our objectives of the clinical rotation; what they as a student want to achieve, what I as the facilitator want to achieve, and setting that boundary there and then" (Jung).

6.3.4 Being Inclusive with Students

The relationship was strengthened when both the RN and student were fully aware of the other's roles in the relationship and engaged in the relationship. It enabled the RN to set realistic expectations for the student within the teaching and learning context. This was regardless of whether the RN held a preceptor or buddy RN role. Being inclusive enhanced understanding and rapport between the RN and student in the relationship and allowed for a collaborative and supportive learning plan to be set for the student for the time they worked together. Also, being inclusive allowed RNs to share their knowledge and students to benefit from that through their learning experiences.

> "They're [student] learning from that RN and they're planning the care of that patient. That's huge. It's probably parallel, isn't it? Working together [relationship]. Talking to them [student] and involving them in all the things that I am doing, so not leaving them behind and then finding them sitting, reading a patient history. 'What are your goals for this shift – and I would talk to them about ..... particular tasks that you are required to do today, so let's see if we can get them done'. So, get them involved and make sure clinically, they're exposed to lots of different things" (Jessie)

A positive RN-student relationship was a supportive and collaborative one where RNs acknowledged students in their clinical learning journey towards practice development. The onus for establishing the relationship was on the RN and its success depended on the RN integrating supervision and teaching and learning of students in addition to patient care into their practice.

> "I think people [RN – student] generally work well if you can identify things that they want to do or what they're capable of and including that so people [student] feel comfortable with what they do. So, it's a matter of teaching or explaining something that you want done and then letting them actually do it, to achieve it" (Susan).

6.3.5 Having Clinical Expertise

The way in which these aspects of relating to students were enacted required the RN to have expert nursing practice knowledge and be able to share it with students. To set realistic expectations for the student for placement, RNs needed to have excellent clinical knowledge as well as understanding of the measures of their competency. They also needed to know how best to set these expectations in a supportive and collaborative way that continued to engage the student, which came with the preparation identified earlier.

> "I have worked with undergraduate students in both Australia and the UK and it's something that I really enjoy doing and I love sharing my knowledge and helping them to gain their knowledge while working" (Jung).

Although RNs were employed primarily to provide expert patient care they were also often tasked with the supervision and teaching of students with whom they were preceptored or buddied. As the relationship was brought about through the student's clinical placement in the RN's workplace, the relationship served to establish a strong connection between them and the student to achieve positive learning experiences and outcomes. As clinical experts they were useful in the provision of suitable learning opportunities for students. The relationship provided a unique platform for the

facilitation of teaching for RNs in the roles of educator, preceptor, and buddy RN as expert clinicians. RNs also perceived this as an influential means by which students were given access to supportive clinical learning opportunities. These opportunities provided students with good clinical learning experiences to support achievement of the learning outcomes they had set for the clinical placement.

> "I think moving away from task-based learning and thinking more about critical thinking and applying it to pathophysiology and assessment skills really are beneficial for undergraduate nurses moving into the start of their career and I think from an intensive care perspective, that's something we [RN] can offer. So I think they're really the positive things that I've seen" (Riley).

The interpersonal relationship was the conduit by which RNs were able to facilitate the introduction of students to the reality of nursing practice by providing students with the opportunity to apply theory to practice under the expert supervision and guidance of RNs. Student clinical learning was best achieved when established through a positive relationship between RNs and students which was then used to facilitate their professional development and consolidation of nursing skill competencies.

Irrespective of whether they were a preceptor or buddy, in most instances and for most RNs the intention was to form a positive relationship for a successful clinical learning placement for the student, with both the RN and student then able to close the relationship after having achieved a positive experience, and the RN maintaining their positive regard for the student and the clinical education process. It is important to note that there were features of the interaction between RNs and students in the clinical placement setting which enabled positive relationships as well as those that challenged the developing relationship. These are presented in the following chapters. Together, they comprise the phenomenon of interest which is the interpersonal relationship between RNs and students in the clinical setting, from the perspective of the RN.

6.4 Conclusion

The interpersonal relationship between RNs and nursing students was characterized by the development of diverse interactions that occur between the RN and nursing students during clinical placements. This chapter has focused on describing the structure of the phenomenon of the interpersonal relationship, which was found to be foundational to teaching and learning. A positive relationship was comprised of several important aspects. First, RNs were best prepared for the relationship when they held a positive regard for students for whom they facilitated clinical learning. Second, RNs needed to be prepared to receive students by being informed about the students'

learning needs and scope of practice prior to the student arriving. Third, RNs needed to have an open and approachable manner to enable the student to engage and for both rapport and role boundaries to be established. Fourth, RNs needed to include the student in a general sense by helping to integrate them into the ward but also by including them in their clinical work. Finally, RNs needed to have a high level of clinical expertise and associated professional knowledge and be interested and willing to share their knowledge with the student. The primacy of this relationship is therefore foundational to teaching and learning on clinical placements and important for successful student learning experiences and outcomes.

Chapter Seven – Findings: Enablers of a Positive Interpersonal Relationship between Registered Nurses and Students on Clinical Placement

7.1 Introduction

Chapter Six presented the first of the three chapters of the findings from this research which described the fundamental structure of the phenomenon of the interpersonal relationship between RNs and nursing students on clinical placement. The following two chapters address the research findings on the features that enable or challenge the foundational nature of this positive relationship. The current chapter describes the factors which enable the phenomenon of a positive relationship between RNs and students in the clinical placement. It is followed by Chapter Eight which focuses on the factors that challenge RNs in forming a positive relationship with students during the clinical placement. These findings add new understandings about the phenomenon of the relationship between the RN and student during clinical placement. This chapter primarily comprises the article published in *Nurse Education in Practice* which describes the factors that enable and promote a positive relationship between RNs and students during placement.

7.2 Key Findings

In this research, three key findings were identified through analysis of the data in response to the research question "Can you describe the experience of relationships between yourself as an RN and students in the clinical setting?" The first key finding (Chapter Six) addresses the fundamental structure of the RN-student relationship in clinical placement that is founded in teaching and learning. A positive relationship was found to be crucial for positive student placement experiences. The second key finding (the current Chapter Seven) describes the factors which enable a positive relationship between RNs and students in clinical placement from the perspective of RNs. The third key finding (Chapter Eight) relates to factors that challenge RNs in forming a positive relationship with students during placement, from the RN's perspective. It is important to note that together they comprise the phenomenon of interest which is the relationship between RNs and students during clinical placement: the RN perspective.

Enablers to the relationship are described in the following article published in the Q1 journal *Nurse Education in Practice*: 'Enablers of the interpersonal relationship between registered nurses and students on clinical placement: A phenomenological study"

7.3 Published Article 3:

Rebeiro, G., Foster, K., Hercelinskyj, G., & Evans, A. (2021). Enablers of the interpersonal relationship between registered nurses and students on clinical placement: A phenomenological study. *Nurse Education in Practice*, 57, 103253. https://doi.org/10.1016/j.nepr.2021.103253

A pdf copy of the article follows on the next page.

7.4 Conclusion

It is important that a positive interpersonal relationship between RNs in clinical teaching roles and students is developed for vital clinical learning and positive student experiences. This chapter has reported on the factors found to enable a positive RN-student relationship during clinical placement in the article published in *Nurse Education in Practice*. The enablers of a positive relationship were the capacity to get to know the student, effective reciprocal communication, mutuality of engagement, and commitment. The findings are useful in the consideration of professional development for RNs who facilitate student clinical placements about the value of building positive RN-student relationships and the conditions required for that to occur.

Chapter Eight – Findings: Challenges to Establishing a Positive Interpersonal Relationship between Registered Nurses and Students on Clinical Placement

8.1 Introduction

In this chapter the third key finding is described. These are the challenges to RNs in forming positive relationships with students in the clinical placement setting. The main factors which challenged the relationship between RNs and students in the clinical setting have been identified as navigating relationship challenges, conceding relationship tensions, and acknowledging the relationship power dynamics.

8.2 Navigating Relationship Challenges and Conceding Relationship Tensions

Participants identified several different aspects to working with students on placement which they found challenging, and which had the potential to negatively influence the outcome of RN-student relationships. These experiences and tensions were described by the RNs who had worked in multiple teaching roles as clinical educators, preceptors and buddy RNs. Buddy RNs in particular experienced tension due to the result of fleeting and fragmented student contact, role challenges and competing responsibilities. Aspects of the RN-student interaction that challenged the relationship have been referred to collectively as navigating relationships and conceding relationship tensions. Specifically, the findings of this research identified that contact time was a critical aspect to the relationship, the relationship was challenged by disengaged students, and hurdles were encountered by RNs because of ineffective communication and/or language difficulties between RNs and students.

8.2.1 Timing of Contact is Critical to the Relationship

Participants identified that ineffective RN-student relationships were due to a lack of contact time between themselves and students which did not allow RNs to get to know students nor develop a sense of familiarity between them which was necessary for the relationship to progress. RNs believed this lack of contact time also meant that students were not confident in their interaction with RNs during placement. This was particularly the case when RNs worked in a buddy capacity. There was even less time to become familiar with the student when they first encountered them at the beginning of the shift with no prior knowledge of them. Participants explained there was little time on a busy shift to take the time to get to know students and their learning needs, leaving them unfamiliar with the student's learning needs and level of clinical confidence.

> "You [RN] need to understand where the students are at in terms of their confidence. And if they're [student] having to become familiar and comfortable and confident with six different

staff members on the ward in a short space of time, I think that's harder than feeling comfortable and getting to know one or two nurses….I think that's really important … the reality is, it doesn't happen" (Ash).

A further frustration was that they never knew when they came on to a shift whether they would be allocated a student or not. Not knowing anything about the student also impeded the relationship building process. This was described by participants as an added dimension that affected their motivation to work with students or to form a relationship.

Participants also believed that relationships were difficult to establish with students if their contact was not in immersive clinical learning experiences. These were defined as experiences where students were placed in a unit for longer than two weeks, where the student followed the roster of the preceptor or were allocated to a buddy for consecutive shifts. This type of placement immersed the student in the usual day to day patient care activities of the unit and responsibilities of the RN. Effective relationships required this contact time to be established but also required the student to be embedded within the whole patient care situation. The contact time and immersive learning in patient care created a beginning partnership between the RN and student which was critical for positive student learning on placement. Participants believed that without the relationship bond between RNs and students, where both were immersed in the continuing and ongoing care of the patient, the best clinical learning would not occur. Participants identified that any less than a two-week placement reduced the contact between both the RN and student and challenged the development of a relationship with students, as immersive practice could not be achieved.

Participants explained that students needed the chance to become familiar with or adjust to the routines of new units or wards which was the RN's expectation. Shorter placements did not allow for this but also affected consolidation of learning for students because of reduced student learning opportunities or opportunities to be socialized into the profession. Participants viewed these as important aspects of students' clinical learning experiences and the RN-student relationship. They considered that the time spent in contact with students affected these important areas.

"[re influencing effective relationship] I guess timeframe is certainly something. I think a lot of people who come in here with a week – they see what they can, but they don't build on anything and struggle with the short timeframes of their clinical placements. I think longer placements, especially where people are going to get the routine down and they don't have to worry and can focus on their learning, helps undergraduates. I guess, you know, the longer you

know someone, the better the relationship you have, and you can figure out what style of learning they need and they [student] can figure out what type of teacher you are" (Riley)

8.2.2 Communicating Poorly

It was through the communication processes in their interactions with some international students where participants explained that RNs were able to identify if the student was able to communicate effectively or not. This allowed RNs to be able to also assess the areas of knowledge and skill where the student was not proficient or required further support and/or supervision. If communication was compromised, this impacted the relationship. Participants described poor communication as a further barrier to the relationship which was very challenging in terms of trying to get to know the student to establish a positive relationship. Participants explained that some students' poor English language skills created tension for the RNs to whom they were allocated. Participants identified that English language barriers were prominent in the student groups that they had facilitated and explained that this was not unusual in their experiences of precepting or buddying with students. They considered it a problem. Participants were concerned about students with poor English language skills because they were not able to establish a rapport or a relationship with them. They were also unable to establish that the student's practice was safe, which further impacted the relationship and the trust that was central to it. It was frustrating for those RNs who were unable to communicate efficiently with students, as it brought a heightened level of scrutiny of the student by the RN. Participants also identified that the added scrutiny in some situations created a shallow dynamic in the interactions between the RN and student which was detrimental to the relationship. Neither the RN nor student were able to relax enough to form a positive relationship.

"Language was a huge issue because her English was very, very poor; and her general persona as well I guess. If there are barriers to communication or there are barriers that will hinder the relationship, the relationship will not blossom" (Jung).

8.2.3 Disengaging From the Relationship

Participants explained they were troubled by students who did not engage with or avoided interaction with them when on placement. They conceded this created tension which challenged the RN-student relationship. RNs expected students to be enthusiastic about learning as much as possible from them when on placement and when the expectation was not met, they were disheartened. RNs were disappointed when their efforts to form positive relationships with students for meaningful learning went unheeded by them. When students were unmotivated to engage with the RN in the provision of patient care, it deflated the RN's confidence. Some participants described

this as being a personal affront, which created feelings of anguish for some and bothered those who had encountered this issue with students they had been allocated. Most participants identified that some students did not always contribute to the relationship as expected for varying reasons; including interruption to the continuity of working with the same buddy RN and/or patient, apparent disinterest in the unit and patients, lack of preparation or because of communication barriers, or fear, as often the unit was new to the student. Sometimes it required considerable prompting and directing from participants which was especially difficult on the busy days when they were not able to fill in all the gaps for students.

> "sometimes it's discouraging if you're constantly going to the students, 'Let's go look at this, let's go through this' and they don't. I think it's a continuous thing and they're not as motivated as you kind of expect them to be. That can be a bit discouraging" (Sam).

Participants highlighted how some students did not engage or interact, how they disappeared from the ward or hid to avoid RN scrutiny. This made it difficult to develop relationships and adequately assess student competence.

> "We'll use the clinical nurse educators to help us …, but at the end of the day, they're not there all the time, so it's kind of left on our [RN] shoulders to carry these guys [students]. And it's that responsibility, of I'm technically responsible for someone else's safety [patient]. They can get hurt in our job, so I have to always be aware. And you know, they [students] have a habit of sneaking off on us" (Leslie).

Participants acknowledged that RNs used the student's interaction or lack thereof with themselves and patients to determine what was required for the student to be safe in their practice. If this was hindered by a student disengaging it was problematic for the relationship, student's learning outcomes and patient safety.

> "… sometimes they [student] are a pain in the arse. You know, the shit's hitting the fan, …. I don't need to be worrying about where a person [student] is at all times, and if they're disappearing on me, that's a big problem. I need to know they're safe. But if they're showing no interest in learning, I'm not going to force them to learn" (Leslie).

Participants also conceded that if students didn't make the effort to engage and interact with RNs or patients, then RNs in turn lacked the motivation to motivate the students, which was detrimental to

the relationship. Although there was acknowledgement from participants that not all students were in this category, nonetheless for those who were difficult to engage with them it was challenging to form and sustain a relationship.

However, participants explained that RNs also disengaged from the relationship when students exhibited behaviours which were disrespectful to the ward/unit and/or RN buddy or preceptor and this damaged the relationship. For example, RNs thought students were disrespectful when they continually arrived late to the placement, had unprofessional communication with patients and staff, and displayed unprofessional behaviour such as leaving the ward without notifying their buddy nurse or using their mobile phones in patient care areas. These sorts of student behaviours were difficult to manage when trying to establish relationships and if the behaviours persisted, rendered the relationship ineffective. However more significantly according to participants, the dissonant student behaviour also risked causing RNs to lose confidence in themselves when working with students.

> "I suppose, the biggest barrier to teaching students and the biggest frustration for me is just their motivation. I've had students, if I'm doing something, doing a dressing and showing them, I look over and they're on their phone. It's a bit disrespectful - not only to me. And it does put you in a kind of frame of mind to say, well, why am I going to waste my time educating them if they're not going to be accepting of it?" (Sam)

Participants acknowledged that even the model of preceptorship was not always ideal or without challenges in establishing positive RN-student relationships. When their preceptor was not on the shift with them (occurred regularly in some units), students could be buddied with disinterested RNs. This could lead to a lack of engagement between both, and it was detrimental to the relationship and student learning outcomes. Also, not all RNs were good in the preceptorship or educator role and this was of concern for the establishment of positive RN-student relationships and could disadvantage the student. Those RNs who were not good at interacting with students tended not to engage with or include students in patient care or professional activities, and participants identified that this behaviour also affected the forming and/or maintaining of a relationship.

> "Even with the preceptorship model, like if they [student] get placed with somebody unsupportive [RN]" (Ash).

Participants believed that another factor that challenged the maintenance of the relationship was the lack of continuity of RNs allocated to work with students because of the rostering of students

who only attended placement on weekday AM or PM shifts. Preceptors and buddy RNs worked weekends and night duty when students were not attending placement. Participants explained that the opportunity for RNs and students to sustain the relationship was lost because of a lack of momentum and continuity due to not being rostered together. Participants believed the combination of time limited duration of placements, coupled with students and RN-student inconsistent rostering interrupted their interaction which affected the establishment of positive relationships.

> "Their [student] learning could be enhanced having the same nurse to work with and maybe the same shifts over a few days running and continuity then with patients, and you [RN] could then probably escalate their independence" (Susan).

While participants conceded preceptorship was not ideal, they argued the buddy system itself was a key challenge to the process of establishing effective relationships. The process used to allocate RN buddies to students was a factor of consideration in whether a positive RN-student relationship evolved or not. Participants explained the allocation of student to buddy RN was almost always random and dependent on the skill mix (experience) of RNs each shift... Participants explained that for some RNs and students the system did not work. The process was impeded and challenging when the RNs rostered on the shift were not sufficiently experienced or because of the high acuity of patients in the unit at the time and associated workload for the RN. The reality was that allocation of students to buddy RNs was an arbitrary process, identified by organizations as a means by which to fulfill the clinical learning needs of students but was a challenge in the establishment of the RN-student relationship as it affected the relationship-building process.

> "It's a very fragmented relationship where every day they're [student] going to find out new information, form a new relationship and then the next day it all starts again with a new buddy. Whereas preceptorship is an ongoing relationship [RN-SN] which can hopefully grow and is not fragmented." (Jung).

> "We generally allocate [student] for the shift to come. So, if you know the students are in the area, it's written on our board then someone [RN] might allocate certain patients that are easy enough to deal with the student". "Other times the allocation gets done and the students are kind of on the side and it's 'Oh, okaywho'd like a student' or – it's an afterthought about where the students are going to go or with whom" (Susan).

When given the choice between allocation to the same RN or patient, participants reported that students often chose the same patients to work with, which challenged the opportunity for establishing or sustaining a RN-student relationship. Most students chose to continue their next shift working with the same patient, rather than continue working with the same RN. The hypothesis was that students felt there was more continuity for their developing practice and consolidation of their knowledge and skills on which they were assessed if they were caring for the same patient, even if it was with a different buddy RN each shift. The effects of increased staff turnover because of the large part time nursing workforce were also hypothesized by participants as impacting adversely on the continuity in buddying students with the same RNs. Participants described this as a missed opportunity to develop an effective relationship with students.

> "We try and balance it. The students are always asked, 'Who do you [student] want to work with or is there someone you have been working with ….to continue working with, or patient that you want to continue caring for?' It's generally the patients [students choose] because of the staff turnover – every shift is different. We have lots of casuals – lots of part-timers" (Jessie).

A further aspect that participants identified as challenging to establishing positive buddy RN -student relationships was that the predominant student clinical placement block was often mis-aligned with the nursing workforce roster. Normally students attended clinical placement in blocks of days or weeks. For RNs who worked part time and were rostered according to their equivalent fulltime time fraction (EFT), this meant they may work with the same student only once or twice during the student's placement. Also, those RNs who worked a full time equivalent (FTE) roster tended to hold more senior associate nurse unit manager (ANUM) or clinical nursing specialist (CNS) roles and were more likely to be in charge of the unit, therefore decreasing their availability to be buddied with students for continuity. This decreased the opportunities for effective relationship building with students.

> "It would probably be beneficial if they [student] stayed with the patient … they already know, but then, in nursing, you get thrown in and you get allocated the patients for the day. It could be different for every day of the week. It could be a different load. That's horrible, but ……" (Jessie).

Participants described this fleeting and fragmented interaction of the buddy RN-student relationship as challenging because it affected the building of the relationship. RNs did not have time to establish rapport in their contact with students to be able to get to know the student and their leaning needs.

Participants believed amongst the many buddying dynamic challenges they had experienced one important factor that undermined the RN-student relationship was their lack of professional development for the buddy role. Buddy RNs who did not have preceptorship training were at a disadvantage of developing positive interpersonal relationships with students, because they did not have the background knowledge required to successfully engage students and to facilitate their learning. Therefore, for this reason participants reported that RNs believed that successful placement outcomes for the student were better achieved when the RN was credentialed to be a preceptor and worked with the student in that role.

> "There is no information fed to us on sort of how to be the good mentor or a good educator or what the actual student wants out of us, we don't get any of that, so if you could touch base with the educator and they give you a heads up, I suppose. I think that would help in terms of planning the day at the beginning of the shift [Educator], to say 'Well, this is a second year'." (Jessie)

These shortcomings in RN professional development to undertake the buddy RN role was identified by participants as a major contributing factor which challenged the establishment of the relationship. No information was provided to buddy RNs on mentoring, or how to establish effective relationships or on teaching students, which put buddy RNs at a disadvantage.

In addition to the deficits in their professional development, the lack of information about students provided to buddy RNs was also identified by participants as another factor that hindered the relationship building process. Information about the level and scope of practice of students, and their capabilities in their year level, was not usually forthcoming to buddy RNs. Participants identified they needed this information in anticipation of the type of questions or issues that students may raise with them. Also, so RNs could determine the patient care tasks that they were able to safely allocate to students. Participants believed having this knowledge about students was essential to giving them a start in establishing rapport and the relationship. Not having easy access to student information was a demand that buddy RNs did not have time to pursue on a busy shift, making it unlikely that an effective relationship was developed.

> "The challenge is probably, not knowing where they're [student] at in their learning and what they are able to do or not able to do and probably trying to identify then what it is they want out of the experience" (Susan).

> "I know as a facilitator, one way to get the best out of that relationship [RN-student] has been to really provide the staff [buddy RN] in the environment with the information as to what is expected of the student nurses and what they're capable of so that they can really maximize the experiences that student nurses can have within their scope of practice" (Jacky).

A further factor which participants believed challenged the establishment of a positive RN-student relationship was that the buddy role was additional to RN clinical responsibility for patient care. Buddy RNs lacked time to spend with students. Although RNs acknowledged that some students were helpful, they were also considered to be time consuming. The challenge in working with students and building relationships was an increased workload which participants reported as being exhausting. Having to spend considerable time explaining treatment and care to students made the process burdensome at times. If the patients assigned to the RN did not have complex care needs, the requisite time spent with students was less of a problem. However, if the patients for whom the RN was responsible were complex and required consistently complex treatments and care it was challenging. RNs needed to spend considerable time supervising and providing explanations to the student to ensure their safe practice. When RNs were assigned high acuity patients this added to their work and in turn created tension in the relationship. Sometimes buddy RNs were not sure they had provided proper care to their patients because of the extra time taken to administer medications with the student, which students often did very slowly and with their multiple checks and documentation. It was not a criticism of the process as participants believed it was there to keep the patient safe, but they found it frustrating. They also did not blame the student but reflected that it was the processes of the current clinical education system which were problematic and responsible for the challenges which they conceded impacted the relationship negatively.

> "The challenge, I suppose, is increased workload. I suppose not so much workload, I would say talking. I find after an eight-hour shift I'm pretty exhausted because you tend to talk – I do – I tend to talk the whole time and talk about what I am doing and why we are doing it and I am always asking feedback from the student……." (Jessie).

> "It's not about me [RN] feeling like I can't do my work properly. It's more that you feel like you can't give to the students or the patients. Someone's got to lose. Because eliminate the students from the shift in the middle of winter and you're busy, you're really probably not giving everybody what they need. Add a student to that and that's tenfold [the work]" (Lee).

Some buddy RNs found working with students frustrating and being constantly watched by the student overwhelming at times, which affected the relationship. The sense of students being with them every moment of the shift was almost invasive. Students scrutinized everything from their conversations with patients and colleagues, to tasks such as dressings, medication administration, and managing IV pumps. Participants often felt that the level of scrutiny took its toll on them. Having these concerns were not conducive to supporting students or a relationship with them, which challenged the likelihood of establishing a positive relationship. On the other hand, others believed that scrutiny was good for the RN's practice, and that the knowledge and skills they imparted to students was best practice and based on recent evidence.

> "It's a bit overwhelming…I'll know that I'm doing the right thing, but it's just having them there and having to kind of show, I think. It can be a bit daunting" (Sam).

8.3 Relationship Power Dynamics

Participants also described awareness of a power differential between RNs and students which had the potential to destabilize the relationship. Students were also aware of the power differential between their roles and that RNs had the power to fail/pass students and affect their learning experience for better or worse. For their part RNs were acutely aware of this. Participants explained that students were nervous when attending a clinical placement, regardless of whether it was their very first placement or their last. They arrived on a placement often anxious about what to expect and about the RNs with whom they would be working, and this was an added hurdle for RNs in getting students to relax enough to be open to a relationship. There were some instances where RNs were required to take an authoritative approach with students to ensure patient safety. Establishing professional boundaries and expectations early in the RN-student interaction were essential to prevent conflict and undermining of the relationship. These aspects of RN-student interactions that also challenge the relationship are addressed in the next section of this chapter on the power differential challenges of the RN role in the relationship.

> "with students, I'm very aware of what they perceive as our power over them. 99.9% are terrified out of their skin when they get here" (Charlie).

8.3.1 Being Acutely Aware of the Power Differential in RN Education Role Responsibilities

Participants reported that students knowing that their RN buddies contributed to their assessments was possibly responsible for the apprehension that some participants observed in students when

working with them. Participants believed this related to the power students felt buddy RNs held, even before the RN-student relationship could be established. Participants identified that although most students would come to the placement prepared, because of their unfamiliarity with the facility, ward and nursing staff, students experienced some degree of unease. They explained that for students this was possibly amplified by their knowledge that RNs as their teachers played a role in assessing their performance. Therefore, participants believed the approach used by the preceptor or buddy RN towards the student in the initial days of the placement, set the tone of the relationship, which could either evolve into a positive or devolve into a negative relationship, if the student's angst relating to their feeling disempowered and being the powerless partner in the RN-student relationship was confirmed by the RNs to whom they were allocated.

> "You have to understand that they're [student] vulnerable when they come to us [RN]. They're nervous. They're petrified. We need to appreciate that to get the most out of them" (Ash).

Participants also explained that the tone of the relationship, which was most fragile in the early phase of the relationship was dependent on whether RNs assessed student practice as competent or not. If RNs identified or judged that the student's practice was unsafe or was a risk to patient safety, this potentially created a negative power dynamic between the RN and student. Participants reported that this was because they were required to exercise their authority in limiting the student's interaction with certain patient care, to which students tended to react negatively. It made it difficult to connect and move forward together, which challenged establishing a positive relationship with the student. Participants explained that such situations where they closely scrutinized students, were often perceived by students as unfair and emphasized the power differential between them, which could be damaging to the relationship. These situations were also unpleasant for the buddy RN, even though they sought ways of establishing common ground between themselves as RNs and students to mitigate the power imbalance. Also, these events often involved the student's clinical educator or even the university, which students attributed to the buddy RN, overcoming any semblance of forming a relationship.

> "So, it kind of also gets to a point where it's safety; if I'm worried that they're (student) not going to be able to handle things, and I'm not going to put them near something that could be interesting for them" (Leslie).

Participants believed it was critical that RNs had awareness of the power dynamic between themselves and students to avoid exploiting it. The risk was that this dynamic would jeopardize the

relationship. However, participants conceded there were some RNs who did exploit students with whom they were buddied. Students were treated by some buddy RNs as an 'extra pair of hands' to undertake the repetitive time-consuming patient care tasks. The RNs in these instances were described by participants as having little interest in developing a relationship with students for them to have optimal learning experiences and did not engage professionally with students. Participants explained these RNs exploited the power differential between themselves and students by emphasizing the role they played in the assessment of the student's clinical performance and their access to educators and/or the university. Also, knowing that the RNs with whom they worked had the power to influence their placement outcome negatively was another reason for students' nervousness and anxiety. Hence students in these situations were powerless to do anything but what they were directed by the buddy RN which was detrimental to the relationship.

> "Something that we didn't talk about was the power play…. in our relationship…. I think it's really important that we as facilitators do not play the power card. It's really important that we give them [students] the respect that they deserve as undergraduate students and likewise they give us the respect that we deserve…" (Jung).

Although participants explained that RNs who took advantage of students were in the minority, RNs were also cognizant of the need to protect the patient and themselves, from the fallout of when the relationship went wrong. Nevertheless, participants admitted this also highlighted students' perceptions of the power dynamic within the relationship which challenged the effectiveness of it.

It was a challenge for RNs to be proactive and not allow the power imbalance to dominate for a positive relationship. Participants explained the challenge to the relationship also came about because of the inconsistency between the RN and student's understanding of each other's boundaries. As the leader in the RN-student relationship it was the RN who needed to establish roles in the relationship, and to do this early in the interaction. Participants explained RNs who failed to distinguish between RN-student roles in the relationship and/or set effective boundaries for students which then needed correction at a late date challenged the formation and maintenance of a positive relationship. Although it highlighted the power differential in the RN-student relationship, if boundaries between the roles of RN as buddy or educator and friend were not established early in the interaction there was potential to create conflict in the relationship and affect the outcome negatively. It was important if the relationship was to be successful, that there was an acceptance by RNs and students of the specific roles and boundaries within the relationship. The relationship was

about teaching and learning and professional practice, and not about forming friendships with students. If these boundaries were not addressed by RNs, then the relationship would not survive.

> "We must be there to help them [student] to continue their nursing career and evolve their nursing career. We're not there to be their friends…. We don't need to be their friends. We need to maintain a professional boundary" (Jung).

8.3.2 Recognizing Power Dynamic Challenges When RN Supervision Roles Lack Clarity

Participants explained that another aspect that challenged the success of the relationship, was if there was a lack of clarity of roles between buddy RNs and clinical educators. The power differential would only become evident if not everyone (buddy RN, clinical educator, student) involved in the placement was clear on the required role expectations, professional boundaries, and aims and purpose of the placement. Participants conceded that this was a perennial problem. If there was any lack of clarity of roles or expectations between RNs working with students which were not made evident to students, then students would be left without direction. Building an effective relationship with them would then be difficult for the buddy RN and/or educator.

Participants also explained that there could be personal consequences for some RNs who for failing to set professional boundaries early in the commencement of the placement and relationship. Conflict between RNs and students that affected them personally was experienced by some RNs. For example, some RNs were concerned that students had their personal telephone numbers which could be used adversely if the relationship did not go well.

> "The trouble that I always think about is, that they [student] will have my telephone number …... So [student] crossing that boundary is something that has always played on my mind" (Jung).

> "They're [student] not going to feel they can come to me and talk to me about things. They're going to feel like I'm strict on them, when they've probably not had that experience in previous placements. I will push them harder to do certain things they may not necessarily want to do, and they don't feel that they can come and talk to me. Because I've had to sit down and set their boundaries quite quickly and quite firmly" (Leslie).

Participants also identified that in some circumstances there was also the potential for the power differential to be exploited by students. Again, because of a lack of clarity of expectations and roles between the buddy RN and clinical educator. Participants were aware of situations where students

manipulated buddy RNs with whom they worked when there were no clear expectations set about their placement requirements between clinical educators and buddy RNs or preceptors.

> "We've got a couple of young ones who have just started precepting…. The last round of students we had, this poor girl came to me and said, 'I don't know what I'm going to do with [student] she's just driving me insane.' She was a very manipulative student anyway, but my colleague - she's too nice - and everyone [RNs] said 'You can't let her [student] treat you like that! ……' And so, I talked to her [RN] a bit and I said 'Look, what she did to you was wrong'. The student had me for most of the rest of the time. So, she [student] really realized how difficult life could be. She was very manipulative, and she was very passive aggressive" (Charlie).

8.4 Conclusion

The participants in this research described several key challenges to forming a positive interpersonal relationship with students. These acted as barriers to RN-student interactions. RN-student contact time was described as critical to the relationship building process and ultimately the outcome. Disengagement of students and RNs from the relationship was highlighted as a significant aberration. Disengaged students created alarm for RNs as it was difficult for RNs to establish positive relationships with students who lacked interest in the placement and motivation to interact with the RN and patient. This student behaviour negatively impacted the RNs involved with these students who then did not regard students sufficiently well enough to continue to pursue facilitating learning activities for them for which the students had demonstrated disinterest.

The roles of the RN as buddy or preceptor were considered as critical to relationship outcomes. RN preceptors were better placed to work with students to enact positive relationships than buddy RNs, as they were formally professionally prepared and credentialled by health care facilities to work with students. The buddy RN was highlighted as a role that was particularly challenging. The conflict experienced by buddy RNs between patient care responsibilities and responsibilities to students also created tension in the relationship. Buddying with students was experienced by some RNs as exhausting and burdensome, and at the risk of RNs being fully focused on patient care. This had a negative influence on some buddy RN's motivation to engage with and form effective relationships with students. Also, RNs were aware of the existent power dynamic in their interactions with students and how it could influence whether a relationship developed or not. Student competency and patient safety, the clarity of RN expectations and roles and enacting of professional boundaries were key factors in deciding whether the power differential was a challenge to the relationship process and its positive development.

Chapter Nine - Discussion

9.1 Introduction

This chapter discusses and considers how the research findings contribute to and extend contemporary knowledge of successful clinical placements, learning experiences and learning outcomes for nursing students. The discussion will focus on the importance of the RN-student relationship as foundational to teaching and learning, the influence of the relationship on the student, and the factors which enable and challenge the relationship in respect to RNs' clinical teaching responsibilities, in comparison to the existing literature. Consideration is given to how the research findings contribute to and extend contemporary knowledge on RN clinical teaching practice for positive placement experiences for students. Figure 3 illustrates the pathway by which these research findings have contributed to, and extended contemporary knowledge on RN clinical teaching practice for student positive placement experiences.

Figure 3

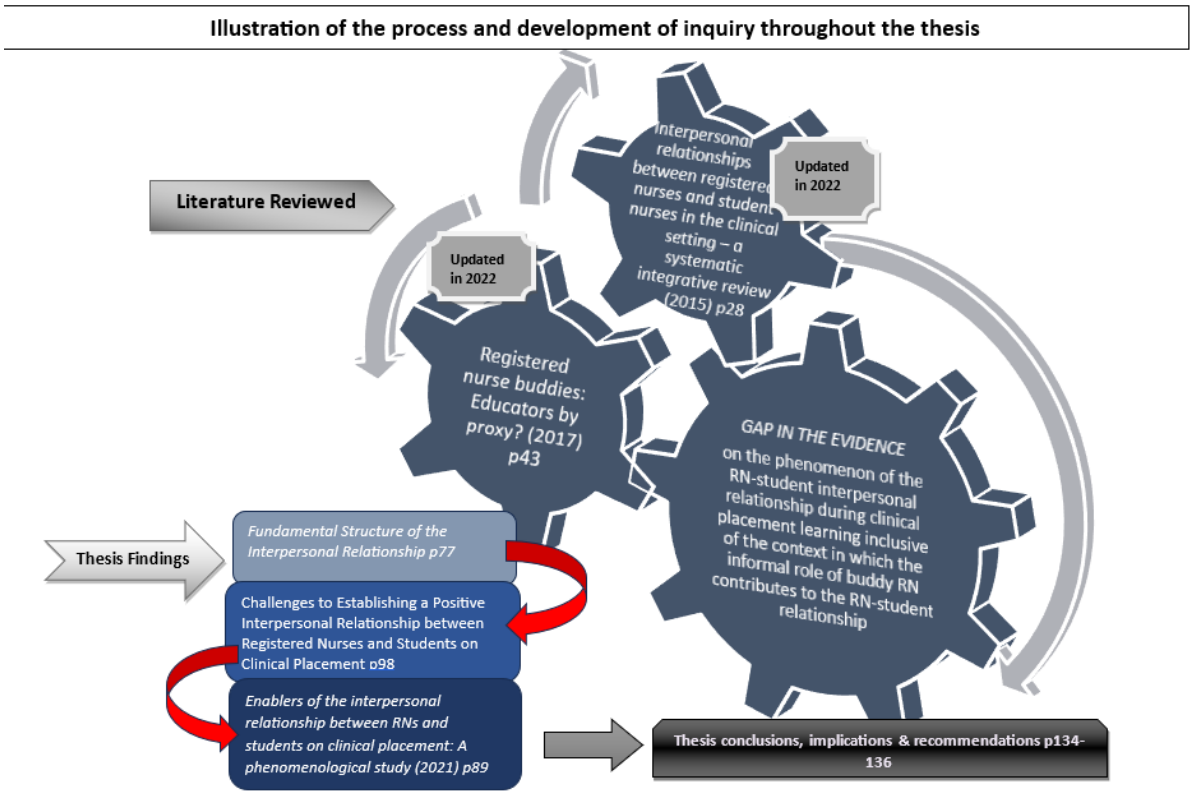
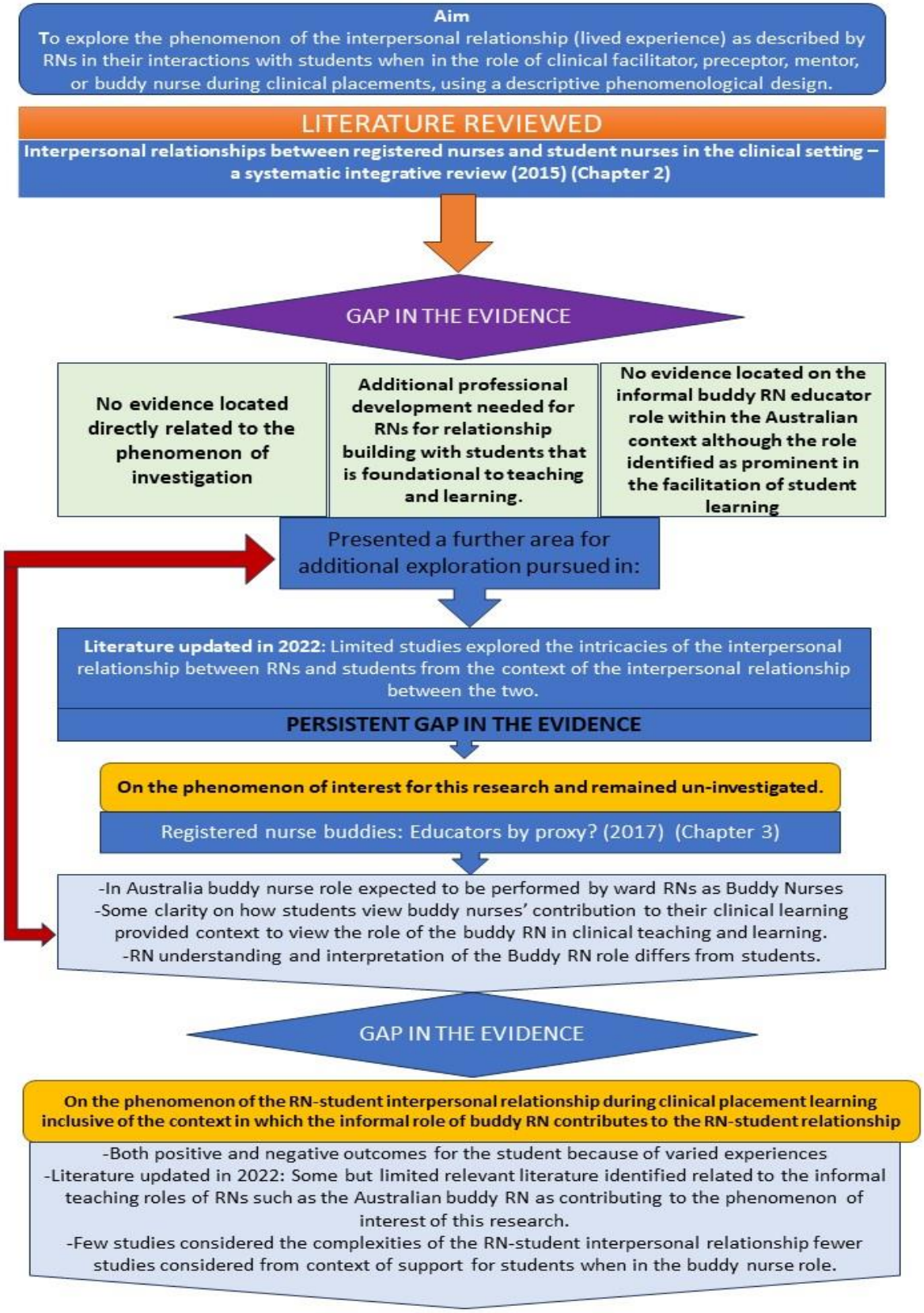
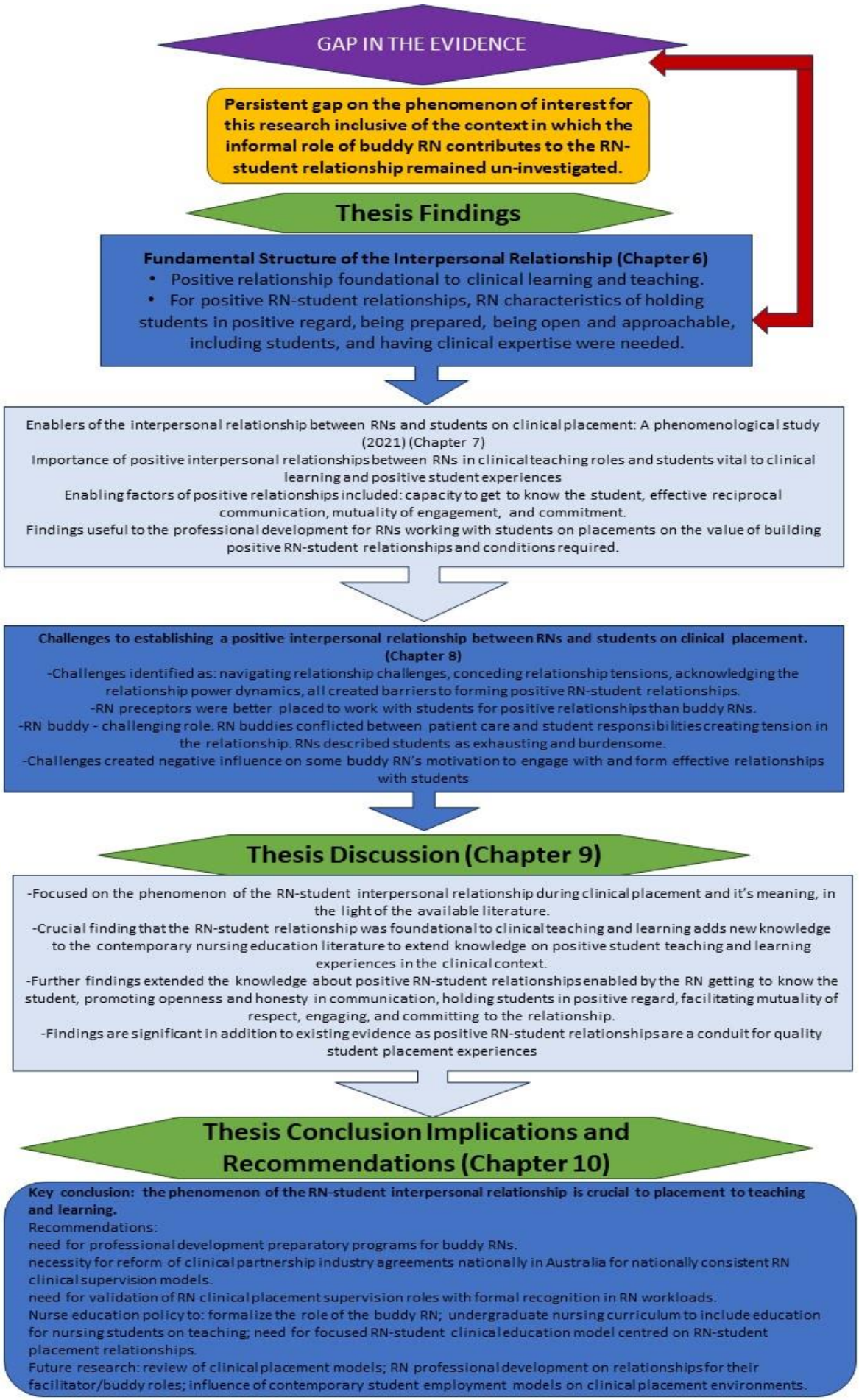


Table 4

Detail of the phases of the phenomenological inquiry of the interpersonal relationship between RNs and nursing students during clinical placement




GAP IN THE EVIDENCE
Persistent gap on the phenomenon of interest for this research inclusive of the context in which the informal role of buddy RN contributes to the RN-student relationship remained un-investigated.
Thesis Findings
Fundamental Structure of the Interpersonal Relationship (Chapter 6)
• Positive relationship foundational to clinical learning and teaching.
• For positive RN-student relationships, RN characteristics of holding students in positive regard, being prepared, being open and approachable, including students, and having clinical expertise were needed.
Enablers of the interpersonal relationship between RNs and students on clinical placement: A phenomenological study (2021) (Chapter 7)
Importance of positive interpersonal relationships between RNs in clinical teaching roles and students vital to clinical learning and positive student experiences
Enabling factors of positive relationships included: capacity to get to know the student, effective reciprocal communication, mutuality of engagement, and commitment.
Findings useful to the professional development for RNs working with students on placements on the value of building positive RN-student relationships and conditions required.
Challenges to establishing a positive interpersonal relationship between RNs and students on clinical placement. (Chapter 8)
-Challenges identified as: navigating relationship challenges, conceding relationship tensions, acknowledging the relationship power dynamics, all created barriers to forming positive RN-student relationships.
-RN preceptors were better placed to work with students for positive relationships than buddy RNs.
-RN buddy - challenging role. RN buddies conflicted between patient care and student responsibilities creating tension in the relationship. RNs described students as exhausting and burdensome.
-Challenges created negative influence on some buddy RN's motivation to engage with and form effective relationships with students
Thesis Discussion (Chapter 9)
-Focused on the phenomenon of the RN-student interpersonal relationship during clinical placement and it's meaning, in the light of the available literature.
-Crucial finding that the RN-student relationship was foundational to clinical teaching and learning adds new knowledge to the contemporary nursing education literature to extend knowledge on positive student teaching and learning experiences in the clinical context.
-Further findings extended the knowledge about positive RN-student relationships enabled by the RN getting to know the student, promoting openness and honesty in communication, holding students in positive regard, facilitating mutuality of respect, engaging, and committing to the relationship.
-Findings are significant in addition to existing evidence as positive RN-student relationships are a conduit for quality student placement experiences
Thesis Conclusion Implications and Recommendations (Chapter 10)
Key conclusion: the phenomenon of the RN-student interpersonal relationship is crucial to placement to teaching and learning.
Recommendations:
need for professional development preparatory programs for buddy RNs.
necessity for reform of clinical partnership industry agreements nationally in Australia for nationally consistent RN clinical supervision models.
need for validation of RN clinical placement supervision roles with formal recognition in RN workloads.
Nurse education policy to: formalize the role of the buddy RN; undergraduate nursing curriculum to include education for nursing students on teaching; need for focused RN-student clinical education model centred on RN-student placement relationships.
Future research: review of clinical placement models; RN professional development on relationships for their facilitator/buddy roles; influence of contemporary student employment models on clinical placement environments.

9.2 The Interpersonal Relationship is Foundational to Student Learning

The key finding of this research is that the interpersonal relationship between RNs and students is foundational for teaching and learning in the clinical context. The relationship was the foundation of RNs' clinical teaching of undergraduate nursing students in their role of clinical educator, preceptor, or buddy RN. The nature of the relationship with students on clinical placement, as described by the RN from their lived experience, was influenced by several factors which enable the relationship to contribute to positive student clinical experiences. This is a new finding in the literature on clinical placement facilitation of student learning.

The relationship between the RN and student in the clinical context is defined in this research as the interpersonal interactions or contact between RNs and nursing students during student clinical placements. RNs are tasked with the supervision and teaching of students in their roles of educator, preceptor, or buddy RN. In this context, the relationship involves two people whose perceptions and experiences differ, and which are influenced by their thoughts, feelings, perceptions, assumptions, and expectations (Peplau, 2004). Critical discussion of the phenomenon of the relationship between RNs and students in the clinical placement context is presented with respect to evidence from the nursing and nurse education literature, wider education literature, and the inter-professional education literature.

The findings on the relationship between RNs and students as foundational to clinical teaching and learning adds new knowledge to the literature on teaching and learning in the clinical context. Extensive searching of the nursing literature did not identify any similar finding regarding the foundational nature of the RN-student relationship to teaching and learning in the clinical placement context. It is therefore not possible to make direct comparisons to these findings. However, there is some nursing literature that addresses the relationship between the RN and student in other learning contexts such as the academic setting. Here too it was found that the relationship was important to learning and teaching, but this was unrelated to clinical placement. For example, there is evidence that the relationship between nurse lecturers and nursing students in the classroom, although important in achieving successful learning outcomes (Bryan et al., 2013; Payton et al., 2013), was not described as foundational to teaching and learning.

Also, with respect to the nursing literature on interpersonal relationships between RNs and students in the academic setting, Bryan et al. (2013) aimed to establish the various forms of interpersonal relationships between nursing students and their lecturers at an urban Jamaican nursing school and the influence on learning outcomes, their findings revealed that the relationship between lecturers

and students influenced student learning outcomes successfully because it was primarily based upon effective communication. The clarity of the communication style between lecturers and students formed the basis for other elements of successful relating including experiencing trust, receiving support, feeling motivated by others, mutual understanding and respect (Bryan et al., 2013) which enhanced student learning but was not described as being necessary to it. Although Bryan et al's (2013) study also identified the value of effective communication in the relationship amongst other significant contributing factors, the authors only considered the importance of interpersonal relations in the academic setting, rather than the interaction between RNs and students in the clinical setting, which was the focus of this research. This research has also established that the relationship was foundational, that is, necessary to teaching and learning, and not just important.

Another relevant study (Payton et al., 2013) explored the value of a mentoring relationship to increase the retention and success of minority students in a nursing program. The interpretive descriptive qualitative findings included the role of mentoring as a means by which to reduce attrition in students. Payton et al (2013) described African American nursing students' perceptions of the role of a mentoring program at their schools of nursing. The mentoring relationship between faculty mentors and student mentees demonstrated that the following were key factors in attracting and retaining minority represented groups to nursing schools with a diverse faculty population: valuing diversity, ensuring equality, acceptance, and empowerment. Again, however, their study was located in the academic context and focused on academic mentoring student relationships to reduce attrition in minority student populations rather the interpersonal relationship and student learning on clinical placement. Aside from the study setting, comparison of findings were limited as the findings from this research differ from that of Payton et al.'s (2013) as their focus was on the RN-student relationship from the perspective of the RN, and not students' perceptions of mentoring. Neither Bryan et al. (2013) or Payton et al. (2013) reported the interpersonal relationship as foundational to teaching and learning, but rather, as one means of providing support to specific student groups to achieve good academic learning outcomes using effective communication and mentoring strategies.

There is some prior evidence in the nursing literature that positive learning interactions between RNs and students during clinical placement enhances clinical learning, and the development of professional skills and critical thinking in students (Aghamohammadi-Kalkhoran et al., 2011; Anderson et., 2018; Doyle et al., 2017). However, the focus of this literature on the RN-student relationship was principally on teaching and learning for the development of student competency (Aghamohammadi-Kalkhoran et al., 2011; Rohatinsky et al., 2018; Levett-Jones et al., 2009; Levett-

Jones et al., 2007) and on professional socialization of students into the clinical setting (Lyneham et al., 2016; Shahsavari et al., 2013; Sweet & Broadbent, 2017).

There is also some evidence from the wider academic literature on learning in the higher education context which affirms an active relationship between teachers and students benefits student learning outcomes (Bainbridge et al., 2000; DeVito, 1986). DeVito (1986), a formative educationalist, asserts that teaching is a relational practice where the teacher uses interpersonal communication skills to form an effective relationship with students. The focus of DeVito's (1986) argument is that rather than the relationship being the sole goal of teaching, it contributes to how effective, efficient, and satisfying teaching and learning may be. Although DeVito's (1986) theory is important, the findings of this research contrast with his argument, as in this research the relationship was found to be foundational to the teaching and learning processes between RNs and students rather than simply a contributing factor. The findings from this research identified that the relationship is not the sole goal of teaching in the clinical context but is the vehicle through which teaching occurs and is integral to teaching and learning. While the studies from Bryan et al. (2013) and Payton et al. (2013), and the work of DeVito (1986) and Bainbridge et al. (2000), identified the student/teacher relationship as important, they do not identify it as essential and foundational for effective teaching and learning in the practice context.

In this research, it was found that the interpersonal RN-student relationship has several distinguishing characteristics. These include having a positive regard for and getting to know the student, the establishment of a reciprocal open and honest communication process, and the mutual engagement and commitment of both RNs and students. The relationship was dependent on the RN's positive regard for the student, which was shaped both by their attitudes to students and the clinical education process and enacted through the qualities which they brought to the relationship. The success of the relationship was influenced by several attributes and characteristics of the RN. Personal qualities of being prepared for students and open to working with them were also influential to establishing the relationship. Being approachable, friendly, and supportive, and encouraging students to engage and collaborate with them were also important qualities for establishing positive relationships. RNs' expertise as a clinician and ability to successfully disseminate their knowledge to students for improved student learning experiences were key professional qualities. When the foundational nature of the relationship was challenged it was by factors such as length of time and type of contact between RNs and students, students who dis-engaged from RN contact and interaction, and ineffective communication between RNs and students, which from the perspective of RNs undervalued the clinical experiences of students. Also, the buddy RN role was identified as particularly challenging in terms of developing relationships with students because of

both the lack of RN preparation for the role and the fleeting and fragmented nature of contact between RNs and students. A further challenge was the buddy RN's own patient care load as it was a competing responsibility for the RN. Other challenges arose from the perceptions held by RNs of a negative power dynamic between RNs and students. A discussion of these findings in the context of the contemporary literature follows.

In the broader academic literature on interprofessional education, there is some evidence from Bianchi et al. (2020) on the value of interpersonal relationships in learning clinical care. Their constructivist grounded theory study investigated teacher-student dyadic interactions between undergraduate students and their clinical tutors across three science and arts disciplines during their clinical placements. Findings included that the educational relationship between students and their clinical tutors commenced with the beginning of their training program, where a personalized learning program was negotiated between tutors and students. The key concepts of the study addressed the way in which the role of the student was created in the clinical team, and the development and consolidation of the relationship between the student and tutor as well as patients and other professionals. The process was referred to by Bianchi et al. (2020) as a journey where the student and tutor became companions to establish a relationship of interaction. Bianchi et al. (2020) assert that the student-tutor relationship process identified in their research was innovative compared with prior research. While the relationship that was developed and consolidated was discipline-specific in structure, it was characterized by constant support across varying types of communication and structures. The findings of the Bianchi et al.'s (2020) study bear some relevance for this research with respect to the realization of the importance of an educational relationship in clinical placement learning. However, while the relationship was found to be of value to clinical learning, in contrast to this research it was not found to be foundational to teaching and learning processes for positive student clinical experiences.

In summary, while there is some evidence in the nursing and education literature on the importance of interpersonal relationships to positive student learning in the classroom setting, there is little evidence about the relationship between RNs and students as a core feature of clinical learning, and none which reports the relationship as foundational and essential for effective teaching and learning in the clinical context. The following section discusses the international literature with respect to the research findings of the RN characteristics of holding students in positive regard, the importance of RNs' attitude towards students and clinical learning, and the RN qualities displayed towards students with whom they engage in a relationship to foster positive student clinical learning experiences.

9.3 Holding Students in Positive Regard

Establishing a positive relationship with students involved several characteristics and qualities of the RN. A key characteristic was RNs' positive regard for students, which was important in developing the relationship between RNs and students to better situate the student for a positive placement experience. When RNs held students in positive regard they came to the clinical encounter with positive views towards the student and the confidence and willingness to impart their knowledge and skills appropriate to the student's learning needs. RNs' positive regard was determined by both their attitude towards students and their personal and professional qualities when engaging with them. Their attributes of valuing and being interested in their professional responsibility to teach students were key to these encounters. In these situations, they were committed to students and considered their involvement with them to be a privilege and a contribution to the clinical education of nursing students' undergraduate learning, regardless of the type of education role they assumed.

9.3.1 Integrating Positive Attitudes

The importance of RNs' positive attitude towards students and holding them in positive regard was a new finding for the clinical education of undergraduate nursing students that emerged in this research. This finding contrasts with that found in multiple studies (Anderson et al., 2020; Hanson et al., 2018; Henderson & Eaton, 2013; Jokelainen et al., 2013) where holding negative or even hostile attitudes and reactions (Hanson et al., 2018) to students was a part of their experiences of working with students in clinical placements. The authors recognized this finding usually related to the perception of students as burdens to the already demanding workloads of these RNs (Hanson et al., 2018). There was some consistency however across findings of Anderson et al. (2018); Anderson et al. (2020); Hanson et al. (2018); Henderson & Eaton (2013) and Jokelainen et al. (2013) with regard to RN views of students as a burden (Jokelainen et al., 2013), and 'added extras' (Anderson et al., 2018; Anderson et al., 2020; Henderson & Eaton, 2013). In this research some RNs also described students as extra to their principal business of patient care. That was a challenge for RNs because students tended to be time consuming and slowed them down. RN participants of this research described working with students to build relationships as being exhausting. Having to spend a lot of time explaining treatment and care to students made the process burdensome at times. Anderson et al's. (2018) findings from their study on RNs' understanding of the RN practice standard to develop nursing students professionally on placement, report that RNs work with students because of the belief it was the right thing to do, their knowledge of the standard was weak, and they considered students to be added extras. The findings of this research have emphasized the importance of RNs holding positive regard for students, as an influencing factor in the establishment of positive relationships with students and as foundational to clinical teaching and learning interactions. RN

qualities exhibited were also important to their interaction with students in terms of their continuing positive regard for students and the relationship.

9.3.2 Qualities that Enhanced RNs' Positive Regard

Together with a positive attitude towards students, the qualities which RNs brought to their encounters with students supported the positive regard in which they held students. This was initiated through RN contact with students and their preparedness to create positive relationships with students in facilitating their placement. Preparation and a commitment to open and honest communication between themselves and students were also perceived as qualities of the RN that supported their holding students in positive regard. Although introduced by the RN, the same qualities of honesty and openness in communication and interaction were expected by RNs towards them from students. This was important to the RN-student relationship as it also brought clarity of each other's expectations early, not only in the provision of collaborative patient care, but also to the RN's responsibilities in the supervision and assessment of the student. This also necessitated the RN demonstrated clinical expertise and the ability to share appropriate knowledge and skills with students.

Nursing students were introduced to nursing practice under the experienced supervision and skilled guidance of RNs. Studies by Dahlke et al. (2016), Hegenbarth et al. (2015) and Needham et al. (2016) were all in agreement on the importance of clinical facilitation to clinical learning experiences of undergraduate nursing students, although this was with teaching and learning as the focus. This contrasts with findings from this research where a key finding was the establishment of the RN-student interpersonal relationship as the foundation to clinical teaching and learning and essential for positive student clinical placement experiences. Dahlke et al.'s (2016) mixed methods study findings revealed that although preceptors and clinical faculty reported being knowledgeable and confident in the provision of clinical instruction for their students, they also acknowledged that additional support was required for their teaching roles. Similarly, Hegenbarth et al.'s (2015) multiple case study aim was to describe the beliefs and processes that were held by RNs at a unit level about the clinical learning setting for nursing students. Their findings revealed two principal themes: influencing factors (cultural and contextual) which shape unit staff beliefs about exemplary learning environments, or impact their capacity to provide it, and the willingness to engage with students and how to engage. Hegenbarth et al. (2015) concluded that the extent to which the unit staff were able to manage the contextual factors affected their abilities to structure the students' learning environment. Close engagement, clinical knowledge, effective communication, personal and professional commitment were identified as qualities important to the clinical teaching and learning

of students in an interpretive case study by Needham et al. (2016) "that investigated clinical facilitator perspectives on what constituted best practice in facilitating the clinical learning of undergraduate nursing students" (Needham et al., 2016 p.1). Needham et al's. (2016) findings were described in the three main themes of assessing, learning to facilitate, and facilitating effectively. Although the clinical facilitators believed they had some autonomy in the clinical facilitation role they needed regular contact with academic staff for feedback about their performance and more specifically regarding their assessment of students.

The findings from this research bear some similarity to those of Dahlke et al. (2016), Hegenbarth et al. (2015) and Needham et al. (2016) in respect to the description of qualities that were attributable directly to teaching and learning outcomes. In this research they were qualities found to support the RN holding students in positive regard as a key element of a positive interpersonal relationship. It was the importance of RNs' positive regard for students that the findings from this research have emphasized as fundamental to the relationship which lays the foundation for positive teaching and learning processes. This is a novel observation on clinical placement education from this research, that has not previously been clearly reported in the nursing literature. However, these research findings differ from those of Dahlke et al's. (2016), Hegenbarth et al's. (2015) and Needham et al's. (2016) studies in that this research has focused on the intrinsic RN-student relationship, where it was found RNs' positive attitudes towards students demonstrated through their rapport and engagement with them was fundamental to the establishment of a positive RN-student relationship, and foundational to student teaching and learning. This contrasts with the extrinsic teaching and learning environment of student learning to which the Dahlke et al., (2016), Hegenbarth et al. (2015) and Needham et al. (2016) studies refer.

9.4 Enabling the Interpersonal Relationship

Another key finding from this research was that certain aspects of the RN-student interaction enabled the establishment of positive relationships between RNs and students in the clinical placement. These were getting to know the student, openness and honesty in communication, positive regard for the student, mutuality of respect, engagement and commitment as requirements for positive RN-student relationships. Also, whether positive relationships were most likely to be achieved depended on whether relationships with students were as a preceptor or buddy RN. These findings add new knowledge to the existing evidence on student learning in the clinical context as they indicate the importance of ongoing interaction for the establishment and facilitation of positive relationships with students for the enabling of quality student placement experiences. Also, they are in keeping with DeVito's (1986) pedagogical stance that a teacher-student interpersonal relationship

offers opportunities for the achievement of better and more fulfilling teaching and learning. DeVito (1986) contends that regardless of subject matter or teaching strategies, forming of teacher-student relationships are practical and essential, and by situating interpersonal communication as central to educational development benefits student learning. It is a finding that has been overlooked in the contemporary nursing literature where the focus has been on positive student achievements rather than on the factors such as positive RN-student relationships which enable this to occur.

9.4.1 Getting to Know the Student

RNs getting to know the students with whom they worked on clinical placement was crucial to the process of establishing effective RN-student relationships. The findings from this research indicate that teaching is a professional commitment for RNs from which students benefit when a positive relationship between the RN and student is established. The relationship that is foundational in teaching and learning is grounded in getting to know the student as a person, understanding their scope of practice, intended learning outcomes, and theoretical preparation for placement These findings are consistent with those of Hanson et al. (2018) and Henderson and Eaton (2013) regarding forming RN-student partnerships. However, they differed to Hanson et al.'s (2018) study findings of staff nurses' reflections of having negligible influence on student clinical learning. The participants in this research maintained that it was their relationships with students that provided the means for them to provide meaningful support to students in their placement learning. This finding is contextual to Bainbridge et al.'s (2000) findings about relationships between teachers and students. Bainbridge et al. (2000) argue that while teacher-student relationships may be distinctive they are also analogous to other types of interpersonal relationships such as where two people establish a relationship through shared meetings that communicate information and outlooks. Both teacher and student seek to achieve set goals, the achievement of which are dependent on each understanding and collaborating with each other. As has been revealed in this research positive RN-student relationships during clinical placement were enabled by mutual and reciprocal contributions which facilitated positive student learning experiences.

9.4.2 Effective Communication as a Reciprocal Process

Another essential component in the development of a positive relationship between RNs and students was the establishment of a reciprocal effective and open communication process. Reciprocity in communication was found to be a mutual understanding between the RN and student, where information was not provided in a linear manner between RN and student but through collaboration and sharing which was a finding consistent with findings from Brown et al. (2020) who described effective communication essential to mentor-student relationships which open

communication pathways and is empowering for students, albeit in the context of students raising concerns. Although Dickson et al. (2006) also reported on the importance of effective communication being a shared responsibility, their research was only about the experiences of RNs when in the role of clinical facilitator, for whom the interaction with students was formalized and which differed to the experiences of preceptors and/or buddy RNs for whom the relationship was informal.

In this research, the relationship between RNs and students was empowered by the shared qualities of openness, honesty, and engagement as key enablers of effective relationships with students. This finding was also a conclusion of Hegenbarth et al's. (2015) study on clinical learning environments for nursing students, where they reported that openness was a necessary quality for both RNs and students. They explained that openness was not only about the unit staff making students feel welcome but also about students' openness in communicating their learning needs. This is consistent with participants in this research who credited the RN-student relationship as likely to be a positive one when there was reciprocity, openness and honesty with engagement from both parties, although it was in the context of positive RN-student relationships on placement, which is distinct from Hegenbarth et al.'s (2015) findings which are from a clinical teaching learning context alone.

9.4.3 Mutuality of Engagement and Commitment is Critical

In this research, a further key finding is that RNs differentiated between the formal roles of clinical educator and preceptor and the informal role of buddy RN as potentially influential in being able to establish positive relationships with students. Appropriate learnings can be taken from Cotton and Wilson (2006), who report in the education literature that in higher education student-staff contact comes from numerous approaches which are formal and informal, social, and academic, and that the exchanges influence student outcomes. For example, the findings from this research reveal that RNs believed that preceptors' access to information about students was forthcoming, in contrast to buddy RNs. A similar sentiment was reported by Henderson and Eaton (2013), who referred to buddy RNs as learning guides. Henderson and Eaton (2013) found that learning guides were reluctant to engage with students, for reasons that they were unsupported and not professionally prepared to work with students. Also, where neither the learning guides nor the student were aware of the other until the shift commenced. However, this contrasted with the findings from this research where RNs expressed how as buddy nurses, their aim on first meeting students was to welcome them and be open with them, to find out from the student about their scope of practice, learning needs and experiences, all of which influenced establishing a positive relationship regardless of whether they had prior knowledge of being allocated as the student's buddy RN for the shift.

Henderson and Eaton (2013) and Hanson et al. (2018) concur that staff nurses were not necessarily always effective in respect to facilitating student teaching and learning, because they were unprepared, had conflicting patient care responsibilities and lack of acknowledgment of their role by other clinical and management staff. This is generally consistent with this research's findings. Participants acknowledged that RNs in the buddy role found this to be a more challenging role than that of preceptor or educator due to the lack of knowledge and information about students with whom they were to be buddied. Although the RN participants in this research identified that processes such as open and effective communication used successfully to establish relationships could negate these as well as the pressures of high patient acuity. Nonetheless, there was concession by participants that the relationship was a fragile one, and able to be derailed because of complexities of the buddy RN workload coupled with the lack of forthcoming information and prior notification of students. A discussion of the elements identified in this research that can disrupt the desired positive relationship between RNs and students follows.

9.5 Challenging Factors of the Interpersonal Relationship

Several key challenges to the relationship were also reported in this research. These had the potential to negatively influence the outcome of RN-student relationships and relate to findings from this research on key factors that impact RN-student relationships and tensions. These include issues relating to the contact between RNs and students in the context of the time that was available for RNs to interact with students, which has been identified as a critical aspect of the relationship. The findings from this research also reveal that the relationship was challenged by students who did not engage, as well as the problems that were encountered by RNs because of ineffective communication or language difficulties with students. RN buddy participants believed student disengagement and ineffective communication issues were exacerbated by fleeting and fragmented interactions, role challenges and competing responsibilities of RNs.

9.5.1 Navigating Relationship Challenges and Conceding Relationship Tensions

Several new and different elements to working with students on placement with the potential to negatively influence the outcome of the RN-student relationship and clinical experience were identified in the findings of this research. Clinical placements that did not allow for sufficient contact time were challenging for relationship development and therefore for student clinical learning because of challenges to the RN-student contact, of time and opportunity to develop rapport with students, disengagement from the relationship, communication and language hurdles and buddy role challenges were critical for clinical learning when on placement.

9.5.1.2 Timing of contact is critical to the relationship

Findings identified that ineffective relationships related to the lack of opportunity to build rapport with students. This contact was measured in student time and opportunity spent on placement interacting with RNs and was important to the outcome of the relationship and if it was insufficient or interrupted, it disabled it. Participants acknowledged that becoming familiar with different clinical environments took time for students, as each unit or ward has its own uniqueness and idiosyncrasies which RNs expected students to adapt to swiftly. Sufficient contact was critical to the outcome of the RN-student relationship, and normally occurred in a busy high acuity setting with very ill patients with complex health care needs, so the time students spent there interacting with RNs needed to be substantial or the relationship risked failing. There is some agreement in the literature that engaging with students in highly acute clinical units is difficult (Dahlke et al., 2016; De Swardt., 2019). Although the findings from this research include that student placement duration was significant to establishing relationships, it was not a factor cited by either Dahlke et al. (2016) or De Swardt (2019) as challenging to learning in a highly acute patient care environment. Interestingly, De Swardt (2019) found student crowding in clinical environments as a barrier to achieving learning opportunities, which was not found to be a challenging factor in this research. Dahlke et al. (2016) found that the clinical setting was also identified as having a negative impact because of a deficit of resources, staff and equipment, lack of space, particularly for RN-student interaction for debriefing, medication administration and patient rooms. Although, these were not issues identified in this research, the type of contact and the time spent in contact between RNs and students was found to be influential to establishing relationships.

In a study by Jokelainen et al. (2013), which compared mentors' perceptions of facilitating nursing student placement learning between Finnish and British mentors, Finnish mentors raised time constraints as a concern for student interaction, however the British mentors did not cite lack of time as an issue. Jokelainen et al. (2013) suggest a reason for this was the UK accreditation processes meant 40% of the mentor and student working time is shared during the clinical placement. Even so, both the British and Finnish studies report concerns about a lack of time for evaluation of students during working hours and discrepancies in the quality of evaluation and feedback. These findings are consistent with this research, where lack of time was an identified barrier to the RN-student relationship.

Though it may be organizationally difficult to achieve, the findings from this research also indicate that to develop a realistic understanding of the nursing workplace, and to consolidate the relationship, students need to be immersed in the clinical setting for a duration of greater than two weeks. RNs were conscious of time and amount and type of contact it took to establish a relationship

with students and then for them to achieve the critical learning that students were required to achieve, added stress to the relationship. Duration of placement and therefore time available for RN-student contact was also important, and problematic for consolidation of learning if less than two weeks duration. The contact time for students to develop crucial therapeutic communication and relationships with patients, competence and confidence when performing psychomotor skills, if insufficient, threatened the relationship and students' clinical learning outcomes. There is some consensus between this finding and that of Setati and Nkosi (2017) and Tuvesson & Andersson, (2021) in respect to time as a recurring hurdle in the mentoring of nursing students in the clinical teaching learning context. Time to mentor was identified in the Setati and Nkosi (2017) and Tuvesson & Andersson, (2021) studies as an influential factor relating to the length of the student's placement and/or to the distribution of time that was accessible for learning opportunities and mentoring. The benefits of mentoring for nursing students are immense, but for the professional nurses who are mentors, limitations such as time, unsuitability and insufficient professional development are problematic because of the time and efforts required by professional nurses to reach required outcomes (Setati & Nkosi, 2017; Tuvesson & Andersson, 2021). There was some agreement between the Setati and Nkosi (2017) and Tuvesson & Andersson, (2021) studies and this research about time and contact between RNs and students as important in achieving psychomotor learning. However, findings differed between this research and the Setati and Nkosi (2017) study with regard to mentoring of students. The findings from this research identified that the RN-student relationship was foundational to teaching, learning and achievement of student psychomotor skills for clinical competence which was not considered by Setati and Nkosi (2017).

9.5.1.3 Disengaging from the relationship

When students did not engage with RNs and patients or when students avoided interaction with them, this troubled RNs in this research, because it challenged the RN-student relationship. RNs were disappointed when this happened and reflected on whether they had shared enough with the student to contribute sufficiently to the relationship, especially on the busy shifts when they were not quite filling in all the gaps for students. RNs conceded this disengaging behaviour created tension in the relationship. Other examples of student behaviour that disrupted the developing relationship, that were suggested by RNs possibly related to the lack of opportunity for effective professional socialization of students. Examples included when there was little enthusiasm or respect exhibited by students for their placement or the ward/unit, RN buddy or preceptor, or other ward staff. Such behaviour included students continually arriving late to the placement and unprofessional communication and behaviour, or when students required continual motivation. Participants described being appalled when students did not demonstrate interest in their practice or patient care, which RNs considered was the purpose of them being there. These sorts of student behaviours

challenged the relationship, rendering it ineffective but more significantly also risked causing the RN to lose the confidence to build relationships and even led to RNs losing interest in attempting to motivate students.

There are some similarities that can be drawn between these student behaviours and that found by Setati and Nkosi (2017) and Bawadi et al. (2019). Setati and Nkosi (2017) identified inappropriate behaviour of some nursing students as a main factor in adversely affecting the mentoring process between professional nurses and students, causing time missed from teaching and learning. Mentor-mentee interactions were compromised as these students were considered problematic and were identified as lacking in commitment, consequently this lack of commitment then escalated to the mentor's motivation to participate (Setati & Nkosi, 2017). The Setati and Nkosi (2017) study reported that students' inappropriate behaviour had implications for teaching and learning processes. In comparison the findings from this research suggest the implications of inappropriate behaviour of students were far wider, that is, also impacting the RN-student relationship and personally affecting the RNs involved. This finding is noteworthy as it has had little attention in the contemporary nursing literature. Bawadi et al. (2019) noted similar types of student behaviour in their findings, reporting that some students lacked enthusiasm for learning about patient care and were more attracted to technical skills instead of the application of their knowledge to practice. Bawadi et al. (2019) also contend that several students did not display interest in seeking out opportunities to enhance their learning but depended on being directed by clinical instructors. While there is some relevance between Bawadi et al's. (2019) findings and this research, the Bawadi et al. (2019) study focused on the perceptions of the clinical learning environment held by students and clinical instructors, with data collected from semi-structured focus group interviews. The focus of this research was on the RN-student relationship on clinical placement from the perspective of RNs alone, which was found to be necessary for positive student clinical experiences as the relationship was foundational to clinical teaching and learning.

9.5.1.4 Communicating poorly

Further findings from this research reveal that RNs believed that those students who did not communicate effectively with patients and themselves had difficulty forming a positive relationship. Also, RNs observed the way in which the student communicated and this helped them to assess the level of safety of the student's practice, and to identify areas of knowledge and skill deficit that required further support/supervision. Poor communication was identified as a barrier to the RN-student relationship. English language barriers were prominent in the student groups for the RNs participating in this research. Participants reported that the level of English language proficiency of the student was likely to impact the relationship significantly and students with poor English

language skills were of concern as this prevented a means to establish that the student's practice was safe. Participants reported that not being able to communicate effectively with students was detrimental to the relationship as it brought a heightened level of scrutiny of the student by the RN. Therefore, neither the RN nor student were able to relax enough to form a relationship. Communication or lack thereof is recognized as one of the greatest challenges for students and teachers both clinically and in the academic setting (Dahlke et al., 2016; De Swardt, 2019). However, in the context of this research, RNs considered it is more widespread and impacting on the ability to establish relationships and assess the safety of student practice, which had potential to affect the relationship negatively.

9.5.2 RN Characteristics that Challenge the Relationship.

It is important to foreshadow that many of the RNs who participated in this research had held multiple roles across the roles of clinical educator, preceptor and buddy RN. This is relevant as it is another of the key findings from this research on the challenges in navigating the RN-student relationship where participants conceded there were relationship tensions. The finding centred around the differences of the impact of the RN role in the ability for RNs to establish positive relationships with students. One finding was the description of the buddy RN–student relationship as a fleeting and fragmented one. It is a different interaction from that of student with their preceptor or clinical educator because it is shorter and transient and therefore detracts from the building of a meaningful RN-student relationship. For every shift where the student is potentially paired with a different buddy RN, they are required to start the process of forming 'another' relationship.

9.5.2.1 Buddying Dynamics

The buddy role has had limited attention in the contemporary nursing literature. The literature that does address the buddy RN role does so in the context of clinical supervision models and differentiates between the informal and formal roles of buddy RN, clinical educator, and preceptor respectively (de Fulvio et al., 2015; Henderson & Eaton, 2013; Rebeiro et al., 2017, Van Epps et al., 2006). RNs in this research described their experiences about the allocation of students to buddy RNs as arbitrary, and this affects the relationship, because contact is a transient event. The buddy RN may never work with the same student again with little time or opportunity to develop a relationship between their patient care responsibilities and the clinical education approach. Not all informal RNs who have teaching and learning responsibilities (such as those described as buddy nurses) are positive about having to work in the role. Variation exists between RNs who normally want to perform the role and also sometimes experiencing feelings of uncertainty about being responsible for student learning (Rebeiro et al., 2017), which acts to destabilize any relationship from being

formed. The depth of feeling expressed by RNs in this research regarding the buddy RN role in terms of the relationship building with students and the willingness or not of some buddy RNs is a new finding of this research.

Another key finding identified was that the challenges experienced by RNs in the role of buddy nurses potentially undermined the relationship. A consistently expressed view was that it was best for the relationship when the RN was credentialed to be a preceptor and worked with the student in that role. Buddy RNs who did not have preceptorship training were at a disadvantage in developing positive relationships with students. Preceptors were better prepared for the facilitation and supervision of students' clinical learning experiences, and to better support students which was beneficial in building the relationship. Although there is usually no added remuneration for preceptorship, which is voluntary, the argument made was that those RNs who chose to preceptor students were committed to the clinical education of students on an ongoing basis for the period of the placement, and therefore volunteered their services to facilitate the clinical learning of students. For some RNs preceptorship was their preferred model for an ongoing relationship between the RN and student as there was continuity of contact and from that the relationship could grow and develop. That is, the continuity to ensure that not only the student grows professionally, but so does the relationship, through mutual respect and mutual goal setting. This finding is endorsed by Matsumura et al. (2004) who specified that RNs who worked with students on the ward believed the educator role was better suited to a trained clinical instructor RNs held this view based on their patient responsibilities and competing workload. RNs who were ambiguous about the role, particularly as it was usually at the direction of the nurse in charge, did not necessarily offer to take on the role. However, there was no differentiation between formal and informal RN roles in this research or the contribution to relationship building of the nurses who occupy this role, as it is a consistent important new finding of this research.

Preceptorship was also identified as not always ideal as a teaching/learning approach for students, although preceptorship was found in this research to be a better means of establishing a relationship with students. The failure of this approach was reported in the context of when students were sometimes placed with disinterested RNs if their preceptor was not on shift. There was also concession that not all RNs were suited to buddy RN, preceptorship, or educator roles and this is worrying for the relationship. RNs identified as unsuitable for working with students tended not to include or engage with students, behaviour which participants described as pointless to forming or maintaining a relationship. There was a further dimension to the buddy RN dilemma which RNs in this research described as either 'dreadful' and 'really good' nurses, which they believed impacted the buddying experience for the student and therefore the relationship**.** Participants described

dreadful nurses as those who did not engage with students and really good nurses were those whose practice was exemplary and who were committed to students and their learning. Dickson et al. (2006) also identified the necessity of allocating students to appropriate RN buddies who are motivated and engaging, with constructive attitudes and who are active professionally. Although there was some similarity in findings between this research and the Dickson et al. (2006) study, with regard to the importance of appropriate buddying of RNs and students, the Dickson et al. (2006) study focused on the views of clinical facilitators alone, distinct from this research whose findings are reflective of RNs who had held the roles of clinical educator, preceptor, and buddy RN.

A further key factor in the findings that hindered the formation of a positive relationship was that RNs saw the buddy role as extra to their core business, which was patient care. Buddy RNs did not always have time to work with students. Although some RNs acknowledged that some students were helpful, they were also considered to be time consuming for some RNs. Working with students to build relationships was additional to the RN workload which was reported as being exhausting. Having to spend large amounts of time explaining treatment and care to students made the process burdensome at times. Henderson and Eaton (2013) acknowledged the buddy RN role or as they describe it, the learning guide, is additional to the clinical responsibility for patient care, and Hanson et al. (2018) report a similar view where some nurses also admitted to holding negative attitudes towards students. In this situation there was often the perception that students were an added burden for an already overwhelming workload for RNs. In the Chan et al. (2019) study, RNs were reported as being conflicted between clinical and RN teaching roles as these duties were in addition to their primary patient care role. The dual roles were considered a burden, but the value of guiding the novice workforce was acknowledged. The implications for RN-student relationships from the findings of this research were that it was unlikely for a positive RN-student relationship to be established with buddy RNs who did not want to engage with students, with further implications for student clinical learning experiences and impressions of the nursing workforce. Participants also explained that some RNs were reluctant to buddy with students because of their perceptions that they were closely scrutinized by students, who then judged their practice which presented a further challenge to the RN-student relationship. Although the context is different, some similarities can be taken between the finding from this research and a finding from the Jokelainen et al. (2013) study on mentoring of students whereby some nurses feel uncomfortable with students and are reluctant to fulfill the role of mentor because of their own perceived abilities to fulfil the role.

9.5.3 Relationship Power Dynamics

Another key finding from this research is on RNs' views on the existence of the power differential between the RN and student, which had the potential to be detrimental to the relationship. In this research, participants reported as seeking ways to mitigate the perceived power imbalance and it was critical for RNs to have awareness of the power dynamic. They were, however, also cognizant of the need to protect patients and themselves from repercussions when the relationship went wrong, especially when RNs failed to set effective professional boundaries within the relationship. Chan et al. (2017) believe that a reference to power in a nursing context generally attracts a negative overtone because of the hierarchical and authoritative leadership models which have prevailed in health care, which provides some context for this finding. The implication of the clinical setting as an inherently hierarchical one, suggests that power exists in all nursing contexts, which is also devolved to the RN-student relationship (Bradbury-Jones et al., 2007) and may have some relevance to this finding from this research. Participants of this research have conceded there is a power differential between themselves as RNs and students, because of the requirement that RNs supervise students' placement learning and practice. This is confirmed by Brammer (2008) who has reported students' negative experiences in their interactions with RNs such as criticism, being treated with silence or as a nuisance or talked over by RNs, being ignored, or used for non-learning related tasks which made learning difficult for them. Although students were aware of the situation, they did not know how to manage the situation because of their perception of the power status of RNs in their interaction (Brammer 2008). It is therefore important for RNs to be aware of students' perceptions about power between them to avoid a situation which undermines the establishment of the relationship.

Participants also reported that on occasion they believed bringing an authoritative approach into the RN-student relationship was sometimes necessary for the safety of the patient. Although noteworthy in light of the Chan et al. (2017) discussion on dynamics of supporting students as preceptors, the RN-student relationship reported on in this research, by its very nature is hierarchical, with a power imbalance. Clinical learning is a process where inexperienced novice health professionals' learning is supervised by experienced health professionals who are entrusted with teaching and assessing whether students ensure the safety of the patient. While this formally introduces a power dynamic and tension in the RN-student relationship it is one that is inherent to the nature of clinical teaching and learning. Nonetheless, some participants explain there was also a need for caution by some RNs to be aware of the power dynamic in the relationship and not to exploit it. It was reported by RNs in this research findings that students always seemed nervous when attending a clinical placement, regardless of whether it was their very first placement or their last. Participants explained that whilst most students would come to the placement prepared, but because of the unfamiliarity of the

facility, ward and nursing personnel would experience some degree of 'normal' anxiety. Also, the approach used by the preceptor or buddy RN towards the student in the initial days of the placement, set the tone of the relationship. Bradbury-Jones et al. (2007) allude to this in their finding relating supernumerary status of the student which even though important, was not respected, which disempowered the student and created power inequality.

Findings of this research also include RNs' belief that students have an awareness of the power differential between the RN and themselves, and if allowed, could impact the relationship negatively. Particularly if there was a conflict in expectations between the roles of the buddy RN and that of the clinical educator supervising the student. There was some thinking that the power differential which is implicit to the relationship would only become problematic if the student and those RNs supervising them during the placement were unclear of the relationship boundaries, aims and purpose of the placement, and the roles that were enacted. Or if RNs misused their power when assessing students if there was a conflict between them. Hanson et al. (2018) also found that the actions of the clinical instructor, in combination with RN expectations of them, influenced the way in which students were perceived by RNs with whom they were buddied. Where there was a detachment between the clinical instructors and RNs, the student was perceived to be a hindrance. However, if the clinical instructors acted in alignment with the expectations of the RN, the student was considered less of a liability and often helpful.

Regardless, the positive relationship required the establishment of boundaries between the roles of RN as educator and friend and it was important to the relationship that there was an acknowledgement by the RN and student of the specific roles and boundaries within. For RNs, the relationship was about teaching and learning and not about forming friendships and failing to set professional boundaries at the time of placement, which had a potential for conflict for the RN with possible personal consequences, and missed opportunities for students to be appropriately professionally socialized. A study by De Swardt (2019) reports on findings described by RNs of being manipulated by students when working with them because of ineffective communication between clinical supervisors and university facilitators. The RNs perceived this to be an undermining of their authority. Participants of this research concurred that if this type of student behaviour were allowed to continue without the RN addressing issues of this type of ineffective communication between health professionals, it was a risk to the establishment of the relationship.

9.6 Conclusion

The overall lived experiences of RNs as described by them of the phenomenon of the interpersonal relationship between RNs and students in the clinical placement and the meaning that this relationship holds in the light of the available literature has been addressed in this chapter. The crucial finding from this research that the relationship between RNs and students was foundational to clinical teaching and learning adds new knowledge to the contemporary nursing education literature to extend upon what is known for positive student teaching and learning experiences in the clinical context. This new knowledge was extended by further findings from this research about how positive RN-student relationships were enabled by the important features of the interaction of the RN getting to know the student, promoting openness and honesty in communication in interactions between the student and themselves, having a positive regard for the student, facilitating mutuality of respect, engaging, and committing to the relationship. The addition of these findings to the existing evidence on student clinical learning is significant to nursing education as positive RN-student relationships are a conduit for quality student placement experiences.

Multiple new and diverse aspects of facilitating student placements with the possibility of adversely influencing the RN-student relationship and therefore the quality of the student's clinical experience were also discovered in the findings from this research. Clinical placements where there was insufficient contact time tested the development of the relationship and consequently student clinical learning experiences. Acknowledgement of the challenges to the RN-student contact, time, and chance to build rapport with students, student disengagement from the relationship, communication and language obstacles and buddy role conflicts were essential considerations for the RN-student relationship as they represented potential barriers to quality clinical learning placement experiences. The strong opinions conveyed by RNs in this research concerning the buddy RN role about building relationships with students and the commitment or lack thereof by some RN buddies is a new finding from this research, to further add to the extant contemporary nursing literature. Valuable new knowledge from the viewpoint of RNs who routinely facilitate student clinical placements, has been added to contemporary nursing knowledge by this research to advocate for better initiatives in this area of nursing education, practice, and research.

Chapter 10 – Conclusion Implications and Recommendations

10.1 Introduction

The final chapter of this thesis presents the conclusions, implications and recommendations that have been drawn from the findings of this research. The conclusion drawn from the findings of this research demonstrates the importance of the phenomenon of the RN-student interpersonal relationship during placement to teaching and learning.

The implications contextual to practice and for undergraduate nursing clinical education are addressed. Several recommendations made for practice, education, policy and future research are elaborated on in this chapter. These include the need for the establishment of professional development preparatory programs for buddy RNs. Emphasis is placed on the necessity for the reform of clinical partnership industry agreements nationally in Australia to include nationally consistent RN clinical supervision models. Also the need for the validation of RN clinical placement supervision roles with formal recognition of the roles in RN workloads by health care industries. Nurse education policy change is important to formalize the role of the buddy RN. A proposal is put forward for undergraduate nursing curriculum to include education for nursing students on expected teaching roles when registered. A focused RN-student clinical education model centred on initiating and maintaining relationships between RNs and students on placement is needed. Areas for future research have been identified which need to include a review of models of nurse education for clinical placements and inclusion of RN professional development on the significance of relationships for their facilitator/buddy roles. Thesis strengths and limitations conclude the chapter.

10.2 Conclusions from Research Findings

- The major conclusion derived from this research is that the relationship between RNs and students is essential as a foundation for effective clinical teaching and learning.
- A positive relationship between RN and student in the clinical setting has the following characteristics: holding students in positive regard, being prepared, being open and approachable, being inclusive with students, and having clinical expertise.
- The fundamental structure of the phenomenon comprised the characteristics of holding students in positive regard, being prepared, being open and approachable, being inclusive with students, and having clinical expertise.
- The main challenges to RNs forming positive relationships with students during clinical placement have been identified as: navigating relationship challenges, conceding relationship tensions, and acknowledging the relationship power dynamics.

- Understanding of the preparation, professional development and structural necessities required for RNs to establish effective relationships with students to facilitate and progress the clinical experiences of students in nursing education is worthy of consideration as an issue that has arisen from research findings.
- The recognition of the contribution that RNs make to undergraduate nursing clinical placements when in informal teaching roles such as the buddy RN role by the nursing profession or by Australian health care facilities is another issue worthy of consideration that has arisen from research findings of this research.
- The demands of nursing practice places specific pressures on RNs with respect to the way in which they interact with students, which affects the relationship.

10.3 Implications for Practice and for Undergraduate Nursing Clinical Education

This research has presented a heuristic description of the role of RNs in establishing interpersonal relationships between themselves and nursing students in clinical placement. Descriptions from the RNs participating in this research about their experiences working with nursing students create a clear understanding of the RN's role in supporting students on clinical placement. As such the implications for RNs who work with students on clinical placement with regards to the significance of establishing relationships with students and what enables that to occur have been illustrated. These implications include:

1. RNs need to be adequately trained for informal clinical teaching roles and provided with professional development opportunities to keep up to date. Contemporary Australian clinical education supervision models are premised on a model where ward or unit RNs colloquially referred to as 'buddy nurses' spend a significant amount of a standard eight-hour shift in contact with students facilitating and supervising their practice (HWA 2008). Although preceptors are formally recognized and professionally prepared for the teaching role, buddy RNs have no similar professional recognition or preparation. Neither however, are they professionally prepared to initiate and maintain relationships with students which has been demonstrated in this research as foundational to teaching and learning and advantageous to the clinical learning experiences of students.

2. Buddy RNs are not always in receipt of the information they need about students' level of knowledge and learning requirements. RNs who assume the buddy nurse role do so on an ad hoc basis, often without prior knowledge of being allocated a student with whom to work until they arrive on the ward/unit for commencement of their shift (Rebeiro et al, 2017). This

lack of knowledge impacts the ability to form positive relationships with students, as buddy RNs are not provided with relevant information about the student to assist in the establishment of the relationship. Information regarding the student's level and scope of practice and even the student's name is crucial to forming positive relationships to then provide suitable clinical learning opportunities for students which in turn provide a positive clinical learning experience for them.

3. There are structural challenges to the formation of a foundational RN-student teaching relationship. These include the lack of prior knowledge of being allocated a student for buddy RNs and the fragmented nature of contact with students for only one shift, while some preceptors who are expected to assess student performance are consistently not rostered on shifts with the student for whom they are the preceptor. The 1:8 ratio of clinical educators to students (HWA 2008) means that they spend one hour teaching students per eight-hour shift.

4. RNs sometimes have conflicting role responsibilities, and this can create tension in the RN-student relationship. RNs' key workload responsibilities are to patient care which creates conflict for some RNs who are also required to supervise and facilitate the clinical learning of nursing students. This situation can result in RN doubt with regards to their efficiency in the provision of care to the patients to whom they have been assigned to care for the shift.

5. Not every RN wants to teach students and perhaps these RNs don't form the foundational relationship as well as those who do want to teach. Although most RNs acknowledged that teaching is considered a function of RN practice, some RNs are uncomfortable with engaging with students to form relationships and supervise and facilitate students' clinical learning which can impact the likelihood of positive clinical learning experience for students.

6. Failure to adequately respect and resource the RN-student relationship has implications for student learning and the skill of the future nursing workforce in this regard. Buddy RNs and preceptors are a cohort of the contemporary nursing workforce whose responsibilities include performing a teaching and learning function and providing patient care.

7. This research has revealed that there is a disconnect between the health care industry who are the providers of student clinical placement, the RNs at tertiary teaching health care facilities who work with students at ward/unit level, and the education providers who place students in the wards and units of health care facilities. In Australia the industry agreements

established between placement providers and universities who place students at these facilities are critically important, particularly in the way that they define and enact agreements regarding student clinical placement experiences and contribute to discourse. Therefore, understanding the phenomenon of the interpersonal relationship between the RN and nursing student in the clinical placement is beneficial to inform the professional development needs of RNs to positively engage and interact with students and to facilitate good learning opportunities for successful placement outcomes for students. This can be achieved through clearer clinical industry partnership agreements and health service providers of placements and nursing education policy acknowledgment of the primacy of the relationship, which is brought about through RNs' requirement to teach students, which occurs in health care facilities.

10.4 Recommendations for Practice, Education, Policy, and Future Research

The findings from this research indicate that significant consideration needs to be given to whether every RN should be expected to fulfill teaching and learning functions by being allocated students to supervise and teach notwithstanding the expectations of the NMBA RN professional standard 2.7 (NMBA., 2016) and principle 5 of the NMBA code of conduct for nurses (NMBA., 2022). However, this is beyond what is expected by the NMBA RN standard 2.7 "the registered nurse: actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care" (NMBA., 2016 p4) and the NMBA Code of conduct for nurses "Principle 5: Teaching, supervising and assessing. Whereby nurses commit to teaching, supervising and assessing students and other nurses in order to develop the nursing workforce across all contexts of practice" (NMBA., 2022 p14). It may be better for students' clinical learning experiences to only be buddied with those RNs who are willing to teach and thus more able to form the necessary foundational relationship. The findings from this research can therefore be used to help reform the current status of RNs in the provision of undergraduate clinical teaching and learning for nursing students by the following.

10.4.1 Establishing Professional Development Preparatory Programs for Buddy RNs

RNs need to be professionally educated and prepared to facilitate the clinical learning of students. This is proposed through the provision of access to relevant and thorough professional development about how to relate to students, the value of establishing positive relationships to enable positive clinical learning experiences and the conditions required for this to occur. This should be delivered through formalized uniform and standardized professional development programs as part of RN employment at orientation, and through continued professional

development established through critical discussion between major stakeholders of the health care industry placement providers and education providers.

10.4.2 Reform of Nursing Clinical Partnership Industry Agreements Nationally in Australia to Include Consistent RN Clinical Supervision Models

Ongoing and active dialogue between ANMAC, health care industry placement providers, and education providers is needed to standardize clinical placement education models nationally in recognition and accommodation of the diverse beliefs, understandings, and consequences amongst RNs enacting a teaching and learning function. This is to clarify what RNs who work with students clinically know about the roles they enact in the clinical education of undergraduate nursing students. Additional consideration is also required to be incorporated into clinical partnership industry agreements on the ways that university academic staff communicate with health services whose RNs facilitate student clinical placements, to achieve a national consistent and unified approach to clinical facilitation.

10.4.3 Health Care Industries Validate RN Clinical Placement Supervision Roles with Formal Recognition of the Roles in RN Workloads

Formal acknowledgement of the teaching and learning function of varying RN roles in addition to patient care is required by health care industry providers of undergraduate nursing placements and the nursing profession. Clearly identified roles of teaching and learning such as buddy RNs, preceptor RNs and clinical educators require recognition in heath service governance structures regarding the function and responsibilities for each role. The proposed established roles require professional representation through rigorous negotiation in enterprise bargaining negotiations and agreements between health industry education placement providers and professional nursing bodies representing RNs. Clear delineation is required on workload for RNs who take responsibility for direct patient care and the clinical supervision of nursing students, with clearly defined relevant workload adjustments for these RNs.

10.4.4 Nurse Education Policy to Formalize the Role of the Buddy RN

Dialogue between nursing regulatory bodies (Nursing and Midwifery Board of Australia [NMBA] and the Australian Nursing and Midwifery Accreditation Council [ANMAC]) and professional nursing bodies (Australian College of Nursing [ACN] and Australian Nursing and Midwifery Federation [ANMF]) is required to formally recognize and establish the buddy RN role structurally as a recognized professional nursing role. This is so that the RNs who fulfil the buddy RN role are

formally prepared educationally and credentialled. Also, so that the role is formally recognized through being placed within nursing career structure and at the ward/unit level through rostering of buddy RNs in the same way that the clinical educator role is currently.

10.4.5 Undergraduate Nursing Curriculum Propositions

RNs and students should both be required to be informed on the significance of their relationship to positive clinical learning and therefore as such needs to be acknowledged in nursing curricula as fundamental to the knowledge and skills required by developing RNs for future practice. Therefore, undergraduate nursing curriculum content needs to be strengthened with regards to the teaching role of the RN to formally acknowledge the role of RNs in teaching and learning of students, colleagues and patients as required in contemporary practice. This aspect of RN practice which is encompassed in the NMBA Registered Nurse standards for practice (NMBA 2016), is recommended for undergraduate nursing curriculum inclusion as it is an important consideration in role transition from nursing student to the role of the RN. This recommendation finds some support from the Council of Deans of Nursing and Midwifery (CDNM) in their Strategic Plan - Inspiring nursing & midwifery careers (education, practice, research, diversity) recommend that the development of undergraduate programs meet workforce needs. (2022 strategic plan - irp.cdn-website.com)

10.4.6 Establish a Focused RN-Student Interpersonal Relationship Clinical Education Model

Contemporary clinical education models favour formalized clinical educator and preceptorship and informal buddy RN models (Rebeiro et al., 2017). The necessity of a positive RN-student relationship is essential to positive clinical placement learning and experiences; it is therefore crucial that a national clinical education model (Forber et al., 2016) be established for the Australian context that situates the relationship as foundational to the RNs' teaching and learning responsibilities for a positive student clinical learning practice experience.

10.4.7 Future Research

Further research is essential to evaluate the continuing role of RNs in the clinical education of undergraduate nursing students. Importantly for buddy RNs in Australia this research has identified there is a requirement for significant professional development to adequately support RNs who work as buddy RNs. Although the contemporary nursing literature has demonstrated that current clinical education models are dependent on buddy RN contribution to the clinical education of nursing students (Rebeiro et al., 2017), this research has identified there is a noteworthy gap in the contemporary nursing literature on the importance of relationships between RNs and students which is the foundation for clinical teaching and learning for nursing students to have positive clinical

learning experiences. This research has illustrated the need to reflect on and evaluate contemporary clinical nursing education models (Forber et al., 2016) with a view to developing models which empower RNs at the ward/unit level to establish relationships with students with whom they work and with whom they are currently required to work. Further research is required to develop such a model and to explore wider clinical education RN roles and responsibilities and how they can be best prepared and supported. Another consideration worthy of future research but one that was beyond the scope of this thesis is the investigation that the current practice trend in employment models such as the emerging role of the Undergraduate Student of Nursing (RUSON) and whether this has any influence on interpersonal relationships between RNs and the clinical placement learning environment for students.

10.5 Thesis Strengths and Limitations

Phenomenology and nursing practice are comparable in several ways, hence, as the chosen methodology, descriptive phenomenology strengthens this research through the emphasis placed on practice, observation, interaction, and interviews for deeper comprehension of the lived experience of a person. A strength of this qualitative research was the methodological approach that was used to investigate the lived experiences and perceptions of a cohort of nursing professionals who are routinely involved in the clinical placement education of undergraduate students with little representation. The views of RNs on the importance of forming relationships with students and how this can be better enacted for positive learning experiences is not prevalent in the evidence. Therefore, this thesis contributes valuable new knowledge on the perspectives of RNs who routinely work with students during clinical placements, to support the petition for greater initiatives in this area. These have been addressed in the recommendations section of the thesis (Chapter Ten section 10.3). Recruiting and then selecting a group of RNs with varying backgrounds in working with students during clinical placement is another strength of this thesis. They were affable participants and contributed comprehensive, rich, and relevant information. The sample size of n=10 was small, but relevant for a qualitative study so as to gain detailed descriptions of the experiences of the participants (Boddy, 2016).

This was therefore qualitative research limited to the experiences of ten RNs in Melbourne, Victoria Australia and the findings may not be transferable to all RN experiences of working with nursing students as clinical educators, preceptors, or buddy RNs. However, this research has provided rich descriptions of experiences and coherent perceptions about the role of the RN in the clinical placement education of nursing students to allow for determination with regards to the transferability of data to be made by readers. Other RNs who work with students in different health

care facilities of varying size, geographical location and with varying populations, may also express views which differ to those of the RN participants interviewed for this research.

The assumptions I brought to this research as a nurse academic may also have been a limitation. Although care was taken not to allow my clinical teaching and academic experiences to misrepresent participant descriptions of their experiences, this implicit information and any associated conclusions I may have made could have inhibited some interpretation. This research was an exploration of the lived experiences of RN-student relationships from the perspective of the RN but student experiences were not included. Further research could consider both the RN and student experiences and the support that RNs require in developing skills and attributes to establish positive student-RN relationships.

10.6 Conclusion

This final chapter has presented the conclusions from the findings of this research that explored the phenomenon of the interpersonal relationship between RNs and nursing students in the clinical placement environment. Also presented were the implications from conclusions drawn from the research about RN practice and the education needs of both RNs and undergraduate nursing students in the facilitation of clinical learning. The chapter concluded with recommendations to address the existing deficit in knowledge in the nursing literature about the importance of a positive relationship between RNs and students to achieve positive clinical placement learning experiences.

In this research the experiences of RNs involved in the clinical placement education of undergraduate nursing students has been investigated. The findings reveal the importance of the relationship between them. The RN-student relationship was found to be foundational to teaching and learning. For students to have positive placement experiences a positive relationship with RNs is essential. A professional development need has been identified for informal RN teaching roles, in particular, buddy roles. There is a need for acknowledgment of the RNs who work with students who continue to remain unrecognized in doing this work.

This thesis has allowed me to explore the phenomenon of the relationship between RNs and students, and to give voice to describing the views of those who do this work have of the current undergraduate nursing clinical education system. The new knowledge deduced from this research of the experiences of RNs who work with nursing students is that positive interpersonal

relationships are crucial between RNs and nursing students, for RNs to facilitate informed student clinical placements.

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Appendix 1: Sample Colaizzi (1978) Analytical Pathway

Thesis Themes	Theme Clusters	Formulated Meanings	Participant Significant Statements (Sample)
Theme One Fundamental structure of the interpersonal relationship	**Fundamental structure of the phenomenon – relationship**	RN regard for students is influential to establishing a positive relationship	"It's a privilege and huge responsibility – I have this feeling of responsibility that I have to share this with them [student]– this – my knowledge and I suppose my love of nursing" (P5).
	Relationship is founded in Teaching and Learning	RN attitude and qualities is important to establishing a positive relationship with students	"You [RN] can usually pass on some useful information [to the student], I think, in anything that you do in a day, if you relate it back to what you want the final outcome to be" (P6).
		RNs clinical expertise assists the relationship	"I find it very rewarding in teaching the student to be able to engage in talking to the patient at a level where they [student] feel confident, and the patient feels confident that they can give care. And to see the student come from being very overwhelmed, particularly as it is busy, noisy, with very critically ill patients to be exposed to lots of things, and then to see them feeling like, "This is amazing and I'm really getting a lot out of it". (P5)
		Ultimately RNs want students to have a positive experience	
		Being prepared for students	"[I] think it's important that they [students] have a really clear picture of their scope of practice and that we [RN] have that as well" (P1).
			"[relationship] I always try to just find out a little bit about them [student]. Their uni experience, what year they're in, what expectations they have for the clinical placement, anything specific they want to learn, where they think their weaknesses are, their strengths…." (P7)

Thesis Themes	Theme Clusters	Formulated Meanings	Participant Significant Statements (Sample)
		Relationship exists for teaching and learning	It's a really unique relationship, I believe. It starts off that you are two strangers coming together basically for the common goal. You want them [SN] to pass and you want to share your knowledge with them basically. (P3)
		RNs support teaching and learning through the roles of clinical educator, preceptor and buddy	"We are there educating – that's part of our job description really, is to be not just educating your peers or junior staff, it's the students as well. It's part of our role". (P5)
		Being supportive and engaging students enhances the relationship	"[relationship] I am happy, friendly, approachable, and making sure they have [student] been orientated at the start, so they know where the toilet is, …. that they feel supported" (P5). "it's important for us … that we really encourage a supportive working relationship and collaborative relationship too, because we want to role model them [students] as well. So, collaborative being that we are asking about what they know and what their needs are and what they're interested in, and providing them with some of those experiences where we can". (P1)
		Immersive clinical learning experiences are best to include students and for building a relationship	That's huge. It's probably parallel, isn't it? Working together [relationship]" "I think people [RN – student] generally work well if you can identify things that they want to do or what they're capable of and including that so people [student] feel comfortable with what they do. So, it's a matter of teaching or explaining something that you want done and then letting them actually do it, to achieve it" (P6).

Thesis Themes	Theme Clusters	Formulated Meanings	Participant Significant Statements (Sample)
Theme Two Enablers of the interpersonal relationship between registered nurses and students on clinical placement: A phenomenological study	**Knowing the student**	RNs knowing about students they work with is essential to the relationship e.g. scope of practice, year level, clinical experience, duration of placement	"– a lot of teaching is getting to know the student and their way of going about things" (P2) "[I] think it's important that they [SN] have a really clear picture of their scope of practice and that we [RN] have that as well". (P1)
	Effective communication and honesty between both is essential	Open communication, being honest, approachable and familiarity builds the relationship	"…talking her [SN] through and reassuring her made the relationship a little bit easier, … she was someone that didn't really talk unless you asked her a question. After that I felt that we had built a kind of relationship". (P2) "It's really important that there's honesty so there's room for improvement and room for reflection. Communication, honesty, commitment, and openness". (P3)
	Positive relationship requires both RN and student engagement and commitment	Positive relationships are when both RN and students engage and commit	"In terms of engagement, I think being a preceptor and being responsible for their end evaluation improves engagement rather than being a one-off buddy nurse" (P10). "You need to show commitment to the student" (P3). "… it [the relationship between RN-SN] goes both ways" (P1)

Thesis Themes	Theme Clusters	Formulated Meanings	Participant Significant Statements (Sample)
Theme Three Challenges to establishing an interpersonal relationship between registered nurses and students on clinical placement		Barriers to forming an effective relationship: RNs motivation to teach students depends on students' engagement Poor communication Working with students can be overwhelming and frustrating at times and a burden	"In my experience, it truly depends on the student as to how indepth the relationship can become. If they [student] are eager and wanting to learn, your relationship will blossom" (P3) "I suppose, the biggest barrier to teaching students and the biggest frustration for me is just their motivation. I've had students, if I'm doing something, doing a dressing and showing them, I look over and they're on their phone. It's a bit disrespectful - not only to me. And it does put you in a kind of frame of mind to say, Well, why am I going to waste my time educating them if they're not going to be accepting of it?" (P2) "If there are barriers to communication or there are barriers that will hinder the relationship, the relationship will not blossom" (P3). "It's a bit overwhelming…I'll know that I'm doing the right thing, but it's just having them there and having to kind of show, I think. It can be a bit daunting" (P2) "I'll be honest, sometimes – often it's draining to have students [buddy]. So, it's not like I'm not trying to build a rapport [with the student] sometimes it's double your workload ……. Sometimes, I just want to get through the shift and, if I can teach her something, that's good" (P7).

Thesis Themes	Theme Clusters	Formulated Meanings	Participant Significant Statements (Sample)
		Buddying dynamics: Allocation of students to RNs (Buddy Nurse) is random	"Buddying is a fleeting relationship [RN – student], which is difficult" (P8). "It's a very fragmented relationship where everyday they're [student] going to find out new information, form a new relationship and then the next day it all starts again with a new buddy. Whereas preceptorship is an ongoing relationship [RN-student] which can hopefully grow and is not fragmented." (P3).
		Shortfalls of being a Buddy Nurse working with students- short and fragmented,	
		Conflict between patient care responsibilities and teaching students	"I think there are some people that would rather not work with [students]……. it's more the ones that don't want to discuss their day or don't want to give anything more for the day – they just want to get their work done and go home and that's it. There's not too many people like that, but, I think there are some people" (P6).
		RNs reluctant to buddy	
	Power dynamics	Power dynamic as a detractor to the RN-student relationship	"with students, I'm very aware of what they perceive as our power over them. 99.9% are terrified out of their skin when they get here" (P4).
		An authoritative approach sometimes needed for patient safety	"Something that we didn't talk about was the power play…. in our relationship…. I think it's really important that we as facilitators do not play the power card. It's really important that we give them [students] the respect that they deserve as undergraduate students and likewise they give us the respect that we deserve…" (P3).
		Maintaining professionalism	"If you've [RN] recognized that a student is really struggling with something and it's not unsafe - but it's not really in the best interest of the patient…you have to take a more authoritative approach. [It is frustrating]….. (P2).
			"We must be there to help them [student] to continue their nursing career and evolve their nursing career. We're not there to be their friends…. We don't need to be their friends. We need to maintain a professional boundary" (P3).

Appendix 2: Sample of Participant Significant Statements

Participant 1

1. Also having done a bit of preceptorship and – sorry – clinical supervision of students in an aged care facility through my role here…. I've been able to experience that relationship between student nurses and RNs
2. "I think the relationship [RN-student] is one of facilitating experiences for the student nurse. It's important for us to really encourage a supportive working relationship and collaborative relationship too. So, collaborative being that we are asking about what they know and what their needs are and what they're interested in and providing them with some of those experiences where we can.
3. If you do it [build a relationship with student] in a way that is supportive, then they will role model themselves on you
4. [relationship] I certainly don't write off the ones that I don't think have it because I think they can make equally great nurses

Participant 2

1. [relationship] I find it really interesting to teach people because I think if I can teach someone and have them go away and understand something that – and [the way] they understand it [that is good] … sometimes it's a little hard because of [their] motivation.
2. It's a bit overwhelming…I'll know that I'm doing the right thing, but it's just having them [student] there and having to kind of show, I think. It can be a bit daunting
3. [relationship]– a lot of teaching is getting to know the student and their way of going about things and their personality
4. I suppose, [relationship] the biggest barrier to teaching students and the biggest frustration for me is just their motivation. I've had students, if I'm doing something, doing a dressing and showing them, I look over and they're on their phone. It's a bit disrespectful - not only to me. And it does put you in a kind of frame of mind to say, Well, why am I going to waste my time educating them if they're not going to be accepting of it?"

Participant 3

1. It's, I believe, a really unique role [RN education role], not everyone can do it because not only do you have to have acquired your own knowledge, but you also have to find a way that is appropriate, I guess, to share that knowledge with them [student].
2. I think also from my experience, setting the boundaries [for the student] to begin with was really important. … on the first day of clinical rotation when we come together and we meet

and we talk about our objectives of the clinical rotation; what they as a student want to achieve, what I as the facilitator want to achieve and setting that boundary there and then.

3. "It's an interim relationship".
4. "Does that role [preceptor] differ to the buddy nurse role?" Yes, very much so. I think in every facility, there are terrible nurses and really good nurses. For the majority of preceptors, you don't get any more money for it, so it's purely a volunteer thing. So you want to be committed and volunteer your services to help out the students; whereas, the buddy system is just allocation-based so everybody really takes their turn at rotating through the buddy system.

Participant 4

1. [Placement] generally allocated two weeks. It's a shame, because they're [student] only just figuring out.
2. I think by showing them [student] that we're relaxed around the patients, …that helps them to relax and I think that goes a long way to building a relationship with the students. Every now and then you get one that nobody connects [relationship] with and that's really sad.
3. For me, I think I just let it [relationship] happen. But with students, I'm very aware of what they perceive as our power over them. 99.9% are terrified out of their skin when they get here.
4. I think the majority of us [like teaching]. There's probably two or three that aren't interested in teaching, but that's fine. That's not their forte.

Participant 5

1. My exposure to working with [experience] students is right across the board. So currently, I am working part-time as a clinical nurse specialist, it is quite common that I will come to work, and I will be allocated a student. I am always willing to take on a student. I find it very rewarding, and I find it challenging and generally, I feel that is part of our role in educating, not just the other staff on the unit, but students.
2. [relationship] I am happy, friendly, approachable, and making sure they have [student] been orientated at the start, so they know where the toilet is, …. that they feel supported.
3. [relationship] driven by the student. 'Because everyone's going to take out what they want from it and that's our role. We are there educating – that's part of our job description really, is to be not just educating your peers or junior staff, it's the students as well. It's part of our role.
4. [As a buddy RN] There is no information on how to be a good mentor, teach the students. ….. you never know when you come on to a shift whether you are allocated a student, so I think there needs to be like a resource kit or something available on the unit to know … this is what the students are up to in second year. This is what the students are doing in third year and what they might ask of you.

Participant 6

1. I quite enjoy having students to work with for the day.
2. The challenge [relationship] is probably, not knowing where they're [student] at in their learning and what they are able to do or not able to do and probably trying to identify then what it is they want out of the experience.
3. It would probably be useful [relationship] if you [RN] had more specific goals or if they [student]had identified learning goals that they want to achieve in a day. It depends I guess on what you like as a teacher or mentor, whatever.
4. [relationship] If you've got patients that aren't very demanding it's no problem, but if you got patients that need a lot of things and you're having to spend a lot of time doing explanations –

Participant 7

1. [relationship] I always try to just find out a little bit about them [student]. Their uni experience, what year they're in, what expectations they have for the clinical placement, anything specific they want to learn, where they think their weaknesses are, their strengths…
2. I feel sorry for them [student], because they come onto this ward and people are like, "I've got so much work to do, and now, I've got nearly double." Plus, they come with this assessment book that needs filling in at the end of your shift when you just want to go home.
3. [student] Add a lot of strain and a lot of time and when you spend more time doing …., something else has to give. So, you do sometimes think, "Am I giving proper care today to the patients?" because I haven't been into that room for ages because I've just had three IV drugs to do very slowly and with triple checks and that sort of thing.
4. It's not about me [RN] feeling like I can't do my work properly. It's more that you feel like you can't give [relationship] to the students or the patients. Someone's got to lose. Because eliminate the students from the shift in the middle of winter and you're busy, you're really probably not giving everybody what they need. Add a student to that and that's tenfold [the work].

Participant 8

1. You [RN] really want them [student] to get as much as they can out of it [relationship] and I think if you're precepting someone, you want them to do well, you'll have a meeting and then, you do an interim and end of placement report and you're hoping to see gains, it's satisfying for the preceptor as well.
2. It's not that I don't like buddying …..I have their [student] best interest at heart as well. I just feel [with preceptorship] – it's that ownership.

3. Ultimately, you're [RN] responsible for that patient's care. By overseeing them [student], I mean that you're overlooking everything that they're doing. Sometimes, it's obvious to the student and other times, it's not. In terms of drug checking, you're always going to make it obvious – but other things like obs and the patient's hygiene, you'd expect that they just do it but you're overseeing to make sure it gets done.
4. It is a time thing. [relationship] ….I think it's [buddying] a disadvantage to the student and to the area as well, the clinical area…. you're not understanding each other's relationship [RN – student]. You're not understanding each other's expectations. You don't know ….

Participant 9

1. I feel like I have a better understanding [relationship] of what they're [student] going through, because I'm a recent graduate, compared to say, my older colleagues. But I also have a higher expectation of them, because of that……..
2. We'll use the clinical nurse educators (CNE) to help us …, but at the end of the day, they're not there all the time, so it's kind of left on our [RN] shoulders to carry these guys [students]. And it's that responsibility, of I'm technically responsible for someone else's safety [patient]…..
3. [lack of trust] I think it turns it from what could be potentially a positive [relationship] experience to quite a stressful experience.
4. My basis is to facilitate them getting as much out of it [relationship] as possible, so that when they do graduate, they're as safe as possible.

Participant 10

1. … through the years of experience that I've had in terms of the preceptor role and nurse buddy role, I guess that's something you take into consideration and you can use to support them [students] with learning.
2. [relationship] I think there's likely a role for both [preceptor and buddy] and my experience is that when we've had preceptor roles, it's been split between two preceptors. So one preceptor would take the first half and do the mid-term whereas the other preceptor would do the second half of their clinical placement and then their end of term assessment.
3. In terms of engagement, I think being a preceptor and being responsible for their [student] end evaluation improves engagement rather than being a one-off buddy nurse.
4. I think longer placements [relationship], especially where people are going to get the routine down and they don't have to worry and can focus on their learning, helps undergraduates. I guess, you know, the longer you know someone, the better the relationship you have and you can figure out what style of learning they need and they [student] can figure out what type of teacher you are.

Appendix 3: Study Advertisement

Are you a Buddy RN?

If so, you may be eligible for our study.

We are investigating what it is like for RNs in today's busy clinical environments. We are currently collecting stories and listening to RN's views on working with student nurses.

If you are eligible, we are happy to meet you at a time and place convenient to you

My contact details are:

Geraldine Rebeiro
School of Nursing, Midwifery &Paramedicine
Faculty of Health Sciences
Australian Catholic University (ACU)
St Patrick's Campus Melbourne
Level 4 The Daniel Mannix Building
17 Young Street
Fitzroy VIC 3065
T: 99533369
[redacted]
E: geraldine.rebeiro@acu.edu.au

Appendix 4: Study participant Information Letter

PARTICIPANT INFORMATION LETTER

PROJECT TITLE:

The phenomenon of interpersonal relationships between registered nurses and student nurses as described by registered nurses who interact with student nurses in their workplace.

PRINCIPAL INVESTIGATOR:

Associate Professor Karen-leigh Edward

STUDENT RESEARCHER:

Geraldine Rebeiro

STUDENT'S DEGREE:

Doctor of Philosophy

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

The aim of this study is to explore the phenomenon of the interpersonal relationship (lived experience) as described by Registered Nurses (RN) who work primarily as clinicians and who have interacted with Student Nurses (SN) in the course of their clinical work in the practice setting as a clinical facilitator, preceptor, mentor or buddy nurse, as described by you, should you choose to participate.

The overall objectives of the study are as follows -

- To investigate the lived experience of IPR (thoughts, feelings, perceptions, assumptions, and expectations) as described by RNs when facilitating the clinical learning of SNs in their clinical workplace.

- To explicate descriptions of strategies used by RNs in the role(s) of clinical facilitator, preceptor, mentor or buddy nurse, to develop and maintain IPR with SNs in clinical settings;
- To add to extant knowledge of the relationship between RNs and SNs in the clinical setting; and
- To provide a basis for further research on the topic.

The anticipated benefits of this research study include the following

- This study has the potential to make a contribution to extant knowledge of IPR between RNs and SNs in the facilitation of SN learning in the clinical setting. This new knowledge may be used to influence future undergraduate nursing curriculum, in particular relating to clinical education.
- This study has the potential to inform RNs of approaches to quality learning for SNs in the clinical setting (through the investigation of the lived experience of IPR of RNs when facilitating the clinical learning of SNs in their clinical workplace, and the explicate descriptions of strategies used by RNs to develop and maintain IPR with SNs in clinical settings).
- The findings of the study will provide a basis for further inquiry into IPR between RNs and SN's in the clinical setting.

Who is undertaking the project?

This project is being conducted by Geraldine Rebeiro and will form the basis for the degree of Doctor of Philosophy at Australian Catholic University under the supervision of Associate Professor Karen-leigh Edward and Dr Alicia Evans.

Are there any risks associated with participating in this project?

It is anticipated that this project will present negligible risk to participants. It includes a 30–60-minute face to face interview with participants which will be audiotaped.

What will I be asked to do?

Your participation in this study involves a 30–60-minute face to face interview with the student researcher which will be audiotaped.

During the interview you will be asked questions to describe your experiences working with student nurses for example "Can you describe your experience of the interpersonal relationships between yourself as a Registered Nurse and Student Nurses in your workplace, where you were the clinical facilitator, preceptor, mentor or buddy nurse for the student?"

"What was the year level of the student(s) you were responsible for?"

"Was the student an undergraduate Bachelor of Nursing Student?"

You will be provided (email) with your interview transcript to review to validate the transcript is accurate and/or include any further information, once the audiotape of the interview has been transcribed.

The study will take place at a mutually convenient location.

How much time will the project take?

The face-to-face interview which is the main commitment to the project will take between 30-60 minutes and will be scheduled at a mutually convenient time and location. You will also be asked to review the transcript of the audiotape of your interview which also involves an additional time commitment, individual to each participant.

What are the benefits of the research project?

Whilst there are no specific benefits to participants as individuals, there is a greater benefit in the contribution to the professional education of future nursing students.

Can I withdraw from the study?

Participation in this study is completely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time without adverse consequences

Will anyone else know the results of the project?

Total anonymity is not possible for this study as participants will be engaged in a face-to-face interview with the researcher. To preserve as much anonymity as possible, knowledge of the identity of participants will be confined to the researcher alone. There will be no identification of any individual participant in any published data resulting from this project. Storage of the data collected will adhere to policy and procedural guidelines of the University Human Research Ethics Committee, at ACU and kept on university premises. On completion of this study all information obtained from the participants in the form of audio-transcriptions would be stored at ACU for a period of seven years. Confidentiality will be maintained through the de-identification of participants in any publications, which result from this project, and only aggregated data be published.

Will I be able to find out the results of the project?

Should you wish, the complete thesis and any publications from the study will be made available to you on request.

Who do I contact if I have questions about the project?

Any questions regarding this project should be directed to me as the Student Researcher:

Geraldine Rebeiro

School of Nursing, Midwifery & Paramedicine

Faculty of Health Sciences

Australian Catholic University (ACU)

St Patrick's Campus Melbourne

Level 4 The Daniel Mannix Building

17 Young Street

Fitzroy VIC 3065

T: 99533369 E: geraldine.rebeiro@acu.edu.au

What if I have a complaint or any concerns?

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2014 xxxx). If you have any complaints or concerns about the conduct of the project, you may write to the Manager of the Human Research Ethics Committee care of the Office of the Deputy Vice Chancellor (Research).

Manager, Ethics

c/o Office of the Deputy Vice Chancellor (Research)

Australian Catholic University

North Sydney Campus

PO Box 968

NORTH SYDNEY, NSW 2059

Ph.: 029739 2519 Fax: 02 9739 2870 Email: resethics.manager@acu.edu.au

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

I want to participate! How do I sign up?

If you are interested in taking part in the project please respond by contacting me. My details are on the previous page. I will then telephone or email you and provide you with further information about the study, and we can arrange a mutually agreeable time to meet.

Yours sincerely,

Geraldine Rebeiro

Appendix 5: Study consent form

School of Nursing, Midwifery & Paramedicine

St Patrick's Melbourne

CONSENT FORM

Copy for Researcher □

Copy for Participant to Keep □

(check appropriate box)

TITLE OF PROJECT: The phenomenon of interpersonal relationships between registered nurses and student nurses as described by registered nurses who interact with student nurses in their workplace.

(NAME OF) PRINCIPAL INVESTIGATOR (or SUPERVISOR): Associate Professor Karen-leigh Edward

(NAME OF) STUDENT RESEARCHER (if applicable): Geraldine Rebeiro

I ..... *(the participant)* have read (*or, where appropriate, have had read to me)* and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this audio taped interview which will take between 30-60 minutes, and understand that I can request to review the transcript of the audio tape at a later date and time.

I realise that I can withdraw my consent at any time without adverse consequences.

I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

NAME OF PARTICIPANT: .....

SIGNATURE ..... DATE .....

SIGNATURE OF PRINCIPAL INVESTIGATOR (or SUPERVISOR) .....

DATE: ..... (and, if applicable)

SIGNATURE OF STUDENT RESEARCHER: ..... DATE:.....

Appendix 6: Ethics Approval

From: Res Ethics <Res.Ethics@acu.edu.au>

Date: 5 March 2015 9:12:25 am AEDT

To: Karen-leigh Edward <Karen-leigh.Edward@acu.edu.au>

Cc: Res Ethics <Res.Ethics@acu.edu.au>

Subject: FW: Ethics application approved!

Dear Applicant,

Principal Investigator: A/Prof Karen-Leigh Edward

Co-Investigators: Dr Alicia Evans, Prof Rose Chapman

Student Researcher: Geraldine Rebeiro

Ethics Register Number: 2014 353V

Project Title: The phenomenon of interpersonal relationships between registered nurses and student nurses as described by registered nurses who interact with student nurses in their workplace.

Risk Level: Low Risk

Date Approved: 03/03/2015

Ethics Clearance End Date: 31/12/2015

This email is to advise that your application has been reviewed by the Australian Catholic University's Human Research Ethics Committee and confirmed as meeting the requirements of the National Statement on Ethical Conduct in Human Research.

This project has been awarded ethical clearance until 31/12/2015. In order to comply with the National Statement on Ethical Conduct in Human Research, progress reports are to be submitted on an annual basis. If an extension of time is required researchers must submit a progress report.

Whilst the data collection of your project has received ethical clearance, the decision and authority to commence may be dependent on factors beyond the remit of the ethics review process. The Chief Investigator is responsible for ensuring that appropriate permission letters are obtained, if relevant, and a copy forwarded to ACU HREC before any data collection can occur at the specified organisation. Failure to provide permission letters to ACU HREC before data collection commences is in breach of the National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research. Further, this approval is only valid as long as approved procedures are followed.

If you require a formal approval certificate, please respond via reply email and one will be issued.

Decisions related to low-risk ethical review are subject to ratification at the next available Committee meeting. You will be contacted should the Committee raises any additional questions or concerns.

Researchers who fail to submit a progress report may have their ethical clearance revoked and/or the ethical clearances of other projects suspended. When your project has been completed please complete and submit a progress/final report form and advise us by email at your earliest convenience. The information researchers provide on the security of records, compliance with approval consent procedures and documentation and responses to special conditions is reported to the NHMRC on an annual basis. In accordance with NHMRC the ACU HREC may undertake annual audits of any projects considered to be of more than low risk.

It is the Principal Investigators / Supervisors responsibility to ensure that:

1. All serious and unexpected adverse events should be reported to the HREC with 72 hours.
2. Any changes to the protocol must be approved by the HREC by submitting a Modification Form prior to the research commencing or continuing.
3. All research participants are to be provided with a Participant Information Letter and consent form, unless otherwise agreed by the Committee.

For progress and/or final reports, please complete and submit a Progress / Final Report form:
http://www.acu.edu.au/research/support_for_researchers/human_ethics/forms

For modifications to your project, please complete and submit a Modification form:
http://www.acu.edu.au/research/support_for_researchers/human_ethics/forms

Researchers must immediately report to HREC any matter that might affect the ethical acceptability of the protocol e.g.: changes to protocols or unforeseen circumstances or adverse effects on participants.

Please do not hesitate to contact the office if you have any queries.

Kind regards,
Kylie Pashley

on behalf of ACU HREC Chair, Dr Nadia Crittenden

Ethics Officer | Research Services

Office of the Deputy Vice Chancellor (Research)

Australian Catholic University

THIS IS AN AUTOMATICALLY GENERATED RESEARCHMASTER EMAIL

Appendix 7: Research Portfolio

Publications		
Article	Journal	Proof of Acceptance
Article 1 (Actual publication) Rebeiro, G., Edward, K., Chapman, R., & Evans, A. (2015). Interpersonal relationships between registered nurses and student nurses in the clinical setting—A systematic integrative review. Nurse Education Today, 35(12), 1206-1211. https://doi:10.1016/j.nedt.2015.06.012	Nurse Education Today IF: 3.442	Ms. Ref. No.: NET-D-15-00066 Title: INTERPERSONAL RELATIONSHIPS BETWEEN REGISTERED NURSES AND STUDENT NURSES IN THE CLINICAL SETTING - A SYSTEMATIC INTEGRATIVE REVIEW Nurse Education Today Dear Geraldine, Thank you for submitting your article to Nurse Education Today for consideration. Reviewers have now commented on your paper and are advising minor revision. If you are prepared to undertake the work required, we would be pleased to reconsider the paper. Reviewer comments are appended below for your information and guidance. Please submit a table/list of changes (or a rebuttal) against each point raised when you submit your revised article and upload this as your 'Response to Reviewers' file/doc. The table should contain the following column headings: (1) Reviewer Comment (2) Author Response to Comment (3) Changes made to article (4) Page number We require TWO copies of your revised manuscript file. (1) Please provide a copy of your manuscript with all revised sections highlighted using COLOURED highlighting/font (not track changes). (2) Also please provide a 'clean copy' of your manuscript without colour coding/highlighting for production.

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Professor Karen-leigh Edward Professor and Head of Nursing Deputy Chair, Department of Nursing & Allied Health School of Health Sciences	Contributed to the conception and/or design of the research. Contributed to drafting the manuscript and/or critically reviewing the manuscript.	[redacted]
Professor Rose Chapman Retired	Contributed to drafting the manuscript and/or critically reviewing the manuscript.	[redacted]
Associate Professor Alicia Evans Honours Coordinator Faculty Consultant for Qualitative Methods School of Nursing, Midwifery & Paramedicine Faculty of Health Science Australian Catholic University	Editing of the paper.	[redacted]

Article 2 (Actual publication)

Rebeiro, G., Evans, A., Edward, K.., & Chapman, R. (2017). Registered nurse buddies: Educators by proxy? Nurse Education Today, 55, 1-4. doi: http://dx.doi.org/10.1016/j.nedt.2017.04.019

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Associate Professor Alicia Evans Honours Coordinator Faculty Consultant for Qualitative Methods School of Nursing, Midwifery & Paramedicine Faculty of Health Science Australian Catholic University	Contributed to the conception and/or design of the research. Contributed to drafting the manuscript and/or critically reviewing the manuscript.	
Professor Karen-leigh Edward Professor and Head of Nursing Deputy Chair, Department of Nursing & Allied Health School of Health Sciences	Contributed to the conception and/or design of the research. Contributed to drafting the manuscript and/or critically reviewing the manuscript.	
Professor Rose Chapman Retired	Contributed to drafting the manuscript and/or critically reviewing the manuscript.	

Publications

Article	Journal	Proof of Acceptance
Article 3 (Actual publication) Rebeiro, G., Foster, K., Hercelinskyj, G., & Evans, A. (2021). Enablers of the interpersonal relationship between registered nurses and students on clinical placement: A phenomenological study. Nurse Education In Practice, 57, 103253. https://doi.org/10.1016/j.nepr.2021.103253	Nurse Education in Practice IF: 2.281	From: em.ynepr.0.72bb32.6a8d8949@editorialmanager.com <em.ynepr.0.72bb32.6a8d8949@editorialmanager.com> On Behalf Of Nurse Education in Practice Sent: Monday, 19 April 2021 12:36 PM To: Geraldine Rebeiro <Geraldine.Rebeiro@acu.edu.au> Subject: Decision on submission to Nurse Education in Practice CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe. Manuscript Number: YNEPR-D-21-00210 Enablers of the interpersonal relationship between registered nurses and students on clinical placement: A phenomenological study. Dear Ms. Rebeiro, Thank you for submitting your manuscript to Nurse Education in Practice. I have completed my evaluation of your manuscript. The reviewers recommend reconsideration of your manuscript following revisions and modification. I invite you to resubmit your manuscript after addressing the comments below. Please resubmit your revised manuscript by Jun 17, 2021. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and provide suitable rebuttals for any comments not addressed. Please note that your revised submission may need to be re-reviewed. To submit your revised manuscript, please log in as an author at https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.editorialmanager.com%2Fynepr%2F&data=04%7C01%7CAlicia.Evans%40acu.edu.au%7Cc2fcbf3f7bc54243d60c08d902f43862%7C429af009f196448fae7958c212a0f2ce%7C0%7C0%7C637544070205417431%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=7jU2Qr9DsDzGTBaqQQCoZYw%2B6WPrZpyJiMXf2oEj6FE%3D&reserved=0, and navigate to the "Submissions Needing Revision" folder under the Author Main Menu. Nurse Education in Practice values your contribution and I look forward to receiving your revised manuscript. Kind regards, Tresa Kaur Editor Nurse Education in Practice

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Professor Kim Foster Professor of Mental Health Nursing, Mental Health Nursing Research Unit School of Nursing, Midwifery & Paramedicine Australian Catholic University & North Western Mental Health	Contributed to the conception and/or design of the research. Contributed to drafting the manuscript and/or critically reviewing the manuscript.	
Dr Gylo Hercelinskyj Honorary Fellow School of Nursing, Midwifery & Paramedicine Australian Catholic University	Contributed to drafting the manuscript and/or critically reviewing the manuscript	
Associate Professor Alicia Evans Honours Coordinator Faculty Consultant for Qualitative Methods School of Nursing, Midwifery & Paramedicine Faculty of Health Science Australian Catholic University	Contributed to the conception and/or design of the research. Contributed to drafting the manuscript and/or critically reviewing the manuscript.	

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